2025

SITUATION OF FOOD SECURITY AND NUTRITION IN REFUGEE SETTLEMENTS AND KAMPALA

The 2025 Food Security and Nutrition Assessment in Refugee Settlements and Refugees in Kampala

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This report presents findings from the Food Security and Nutrition Assessment in Refugee Settlements and refugees in Kampala. The assessment was jointly implemented by MoH, MAAIF, OPM, UBOS, DLGs, WFP, UNHCR, UNICEF and FAO. WFP, UNHCR and UNICEF jointly funded the process. Data collection was conducted from 23rd June to 10th July 2025.

Additional information about the survey may be obtained from WFP, Plot 142, P.O Box 7159 Boazman Road, Mbuya, Kampala.

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FOREWORD

Uganda hosts over 1.9 million forcibly displaced and stateless people (FDSPs), with the majority fleeing from conflict and instability in South Sudan, Democratic Republic of the Congo and Sudan. Seventy-eight percent of the refugee population comprises of women and children, and over 1 million (52%) are under 18 years. As of July 2025, 92% of these displaced individuals are dispersed across 13 settlements and 8% are based in urban areas, including Kampala and the surrounding metropolitan areas. In addition, influx of refugees and asylum-seekers into Uganda continues due to conflict in the region. Since January 2025, Uganda has received over 120,000 asylum seekers, with 57% from DRC, 27% from South Sudan, and 14% from Sudan.

Of the $968.0 million required for the Uganda Country Refugee Response Plan, only 12% has been funded by quarter 1 of 2025. This is in part due to the significant cuts in humanitarian funding globally. Despite the funding shortfalls, there is ever-increasing demand for essential needs and services like food, health, nutrition, education, shelter, water, sanitation and hygiene, and long-term solutions.

The Government of Uganda, in collaboration with humanitarian and development partners continuously responds to the priority needs of refugees, while supporting sustainable and long-term solutions in social protection and economic inclusion.

To understand the prevailing situation, the Government of Uganda (UBOS, MoH, OPM, MAAIF), in collaboration with WFP, UNHCR, UNICEF, FAO and partners, undertook the annual 2025 Refugee Food Security and Nutrition Assessment (FSNA). The survey covered and presented results on the demography, education, health, nutrition, food security, water, hygiene & sanitation situation among refugees and highlights recommendations on interventions that will support both refugees and their host communities.

The findings provide evidence for addressing immediate humanitarian needs while also guiding investments in resilience and self-reliance for both refugees and host communities. We urge all stakeholders to draw on the insights generated by the 2025 FSNA to inform strategic planning, policy dialogue, advocacy and the design of targeted interventions.

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EXECUTIVE SUMMARY

Background

Uganda hosts over 1.9 million refugees and asylum seekers as of May 2025, with 53% originating from South Sudan, 33% from the Democratic Republic of the Congo and 14% from other countries including Sudan, Eritrea, Somalia, Burundi, Rwanda and Ethiopia. The country continues to receive asylum seekers due to the ongoing conflicts in DRC, Sudan and South Sudan. Since January 2025, a cumulative total of 110,849 asylum applicants were received, of whom 60% are from the DRC, 26% from South Sudan, 13% from Sudan, and 1% from other nationalities. While about 8% of refugees live in the capital city Kampala, the vast majority (92%) is spread over the following 13 settlements: Adjumani, Bidibidi, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Lobule, Nakivale, Oruchinga, Palabek, Palorinya Rhino Camp and Rwamwanja. Refugees from South Sudan are predominantly settled in the West Nile and Acholi region of Uganda while refugees from DRC, Burundi, Somalia, Rwanda, Eritrea and other countries are mostly settled in the South West region of Uganda.

Although Uganda has an open-door policy for refugees and asylum seekers that affords refugees the freedom of movement, a right to work and access to social services such as education and healthcare, limited access to livelihood opportunities in refugee settlements and urban locations limits their ability to become self-reliant. As a result, food insecurity and undernutrition have become widespread among refugees, many of whom rely on the assistance from Government and partners to meet their basic needs.

The Government of Uganda through the Office of the Prime Minister (OPM) in coordination with WFP, UNHCR, UNICEF, FAO and other partners continue efforts to understand the needs and concerns of refugees through the annual Food Security and Nutritional Assessment (FSNA). The FSNA is conducted by a consortium of entities that include the District Local Governments (DLGs), Uganda Bureau of Statistics (UBOS), the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Health (MoH), and other key stakeholders, with an essential needs assessment approach. This report highlights the general conditions on health and nutrition, water sanitation and hygiene (WASH), and food security and livelihoods of refugees in all the 13 settlements and refugees in Kampala. FSNA results are used to support the design of appropriate interventions to address the needs of refugees, asylum seekers and their host population.

Methodology

A two-stage cluster sampling design was implemented across all the locations with more than 10,000 people. Locations with less than 10,000 people including Oruchinga (8,112) and Lobule (6,353) used a one-stage simple random sampling procedure. The sample size per settlement and host district was based on the Global Acute Malnutrition (GAM) prevalence among children under 5 years and prevalence of food insecurity according to the 2024 refugee FSNA report. The final sample included 7,285 refugee households and 6,832 children aged 0 to 59 months.

Results disaggregation and comparisons

Since the settlements are operationally categorized into the West Nile (Adjumani, Bidibidi, Imvepi, Kiryandongo, Lobule, Palabek, Palorinya and Rhino Camp) and the South West (Kyaka II, Kyangwali, Nakivale, Oruchinga, and Rwamwanja), the FSNA findings were disaggregated by these regions. Kampala urban refugees are categorised under Kampala while overall refugee estimates do not include findings from Kampala. The previous data collection upon which this year's results are compared was conducted from 22nd July to 13th August in the settlements and from 16th to 23rd September 2024 for refugees in Kampala.

SUMMARY RESULTS

Demography

Among the refugee households surveyed, the majority originated from South Sudan (54.3%), followed by the Democratic Republic of the Congo (36.5%), Burundi (3.4%), Rwanda (3%), and Sudan (2.3%). Nearly half (48.2%) of these households arrived in Uganda before 2017, while 6.2% arrived between 2024 and 2025. Greater metropolitan Kampala (29.1%) and Kiryandongo settlement (27.2%) host the largest proportion of households that arrived during this recent period, coinciding with ongoing conflicts in Sudan and the Democratic Republic of Congo.

About seven in ten (69.1%) refugee households were female headed with the highest proportion in Adjumani (90.8%). The average household size was 6.4 with close to half (44.9%) of the households having seven or more members while 16.4% had ten or more members. Households with children were common, with 63.4% of households having a child under 5 years and 15.5% having a child under two years. Women of reproductive age made up 24% of the household members, while elders (65+) accounted for only 2%.

Overall, 3% of household members reported a difficulty in seeing, hearing, walking, self-care, or communication. Mental disability was reported by 1.8% of household members while chronic illness was reported by 3% of household members. Household heads reported a slightly higher prevalence of physical disability (6.1%) and chronic illness (8.3%) as compared to other household members.

Child nutrition

The Combined Global Acute Malnutrition (cGAM) among children aged 6 to 59 months was assessed using weight-for-height Z-scores (WHZ), mid-upper arm circumference (MUAC), and the presence of nutritional oedema. Results show that the overall cGAM prevalence increased to 7.8% in 2025 from 5.4% in 2024, with the West Nile settlements showing a higher burden of both cGAM (9.4%) and cSAM (1.4%) compared to South West. Bidibidi (13.5%), Palorinya (11.0%), and Adjumani (11.4%) recorded the highest child wasting rates, while severe child wasting was most prevalent in Bidibidi (3.2%), Kampala (2.8%), and Imvepi (1.8%).

GAM by Weight-for-height (WHZ) rose from an acceptable 4.7% in 2024 to a poor 5.9% in 2025, with West Nile experiencing a notable increase from 6.3% to 8.4%, while the South West remained stable. The highest GAM by WHZ rates in 2025 were observed in Bidibidi (11.4%), Adjumani, and Palorinya

(10.5%), compared to 2024 when Palorinya (8.3%) and Rhino Camp and Kiryandongo (7.8%) had the highest rates. Kiryandongo saw a reduction to 6.3% in 2025, while Kampala increased to 7.0% from 6.2% in 2024. SAM by WHZ remained within acceptable levels at 0.4%, although Bidibidi's 3.0% prevalence reached the critical threshold.

GAM by MUAC was 3.2%, with the highest rates in Bidibidi (5.9%), Nakivale (5.8%), and Kyangwali (5.6%). The South West region (3.3%) had slightly higher GAM by MUAC than West Nile (2.2%). SAM by MUAC was highest in Kampala (2.8%), followed by Lobule (1.4%) and Kyaka II (1.1%), while the lowest GAM by MUAC was recorded in Rwamwanja and Kiryandongo (1.5%), and Palorinya (1.8%).

The overall prevalence of child stunting was 25.4% with the South West region at 42.0%. Except for Oruchinga (23.7%), stunting levels exceeded the "critical level" of ≥30%. Severe stunting was high in Rwamwanja (20.7%), Kyaka II (18.6%), and Kyangwali (16.2%).

The prevalence of underweight among children was 12.7%, with moderate underweight at 10.1% and severe underweight at 1.9%. Palabek reported the highest burden (23.5%), while Oruchinga had the lowest (5.1%). Regionally, West Nile had a slightly higher underweight prevalence (12.7%) compared to the South West (11.5%). Overall, there was an upward trend in underweight cases, rising from 10.5% in 2024 to 12.0% in 2025. West Nile settlements experienced a notable increase from 10.1% to 12.7%, while the South West saw a marginal rise from 11.2% to 11.5%. In contrast, the total prevalence of overweight among children under five was relatively low at 2.2%, with the highest rates observed in Kampala (6.3%), Rwamwanja (5.7%), Kyaka II (4.9%), and Nakivale (4.8%). Overweight prevalence was higher in the South West (4.5%) compared to West Nile (0.9%).

Child health

The overall prevalence of anaemia among children aged 6-59 months was 42.5%, marking an increase from 30.8% in 2024. Kyangwali (62.7%) and Palabek (61.7%) were the most affected settlements. Regionally, the South West region recorded a higher anaemia prevalence (45.6%) compared to West Nile (40.6%). Anaemia levels increased in most settlements, with seven exceeding the WHO emergency threshold of 40%: Adjumani (43.9%), Kiryandongo (41.0%), Kyaka II (43.3%), Kyangwali (62.7%), Palabek (61.7%), and Rwamwanja (54.9%). Among children aged 6 to 23 months, anaemia prevalence was particularly high at 52.7%, peaking in Kyangwali at 72.3%. All settlements, except Rhino Camp, reported anaemia levels above 40% in this age group. Between 2024 and 2025, anaemia rates among children 6 to 23 months rose from 44.6% to 51.0% in West Nile, and from 30.6% to 55.3% in South West.

Vitamin A supplementation coverage was high at 91.7%, based on health card documentation and maternal recall, with Nakivale and Oruchinga achieving the highest uptake (95.5%), while Kiryandongo had the lowest (84.9%). In contrast, deworming coverage stood at 68.4%, falling short of the Ministry of Health's 90% target and a drop from 78.8% in 2024.

Measles vaccination coverage was at 96.7%, with Kyaka II achieving the highest rate (98.8%) and Palabek the lowest (90.9%). Coverage for the third dose of DPT vaccine was 90.6%, below the national target of 95%. Polio immunization mirrored this pattern, with an overall coverage of 91.7%.

The overall prevalence of diarrhoea was 11.9%, with Kyangwali (16.6%) and Palabek (16.3%) bearing the greatest burden. Fever in the two weeks preceding the survey was reported in 19.6% of children of whom 83.3% underwent malaria testing and 68.9% tested positive, resulting in an aggregate malaria prevalence of 13.2%. The highest malaria burdens were observed in Palabek (26.4%) and Kyaka II (26.2%). Respiratory symptoms were also common with 21.3% of children having experienced a cough in the two weeks preceding the survey.

Infant and young child feeding (IYCF) practices

Timely introduction of solid, semi-solid, or soft foods at 6-8 months was high across refugee settlements, with 85.2% of children meeting the recommendation. The highest adherence was observed in Palorinya, Lobule, and Nakivale where nearly all children were introduced to complementary foods on time, while the lowest proportions were recorded in Kampala (72.2%) and Oruchinga (75.0%). In contrast, Minimum Dietary Diversity (MDD) remained low overall, with only 14.0% of children consuming foods from five or more food groups in the past 24 hours. Rhino Camp (30.6%) and Rwamwanja (24.0%) recorded the highest levels of dietary diversity, whereas Adjumani (4.1%), Kiryandongo (4.5%), and Palabek (5.6%) had the lowest.

Consumption of eggs and/or flesh foods was also limited, with only 18.4% of children reported to have consumed eggs. Kampala (41.0%) and Rhino Camp (30.4%) had the highest intake of animal source foods, while Kiryandongo (5.6%) and Palabek (7.7%) had the lowest. Meal frequency was better than dietary diversity, with 52.6% of children achieving the Minimum Meal Frequency (MMF) in the past 24 hours. However, the Minimum Acceptable Diet (MAD) which combines meal frequency and dietary diversity remained very low at 10.5% across all settlements. Rhino Camp (25.0%) reported the highest MAD, while Kiryandongo (1.7%) reported the lowest.

Maternal nutrition and health

The nutritional status of pregnant and breastfeeding women (PBW) based on MUAC revealed an overall wasting prevalence of 7.5%, with substantial variation across settlements. Rhino Camp (14.0%), Kyangwali (12.9%), and Palorinya (10.5%) exceeded the WHO critical threshold of 10.0%. Regionally, South West (9.1%) had a higher prevalence compared to West Nile (5.2%). Among non-pregnant women of reproductive age (WRA), 17.5% were underweight, with the highest proportion in Palabek (34.9%). Overweight and obesity were observed in 12.9% and 16.1% of women respectively, with overweight highest in Kyaka II (24.0%) and obesity highest in Nakivale (14.2%).

Dietary diversity among WRA was low, with only 14.6% meeting Minimum Dietary Diversity for women (MDD-W), a decline from 19.1% in 2024. Rwamwanja reported the highest dietary diversity (29.3%) while Adjumani recorded the lowest (3.8%). Anaemia prevalence among non-pregnant WRA was 35.6%, and highest in Rwamwanja (59.8%). Among pregnant women, total anaemia prevalence was 43.4%, peaking in Kyangwali at 74.0%.

Antenatal Care (ANC) enrolment was 83.8% with timely ANC enrolment (before 12 weeks) at 67.5% among pregnant women. Kiryandongo reported the highest coverage (87.0%) and Nakivale the lowest (48.9%). However, only 31.1% of ANC clients completed the recommended eight ANC visits, with higher completion rates in West Nile (39.4%) compared to South West (18.4%). Iron and Folic Acid (IFA) supplementation coverage among ANC clients was relatively high at 81.8%, though gaps remain in Oruchinga (61.5%). Family planning coverage was low, with only 22.5% of WRA reporting ever using a family planning method. Uptake was highest in Oruchinga (40.0%) and lowest in Adjumani (7.3%). Implants (38.8%) and Depo-Provera injections (26.2%) were the most adopted methods, with cultural barriers cited as the main reason for non-use (20.6%).

Food security

Agricultural production among refugee households improved in 2025, with 74.1% utilizing land for crop or livestock production compared to 68.0% in 2024. The average cultivated land size was 0.5 acres, though only 27.1% of households cultivated plots of at least that size. Participation in agricultural production was higher in West Nile (80.0%) than South West (64.2%), with Imvepi reporting the highest engagement in agricultural production (93.4%) and Nakivale the lowest (45.9%). Land access was primarily through allocations by the OPM (81.7%), with 30.0% of households reporting renting or leasing land from the host community. Agricultural casual labour remained the main source of income reported by 43.6% of households.

Market purchases were the main source of staples (82.4%) and pulses (75.0%) consumed in the seven days preceding the survey. More than half (57.4%) of households reported having a debt, borrowing mainly for food (47.4%), school fees (22.7%), and health expenses (13.9%). Savings were reported by 34.9% of households, with higher proportions in the South West (50.6%) than West Nile (25.7%).

Food security indicators showed a deterioration in both food access and diet quality compared to 2024 with an increase in poor food consumption from 4.8% in 2024 to 15.1% in 2025. Palabek (40.2%), Adjumani (26.9%), Bidibidi (25.4%), and Palorinya (25.4%) had the highest proportion of households with poor food consumption, while Rwamwanja (69.3%), Oruchinga (67.0%), and Kyaka II (66.6%) reported the highest acceptable consumption. Household Dietary Diversity Score (HDDS) showed that 6.5% of households had low dietary diversity, up from 5.2% in 2024, while households with high dietary diversity dropped from 50.9% to 46.3%. Meat (2.8%), eggs (1.4%), and dairy (4.7%) were rarely consumed, and 67.2% of households reported no consumption of haem-iron rich foods in the 7 days before the survey.

Coping strategy use was widespread with the reliance on less preferred and/or less expensive foods reported by 83.5% of households while more than 70% reduced meal size or meal frequency. The average reduced Coping Strategy Index (rCSI) increased from 9.8 in 2024 to 13.5 in 2025, with highest scores in Kiryandongo (16.7). Stress coping was reported by 48.9% of households, crisis coping by 26.2%, and emergency coping by 3.5%, with a higher share of households using emergency coping in South West (6.5%) compared to West Nile (4.5%). Overall, only 29.3% of households did not engage in any livelihood coping strategy, a decline of 5 percentage points from 2024.

Based on the final food security classification, 65.0% of households were food insecure of which 7.0% were severely food insecure. At settlement level, food insecurity ranged from 47.5% in Kyaka II to 90.6% in Palabek settlement. West Nile (75.4%) had a higher proportion of food insecure households than South West (47.0%). These results highlight a generally worsening trend, with household food insecurity increasing in 8 out of the 13 settlements. Overall, food insecurity increased slightly from 62% in 2024 to 65% in 2025, although masking substantial variation across settlements. Some locations experienced significant deterioration, most notably Adjumani (rising from 69% to 86%), Bidibidi (63% to 78%), Palabek (81% to 91%), and Palorinya (57% to 81%).

Gender disparities were pronounced, with female-headed households (FHH) worse off across all food security indicators. Only 37.2% of FHH had an acceptable food consumption compared to 53.0% of male-headed households (MHH). Household dietary diversity was lower among FHH (46.8%) than MHH (56.7%). Overall, 63.8% of FHH were food insecure compared to 49.0% of MHH. Nearly all refugee households (94%) did not have economic capacity to meet essential needs without external assistance.

WASH

Overall, 94.6% of households accessed protected water sources with public taps or standpipes (55.8%) as the most used source of drinking water. Despite this high access to protected sources, only 60% of respondents reported being satisfied with their water source, 10% were partially satisfied, and 20% were dissatisfied. Dissatisfaction was mainly attributed to irregular supply (29.1%), long queues (20.1%), and poor water quality (20.3%). The average collection time was 25.4 minutes, longest in Nakivale (47.8 minutes) and shortest in Imvepi (13.2 minutes). Daily per capita water use averaged at 19.7 litres, below the recommended 20 litres per person per day, with Nakivale reported the lowest (14.0 litres). Only three in ten households met the 20-litre standard, with higher coverage in West Nile (40.2%) than South West (30.3%).

Sanitation coverage remained high, with 82.4% of households using household latrines for faecal waste disposal. Open defecation prevalence was 2.0%, with Palabek (3.5%), Kiryandongo (3.3%), and Kyangwali (3.0%) recording the highest rates. Ownership of handwashing facilities was limited. Only 41.7% of households had a handwashing facility, and of these, just 26.8% had water available and 14.8% had soap. Only 5% of households had functional facilities with both water and soap.

Health access and utilization

Awareness of free health services was generally high among refugee households, with 97.3% reporting knowledge of such provisions. Bidibidi reported the highest awareness (99.0%), while Palorinya had the lowest among settlements (94.5%). Kampala, however, lagged significantly behind, with fewer than half of the households (45.2%) aware of free services. The biggest challenge reported was the persistent lack of medicines in health facilities, affecting 73.1% of households. Despite these constraints, government facilities remained the primary source of care, with utilisation consistently above 98% for delivery, nutrition, HIV counselling, emergency, and immunisation services. Private providers played only a marginal role within settlements, although Kampala stood out, where over two-thirds of households relied on private service providers across

all health services. Expenditure on health care varied across locations. Overall, 43.0% of households reported quarterly healthcare spending of less than UGX 50,000, while 30.5% incurred no expenses at all. By contrast, Kampala households faced much higher out-of-pocket costs, with 91.3% spending above UGX 50,000 per quarter. Overall, satisfaction with health services was moderate. In the refugee settlements, 57.8% of households expressed satisfaction and 20.0% were dissatisfied.

Ownership of insecticide-treated nets

Household ownership of insecticide-treated nets (ITNs) was found to be low across refugee settlements, with only 44.1% of households reporting ownership. Regional variations were noted, with the West Nile settlements reporting higher ITN ownership (49.6%) compared to 34.7% in South West. Among households that owned ITNs, 80.8% of the members reported having slept under a treated net the night before the survey, indicating relatively high utilization among owners. However, 84.8% of households shared their ITNs. In terms of net quality, 40.9% of the observed ITNs were found to be in good condition, while 17.7% were reported to be in poor condition which can affect the effectiveness of these nets to provide adequate protection.

Energy sources for cooking and lighting

Wood remains the predominant source of cooking energy among refugee households, reported by 85.0% of households. Regional variations were observed, with the West Nile recording the highest reliance on wood fuel (86.4%) compared to 82.6% in South West. At settlement level, Bidibidi (95.4%) and Imvepi (95.2%) reported the highest use of wood, while Kyangwali had the lowest at 76.0%. In terms of cooking technology, the traditional three-stone fireplace remained the most widely used method, reported by 63.2% of households. Settlement-level differences were noted, with Rwamwanja having the highest use and Adjumani the lowest at 27.8%. For household lighting, solar energy (35.9%) followed by battery powered torch/flashlight (29.5%) and rechargeable lantern/flashlight or torch (25.5%) were the commonly used sources across settlements.

Recommendations

The following areas were identified as priorities to address:

- Sustain food assistance to vulnerable households while complementing it with livelihood opportunities that enable gradual transition to self-reliance.
- Support refugees to access more land, including formalizing land tenancy agreements.
- Train refugees on innovative farming techniques that maximize productivity on small land.
- Scaleup skills training programs such as technical and vocational trainings, apprenticeships and support for small business start-ups to diversify income sources beyond crop production and agricultural casual labour.
- Strengthen community-level early detection and treatment of malnutrition by building the capacity of community health workers (VHTs, care groups) and households to screen and refer; testing community-based treatment approaches. Activities include scaling up family

MUAC, bi-annual mass screening, routine home visits by CHWs, and iCCM+ for community treatment.

- Stabilize the nutrition supply chain through prioritized procurement and prepositioning of commodities, use of DHIS2 and survey data for estimating treatment needs, and improved forecasting to ensure a sustained healthy pipeline. Promote local production of RUTF/RUSF and use of local products such as METU to reduce pipeline breaks, ensure continuity of care, cut logistics costs, and build local capacity.
- Resume TSFP services in locations where it was halted in 2025 to prevent children with MAM from deteriorating into SAM. Priority areas include Bidibidi, Imvepi, Lobule, Kyangwali, Kyaka II, Rwamwanja, Nakivale, and Oruchinga. Complement this with blanket supplementary feeding in high-burden areas such as Bidibidi and new-arrival hotspots in Nakivale.
- Adopt low-cost, high-impact stunting reduction interventions in the South West settlements, host districts, and Acholi (Palabek, Lamwo) targeting women from conception and children during the first 1,000 days. Interventions should cover all core maternal and child health and nutrition actions, including optimal feeding practices.
- Prevent and control anaemia among women and children through:
    - Short-term health systems actions: deworming, targeted iron supplementation, test-and-treat for anaemia, and malaria vector control.
    - Mid-term food systems actions: promoting iron-rich and biofortified foods, scaling up use of kitchen gardens, and supporting small livestock production.
    - Long-term integrated actions: behaviour change communication (BCC) for optimal feeding and linking households to livelihoods opportunities to improve food access.

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ABBREVIATIONS AND ACRONYMS

ADR	Age Dependency Ratio
AHA	Africa Humanitarian Action
ANC	Antenatal Care
ARI	Acute Respiratory Infection
AVSI	Association des Volontaires pour le Service International
CAFOMI	Care and Assistance for Forced Migrants
CARI	Consolidated Approach for Reporting Indicators of Food Security
cGAM	Combined Global Acute Malnutrition
CSB	Corn Soya Blend
DEFF	Design Effect
DEM	Digital Elevation Model
DLG	District Local Government
DPS	Digit Preference Score
DPT	Diphtheria, Pertussis & Tetanus (vaccine)
ENA	Emergency Nutrition Assessment
EPI	Expanded Program of Immunization
FAO	Food and Agriculture Organisation of the United Nations
FCS	Food Consumption Score
FCS-N	Food Consumption Score-Nutrition
FDSP	Forcibly Displaced and Stateless Persons
FES	Food Expenditure Share
FHI	Family Health International
FSNA	Food Security and Nutrition Assessment
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GOU	Government of Uganda
HAZ	Height-for-Age Z-Score
HB	Haemoglobin
HDDS	Household Diet Diversity Score
HH	Household
HIV	Human Immunodeficiency Virus
IFA	Iron and Folic Acid

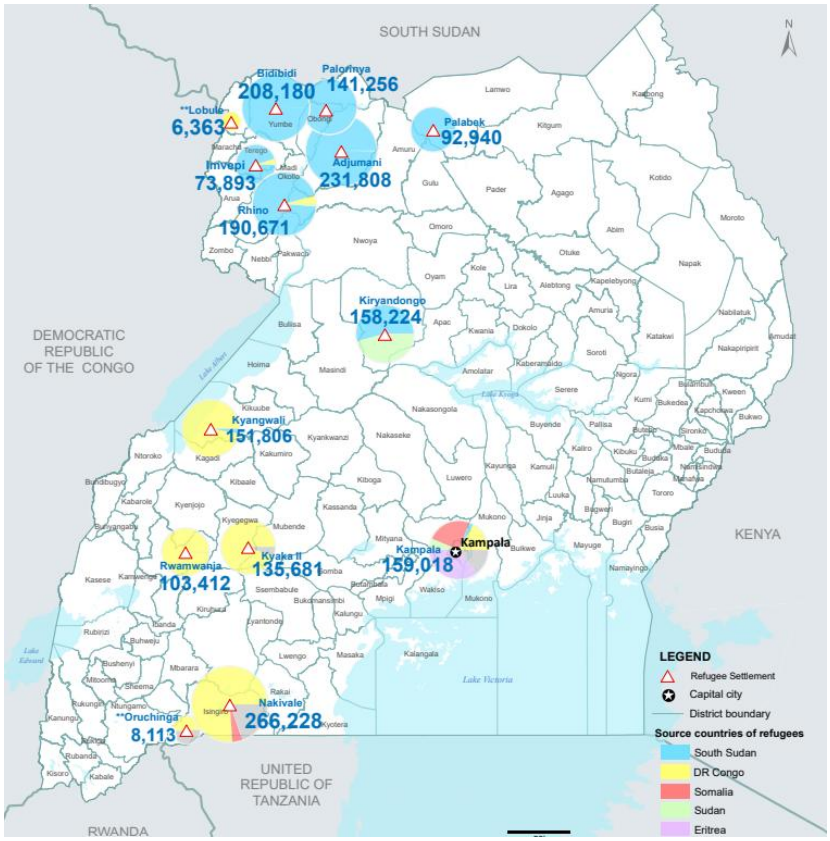
IPC AMN	Integrated Phase Classification for Acute Malnutrition
IPC AFI	Integrated Phase Classification for Acute Food Insecurity
IRC	International Rescue Committee
ITNs	Insecticide Treated Nets
IYCF	Infant and Young Child Feeding
LCS	Livelihood Coping Strategy
LITN	Long-lasting Insecticide Treated Net
LLIN	Long Lasting Insecticidal Net
LPG	Low Pressure Gas
LPPPD`	Liter Per Person Per Day
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MCHN	Maternal Child Health and Nutrition
MDC	Mobile Data Collection
MDD-W	Minimum Dietary Diversity for Women
MMF	Minimum Meal Frequency
MOH	Ministry of Health
MTI	Medical Teams International
MUAC	Mid-Upper Arm Circumference
NASA	National Aeronautics and Space Administration
NGO	Non-Governmental Organisation
ODK	Open Data Kit
OPM	Office of the Prime Minister
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RCSI	Reduced Coping Strategy Index
RRH	Regional Referral Hospital
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SD	Standard Deviation
SENS	Standardized Expanded Nutrition Survey
SMART	Standard Monitoring and Assessment of Relief and Transitions
SPSS	Statistical Package for Social Sciences

STATA	Statistical software package
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UGX	Uganda shilling
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VHT	Village Health Team
WASH	Water and Sanitation Hygiene
WAZ	Weight-for-Age Z-Score
WFP	United Nations World Food Programme
WHO	World Health Organization
WHZ	Weight-for-Height Z-Score
WRA	Women of Reproductive Age

1. INTRODUCTION AND SURVEY METHODOLOGY

1.1 Background

Uganda hosts over 1.9 million refugees and asylum-seekers as of May 2025, with 53% originating from South Sudan, 33% from the Democratic Republic of the Congo and 14% from other countries including Sudan, Eritrea, Somalia, Burundi, Rwanda, and Ethiopia[1]. The country continues to receive new arrivals due to the ongoing conflicts in DRC, Sudan and South Sudan. Since January 2025, a cumulative total of 110,849[2] asylum applicants were received, of whom 60% are from the DRC, 26% from South Sudan, 13% from Sudan, and 1% from other nationalities.



While about 8% of refugees are located in the capital city, Kampala, the vast majority (92%) is spread over the following 13 settlements: Adjumani, Bidibidi, Imvepi, Lobule, Palabek, Palorinya and Rhino Camp, Kiryandongo, Kyangwali Kyaka II, Nakivale, Oruchinga and Rwamwanja. Refugees from South Sudan are predominantly in the Northern and Mid-Western Uganda while refugees from DRC, Burundi, Somalia, Rwanda, Eritrea and other countries are mostly residing in South Western Uganda.

Although Uganda has an open-door policy[3] for refugees and asylum seekers where refugees have freedom of movement, a right to work and access to social services such as education and healthcare, limited access to livelihood opportunities in refugee settlements where most of refugees

[1] https://data.unhcr.org/en/country/uga

[2] Uganda: Refugee Arrival Movement Monitoring Dashboard

[3] https://ulii.org/akn/ug/act/2006/21/eng@2006-08-04

stay, limits their ability to become self-reliant. As a result, food insecurity and undernutrition are widespread among refugees, many of whom rely on the government and partner's assistance to meet their basic needs.

Results from the previous 2024 FSNA showed that 62% of refugee households were food insecure of which 5% were severely food insecure. Results from the same survey showed significant regional disparities in terms of child nutrition status. Combined Global Acuet Malnutrition (GAM) in West Nile (6.7%) was significantly higher than in South West (2.7%). The prevalence of stunting in children was also found to be of public health concern in all South West locations and Palabek in West Nile where it exceeded the "critical level" of ≥30%.

In the first quarter of 2025, many partners in the refugee response faced a critical funding shortfall following the suspension of US Government contributions. This forced many partners to reduce their assistance to refugees. Specifically, the funding shortfall forced WFP to remove more than 1M refugees from general food assistance, while for some of those that continue to be assisted, rations were reduced to as low as 22%. Further, the acute malnutrition treatment programme was closed in 8 out of the 13 settlements.

Funding cuts to UNHCR limited its capacity to implement refugee services in the sectors of health and nutrition, WASH, education, protection, and livelihoods, all of which are linked to food security and nutrition outcomes. Funding shortfalls have also increased the pressure on the limited resources that are now reprioritized to meet the acute needs of new arrivals. Funding cuts to health heavily impacted human resources for health, medicines and the commodity supply chain for key health programs. As an adaptation, Ministry of Health (MoH) streamlined and integrated some vertical health programs into the general primary health care services. These drastic changes were projected to have significant effect on the food security and nutrition situation of refugees and necessitate robust tracking and monitoring of the food security and nutrition situation to inform timely and effective responses and advocacy efforts.

1.2 FSNA objectives

The main objective of the 2025 Food Security and Nutrition Assessment (FSNA) was to assess the general status of food security, nutrition, health, WASH, energy use, and mosquito net coverage among refugees in all 13 settlements and refugees living in Kampala. The specific objectives were:

1. Determine the demographic profile of the population.
2. Measure the prevalence of chronic malnutrition, acute malnutrition, underweight, and overweight among children 6 to 59 months.
3. Determine the coverage of measles vaccination among children 9-59 months.
4. Determine the coverage of vitamin A supplementation among children 9-59 months.
5. Determine the two-week period prevalence of diarrhoea and use of ORS and/or zinc during diarrhoea episodes among children 6 to 59 months.
6. Determine the deworming coverage for among children 12-59 months.

7. Determine the prevalence of MUAC malnutrition among pregnant and breastfeeding women with an infant less than 6 months.
8. Estimate the prevalence of anaemia among children 6 to 59 months and non-pregnant women of 15-49 years.
9. Determine the enrolment into ANC clinic and coverage of IFA supplementation among pregnant women of reproductive age.
10. Investigate IYCF practices among children 0-23 months.
11. Estimate the prevalence of food insecurity based on WFP's Consolidated Approach for Reporting Indicators of Food Security (CARI[4]).
12. Determine the population's access to and use of water, sanitation and hygiene facilities.

1.3 Methodology

The 2025 FSNA was conducted under the guidance of the FSNA technical working group[5], and followed a modified Standardized Expanded Nutrition Survey V3 (SENS V3). SENS V3 incorporates the SMART methodology (Standardized Monitoring and Assessment of Relief and Transitions) for survey design, anthropometry, and mortality. SENS V3 includes modules on demography, anthropometry and health, anaemia, infant and young child feeding, food security, mosquito net coverage, water, sanitation, and hygiene. The modification of SENS ensured the inclusion of other modules required to meet study objectives.

1.3.1 Study population

The study population was refugees in 13 refugee settlements and refugees living in Kampala. The 13 refugee settlements are: Adjumani, Bidibidi, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Lobule, Nakivale, Oruchinga, Palabek, Palorinya, Rhino Camp, and Rwamwanja.

1.3.2 Sampling design

A two-stage cluster sampling design was implemented across all the locations with more than 10,000 people. A one stage simple random sampling procedure was implemented in Oruchinga (8,112) and Lobule (6,353) whose population were less than 10,000.

1.3.3 Sample size estimation

Sample sizes were determined using two approaches: the WFP corporate guidance on sampling and the ENA for SMART software (January 11, 2020)[6]. For the SMART approach, the prevalence of Global

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[4] https://resources.vam.wfp.org/data-analysis/quantitative/food-security/the-consolidated-approach-for-reporting-indicators-of-food-security-cari

[5] The FSNA technical working group is chaired by Uganda Bureau of Statistics (UBOS) and co-chaired by MoH and MAAIF. Members include UN agencies and NGOs.

[6] www.smartmethodology.org

Acute Malnutrition (GAM) among children 6 to 59 months from the 2024 Refugee FSNA informed the sample size per settlement as indicated in Table 1.

Table 1: Assumptions for the sample size calculation using ENA methodology

Settlement	Population as of May 2025	Household size from 2024 FSNA	% CU5 years from 2024 FSNA	GAM from 2024 FSNA	± Desired precision	Design effect	Non-Response Rate (%)	U5 to include	HHs to include
Adjumani	230,944	6.5	16.3	7.2	3.0	1.5	10	466	543
Bidibidi	207,652	7.4	14.3	3.9	2.5	1.5	10	376	439
Imvepi	73,352	7.1	14.7	3.4	2.5	1.5	10	330	390
Kampala	159,038	4.5	12.9	6.2	3.0	1.5	10	405	862
Kiryandongo	154,143	7.7	15.7	7.8	3.0	1.5	10	501	512
Kyaka II	135,203	5.3	18.3	2.0	2.5	1.5	10	197	250
Kyangwali	150,748	5.1	18.2	1.3	2.5	1.5	10	129	171
Lobule	6,353	7.5	16.7	4.0	2.5	1.0	10	385	380
Nakivale	264,547	5.7	18.0	2.3	2.5	1.5	10	226	271
Oruchinga	8,112	5.0	17.6	2.2	2.5	1.0	10	144	202
Palabek	92,440	7.5	15.4	6.7	3.0	1.5	10	418	447
Palorinya	141,165	6.3	14.3	8.3	3.0	1.5	10	530	727
Rhino Camp	186,441	7.9	13.1	7.8	3.0	1.5	10	501	598
Rwamwanja	103,015	6.0	17.8	1.1	2.5	1.5	10	109	126

When applying the WFP corporate approach for sample size estimation, the proportion of food insecure households from the 2024 FSNA guided the sample size estimation as indicated in Table 2.

Table 2: Assumptions for the sample size calculation using WFP corporate methodology

Settlement	Population as of May 2025	Food insecurity (%)	Confidence level	Margin of error	Design Effect	Sample size
Adjumani	230,944	69%	95%	5%	1.5	494
Bidibidi	207,652	63%	95%	5%	1.5	537
Imvepi	73,352	61%	95%	5%	1.5	546
Kampala	159,038	7%	95%	5%	1.5	150
Kiryandongo	154,143	58%	95%	5%	1.5	561
Kyaka II	135,203	55%	95%	5%	1.5	570
Kyangwali	150,748	49%	95%	5%	1.5	576
Lobule	6,353	58%	95%	5%	1.0	354
Nakivale	264,547	68%	95%	5%	1.5	501
Oruchinga	8,112	64%	95%	5%	1.0	340
Palabek	92,440	59%	95%	5%	1.5	557
Palorinya	141,165	56%	95%	5%	1.5	567
Rhino Camp	186,441	62%	95%	5%	1.5	543
Rwamwanja	103,015	32%	95%	5%	1.5	501

The final sample size (Table 3) was determined by selecting the larger value from either the ENA or WFP approach, ensuring that the requirements of both methodologies were met. This resulted in a total of 7,799 households across 14 locations.

Table 3: Final sample size based on both ENA and WFP corporate methodology

Settlement	HH to include	Demography, Food security, WASH, Energy, ITN	CU5 to include	Anthropometry	Health	HB 6 to 59 months	IYCF
Adjumani	543	543	529	529	529	543	529

Bidibidi	537	537	523	523	523	537	523
Imvepi	546	546	524	524	524	546	524
Kampala	862	862	460	460	460	230	460
Kiryandongo	561	561	624	624	624	561	624
Kyaka II	570	570	509	509	509	570	509
Kyangwali	576	576	492	492	492	576	492
Lobule	380	380	438	438	438	380	438
Nakivale	501	501	473	473	473	501	473
Oruchinga	340	340	275	275	275	340	275
Palabek	557	557	591	591	591	557	591
Palorinya	727	727	603	603	603	301	603
Rhino Camp	598	598	569	569	569	598	569
Rwamwanja	501	501	492	492	492	501	492
Total	7799	7799	7103	7103	7103	6741	7103

1.3.4 Sampling

In all settlements (except in Oruchinga and in Lobule), a two-stage cluster random sampling procedure was used. In stage one, primary sampling units (PSUs) were selected. PSUs correspond to villages, the smallest administrative units. UNHCR/OPM provided information on the PSUs in the settlements. Due to the differences in population of the PSUs, probability proportional to population size (PPS) method was used to ensure that households in each PSU have an equal chance of being selected irrespective of the size of the PSU. Clusters were randomly selected according to the probability proportional to size (PPS) method using the ENA software.

The second stage of sampling consisted of selecting households within each selected cluster by using a systematic random selection procedure. A household was defined as a group of persons who normally live and eat from the same pot. For a person to qualify to be a household member, they should have spent at least 6 months in the household in the past 12 months. A list of all households in each selected cluster was generated through a fresh household listing survey of all households in the sampled clusters to form the sampling frame. For each cluster, a sampling interval was calculated by dividing the total number of listed households in that cluster by 15. A random start was selected between 1 and the sampling interval, after which every n^{th} household was selected until the target number for that cluster was reached.

All households in Oruchinga and Lobule settlements were listed, and simple random sampling applied to select households. Each team was provided with a list of households to be surveyed daily.

1.3.5 Data collection

The 2025 FSNA questionnaire was divided into four main sections: Demography, Household (Food Security, Mosquito Net Coverage, and WASH), Children (Anthropometry and Health, Anaemia and IYCF) and Women (Anthropometry, Health and Anaemia). The survey questionnaire was pre-tested before the final data collection. Interviews were held in local languages or translated if the household did not understand the local languages.

1.3.6 Survey timeline

National stakeholders consultations and inception for FSNA	May to June
Review and finalisation of FSNA tool, upload to ODK	June 16 to 20, 2025
Finalisation of the sampling plan, validation of the sample size and cluster selection	June 16 to 20, 2025
Inception meetings, Training, Pretesting, standardisation - Mbarara, Hoima, Arua, Gulu.	June 16 to 20, 2025
Household listing and data collection in 14 locations, i.e., Nakivale, Oruchinga, Kyangwali, Rwamwanja, Kyaka II, Kiryandongo, Palabek, Adjumani, Palorinya, Rhino Camp, Bidibidi, Imvepi, Lobule, and Kampala.	June 23 to July 10, 2025
Data analysis and report writing workshop	July 14 to 25, 2025

1.3.7 Data analysis

Anthropometric data for children 6-59 months was analysed using ENA for SMART software (January 11, 2020, version). At the strata level, the nutritional indices were cleaned using a flexible cleaning criterion (+/- 3 SD from the observed mean; also known as SMART flags in the ENA for SMART software). The anthropometric results are presented in the standard format following the report template from the ENA software. This format includes GAM, SAM, cGAM, Stunting, Underweight, and Overweight with 95% confidence intervals. The report has estimates of malnutrition calculated with the WHO 2006 growth references. Analysis of other indicators followed the global and sphere standard thresholds, where applicable.

1.3.8 Case definitions and calculations

Prevalence of acute malnutrition, stunting and underweight was determined using the WHO 2006 growth references. Infant and Young Child Feeding Practices (IYCF) indicators followed the guidelines from WHO-UNICEF Indicators for assessing IYCF practices (2021[7]). Anaemia categorization and adjustment for altitude followed the WHO guideline of 2011[8].

1.3.9 Ethical considerations and community consent

Verbal consent was obtained from the household head, the caregiver, or any other adult member of the household before starting the interview. Community leaders were informed prior to data collection, and any clarifications were made and issues resolved before the survey. All concerned persons were informed about the reason for taking a blood sample and measurement of anaemia

[7] https://iris.who.int/bitstream/handle/10665/340706/9789240018389-eng.pdf?sequence=1

[8] https://apps.who.int/iris/bitstream/handle/10665/85839/WHO_NMH_NHD_MNM_11.1_eng.pdf

status. Women/caregivers were asked for their verbal consent before taking blood from the women and children.

The team took careful steps to ensure informed consent by clearly communicating key aspects of the assessment process to participants. They assured caregivers that their children would not be harmed during measurements and emphasized that all personal information shared would be kept confidential. Participants were also informed that there would be no direct benefits or incentives for taking part in the survey. Importantly, the team made it clear from the outset that participation was entirely voluntary, and individuals could withdraw at any time without needing to provide a reason.

Through survey planning, care was taken for the participants not to miss their regular services, such as GFD or appointments at health facilities. Children identified with malnutrition during the assessment were provided with a referral form to the health centre. Similarly, women and children who were identified to be severely anaemic were also provided with a referral to the health facility.

Children aged 6-59 months were referred for treatment when MUAC was < 12.5 cm, and/or when oedema was present, and/or when haemoglobin was < 7.0 g/dl. Women of reproductive age were referred to the health post for treatment when haemoglobin was < 8.0 g/dl.

The survey team that tested for anaemia used disposable gloves at every participant screened. All materials encountering blood were placed in biohazardous waste containers after use and disposed of according to standards. Disinfection of anthropometric equipment and the Hb analyser at the completion of each household was applied, and teams carried with them sanitizers and cotton wool for cleaning equipment.

1.3.10 Limitations and potential biases

The refugee FSNA tool is lengthy and takes an extent time to complete. This reduces the number of tools that can be completed in a day let alone the impact on quality of data if targets are to be met.

2. SAMPLE DESCRIPTION

2.1 Sample size reached and response rates

The number of planned and completed clusters, households, and children under five years of age is presented in Table 4.

Table 4: Sample outcomes and response rates

	Clusters			Households				Children under 5 years		
Location	Planned	Reached	Coverage (%)	Planned	Reached	Responded	Non response rate	Planned	Reached	Coverage (%)
Adjumani	37	37	100%	543	559	543	2.9%	529	544	103%
Bidibidi	36	37	97%	537	532	519	2.4%	523	500	96%
Imvepi	37	37	100%	546	540	497	8.0%	524	513	98%
Kampala	58	57	102%	862	835	752	9.9%	460	389	85%
Kiryandongo	38	40	95%	561	587	569	3.1%	624	574	92%
Kyaka II	38	38	100%	570	560	539	3.8%	509	568	112%
Kyangwali	39	39	100%	576	578	558	3.5%	492	573	116%
Lobule	n/a	n/a	n/a	380	381	358	6.0%	438	379	87%
Nakivale	34	36	94%	501	543	519	4.4%	473	503	106%
Oruchinga	n/a	n/a	n/a	340	331	330	0.3%	275	268	97%
Palabek	38	38	100%	557	527	490	7.0%	591	521	88%
Palorinya	49	45	109%	727	680	641	5.7%	603	507	84%
Rhino Camp	40	41	98%	598	537	501	6.7%	569	520	91%
Rwamwanja	34	34	100%	501	488	469	3.9%	492	473	96%
Total	478	479	100%	7799	7678	7285	3.9%	7102	6832	96%

2.2 Sample size description

The survey reached 42241 individuals from 7285 households across the 14 locations (Table 5). Out of the total surveyed individuals, 6832 were children under five years, including 501 infants under six months, 2458 children under 2 years and 6331 children of 6 to 59 months.

Table 5: Sample description

Location	Population Size	Total population surveyed	Households reached	Under 6 months	Under 2 years	6 to 23 months	6 to 59 months	24 to 59 months	Under 5 years
Adjumani	230944	4213	543	44	195	151	500	349	544
Bidibidi	207652	3689	519	30	175	145	470	325	500
Imvepi	73352	3706	497	43	186	143	470	327	513
Kampala	159038	3405	752	39	159	120	350	230	389
Kiryandongo	154143	4109	569	33	213	180	541	361	574
Kyaka II	135203	3108	539	44	194	150	524	374	568
Kyangwali	150748	2952	558	47	202	155	526	371	573
Lobule	6353	2454	358	31	138	107	348	241	379
Nakivale	264547	2727	519	39	185	146	464	318	503

Oruchinga	8112	1660	330	26	104	78	242	164	268
Palabek	92440	3504	490	27	170	143	494	351	521
Palorinya	141165	3815	641	33	188	155	474	319	507
Rhino Camp	186441	3698	501	34	163	129	486	357	520
Rwamwanja	103015	2606	469	31	186	155	442	287	473
Total	1913153	42241	7285	501	2458	1957	6331	4374	6832

3. CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This section presents information on demography of the household population, age dependency ratio and certain socioeconomic characteristics of the household population such as profile of household head, educational level, school attendance and disability. This section also presents information on refugee arrival time in Uganda and on safety of the environment for refugee households.

3.0 Demography

3.1 Arrival time of refugees in Uganda and their country of origin

The arrival time of a refugee household is the year when the household first arrived in Uganda and received by Government of Uganda and UNHCR. Information about the first time of arrival of the household and the year of arrival is presented in Table 6. Of the refugee households surveyed, 86.7% refugee households arrived in Uganda before 2022 while 6.2% arrived in Uganda in the 2024 and 2025. Kampala (29.1%) and Kiryandongo refugee settlement (27.2%) host the largest share of the refugee households who arrived in Uganda in 2024 and 2025, coinciding with the breakout of conflict in Sudan and Democratic Republic of Congo. The length of duration of stay of refugees in Uganda shows the protracted nature of the Uganda refugee response, and the continued sustained displacement needs in Uganda. Most of the refugee households that took part in the assessment originate from South Sudan (54.3%), The Democratic Republic of Congo (36.5%), Burundi (3.4%), Rwanda (3%) and Sudan (2.3%).

Table 6: Time of arrival of refugee households and their countries of origin

		Time of Arrival						Country of origin									
		Before 2017	2017 to 2021	2022	2023	2024	2025	Angola	Burundi	DRC	Eritrea	Ethiopia	Other	Rwanda	Somalia	South Sudan	Sudan
	Total N	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	543	84.5	11.2	1.3	1.7	0.9	0.4	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	99.8	0.0
Bidibidi	519	92.7	6.2	0.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0

Imvepi	497	6.2	86.5	2.6	1.6	1.8	1.2	0.0	0.0	6.2	0.2	0.0	0.0	0.0	0.0	93.4	0.2
Kampala	752	23.9	21.9	8.5	16.5	22.5	6.6	0.0	1.1	27.5	19.7	4.3	0.1	0.3	20.6	4.5	21.9
Kiryandongo	569	46.2	13.4	3.9	9.3	19.0	8.3	0.0	0.4	1.9	0.0	0.0	0.5	0.2	0.0	71.2	25.8
Kyaka II	539	31.2	62.3	2.2	1.5	2.0	0.7	0.0	2.8	95.0	0.0	0.0	0.0	2.0	0.2	0.0	0.0
Kyangwali	558	22.4	61.5	5.4	2.5	6.8	1.4	0.0	0.2	98.6	0.0	0.0	0.2	0.4	0.2	0.5	0.0
Lobule	358	97.8	1.4	0.3	0.6	0.0	0.0	0.0	0.0	99.7	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Nakivale	519	55.1	18.7	6.6	6.4	8.9	4.4	0.0	25.4	62.0	0.0	0.2	0.0	12.1	0.2	0.0	0.0
Oruchinga	330	89.1	8.8	0.9	0.3	0.6	0.3	0.0	22.7	40.0	0.3	0.0	0.0	36.4	0.0	0.0	0.6
Palabek	490	0.6	68.8	14.5	8.8	4.3	3.1	0.0	0.0	0.4	0.2	0.0	0.0	0.0	0.2	99.2	0.0
Palorinya	641	19.3	75.8	0.3	0.8	1.6	2.2	0.0	0.0	0.2	0.0	0.2	0.2	0.0	0.3	99.1	0.2
Rhino Camp	501	37.7	41.5	7.0	8.6	4.2	1.0	0.4	0.0	0.8	0.0	0.0	0.2	0.0	0.0	98.6	0.0
Rwamwanja	469	79.5	15.6	1.3	1.5	1.9	0.2	0.4	0.0	99.1	0.0	0.0	0.0	0.2	0.2	0.0	0.0
South West	2415	51.6	36.4	3.5	2.6	4.4	1.5	0.1	9.2	82.0	0.0	0.0	0.0	8.2	0.2	0.1	0.1
West Nile	4118	46.1	39.7	3.7	4.0	4.2	2.2	0.0	0.0	9.9	0.1	0.0	0.1	0.0	0.1	86.1	3.6
Total (Kampala Excluded)	**6533**	**48.2**	**38.5**	**3.7**	**3.5**	**4.3**	**1.9**	**0.1**	**3.4**	**36.5**	**0.1**	**0.0**	**0.1**	**3.0**	**0.1**	**54.3**	**2.3**

3.2 Demographic indicators

Results in Table 7 show that the average household size among the refugee households was 6.4 a slight increase as compared to 6.3 in 2024. Among the refugee settlements, Adjumani had the largest average household size of 7.7 members and Oruchinga had the smallest average household size of 5.0 members. Rwamwanja had the largest proportion of households with children under the age of two (19%) while Kampala had the lowest proportion of households with children under the age of 2 years (9.8%).

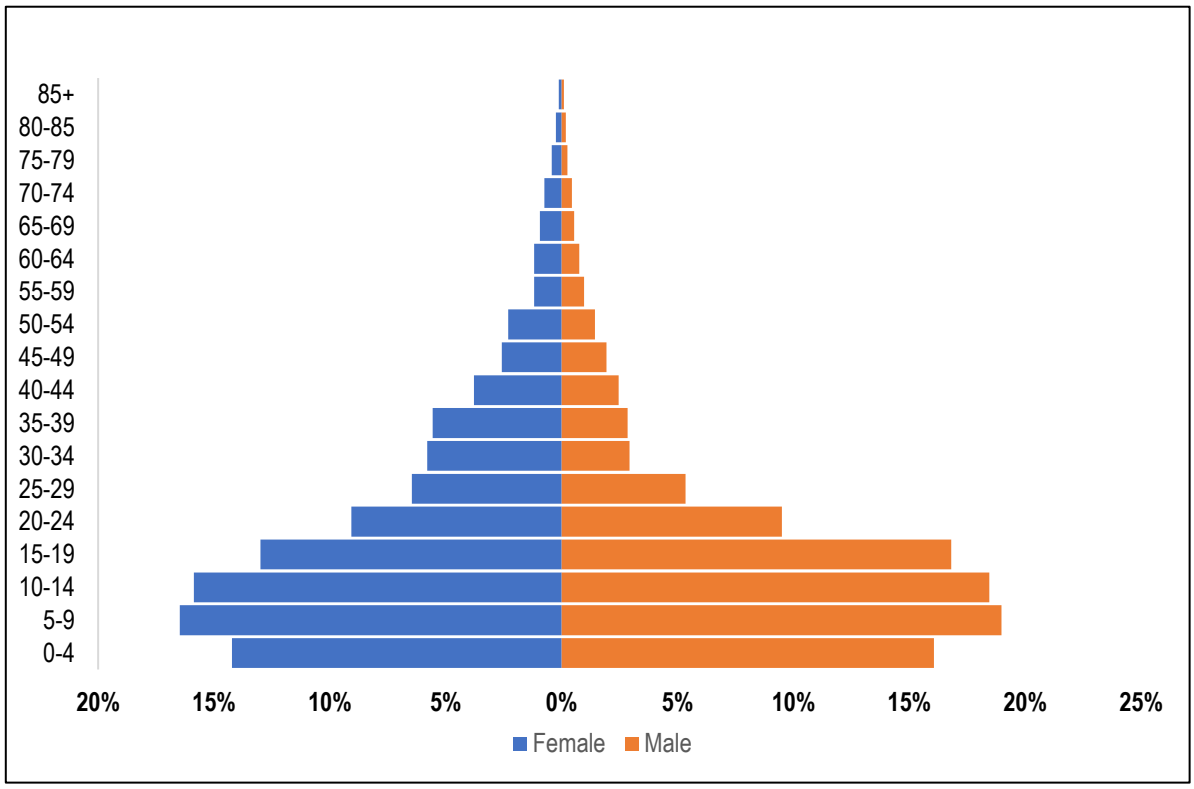
Table 7: Demographic indicators

	Adjumani	Bidibidi	Imvepi	Kampala	Kiryandongo	Kyaka II	Kyangwali	Lobule	Nakivale	Oruchinga	Palabek	Palorinya	Rhino Camp	Rwamwanja	South West	Westnile	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Household size (Mean)	7.7	7.1	7.4	4.5	7.2	5.7	5.3	6.8	5.3	5.0	7.1	5.9	7.4	5.5	5.4	7.1	6.4
Household size categories																	
1 to 2 members	3.1	6.7	6.2	31.3	10.2	12.8	16.3	9.5	16.6	19.7	5.1	11.5	6.2	11.9	15.2	7.4	10.3
3 to 4 members	13.6	16.8	15.1	24.3	15.1	21.0	27.4	17.9	26.2	26.4	12.4	22.5	14.2	26.0	25.3	16.1	19.5
5 to 6 members	25.4	23.9	19.1	23.0	21.8	29.9	27.1	24.9	26.8	24.5	27.1	26.5	23.6	29.2	27.7	24.1	25.4
7 to 9 members	33.1	29.9	31.6	14.1	29.2	28.0	20.6	27.9	21.8	24.5	35.3	28.5	32.5	26.0	24.1	31.0	28.5
10+ members	24.7	22.7	28.0	7.3	23.7	8.3	8.6	19.8	8.7	4.8	20.0	10.9	23.6	6.8	7.7	21.4	16.4
Percentage of households with a child under 2 years	16.2	11.4	14.5	9.8	18.1	15.6	16.7	13.1	18.1	14.5	16.1	14.7	13.0	19.0	16.9	14.7	15.5
Percentage of households with a child under 5 years	65.0	64.0	70.2	35.9	60.3	65.7	64.0	66.2	62.8	54.2	68.6	54.8	63.3	66.3	63.2	63.6	63.4
Percentage of households with a member 65+ years	17.3	11.9	15.1	7.0	11.1	10.9	10.2	14.2	8.1	13.6	9.8	15.1	11.2	10.9	10.5	13.3	12.2
Percentage of children under 2 years	7.0	6.7	7.4	6.6	7.4	9.8	10.3	7.7	10.0	8.8	7.5	7.2	6.7	10.3	9.9	7.2	8.0
Percentage of children under 5 years	13.1	13.8	14.0	11.6	14.0	18.4	19.5	15.6	18.5	16.2	15.0	13.4	14.1	18.4	18.4	14.0	15.4
Percentage of women of reproductive age (15-49)	25.3	24.7	24.6	32.6	24.5	23.0	23.6	24.6	20.7	21.9	22.7	25.9	24.3	21.8	22.3	24.6	23.9
Percent of elders (65 years and above)	2.4	1.9	2.2	1.7	1.6	2.1	2.2	2.2	1.7	3.1	1.4	2.7	1.6	2.1	2.2	2.0	2.1

3.3 Population pyramid

This population pyramid shows the age and sex distribution of refugees in Uganda, with females on the left and males on the right. The pyramid has a broad base, meaning most refugees are children and youths, reflecting high fertility and a predominantly young refugee population. The pyramid narrows quickly with age, showing relatively few older adults which points to lower life expectancy. The distribution is balanced between men and women, though males slightly dominate in some younger age groups. Overall, this profile highlights a large need for services such as education, child protection, health, and youth-focused livelihoods within Uganda's refugee response.

Figure 1: Population pyramid of refugees in Uganda



3.4 Education level of household heads

Four in ten refugee household heads had no formal education while 42.5% attained primary education level. Refugee household heads in Kampala are more educated, with 23.5% having secondary education and 22.6% with a university degree.

Table 8: Education level of household heads

		Highest level of education of household heads						
		Early Childhood Education	Primary Education	Secondary - O Level	Secondary - A Level	University	No formal education	Vocational/technical studies
	Total	%	%	%	%	%	%	%
Adjumani	543	2.4	29.7	6.6	1.5	0.4	58.6	0.9
Bidibidi	519	3.1	54.5	12.7	1.2	0.4	26.6	1.5
Imvepi	497	4.2	60.2	12.5	1.6	0.8	20.5	0.2
Kampala	752	1.1	15.0	15.8	23.5	22.6	17.6	4.4
Kiryandongo	569	1.9	45.5	16.0	1.6	7.0	26.5	1.4
Kyaka II	539	6.1	31.0	10.6	2.0	1.1	48.6	0.6
Kyangwali	558	0.5	39.2	7.7	2.3	0.7	49.3	0.2
Lobule	358	0.3	65.6	8.9	2.2	0.6	22.3	0.0
Nakivale	519	0.4	37.8	7.5	3.1	1.7	47.6	1.9
Oruchinga	330	5.8	46.1	8.8	4.8	0.3	33.3	0.9
Palabek	490	3.1	40.0	8.0	0.8	0.8	46.9	0.4
Palorinya	641	3.3	47.3	11.9	0.8	0.6	35.3	0.9
Rhino Camp	501	0.6	37.3	11.6	0.8	0.4	48.5	0.8
Rwamwanja	469	7.5	25.4	7.9	3.8	1.1	52.7	1.7
South West	2415	3.8	35.3	8.5	3.1	1.0	47.2	1.0
West Nile	4118	2.5	46.7	11.2	1.3	1.5	36.1	0.8
All refugees (Kampala excluded)	**6533**	**3.0**	**42.5**	**10.2**	**1.9**	**1.3**	**40.2**	**0.9**

3.5 Disability and chronic illness status of household members

Disability and chronic illnesses are among conditions that affect daily functioning and engagement in income-generating activities of household members. Table 9 shows that 3% of refugees had a physical disability, defined as difficulty in seeing, hearing, walking, self-care, or communication. The prevalence of physical disability was fairly similar between females (3.1%) and males (2.8%). Mental disability affected 1.8% of household members, with comparable proportions among females (1.9%) and males (1.6%). Chronic illness was reported among 3% of household members overall, with a slightly higher share among males (3.5%) than females (2.5%).

Table 9: Disability and chronic illness status of the household members

Location		Male			Female			Total		
		Has a Physical disability	Has a mental disability	Has chronic illness	Has a Physical disability	Has a mental disability	Has chronic illness	Has a Physical disability	Has a mental disability	Has chronic illness
	Total	%	%	%	%	%	%	%	%	%
Adjumani	4213	2.7	1.6	2.1	3.0	1.3	1.7	2.9	1.5	1.9
Bidibidi	3689	3.3	2.3	5.3	3.0	2.1	3.9	3.1	2.2	4.7
Imvepi	3706	3.1	2.2	2.5	3.6	3.3	3.0	3.3	2.7	2.8
Kampala	3405	1.6	1.5	5.6	1.5	1.7	3.8	1.5	1.6	4.8
Kiryandongo	4109	3.4	1.4	4.5	3.0	1.7	2.9	3.2	1.5	3.8
Kyaka II	3108	3.0	1.8	4.1	4.6	2.6	3.1	3.7	2.2	3.7
Kyangwali	2952	2.4	1.6	3.2	3.1	2.2	2.8		1.9	3.0
Lobule	2454	3.5	1.4	4.5	3.9	2.1	2.1	3.7	1.8	3.4
Nakivale	2727	1.0	1.9	4.1	2.4	1.6	3.4	1.7	1.8	3.7
Oruchinga	1660	2.4	2.0	4.9	3.1	2.5	2.3	2.7	2.2	3.7
Palabek	3504	3.4	0.9	2.1	3.3	1.3	1.3	3.3	1.1	1.7

Palorinya	3815	3.9	2.2	4.8	3.2	2.3	2.9	3.6	2.3	3.9
Rhino Camp	3698	2.3	1.1	2.7	2.4	1.3	1.8	2.3	1.2	2.2
Rwamwanja	2606	1.3	0.8	2.0	1.8	0.5	0.8	1.5	0.7	1.4
South West	13053	2.0	1.6	3.6	3.0	1.9	2.5	2.5	1.7	3.1
West Nile	29188	3.2	1.6	3.5	3.1	1.9	2.5	3.2	1.8	3.0
All refugees (Kampala excluded)	**42241**	**2.8**	**1.6**	**3.5**	**3.1**	**1.9**	**2.5**	**3.0**	**1.8**	**3.0**

Results in Table 10 present the prevalence of disability and chronic illness among refugee household heads. Overall, 6.1% of household heads reported having a physical disability, with the highest proportion in Imvepi settlement (7.6%). Chronic illness was reported among 8.3% of household heads, most notably in Bidibidi settlement where the prevalence reached 13.3%. In addition, 7.6% of household heads were of advanced age (65 years and above), with the largest share observed in Oruchinga settlement (11.5%).

Table 10: Disability and chronic illness status of the household heads

Location	Total	Household head with a physical disability	Household head with a mental disability	Household head with a chronic illness	Household head 65+ years
		%	%	%	%
Adjumani	543	6.8	2.6	6.1	7.7
Bidibidi	519	6.0	1.9	13.3	5.2
Imvepi	497	7.6	3.8	6.4	8.5
Kampala	752	1.5	1.1	8.8	2.7
Kiryandongo	569	6.2	2.1	9.8	4.7
Kyaka II	539	6.7	1.8	10.5	9.4
Kyangwali	558	7.0	1.8	8.1	7.3
Lobule	358	7.0	1.1	8.4	9.5

Nakivale	519	3.7	1.5	10.4	7.5
Oruchinga	330	5.7	2.4	7.9	11.5
Palabek	490	6.7	0.4	4.3	5.7
Palorinya	641	6.7	1.1	9.5	8.1
Rhino Camp	501	6.0	1.4	7.0	7.0
Rwamwanja	469	2.8	1.3	4.9	9.4
Regions					
South West	2415	5.2	1.7	8.5	8.8
West Nile	4118	6.6	1.8	8.2	7.0
All refugees (Kampala excluded)	**6533**	**6.1**	**1.8**	**8.3**	**7.6**

3.6 Age Dependency Ratio (ADR)

The age dependency ratio (ADR) is a demographic indicator that compares the number of people considered too young (under 18 years) or too old (over 64 years) to work (dependents) to the number of people of working age. The study indicates an average age dependency ratio of 1.7 among refugee households, with Palabek, Rhino Camp, Kyaka II, Bidibidi, and Kyangwali exhibiting the highest ratios of above two dependants per one working household member (Table 11). A high ADR indicates a larger proportion of dependents relative to the working-age population, which may have implications for economic and social support systems. High ADR suggest a potentially greater burden on the refugee community's resources to support dependents, such as children or elderly individuals.

Table 11. Age Dependency Ratio

		Members below 18 years		Members 18-64 years		Members 65 years and above		Age Dependency Ratio
Settlement	Total	Total	% HH	Total	% HH	Total	% HH	Mean
Adjumani	4213	2536	60.2	1577	37.4	100	2.4	1.67
Bidibidi	3689	2245	60.9	1375	37.3	69	1.9	1.68
Imvepi	3706	2233	60.3	1391	37.5	82	2.2	1.66
Kampala	3405	1506	44.2	1840	54.0	59	1.7	0.85
Kiryandongo	4109	2493	60.7	1549	37.7	67	1.6	1.65
Kyaka II	3108	1934	62.2	1109	35.7	65	2.1	1.80
Kyangwali	2952	1782	60.4	1106	37.5	64	2.2	1.67
Lobule	2454	1382	56.3	1017	41.4	55	2.2	1.41
Nakivale	2727	1638	60.1	1044	38.3	45	1.7	1.61
Oruchinga	1660	916	55.2	693	41.7	51	3.1	1.40
Palabek	3504	2361	67.4	1093	31.2	50	1.4	2.21
Palorinya	3815	2115	55.4	1596	41.8	104	2.7	1.39
Rhino Camp	3698	2319	62.7	1321	35.7	58	1.6	1.80
Rwamwanja	2606	1562	59.9	987	37.9	57	2.2	1.64
All refugees (Kampala excluded)	42241	25516	60.4	15858	37.5	867	2.1	1.66

3.7 Household head profile

Among the refugee population, seven in ten households are headed by females, while three in ten refugee households are male headed (Table 12). The average age of household heads is 41.3 years.

Table 12. Household head profile

		Age of household head	Sex of household head		Household head with a physical disability	Household head with a mental disability	Household head with a chronic illness	Household head 65+ years	Households with a physically disabled member	Households with a mentally disabled member	Households with a chronically ill member
	Total	Average	Female	Male	%	%	%	%	%	%	%
Adjumani	543	42.1	90.8	9.2	6.8	2.6	6.1	7.7	19.9	10.7	12.0
Bidibidi	519	40.2	76.5	23.5	6.0	1.9	13.3	5.2	20.0	12.9	25.0
Imvepi	497	41.4	69.6	30.4	7.6	3.8	6.4	8.5	20.7	16.5	18.1
Kampala	752	36.8	61.6	38.4	1.5	1.1	8.8	2.7	6.0	6.6	18.1
Kiryandongo	569	39.4	80.1	19.9	6.2	2.1	9.8	4.7	18.1	8.8	19.9
Kyaka II	539	41.1	53.1	46.9	6.7	1.8	10.5	9.4	17.9	10.9	17.2
Kyangwali	558	41.1	50.2	49.8	7.0	1.8	8.1	7.3	12.5	9.3	13.4
Lobule	358	46.9	72.1	27.9	7.0	1.1	8.4	9.5	17.9	10.6	15.9
Nakivale	519	41.3	54.9	45.1	3.7	1.5	10.4	7.5	8.9	8.5	16.4
Oruchinga	330	44.4	51.8	48.2	5.7	2.4	7.9	11.5	12.7	10.6	13.9
Palabek	490	37.0	81.8	18.2	6.7	0.4	4.3	5.7	19.7	6.9	10.6
Palorinya	641	42.7	76.9	23.1	6.7	1.1	9.5	8.1	17.6	12.1	18.5
Rhino Camp	501	39.3	84.2	15.8	6.0	1.4	7.0	7.0	14.2	8.2	13.2
Rwamwanja	469	42.8	48.6	51.4	2.8	1.3	4.9	9.4	8.1	3.4	6.8
Regions											
South West	2415	41.9	51.8	48.2	5.2	1.7	8.5	8.8	12.1	8.5	13.7
West Nile	4118	41.0	79.3	20.7	6.6	1.8	8.2	7.0	18.5	10.9	16.8
All refugees (Kampala excluded)	**6533**	**41.3**	**69.1**	**30.9**	**6.1**	**1.8**	**8.3**	**7.6**	**16.1**	**10.0**	**15.6**

3.8 Safety and security of refugee households

Respondents were asked if they feel safe where they live and results are presented in Table 13. Majority (94.3%) of refugee households felt safe, with only 5.7% of refugee households feeling unsafe, and most of these were found in Kiryandongo (16.9%), Palabek (11.6%), Kampala (9.2%), and Nakivale (6.9%). Similarly, 91.7% of the households have not experienced any form of insecurity or violence in the last 12 months. Amongst the few (8.3%) who experienced any form of insecurity or violence, most were in Kiryandongo (19.5%), Kampala (12.9%), Palabek (11.6%), and Rhino Camp (10.6%).

Table 13. Safety and security of refugee households.

		Household currently feels safe in the environment		Household experienced any insecurity or violence in the last 12 months		
		No	Yes		No	Yes
Location	N	%	%	N	%	%
Adjumani	543	1.8	98.2	543	94.3	5.7
Bidibidi	519	2.5	97.5	519	92.7	7.3
Imvepi	497	4.0	96.0	497	93.4	6.6
Kampala	752	9.2	90.8	752	87.1	12.9
Kiryandongo	569	16.9	83.1	569	80.5	19.5
Kyaka II	539	4.5	95.5	539	94.2	5.8
Kyangwali	558	1.6	98.4	558	96.8	3.2
Lobule	358	5.6	94.4	358	91.1	8.9
Nakivale	519	6.9	93.1	519	92.5	7.5
Oruchinga	330	4.8	95.2	330	93.6	6.4
Palabek	490	11.6	88.4	490	88.4	11.6
Palorinya	641	4.4	95.6	641	90.8	9.2
Rhino Camp	501	4.0	96.0	501	89.4	10.6
Rwamwanja	469	4.5	95.5	469	95.5	4.5
Regions						
South West	2415	4.4	95.6	2415	94.6	5.4
West Nile	4118	6.4	93.6	4118	89.9	10.1
Total	**6533**	**5.7**	**94.3**	**6533**	**91.7**	**8.3**

4. CHILD HEALTH AND NUTRITION

4.1 Description of Sample

Results in Table 14 show the distribution of children by sex and sex-ratio (boys to girls) in the sample. The final sample included a total of 6832 children aged 0 to 59 months across all 14 survey locations. Boys and girls were represented in the same proportion in the sample with an overall sex ratio of 0.9. By settlements, the sex ratio ranges from 0.8 in Bidibidi to 1.1 in Kampala.

Table 14: Distribution of children by sex and sex-ratio

		Sex distribution of child 0-59 months		
Location	N	Female (%)	Male (%)	M/F ratio
Adjumani	544	52.9	47.1	0.9
Bidibidi	500	54.6	45.4	0.8
Imvepi	513	52.8	47.2	0.9
Kampala	389	47.3	52.7	1.1
Kiryandongo	574	51.6	48.4	0.9
Kyaka II	568	50.9	49.1	1.0
Kyangwali	573	50.8	49.2	1.0
Lobule	379	50.1	49.9	1.0
Nakivale	503	49.5	50.5	1.0
Oruchinga	268	50.7	49.3	1.0
Palabek	521	53.2	46.8	0.9
Palorinya	507	50.9	49.1	1.0
Rhino Camp	520	52.7	47.3	0.9
Rwamwanja	473	49.3	50.7	1.0
Regions				
West Nile	4058	52.4	47.6	0.9
South West	2385	50.2	49.8	1.0
All settlements (Kampala included)	6832	51.4	48.6	0.9

All age groups were represented in proportions between 16.6% and 23.4% (Table 15). Children aged 0 to 11 months had the least proportion at 16.6% while children aged 36 to 47 months had the largest proportion at 23.4%. There was no significant difference by age group and sex ratio, as shown in Table 15 below.

Table 15: Distribution of children by sex and age group

Age group	Proportion	N	Female	Male	m/f ratio
0–11 months	16.6%	1137	586	551	0.9
12–23 months	19.3%	1321	693	628	0.9
24–35 months	20.8%	1419	715	704	1
36–47 months	23.4%	1601	837	764	0.9
48–59 months	19.8%	1354	678	676	1

4.2 Nutritional Status of Children

This section presents the nutritional status of children 6 to 59 months assessed using the WHO 2006 Growth Reference Standards. The prevalence of malnutrition was estimated using anthropometric measurements, including weight, height/length, and mid-upper arm circumference (MUAC). This section presents results on the prevalence of acute malnutrition (wasting and or bilateral pitting oedema), overweight, stunting and underweight among children.

4.2.1 Prevalence of Combined Global Acute Malnutrition (GAM)

The prevalence of combined Global Acute Malnutrition (cGAM) among children 6 to 59 months was determined by combining acute malnutrition by weight-for-height Z-scores (WHZ), presence of nutritional oedema, and mid-upper arm circumference (MUAC). Combining WHZ, MUAC and/ or nutritional oedema scores offers a more nuanced and comprehensive understanding of the prevalence and severity of acute malnutrition within the population.

Results in Table 16 present the prevalence of cGAM and combined SAM (cSAM) among children 6 to 59 months based on WHZ, MUAC cut-offs and/or oedema. cGAM was determined as a proportion of children with WHZ below –2SD and/or MUAC less than 125 mm and/or the presence of nutritional oedema, while cSAM was defined by the proportion of children with WHZ below -3SD and/or MUAC below 115 mm and/or oedema.

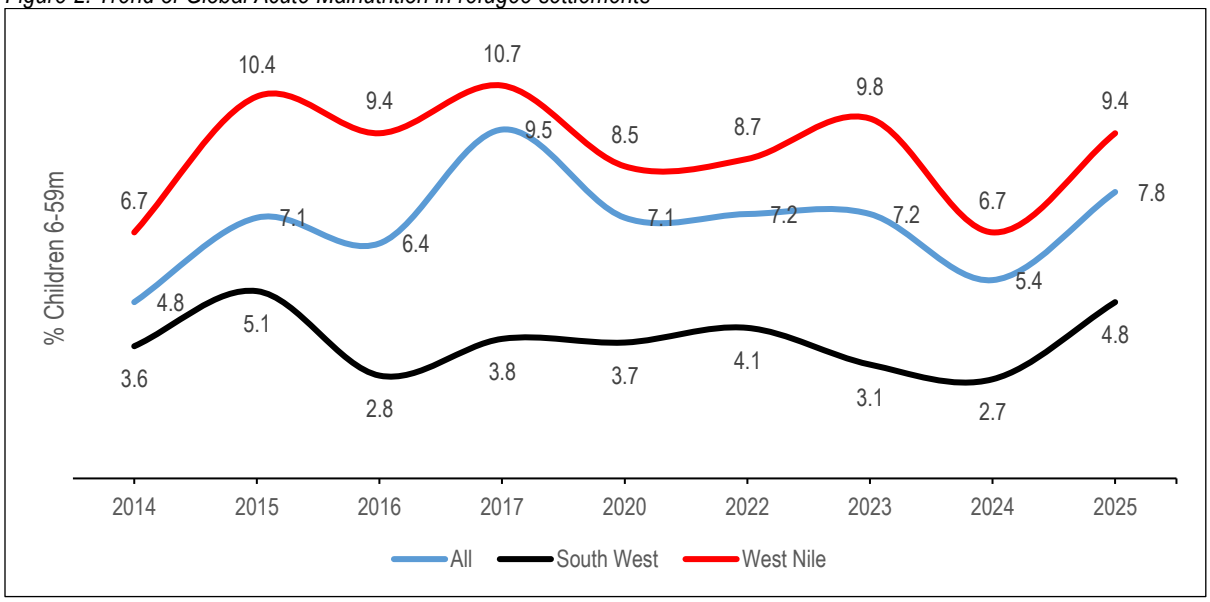
The overall prevalence of cGAM, as indicated in Table 16 across all settlements was 7.8%, which is categorised as poor, while cSAM was 1.0% which is generally at an acceptable level according to WHO 2006 Growth Reference Standards. Regionally, West Nile settlements had a higher burden of acute malnutrition for both cGAM (9.4%) and cSAM (1.4%) compared to the South West. Bidibidi (13.5%), Palorinya (11.0%) and Adjumani (11.4%) had the highest cGAM. cSAM was highest in Bidibidi (3.2%), Kampala (2.8%) and Imvepi (1.8%). Rwamwanja consistently reported the lowest prevalence across both indicators.

Table 16: Prevalence of combined GAM and combined SAM

Settlement	Total N	Combined GAM (WHZ <-2 and/or MUAC < 125 mm and/or oedema)			Combined SAM (WHZ <-3 and/or MUAC < 115 mm and/or oedema		
		n	%	95% CI	n	%	95% CI
Adjumani	413	47	11.4	8.0-15.9	5	1.2	0.5-2.8
Bidibidi	408	55	13.5	9.6-18.7	13	3.2	1.5-6.9
Imvepi	438	33	7.5	5.3-10.7	8	1.8	0.9-3.8
Kampala	290	29	10.0	6.3-15.5	8	2.8	1.1-6.5
Kiryandongo	480	27	5.6	3.7-8.4	3	0.6	0.2-2.0
Kyaka II	459	15	3.3	2.0-5.4	5	1.1	0.5-2.5
Kyangwali	462	29	6.3	4.6-8.5	5	1.1	0.5-2.6
Lobule	283	20	7.1	4.6-10.7	5	1.8	0.8-4.1
Nakivale	445	29	6.5	4.0-10.4	1	0.2	0.0-1.7
Oruchinga	216	15	6.9	4.3-11.1	1	0.5	0.1-2.6
Palabek	405	43	10.6	8.0-13.9	7	1.7	0.9-3.5
Palorinya	382	42	11.0	8.0-15.1	2	0.5	0.1-2.1
Rhino Camp	417	38	9.1	6.6-12.5	5	1.2	0.4-3.2
Rwamwanja	394	8	2.0	1.0-4.1	3	0.8	0.2-2.3
Regions							
South West	1976	95	4.8	3.9-5.9	16	0.8	0.4-1.4
West Nile	3226	304	9.4	8.2-10.9	45	1.4	1.0-2.0
All Settlements *(Kampala Excluded)*	**5492**	**426**	**7.8**	**7.0-8.7**	**55**	**1.0**	**0.8-1.4**

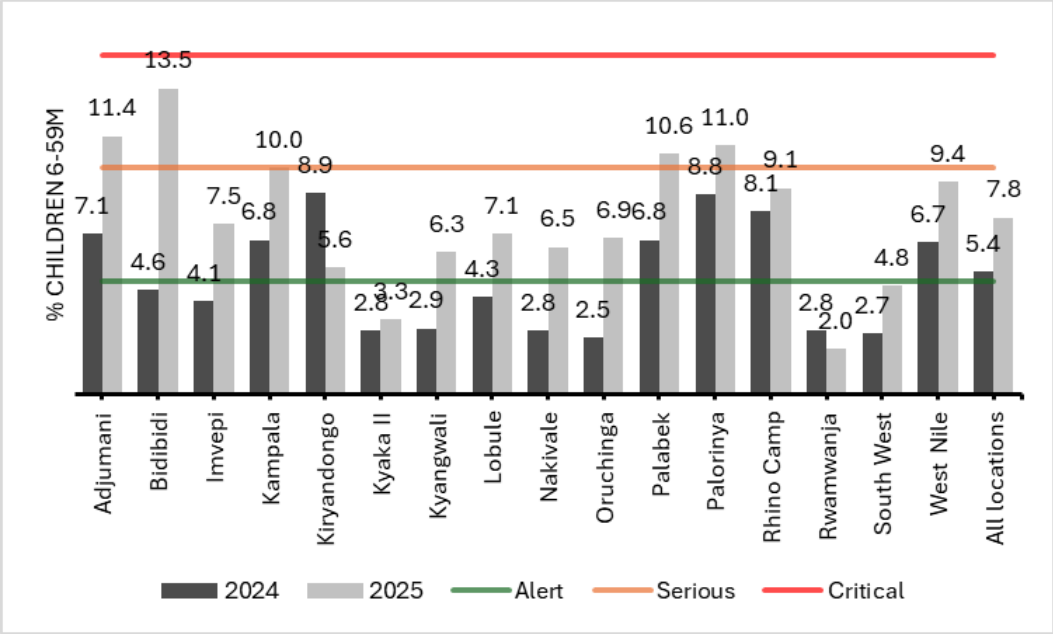
Figure 2 shows the trend of combined GAM and combined SAM across refugee settlements from 2014 to 2025, disaggregated by region. The overall average across all settlements had a fluctuating trend over the years, with the highest peak at 9.5% in 2017, a decline to 5.4% in 2024, followed by a rise to 7.8% in 2025.

Figure 2: Trend of Global Acute Malnutrition in refugee settlements



West Nile region has consistently recorded the highest cGAM prevalence rates across the years, peaking at 10.7% in 2017, declining to 6.7% in 2024 and rising once more to 9.4% in 2025. In contrast, the South West region had generally lower levels of acute malnutrition, with the lowest point recorded in 2016 at 2.8%, and a more stable trend across the years. However, there has been a gradual increase between 2023 (3.1%) and 2025 (4.8%).

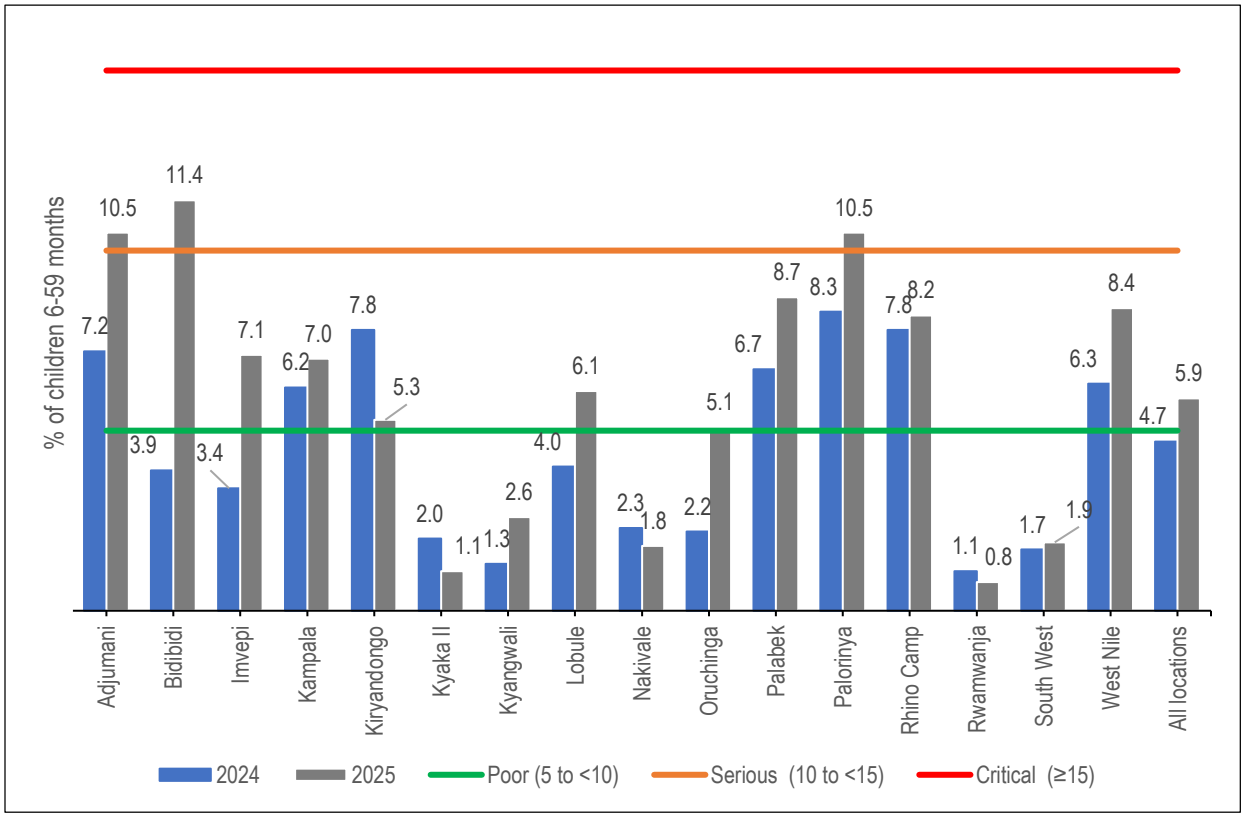
Figure 3: Global Acute Malnutrition (combined) 2024 v 2025 in refugee settlements



4.2.2 Prevalence of GAM by Weight-for-Height Z-scores and/or oedema

The Global Acute Malnutrition (GAM) which also refers to the status of child wasting, was assessed using weight-for-height z-scores (WHZ) and the presence of nutritional oedema. Figure 4 shows the trend in prevalence of GAM among children 6 to 59 months across the settlements in 2024 and 2025.

Figure 4: Prevalence of GAM by WHZ in refugee settlements: 2024 vs 2025



The overall prevalence of child wasting increased from an acceptable rate of 4.7% in 2024 to a poor rate at 5.9% in 2025. Regionally, South West remained relatively stable in the acceptable range while West Nile had a notable rise in GAM rates from 6.3% to 8.4% still within the poor range.

Across settlements, there was a fluctuating trend in GAM with a general increment in GAM rates in 2025. While some settlements had improvements, others either stagnated or deteriorated. In 2025, the highest GAM rates were 11.4% in Bidibidi and 10.5% in both Adjumani and Palorinya, compared with the highest GAM rates of 2024 at 8.3% in Palorinya and 7.8% in both Rhino Camp and Kiryandongo. Kyaka II and Rwamwanja remained relatively stable with consistently lower rates. Kiryandongo had a reduction from 7.8% in 2024 to 6.3% in 2025, as indicated in (Table 17). While within the same threshold, child wasting rates in Kampala increased from 6.2% in 2024 to 7% in 2025.

Table 17: Prevalence of acute malnutrition based on Weight-for-Height z-scores and/or oedema classifications

Location	N	Global acute malnutrition WHZ (<-2 z-score and/or oedema)			Moderate acute malnutrition WHZ (<-2 z-score and >=-3 z-score, no oedema)			Severe acute malnutrition WHZ (<-3 z-score and/or oedema)		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Adjumani	401	42	10.5	7.1-15.2	40	10.0	6.6-14.8	2	0.5	0.1-2.0
Bidibidi	404	46	11.4	8.3-15.5	34	8.4	5.9-11.9	12	3.0	1.4-6.0
Imvepi	434	31	7.1	4.8-10.4	24	5.5	3.6-8.3	7	1.6	0.7-3.6
Kampala	287	20	7.0	4.1-11.6	20	7.0	4.1-11.6	0	0.0	0.0-0.0
Kiryandongo	469	25	5.3	3.4-8.2	23	4.9	3.0-7.9	2	0.4	0.1-1.8
Kyaka II	446	5	1.1	0.5-2.6	5	1.1	0.5-2.6	0	0.0	0.0-0.0
Kyangwali	453	12	2.6	1.7-4.2	11	2.4	1.5-4.0	1	0.2	0.0-1.7
Lobule	279	17	6.1	3.8-9.5	15	5.4	3.3-8.7	2	0.7	0.2-2.6
Nakivale	438	8	1.8	1.0-3.5	8	1.8	1.0-3.5	0	0.0	0.0-0.0
Oruchinga	215	11	5.1	2.9-8.9	11	5.1	2.9-8.9	0	0.0	0.0-1.8
Palabek	393	34	8.7	6.3-11.7	29	7.4	5.2-10.3	5	1.3	0.5-3.0
Palorinya	370	39	10.5	7.6-14.4	38	10.3	7.3-14.2	1	0.3	0.0-2.0
Rhino Camp	414	34	8.2	6.0-11.2	29	7.0	5.0-9.7	5	1.2	0.5-3.2
Rwamwanja	384	3	0.8	0.3-2.4	3	0.8	0.3-2.4	0	0.0	0.0-0.0
Regions										
South West	1933	37	1.9	1.4-2.6	36	1.9	1.3-2.6	1	0.1	0.0-0.4
West Nile	3162	266	8.4	7.3-9.7	232	7.3	6.4-8.4	34	1.1	0.7-1.7
All Settlements *(Kampala Excluded)*	**5361**	**316**	**5.9**	**5.3-6.6**	**294**	**5.5**	**4.9-6.1**	**22**	**0.4**	**0.2-0.7**

Table 18 shows the prevalence of acute malnutrition based on Weight-for-Height z-scores and/or oedema classifications. Overall, SAM was 0.4% which is within an acceptable level. However, SAM prevalence in Bidibidi was at 3.0% which is in the critical threshold. Sex disaggregated data indicated that child wasting levels were generally higher among boys (6.9%) than in girls (4.9%) for children 6 to 59 months. Kyaka II was an exception to this general trend, with girls having wasting rates four times higher (2.1%) than that of boys (0.5%). The highest prevalence of child wasting among boys was observed in Adjumani settlement (13.8%), closely followed by Bidibidi (13.7%). Among the girls, the highest child wasting rates were reported in Bidibidi (9.5%), Palabek (8.5%) and Palorinya (8.3%). The lowest levels of child wasting among boys were recorded in Kyaka II and Rwamwanja at 0.5%, while the lowest among girls were in Nakivale (0.9%) and Rwamwanja (1.1%).

Table 18: Prevalence of acute malnutrition based on Weight-for-Height z-scores and/or oedema and classified by sex.

Location	Total		Global acute malnutrition WHZ (<-2 z-score and/or oedema) All		Moderate acute malnutrition WHZ (<-2 z-score and >=-3 z-score, no oedema)		Severe acute malnutrition WHZ (<-3 z-score and/or oedema)	
	N	*n*	*Boys %*	*Girls %*	*Boys %*	*Girls %*	*Boys %*	*Girls %*
Adjumani	401	42	13.8	7.5	13.3	7.0	0.5	0.5
Bidibidi	404	46	13.7	9.5	9.9	7.2	3.8	2.3
Imvepi	434	31	10.3	4.3	7.4	3.9	3.0	0.4
Kampala	287	20	7.1	6.8	7.1	6.8	0.0	0.0
Kiryandongo	469	25	6.9	3.8	6.1	3.8	0.9	0.0
Kyaka II	446	5	0.5	1.7	0.5	1.7	0.0	0.0
Kyangwali	453	12	3.2	2.1	2.8	2.1	0.5	0.0
Lobule	279	17	6.4	5.8	5.7	5.1	0.7	0.7
Nakivale	438	8	2.8	0.9	2.8	0.9	0.0	0.0
Nakivale	438	8	2.8	0.9	2.8	0.9	0.0	0.0
Oruchinga	215	11	6.6	3.7	6.6	3.7	0.0	0.0
Palabek	393	34	8.9	8.5	7.8	7.0	1.1	1.4
Palorinya	370	39	12.9	8.3	12.4	8.3	0.6	0.0
Rhino Camp	414	34	8.9	7.6	7.9	6.3	1.0	1.3
Rwamwanja	384	3	0.5	1.1	0.5	1.1	0.0	0.0
Regions								
South West	1933	37	2.2	1.6	2.1	1.6	0.1	0.0
West Nile	3162	266	10.3	6.7	8.8	6.1	1.5	0.7
All Settlements *(Kampala Excluded)*	**5361**	**316**	**6.9**	**4.9**	**6.4**	**4.6**	**0.5**	**0.3**

4.2.3 Prevalence of acute malnutrition by MUAC

Mid-Upper Arm Circumference (MUAC) assesses the amount of soft tissue in the arm as a measure for acute malnutrition among children aged 6 to 59 months. Table 19 presents the prevalence of acute malnutrition by MUAC and the presence of oedema categorised into GAM, MAM and SAM. Overall, as indicated in Table 19, GAM by MUAC was 3.2%. The highest prevalence of GAM by MUAC was 5.9% in Bidibidi, closely followed by 5.8% in Nakivale and 5.6% in Kyangwali. South West (3.3%) had a slightly higher GAM rate compared to West Nile (2.2%). The highest prevalence of SAM was 2.8% in Kampala, 1.4% in Lobule and 1.1% in Kyaka II. Conversely, the lowest GAM rates were 1.5% in Rwamwanja and Kiryandongo, and 1.8% in Palorinya. Several settlements reported very low or zero SAM rates.

Table 19: Prevalence of acute malnutrition in children 6 to 59 months by MUAC

Location	Total N	Global acute malnutrition (< 125 mm and/or oedema)			Moderate acute malnutrition WHZ (<-2 z-score and >=-3 z-score, no oedema)			Severe acute malnutrition WHZ (<-3 z-score and/or oedema)		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Adjumani	413	8	1.9	0.9-3.9	5	1.2	0.5-2.8	3	0.7	0.2-2.2
Bidibidi	407	24	5.9	3.5-9.9	21	5.2	3.0-8.8	3	0.7	0.3-2.1
Imvepi	438	8	1.8	0.8-3.9	7	1.6	0.7-3.7	1	0.2	0.0-1.7
Kampala	290	14	4.8	2.5-9.1	6	2.1	1.0-4.4	8	2.8	1.1-6.5
Kiryandongo	480	7	1.5	0.7-2.8	6	1.3	0.6-2.6	1	0.2	0.0-1.6
Kyaka II	457	13	2.8	1.6-5.0	8	1.8	0.7-4.2	5	1.1	0.5-2.5
Kyangwali	462	26	5.6	4.0-7.9	21	4.5	3.4-6.1	5	1.1	0.5-2.6
Lobule	283	7	2.5	1.2-5.0	3	1.1	0.4-3.1	4	1.4	0.6-3.6
Nakivale	445	26	5.8	3.4-9.8	25	5.6	3.2-9.6	1	0.2	0.0-1.7
Oruchinga	216	5	2.3	1.0-5.3	4	1.9	0.7-4.7	1	0.5	0.1-2.6
Palabek	405	16	4.0	2.4-6.4	14	3.5	2.1-5.7	2	0.5	0.1-2.0
Palorinya	381	7	1.8	0.9-3.6	6	1.6	0.7-3.3	1	0.3	0.0-1.9
Rhino Camp	417	8	1.9	1.0-3.5	7	1.7	0.9-3.3	1	0.2	0.0-1.8
Rwamwanja	394	6	1.5	0.6-3.6	3	0.8	0.2-2.3	3	0.8	0.2-2.3
South West	1974	76	3.9	3.0-5.0	61	3.1	2.3-4.1	16	0.8	0.4-1.4
West Nile	3224	85	2.6	2.1-3.3	68	2.1	1.6-2.8	16	0.5	0.3-0.8
All settlements *(Kampala Excluded)*	**5488**	**175**	**3.2**	**2.7-3.8**	**137**	**2.5**	**2.0-3.1**	**38**	**0.7**	**0.5-1.0**

Disaggregated data by sex, girls generally had a higher prevalence of GAM by MUAC at 3.7% compared to 2.7% (Table 20). SAM was low overall, with boys and girls observing similar patterns with SAM by MUAC at 0.7%. The highest prevalence of 2.9% for girls was in Lobule and 2.8% for boys in Kampala.

Table 20: Prevalence of acute malnutrition in children 6 to 59 months based on MUAC and classified by sex

Location	Total N	GAM	Global acute malnutrition (< 125 mm and/or oedema)		Moderate malnutrition (< 125 mm and >= 115 mm, no oedema)		Severe malnutrition (< 115 mm and/or oedema)	
	N	*n*	*Boys (%)*	*Girls (%)*	*Boys (%)*	*Girls (%)*	*Boys (%)*	*Girls (%)*
Adjumani	413	8	3.1	0.9	1.5	0.9	1.5	0.0
Bidibidi	407	24	5.4	6.3	4.3	5.8	1.1	0.4
Imvepi	438	8	2.9	0.9	2.4	0.9	0.5	0.0
Kampala	290	14	4.3	5.4	1.4	2.7	2.8	2.7
Kiryandongo	480	7	1.3	1.7	0.8	1.7	0.4	0.0

Kyaka II	457	13	2.3	3.4	1.8	1.7	0.5	1.7
Kyangwali	462	26	4.5	6.7	3.6	5.5	0.9	1.3
Lobule	283	7	0.7	4.3	0.7	1.4	0.0	2.9
Nakivale	445	26	5.9	5.8	5.5	5.8	0.5	0.0
Oruchinga	216	5	0.9	3.6	0.9	2.7	0.0	0.9
Palabek	405	16	2.1	5.5	1.6	5.0	0.5	0.5
Palorinya	381	7	0.0	3.5	0.0	3.0	0.0	0.5
Rhino Camp	417	8	1.6	2.2	1.0	2.2	0.5	0.0
Rwamwanja	394	6	1.5	1.6	0.5	1.1	1.0	0.5
South West	1974	76	3.3	4.4	2.7	3.5	0.6	0.9
West Nile	3224	85	2.2	3.1	1.6	2.7	0.6	0.4
All settlements *(Kampala Excluded)*	**5488**	**175**	**2.7**	**3.7**	**2.0**	**3.0**	**0.7**	**0.7**

4.2.4 Prevalence of stunting

The overall prevalence of child stunting (chronic malnutrition) was 25.4%. However, all settlements in the South West (42.0%), except Oruchinga at 23.7% had stunting levels which exceeded the "critical level" levels of ≥ 30%. Severe stunting (HAZ < -3 z-score) was highest in Rwamwanja (20.7%), Kyaka II (18.6%), and Kyangwali (16.2%), as shown in Table 21.

Table 21: Prevalence of stunting based on height-for-age z-scores

Location		Total stunting HAZ (<-2 z-score)			Moderate stunting HAZ (<-2 z-score and >=-3 z-score)			Severe stunting HAZ (<-3 z-score)		
	N	n	%	95% CI	n	%	95% CI	n	%	95% CI
Adjumani	389	32	8.2	5.3-12.5	31	8.0	5.3-11.8	1	0.3	0.0-2.0
Bidibidi	403	50	12.4	8.9-17.0	42	10.4	7.3-14.7	8	2.0	0.7-5.3
Imvepi	432	72	16.7	13.2-20.9	58	13.4	10.2-17.5	14	3.2	1.8-5.9
Kampala	280	43	15.4	11.3-20.5	39	13.9	10.0-19.2	4	1.4	0.5-3.8
Kiryandongo	454	47	10.4	7.7-13.8	42	9.3	6.5-13.0	5	1.1	0.5-2.6
Kyaka II	440	218	49.5	44.5-54.6	136	30.9	27.1-35.0	82	18.6	15.4-22.4
Kyangwali	450	193	42.9	37.9-48.1	120	26.7	22.5-31.3	73	16.2	12.7-20.4
Lobule	279	67	24.0	19.4-29.4	55	19.7	15.5-24.8	12	4.3	2.5-7.4
Nakivale	435	153	35.2	29.1-41.8	106	24.4	20.1-29.2	47	10.8	7.5-15.3
Oruchinga	215	51	23.7	18.5-29.8	42	19.5	14.8-25.3	9	4.2	2.2-7.8
Palabek	378	113	29.9	23.6-37.1	66	17.5	12.7-23.5	47	12.4	9.4-16.3
Palorinya	355	58	16.3	12.5-21.1	50	14.1	10.6-18.5	8	2.3	1.1-4.8
Rhino Camp	411	82	20.0	15.2-25.7	67	16.3	11.9-21.9	15	3.6	2.2-6.0
Rwamwanja	382	193	50.5	43.2-57.8	114	29.8	24.5-35.9	79	20.7	16.3-25.9
Regions										
South West	1916	804	42.0	38.1-45.9	518	27.0	24.8-29.4	286	14.9	12.5-17.8

West Nile	3080	508	16.5	14.6-18.6	411	13.3	11.5-15.4	97	3.1	2.6-3.8
All Settlements *(Kampala Excluded)*	**5240**	**1333**	**25.4**	**24.2-26.7**	**968**	**18.5**	**17.2-19.9**	**365**	**7.0**	**6.2-7.8**

While the total child stunting was 20.5% among boys and 22.3% among girls, stunting across settlements and by sex varied significantly. Among boys, Rwamwanja recorded the highest rate at 54.5% while Adjumani recorded the lowest rate at 10.0%. Among girls, Kyaka II recorded the highest rate at 48.1% while Adjumani reported the lowest rate at 6.7%.

Across most settlements, boys consistently exhibited higher stunting rates than girls. Particularly wide sex-based disparities were observed in Imvepi (21.3% boys vs 12.6% girls), Palabek (36.6% vs 24.1%), and Kampala (19.7% vs 11.2%) as indicated in (Table 22).

Table 22: Prevalence of stunting based on height-for-age z-scores and by sex

		Boys							***Girls***					
Location	**N**	**Total stunting HAZ (<-2 z-score)**		**Moderate stunting HAZ (<-2 z-score and >=-3 z-score)**		**Severe stunting HAZ (<-3 z-score)**			**Total stunting HAZ (<-2 z-score)**		**Moderate stunting HAZ (<-2 z-score and >=-3 z-score)**		**Severe stunting HAZ (<-3 z-score)**	
		n	%	n	%	n	%	N	n	%	n	%	n	%
Adjumani	180	18	10.0	17	9.4	1	0.6	209	14	6.7	14	6.7	0	0.0
Bidibidi	182	21	11.5	17	9.3	4	2.2	221	29	13.1	25	11.3	4	1.8
Imvepi	202	43	21.3	35	17.3	8	4.0	230	29	12.6	23	10.0	6	2.6
Kampala	137	27	19.7	26	19.0	1	0.7	143	16	11.2	13	9.1	3	2.1
Kiryandongo	225	23	10.2	22	9.8	1	0.4	229	24	10.5	20	8.7	4	1.7
Kyaka II	207	106	51.2	59	28.5	47	22.7	233	112	48.1	77	33.0	35	15.0
Kyangwali	221	111	50.2	67	30.3	44	19.9	229	82	35.8	53	23.1	29	12.7
Lobule	141	38	27.0	34	24.1	4	2.8	138	29	21.0	21	15.2	8	5.8
Nakivale	215	89	41.4	57	26.5	32	14.9	220	64	29.1	49	22.3	15	6.8
Oruchinga	106	33	31.1	29	27.4	4	3.8	109	18	16.5	13	11.9	5	4.6
Palabek	175	64	36.6	35	20.0	29	16.6	203	49	24.1	31	15.3	18	8.9
Palorinya	169	33	19.5	28	16.6	5	3.0	186	25	13.4	22	11.8	3	1.6
Rhino Camp	192	41	21.4	32	16.7	9	4.7	219	41	18.7	35	16.0	6	2.7
Rwamwanja	198	108	54.5	57	28.8	51	25.8	184	85	46.2	57	31.0	28	15.2
Regions														
South West	946	444	46.9	269	28.4	175	18.5	970	360	37.1	249	25.7	111	11.4
West Nile	1455	272	18.7	220	15.1	52	3.6	1625	236	14.5	191	11.8	45	2.8
All settlements (Kampala excluded)	**2517**	**727**	**28.9**	**515**	**20.5**	**212**	**8.4**	**2723**	**606**	**22.3**	**453**	**16.6**	**153**	**5.6**

4.2.5 Prevalence of underweight

The prevalence of underweight among children, indicated in Table 23 was 12.7%, with moderate underweight at 10.1% and severe underweight at 1.9%. Palabek (23.5%) showed the highest underweight burden, while Oruchinga (5.1%) had the lowest rates of underweight. Regionally, West Nile had a higher prevalence at 12.7% compared to South West at 11.5%.

Palabek reported the highest rates for both moderate (18.2%) and severe underweight (5.3%). The prevalence of severe underweight was generally low across all settlements, with Palabek (5.3%) and Kyangwali (4.1%) reporting the highest levels. Oruchinga reported low levels of underweight (5.1%) and had no cases of severe underweight. There was an increase in the prevalence of underweight from 10.5% in 2024 to 12% in 2025. Unlike in 2024, the settlements in West Nile had a higher prevalence of underweight in 2025, rising from 10.1% to 12.7%, compared to the South West, which had an increase from 11.2% to 11.5%.

Table 23: Prevalence of underweight based on weight for age z-scores

Locations	N	Total Underweight WAZ (<-2 z-score)			Moderate underweight WAZ (<-2 z-score and >=-3 z-score)			Severe underweight WAZ (<-3 z-score)		
		n	*%*	*95% CI*	*n*	*%*	*95% CI*	*n*	*%*	*95% CI*
Adjumani	420	33	7.9	5.4-11.3	28	6.7	4.4-10.0	5	1.2	0.5-2.8
Bidibidi	407	59	14.5	10.4-19.8	50	12.3	9.0-16.6	9	2.2	1.0-5.0
Imvepi	432	47	10.9	7.3-15.9	36	8.3	5.6-12.2	11	2.5	1.4-4.7
Kampala	293	21	7.2	3.5-14.2	20	6.8	3.2-13.8	1	0.3	0.0-2.5
Kiryandongo	472	35	7.4	5.0-10.9	29	6.1	4.1-9.2	6	1.3	0.4-4.0
Kyaka II	452	59	13.1	10.1-16.7	52	11.5	8.9-14.7	7	1.5	0.7-3.5
Kyangwali	459	71	15.5	12.5-19.0	52	11.3	8.4-15.2	19	4.1	2.8-6.1
Lobule	280	34	12.1	8.8-16.5	33	11.8	8.5-16.1	1	0.4	0.1-2.0
Nakivale	438	39	8.9	6.1-12.9	33	7.5	2.9-8.9	6	1.4	0.0-1.8
Oruchinga	215	11	5.1	2.9-8.9	11	5.1	0.4-40.3	0	0.0	0.0-0.0
Palabek	396	93	23.5	18.7-29.1	72	18.2	14.3-22.8	21	5.3	3.4-8.1
Palorinya	389	63	16.2	12.5-20.8	55	14.1	10.9-18.2	8	2.1	1.1-4.0
Rhino Camp	415	48	11.6	7.7-17.0	41	9.9	6.5-14.8	7	1.7	0.8-3.6
Rwamwanja	391	48	12.3	8.6-17.2	40	10.2	7.4-14.0	8	2.0	0.9-4.4
Regions										
South West	1953	225	11.5	9.7-13.7	188	9.6	8.1-11.4	37	1.9	1.3-2.7
West Nile	3207	408	12.7	11.3-14.3	344	10.7	9.5-12.1	64	2.0	1.5-2.7
All Settlements (Kampala excluded)	**5449**	**654**	**12.0**	**10.8-13.4**	**552**	**10.1**	**9.0-11.4**	**102**	**1.9**	**1.5-2.4**

Results in Table 24 indicate notable differences in malnutrition prevalence across settlements between boys and girls. The underweight prevalence was higher among boys at 14.0% compared to 10.1% among girls. Among boys, Palabek exhibited the highest prevalence at 25.7%, whereas Oruchinga recorded the lowest at 8.5%. Similarly, among girls, Palabek showed the highest prevalence at 21.6%, while Oruchinga had the lowest at 1.8%. However, girls showed higher Underweight rates in Bidibidi (girls: 16.1%, boys: 12.6%) and Palorinya (girls: 14.8%, boys: 17.7%).

Table 24: Prevalence of child underweight by sex segregation

Location	N	Boys		Total Underweight	Moderate Underweight	Severe Underweight	Girls		Total Underweight	Moderate Underweight	Severe Underweight
		N	*n*	*%*	*%*		*N*	*n*	*%*	*%*	*%*
Adjumani	420	198	23	11.6	9.1	2.5	222	10	4.5	4.5	0.0
Bidibidi	407	183	23	12.6	9.8	2.7	224	36	16.1	14.3	1.8
Imvepi	432	201	31	15.4	12.4	3.0	231	16	6.9	4.8	2.2
Kampala	293	143	11	7.7	7.0	0.7	150	10	6.7	6.7	0.0
Kiryandongo	472	233	23	9.9	7.7	2.1	239	12	5.0	4.6	0.4
Kyaka II	452	218	37	17.0	15.6	1.4	234	22	9.4	7.7	1.7
Kyangwali	459	221	37	16.7	13.1	3.6	238	34	14.3	9.7	4.6
Lobule	280	143	20	14.0	13.3	0.7	137	14	10.2	10.2	0.0
Nakivale	438	215	23	10.7	9.3	1.4	223	16	7.2	5.8	1.3
Oruchinga	215	106	9	8.5	8.5	0.0	109	2	1.8	1.8	0.0
Palabek	396	183	47	25.7	18.0	7.7	213	46	21.6	18.3	3.3
Palorinya	389	186	33	17.7	15.1	2.7	203	30	14.8	13.3	1.5
Rhino Camp	415	192	22	11.5	9.9	1.6	223	26	11.7	9.9	1.8
Rwamwanja	391	200	32	16.0	14.5	1.5	191	16	8.4	5.8	2.6
Regions											
South West	1953	959	136	14.2	12.6	1.6	994	89	9.0	6.7	2.2
West Nile	3207	1518	220	14.5	11.7	2.8	1689	188	11.1	9.8	1.3
All Settlements *(Kampala excluded)*	5449	2620	367	14.0	11.8	2.2	2829	287	10.1	8.6	1.6

4.2.6 Prevalence of Overweight

Results indicate that the overall prevalence of overweight among children under five at 2.2% was generally low across most settlements. Kampala, Rwamwanja, Kyaka II, and Nakivale reported the highest levels of overweight, at 6.3%, 5.7%, 4.9%, and 4.8% respectively. In contrast, Adjumani, Bidibidi, and Imvepi reported a lower prevalence, at 0.7% as shown in (Table 25). Overweight in children was higher in the South West at 4.5% compared to 0.9% in West Nile. Severe overweight

was reported only in a few settlements, with the highest being in Rwamwanja (1.3%), followed by Kyaka II and Nakivale (both 0.9%). No cases of severe overweight were reported in most settlements (7 out of 15 settlements).

Table 25: Prevalence of overweight based on weight for height cut-offs and by sex (no oedema)

Location	N	Total Overweight (WHZ > 2)			Severe overweight (WHZ > 3)		
		n	All	95% CI	n	All	95% CI
Adjumani	401	3	0.7	0.2-2.3	0	0.0	0.0-0.0
Bidibidi	404	3	0.7	0.2-2.3	0	0.0	0.0-0.0
Imvepi	434	3	0.7	0.2-2.1	0	0.0	0.0-0.0
Kampala	287	18	6.3	3.3-11.5	0	0.0	0.0-0.0
Kiryandongo	469	6	1.3	0.6-2.8	0	0.0	0.0-0.0
Kyaka II	446	22	4.9	3.0-8.1	4	0.9	0.3-2.3
Kyangwali	453	14	3.1	1.9-4.9	0	0.0	0.0-0.0
Lobule	279	3	1.1	0.4-3.1	0	0.0	0.0-1.4
Nakivale	438	21	4.8	3.2-7.1	3	0.7	0.2-2.1
Oruchinga	215	9	4.2	2.2-7.8	1	0.5	0.1-2.6
Palabek	393	3	0.8	0.2-2.3	0	0.0	0.0-0.0
Palorinya	370	4	1.1	0.4-2.9	0	0.0	0.0-0.0
Rhino Camp	414	3	0.7	0.2-3.3	0	0.0	0.0-0.0
Rwamwanja	384	22	5.7	4.2-7.8	5	1.3	0.6-3.0
Regions							
South West	1933	87	4.5	3.7-5.5	12	0.6	0.4-1.0
West Nile	3162	28	0.9	0.6-1.3	0	0.0	0.0-0.0
All Settlements *(Kampala included)*	**5361**	**119**	**2.2**	**1.8-2.7**	**0**	**0.0**	**0.0-0.0**

Reference to Table 26, boys (2.4%) were slightly more overweight than girls (2.1%). Rwamwanja had the highest prevalence of overweight of 7.1% among boys compared to 4.3% among girls. A similar trend was observed in Kyaka II (7.0% boys vs 3.0% girls) and Nakivale (5.6% boys vs 4.0% boys). However, in Kyangwali and Oruchinga, girls had slightly higher overweight prevalence than boys.

Table 26: Prevalence of overweight based on weight for height cut-offs and by sex (no oedema)

		Total Overweight (WHZ > 2)		**Severe overweight (WHZ > 3)**			**Total Overweight (WHZ > 2)**		**Severe overweight (WHZ > 3)**	
Location	Boys (N)	n	Boys	n	Boys	Girls (N)	n	Girls	n	Girls
Adjumani	188	2.0	1.1	0	0.0	213	1	0.5	0	0.0
Bidibidi	182	1.0	0.5	0	0.0	222	2	0.9	0	0.0
Imvepi	203	1.0	0.5	0	0.0	231	2	0.9	0	0.0
Kampala	140	8.0	5.7	0	0.0	147	10	6.8	0	0.0
Kiryandongo	231	4.0	1.7	0	0.0	238	2	0.8	0	0.0
Kyaka II	213	15.0	7.0	2	0.9	233	7	3.0	2	0.9
Kyangwali	218	5.0	2.3	0	0.0	235	9	3.8	0	0.0
Lobule	141	1.0	0.7	0	0.0	138	2	1.4	0	0.0
Nakivale	215	12.0	5.6	1	0.5	223	9	4.0	2	0.9
Oruchinga	106	3.0	2.8	1	0.9	109	6	5.5	0	0.0
Palabek	180	1.0	0.6	0	0.0	213	2	0.9	0	0.0
Palorinya	178	2.0	1.1	0	0.0	192	2	1.0	0	0.0
Rhino Camp	191	3.0	1.6	0	0.0	223	0	0.0	0	0.0
Rwamwanja	196	14.0	7.1	4	2.0	188	8	4.3	1	0.5
Regions										
South West	946	48.0	5.1	7	0.7	987	39	4.0	5	0.5
West Nile	1495	15.0	1.0	0	0.0	1667	13	0.8	0	0.0
All locations										
(Kampala excluded)	**2564**	**61.0**	**2.4**	**0**	**0.0**	**2797**	**58**	**2.1**	**0**	**0.0**

4.3 Child health

This section presents information on child anaemia, vitamin A supplementation, deworming programme coverage, vaccination status for young children, the prevalence of, and treatment practices for, three common childhood illnesses: fever, diarrhoea and symptoms of acute respiratory infection (ARI).

4.3.1 Anaemia prevalence among childre

Anaemia is a medical condition in which the number of red blood cells (RBCs) or the amount of haemoglobin in the blood is lower than normal, resulting in a reduced capacity of the blood to carry oxygen to the body's tissues. Results in Table 27**Error! Reference source not found.**, indicate the overall child anaemia rate of 42.5% among children 6 to 59 months. Kyangwali and Palabek settlement were the most affected in 2025 with 62.7% and 61.7% respectively, while Rhino Camp had the lowest prevalence at 26.1%. At regional level, West Nile recorded anaemia prevalence of 40.6% while South West had a prevalence of 45.6%. The results indicate an increase in the prevalence of anaemia among children 6 to 59 months from 30.8% in 2024.

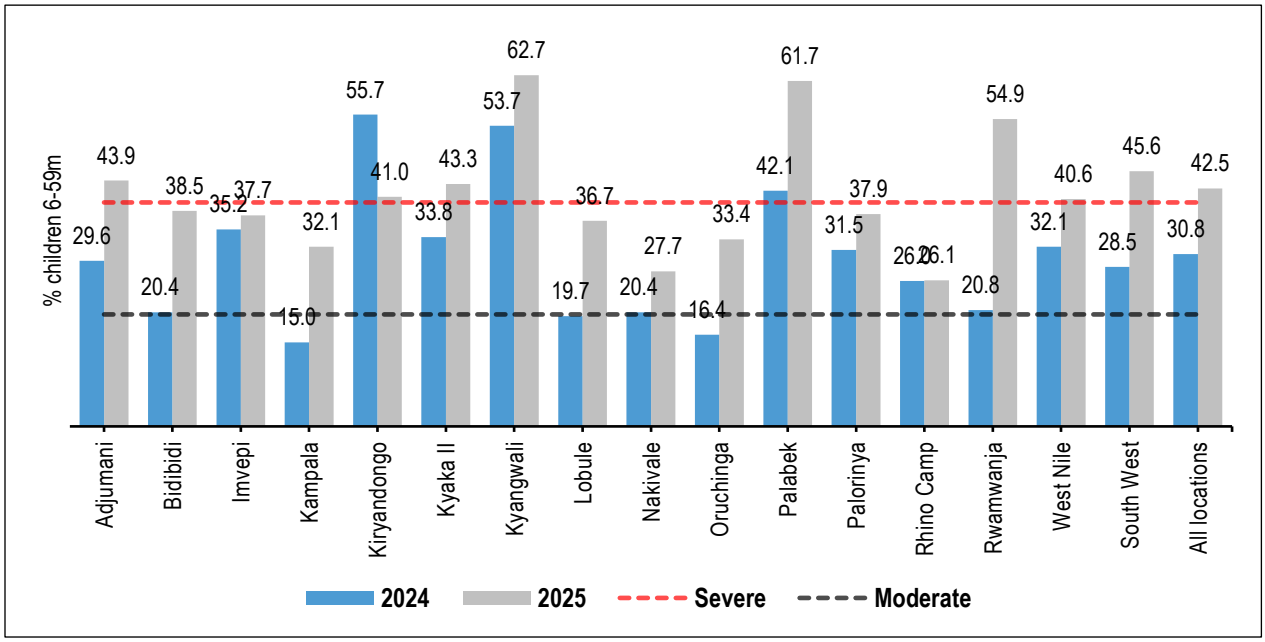
Table 27: Prevalence of total Anaemia, Anaemia categories, and mean Haemoglobin concentration in children 6 to 59 months

		Total Anaemia (Hb <11.0g/dl)		**Severe Anaemia (Hb <7.0 g/dl)**		**Moderate Anaemia (Hb 7.0-9.9 g/dl)**		**Mild Anaemia (Hb 10.0-10.9 g/dl)**		**Normal (Hb>11 g/dl)**		**Mean Hb (g/dl)**		
Location	**N**	*%*	*5%CI*	*%*	*95%CI*	*%*	*95%CI*	*%*	*95%CI*	*%*	*95CI*	*Mean*	*Min*	*Max*
Adjumani	426	43.9	39.2-48.6	0.0	0.0-0.0	19.7	15.9-23.5	24.2	20.1-28.3	56.1	51.4-60.8	11	7.2	14.9
Bidibidi	408	38.5	33.8-43.2	0.2	0.0-0.6	12.3	9.1-15.5	26.0	21.7-30.3	61.5	56.8-66.2	11.2	6.4	14.5
Imvepi	438	37.7	33.2-42.2	0.0	0.0-0.0	10.5	7.6-13.4	27.2	23.0-31.4	62.3	57.8-66.8	11.2	7.2	13.8
Kampala	246	32.1	26.3-37.9	1.2	0.0-2.6	14.2	9.8-18.6	16.7	12.0-21.4	67.9	62.1-73.7	11.6	6.8	22.0
Kiryandongo	480	41.0	36.6-45.4	0.8	0.0-1.6	18.5	15.0-22.0	21.7	18.0-25.4	59.0	54.6-63.4	11.1	5.4	16.5
Kyaka II	459	43.3	38.8-47.8	1.7	0.5-2.9	16.8	13.4-20.2	24.8	20.8-28.8	56.6	52.1-61.1	11.0	5.1	16.2
Kyangwali	464	62.7	58.3-67.1	2.6	1.2-4.0	33.6	29.3-37.9	26.5	22.5-30.5	37.3	32.9-41.7	10.4	4.0	14.2
Lobule	283	36.7	31.1-42.3	0.0	0.0-0.0	12.7	8.8-16.6	24.0	19.0-29.0	63.3	57.7-68.9	11.3	7.2	14.3
Nakivale	445	27.7	23.5-31.9	0.0	0.0-0.0	7.9	5.4-10.4	19.8	16.1-23.5	72.4	68.2-76.6	11.6	7.7	15.2
Oruchinga	216	33.4	27.1-39.7	0.0	0.0-0.0	9.3	5.4-13.2	24.1	18.4-29.8	66.7	60.4-73.0	11.4	7.2	14.8
Palabek	405	61.7	57.0-66.4	2.7	1.1-1.1	34.8	30.2-39.4	24.2	20.0-28.4	38.3	33.6-43.0	10.3	4.8	14.7

Palorinya	272	37.9	32.1-43.7	0.0	0.0-0.0	15.8	11.5-20.1	22.1	17.2-27.0	62.1	56.3-67.9	11.2	7.0	15.9
Rhino Camp	417	26.1	21.9-30.3	0.2	0.0-0.6	10.1	7.2-13.0	15.8	12.3-19.3	73.9	69.7-78.1	11.5	6.7	17.7
Rwamwanja	396	54.9	50.0-59.8	2.8	1.2-4.4	26.8	22.4-31.2	25.3	21.0-29.6	45.2	40.3-50.1	10.6	4.8	14.5
Region														
West Nile	3129	40.6	38.9-42.3	0.5	0.3-0.7	17.0	15.7-18.3	23.1	21.6-24.6	59.3	57.6-61.0	11.1	4.8	17.7
South West	1980	45.6	43.4-47.8	1.6	1.0-2.2	19.9	18.1-21.7	24.1	22.2-26.0	54.4	52.2-56.6	10.9	4.0	16.2
All settlements *(Kampala Excluded)*	**5109**	**42.5**	**41.1-43.9**	**0.9**	**0.6-1.2**	**18.1**	**17.1-19.1**	**23.5**	**22.4-24.6**	**60.0**	**58.7-61.3**	**11.0**	**4.0**	**22.0**

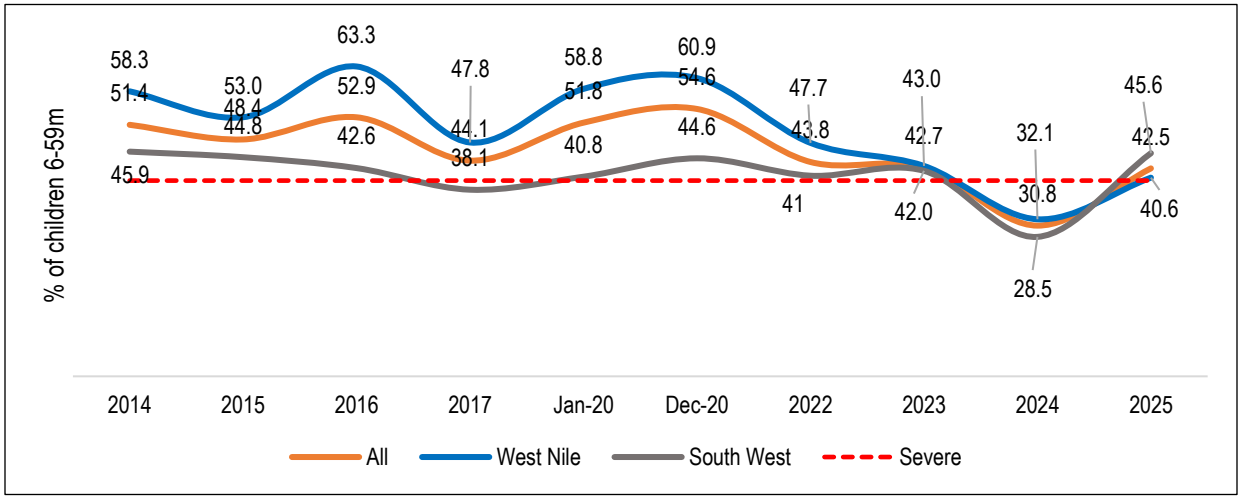
Overall, increments were noted across most of the settlements with seven settlements having a prevalence >40.0% against the WHO standards as indicated in Figure 5. These included Adjumani (43.9%), Kiryandongo (41.0%), Kyaka (43.3%), Kyangwali (62.7%), Palabek (61.7%) and Rwamwanja (54.9%).

Figure 5: Anaemia prevalence in children in refugee settlements, FSNA 2024 v FSNA 2025



Across the West Nile and South West region, the prevalence of anaemia had gradually decreased since 2020 until 2025 where it increased from 30.8% in 2024 to 42.5% in 2025 (Figure 6).

Figure 6: Time series trend of child anaemia in refugee settlements



Results in Table 28 indicate that the anaemia rate among children 6 to 23 months was 52.7% with the highest prevalence recorded in Kyangwali at 72.3% and Rhino Camp with the lowest at 30.8%. All settlements, except Rhino Camp, had a prevalence of anaemia >40.0% (above the WHO thresholds) among children 6 to 23 months. At the regional level, South West had a higher prevalence of 55.3% compared to the West Nile, which had 51.0%. The 2025 results indicate an increase in the prevalence of anaemia in children 6-23 months in West Nile from 44.6% in 2024 to 51% in 2025, and in South West from 30.6% in 2024 to 55.3% in 2025.

Table 28: Prevalence of total anaemia, anaemia categories, and mean haemoglobin concentration in children 6 to 23 months

Location	N	Total Anaemia (Hb <11.0 g/dL)		Severe Anaemia (Hb <7.0 g/dL)		Moderate Anaemia (Hb 7.0-9.9 g/dL)		Mild Anaemia (Hb 10.0-10.9 g/dL)		Normal (Hb >11 g/dL)		Mean Hb g/dL		
		%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	Mean	Min	Max
Adjumani	129	55.1	46.5-63.7	0.0	0.0-0.0	31.8	23.8-39.8	23.3	16.0-30.6	45.0	36.4-53.6	10.5	7.2	13.2
Bidibidi	127	51.9	43.2-60.6	0.8	0.0-2.3	22.0	14.8-29.2	29.1	21.2-37.0	48.0	39.3-56.7	10.7	6.4	13.8
Imvepi	135	48.9	40.5-57.3	0.0	0.0-0.0	14.1	8.2-20.0	34.8	26.8-42.8	51.1	42.7-59.5	10.9	7.2	13.2
Kampala	94	52.1	42.0-62.2	2.1	0.0-5.0	22.3	13.9-30.7	27.7	18.7-36.7	47.9	37.8-58.0	10.8	6.9	14.6
Kiryandongo	166	48.2	40.6-55.8	0.6	0.0-1.8	24.7	18.1-31.3	22.9	16.5-29.3	51.8	44.2-59.4	10.8	5.9	15.3
Kyaka II	138	50.8	42.5-59.1	2.2	0.0-4.6	17.4	11.1-23.7	31.2	23.5-38.9	49.3	41.0-57.6	10.8	6.2	14.3
Kyangwali	137	72.3	64.8-79.8	4.4	1.0-7.8	38.7	30.5-46.9	29.2	21.6-36.8	27.7	20.2-35.2	10.1	4.0	14.2
Lobule	94	59.6	49.7-69.5	0.0	0.0-0.0	26.6	17.7-35.5	33.0	23.5-42.5	40.4	30.5-50.3	10.7	8.3	14.0
Nakivale	143	42.0	33.9-50.1	0.0	0.0-0.0	9.1	4.4-13.8	32.9	25.2-40.6	58.0	49.9-66.1	11.2	8.6	14.3
Oruchinga	71	50.7	39.1-62.3	0.0	0.0-0.0	21.1	11.6-30.6	29.6	19.0-40.2	49.3	37.7-60.9	10.7	7.2	14
Palabek	132	66.7	58.7-75.7	2.3	0.0-4.9	39.4	31.1-47.7	25.0	17.6-32.4	33.3	25.3-41.3	10.1	6.1	12.7
Palorinya	89	47.1	36.7-57.5	0.0	0.0-0.0	21.3	12.8-29.8	25.8	16.7-34.9	52.8	42.4-63.2	11.1	7.5	13.7
Rhino Camp	120	30.8	22.5-39.1	0.8	0.0-2.4	11.7	5.9-17.5	18.3	11.4-25.2	69.2	60.9-77.5	11.4	6.7	17.7
Rwamwanja	139	59.0	50.8-67.2	2.9	0.1-5.7	25.9	18.6-33.2	30.2	22.6-37.8	41.0	32.8-49.2	10.5	5.1	13.8
Region														
West Nile	992	51.0	47.9-54.1	0.6	0.1-1.1	24.1	21.4-26.8	26.3	23.6-29.0	49.0	45.9-52.1	10.8	5.9	17.7
South West	628	55.3	51.4-59.2	2.1	1.0-3.2	22.5	19.2-25.8	30.7	27.1-34.3	44.7	40.8-48.6	10.7	4.0	14.3
All settlements (Kampala Excluded)	**1620**	**52.7**	**50.3-55.1**	**1.2**	**0.7-1.7**	**23.5**	**21.4-25.6**	**28.0**	**25.8-30.2**	**47.3**	**44.9-49.7**	**10.7**	**4.0**	**17.7**

Results in Table 29 indicate that the anaemia rate among children 24 to 59 months was 37.8% with the highest prevalence recorded in Kyangwali at 58.7% and Nakivale with the lowest at 20.9%. At the regional level, South West had a higher prevalence of 41.0% compared to the West Nile, which had 35.9%. The 2025 results indicate an increase in the prevalence of anaemia compared to 2024, which recorded total anaemia at 23.1%, 25.9% in the West Nile region and 18.4% in the South West among children 24 to 59 months.

Table 29: Prevalence of total anaemia, anaemia categories, and mean haemoglobin concentration in children 24 to 59 months

Location	N	Total Anaemia (Hb <11.0 g/dL)		Severe Anaemia (Hb <7.0 g/dL)		Moderate Anaemia (Hb 7.0-9.9 g/dL)		Mild Anaemia (Hb 10.0-10.9 g/dL)		Normal (Hb >11 g/dL)		Mean Hb g/dL		
		%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	Mean	Min	Max
Adjumani	297	39.1	33.6-44.6	0.0	0.0-0.0	14.5	10.5-18.5	24.6	29.5-39.1	60.9	55.4-66.4	11.2	7.4	14.9
Bidibidi	281	32.4	26.9-37.9	0.0	0.0-0.0	7.8	4.7-10.9	24.6	29.6-32.4	67.6	62.1-73.1	11.5	7.9	14.5
Imvepi	303	32.7	27.4-38.0	0.0	0.0-0.0	8.9	5.7-12.1	23.8	28.6-32.7	67.3	62.0-72.6	11.3	7.9	13.8
Kampala	152	19.8	13.5-26.1	0.7	0.0-2.0	9.2	4.6-13.8	9.9	14.6-19.8	80.3	74.0-86.6	12.1	6.8	22
Kiryandongo	314	37.3	32.0-42.6	1.0	0.0-2.1	15.3	11.3-19.3	21.0	25.5-37.3	62.7	57.4-68.0	11.2	5.4	16.5
Kyaka II	321	40.2	34.8-45.6	1.6	0.2-3.0	16.5	12.4-20.6	22.1	26.6-40.2	59.8	54.4-65.2	11.1	5.1	16.2
Kyangwali	327	58.7	53.4-64.0	1.8	0.4-3.2	31.5	26.5-36.5	25.4	30.1-58.7	41.3	36.0-46.6	10.5	5.8	14
Lobule	189	25.4	19.2-31.6	0.0	0.0-0.0	5.8	2.5-9.1	19.6	25.3-25.4	74.6	68.4-80.8	11.5	7.2	14.3
Nakivale	302	20.9	16.3-25.5	0.0	0.0-0.0	7.3	4.4-10.2	13.6	17.5-20.9	79.1	74.5-83.7	11.7	7.7	15.2
Oruchinga	145	24.8	17.8-31.8	0.0	0.0-0.0	3.4	0.5-6.3	21.4	28.1-24.8	75.2	68.2-82.2	11.8	9.3	14.8
Palabek	273	59.3	53.5-65.1	2.9	0.9-4.9	32.6	27.0-38.2	23.8	28.9-59.3	40.7	34.9-46.5	10.4	4.8	14.7
Palorinya	183	33.3	26.5-40.1	0.0	0.0-0.0	13.1	8.2-18.0	20.2	26.0-33.3	66.7	59.9-73.5	11.3	7	15.9
Rhino Camp	297	24.2	19.3-29.1	0.0	0.0-0.0	9.4	6.1-12.7	14.8	18.8-24.2	75.8	70.9-80.7	11.6	8.2	14.2
Rwamwanja	257	52.5	46.4-58.6	2.7	0.7-4.7	27.2	21.8-32.6	22.6	27.7-52.5	47.5	41.4-53.6	10.6	4.8	14.5
Region														
West Nile	2137	35.9	33.9-37.9	0.5	0.2-0.8	13.7	12.2-15.2	21.7	23.4-35.9	64.2	62.2-66.2	11.2	4.8	16.5
South West	1352	41.0	38.4-43.6	1.3	0.7-1.9	18.7	14.4-16.8	21.0	23.2-41.0	58.9	56.3-61.5	11.1	4.8	16.2
All settlements *(Kampala Excluded)*	**3489**	**37.8**	**35.5-38.7**	**0.8**	**0.5-1.1**	**15.6**	**14.4-16.8**	**21.4**	**22.7-37.8**	**62.1**	**61.3-64.5**	**11.2**	**4.8**	**16.5**

4.3.2 Vitamin A supplementation and deworming coverage

Vitamin A is vital for immune strength, growth, development and visual health. Periodic dosing for children aged 6 to 59 months lowers mortality rates and protects against measles and other infections. Results in Table 30 indicate that Vitamin A supplementation coverage based on both health card documentation and maternal recall is high at 91.7%. Nakivale and Oruchinga settlements had the highest coverage at 95.5% while Kiryandongo had the lowest at 84.9%.

Deworming is the process of treating and preventing worm (helminth) infections in the body by administering regular medication that kills parasitic worms, which often cause poor growth, development and increased risk of morbidities. It is a key public health intervention, particularly in areas with poor sanitation and hygiene. Results in Table 30 indicate the overall deworming coverage among children aged 12 to 59 months was 68.4%, with overall coverage falling below the recommended threshold of 90%. The highest coverage was observed in Kyaka II (81.8%), while Kiryandongo (40.9%) had the lowest. Regional comparisons showed stronger performance in the South West (73.3%) with lower rates in West Nile (65.5%).

Table 30: Vitamin A supplementation and Deworming coverage for children aged 6-59 months within the past 6 months

		Vitamin A supplementation				***Deworming coverage***			
Location	**N**	No or don't know	Yes, card	Yes, recall	Yes, total	N	No	Yes	DK
Adjumani	500	7.8	55.6	36.6	92.2	453	46.4	48.8	4.9
Bidibidi	470	3.2	82.1	14.7	96.8	428	19.4	77.3	3.3
Imvepi	470	6.4	76.4	17.2	93.6	427	24.1	73.3	2.6
Kampala	350	15.1	39.4	45.4	84.8	313	39.3	57.2	3.5
Kiryandongo	541	15.2	50.5	34.4	84.9	491	54	40.9	5.1
Kyaka II	524	6.1	58.6	35.3	93.9	467	13.7	81.8	4.5
Kyangwali	526	8.4	63.3	28.3	91.6	488	37.3	57.6	5.1
Lobule	348	12.1	62.9	25	87.9	304	25.7	70.4	3.9
Nakivale	464	4.5	77.8	17.7	95.5	423	19.9	77.8	2.4
Oruchinga	242	4.5	71.1	24.4	95.5	218	20.2	75.2	4.6
Palabek	494	10.9	57.1	32	89.1	441	21.5	73.2	5.2
Palorinya	474	4.9	64.8	30.4	95.2	416	16.3	81.3	2.4
Rhino Camp	486	4.7	63	32.3	95.3	433	32.3	64.7	3
Rwamwanja	442	1.6	82.4	16.1	98.5	399	21.6	76.7	1.8
Region									
West Nile	3783	8.1	63.7	28.2	91.9	3393	30.7	65.5	3.8
South West	2198	5.2	69.9	24.8	94.7	1995	23.1	73.3	3.7
All settlements *(Kampala Excluded)*	**5981**	**7.1**	**66.0**	**26.9**	**91.7**	**5388**	**27.9**	**68.4**	**3.8**

4.3.3 Measles vaccination coverage

Measles is a highly contagious viral disease that can lead to serious complications, especially in young children. Vaccination is the most effective way to prevent it and protect communities from outbreaks. Measles vaccination coverage as indicated in Table 31 among children was 96.7%. The highest coverage was noted in Kyaka II (98.8%) with lowest in Palabek (90.9%). Regionally, South West recorded 97.6% compared to the West Nile at 96.2%.

Table 31: Measles vaccination coverage for children aged 9-59 months

Location	N	No or don't know %	Yes, card %	Yes, recall %	Yes, total %
Adjumani	481	1.9	58.8	39.3	98.1
Bidibidi	448	2.9	82.8	14.3	97.1
Imvepi	450	2.0	78.7	19.3	98.0
Kampala	332	9.0	40.4	50.6	91.0
Kiryandongo	511	5.3	53.4	41.3	94.7
Kyaka II	496	1.2	66.3	32.5	98.8
Kyangwali	504	2.8	68.1	29.2	97.3
Lobule	327	1.8	70.9	27.2	98.1
Nakivale	441	4.8	76.0	19.3	95.3
Oruchinga	230	1.3	72.2	26.5	98.7
Palabek	462	9.1	61.0	29.9	90.9
Palorinya	450	2.4	69.6	28	97.6
Rhino Camp	461	4.1	64.4	31.5	95.9
Rwamwanja	419	1.4	83.1	15.5	98.6
Region					
West Nile	3590	3.8	67	29.2	96.2
South West	2090	2.4	72.8	24.8	97.6
All settlements *(Kampala Excluded)*	**5680**	**3.3**	**69.1**	**27.6**	**96.7**

4.3.4 DPT and Polio vaccination programme coverage

Results in Table 32 indicate the overall coverage for DPT and Polio among children 6 to 59 months. Overall, 90.6% of the children received all the doses of DPT, which is below the MOH recommendation of 95.5%, while 8.1% did not receive the full dosage. Palorinya had the highest proportion of children 6 to 59 months who received all the doses at 96.2%, while Palabek recorded the lowest at 77.3%. Regionally, the Southwest had a higher proportion of children who received all three doses at 91.0% compared to 90.4% in West Nile.

Overall results for Polio coverage indicate a total vaccination coverage of 91.7% with the highest proportion in Palorinya at 96.4% and the lowest in Palabek at 78.5%. Regionally, South West recorded the highest at 92.0% compared to West Nile at 91.5%.

Table 32: DPT and Polio vaccination coverage for children

		DPT coverage			***Polio vaccination coverage***		
	N	No	Yes, but not all of them	Yes, all of them	No	Yes, but not all of them	Yes, all of them
Location		%	%	%	%	%	%
Adjumani	500	0.4	9.8	89.8	0.4	7.4	92.2
Bidibidi	470	1.1	3.8	95.1	0.9	3.4	95.7
Imvepi	470	0.2	6.8	93.0	0.6	5.1	94.3
Kampala	350	4.6	19.4	76.0	4.3	13.4	82.3
Kiryandongo	541	2.6	10.5	86.9	2.2	7.9	89.8
Kyaka II	524	0.4	9	90.6	0.6	6.5	92.9
Kyangwali	526	1	11.6	87.5	1.3	11.4	87.3
Lobule	348	0.6	5.2	94.3	0.6	4.6	94.8
Nakivale	464	0.6	3.7	95.7	0.9	3.2	95.9
Oruchinga	242	1.2	11.2	87.6	0.8	10.3	88.8
Palabek	494	3.8	18.8	77.3	3	18.4	78.5
Palorinya	474	1.1	2.7	96.2	1.3	2.3	96.4
Rhino Camp	486	1.2	6.2	92.6	1.2	6.8	92.0
Rwamwanja	442	1.6	5.7	92.8	0.2	5.7	94.1
Region							
West Nile	3783	1.4	8.2	90.4	1.3	7.2	91.5
South West	2198	0.9	8.1	91.0	0.8	7.2	92.0
All settlements *(Kampala Excluded)*	**5981**	**1.2**	**8.1**	**90.6**	**1.1**	**7.2**	**91.7**

4.3.5 Children with diarrhoea in 2 weeks prior to the survey

Diarrhoea is defined as the passage of three or more loose or watery stools within 24 hours. The overall prevalence of diarrhoea among children stood at 11.9% as reflected in Table 33. Kyangwali had the highest prevalence of diarrhoea at 16.6% followed by Palabek at 16.3%, the lowest rates were recorded in Rhino Camp at 7.1%. Regionally, the South West (13.7%) reported higher diarrhoea prevalence than West Nile (10.9%).

Table 33: Episodes of diarrhoea in children 0-59 months in the 2 weeks prior to the interview and treatment using ORS and Zinc

Location		**Yes, Diarrhoea in the 2 weeks prior to the interview**		**Diarrhoea treatment with ORS**			**Diarrhoea treatment with zinc tablets**	
	N	*%*	*95%CI*	*n*	*%*	*95% CI*	*%*	*95%CI*
Adjumani	544	13.1	10.3-15.9	71	66.2	62.2-70.2	60.6	56.5-64.7
Bidibidi	500	10.0	7.4-12.6	50	70.0	66.0-74.0	82.0	78.6-85.4
Imvepi	513	7.4	5.1-9.7	38	57.9	53.6-62.2	71.1	67.2-75.0
Kampala	389	12.3	9.0-15.6	48	39.6	34.7-44.5	37.5	32.7-42.3
Kiryandongo	574	11.1	8.5-13.7	64	54.7	50.6-58.8	53.1	49.0-57.2

Kyaka II	568	15.0	12.1-17.9	85	75.3	71.8-78.8	84.7	81.7-87.7
Kyangwali	573	16.6	13.6-19.6	95	82.1	79.0-85.2	73.7	70.1-77.3
Lobule	379	11.9	8.6-15.2	45	75.6	71.3-79.9	86.7	83.3-90.1
Nakivale	503	13.9	10.9-16.9	70	87.1	84.2-90.0	81.4	78.0-84.8
Oruchinga	268	15.3	11.0-19.6	41	85.4	81.2-89.6	63.4	57.6-69.2
Palabek	521	16.3	13.1-19.5	85	71.8	67.9-75.7	74.1	70.3-77.9
Palorinya	507	10.1	7.5-12.7	51	74.5	70.7-78.3	74.5	70.7-78.3
Rhino Camp	520	7.1	4.9-9.3	37	83.8	80.6-87.0	78.4	74.9-81.9
Rwamwanja	473	7.4	5.0-9.8	35	80.0	76.4-83.6	77.1	73.3-80.9
Region								
West Nile	4058	10.9	9.9-11.9	441	68.7	67.3-70.1	71.2	69.8-72.6
South West	2385	13.7	12.3-15.1	326	81.6	80.0-83.2	77.3	76.5-79.0
All settlements *(Kampala Excluded)*	**6443**	**11.9**	**11.1-12.7**	**767**	**74.2**	**73.2-75.2**	**73.8**	**73.8-74.8**

4.3.6 Fever, malaria treatment, testing and malaria prevalence

Results, in Table 34 indicate that 19.6% of children reported having fever in the two weeks prior to the survey. Only 83.3% were tested for malaria, and 68.9% tested positive translating to an overall malaria prevalence of 13.2% among children in the surveyed areas. Palabek (26.4%), followed by Kyaka II (26.2%) reported the highest malaria prevalence. Nakivale at 5.0% recorded the lowest prevalence of malaria. South West (15.5%) also exhibited elevated malaria burdens compared the West Nile at 12.4%.

Table 34: Proportion of children aged 0-59 months reporting episodes of fever in the 2 weeks prior to the interview, and the treatment outcomes for Malaria

Location		Fever in the last 2 weeks	Malaria positive	Tested	Malaria Tested Positive	Malaria Prevalence
	N	%	n	%	%	%
Adjumani	544	22.2	121	81.0	59.5	12.3
Bidibidi	500	14.4	72	87.5	54.2	7.2
Imvepi	513	13.5	69	78.3	60 .9	7.6
Kampala	389	17.0	66	51.5	37.9	5.6
Kiryandongo	574	21.6	124	79.8	75.8	15.6
Kyaka II	568	34.0	193	88.1	80.3	26.2
Kyangwali	573	24.6	141	84.4	78.7	18.5
Lobule	379	15.0	57	89.5	86.0	12.4
Nakivale	503	12.1	61	70.5	45.9	5.0
Oruchinga	268	19.4	52	82.7	44.2	7.4
Palabek	521	32.8	171	88.9	83.6	26.4
Palorinya	507	11.0	56	76.8	53.6	5.4
Rhino Camp	520	13.7	71	76.1	63.4	8.1
Rwamwanja	473	16.5	78	84.6	79.5	12.5
Region						
West Nile	4058	18.3	741	82.9	69.4	12.4
South West	2385	22.0	525	84.0	72.2	15.5
All settlements (Kampala Excluded)	**6443**	**19.6**	**1266**	**83.3**	**68.9**	**13.2**

4.3.7 Cough and Acute Respiratory Infection (ARI) prevalence

Across all locations, as indicated in Table 35, 21.3% of children experienced cough in the two weeks preceding the survey, which was highest in Oruchinga at 28.7% and lowest in Lobule at 16.1%. Regional comparisons showed South West at 23.2%, higher than West Nile at 20.1%.

In addition, 67.9% exhibited symptoms of fast, rapid, or difficult breathing a potential indicator of acute respiratory infection (ARI) while 67.4% of those showing symptoms received treatment. The highest proportion of children aged 0 to 59 months with fast, rapid and difficult breaths was reported in Oruchinga at 100.0% while Rhino Camp reported the lowest proportion at 33.3%. Treatment rates varied from 85.7% in Imvepi to 28.6% in Lobule. Regionally, Southwest indicated that 80.0% received treatment compared to 54.7% in the West Nile.

Table 35: Proportion of children aged 0-59 months reporting episodes of cough in the 2 weeks prior to the interview and acute respiratory infection (ARI) in 2 weeks prior to the survey

Location	Cough in the last 2 weeks		Fast rapid difficult breaths		Treated acute respiratory infection
	N	%	n	%	%
Adjumani	544	18.2	10	60.0	40.0
Bidibidi	500	19.8	6	50.0	33.3
Imvepi	513	17.9	7	71.4	85.7
Kampala	389	30.8	14	92.9	64.3
Kiryandongo	574	28.6	23	65.2	52.2
Kyaka II	568	26.9	25	52.0	72.0
Kyangwali	573	22.0	18	66.7	83.3
Lobule	379	16.1	7	71.4	28.6
Nakivale	503	22.5	41	80.5	85.4
Oruchinga	268	28.7	3	100.0	66.7
Palabek	521	19.2	27	77.8	59.3
Palorinya	507	22.1	12	58.3	75.0
Rhino Camp	520	17.3	3	33.3	33.3
Rwamwanja	473	17.8	8	62.5	75.0
Region					
West Nile	4058	20.1	95	66.3	54.7
South West	2385	23.2	95	69.5	80.0
All settlements *(Kampala Excluded)*	**6443**	**21.3**	**204**	**67.9**	**67.4**

5. INFANT AND YOUNG CHILD FEEDING

Infant and young child feeding (IYCF) practices are essential for promoting health, growth, and nutrition well-being of children under two years, and are key determinants of child survival. Optimal IYCF entails exclusive breastfeeding for the first six months, continued breastfeeding up to two years or beyond, and timely, appropriate complementary feeding from 6 to 23 months. This section presents an overview of IYCF practices, with a focus on breastfeeding and complementary feeding.

5.1 Breastfeeding practices

Breastfeeding is recommended for all infants, with exceptions only in rare cases involving specific medical conditions. This section outlines the findings on breastfeeding practices among children 0 to 23 months, as detailed in Table 36.

5.1.1 Ever breastfed (0 to 23 months)

This is the percentage of children born in the last 24 months who were ever breastfed. This serves as a critical indicator of prevailing breastfeeding norms and maternal care practices around childbirth. This metric reflects the overall acceptance and integration of breastfeeding. In 2025, over nine in ten children were ever breastfed. This did not vary much across all settlements or regions (all above 90%) and remained stable from last year, above 90%.

5.1.2 Early Initiation of breastfeeding (0 to 23 months)

This is the percentage of children born in the last 24 months who were put to the breast within one hour of birth. The Ministry of Health recommends initiating breastfeeding within one hour of birth because of substantial benefits, including reduced neonatal mortality and improved rates of exclusive breastfeeding. Infants who are not breastfed within this critical window face an increased risk of infections and mortality.

Overall, the early initiation rate was 82.2%, highest in Oruchinga at 92.1% and lowest in Kyangwali at 69.8%. The regional rates were almost similar at 80.0% in West Nile and 84.5% in South West. There was a slight improvement as compared to 2024, with South West at 84.5% from 83.5% and West Nile at 80.0% from 78.8%.

5.1.3 Exclusively breastfed in the first 2 days after birth (0 to 23 months)

Exclusive breastfeeding is the practice of feeding an infant only breast milk without any additional food or drink, including water for the first six months of life. Breastfeeding offers optimal benefits for infant growth, development, and health. Although a natural act, breastfeeding is also a learned behaviour that requires support and guidance. Introducing any food or liquid other than breast milk in the early days can disrupt maternal-infant bonding and delay the establishment of sustained breastfeeding.

In refugee settlements, exclusive breastfeeding in the first 2 days after birth was at 86.5%, Imvepi had the highest rate at 93.5% and Palorinya had the lowest at79.4%. Kampala recorded the lowest at 74.0%. There was a decline in exclusive breastfeeding rate in the first 2 days after birth as compared to 2024, from 92.5% to 86.8% in West Nile and from 90.8% to 86.0% in South West.

5.1.4 Exclusive breastfeeding under 6 months (0-5 months)

Overall, eight in ten children were exclusively breastfed in their first six months. Palabek had the highest rate at 96.2% while Lobule had the lowest at 80.0%. Regionally, South West (91.4%) had a higher rate than West Nile (85.8%). The rate remained stable from last year.

5.1.5 Mixed milk feeding under 6 months (0 to 5 months)

Mixed feeding involves combining breast milk with other milk sources such as formula, cow's milk, or goat's milk, and this poses several health risks such as early cessation of breastfeeding, decreased breast milk production, altered gut microflora and heightened risk of diarrhoea, particularly in contexts with inadequate sanitation. The higher the mixed milk feeding, the poorer the performance.

The overall mixed milk feeding rate was at 11.8%. Lobule settlement performed worst having the highest prevalence of mixed feeding at 20.0% and Palabek had the lowest at 3.8%. West Nile (14.2%) had a higher prevalence than South West (8.6%).

5.1.6 Bottle feeding (0 to 23 months)

Bottle feeding is defined as feeding children 0 to 23 months using a bottle with a nipple. Ministry of Health and WHO discourage this practice due to contamination risks and its potential to undermine effective breastfeeding. Overall, two in ten children in refugee settlements were bottle-fed. The highest proportion of bottle-fed children was 44.1% in Nakivale while the lowest rate at 10.5% was in Bidibidi. There was an increase in bottle feeding rate from 2024; overall from 18.1% to 22.3%, in West Nile from 15.1% to 20.0% and 26.0% from 24.3% in South West.

5.1.7 Continued breastfeeding (12 to 23 months)

The MOH MIYCAN guidelines recommend continued breastfeeding for at least two years or beyond, alongside the introduction of appropriate complementary foods. Breast milk remains a vital source of energy, essential fatty acids, vitamins, and minerals in the second year of life, especially in settings where access to high quality and diverse diets is limited.

Overall, 78.0% of refugee children were continually breastfed beyond 12 months. The highest rate was at 90.5% in Bidibidi, while the lowest at 59.6% in Oruchinga. Continued breastfeeding among children 12 to 23 months was at 79.1% in the West Nile and 76.5% in the South West. There was a decrease in the continued breastfeeding rate from 83.4% in 2024 to 78.0% in 2025.

Table 36: Breastfeeding practices

Locations	Early Initiation of Breastfeeding					EBF for the first two days after birth	Child Breastfed Yesterday	Child Ever Breastfed		Child Bottle fed with nipple	Exclusive breastfeeding <6m		Mixed feeding <6m (breastfed + other liquids/foods		Continued breastfeeding (12-23 months)	
	n	*Between 1&23 hrs*	*Don't know*	*Less than one hour*	*More than 24 hrs*	*Yes*	*Yes*	*n*	*Yes*	*Yes*	*n*	*Yes*	*No*	*Yes*	*n*	*Yes*
Adjumani	183	19.1	4.4	75.4	1.1	81.4	15.3	195	93.8	17.4	41	80.5	80.5	19.5	94	71.3
Bidibidi	164	9.1	0.6	90.2	0	82.9	4.3	172	95.3	10.5	26	92.3	92.3	7.7	95	90.5
Imvepi	185	17.8	1.1	80.5	0.5	93.5	10.8	186	99.5	22	40	82.5	82.5	17.5	97	81.4
Kampala	146	14.4	0.7	75.3	9.6	74	25.3	160	91.3	33.1	33	72.7	72.7	27.3	72	61.1
Kiryandongo	207	16.4	1	79.7	2.9	84.1	23.2	213	97.2	21.6	28	85.7	85.7	14.3	126	67.5
Kyaka II	185	9.2	0.5	90.3	0	84.9	11.4	194	95.4	23.2	42	88.1	88.1	11.9	87	80.5
Kyangwali	199	28.1	1.5	69.8	0.5	86.4	15.6	202	98.5	14.4	41	95.1	95.1	4.9	114	74.6
Lobule	133	18.8	0.8	79.7	0.8	91	21.8	139	95.7	20.9	15	80	80	20	60	71.7
Nakivale	184	13.6	0	85.9	0.5	84.8	13	186	98.9	44.1	37	94.6	94.6	5.4	103	79.6
Oruchinga	101	6.9	0	92.1	1	91.1	26.7	102	99	14.7	24	87.5	87.5	12.5	52	59.6
Palabek	167	15	0	74.3	10.8	91.6	7.2	170	98.2	14.1	26	96.2	96.2	3.8	89	86.5
Palorinya	170	10.6	0.6	82.9	5.9	79.4	12.4	188	90.4	26.6	24	83.3	83.3	16.7	87	81.6
Rhino Camp	155	14.8	0	84.5	0.6	92.3	7.1	160	96.9	26.9	33	87.9	87.9	12.1	68	85.3
Rwamwanja	181	9.9	1.1	89	0	85.1	13.3	186	97.3	29.6	30	90	90	10	107	80.4
Regions																
West Nile	1364	15.2	1.1	80.8	2.9	86.8	12.9	1423	95.9	20	233	85.8	85.8	14.2	716	79.1
South West	850	14.5	0.7	84.5	0.4	86	14.9	870	97.7	26	174	91.4	91.4	8.6	463	76.5
All settlements (Kampala excluded)	**2360**	**14.9**	**0.9**	**81.8**	**2.4**	**85.7**	**14.4**	**2453**	**96.2**	**23**	**440**	**87**	**87**	**13**	**1251**	**77.1**

5.2 Complementary feeding practices

Complementary feeding signifies the transition from exclusive breastfeeding to the inclusion of Complementary foods starting at six months, in line with WHO and MoH recommendations. Beyond six months, breast milk alone is insufficient to meet the nutritional demands of infants, necessitating the timely introduction of appropriate, safe, adequate, and diverse complementary foods. During this critical developmental window, children face heightened risk of undernutrition depending on the quality and appropriateness of complementary feeding practices. Optimal complementary feeding for children aged 6 to 23 months entails offering a wide range of foods to meet their energy and micronutrient needs beyond what breast milk can provide. This section summarises key complementary feeding indicators; minimum dietary diversity, minimum meal frequency, minimum acceptable diet, minimum milk frequency and egg and/or flesh consumption, as presented in Table 37.

5.2.1 Introduction of solid, semi-solid or soft foods (6 to 8 months)

The MOH MIYCAN guidelines recommend introducing solid, semi-solid, and soft foods at six to eight months. According to findings presented in **Table 37** overall, timely introduction of complementary foods at 6 to 8 months was 86.0%. The highest proportion at 100% was in Palorinya and lowest at 73.7% in Adjumani. There was a decline in regions as compared to 2024; from 90.2% to 85.4% in West Nile and from 97.3% to 86.9% in South West.

5.2.2 Minimum milk feeding frequency for non-breastfed children (6 to 23 months)

Milk and dairy products are key sources of calcium and other vital nutrients. The minimum milk feeding frequency is the percentage of non-breastfed children 6 to 23 months of age who consumed at least two milk feeds during the previous day. A minimum of two milk feeds would generally be necessary to provide 200 to 500 mL per day.

There were 60 non-breastfed children identified. All non-breastfed children in Adjumani, Kyaka II, Nakivale, Oruchinga, Palabek, Palorinya and Rhino camp settlements met the recommended minimum milk feeding frequency, which implies that all the non-breastfed children received the required amount of milk in their diets. While the one non-breastfed child in Kyangwali did not receive the required amount of milk. Bidibidi, Imvepi and Lobule did not have any non-breastfed children. Nine in ten of the non-breastfed children in Kampala met the minimum milk feeding frequency.

5.2.3 Egg and or flesh food consumption (6 to 23 months)

The WHO guiding principles and MOH MIYCAN guidelines emphasize the regular consumption of animal-source foods such as meat, poultry, fish, or eggs for both breastfed and non-breastfed children, given their contribution to optimal growth. For example, eggs provide essential nutrients like energy, protein, fatty acids, vitamin B12, vitamin D, phosphorus, and selenium, all of which support increased recumbent length. Similarly, early introduction of meat in complementary feeding boosts protein, iron and zinc intake both critical for growth and development.

Overall egg and/ or flesh food consumption was at 18.4%. Rhino camp reported the highest consumption of eggs and/ or flesh foods rates at 30.4% among refugee children, while Kiryandongo reported the lowest rates at 5.6%. Consumption slightly declined in West Nile from 15.7% in 2024 to 14.4%, while South West increased from 20.9% to 21.1%. Kampala had a sharp decline from 60.6% to 41.0%.

5.2.4 Minimum dietary diversity (6 to 23 months)

To prevent nutrient deficiencies affecting physical and cognitive development, WHO recommends that children 6 to 23 months consume a minimum of five out of eight predefined food groups daily. These include breast milk, grains, legumes, dairy, animal-source foods, eggs, and fruits/vegetables. Food group diversity is associated with improved linear growth in young children thus a diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development.

Overall, 14.0% of the children met the recommended MDD, the highest MDD (30.6%) was in Rhino camp and Adjumani the lowest (4.1%) in Adjumani. MDD dropped from 26.3% to 14.0% in 2024. MDD decreased from 22% to 11.6% in West Nile settlements, and 28.6% to 17.0% in South West settlements.

5.2.5 Minimum meal frequency (6 to 23 months)

Appropriate meal frequency is vital to meeting children's energy requirements. WHO and MoH recommend that breastfed children 6 to 8 months receive complementary foods 2 to 3 times daily, increasing to 3 to 4 times for those 9 to 23 months, plus 1 to 2 nutritious snacks. For non-breastfed children, 4 to 5 meals per day are recommended. Feeding meals/snacks less frequently than recommended can compromise total energy and micronutrient intake, which in turn may cause growth faltering, stunting, and micronutrient deficiencies.

Overall Minimum Meal Frequency (MMF) was 52.6%, Rhino camp had the highest MMF (74.4%), while Kiryandongo had the lowest (39.1%). Minimum meal frequency rates dropped from 63.0% to 48.6% in South West, and from 60.6% to 55.6% in West Nile.

5.2.6 Minimum acceptable diet (6 to 23 months)

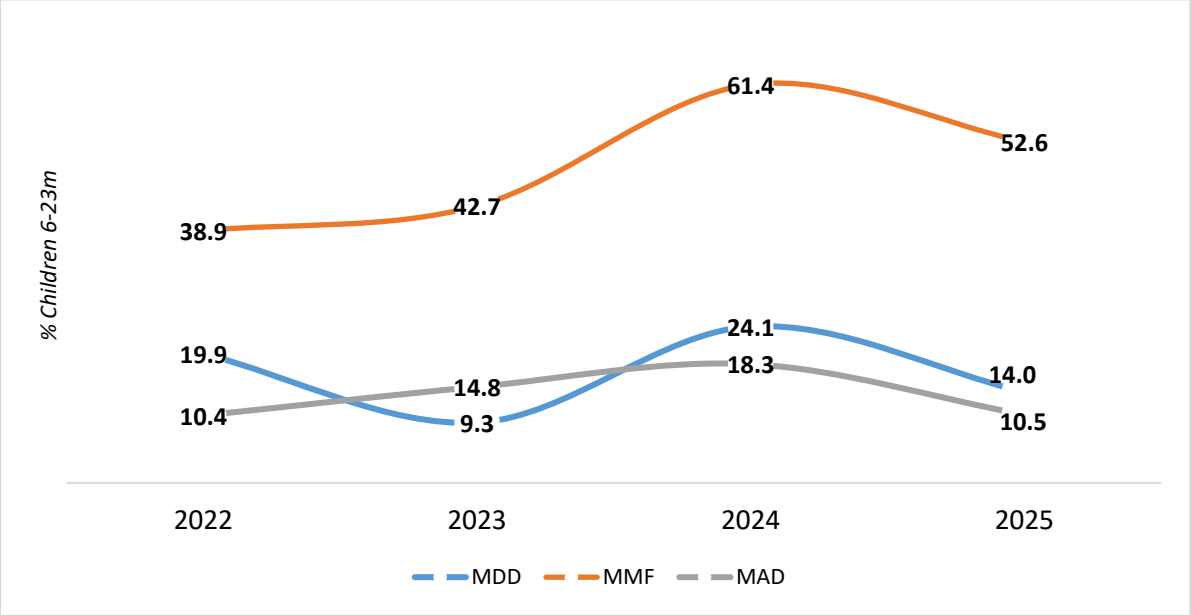
The Minimum Acceptable Diet (MAD) indicator integrates both dietary diversity and meal frequency, and for non-breastfed children, includes the requirement of consuming milk at least twice daily. MOH MIYCAN guidelines on feeding the breastfed child and the non-breastfed child recommend that children 6 to 23 months are fed meals at an appropriate frequency and in a sufficient variety to ensure, respectively, that energy and nutrient needs are met. Achieving MAD is essential for healthy growth and development and for preventing undernutrition, stunting, and micronutrient deficiencies. Overall, 10.5% children 6 to 23 months met the MAD, the highest proportion was 25.0% in Rhino camp, and the lowest was 1.7% in Kiryandongo. MAD decreased from 18.3% in 2024 to 10.5% in 2025. There were similar declines in regions; West Nile from 16.5% to 9.5% and in the South West (from 22.2% to 11.5%). Kampala also had a decline from 40.5% to 14.2%.

Table 37: Complementary feeding practices

Locations	Child Minimum Dietary Diversity (5+ food groups)			Minimum Meal Frequency in the past 24 hours.			Minimum Acceptable Diet, children 6-23 months			Minimum Milk Feeding Frequency 6–23m, never breastfed			Egg and or Flesh Foods			Timely intro of solid/semi-solid foods at 6-8 months		
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	N	No	Yes
Adjumani	148	4.1	0.9 - 7.3	141	47.5	39.3 - 55.7	140	4.3	0.9 - 7.7	8	100	100.0 - 100.0	148	10.9	5.9 - 15.9	19	26.3	73.7
Bidibidi	141	13.5	7.9 - 19.1	136	55.1	46.7 - 63.5	134	9.7	4.7 - 14.7	0	0.0	0.0 - 0.0	141	17.7	11.4 - 24	22	18.2	81.8
Imvepi	143	13.3	7.7 - 18.9	142	59.2	51.1 - 67.3	139	9.4	4.5 - 14.3	0	0.0	0.0 - 0.0	143	14.7	8.9 - 20.5	19	15.8	84.2
Kampala	116	19.8	12.5 - 27.1	108	47.2	37.8 - 56.6	106	14.2	7.6 - 20.8	20	90.0	76.9 - 100.0	117	41.0	32.1 - 49.9	18	27.8	72.2
Kiryandongo	179	4.5	1.5 - 7.5	174	39.1	31.8 - 46.4	174	1.7	0 - 3.6	14	85.7	67.4 - 100.0	179	5.6	2.2 - 9	30	16.7	83.3
Kyaka II	150	18.0	11.9 - 24.1	141	55.3	47.1 - 63.5	139	9.4	4.5 - 14.3	1	100.0	100.0 - 100.0	150	27.4	20.3 - 34.5	28	10.7	89.3
Kyangwali	155	13.5	8.1 - 18.9	152	44.1	36.2 - 52	146	8.9	4.3 - 13.5	1	0.0	100.0 - 100.0	155	23.2	16.6 - 29.8	22	13.6	86.4
Lobule	106	17.0	9.8 - 24.2	104	72.1	63.5 - 80.7	104	17.3	10 - 24.6	0	0.0	0.0 - 0.0	107	24.3	16.2 - 32.4	21	4.8	95.2
Nakivale	143	16.8	10.7 - 22.9	143	48.3	40.1 - 56.5	143	14.0	8.3 - 19.7	1	100	100.0 - 100.0	145	15.1	9.3 - 20.9	22	4.5	95.5
Oruchinga	76	7.9	1.8 - 14	75	45.3	34 - 56.6	75	5.3	0.2 - 10.4	6	100	100.0 - 100.0	76	10.5	3.6 - 17.4	12	25.0	75.0
Palabek	143	5.6	1.8 - 9.4	141	51.1	42.8 - 59.4	138	5.1	1.4 - 8.8	2	100	100.0 - 100.0	143	7.7	3.3 - 12.1	32	21.9	78.1
Palorinya	153	10.5	5.6 - 15.4	144	56.9	48.8 - 65	144	9.7	4.9 - 14.5	1	100	100.0 - 100.0	153	11.1	6.1 - 16.1	24	0.0	100.0
Rhino Camp	124	30.6	22.5 - 38.7	121	74.4	66.6 - 82.2	120	25.0	17.3 - 32.7	4	100	100.0 - 100.0	125	30.4	22.3 - 38.5	25	12.0	88.0
Rwamwanja	154	24.0	17.3 - 30.7	150	48.7	40.7 - 56.7	147	17.0	10.9 - 23.1	2	50.0	0.0 - 100.0	154	24.0	17.3 - 30.7	23	17.4	82.6
Regions																		
West Nile	1137	11.6	9.7 - 13.5	1103	55.6	52.7 - 58.5	1093	9.5	7.8 - 11.2	29	93.1	83.9 - 100.0	1139	14.4	12.4 - 16.4	192	14.6	85.4
South West	678	17.0	14.2 - 19.8	661	48.6	44.8 - 52.4	650	11.5	9 - 14	11	81.8	59.0 - 100.0	680	21.1	18 - 24.2	107	13.1	86.9
All settlements (Kampala excluded)	**1931**	**14.0**	**12.5 - 15.5**	**1872**	**52.6**	**50.3 - 54.9**	**1849**	**10.5**	**9.1 - 11.9**	**60**	**90.0**	**82.4 - 97.6**	**1936**	**18.4**	**16.7 - 20.1**	**317**	**14.8**	**85.2**

Figure 7 shows the trend of Minimum Meal Frequency (MMF), Minimum Dietary Diversity (MDD), and Minimum Acceptable Diet (MAD). The variations in MDD and MAD suggests challenges in achieving consistent dietary quality. The drop in 2025 across MDD and MAD reflects gaps in access to diverse and adequate child nutrition.

Figure 7: MDD, MMF, and MAD trends for children



6. MATERNAL NUTRITION AND HEALTH

This section provides information on the well-being, health and nutritional status of women of childbearing age during pregnancy, childbirth, and the postpartum period. It encompasses two subsections including maternal nutrition, maternal health, sexual and reproductive health.

6.1 Description of the sample

Table 38 shows the distribution of the sample of women aged 15 to 49 years according to their physiological status (non-pregnant, non-breastfeeding, pregnant and/or breastfeeding). A total of 6330 Women of Reproductive Age (WRA) were reached for pregnancy status of which 8.4% were pregnant. Pregnancy status ranged from 3.7% in Kiryandongo to 11.7% in Nakivale. Of the WRA, 26.5% were breastfeeding.

Table 38: Physiological Status of Women of Reproductive Age (15-49 years) in the sample

Location		Not pregnant	Pregnant	Don't Know	Not currently BF	Currently BF
	N	%	%	%	%	%
Adjumani	587	92.5	7.5	0	87.4	12.6
Bidibidi	537	91.2	8.2	0.6	71.3	28.7
Imvepi	506	89.3	10.1	0.6	72.7	27.3
Kampala	765	95.6	4.2	0.3	86.9	13.1
Kiryandongo	695	95.8	3.7	0.4	80.6	19.4
Kyaka II	484	89.0	10.5	0.4	66.9	33.1
Kyangwali	498	89.0	10.8	0.2	70.3	29.7
Lobule	315	88.6	10.8	0.6	71.7	28.3
Nakivale	479	87.7	11.7	0.6	67.2	32.8
Oruchinga	255	89.8	10.2	0	72.5	27.5
Palabek	492	93.1	6.9	0	68.5	31.5
Palorinya	548	92.5	7.5	0	77.9	22.1
Rhino Camp	533	94.0	6	0	73.9	26.1
Rwamwanja	401	90.3	9.7	0	65.8	34.2
Regions						
West Nile	4213	92.5	7.3	0.3	76.1	23.9
South West	2117	89.0	10.7	0.3	68.3	31.7
All settlements (Kampala excluded)	**6330**	**91.3**	**8.4**	**0.3**	**73.5**	**26.5**

6.2 Maternal nutrition

Maternal nutrition refers to the dietary and nutritional needs of women before conception, throughout pregnancy, and during the postpartum period. Adequate nutrition during these stages is critical for the health and survival of both the mother and the infant. It supports foetal growth and development, enhances maternal well-being, and reduces the risk of complications. Pregnant women require increased intake of essential nutrients to meet the physiological

demands of pregnancy and to support the optimal development of the foetus. Inadequate nutrition during this period can lead to adverse outcomes, including low birth weight, congenital anomalies, and increased risk of neonatal and maternal mortality. This section presents the nutrition status and dietary diversity of WRA.

6.2.1 Nutrition status of women

The prevalence of wasting among pregnant and breastfeeding women, based on MUAC is indicated in (Table 39). The overall wasting prevalence was 7.5%, with significant variation across settlements. Nakivale had the lowest prevalence at 2.8%, while Rhino Camp had the highest prevalence at 14.0%. In addition to Rhino Camp, Kyangwali (12.9%) and Palorinya (10.5%) exceeded the WHO critical threshold of 10%. The South West region had a prevalence of 9.1% which was higher than that of the West Nile region 5.2%

Table 39: Prevalence of MUAC malnutrition in women (15-49 years)

		Severe Acute Malnutrition		**Moderate Acute Malnutrition**		**Total Acute Malnutrition**		**Normal**	
Location	N	Prevalence of MUAC (<19.0cm)		Prevalence of MUAC (< 23.0cm and ≥19.0cm)		Prevalence of MUAC (<19.0cm-<23.0cm)		Prevalence of MUAC ≥23.0cm	
		%	95%CI	%	95% CI	%	95%CI	%	95%CI
Adjumani	117	0.9	0.0-2.6	6.0	1.7-10.3	6.9	2.3-11.5	93.2	88.6-97.8
Bidibidi	197	0.0	0.0-0.0	9.1	5.1-13.1	9.1	5.1-13.1	90.9	86.9-94.9
Imvepi	187	0.0	0.0-0.0	9.6	5.4-13.8	9.6	5.4-13.8	90.4	86.2-94.6
Kampala	131	0.0	0.0-0.0	1.5	0.0-3.6	1.5	0.0-3.6	98.5	96.4-100
Kiryandongo	161	0.0	0.0-0.0	5.6	2.0-9.2	5.6	2.0-9.2	94.4	90.8-98.0
Kyaka II	209	0.0	0.0-0.0	2.9	0.6-5.2	2.9	0.6-5.2	97.1	94.8-99.4
Kyangwali	202	0.0	0.0-0.0	12.9	8.3-17.5	12.9	8.3-17.5	87.1	82.5-91.7
Lobule	121	0.0	0.0-0.0	8.3	3.4-13.2	8.3	3.4-13.2	91.7	86.8-96.6
Nakivale	213	0.0	0.0-0.0	2.8	0.6-5.0	2.8	0.6-5.0	97.2	95.0-99.4
Oruchinga	95	1.1	0.0-3.2	3.2	0.0-6.7	4.3	0.2-8.4	95.8	91.8-99.8
Palabek	188	0.0	0.0-0.0	7.4	3.7-11.1	7.4	3.7-11.1	92.6	88.9-96.3
Palorinya	162	0.0	0.0-0.0	10.5	5.8-5.2	10.5	5.8-15.2	89.5	84.8-94.2
Rhino Camp	171	0.0	0.0-0.0	14.0	8.8-19.2	14.0	8.8-19.2	86.0	80.8-91.2
Rwamwanja	175	0.0	0.0-0.0	2.9	0.4-5.4	2.9	0.4-5.4	97.1	94.6-99.6
Region									
South West	894	0.1	0.0-0.3	5.1	3.7-6.5	9.1	7.5-10.7	94.7	93.2-96.2
West Nile	1304	0.1	0.0-0.3	9.0	7.4-10.6	5.2	3.7-6.7	91.0	89.4-92.6
All settlements (Kampala excluded)	**2198**	**0.1**	**0.0-0.2**	**7.4**	**6.3-8.5**	**7.5**	**6.4-86**	**92.5**	**91.4-93.6**

Among non-pregnant and breastfeeding women, malnutrition was based on the Body Mass Index (BMI) as indicated in Table 40. The prevalence of underweight was 17.5%, highest in Palabek (34.9%) and lowest in Kyaka II (4.1%). Total overweight was 12.9%, most prevalent in Kyaka II (24.0%) and lowest in Bidibidi at 6.7%. In Kampala, the prevalence of overweight was highest among non-pregnant women at 25.2%. Overall obesity prevalence was 16.1%, highest in Nakivale (14.2%) and lowest in Palabek (1.4%). At regional level, West Nile had a higher prevalence of underweight (22.9%), overweight (8.8%) and obesity (3.2%) compared to the South West region with underweight (4.7.%), overweight (22.5%) and obesity (9.9%).

Table 40: Prevalence of malnutrition among non-pregnant or breastfeeding women of Reproductive age basing on Body Mass Index (BMI)

Location		Severely underweight (<16.0)		Underweight (16.0–18.4)		Total underweight		Normal (18.5–24.9)		Overweight (25.0–29.9)		Obese (≥30.0)	
	N	*%*	*95%CI*	*%*	*95%CI*	*%*	*95%CI*	*%*	*95%CI*	*%*	*95%CI*	*%*	*95%CI*
Adjumani	457	7.0	4.7-9.3	23.9	20.0-27.8	30.9	26.7-35.1	56.9	52.4-61.4	9.0	6.4-11.6	3.3	1.7-4.9
Bidibidi	330	3.9	1.8-6.0	14.8	11.0-18.6	18.7	14.5-22.9	70.3	65.4-75.2	6.7	4.0-9.4	4.2	2.0-6.4
Imvepi	309	1.3	0.0-2.6	17.5	13.3-21.7	18.8	14.4-23.2	71.2	66.2-76.2	7.1	4.2-10.0	2.9	1.0-4.8
Kampala	626	1.8	0.8-2.8	5.9	4.1-7.7	7.7	5.6-9.8	51.0	47.1-54.9	25.2	21.8-28.6	16.1	13.2-19.0
Kiryandongo	525	3.4	1.8-5.0	14.3	11.3-17.3	17.7	14.4-21	65.9	61.8-70.0	11.2	8.5-13.9	5.1	3.2-7.0
Kyaka II	267	0.7	0.0-1.7	3.4	1.2-5.6	4.1	1.7-6.5	62.9	57.1-68.7	24.0	18.9-29.1	9.0	5.6-12.4
Kyangwali	291	0.0	0.0-0.0	5.2	2.6-7.8	5.2	2.6-7.8	64.9	59.4-70.4	20.6	16.0-25.2	9.3	6.0-12.6
Lobule	190	1.1	0.0-2.6	9.5	5.3-13.7	10.6	6.2-15	70.0	63.5-76.5	13.7	8.8-18.6	5.8	2.5-9.1
Nakivale	260	0.4	0.0-1.2	3.8	1.5-6.1	4.2	1.8-6.6	58.1	52.1-64.1	23.5	18.3-28.7	14.2	10.0-18.4
Oruchinga	158	2.5	0.1-4.9	2.5	0.1-4.9	5.0	1.6-8.4	63.9	56.4-71.4	20.9	14.6-27.2	10.1	5.4-14.8
Palabek	295	4.7	2.3-7.1	30.2	25.0-35.4	34.9	29.5-40.3	56.9	51.2-62.6	6.8	3.9-9.7	1.4	0.1-2.7
Palorinya	378	4.2	2.2-6.2	20.1	16.1-24.1	24.3	20.0-28.6	66.1	61.3-70.9	7.9	5.2-10.6	1.6	0.3-2.9
Rhino Camp	353	6.5	3.9-9.1	16.4	12.5-20.3	22.9	18.5-27.3	66.6	61.7-71.5	8.8	5.8-11.8	1.7	0.4-3.0
Rwamwanja	223	0.0	0.0-0.0	4.9	2.1-7.7	4.9	2.1-7.7	65.0	58.7-71.3	23.3	17.8-28.8	6.7	3.4-1.0
Regions													
West Nile	2837	4.3	3.6-5.0	18.6	17.2-20.0	22.9	21.4-24.4	65.0	63.2-66.8	8.8	7.8-9.8	3.2	2.6-3.8
South West	1199	0.6	0.2-1.0	4.1	3.0-5.2	4.7	3.5-5.9	62.9	60.2-65.6	22.5	20.1-24.9	9.9	8.2-11.6
All settlements (Kampala Excluded)	**4036**	**3.20**	**2.7-3.7**	**14.3**	**13.2-15.4**	**17.5**	**16.3-18.7**	**64.4**	**62.9-65.9**	**12.9**	**11.9-13.9**	**5.2**	**4.5-5.9**

6.2.2 Women Dietary Diversity

Women's dietary diversity refers to the variety of foods consumed by women within a specified period. The Minimum Dietary Diversity for Women (MDD-W) is a dichotomous indicator of whether women 15 to 49 years of age have consumed at least five out of ten defined food groups the previous day or night. A higher prevalence of MDD-W among a group of WRA is a proxy for better micronutrient adequacy in any given population. The ten food groups comprising the MDD-W indicator encompass a range of essential nutrients, including grains; white roots & tubers; pulses, nuts & seeds; dairy; meat, poultry & fish; eggs; dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables, and other fruits.

Results in Table 41, indicate the MDD-W where 14.6% of WRA consumed more than 5 food groups. Rwamwanja had the highest proportion of women consuming five or more food groups at 29.3% while Adjumani indicated the lowest at 3.8%. At regional level, West Nile recorded MDD-W of 12.4% while the South West recorded an MDD-W of 14.7%. The 2025 results show a decline compared to 2024, when the overall MDD-W was 19.1%, with West Nile recording 20.2% and South West at 16.5%.

Table 41: Minimum Dietary Diversity of women (MDD-W) aged 15-49 years

Locations	N	No (Less than 5 groups)		Yes (5 or more groups)	
Adjumani	578	96.2	94.6-97.8	3.8	2.2-5.4
Bidibidi	533	83.1	79.9-86.3	16.9	13.7-20.1
Imvepi	501	90.8	88.3-93.3	9.2	6.7-11.7
Kampala	763	73.4	70.3-76.5	26.6	23.5-29.7
Kiryandongo	694	94.4	92.7-96.1	5.6	3.9-7.3
Kyaka II	484	82.6	79.2-86.0	17.4	14.0-20.8
Kyangwali	496	87.5	84.6-90.4	12.5	9.6-15.4
Lobule	310	75.2	70.4-80.0	24.8	20.0-29.6
Nakivale	477	93.9	91.8-96.0	6.1	4.0-8.2
Oruchinga	254	92.5	89.3-95.7	7.5	4.3-10.7
Palabek	490	93.9	91.8-96.0	6.1	4.0-8.2
Palorinya	548	86.1	83.2-89.0	13.9	11.0-16.8
Rhino Camp	533	73.5	69.8-77.2	26.5	22.8-30.2
Rwamwanja	393	70.7	66.2-75.2	29.3	24.8-33.8
Regions					
West Nile	4187	87.6	86.6-88.6	12.4	11.4-13.4
South West	2104	85.3	83.8-86.8	14.7	13.2-16.2

All settlements (Kampala Excluded)	6291	86.80%	86.0-87.6	13.2	12.4-14.0

Results in Table 42 show the most frequently consumed food groups by WRA which was grains, white roots, tubers and plantains at 74.7% followed by dark green leafy vegetables at 73.5%. There was a low consumption of animal source proteins especially milk and dairy (7.2%) and Eggs (4.2%).

Table 42: Food groups consumed by women of reproductive age (15-49 years)

Location	N	Group 1: Grains, white roots, tubers, plantains	Group 2: Pulses, beans, peas, lentils	Group 3: Nuts and seeds	Group 4: Milk and dairy	Group 5: Meat, poultry, fish	Group 6: Eggs	Group 7: Dark green leafy vegetables	Group 8: Vitamin A-rich fruits and vegetables	Group 9: Other vegetables	Group 10: Other fruits
		%	%	%	%	%	%	%	%	%	%
Adjumani	575	91.0	17.6	5.6	4.9	6.8	0.7	73.4	2.1	33.4	1.2
Bidibidi	533	67.7	32.6	21.6	0.6	19.1	1.5	93.2	3.8	48.8	4.1
Imvepi	500	87.4	28.6	14.0	0.4	12.0	2.0	93.4	2.6	56.6	3.6
Kampala	758	85.0		6.9	27.8	27.4	19.5	54.1	21.0	34.4	22.8
Kiryandongo	694	95.0	23.2	8.2	11.8	7.2	0.9	59.1	18.4	43.2	3.6
Kyaka II	480	53.8	69.4	7.3	2.9	28.7	1.7	62.3	20.6	16.7	12.5
Kyangwali	491	49.5	72.9	5.7	2.0	21.4	1.0	63.5	9.8	22.6	8.8
Lobule	309	62.1	56.6	21.7	0.3	24.3	7.8	78.6	20.4	38.5	19.4
Nakivale	475	85.1	66.5	12.6	1.7	11.6	1.1	61.3	8.4	16.6	1.7
Oruchinga	254	78.3	70.9	11.0	4.7	8.3	0.8	61.4	6.7	22.8	5.1
Palabek	490	77.8	10.0	1.4	6.5	5.9	1.6	88.4	18.8	47.6	0.6
Palorinya	546	72.7	37.5	17.2	0.4	6.8	1.6	91.4	9.3	44.3	3.3
Rhino Camp	530	71.5	38.3	20.4	13.6	26.0	9.2	94.9	10.6	39.6	3.6
Rwamwanja	393	43.3	76.3	29.5	6.6	22.9	3.1	56.7	27.0	16.3	12.7
West Nile	4177	79.7	29.0	13.2	5.3	12.7	2.8	83.2	10.4	44.0	4.1
South West	2093	60.9	71.0	12.8	3.3	19.5	1.5	61.2	14.8	18.7	8.3
All settlements (Kampala excluded)	7028	74.7	43.8	12.4	7.2	16.3	4.2	73.5	12.9	35.5	7.4

6.3 Maternal health

Maternal health refers to the well-being of women during pregnancy, childbirth, and the postnatal period. The quality of healthcare services provided throughout these stages is crucial for ensuring positive health outcomes for both mothers and their infants. This section presents information on key indicators related to anaemia prevalence, antenatal care (ANC) visits, iron-folic acid (IFA) supplementation and family planning access.

6.3.1 Anaemia among women of reproductive age

Anaemia contributes to poor birth outcomes such as premature births, maternal and infant mortality as well as reduced productivity. Table 43 presents details on anaemia prevalence among non-pregnant WRA in the refugee settlements.

In non-pregnant WRA, anaemia prevalence was 35.6% with the highest prevalence noted in Rwamwanja at 59.8% and the lowest in Oruchinga at 16.6%. In the West Nile, the anaemia prevalence was 34.8% and 37.5% in the South West region. The mean haemoglobin across all settlements was 12.4g/dl with a recorded minimum of 11.6g/dl in Rwamwanja and maximum of 13.8g/dl in Palorinya.

Table 43: Prevalence of total anaemia, anaemia categories and mean haemoglobin concentration in non pregnant women or reproduction aged (15-49years)

	N	Total Anaemia		Severe Anaemia		Moderate Anaemia		Mild Anaemia		Normal		Mean	Minimum	Maximum
Adjumani	543	36.7	32.6-40.8	0.2	0.0-0.6	13.8	10.9-16.7	22.7	19.2-26.2	63.4	59.3-67.5	12.3	7.6	15.9
Bidibidi	490	36.9	32.6-41.2	0.0	0.0-0.0	11.2	8.4-14.0	25.7	21.8-29.6	63.1	58.8-67.4	12.3	8.2	15.7
Imvepi	452	37.4	32.9-41.9	0.7	0.0-1.5	11.9	8.9-14.9	24.8	20.8-28.8	62.6	58.1-67.1	12.3	7.1	15.8
Kampala	731	20.7	17.8-23.6	0.4	0.0-0.9	6.6	4.8-8.4	13.7	11.2-16.2	79.3	76.4-82.2	13.6	5.8	22
Kiryandongo	666	26.7	23.3-30.1	0.5	0.0-1.0	10.1	7.8-12.4	16.1	13.3-18.9	73.4	70.0-76.8	12.6	7.2	22
Kyaka II	431	32.7	28.3-37.1	0.7	0.0-1.5	14.6	11.3-17.9	17.4	13.8-21.0	67.3	62.9-71.7	12.4	7.5	16.4
Kyangwali	441	51.3	46.6-56.0	1.6	0.4-2.8	28.6	24.4-32.8	21.1	17.3-24.9	48.8	44.1-53.5	11.7	6	16.1
Lobule	279	30.2	24.8-35.6	1.1	0.0-2.3	7.2	4.2-10.2	21.9	17.0-26.8	69.9	64.5-75.3	12.7	6.7	16.9
Nakivale	420	20.5	16.6-24.4	0.5	0.0-1.2	5.2	3.1-7.3	14.8	11.4-18.2	79.5	75.6-83.4	12.9	7.4	18
Oruchinga	229	16.6	11.8-21.4	0.0	0.0-0.0	5.2	2.3-8.1	11.4	7.3-15.5	83.4	78.6-88.2	13.1	8.2	16.3
Palabek	458	55.7	51.2-60.2	1.1	0.1-2.1	27.7	23.6-31.8	26.9	22.8-31.0	44.3	39.8-48.8	11.7	5.4	21.1
Palorinya	507	26.2	22.4-30.0	0.0	0.0-00.	6.9	4.7-9.1	19.3	15.9-22.7	73.8	70.0-77.6	13.8	9	22
Rhino Camp	501	31.4	27.3-35.5	0.2	0.0-0.6	13.2	10.2-16.2	18.0	14.6-21.4	68.7	64.6-72.8	12.3	7.1	16
Rwamwanja	361	59.8	54.7-64.9	2.5	0.9-4.1	27.4	22.8-32.0	29.9	25.2-34.6	40.2	35.1-45.3	11.6	4.5	15.9
West Nile	3896	34.8	33.3-36.3	0.4	0.2-0.6	12.8	11.8-13.8	21.6	20.3-22.9	65.2	63.7-66.7	12.5	5.4	22
South West	1882	37.5	35.3-39.7	1.1	0.6-1.6	17.1	15.4-18.8	19.3	17.5-21.1	62.4	60.2-64.6	12.3	4.5	18

All settlements (Kampala excluded)	5778	35.6	34.4-36.8	0.6	0.4-0.8	14.2	13.3-15.1	20.8	19.8-21.8	64.3	63.1-65.5	12.4	4.5	22

Among pregnant women, as indicated in Table 44 total anaemia was at 43.4% with Kyangwali reporting the highest rate at 74.0% and lowest in Oruchinga at 19.2%. At regional level, West Nile had a prevalence of 41.5% and South West at 46.1%. The mean HB recorded was 11.4g/dl with the lowest recorded in Kyangwali at 10.3g/dl and the highest at 12.9g/dl in Palorinya. Including Kyangwali, seven settlements had a total anaemia prevalence greater than 40.0%, above the WHO threshold. These included Bidibidi (45.5), Imvepi (47.0%), Lobule (47.1%), Palabek (64.7%) and Rwamwanja (61.5%).

Table 44: Prevalence of total anaemia, anaemia categories and mean haemoglobin concentration in pregnant women or reproductive age (15-49years)

Location	**N**	**Severe Anaemia**		**Moderate Anaemia**		**Mild Anaemia**		**Total Anaemia**		**Normal**		**Mean**	**Minimum**	**Maximum**
		%	95%CI	%	95%CI	%	95%CI	%	95%CI	%	95%CI			
Adjumani	44	0.0	0.0-0.0	6.8	0.0-14.2	29.5	16.0-43.0	36.3	22.1-50.5	63.6	49.4-77.8	11.5	9.0	12.9
Bidibidi	44	2.3	0.0-6.7	15.9	5.1-26.7	27.3	14.1-40.5	45.5	30.8-60.2	54.5	39.8-69.2	11.3	6.5	14.8
Imvepi	51	0.0	0.0-0.0	13.7	4.3-23.1	33.3	20.4-46.2	47.0	33.3-60.7	52.9	39.2-66.6	11.1	9.1	14.0
Kampala	32	0.0	0.0-0.0	12.5	1.0-24.0	21.9	7.6-36.2	34.4	17.9-50.9	65.6	49.1-82.1	12.4	8.9	22.0
Kiryandongo	26	0.0	0.0-0.0	19.2	4.1-34.3	15.4	1.5-29.3	34.6	16.3-52.9	65.4	47.1-83.7	11.4	8.5	13.5
Kyaka II	51	0.0	0.0-0.0	19.6	8.7-30.5	7.8	0.4-15.2	27.4	15.2-39.6	72.5	60.2-84.8	11.5	8.1	14.3
Kyangwali	54	0.0	0.0-0.0	37.0	24.1-49.9	37.0	24.1-49.9	74.0	62.3-85.7	25.9	14.2-37.6	10.3	7.2	12.9
Lobule	34	0.0	0.0-0.0	20.6	7.0-34.2	26.5	11.7-41.3	47.1	30.3-63.9	52.9	36.1-69.7	11.2	7.3	14.4
Nakivale	56	0.0	0.0-0.0	17.9	7.9-27.9	19.6	9.2-30.0	37.5	24.8-50.2	62.5	49.8-75.2	11.4	7.0	14.8
Oruchinga	26	0.0	0.0-0.0	0.0	0.0-0.0	19.2	4.1-34.3	19.2	4.1-34.3	80.8	65.7-95.9	12.2	10.0	14.9
Palabek	34	0.0	0.0-0.0	35.3	19.2-51.4	29.4	14.1-44.7	64.7	48.6-80.8	35.3	19.2-51.4	10.6	8.4	13.3
Palorinya	41	0.0	0.0-0.0	12.2	2.2-22.2	19.5	7.4-31.6	31.7	17.5-45.9	68.3	54.1-82.5	12.9	8.9	22.0
Rhino Camp	32	0.0	0.0-0.0	6.3	0.0-14.7	15.6	3.0-28.2	21.9	7.6-36.2	78.1	63.8-92.4	12.0	9.4	15.7
Rwamwanja	39	0.0	0.0-0.0	33.3	18.5-48.1	28.2	14.1-42.3	61.5	46.2-76.8	38.5	23.2-53.8	11.0	7.5	20.7
Regions														
West Nile	306	0.3	0.0-0.9	15.7	11.6-19.8	25.5	20.6-30.4	41.5	36.0-47.0	58.5	53.0-64.0	11.5	6.5	22.0
South West	226	0.0	0.0-0.0	23.5	18.0-29.0	22.6	17.1-28.1	46.1	39.6-52.6	54.0	47.5-60.5	11.2	7.0	20.7

All settlements (Kampala Excluded)	532	0.2	0.0-0.6	19.0	15.7-22.3	24.2	20.6-27.8	43.4	39.2-47.6	56.6	52.4-60.8	11.4	6.5	22.0

6.3.2 Enrolment on ANC and Iron Folic Acid (IFA) supplementation coverage

The Ministry of Health advocates for a minimum of eight ANC visits during pregnancy to ensure comprehensive pregnancy monitoring. Effective ANC involves health workers conducting systematic evaluations of both the mother and the unborn child to detect conditions such as infections, anaemia, and other complications. Early identification allows for timely preventive or curative measures, thereby improving maternal and neonatal health outcomes.

Details on ANC enrolment and IFA supplementation are provided in (Table 45). The 2025 results indicate that 83.8% of the pregnant women enrolled for ANC with the majority in Rhino Camp at 96.9% while the lowest enrolment was recorded in 61.5% in Oruchinga. Overall, more enrolments were registered in West Nile (89.2%) than in South West (76.5%).

Across all settlements, 81.8% WRA on ANC were receiving IFA. Rwamwanja had the highest proportion of pregnant enrolled for ANC who received IFA at 94.9% and Oruchinga had the lowest at 61.5%.

Table 45: Enrolment in an ANC programme and iron folic acid (IFA) supplementation coverage in settlements

Location		ANC enrolment		Access to IFA		
	n	*Not enrolled*	*Enrolled*	*not currently receiving IFA pills*	*currently receiving IFA pills*	*don't know*
Adjumani	44	11.4	88.6	11.4	88.6	0.0
Bidibidi	44	4.5	95.5	9.1	88.6	2.3
Imvepi	51	11.8	88.2	15.7	84.3	0.0
Kampala	32	31.3	68.8	21.9	78.1	0.0
Kiryandongo	26	11.5	88.5	11.5	88.5	0.0
Kyaka II	51	23.5	76.5	25.5	74.5	0.0
Kyangwali	54	31.5	68.5	33.3	66.7	0.0
Lobule	34	11.8	88.2	11.8	88.2	0.0
Nakivale	56	19.6	80.4	23.2	76.8	0.0
Oruchinga	26	38.5	61.5	34.6	61.5	3.8
Palabek	34	17.6	82.4	17.6	82.4	0.0
Palorinya	41	14.6	85.4	17.1	82.9	0.0
Rhino Camp	32	3.1	96.9	9.4	90.6	0.0
Rwamwanja	39	7.7	92.3	5.1	94.9	0.0
West Nile	306	10.8	89.2	13.1	86.6	0.3
South West	226	23.5	76.5	24.3	75.2	0.4
All settlements *(Kampala Excluded)*	**532**	**16.2**	**83.8**	**17.9**	**81.8**	**0.4**

6.3.3 Date of first ANC visit and ANC completeness

The MOH recommends that pregnant women initiate ANC within the first 12 weeks of gestation. The initial ANC visit is instrumental in identifying medical and social risk factors that may necessitate enhanced care during pregnancy. Early engagement enables prompt interventions

for complications arising in the early stages of gestation. Table 46 indicates details on ANC services utilized by pregnant women.

The total proportion of pregnant women who accessed ANC services timely was 67.5% with the highest proportion in Kiryandongo at 87.0% while Nakivale had the lowest at 48.9%. in contrast, 32,5% attended ANC services after 12 weeks.

The MOH ANC model recommends eight contacts between pregnant women and healthcare providers aiming to improve the quality and continuity of care. This approach enhances routine assessments, education, and timely interventions, ultimately contributing to better maternal and foetal outcomes.

In 2025, 31.1% of those who attended ANC completed the recommended 8 visits with the highest proportion in Imvepi (55.1%) and lowest in Nakivale (10.7%). In the West Nile, a higher proportion at 39.4% attended 8 ANC visits and more compared to 18.4% in the South West. Overall, an increase in women attending 8 or more visits was higher than those who attended the recommended visits in 2024 at 26.1%.

Table 46: Date of first ANC visit of pregnant women in refugee settlements

Location	Initial enrolment in ANC			ANC completeness last pregnancy			
		In the first 12 weeks	After 12 weeks		4 or fewer visits	5-7 visits	8 or more visits
	n	%	%	n	%	%	%
Adjumani	39	74.4	25.6	72	6.9	43.1	50.0
Bidibidi	42	81.0	19.0	153	6.5	39.2	54.2
Imvepi	45	80.0	20.0	138	8.7	36.2	55.1
Kampala	22	68.2	31.8	96	37.5	41.7	20.8
Kiryandongo	23	87.0	13.0	131	22.9	50.4	26.7
Kyaka II	39	51.3	48.7	159	29.6	50.3	20.1
Kyangwali	37	64.9	35.1	141	27.7	56.0	16.3
Lobule	30	56.7	43.3	85	7.1	47.1	45.9
Nakivale	45	48.9	51.1	150	40.0	49.3	10.7
Oruchinga	16	68.8	31.3	69	26.1	60.9	13.0
Palabek	28	67.9	32.1	152	21.1	44.7	34.2
Palorinya	35	68.6	31.4	119	12.6	52.1	35.3
Rhino Camp	31	67.7	32.3	138	20.3	60.9	18.8
Rwamwanja	36	66.7	33.3	132	20.5	49.2	30.3
West Nile	273	73.3	26.7	988	14.0	46.7	39.4
South West	173	58.4	41.6	651	29.3	52.2	18.4
All settlements (Kampala Excluded)	446	67.5	32.5	1639	20.1	48.9	31.1

6.3.4 Family Planning

According to the Ministry of Health, family planning is recognized as a critical component of reproductive health. It empowers individuals and couples to determine the number of children they wish to have and to manage the timing of pregnancies. This is achieved through access to contraceptive methods and addressing infertility-related concerns.

Results in Table 47 below highlights family planning usage among WRA. Overall, 22.5% of the women reported having ever used a family planning method. Oruchinga recorded the highest

proportion of women who have ever utilized family planning, standing at 40.0% while Adjumani had the lowest at 7.3%. In the West Nile, 17.7% used a family planning method while South West recorded 32.1%.

Table 47: Proportion of women who have ever used a family planning method

Location		Never used any FP method	Ever used a FP method
	N	*%*	*%*
Adjumani	587	92.7	7.3
Bidibidi	537	74.7	25.3
Imvepi	506	78.9	21.1
Kampala	765	86.9	13.1
Kiryandongo	695	89.4	10.6
Kyaka II	484	67.8	32.2
Kyangwali	498	77.1	22.9
Lobule	315	73.7	26.3
Nakivale	479	62.6	37.4
Oruchinga	255	60.0	40.0
Palabek	492	80.5	19.5
Palorinya	548	83.8	16.2
Rhino Camp	533	77.9	22.1
Rwamwanja	401	67.8	32.2
Regions			
West Nile	4213	82.3	17.7
South West	2117	67.9	32.1
All settlements *(Kampala Excluded)*	**6330**	**77.5**	**22.5**

The most adopted contraceptive methods, as indicated in *Table **48***, were implants (38.8%) and Depo-Provera intramuscular injections (IM) (26.2%). Cycle beads (0.8%), female sterilisation (0.8%) and male sterilisation (0.0%) were the least used methods of family planning.

Table 48: Family planning methods preferred by women

Location		Condoms	Cycle beads	Depo_Provera_IM	DepoProvers_Self_inject_Sayana_Press	Female sterilization	Implant	IUD	Lactation	Male sterilization	None	Other	Pills
	N	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	43	0.0	0.0	18.6	39.5	0.0	16.3	2.3	18.6	0.0	2.3	0.0	2.3
Bidibidi	136	4.4	0.0	13.2	4.4	0.7	53.7	0.0	21.3	0.0	0.0	1.5	0.7
Imvepi	107	0.0	0.0	14.0	1.9	0.0	81.3	1.9	0.0	0.0	0.0	0.0	0.9
Kampala	100	3.0	2.0	21.0	1.0	0.0	26.0	5.0	0.0	2.0	0.0	5.0	35.0
Kiryandongo	74	4.1	2.7	23.0	23.0	1.4	10.8	4.1	12.2	0.0	6.8	0.0	12.2
Kyaka II	156	0.0	0.6	31.4	30.8	1.3	20.5	4.5	5.1	0.0	0.6	0.6	4.5
Kyangwali	114	0.9	0.9	41.2	13.2	1.8	26.3	2.6	0.0	0.0	2.6	0.9	9.6
Lobule	83	1.2	0.0	13.3	4.8	0.0	68.7	2.4	0.0	0.0	0.0	0.0	9.6
Nakivale	179	0.6	0.6	27.9	17.3	0.6	41.9	3.4	0.6	0.0	0.0	0.6	6.7
Oruchinga	102	3.9	1.0	38.2	18.6	0.0	21.6	6.9	0.0	0.0	1.0	0.0	8.8
Palabek	96	0.0	0.0	16.7	6.3	1.0	63.5	5.2	1.0	0.0	0.0	2.1	4.2

Palorinya	89	9.0	1.1	11.2	13.5	0.0	46.1	0.0	11.2	0.0	0.0	1.1	6.7
Rhino Camp	118	11.9	0.0	12.7	5.9	0.0	40.7	0.0	20.3	0.0	1.7	0.0	6.8
Rwamwanja	129	0.0	2.3	60.5	13.2	2.3	9.3	1.6	6.2	0.0	1.6	0.0	3.1
Regions													
West Nile	746	4.3	0.4	14.7	9.5	0.4	51.2	1.7	10.9	0.0	1.1	0.7	5.1
South West	680	0.9	1.0	38.7	19.1	1.2	25.1	3.7	2.5	0.0	1.0	0.4	6.3
All settlements (Kampala Excluded)	1426	2.7	0.7	26.2	14.1	0.8	38.8	2.7	6.9	0.0	1.0	0.6	5.7

Results in Table 49 indicate the reasons for the preferred family planning method as well as the reasons for not using family planning. The main reason for preference of a family planning method was easy to use at 49.8% while the main reason for not using any family planning method was culture doesn't permit at 20.6%. In both regions, the main reason for the most preferred family planning method was 'less side effects' at 45. 3% in West Nile and 38.2% in South West. Similarly, in both regions, a related number of individuals didn't know about any family planning methods.

Table 49: Reasons for preference of FP method and not using FP method

Location	Reasons for preference of FP method							Reasons for not using FP method						
		Less side effects	Easy to use	Takes longer in the body	Readily available	Not easy to identify in use	Other (specify)		Don't know about FP	Culture doesn't permit FP use	FP not available at facility	Side effects of FP	Still want to have children	Partner is against FP
	n	%	%	%	%	%	%	*N*	%	%	%	%	%	%
Adjumani	42	66.7	31.0	9.5	7.1	4.8	14.3	544	22.1	41.2	0.0	10.7	9.6	5.7
Bidibidi	136	45.6	39.7	27.2	12.5	8.8	9.6	401	11.7	12.7	0.2	8.5	13.0	13.5
Imvepi	107	29.9	38.3	37.4	20.6	8.4	1.9	399	18.8	2.3	0.0	17.5	10.3	14.5
Kampala	100	47.0	44.0	10.0	10.0	1.0	5.0	665	8.4	26.9	0.2	6.6	6.5	3.0
Kiryandongo	69	56.5	60.9	10.1	18.8	5.8	2.9	621	11.9	45.4	0.0	22.9	7.1	4.8
Kyaka II	155	34.8	60.0	11.0	27.1	5.8	2.6	328	9.8	10.7	0.3	20.4	11.9	9.5
Kyangwali	111	31.5	57.7	13.5	19.8	5.4	3.6	384	20.3	4.2	0.3	18.5	16.9	6.0
Lobule	83	51.8	41.0	27.7	15.7	19.3	0.0	232	17.7	19.4	0.9	22.4	15.1	19.4
Nakivale	179	41.9	35.8	33.0	30.7	17.9	1.7	300	11.7	10.0	0.0	26.0	15.7	11.3
Oruchinga	101	43.6	51.5	11.9	10.9	10.9	3.0	153	8.5	9.8	0.0	30.1	5.9	5.9
Palabek	96	60.4	47.9	14.6	4.2	7.3	3.1	396	15.4	27.8	0.0	23.2	5.6	13.6
Palorinya	89	43.8	58.4	23.6	18.0	7.9	0.0	459	17.4	20.5	0.0	13.7	7.8	9.6
Rhino Camp	116	28.4	62.9	22.4	36.2	10.3	3.4	415	8.2	22.2	0.5	13.3	9.9	6.7
Rwamwanja	127	38.6	58.3	8.7	19.7	6.3	4.7	272	12.5	3.3	0.7	31.3	10.3	7.4
Regions														
West Nile	738	45.3	48.1	23.3	17.6	9.3	4.1	3467	15.3	26.2	0.1	16.3	9.3	9.9
South West	673	38.2	51.6	16.9	23.0	9.8	3.0	1437	13.4	7.3	0.3	24.1	13.1	8.1
All settlements (Kampala Excluded)	1411	41.9	49.8	20.3	20.2	9.6	3.5	4904	14.8	20.6	0.2	18.6	10.4	9.4

7. FOOD SECURITY

Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life[9]. It is based on four pillars: availability, access, utilization and stability. This section presents the findings of the food security analyses across the pillars.

7.1 Food availability

Food availability addresses the supply side of food security and is determined by the level of food production, stock levels and net trade. Food production and food assistance are some of the activities that increase household food availability. This section provides information on household access and utilization of agricultural land for food production, and access to food assistance.

7.1.1 Household utilization of land for agriculture production

Overall, 74.1% of refugee households utilized land for agricultural production (both crop and livestock) during the January–June 2025 season, cultivating an average of 0.5 acres of land (Table 50). Only 27.1% of households cultivated at least 0.5 acres, suggesting that most households operate on very small plots that may not be sufficient to meet household food needs.

Results showed notable regional differences in engagement in agricultural production. West Nile settlements reported higher participation in agricultural production (80.0%) compared to the South West (64.2%), and a greater share of households cultivating at least 0.5 acres (29.6% versus 22.9%). At settlement level, engagement in agricultural production was highest in Imvepi settlement (93.4%) and lowest in Nakivale (45.9%). Compared to 2024, this reflects a modest improvement in land utilization for agricultural production, rising from 68.0% of households in 2024 to the current level.

Table 50: Household utilization of agricultural land

Location	N	Engaged in agricultural production in the Jan-June 2025 season (%)	Size of land utilized (acres)		Agricultural production on at least 0.5 acres of land (%)
			Mean	Standard Deviation	
Adjumani	543	86.2	0.5	0.5	27.3%
Bidibidi	519	86.7	0.6	0.6	39.5%
Imvepi	497	93.4	0.4	1.2	27.2%
Kiryandongo	569	63.1	0.5	1.4	17.4%
Kyaka II	539	59.6	0.3	0.2	13.4%
Kyangwali	558	71.3	0.3	1.1	10.2%
Lobule	358	71.8	0.6	1.7	25.1%
Nakivale	519	45.9	0.5	0.4	20.2%

[9] https://link.springer.com/chapter/10.1057/9780230589780_35

Oruchinga	330	62.7	0.4	0.3	21.8%
Palabek	490	63.9	0.5	0.5	25.9%
Palorinya	641	88.1	0.6	1.7	37.6%
Rhino Camp	501	83.4	0.5	1.3	34.3%
Rwamwanja	469	82.3	0.7	1.0	52.7%
Regions					
South West	2415	64.2	0.4	0.8	22.9%
West Nile	4118	80.0	0.5	1.2	29.6%
All settlements (Kampala excluded)	**6533**	**74.1**	**0.5**	**1.1**	27.1%

7.1.2 Household access to land for agricultural production

Overall, land accessed by 81.7% of households was allocated by Office of the Prime Minister (OPM), indicating that formal settlement land allocation remains the primary channel through which refugees gain access to land (Table 51). A considerable proportion of households (30.0%) rent or lease land, indicating that land access is not solely dependent on OPM allocations but also relies on market transactions and negotiated arrangements with host communities.

Table 51: Source of land for agricultural production

Locations	Sources of land				
		Allocated by OPM	Rented/Leased	Purchased	Borrowed from host community
	n	**%**	**%**	**%**	**%**
Adjumani	468	92.9	29.5	0.2	2.4
Bidibidi	450	73.1	43.6	0.9	12.4
Imvepi	464	83.2	37.7	1.9	1.1
Kiryandongo	359	91.9	8.9	2.5	0.6
Kyaka II	321	76.0	28.3	5.0	10.3
Kyangwali	398	94.0	15.6	1.3	1.0
Lobule	257	73.9	35.4	1.2	9.7
Nakivale	238	39.5	54.6	2.1	13.9
Oruchinga	207	66.2	30.0	7.2	2.4
Palabek	313	81.2	22.7	1.0	7.7
Palorinya	565	96.1	26.7	1.6	9.6
Rhino Camp	418	75.4	45.7	3.1	9.8
Rwamwanja	386	84.2	16.6	5.4	2.3
Regions					
South West	1550	75.7	26.4	4.0	5.4
West Nile	3294	84.5	31.7	1.5	6.6
All settlements (Kampala excluded)	**4844**	**81.7**	**30.0**	**2.3**	**6.2**

7.1.3 Access to in-kind or cash assistance from WFP

Cash and in-kind food assistance programs play a crucial role in addressing food insecurity by providing vulnerable populations with resources to meet their basic needs. The World Food Programme (WFP) provides General Food Assistance (GFA) to eligible refugees in form of in-kind food or cash-based transfers (CBT). In response to funding constraints, a population-wide recategorization of refugee households was implemented in May 2025. Refugees were classified into three vulnerability groups: Category 1 (most vulnerable), Category 2 (moderately vulnerable), and Category 3 (least vulnerable). Category 1 households receive a 40% GFA ration, Category 2 households receive 22%, while Category 3 households are no longer provided with GFA from WFP. Information on proportion of households that received WFP GFA and modality of assistance is presented in Table 52.

Among the surveyed households, 24.8% were in category 1, 19.8% in category 2, while 54.2% were in category 3. Palorinya at 72.1% followed by Rwamwanja at 63.0% had the highest proportion of surveyed households in category 3 while Kiryandongo (42.2%) followed by Kyaka II (34.3%) had the highest proportion of surveyed households in category 1.

Overall, 90.4% of refugee eligible households (category 1 and category 2) received WFP general food assistance in the previous month, with households in Adjumani (94.4%) reporting the highest percentage while Palorinya (82.6%) reporting the lowest proportion of households that turned up to pick their assistance.

Table 52: Household assistance category, receipt of WFP GFA among the eligible households and modality of assistance

Location	N	WFP assistance category				Eligible and received WFP GFA in the previous month		Modality of assistance				
		Category 1	Category 2	Category 3	New arrival/no category	n	%	n	Food %	Bank on wheels %	Agent Banking %	Mobile Money %
		%	%	%	%	n	%	n	%	%	%	%
Adjumani	543	22.5%	13.4%	63.0%	1.1%	195	94.4	184	1.1	51.1	5.4	42.4
Bidibidi	519	14.6%	23.1%	62.2%	0.0%	196	89.3	175	4.0	92.0	0.6	3.4
Imvepi	497	23.1%	13.7%	62.4%	0.8%	183	92.9	170	13.5	73.5	11.8	1.2
Kampala	752	9.6%	1.5%	36.8%	52.1%	83	25.3	21	14.3	33.3	0.0	52.4
Kiryandongo	569	42.2%	13.4%	40.4%	4.0%	315	89.8	283	4.2	38.2	4.6	53.0
Kyaka II	539	34.3%	19.7%	44.5%	1.5%	291	94.2	274	0.4	17.2	79.9	2.6
Kyangwali	558	26.7%	13.6%	58.8%	0.9%	225	86.7	195	0.0	20.0	61.0	19.0
Lobule	358	13.4%	65.6%	20.4%	0.6%	283	94.3	267	0.4	88.4	10.5	0.7
Nakivale	519	33.9%	16.0%	47.2%	2.9%	259	87.6	227	0.4	19.4	66.1	14.1
Oruchinga	330	22.1%	36.7%	40.3%	0.9%	194	91.8	178	0.0	12.9	83.1	3.9
Palabek	490	18.2%	16.3%	63.9%	1.6%	169	88.8	150	6.7	78.7	12.0	2.7
Palorinya	641	16.2%	10.6%	72.1%	1.1%	172	82.6	142	7.7	66.2	12.0	14.1
Rhino Camp	501	28.5%	24.4%	46.7%	0.4%	265	91.7	243	1.6	30.5	11.9	56.0
Rwamwanja	469	20.9%	13.9%	65.0%	0.2%	163	87.7	143	0.0	46.9	51.0	2.1
Regions												
South West	2415	28.2%	18.7%	51.8%	1.3%	1132	89.8	1017	0.2	21.6	69.7	8.5
West Nile	4118	22.8%	20.4%	55.5%	1.3%	1778	90.8	1614	4.3	62.6	8.4	24.7
All settlements (Kampala excluded)	**6533**	24.8%	19.8%	54.2%	1.3%	**2910**	**90.4**	**2631**	**2.7**	**46.8**	**32.1**	**18.4**

7.2 Household food accessibility

Food access is the ability of households to regularly acquire adequate amounts of appropriate and desired food for a nutritious diet. Households can access food through various means, including own production, hunting, fishing, or gathering, purchases, barter exchange and receiving food or cash from family, community, or aid organizations. Key indicators related to food access that were collected during this assessment include sources of food consumed in the week before the survey, household income sources, household food expenditure shares and household savings and debts.

7.2.1 Sources of staples and pulses consumed during the 7 days preceding the survey

Table 53 shows sources of staples and pulses households consumed in the seven days preceding the survey. Almost all households consumed staples (cereals, grains, roots, tubers, matooke) while 74.3% of households consumed pulses. Market purchases (both cash and credit) were the most common source of both staples (82.4%) and pulses (75.0%).

Table 53: Sources of staples and pulses consumed by households 7 days preceding the survey

Locations	N	Consumed staples	Sources of staples			Consumed pulses	Sources of pulses		
			Purchased	Gift/Aid	Own production		Purchased	Gift/Aid	Own production
		%	%	%	%	%	%	%	%
Adjumani	543	100.0%	76.4%	23.4%	21.4%	57.1%	86.1%	8.7%	7.1%
Bidibidi	519	99.6%	83.4%	9.9%	42.4%	57.8%	92.3%	5.0%	12.7%
Imvepi	497	99.8%	77.8%	10.1%	43.1%	63.4%	87.9%	7.3%	4.4%
Kampala	752	99.3%	97.2%	3.3%	0.8%	86.3%	96.1%	1.8%	0.3%
Kiryandongo	569	100.0%	67.3%	19.3%	28.1%	66.4%	73.5%	16.7%	6.1%
Kyaka II	539	100.0%	83.3%	22.1%	56.4%	97.0%	55.6%	12.6%	47.8%
Kyangwali	558	100.0%	88.2%	19.7%	55.2%	97.5%	54.4%	10.1%	41.7%
Lobule	358	100.0%	91.9%	5.0%	21.2%	91.1%	91.4%	2.5%	7.7%
Nakivale	519	100.0%	81.1%	19.1%	47.8%	88.2%	73.1%	13.1%	24.2%
Oruchinga	330	100.0%	90.0%	13.3%	50.0%	95.2%	74.2%	6.7%	29.9%
Palabek	490	99.8%	87.3%	8.8%	36.0%	36.5%	87.7%	2.8%	12.8%
Palorinya	641	99.8%	91.4%	11.7%	24.2%	62.2%	89.2%	7.5%	11.8%
Rhino Camp	501	99.6%	75.6%	4.6%	37.3%	69.9%	86.3%	1.7%	7.7%
Rwamwanja	469	100.0%	82.1%	18.8%	68.0%	97.4%	59.3%	7.7%	51.0%
Regions									
South West	2415	100.0%	84.6%	19.0%	55.7%	95.1%	62.1%	10.3%	39.9%
West Nile	4118	99.8%	81.1%	12.1%	31.7%	62.1%	86.5%	6.9%	8.6%
All settlements (Kampala Excluded)	**6533**	99.9%	82.4%	14.7%	40.5%	74.3%	75.0%	8.5%	23.4%

7.2.2 Main household income sources

Information on main household income sources is presented in Table 54. Agricultural casual labour was the main source of income for most households at 43.6% followed by food crop production at 12.8%. Palabek settlement had the highest percentage of households that reported depending on agriculture casual labour at 64.5%, while Rhino Camp had the lowest at 28.1%. About 10.0% of households reported cash assistance from humanitarian organizations as their main source of income, with West Nile at 11.7% of the households

compared to 8.7% of households in South West. Compared to 2024, there has been a decrease of households depending on agricultural casual labour from 52.3% in 2024 to 43.6% in 2025.

Table 54: Household sources of income

Locations	N	Food crop production/sales	Cash crop production/sale	Income derived from sale of livestock	Sale of alcoholic beverages	Casual labour related to agricultural activities	Non-agricultural casual labour	Skilled labour-masonry	Salaried work	Fishing and sale of fish	Petty trading	Remittances	Sale of food assistance	Pension, government allowances	Cash Assistance	Other
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	543	9.8	0.9	2.8	2.6	30.4	4.8	1.3	2.8	0.2	3.7	5.9	0.7	0.0	18.4	15.8
Bidibidi	519	21.6	0.0	0.8	1.3	56.6	2.1	1.2	0.8	0.0	7.1	0.8	0.6	0.0	3.1	4.0
Imvepi	497	13.1	0.6	1.0	1.0	57.1	2.4	2.0	1.0	0.8	7.0	1.0	0.4	0.0	7.4	5.0
Kampala	752	0.4	0.3	0.1	0.1	0.7	5.1	7.8	8.9	0.3	20.9	30.3	0.1	0.1	4.3	20.6
Kiryandongo	569	13.7	0.5	1.1	0.5	13.7	6.7	1.4	1.9	0.2	12.1	10.6	0.5	0.2	25.2	11.6
Kyaka II	539	10.0	1.5	1.5	0.4	48.1	5.4	4.5	1.5	0.4	13.2	2.2	0.0	0.0	9.5	2.0
Kyangwali	558	14.0	0.2	0.7	0.5	38.2	7.0	4.7	1.3	5.2	10.9	0.5	0.2	0.0	9.0	7.7
Lobule	358	12.3	0.8	0.0	1.1	40.8	9.8	2.0	1.4	0.3	17.6	0.3	0.3	0.0	12.3	1.1
Nakivale	519	11.6	0.0	0.6	1.7	41.0	11.9	5.4	1.5	0.2	10.2	1.3	0.4	0.0	11.0	3.1
Oruchinga	330	7.6	0.0	1.5	0.6	50.3	10.3	4.8	2.1	1.5	7.0	0.0	0.3	0.0	6.4	7.6
Palabek	490	5.1	0.2	1.0	5.7	64.5	4.9	1.6	0.6	0.2	5.1	2.2	0.0	0.0	4.1	4.7
Palorinya	641	10.1	0.3	0.6	2.8	57.9	7.3	0.9	1.2	0.3	5.3	0.3	0.3	0.0	5.8	6.7
Rhino Camp	501	12.6	0.6	2.4	2.4	28.1	6.0	1.4	0.8	0.4	8.8	11.0	0.6	0.0	17.0	8.0
Rwamwanja	469	24.7	1.7	2.3	1.9	42.6	2.3	3.4	1.5	0.2	7.2	0.4	0.0	0.2	6.6	4.7
Region																
South West	2415	13.8	0.7	1.3	1.0	43.5	7.2	4.6	1.5	1.6	10.0	1.0	0.2	0.0	8.7	4.8
West Nile	4118	12.3	0.5	1.2	2.2	43.6	5.4	1.4	1.3	0.3	7.9	4.1	0.4	0.0	11.7	7.5
Total	**6533**	**12.8**	**0.6**	**1.3**	**1.8**	**43.6**	**6.1**	**2.6**	**1.4**	**0.8**	**8.7**	**3.0**	**0.3**	**0.0**	**10.6**	**6.5**

7.2.3 Household savings and debts

Savings act as a buffer against income shocks, helping families afford food during crises. Conversely, high debt burdens can divert funds from essential needs like food, increasing vulnerability to food insecurity. Information on household savings and debts is presented in Table 55.

Results from the assessment indicated that, 34.9% of households reported having savings, with Rwamwanja (76.3%) and Kyaka II (65.3%) recording the highest proportions. A marked disparity was observed between regions, as 50.6% of households in South West settlements reported having savings compared to 25.7% in West Nile. The average household savings across all settlements was UGX 113,422, with Bidibidi reporting the lowest average savings at UGX 80,257.

Debt levels were notably high, with more than half of refugee households (57.4%) reporting outstanding debts. Rwamwanja had the highest proportion of indebted households (88.7%), while Palorinya reported the lowest (23.2%).

Table 55: Household savings and debts

Locations		Have savings		Saving amount		Have debts	
	N	%	95% CI	Mean	SD	%	95% CI
Adjumani	543	13.3	10.6-16.3	109972	80714.9	56.5	52.3-60.7
Bidibidi	519	33.7	29.8-37.9	80257	111594.1	43.0	38.8-47.3
Imvepi	497	31.2	27.2-35.4	86387	116013.2	49.7	45.3-54.1
Kampala	752	10.1	8.1-12.4	804828	1712628.6	50.7	47.1-54.2
Kiryandongo	569	20.4	17.2-23.8	123641	301933.4	46.8	42.8-50.9
Kyaka II	539	65.3	61.2-69.2	112450	154432.0	73.5	69.6-77.1
Kyangwali	558	32.3	28.5-36.2	141539	160798.4	67.9	64-71.7
Lobule	358	53.6	48.5-58.8	86562	72352.2	66.8	61.8-71.5
Nakivale	519	24.9	21.3-28.7	111569	216425.0	75.7	71.9-79.3
Oruchinga	330	61.8	56.5-66.9	88532	200196.0	85.5	81.3-88.9
Palabek	490	28.8	24.9-32.9	80773	115973.4	35.7	31.6–40
Palorinya	641	11.5	9.2-14.2	116013	151579.6	23.2	20.1-26.6
Rhino Camp	501	26.7	23-30.7	156205	250340.7	52.7	48.3– 57
Rwamwanja	469	76.3	72.3-80.0	151077	173858.7	88.7	85.6-91.3
Regions							
South West	2415	50.6	48.6-52.6	123956	177643.9	77.3	75.6-78.9
West Nile	4118	25.7	24.4-27.1	101268	165108.6	45.4	43.9-46.9
All settlements (Kampala excluded)	**6533**	**34.9**	**33.8 -36.1**	**113422**	**172272.3**	**57.2**	**56.0-58.4**

7.2.4 Household sources of credit

Main sources of credit are presented in Table 56. Overall, 44.9 % of households had access to credit from Village Savings and Loans Associations (VSLA), followed by relatives/friends at 32.3%. More households in Rwamwanja (72.6%) and Kyaka II (65.4%) reported having access to credit from VSLA while Palorinya had the highest percentage of households accessing credit from friends/relatives.

Table 56: Sources of credit

Locations	N	SACCOs/ VSLAs %	Telecom companies %	Relatives/ friends %	Traders/ shopkeepers %	Bank/ Credit institution %	Cooperative %	Money lender %	Landlord %	Employer %	Other (specify) %
Adjumani	307	39.4	0.3	41.4	12.1	0.7	0.0	4.6	0.0	0.0	1.6
Bidibidi	223	44.4	0.0	47.1	5.8	0.0	0.4	0.0	0.4	0.4	1.3
Imvepi	247	36.4	0.4	44.1	12.6	0.0	0.8	1.2	0.0	0.0	4.5
Kampala	381	3.9	1.6	42.5	28.1	0.8	0.0	0.8	18.6	0.0	3.7
Kiryandongo	266	35.3	0.0	39.1	18.4	0.0	0.8	1.9	0.0	0.0	4.5
Kyaka II	396	65.4	0.0	12.9	13.4	0.0	0.3	4.0	0.5	0.0	3.5
Kyangwali	379	37.2	0.5	44.6	9.5	1.6	0.3	3.7	0.3	0.0	2.4
Lobule	239	51.0	0.0	40.2	1.3	1.7	0.4	0.8	0.4	0.0	4.2
Nakivale	393	19.3	1.0	23.9	41.7	2.8	0.3	8.4	0.3	0.3	2.0
Oruchinga	282	59.6	0.0	13.8	12.8	0.7	5.3	6.4	0.0	0.0	1.4
Palabek	175	44.6	0.0	38.9	11.4	0.6	0.0	0.6	0.0	0.0	4.0
Palorinya	149	25.5	0.0	56.4	8.1	0.7	0.0	2.0	0.7	0.0	6.7
Rhino Camp	264	34.5	0.0	42.4	15.5	0.0	0.0	5.7	0.0	0.4	1.5
Rwamwanja	416	72.6	0.2	11.3	9.6	0.5	0.0	4.6	0.2	0.0	1.0
Regions											
South West	1866	50.7	0.4	21.4	17.6	1.1	1.0	5.4	0.3	0.1	2.1
West Nile	1870	39.2	0.1	43.0	11.0	0.4	0.3	2.3	0.2	0.1	3.3
All settlements excluding Kampala	**3736**	**44.9**	**0.2**	**32.3**	**14.3**	**0.8**	**0.6**	**3.8**	**0.2**	**0.1**	**2.7**

7.2.5 Reasons for borrowing

Results of the assessment show that the leading reason households borrowed money was to buy food, reported by 47.4% of households (Table 57). This finding highlights that food consumption gaps push households to rely on credit to meet food needs. The second most common reason for borrowing was to pay for school fees (22.7%), followed by covering health-related expenses (13.9%). Borrowing for productive purposes, such as buying agricultural inputs (4.1%) or investing in business (4.1%) was reported by relatively few households, suggesting that most borrowing is used for immediate consumption rather than for activities that could generate future income.

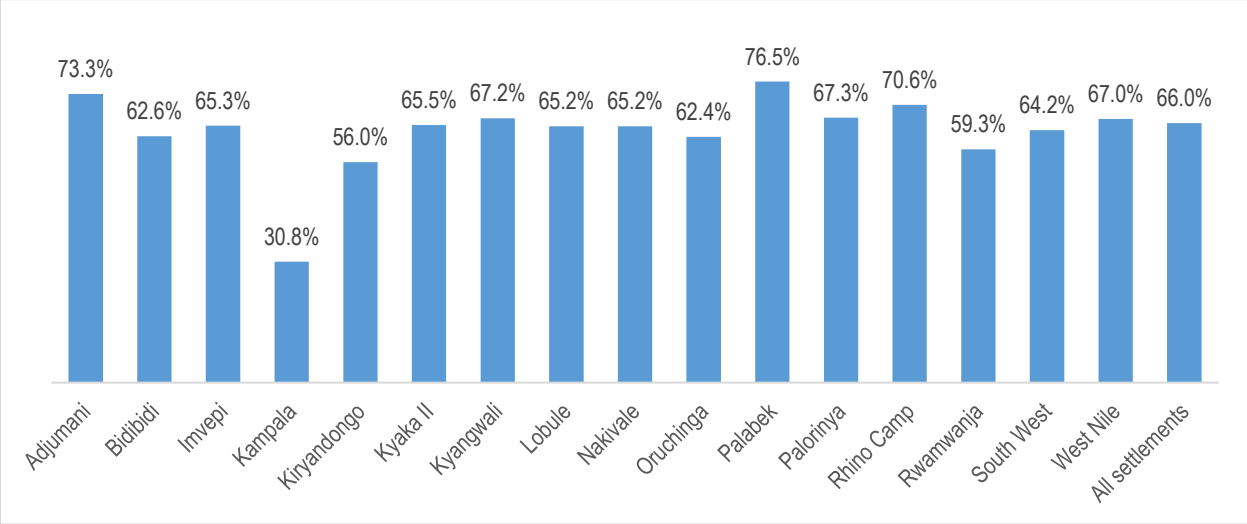
Table 57: Household reason for borrowing

	N	To buy food	To buy non-food items	To rent an accommodation	To pay school	To cover health expenses	To pay for durable goods	To pay for ceremonies/social events	To rent/buy a flat/house	To cover travel for migration	To buy agricultural inputs	To invest in business	To pay back another loan	Other (specify)
		%	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	307	50.8	0.3	0.0	28.3	10.1	0.0	0.0	0.7	0.7	2.6	0.7	0.0	5.9
Bidibidi	223	43.9	1.8	0.0	35.0	7.6	0.4	0.4	0.0	0.4	4.9	3.1	0.0	2.2
Imvepi	247	56.3	1.6	0.0	23.1	8.5	0.0	0.8	0.0	1.6	3.6	2.8	0.0	1.6
Kampala	381	40.2	2.9	19.2	9.7	7.1	0.0	0.0	14.2	0.0	0.3	4.2	0.5	1.8
Kiryandongo	266	41.0	2.6	2.3	35.0	11.3	0.0	0.4	1.1	0.0	0.0	1.9	0.4	4.1
Kyaka II	396	39.1	4.5	2.5	16.7	18.7	0.0	0.5	2.8	0.0	6.1	5.6	0.8	2.8
Kyangwali	379	52.0	2.4	0.5	9.0	18.5	0.0	1.6	1.1	0.3	2.9	7.9	0.5	3.4
Lobule	239	50.6	0.4	2.1	24.3	13.8	0.0	0.0	2.1	0.0	3.3	1.7	0.4	1.3
Nakivale	393	60.8	1.8	2.5	15.0	9.9	0.0	0.3	1.3	0.0	2.0	4.3	1.3	0.8
Oruchinga	282	37.9	1.1	0.7	28.4	17.4	0.4	0.0	0.7	0.0	5.3	4.3	2.1	1.8
Palabek	175	60.0	1.1	0.0	21.1	10.3	0.0	1.1	0.0	0.0	2.9	1.1	0.0	2.3
Palorinya	149	47.0	0.7	0.0	35.6	6.7	0.7	0.7	0.0	0.0	4.0	3.4	0.0	1.3
Rhino Camp	264	59.1	0.8	0.0	17.8	10.2	0.0	0.4	0.0	0.0	6.4	3.4	0.0	1.9
Rwamwanja	416	28.6	2.4	1.7	23.6	23.8	0.0	0.5	1.7	0.0	7.2	7.5	0.2	2.9
Regions														
South West	1866	43.8	2.5	1.7	18.1	17.7	0.1	0.6	1.6	0.1	4.7	6.0	0.9	2.4
West Nile	1870	51.0	1.2	0.6	27.3	10.0	0.1	0.4	0.5	0.4	3.4	2.2	0.1	2.8
All settlements (Kampala excluded)	**3736**	**47.4**	**1.8**	**1.1**	**22.7**	**13.9**	**0.1**	**0.5**	**1.0**	**0.2**	**4.1**	**4.1**	**0.5**	**2.6**

7.2.6 Household Food Expenditure Share (FES)

Food expenditure share (FES), is a key indicator of food security, reflecting a household's economic vulnerability to food insecurity. It measures the proportion of a household's total consumption expenditure dedicated to food. A higher food expenditure share indicates greater economic vulnerability and potential food insecurity, as households spend a larger portion of their income on basic food needs, leaving less for other essential expenses. Results in Figure 8 show that households in all settlements except Kampala spend more than half of their income on food. The proportion of income spent on food ranged from 56.0% in Kiryandongo to 76.5% in Palabek, with an overall average of 66%.

Figure 8: Household food expenditure share



7.2.7 Food Security Status based on Food Expenditure Share (FES)

Based on Food Expenditure Share (FES), households can be categorized into four groups namely, food secure (0<=FES<50%), marginally food secure (50%<=FES<65%), moderately food insecure (65%<=FES<75%) and severely food insecure (75%<=FES<=100%).

Overall, 56.0% of the population were classified as moderately and severely food insecure, with only 44.0% of households classified as food secure. Palabek (80.6%) had the highest proportion of food insecure households while Kiryandongo had the lowest proportion at 35.5%. Between regions, South West (54.4%) had a slightly lower percentage of households who are food insecure compared to West Nile (58.8%).

Table 58: Household Food Expenditure Share (FES)

Locations		Food secure (0<=FES<50%)		Marginally food secure (50%<=FES<65%)		Moderately food insecure (65%<=FES<75%)		Severely food insecure (75%<=FES<=100%)	
	N	**%**	**95% CL**	**%**	**95% CL**	**%**	**95% CL**	**%**	**95% CL**
Adjumani	543	8.8	6.7 - 11.4	17.3	14.3-20.7	19.3	16.2-22.8	54.5	50.3-58.7
Bidibidi	519	22.9	19.5 - 26.7	28.3	24.6-32.3	22.0	18.6-25.7	26.8	23.1-30.7
Imvepi	497	14.9	12 - 18.2	32.0	28-36.2	24.7	21.1-28.7	28.4	24.5-32.5
Kampala	752	89.8	87.4 - 91.8	7.6	5.8-9.6	1.7	1-2.9	0.9	0.4-1.8
Kiryandongo	569	37.6	33.7 - 41.6	26.9	23.4-30.6	18.5	15.4-21.8	17.0	14.1-20.3
Kyaka II	539	18.4	15.3 - 21.8	27.6	24-31.5	22.1	18.7-25.7	31.9	28.1-35.9
Kyangwali	558	16.7	13.8 - 19.9	22.2	18.9-25.8	24.0	20.6-27.7	37.1	33.2-41.2
Lobule	358	21.2	17.2 - 25.7	27.9	23.5-32.7	17.9	14.2-22.1	33.0	28.2- 38
Nakivale	519	17.1	14.1 - 20.6	29.7	25.9-33.7	24.1	20.6-27.9	29.1	25.3-33.1
Oruchinga	330	27.0	22.4 - 31.9	28.5	23.8-33.5	17.0	13.2-21.3	27.6	23-32.6
Palabek	490	8.2	6 - 10.8	11.2	8.7-14.2	16.5	13.4-20	64.1	59.8-68.2
Palorinya	641	20.4	17.5 - 23.7	20.7	17.7-24	17.8	15-20.9	41.0	37.3-44.9
Rhino Camp	501	15.2	12.2 - 18.5	15.4	12.4-18.7	17.0	13.9-20.4	52.5	48.1-56.8
Rwamwanja	469	25.4	21.6 - 29.5	35.0	30.8-39.4	24.7	21-28.8	14.9	11.9-18.4
Region									
South West	2415	20.2	18.7 - 21.9	28.4	26.6-30.2	22.8	21.1-24.5	28.6	26.8-30.4
West Nile	4118	18.9	17.7 - 20.1	22.3	21-23.6	19.2	18-20.4	39.6	38.1-41.1
All settlements (Kampala excluded)	**6533**	**19.4**	**18.4 - 20.4**	**24.5**	**23.5-25.6**	**20.5**	**19.6- 21.5**	**35.5**	**34.4-36.7**

7.2.8 Household economic capacity to meet essential needs without assistance

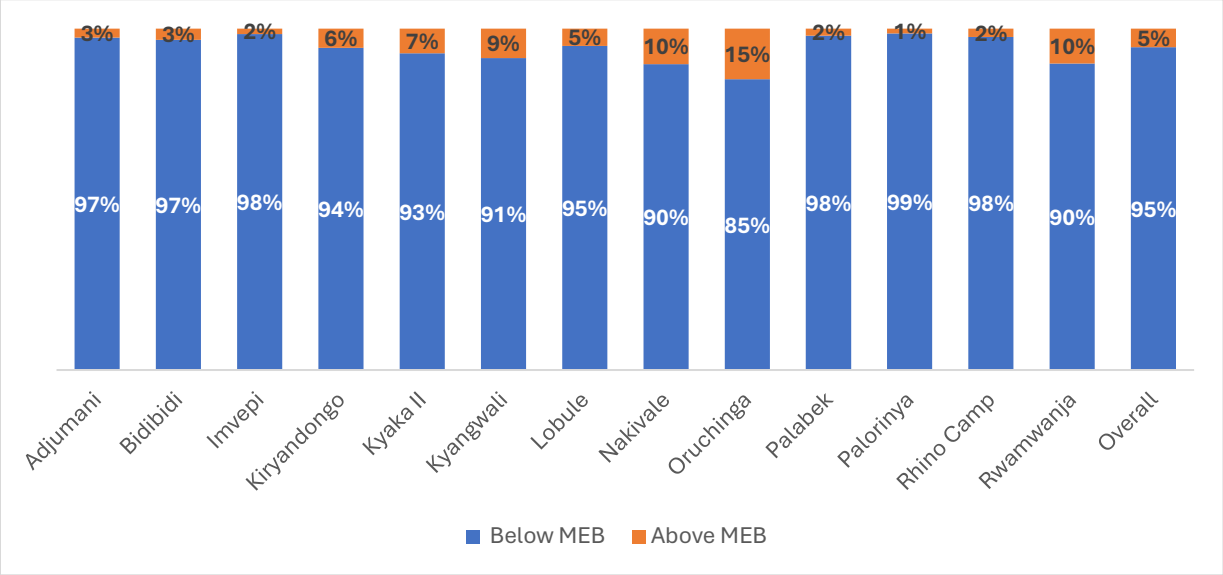
Economic Capacity to Meet Essential Needs without assistance (ECMEN[10]) indicator was also used to measure economic vulnerability of the refugee population. ECMEN is defined as the percentage of households whose economic capacity is sufficient to meet essential needs, as defined through the minimum expenditure basket (MEB[11]). This analysis utilized household expenditure data and the updated settlement level MEB for June 2025 to compute ECMEN.

[10] https://docs.wfp.org/api/documents/WFP-0000145644/download/

[11] https://data.unhcr.org/en/documents/download/106207

Households are considered to have the economic capacity to meet their essential needs without assistance if their consumption expenditures exceed the MEB. As can be seen in Figure 9, almost all refugee households (95%) do not have economic capacity to meet essential needs without assistance.

Figure 9: Household economic capacity to meet essential needs without assistance



7.3 Food Consumption

Food consumption refers to the quantity and quality of food intake by households or individual members. This section presents results on the Household Dietary Diversity Score (HDDS), Food Consumption Score (FCS), and Food Consumption Score Nutritional Quality Analysis (FCS-N).

7.3.1 Household Dietary Diversity Score (HDDS)

Household dietary diversity is the number of food groups out of the 12 food groups consumed by a household during the 24 hours before the survey. The 12 food groups include cereals; roots, tubers & banana; vegetables; fruits; meat; eggs; fish; pulses; legumes & nuts; Diary products; oil/fats; sugar/honey; and condiments. Based on the number of food groups consumed, households are categorized into low dietary diversity (0-2 food groups), medium dietary diversity (3-4 food groups) or high dietary diversity (5-12 food groups). A higher household dietary diversity score indicates a more diverse diet and greater economic access to a variety of foods. Information on HDDS is presented in Table 59.

Based on HDDS classification, 6.5% of households had a low dietary diversity while 46.3% had a higher dietary diversity. More than half (59.5%) of households in South West had a high dietary diversity having consumed at least 5 food groups in 24 hours leading to the survey as compared to 38.6% in West Nile refugee settlements.

Palabek (18.2%) and Rhino camp (10.2%) refugee settlements had higher proportions of households with low household dietary diversity compared to the other refugee settlements. Kyangwali (65.6%)

and Kyaka II (65.5%) had the highest proportion of refugee households with a high dietary diversity. Households with low dietary diversity slightly increased from 5.2% to 6.5% in 2025. Relatedly, households with a high dietary diversity reduced from 50.9% in 2024 to 46.3% in 2025.

Table 59:Household Dietary Diversity Score (HDDS)

Location	N	HDDS		Low diversity (0 - 2 Food groups)		Medium diversity (3 - 4 Food groups)		High diversity (5-12 Food groups)	
		Mean	SD	% of HH	95% CI	% of HH	95% CI	% of HH	95% CI
Adjumani	543	4.0	1.4	8.3	6.2 - 10.8	57.1	52.9 - 61.2	34.6	30.7 - 38.7
Bidibidi	519	4.1	1.5	7.7	5.6 - 10.2	59.2	54.9 - 63.3	33.1	29.2 - 37.3
Imvepi	497	4.0	1.2	4.6	3.0 - 6.7	65.6	61.3 - 69.7	29.8	25.9 - 33.9
Kampala	752	6.1	1.8	1.7	1.0 - 2.9	16.9	14.3 - 19.7	81.4	78.5 - 84.0
Kiryandongo	569	4.4	1.5	8.3	6.2 - 10.7	43.1	39.0 - 47.2	48.7	44.6 - 52.8
Kyaka II	539	5.3	1.7	2.8	1.6 - 4.4	31.7	27.9 - 35.7	65.5	61.4 - 69.4
Kyangwali	558	5.0	1.4	2.9	1.7 - 4.5	31.5	27.8 - 35.5	65.6	61.6 - 69.4
Lobule	358	4.9	1.4	3.4	1.8 - 5.6	34.6	29.8 - 39.7	62.0	56.9 - 66.9
Nakivale	519	4.7	1.6	1.9	1.0 - 3.4	48.6	44.3 - 52.9	49.5	45.2 - 53.8
Oruchinga	330	4.7	1.4	3.0	1.6 - 5.3	43.9	38.7 - 49.3	53.0	47.6 - 58.4
Palabek	490	3.7	1.4	18.2	14.9 - 21.8	55.7	51.3 - 60.1	26.1	22.4 - 30.1
Palorinya	641	4.2	1.5	8.3	6.3 - 10.6	55.7	51.8 - 59.5	36.0	32.4 - 39.8
Rhino Camp	501	4.6	2.0	10.2	7.8 - 13.1	45.1	40.8 - 49.5	44.7	40.4 - 49.1
Rwamwanja	469	5.3	1.8	3.0	1.7 - 4.8	36.2	32.0 - 40.7	60.8	56.3 - 65.1
Regions									
South West settlements	2415	5.0	1.6	2.7	2.1 - 3.4	37.8	35.9 - 39.8	59.5	57.5 - 61.4
West Nile settlements	4118	4.2	1.5	8.7	7.9 - 9.6	52.6	51.1 - 54.2	38.6	37.1 - 40.1
All settlements (Kampala excluded)	**6533**	**4.5**	**1.6**	**6.5**	**5.9 - 7.1**	**47.2**	**46.0 - 48.4**	**46.3**	**45.1 - 47.5**

7.3.2 Food groups consumed by households

Information on the different food groups consumed 24 hours prior to the survey is presented in Table 60. Cereals and vegetables were central in the diets of refugees, consumed by 81.0% and 72.7% of the households respectively in the 24 hours leading to the survey. Less than half of the households (47.6%) consumed pulses in the 24 hours prior to the survey, which was 12.7 percentage points decrease from the 60.3% reported in 2024. Eggs (1.4%), meat (2.8%) and dairy products (4.7%) were the least consumed foods among the households.

The consumption of pulses was relatively low in West Nile settlements (31.1%) compared to 75.9% in South West. Palabek (13.5%) and Imvepi (21.9%) had the least consumption of pulses in the 24 hours prior to the survey.

Table 60:Food groups consumed by households

Location	N	cereal	Roots, tubers, and bananas	Pulses	Vegetables	Fruit	Meat	Fish	Eggs	Oils and Fats	Dairy	Sugar	Condiments
		%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	543	88.0	20.3	24.3	77.5	1.7	0.9	7.9	0.7	57.5	5.2	27.3	93.4
Bidibidi	519	84.8	42.4	27.6	84.6	1.2	8.7	10.6	1.5	46.4	2.7	17.9	86.3
Imvepi	497	92.6	13.5	21.9	84.5	1.4	3.8	14.9	1.0	47.7	0.2	17.7	96.4
Kampala	752	92.0	29.0	60.1	67.7	32.8	22.3	5.9	20.9	91.2	29.9	66.5	91.1
Kiryandongo	569	96.3	7.6	33.6	72.1	18.1	2.3	4.8	0.5	64.5	15.3	37.4	91.7
Kyaka II	539	58.3	82.2	75.0	63.1	29.5	2.0	19.1	0.9	76.4	4.5	22.6	91.8
Kyangwali	558	72.9	75.3	73.7	59.7	15.9	1.3	10.6	1.6	76.5	1.6	12.9	94.1
Lobule	358	84.6	48.9	61.5	74.3	8.9	3.1	12.3	4.7	59.8	0.0	38.3	94.4
Nakivale	519	78.0	62.0	73.0	60.9	7.1	1.7	11.6	0.4	63.8	2.7	13.7	96.1
Oruchinga	330	69.7	70.3	81.5	72.1	8.2	1.5	5.2	0.3	47.9	6.7	9.7	95.2
Palabek	490	90.6	36.1	13.5	75.7	1.6	0.2	3.5	0.6	53.3	6.1	5.5	83.7
Palorinya	641	75.5	53.2	37.1	80.7	4.1	1.4	5.8	1.4	54	0.8	15.1	88.5
Rhino Camp	501	84.8	38.9	36.1	86.8	0.8	4.0	23.0	3.2	54.7	8.6	30.5	91.8
Rwamwanja	469	75.1	75.1	78.7	52	35.0	6.4	11.3	1.9	72.7	6.2	18.8	94.2
Regions													
South West	2415	70.7	73.3	75.9	60.9	19.7	2.6	12.1	1.1	69.1	4.1	15.9	94.2
West Nile	4118	87.0	32.2	31.1	79.6	4.7	3.0	10.0	1.6	54.7	5.1	23.2	90.6
All settlements (Kampala excluded)	**6533**	**81.0**	**47.4**	**47.6**	**72.7**	**10.3**	**2.8**	**10.8**	**1.4**	**60**	**4.7**	**20.5**	**91.9**

7.3.3 Household Food Consumption Score (FCS)

The FCS is a composite indicator that measures dietary diversity, food frequency and the relative nutritional importance of food groups based on a seven-day recall of food consumed at household level. The FCS is calculated by inspecting how often households consume food items from the different food groups during a seven-day reference period. The FCS is a proxy indicator of household access to food. Information on household Food Consumption Score (FCS) is presented Table 61.

Based on FSC classification, 15.1% of the households had poor food consumption in the 7 days prior to the survey while 37.5% had acceptable food consumption in the same recall period. West Nile refugee settlements had the highest proportion of households with poor food consumption at 21.9% in comparison to 3.4% in South West refugee settlements.

Palabek (40.2%), Adjumani (26.9%), Bidibidi (25.4%) and Palorinya (25.4%) refugee settlements had relatively higher proportion of households with poor food consumption compared to all other settlements. Rwamwanja (69.3%), Oruchinga (67%) and Kyaka II (66.6%) had higher proportions of households with acceptable food consumption.

In 2025, the share of households with poor food consumption rose sharply, increasing from 4.8% in 2024 to 15.1%. Likewise, the proportion of households with acceptable food consumption declined by 12.5 percentage points, falling from 50.0% in 2024 to 37.5% in 2025.

Table 61:Household food consumption score (FCS)

Location	N	FCS		Acceptable (FCS >35)		Borderline (21.5 ≤ FCS ≤ 35)		Poor (FCS ≤21)	
		Mean	SD	% of HH	95% CL	% of HH	95% CL	% of HH	95% CL
Adjumani	543	27.8	9.9	16.6	13.6 - 19.9	56.5	52.3 - 60.7	26.9	23.3 - 30.7
Bidibidi	519	28.3	9.6	21.0	17.7 - 24.7	53.6	49.3 - 57.8	25.4	21.8 - 29.3
Imvepi	497	29.8	9.0	26.0	22.2 - 29.9	55.3	50.9 - 59.7	18.7	15.5 - 22.3
Kampala	752	54.2	20.6	82.6	79.7 - 85.2	15.6	13.1 - 18.3	1.9	1.1 - 3.0
Kiryandongo	569	34.9	12.5	40.9	37.0 - 45.0	47.5	43.4 - 51.6	11.6	9.2 - 14.4
Kyaka II	539	40.8	11.3	66.6	62.5 - 70.5	31.2	27.4 - 35.2	2.2	1.2 - 3.7
Kyangwali	558	36.5	9.3	52.0	47.8 - 56.1	45.3	41.2 - 49.5	2.7	1.6 - 4.3
Lobule	358	34.8	9.1	46.4	41.2 - 51.5	49.7	44.6 - 54.9	3.9	2.3 - 6.3
Nakivale	519	35.8	9.9	48.9	44.7 - 53.2	45.5	41.2 - 49.8	5.6	3.9 - 7.8
Oruchinga	330	39.5	11.5	67.0	61.8 - 71.9	27.9	23.2 - 32.9	5.2	3.1 - 7.9
Palabek	490	24.3	8.5	9.2	6.9 - 12.0	50.6	46.2 - 55.0	40.2	35.9 - 44.6
Palorinya	641	26.7	8.0	11.9	9.5 - 14.5	62.7	58.9 - 66.4	25.4	22.2 - 28.9
Rhino Camp	501	31.0	10.3	30.7	26.8 - 34.9	51.3	46.9 - 55.7	18.0	14.8 - 21.5
Rwamwanja	469	40.9	11.5	69.3	65.0 - 73.3	28.6	24.6 - 32.8	2.1	1.1 - 3.7
Regions									
South West settlements	2415	38.5	10.9	60.0	58.0 - 61.9	36.6	34.7 - 38.5	3.4	2.8 - 4.2
West Nile settlements	4118	29.5	10.3	24.3	23.0 - 25.7	53.8	52.3 - 55.3	21.9	20.6 - 23.2
All settlements (Kampala excluded)	**6533**	**32.9**	**11.4**	**37.5**	**36.3 - 38.7**	**47.4**	**46.2 - 48.6**	**15.1**	**14.2 - 15.9**

7.3.4 Food Consumption Score Nutritional Quality Analysis (FCS-N)

The FCS-N is a tool derived from the FCS indicator, that looks at three main nutrients: Vitamin A, Protein, and Haem Iron rich foods. Vitamin A-rich foods include dairy, organ meat, eggs, orange vegetables, green leafy vegetables, and orange fruits. Protein-rich foods include pulses, dairy, flesh meat, organ meat, fish, and eggs. Haem iron-rich foods include flesh meat, organ meat, fish. Information on FCS-N is presented in Table 62.

Almost 7 in 10 households (67.2%) never consumed haem iron-rich foods during the 7 days prior to the survey. Vitamin A rich foods were the most consumed foods with 32.6% of households having

consumed these foods daily during the 7 days prior to the survey. Less than a quarter (22.4%) households consumed protein-rich foods daily during the 7 days prior to the survey.

Consumption of Vitamin A-rich foods was relatively higher in West Nile refugee settlements with 40.8% of refugee households having consumed Vitamin A-rich foods daily during the 7 days prior to the survey and 18.6% had consumed Vitamin A-rich foods in South West refugee settlements in same period.

The consumption of Vitamin A-rich foods was lowest in Kyangwali (12.4%) compared to all other refugee settlements. Daily consumption of protein-rich foods was highest in Oruchinga refugee settlement (61.8%) and lowest in Palabek (4.5%). Palabek (86.7%), Rhino Camp (83.3%), and Kiryandongo (80.6%) never consumed haem iron-rich foods in the 7 days leading up to the survey.

Table 62:Food Consumption Score Nutrition

		Vitamin A rich foods			Protein-rich foods			Haem Iron-rich Foods		
Location	N	Never consumed	Consumed sometimes	Consumed at least 7 times	Never consumed	Consumed sometimes	Consumed at least 7 times	Never consumed	Consumed sometimes	Consumed at least 7 times
		%	%	%	%	%	%	%	%	%
Adjumani	543	1.5	66.9	31.7	35.7	59.1	5.2	76.4	20.1	0.0
Bidibidi	519	5.8	49.9	44.3	28.1	64.7	7.1	61.0	34.9	0.0
Imvepi	497	0.6	54.1	45.3	24.7	67.0	8.2	39.7	55.5	0.4
Kampala	752	10.4	34.3	55.3	4.0	33.9	62.1	44.4	46.5	5.5
Kiryandongo	569	5.6	44.6	49.7	23.0	56.9	20.0	80.6	16.0	0.2
Kyaka II	539	6.9	70.3	22.8	2.0	52.1	45.8	55.0	39.5	1.3
Kyangwali	558	4.5	83.2	12.4	1.8	70.4	27.8	56.5	39.2	0.2
Lobule	358	5.9	70.1	24.0	5.0	75.4	19.6	42.1	52.2	0.6
Nakivale	519	21.0	62.8	16.2	10.0	46.2	43.7	71.3	24.1	0.8
Oruchinga	330	18.2	62.4	19.4	4.8	33.3	61.8	75.4	20.0	0.0
Palabek	490	16.5	39.4	44.1	53.1	42.4	4.5	86.7	10.2	0.2
Palorinya	641	9.4	50.4	40.2	34.9	58.7	6.4	83.3	13.7	0.2
Rhino Camp	501	6.4	51.7	41.9	20.2	70.9	9.0	47.7	47.5	0.4
Rwamwanja	469	7.7	68.9	23.5	2.1	48.6	49.3	51.3	44.1	0.0
Regions										
South West	2415	11.1	70.3	18.6	4.1	51.8	44.1	63.2	34.4	0.5
West Nile	4118	6.5	52.7	40.8	29.1	61.3	9.7	68.7	29.6	0.2
All settlements (Kampala excluded)	**6533**	**8.2**	**59.2**	**32.6**	**19.8**	**57.8**	**22.4**	**67.2**	**31.4**	**0.3**

7.4 Reduced Coping Strategies Index (rCSI)

The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours households engaged in due to food shortage in the 7 days prior to the survey. The rCSI contains five standard strategies: Relying on less preferred or less expensive food; borrowing food or relying on help from friends or relatives; reducing the number of meals eaten per day; reducing portion size of meals at mealtime; and restricting consumption by adults for young children to eat. rCSI ranges from 0 to 56. Higher scores mean the household is using coping strategies more frequently and/or relying on more severe strategies. Information on rCSI is presented in Figure 10 and Table 63.

Overall, relying on less preferred and/or less expensive food was the most adopted food coping strategy by households (83.5%). In addition, more than 7 in 10 refugee households reported to have reduced number of meals or reduced portion sizes of meals due to lack of food. The average rCSI was 13.5 out of 56. rCSI ranged from 7.0 in Lobule, to 16.7 in Kiryandongo settlements. Refugee households in West Nile settlements had higher rCSI (14.8 out of 56) than households in South West settlements (11.1 out of 56). There is an increase in average rCSI from 9.8 in 2024 to 13.5 in 2025.

Figure 10:Proportion of households adopting reduced coping strategies due to lack of food.

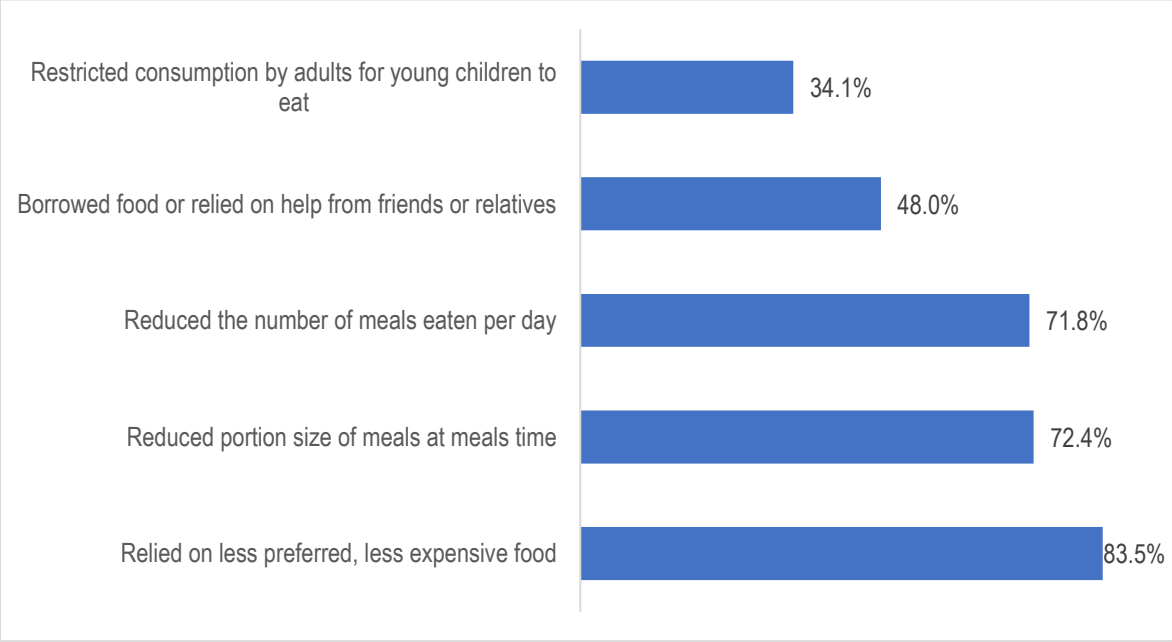


Table 63:Reduced Coping Strategy Index (rCSI)

	N	rCSI		Relied on less preferred, less expensive food		Reduced portion size of meals at meals time		Borrowed food or relied on help from friends or relatives		Restricted consumption by adults for young children to eat		Reduced the number of meals eaten per day	
Location		Mean	SD	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Adjumani	543	16.4	7.9	93.9	91.7-95.7	87.7	84.7-90.2	58.4	54.2-62.5	33.3	29.5-37.4	85.8	82.7-88.6
Bidibidi	519	14.3	10.0	83.8	80.5-86.8	87.3	84.2-89.9	39.9	35.7-44.1	54.9	50.6-59.2	78.2	74.5-81.6
Imvepi	497	15.8	8.2	88.1	85.1-90.7	86.5	83.3-89.3	31.4	27.4-35.6	39.8	35.6-44.2	90.3	87.5-92.7
Kampala	752	9.7	11.7	57.6	54.0-61.1	47.3	43.8-50.9	37.2	33.8-40.7	21.5	18.7-24.6	43.6	40.1-47.2
Kiryandongo	569	16.7	11.7	84.4	81.2-87.2	74.3	70.6-77.8	51.1	47.0-55.2	38.7	34.7-42.7	77.9	74.3-81.1
Kyaka II	539	11.4	9.7	81.8	78.4-84.9	66.6	62.5-70.5	59.4	55.2-63.5	32.8	29.0-36.9	62.5	58.4-66.5
Kyangwali	558	10.6	8.0	86.9	83.9-89.5	57.5	53.4-61.6	51.8	47.6-55.9	27.6	24.0-31.4	68.5	64.5-72.2
Lobule	358	7.0	5.8	48.3	43.2-53.5	60.6	55.5-65.6	41.9	36.9-47.1	25.4	21.1-30.1	53.6	48.5-58.8
Nakivale	519	12.6	10.6	81.7	78.2-84.8	62.4	58.2-66.5	58.8	54.5-62.9	34.5	30.5-38.7	62.6	58.4-66.7
Oruchinga	330	12.8	10.9	76.7	71.9-81.0	64.8	59.6-69.9	57.3	51.9-62.5	33.6	28.7-38.9	61.8	56.5-66.9
Palabek	490	15.2	9.5	93.1	90.6-95.1	84.7	81.3-87.7	56.5	52.1-60.9	31.8	27.8-36.1	79.6	75.9-83.0
Palorinya	641	16.1	11.4	79.4	76.1-82.4	78.2	74.8-81.2	36.0	32.4-39.8	34.0	30.4-37.7	76.1	72.7-79.3
Rhino Camp	501	14.3	10.2	89.8	86.9-92.2	72.5	68.4-76.2	45.1	40.8-49.5	30.1	26.2-34.3	81.0	77.4-84.3
Rwamwanja	469	8.6	8.3	84.9	81.4-87.9	50.5	46.0-55.0	38.6	34.3-43.1	22.2	18.6-26.1	42.9	38.4-47.4
Regions													
South West	2415	11.1	9.6	82.9	81.3-84.3	60.2	58.3-62.2	53.2	51.2-55.2	30.0	28.2-31.9	60.0	58.0-61.9
West Nile	4118	14.8	10.1	83.8	82.7- 4.9	79.6	78.4-80.8	45.0	43.5-46.6	36.4	35.0-37.9	78.7	77.4-79.9
All settlements (Kampala excluded)	**6533**	**13.5**	**10.0**	**83.5**	**82.5-84.3**	**72.4**	**71.4-73.5**	**48.0**	**46.8-49.3**	**34.1**	**32.9-5.2**	**71.8**	**70.7-72.9**

7.5 Livelihood Coping Strategies Index for food security (LCS-FS)

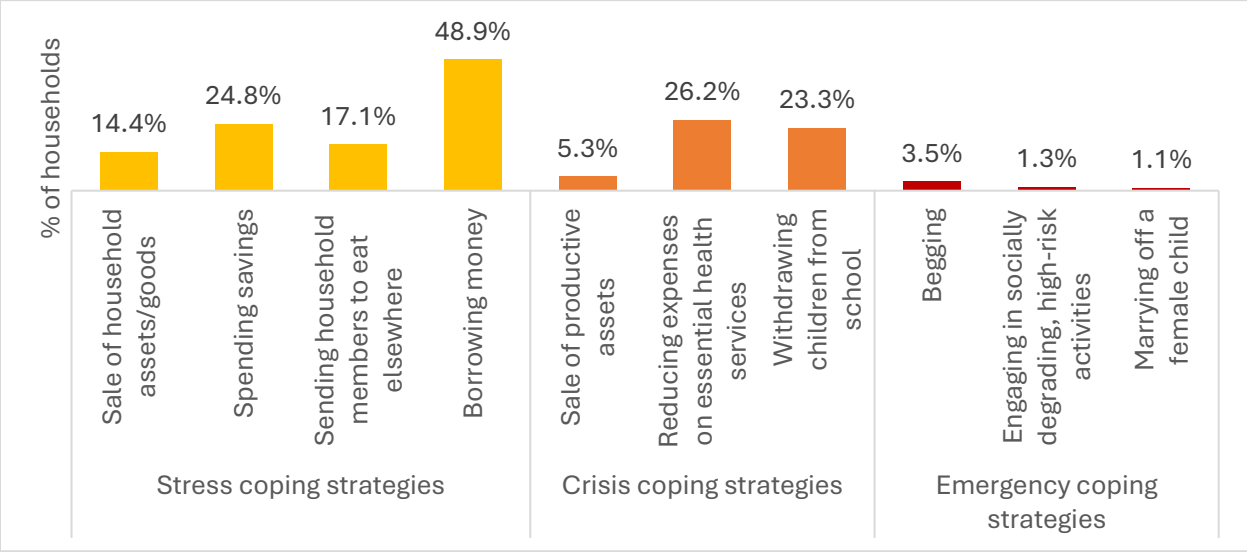
The Livelihood Coping Strategies–Food Security (LCS-FS) is an indicator used to understand households' medium and longer-term coping capacity in response to lack of food or money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Livelihood coping strategies are categorized into stress, crisis, and emergency coping, representing an increasing level of severity.

Stress coping strategies indicate reduced ability to deal with future shocks due to a current reduction in resources or increase in debts. Stress coping strategies assessed included sale of household assets/goods; spending savings; sending household members to eat elsewhere and borrowing money due to lack of food. Crisis coping directly reduces future productivity, including human capital formation. Crisis coping strategies assessed included sale of productive assets; withdrawal of children from school and reducing expenses on essential health services to buy food.

Emergency coping affects future productivity; it is more difficult to reverse and compromises long term recovery. Emergency coping strategies assessed included begging; engaging in socially degrading, high-risk, exploitive, or life-threatening jobs such as smuggling, theft, prostitution, and marrying off a female child member due to lack of food.

Borrowing money (48.9%) was the most adopted stress coping strategy while reducing expenses on essential health services (26.2%) was the most adopted crisis coping strategy. Begging (3.5%) was the most adopted emergency coping strategy (Figure 11).

Figure 11: Livelihood coping strategies adopted due to lack food or money to buy food



Results showing the proportion of households engaged in stress, crisis and emergency coping strategy are summarized in and Table 64. Overall, 5.2% of households were using emergency coping strategies, 38.2% in crisis coping, 27.3% were in stress coping. Only 29.3% of households were not employing any livelihood coping strategy. Oruchinga (9.4%) had the highest proportion of

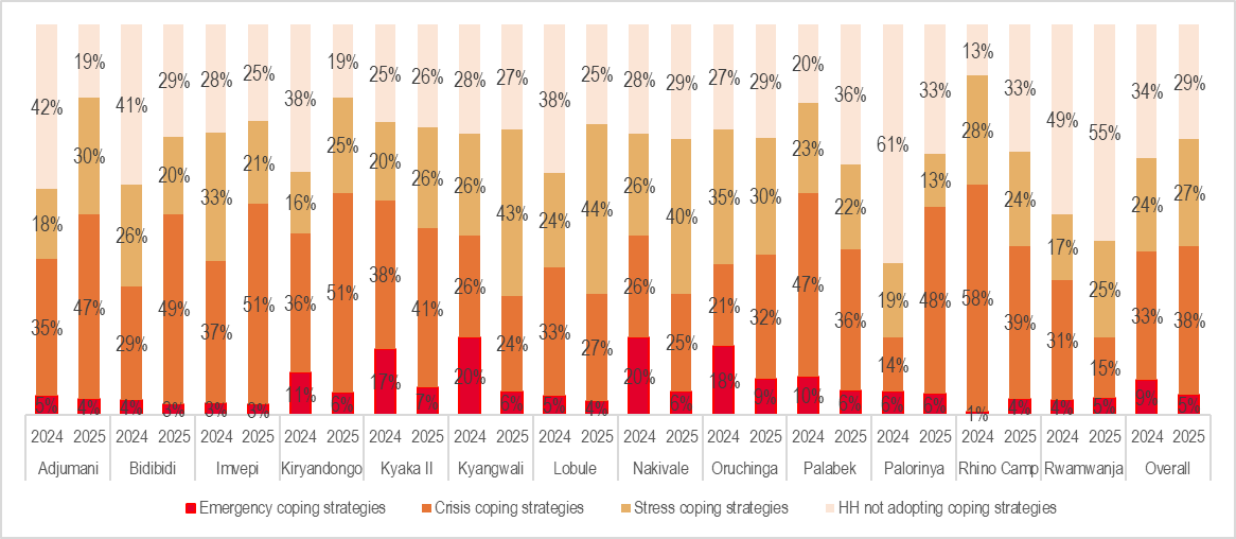
households adopting emergency coping strategies. At regional level, a higher proportion of households in South West (6.5%) employed emergency coping compared to those in West Nile (4.5%).

Table 64:Livelihood Coping Strategies Index

	N	HH not adopting coping strategies		Stress coping strategies		Crisis coping strategies		Emergency coping strategies	
		%	95% CI	%	95% CI	%	95% CI	%	95% CI
Location									
Adjumani	543	18.6	15.5-22.0	30.0	26.3-34.0	47.3	43.2-51.5	4.1	2.6-6.0
Bidibidi	519	28.5	24.8-32.5	19.8	16.6-23.4	48.7	44.5-53.0	2.9	1.7-4.6
Imvepi	497	24.7	21.1-28.7	21.1	17.7-24.9	51.3	46.9-55.7	2.8	1.6-4.6
Kampala	752	45.5	41.9-49.0	21.8	19.0-24.9	26.6	23.5-29.8	6.1	4.6-8.0
Kiryandongo	569	18.6	15.6-22.0	24.6	21.2-28.3	51.0	46.9-55.1	5.8	4.1-7.9
Kyaka II	539	26.2	22.6-30.0	26.0	22.4-29.8	40.8	36.7-45.0	7.1	5.1-9.4
Kyangwali	558	26.7	23.2-30.5	42.8	38.8-47.0	24.4	20.9-28.1	6.1	4.3-8.3
Lobule	358	25.4	21.1-30.1	43.6	38.5-48.7	27.4	23.0-32.2	3.6	2.1-6.0
Nakivale	519	29.3	25.5-33.3	39.7	35.5-43.9	24.9	21.3-28.7	6.2	4.3-8.5
Oruchinga	330	29.1	24.4-34.2	29.7	25.0-34.8	31.8	27.0-37.0	9.4	6.6-12.9
Palabek	490	35.7	31.6-40.0	21.8	18.4- 5.7	36.1	32.0- 40.4	6.3	4.4-8.7
Palorinya	641	33.1	29.5-36.8	13.4	10.9-16.2	48.0	44.2-51.9	5.5	3.9-7.4
Rhino Camp	501	32.5	28.5-36.7	24.2	20.6-28.0	39.1	34.9-43.4	4.2	2.7-6.2
Rwamwanja	469	55.2	50.7-59.7	24.9	21.2-29.0	15.4	12.3-18.8	4.5	2.9 6.6
Regions									
South West	2415	33.0	31.1-34.9	33.1	31.3 - 35.0	27.4	25.7-29.2	6.5	5.5-7.5
West Nile	4118	27.2	25.8-28.5	23.8	22.5-25.1	44.5	43-46.1	4.5	3.9-5.1
All settlements (Kampala excluded)	**6533**	**29.3**	**28.2-30.4**	**27.3**	**26.2-28.4**	**38.2**	**37.0-39.4**	**5.2**	**4.7-5.8**

Figure 12 shows the trend in the proportion of households employing livelihood coping strategies between 2024 and 2025. Overall, there was a 4-percentage point decrease in the proportion of households adopting emergency coping strategies from 2024 to 2025. However, the proportion of households adopting stress coping strategies increased by 3 percentage points whereas those adopting crisis coping increased by 5 percentage points during the same period. Consequently, the proportion of household not adopting any livelihood coping strategy decreased by 5 percentage points between 2024 and 2025.

Figure 12: Trend in proportion of households adopting livelihood coping strategies



7.6 Final Household Food Security Status

The final food security status is based upon the WFP Consolidated Approach for Reporting Indicators of Food Security (CARI[12]). The food security index combines the food consumption score, reduced coping strategy index, the food expenditure share, and livelihood coping strategies. Based on CARI, household are categorized as food secure, marginally food secure, moderately food insecure, and severely food insecure. To establish the overall prevalence of food insecurity in the population the moderately food insecure and severely food insecure households are summed. Information on final food security classification of households based on CARI is presented in Table 65.

Overall, 65.0% of households were food insecure of which 7.0% were severely food insecure. At settlement level, food insecurity ranged from 47.5% in Kyaka II to 90.6% in Palabek. At 91.2%, Kampala had the highest proportion of food secure refugee households. West Nile (75.4%) had a higher proportion of food insecure households than South West (47.0%). The proportion of food insecure households increased to 65% in 2025 from 61.5% in 2024.

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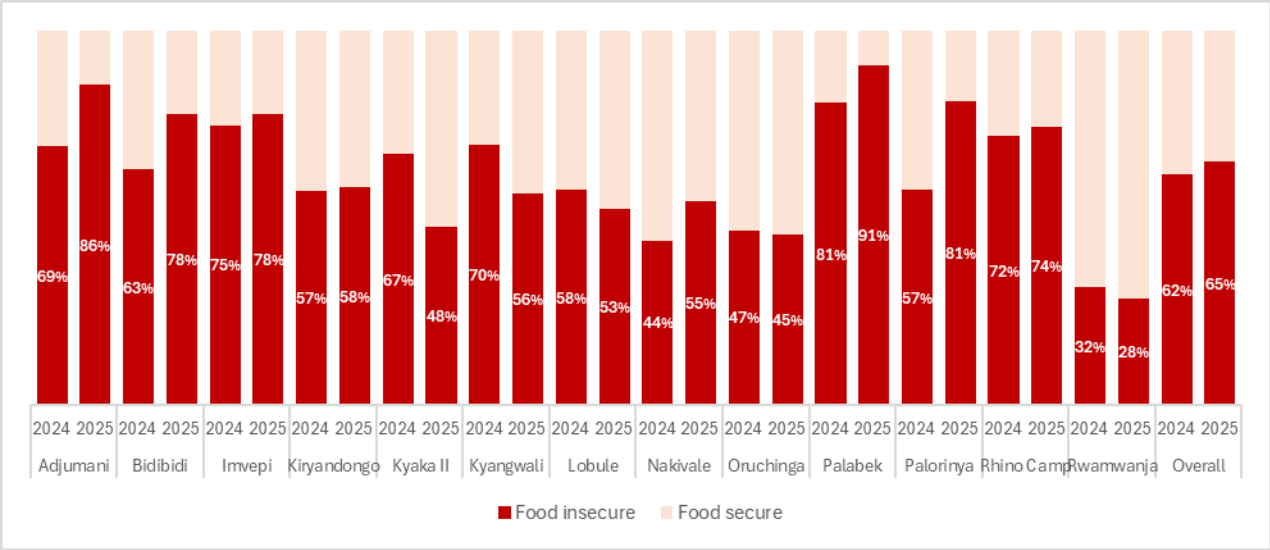
https://resources.vam.wfp.org/data-analysis/quantitative/food-security/the-consolidated-approach-for-reporting-indicators-of-food-security-cari

Table 65:Final food security classification of households

	N	Food secure		Marginally food secure		Moderately food insecure		Severely food insecure	
		%	95% CI	%	95% CI	%	95% CI	%	95% CI
Location									
Adjumani	543	0.0	0.0-0.0	14.5	11.8-17.7	64.5	60.4-68.4	21.0	17.7-24.6
Bidibidi	519	0.6	0.2-1.5	21.8	18.4-25.5	69.7	65.7-73.6	7.9	5.8-10.5
Imvepi	497	0.6	0.2-1.6	21.5	18.1-25.3	73.0	69.0-76.8	4.8	3.2-7.0
Kampala	752	31.6	28.4-35.0	59.6	56.0-63.0	8.6	6.8-10.8	0.1	0.0- 0.6
Kiryandongo	569	2.3	1.3-3.8	39.5	35.6-43.6	55.5	51.4-59.6	2.6	1.5-4.2
Kyaka II	539	3.3	2.1-5.1	49.2	45.0-53.4	46.8	42.6-51.0	0.7	0.3-1.8
Kyangwali	558	4.7	3.1-6.6	38.9	34.9-43.0	55.0	50.9-59.1	1.4	0.7-2.7
Lobule	358	3.4	1.8-5.6	44.1	39.1-49.3	51.1	45.9-56.3	1.4	0.5-3.0
Nakivale	519	4.6	3.1-6.7	40.8	36.7-45.1	51.3	47.0-55.5	3.3	2.0-5.1
Oruchinga	330	12.1	8.9-16	42.4	37.2-47.8	42.1	36.9-47.5	3.3	1.8-5.7
Palabek	490	0.0	0.0-0.0	9.4	7.0-12.2	70.4	66.3-74.3	20.2	16.8-23.9
Palorinya	641	1.1	0.5-2.1	17.8	15.0- 20.9	69.3	65.6-72.7	11.9	9.5-14.5
Rhino Camp	501	1.6	0.8-3.0	24.4	20.7-28.2	67.1	62.9-71.1	7.0	5.0-9.5
Rwamwanja	469	19.6	16.2-23.4	52.0	47.5-56.5	26.9	23 - 31	1.5	0.7-2.9
Regions									
South West	2415	8.3	7.2-9.4	44.6	42.7-46.6	45.1	43.2-47.1	1.9	1.5-2.6
West Nile	4118	1.1	0.8-1.5	23.4	22.1-24.7	65.5	64.1-67.0	9.9	9.0-10.9
All settlements (Kampala excluded)	**6533**	**3.8**	**3.3-4.2**	**31.3**	**30.1-32.4**	**58.0**	**56.8-59.2**	**7.0**	**6.4-7.6**

Figure 13 shows a trend in the household food security status from 2024 to 2025. Overall, food insecurity increased slightly from 62% in 2024 to 65% in 2025, although masking substantial variation across settlements. Some locations experienced significant deterioration, most notably Adjumani (rising from 69% to 86%), Bidibidi (63% to 78%), Palabek (81% to 91%), and Palorinya (57% to 81%). These results highlight a generally worsening trend, with household food insecurity increasing in 8 out of the 13 settlements.

Figure 13: Trend in household food security status



7.7 Unmet Basic Needs

A household's ability to meet its food and nutrition needs also depends on its ability to meet other essential needs. When households have limited resources, they must constantly prioritize between food and other urgent needs which include hygiene, shelter, education, health care, WASH. Information on the basic needs that households reported that they cannot meet are presented in Table 66. Among the refugee settlements, a relatively high proportion of households reported that they cannot meet their food (76.6%), hygiene (46.0%), and health (15.0%) needs.

Table 66:Basic needs households reported that they cannot meet

		Food		Water		Hygiene items, clothes, shoes		Health costs (including medicines)		Rent, shelter repair, household items, utilities and bills		Education (e.g. school fees, uniform, books)	
	N	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Location													
Adjumani	543	86.0	82.9-88.7	15.7	12.8-18.9	41.4	37.3 - 45.6	14.2	11.4 - 17.3	14.4	11.6 - 17.5	2.2	1.2 - 3.7
Bidibidi	519	86.9	83.8 - 89.6	3.9	2.4-5.8	43.7	39.5 - 48	12.3	9.7 - 15.4	30.6	26.8 - 34.7	0.0	0.0- 0.0
Imvepi	497	82.7	79.2 - 85.8	2.6	1.5-4.3	49.1	44.7 - 53.5	7.4	5.4 - 10	28.6	24.7 - 32.7	0.6	0.2 - 1.6
Kampala	752	48.0	44.4 - 51.6	2.7	1.7-4.0	8.5	6.7 - 10.7	1.7	1.0 - 2.9	11.0	8.9 - 13.4	5.1	3.7 - 6.8
Kiryandongo	569	83.0	79.7 - 85.9	15.5	12.7-18.6	60.3	56.2 - 64.2	19.2	16.1 - 22.5	25.7	22.2 - 29.4	1.2	0.6 - 2.4
Kyaka II	539	81.3	77.8 - 84.4	5.6	3.9-7.7	41.4	37.3 - 45.6	24.1	20.7 - 27.9	25.8	22.2 - 29.6	2.4	1.4 - 4.0
Kyangwali	558	78.1	74.6 - 81.4	9.3	7.1-11.9	60.2	56.1 - 64.2	3.8	2.4 - 5.6	27.8	24.2 - 31.6	0.9	0.3 - 2.0
Lobule	358	70.4	65.5 - 74.9	3.6	2.1-6.0	39.7	34.7 - 44.8	5.9	3.8 - 8.7	45.8	40.7 - 51	0.3	0.0 - 1.3
Nakivale	519	72.3	68.3 - 76	23.9	20.4-27.7	50.9	46.6 - 55.2	21.0	17.7 - 24.7	26.4	22.7 - 30.3	0.4	0.1 - 1.2
Oruchinga	330	66.1	60.8 - 71	12.7	9.5-16.6	35.2	30.1 - 40.4	27.0	22.4 - 31.9	14.5	11.1 - 18.7	0.0	0.0 - 0.0
Palabek	490	86.5	83.3 - 89.3	2.2	1.2-3.9	32.7	28.6 - 36.9	4.3	2.8 - 6.4	28.6	24.7 - 32.7	0.6	0.2 - 1.6
Palorinya	641	71.3	67.7 - 74.7	1.9	1.0-3.1	43.2	39.4 - 47.1	14.5	11.9 - 17.4	25.0	21.7 - 28.4	8.1	6.2 - 10.4
Rhino Camp	501	76.6	72.8 - 80.2	21.0	17.6-24.7	64.1	59.8 - 68.2	23.0	19.4 - 26.8	33.1	29.1 - 37.3	0.0	0.0 - 0.0
Rwamwanja	469	47.3	42.8 - 51.9	9.4	7.0-12.3	26.7	22.8 - 30.8	20.0	16.6 - 23.8	25.4	21.6 - 29.5	0.9	0.3 - 2.0
Regions													
South West	2415	69.9	68.1 - 71.7	12.1	10.8-13.4	44.1	42.1 - 46	18.3	16.8 - 19.9	24.8	23.1 - 26.5	1.0	0.7 - 1.5
West Nile	4118	80.6	79.3 - 81.8	8.4	7.6 - 9.3	47.1	45.6 - 48.6	13.0	12 - 14.1	28.0	26.7 - 29.4	1.9	1.5 - 2.3
All settlements (Kampala excluded)	**6533**	**76.6**	**75.6 - 77.7**	**9.8**	**9.1 - 10.5**	**46.0**	**44.8 - 47.2**	**15.0**	**14.2 - 15.9**	**26.8**	**25.8 - 27.9**	**1.6**	**1.3 - 1.9**

7.8 Food Security Status by sex of the household head

Results of the key food security indicators disaggregated by gender of the household head are presented in Table 67. Overall, female headed households (FHH) were more food insecure than male-headed households (MHH). A lower proportion of FHH had acceptable food consumption at 37.2%, compared to 53.0% for MHH, reflecting a 15.8 percentage point difference. Household dietary diversity showed a similar pattern where 46.8% of FHH had high diversity compared to 56.7% of MHH, a gap of 9.9 percentage points. Furthermore, 34.0% of FHH were classified as severely food insecure based on food expenditure share, compared to 27.6% of male-headed households. The final food security classification also highlights gender differences in food security outcomes where 63.8% of FHH were food insecure compared to 49.0% of MHH.

Table 67:Results of key food security indicators disaggregated by gender of the household head

	Female-Headed HH		Male-Headed HH		Overall	
	%	95% CI	%	95% CI	%	95% CI
Food consumption Score						
Acceptable	37.2	35.8 - 38.5	53.0	51 - 55	42.2	41 - 43.3
Borderline	46.7	45.3 - 48.1	38.6	36.6 - 40.6	44.1	43 - 45.3
Poor	16.1	15.1 - 17.2	8.5	7.4 - 9.6	13.7	12.9 - 14.5
Household Dietary Diversity						
High diversity (5-12 food groups)	46.8	45.4 - 48.2	56.7	54.6 - 58.7	49.9	48.8 - 51.1
Medium diversity (3 - 4 food groups)	46.5	45.2 - 47.9	38.7	36.7 - 40.7	44.0	42.9 - 45.2
Low diversity (0 - 2 food groups)	6.6	6 - 7.4	4.6	3.8 - 5.6	6.0	5.5 - 6.6
Livelihood coping strategy Index						
HH not adopting coping strategies	29.4	28.1 - 30.7	34.5	32.6 - 36.4	31.0	29.9 - 32.1
Stress coping strategies	26.1	24.9 - 27.3	28.0	26.2 - 29.8	26.7	25.7 - 27.7
Crisis coping strategies	39.1	37.8 - 40.5	32.4	30.5 - 34.3	37.0	35.9 - 38.1
Emergency coping strategies	5.4	4.8 - 6	5.2	4.3 - 6.1	5.3	4.8 - 5.8
Food Security based on FES						
Food secure (FES:<50%)	25.8	24.6 - 27	28.5	26.7 - 30.4	26.7	25.7 - 27.7
Marginally Food secure (FES: 50-65%)	21.6	20.5 - 22.8	25.3	23.6 - 27.1	22.8	21.8 - 23.8
Moderately Food insecure (FES: 65-75%)	18.6	17.6 - 19.7	18.5	17 - 20.1	18.6	17.7 - 19.5
Severely Food insecure (FES: >= 75%)	34.0	32.7 - 35.3	27.6	25.8 - 29.5	32.0	30.9 - 33
Food Security Classification based on CARI						
Food secure	5.2	4.6 - 5.8	9.8	8.6 - 11	6.6	6.1 - 7.2
Marginally food secure	30.9	29.7 - 32.2	41.2	39.2 - 43.2	34.2	33.1 - 35.3
Moderately food insecure	56.0	54.7 - 57.4	46.1	44.1 - 48.2	52.9	51.8 - 54
Severely food insecure	7.8	7.1 - 8.6	2.9	2.3 - 3.7	6.3	5.7 - 6.8

7.9 Food Security Status by Modality of Assistance

Results of the key food security indicators disaggregated by modality of assistance are presented in Table 68. Households that receive GFA through in-kind had the highest proportion of households with poor FCS (17.5%) while those that receive GFA through Agency Banking had the highest proportion of households with acceptable food consumption (59%) and the highest proportion of households with high dietary diversity (57.4%). Households that receive GFA through in-kind had the highest proportion of food insecure households (76.3%) based on CARI.

Table 68:Household Food security status by modality of assistance

	In-Kind			Cash-in hand			Cash-Agency Banking			Mobile Money			Overall		
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Food consumption Score															
Acceptable	140	24.4	21.0-28.1	314	35.3	32.2-38.5	461	59.1	55.6 - 62.5	160	41.0	36.2-46	1075	40.8	39.0-42.7
Borderline	333	58.1	54.0-62.1	454	51.1	47.8-54.3	287	36.8	33.5 - 40.2	187	47.9	43.0-52.9	1261	47.9	46.0-49.8
Poor	100	17.5	14.5-20.7	121	13.6	11.5 - 16	32	4.1	2.9 - 5.7	43	11.0	8.2 - 14.4	296	11.2	10.1-12.5
Household Dietary Diversity															
Low diversity (0 - 2 food groups)	35	6.1	4.4-8.3	55	6.2	4.7-7.9	33	4.2	3.0 - 5.8	23	5.9	3.9-8.6	146	5.5	4.7-6.5
Medium diversity (3 - 4 food groups)	321	56	51.9-60	416	46.8	43.5-50.1	299	38.3	35.0 - 41.8	150	38.5	33.7-43.4	1186	45.1	43.2- 47.0
High diversity (5-12 food groups)	217	37.9	34.0-41.9	418	47.0	43.8-50.3	448	57.4	53.9 - 60.9	217	55.6	50.7-60.5	1300	49.4	47.5-51.3
Livelihood coping strategy Index															
HH not adopting coping strategies	178	31.1	27.4-34.9	246	27.7	24.8-30.7	238	30.5	27.4 - 33.8	98	25.1	21.0-29.6	760	28.9	27.2-30.6
Stress coping strategies	152	26.5	23.0-30.3	268	30.1	27.2-33.2	252	32.3	29.1 - 35.7	113	29	24.6-33.6	785	29.8	28.1-31.6
Crisis coping strategies	214	37.3	33.5-41.4	337	37.9	34.8-41.1	238	30.5	27.4 - 33.8	165	42.3	37.5-47.3	954	36.2	34.4-38.1
Emergency coping strategies	29	5.1	3.5-7.1	38	4.3	3.1-5.8	52	6.7	5.1 - 8.6	14	3.6	2.1-5.8	133	5.1	4.3-5.9
Food Security based on FES															
Food secure (FES:<50%)	81	14.1	11.5-17.2	183	20.6	18.0-23.3	150	19.2	16.6 - 22.1	102	26.2	22.0-30.7	516	19.6	18.1-21.2
Marginally Food secure (FES: 50-65%)	143	25	21.5-28.6	217	24.4	21.7-27.3	204	26.2	23.2 - 29.3	81	20.8	17.0-25	645	24.5	22.9-26.2
Moderately Food insecure (FES: 65-75%)	125	21.8	18.6-25.3	177	19.9	17.4-22.6	185	23.7	20.8 - 26.8	59	15.1	11.8-18.9	546	20.7	19.2-22.3

Severely Food insecure (FES: >= 75%)	224	39.1	35.2-43.1	312	35.1	32.0-38.3	241	30.9	27.7 - 34.2	148	37.9	33.2-42.8	925	35.1	33.3-37.0
Food Security Classification based on CARI															
Food secure	9	1.6	0.8-2.8	23	2.6	1.7-3.8	51	6.5	5.0- 8.4	12	3.1	1.7 - 5.2	95	3.6	2.9 - 4.4
Marginally food secure	127	22.2	18.9-25.7	293	33	29.9-36.1	340	43.6	40.1-47.1	130	33.3	28.8 - 38.1	890	33.8	32 - 35.6
Moderately food insecure	394	68.8	64.9-72.5	506	56.9	53.6 - 60.1	376	48.2	44.7-51.7	232	59.5	54.6 - 64.3	1508	57.3	55.4 - 59.2
Severely food insecure	43	7.5	5.6-9.9	67	7.5	5.9 - 9.4	13	1.7	0.9-2.8	16	4.1	2.5 - 6.4	139	5.3	4.5 - 6.2

7.10 Food Security by Prioritization Category

Results of the key food security indicators disaggregated by prioritization category are presented in Table 69. FCS results show that Category 3 (16.6%) had the highest proportion of household with poor FCS compared to other categories. In addition, Category 3 had the lowest proportion of households with a high dietary diversity; highest proportion of food insecure households based on CARI (63%) compared to other categories

Table 69:Food security status by prioritization category of household

		Category 1		Category 2		Category 3		New arrivals		Overall	
	N	% of HH	95% CI	% of HH	95% CI	% of HH	95% CI	% of HH	95% CI	% of HH	95% CI
Food consumption Score											
Acceptable	3072	42.2	39.8-44.6	41.1	38.5-43.8	38.1	36.6-39.7	56.7	44.8-68.1	42.2	41 - 43.3
Borderline	3215	46.3	44.0-48.7	47.6	44.9-50.3	45.3	43.7-46.9	34.3	23.8-46.2	44.1	43 - 45.3
Poor	998	11.5	10.0-13.1	11.3	9.6-13.1	16.6	15.5-17.8	9.0	3.8-17.5	13.7	12.9 - 14.5
Household Dietary Diversity											
Low diversity (0 - 2 food groups)	438	6.5	5.4-7.8	5.1	4.0-6.4	6.4	5.7-7.2	13.4	6.9-23.1	6.0	5.5 - 6.6
Medium diversity (3 - 4 food groups)	3209	44.0	41.7-46.4	44.2	41.5-46.9	47.0	45.4-48.6	31.3	21.2-43.1	44.0	42.9 - 45.2
High diversity (5-12 food groups)	3638	49.5	47.1-51.9	50.8	48.1-53.5	46.6	45-48.2	55.2	43.3-66.7	49.9	48.8 - 51.1
Livelihood coping strategy Index											
HH not adopting coping strategies	2258	30.7	28.5-32.9	28.8	26.4-31.3	29.6	28.1-31	49.3	37.5-61	31.0	29.9 - 32.1
Stress coping strategies	1945	27.0	24.9-29.1	31.9	29.4-34.5	25.7	24.3-27.1	19.4	11.3-30.0	26.7	25.7 - 27.7
Crisis coping strategies	2696	36.2	33.9-38.5	35.4	32.9-38.1	39.4	37.8-40.9	20.9	12.5-31.7	37.0	35.9 - 38.1
Emergency coping strategies	386	6.2	5.1-7.4	3.8	2.9-5.0	5.4	4.7-6.2	10.4	4.8-19.4	5.3	4.8 - 5.8
Food Security based on FES											
Food secure (FES:<50%)	1942	23.0	21.0-25.0	20.4	18.3-22.7	24.5	23.1-25.8	61.2	49.3-72.2	26.7	25.7 - 27.7
Marginally Food secure (FES: 50-65%)	1660	22.8	20.8-24.8	26.1	23.7-28.5	22.9	21.6-24.3	11.9	5.8-21.3	22.8	21.8 - 23.8
Moderately Food insecure (FES: 65-75%)	1354	20.2	18.3-22.1	19.1	17-21.3	19.4	18.2-20.7	10.4	4.8-19.4	18.6	17.7 - 19.5
Severely Food insecure (FES: >= 75%)	2329	34.1	31.9-36.4	34.4	31.9-37.0	33.2	31.8-34.7	16.4	9.0-26.6	32.0	30.9 – 33.0
Food Security Classification based on CARI											

Food secure	484	5.1	4.1-6.2	4.5	3.5.0-5.8	5.5	4.8-6.2	16.4	9.0-26.6	6.6	6.1 - 7.2
Marginally food secure	2490	33.1	30.9-35.3	35	32.4-37.6	31.6	30.2-33.1	58.2	46.3-69.5	34.2	33.1 - 35.3
Moderately food insecure	3854	56.2	53.8-58.6	55.4	52.7-58.1	55.4	53.8-56.9	22.4	13.7-33.4	52.9	51.8 - 54
Severely food insecure	457	5.6	4.6-6.8	5.1	4.0-6.4	7.6	6.8-8.4	3.0	0.6-9.2	6.3	5.7 - 6.8

8. WATER, SANITATION AND HYGIENE

Diseases associated with inadequate water, sanitation and hygiene (WASH) remain significant contributors to preventable morbidity and mortality (WHO, 2023[13]). Ensuring access to safe drinking water, appropriate sanitation and proper hygiene practices is essential to protect public health and well-being. This section presents results on WASH status among refugees.

8.1 Water

8.1.1 Drinking water sources

Households access drinking water from a variety of sources, each with its implications for quality. The sources include public taps/standpipes, hand pumps/boreholes, water kiosks or sellers, protected springs, bottled water, water delivered by tankers, unprotected dug wells, surface water sources, and unprotected springs. Table 70 presents drinking water sources accessed by households. Public taps/standpipes (55.8%) followed by hand pumps/boreholes (34.1%) were the most common sources of drinking water.

[13] https://iris.who.int/bitstream/handle/10665/370026/9789240075610-eng.pdf?sequence=1

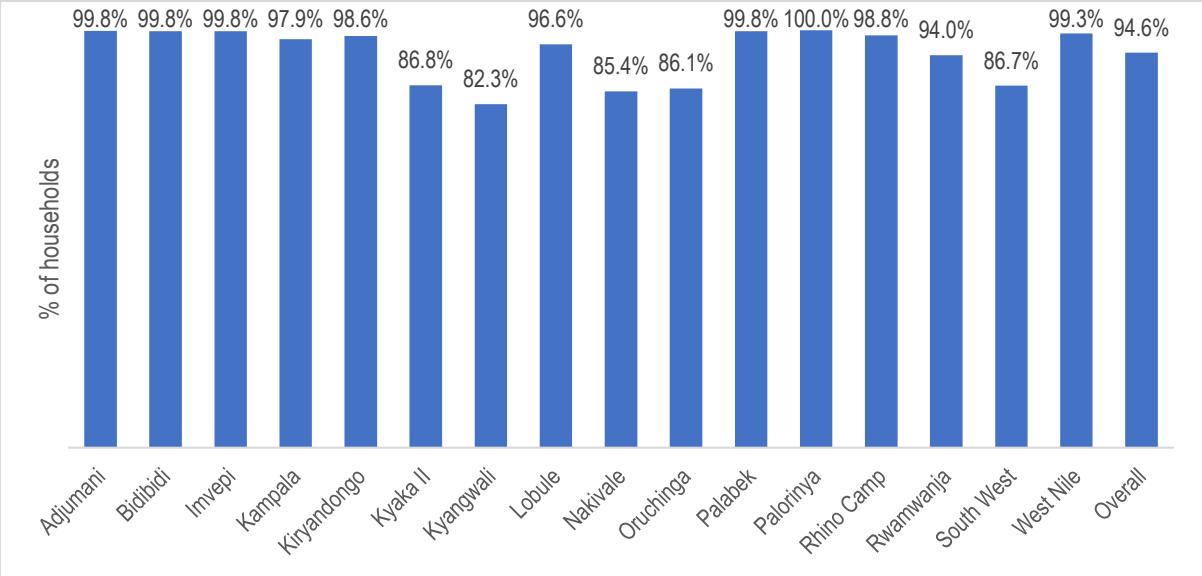
Table 70: Sources of drinking water

Location	N	Bottled water & water sachets	Handpumps/boreholes	Piped connection to house or neighbour house	protected hand dug well	Protected spring	Public tap/standpipe	Rainwater collection	Surface water	Tanker trucks	Unprotected hand dug well	Unprotected spring	Water seller kiosks
Adjumani	543	0.2	53.8	0.2	0.0	0.0	45.5	0.0	0.0	0.0	0.0	0.2	0.2
Bidibidi	519	0.0	40.3	0.4	0.2	0.0	58.8	0.0	0.0	0.2	0.0	0.2	0.0
Imvepi	497	0.0	2.0	2.4	0.0	0.0	95.2	0.0	0.2	0.0	0.0	0.0	0.2
Kampala	752	15.8	0.7	51.6	0.7	1.3	25.3	0.5	1.3	0.0	0.1	0.1	2.5
Kiryandongo	569	0.2	27.1	2.6	3.2	0.0	64.0	0.4	0.4	0.0	0.5	0.2	1.6
Kyaka II	539	0.0	16.5	0.0	5.9	7.6	56.8	0.0	2.2	0.0	10.2	0.7	0.0
Kyangwali	558	0.2	39.8	0.5	4.1	4.7	31.9	0.0	0.7	0.0	12.0	5.0	1.1
Lobule	358	0.0	67.3	0.3	4.2	2.0	22.9	0.0	1.1	0.0	1.4	0.8	0.0
Nakivale	519	0.0	6.2	0.2	1.3	0.4	72.8	0.4	12.1	0.2	1.9	0.2	4.2
Oruchinga	330	0.3	41.2	0.3	1.5	0.0	42.1	0.0	13.9	0.0	0.0	0.0	0.6
Palabek	490	0.0	47.6	0.0	0.0	0.0	51.8	0.0	0.2	0.0	0.0	0.0	0.4
Palorinya	641	0.0	48.2	0.0	0.0	0.2	51.5	0.0	0.0	0.0	0.0	0.0	0.2
Rhino Camp	501	0.2	2.8	1.0	0.6	0.0	91.4	0.0	0.2	0.0	0.6	0.4	2.8
Rwamwanja	469	0.0	60.8	0.0	0.4	4.7	27.7	0.0	1.3	0.0	4.3	0.4	0.4
Regions													
South West	2415	0.1	31.6	0.2	2.9	3.8	46.8	0.1	5.4	0.0	6.3	1.4	1.3
West Nile	4118	0.1	35.5	0.9	0.9	0.2	61.0	0.0	0.2	0.0	0.3	0.2	0.7
All settlements (Kampala excluded)	**6533**	**0.1**	**34.1**	**0.6**	**1.6**	**1.5**	**55.8**	**0.1**	**2.1**	**0.0**	**2.5**	**0.7**	**0.9**

8.1.2 Household access to a protected water source

The type of drinking water source used by a household is an indicator of water safety. Protected or treated sources such as piped connections, tap stands, hand pumps, water kiosks, protected springs, bottled water, and tanker truck deliveries are generally associated with safer drinking water. Results of the survey show that 94.6% of households accessed protected sources of water (Figure 14). All the households in Palorinya (100%) accessed protected sources of water and Kyangwali had the lowest accessibility at 82.3%. West Nile region had a higher proportion (99.3%) of households with access to protected sources of water than South West (86.7%).

Figure 14: Household access to a protected water source



8.1.3 Water source location and satisfaction with the water sources

Overall, six in ten households were satisfied with their sources of water, one in ten were partially satisfied and two in ten were not satisfied (Table 71). More households in West Nile were satisfied with their sources of water (70.1%) than those in South West (50.1%). The four in ten who were not satisfied with their water source gave the main reasons as; irregular water supply (29.1%), bad quality (20. 3%) and long waiting queue (20.1%).

Table 71: Water source location and satisfaction with water source

		Water source location			satisfaction with water supply			Reasons for dissatisfaction									
Location	**N**	Else where	own dwelling	own yard plot	No	partially	Yes	**n**	Bad quality	Bad taste	Don' t know	Have to pay	Irregular supply	Long distance	Long waiting queue	Not enough	Other
Adjumani	543	91.2	4.6	4.2	10.5	11.6	77.9	120	80.3	8.0	4.3	4.3	1.1	0.0	0.0	0.0	0.0
Bidibidi	519	90.2	5.8	4.0	18.9	16.6	64.5	184	41.9	10.5	8.1	0.8	4.8	0.0	0.0	0.0	0.0
Imvepi	497	84.9	6.6	8.5	12.7	25.6	61.8	190	20.7	12.4	32.7	2.0	6.0	0.0	0.0	0.0	0.0
Kampala	752	17.4	70.3	12.2	9.7	6.9	83.4	125	14.7	11.6	13.4	5.6	0.9	0.0	0.0	0.0	0.0
Kiryandongo	569	93.7	3.2	3.2	32.2	12.3	55.5	253	7.0	16.5	27.6	5.3	3.3	0.0	0.0	0.0	0.0
Kyaka II	539	88.3	1.9	9.8	21.7	21.5	56.8	233	19.4	24.2	14.5	0.0	0.0	0.0	0.0	0.0	0.0
Kyangwali	558	93.9	5.2	0.9	32.1	11.5	56.5	243	33.3	3.7	8.7	13.6	0.7	0.0	0.0	0.0	0.0
Lobule	358	82.7	3.4	14.0	7.5	9.8	82.7	62	5.6	5.6	18.8	11.8	1.4	0.0	0.0	0.0	0.0
Nakivale	519	97.7	0.6	1.7	50.9	31.6	17.5	428	19.0	30.2	30.2	4.8	4.8	0.0	0.0	0.0	0.0
Oruchinga	330	91.2	7.3	1.5	26.7	17.0	56.4	144	54.7	7.8	25.0	1.6	1.6	0.0	0.0	0.0	0.0
Palabek	490	94.7	1.2	4.1	6.5	6.3	87.1	63	37.3	8.8	15.2	19.6	3.4	0.0	0.0	0.0	0.0
Palorinya	641	94.4	0.3	5.3	5.6	14.8	79.6	131	12.3	14.8	39.4	1.3	0.6	0.0	0.0	0.0	0.0
Rhino Camp	501	88.0	6.0	6.0	22.0	19.0	59.1	205	18.3	9.5	18.6	8.6	1.3	0.0	0.0	0.0	0.0
Rwamwanja	469	94.0	2.6	3.4	15.8	17.5	66.7	156	39.9	13.3	21.7	8.8	2.6	0.0	0.0	0.0	0.0
Regions																	
South West	2415	93.1	3.2	3.6	29.9	20.0	50.1	1204	33.6	5.1	0.1	4.9	18.3	9.5	18.6	8.6	1.3
West Nile	4118	90.4	3.8	5.8	14.7	14.6	70.7	1208	6.8	4.3	0.4	2.3	39.9	13.3	21.7	8.8	2.6
Total settlements (Kampala Excluded)	**6533**	**91.4**	**3.6**	**5.0**	**20.3**	**16.6**	**63.1**	**2412**	**20.3**	**4.7**	**0.3**	**3.6**	**29.1**	**11.4**	**20.1**	**8.7**	**2.0**

8.1.4 Time taken to collect water

The total time taken to obtain drinking water includes travel to the water source, queuing or waiting time, actual water collection, and the return journey. As part of its Sustainable Development Goal 6 on water and sanitation, the United Nations aims to ensure universal and equitable access to safe and affordable drinking water by the year 2030. A foundational benchmark in this effort is providing a basic service defined as a round trip of 30 minutes or less and ultimately ensuring safe water is available at the household level. Table 4 provides details on the time taken by household members to collect water. Overall, 25. 4 minutes was the average time used to collect water. Nakivale had the longest time taken at 47. 8 minutes and Imvepi the lowest at 13.2%.

8.1.5 Access to improved water sources

Accessibility to an improved water source is when a household has access to a protected water source within 30 minutes or less from their dwelling.

Overall, 75.9% of the households had access to improved water source, the highest proportion was from Imvepi (93.2%) and the lowest from Nakivale (49.1%). There were households in West Nile with improved water sources (83.2%) than South West (63.4%).

Table 72: Improved water sources and the time taken to go there and come back

Locations	Access to a protected water source within a 30-minute round trip		How long does it take to go there, get water, and come back?	
	N	%	Mean	Standard Deviation
Adjumani	543	85.1	20.3	19.9
Bidibidi	519	72.4	27.7	27.9
Imvepi	497	93.2	13.2	14.9
Kampala	752	96.7	3.6	7.4
Kiryandongo	569	73.3	28.4	29.2
Kyaka II	539	74.6	21.5	21.3
Kyangwali	558	66.1	26.6	23.4
Lobule	358	83.2	22.8	19.1
Nakivale	519	49.1	47.8	47.1
Oruchinga	330	51.8	41.8	36.5
Palabek	490	87.3	18.1	16.2
Palorinya	641	90.3	19.3	16.9
Rhino Camp	501	80.4	22.5	21.9
Rwamwanja	469	71.4	25.8	20.8
Regions				
South West	2415	63.4	31.9	32.8
West Nile	4118	83.2	21.6	22.0
All settlements (Kampala excluded)	6533	75.9	25.4	27.0

8.1.6 Per capita water use

At least 20 litres of clean water per person per day is required to meet basic needs such as drinking, cooking, and hygiene. Table 73 presents data on per capita water use. On average, households used 19.7 litres per person per day, which falls below the recommended minimum. Palorinya reported the highest average use at 28.7 litres, while Nakivale recorded the lowest at 14.0 litres. Households in the West Nile region used more water on average (21.7 litres) than those in the South West (16.2 litres). Only three in ten households met the 20-litre recommendation, with the highest share in Palorinya (58.2%) and the lowest in Nakivale (23.3%). A larger proportion of households in West Nile (40.2%) than in the South West (30.3%) met the recommended standard.

Table 73: Household per capita water consumption

Locations		Average # L/p/d collected at HH level	less than 10 litres per person per day		10-15 litres per person per day		15-20 litres per person per day		20 and more litres per person per day	
	N	%	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Adjumani	543	22.5	22.7	19.3 - 26.3	30.2	26.5 - 34.2	9.0	6.8 - 11.7	38.1	34.1 - 42.3

Bidibidi	519	20.8	23.5	20.0 - 27.3	29.7	25.9 - 33.7	11.6	9.0 - 14.5	35.3	31.2 - 39.4
Imvepi	497	17.4	23.1	19.6 - 27.0	33.2	29.2 - 37.4	11.7	9.1 - 14.7	32.0	28.0 - 36.2
Kampala	752	21.5	21.8	19.0 - 24.9	22.2	19.3 - 25.3	5.2	3.8 - 6.9	50.8	47.2 - 54.4
Kiryandongo	569	21.2	19.9	16.7 - 23.3	27.1	23.5 - 30.8	11.4	9.0 - 14.2	41.7	37.7 - 45.7
Kyaka II	539	17.9	24.7	21.2 - 28.4	31.4	27.5 - 35.4	7.4	5.4 - 9.9	36.5	32.6 - 40.7
Kyangwali	558	17.4	20.4	17.2 - 23.9	37.8	33.9 - 41.9	6.5	4.6 - 8.7	35.3	31.4 - 39.3
Lobule	358	20.3	23.2	19.0 - 27.8	29.6	25.1 - 34.5	12.3	9.2 - 16.0	34.9	30.1 - 40.0
Nakivale	519	14.0	40.1	35.9 - 44.3	32.8	28.8 - 36.9	3.9	2.4 - 5.8	23.3	19.8 - 27.1
Oruchinga	330	15.4	30.3	25.5 - 35.4	34.8	29.9 - 40.1	7.3	4.8 - 10.5	27.6	23.0 - 32.6
Palabek	490	21.0	22.2	18.7 - 26.1	26.1	22.4 - 30.1	12.7	9.9 - 15.8	39.0	34.7 - 43.4
Palorinya	641	28.7	10.3	8.1 - 12.8	21.5	18.5 - 24.8	10.0	7.8 - 12.5	58.2	54.3 - 62.0
Rhino Camp	501	19.5	25.1	21.5 - 29.1	29.1	25.3 - 33.2	9.8	7.4 - 12.6	35.9	31.8 - 40.2
Rwamwanja	469	15.6	32.6	28.5 - 37.0	34.3	30.1 - 38.7	6.2	4.3 - 8.6	26.9	23.0 - 31.0
Regions										
South West	2415	16.2	29.3	27.5 - 31.2	34.2	32.3 - 36.1	6.2	5.3 - 7.2	30.3	28.5 - 32.2
West Nile	4118	21.7	20.8	19.6 - 22.1	28.0	26.7 - 29.4	11.0	10 - 11.9	40.2	38.7 - 41.7
All settlements (Kampala excluded)	**6533**	**19.7**	**24**	**22.9 - 25**	**30.3**	**29.2 - 31.4**	**9.2**	**8.5 - 9.9**	**36.5**	**35.4 - 37.7**

8.2 Sanitation

Sanitation encompasses the provision of safe drinking water and the safe management of human excreta and sewage to prevent disease and promote public health. This section provides data on household water usage and sanitation practices.

8.2.1 Faecal waste disposal

Toilet access and food and nutrition security are closely linked, with improved sanitation facilities playing a significant role in enhancing both. Poor sanitation and hygiene practices can lead to increased rates of diarrheal diseases and other illnesses, which can negatively impact nutrient absorption and overall health, ultimately contributing to food insecurity. Conversely, access to improved sanitation facilities, combined with good hygiene practices, can help reduce the burden of disease, improve nutrient absorption, and promote better health outcomes, thereby supporting food security and nutrition.

Overall, 82.4% of the households use household latrines as method of faecal waste disposal, this did not vary across the regions (82.9% in South West and 82.0% in West Nile). Overall, the rate of open defection was 2.0% with Palabek (3.5%), Kiryandongo (3.3%) and Kyangwali (3.0%) having the highest rates. There was a slight increase of open defection from 1.8% in 2024 to 2.0% in 2025.

Table 74: Household Faecal waste disposal

Location	N	Bucket toilet	Communal latrine	Flush toilet	Household latrine	Open defecation	Plastic bag
Adjumani	543	0.0	14.4	0.0	83.4	2.0	0.2
Bidibidi	519	0.0	15.4	0.0	83.4	1.2	0.0
Imvepi	497	0.0	11.5	0.0	86.9	1.6	0.0
Kampala	752	0.8	15.8	43.2	40.2	0.0	0.0
Kiryandongo	569	0.0	21.6	0.0	75.0	3.3	0.0
Kyaka II	539	0.0	14.3	0.0	82.9	2.8	0.0
Kyangwali	558	0.2	18.5	0.2	78.1	3.0	0.0
Lobule	358	0.0	27.1	0.0	72.6	0.0	0.3
Nakivale	519	0.2	13.1	0.0	84.2	2.5	0.0
Oruchinga	330	0.0	15.2	0.0	84.2	0.6	0.0
Palabek	490	0.0	12.2	0.0	84.3	3.5	0.0
Palorinya	641	0.2	17.6	0.0	80.8	1.4	0.0
Rhino Camp	501	0.0	10.4	0.0	88.2	1.4	0.0
Rwamwanja	469	0.0	11.9	0.0	86.4	1.7	0.0
Regions							
South West	2415	0.1	14.7	0.0	82.9	2.3	0.0
West Nile	4118	0.0	16.0	0.0	82.0	1.9	0.0
All settlements (Kampala excluded)	**6533**	**0.0**	**15.5**	**0.0**	**82.4**	**2.0**	**0.0**

8.2.2 Use of improved or unimproved sanitation

Improved sanitation facilities according to WHO are defined as those that hygienically separate human waste from human contact. In the context of Uganda, improved sanitation facilities include flush or pour-flush to piped sewer system, septic tank pit latrines, ventilated-improved pit latrines, or pit latrines with slab or composting toilets. Shared or public-use sanitation facilities are not considered to be improved. In 2025, 75.9% of refugee households had improved sanitation facilities, with a significant difference between West Nile (83.2%) and South West (63.4). Nine in ten households in Imvepi and Palorinya had the highest proportion of any refugee settlement location. Kampala had the highest proportion of households with improved sanitation facilities due to a higher proportion of those using flush toilets. Compared to 2024 (79.4%), there isn't a significant different in households with improved sanitation facilities albeit a slight reduction.

Table 75: Use of improved sanitation facilities

Location	N	Improved Sanitation Facilities	
		%	*95% CI*
Adjumani	543	85.1	(81.9 - 87.9)
Bidibidi	519	72.4	(68.5 - 76.2)

Imvepi	497	93.2	(90.7 - 95.1)
Kampala	752	96.7	(95.2 - 97.8)
Kiryandongo	569	73.3	(69.5 - 76.8)
Kyaka II	539	74.6	(70.8 - 78.1)
Kyangwali	558	66.1	(62.1 - 70.0)
Lobule	358	83.2	(79.1 - 86.8)
Nakivale	519	49.1	(44.8 - 53.4)
Oruchinga	330	51.8	(46.4 - 57.2)
Palabek	490	87.3	(84.2 - 90.1)
Palorinya	641	90.3	(87.9 - 92.4)
Rhino Camp	501	80.4	(76.8 - 83.7)
Rwamwanja	469	71.4	(67.2 - 75.4)
South West	2415	63.4	(61.5 - 65.3)
West Nile	4118	83.2	(82.0 - 84.3)
All locations (Kampala excluded)	**6533**	**75.9**	**(74.8 - 76.9)**

8.3 Hygiene

Hygiene refers to practices that maintain personal and environmental cleanliness to safeguard health and prevent disease. This section presents findings on hygiene behaviours among households in refugee settlements.

8.3.1 Hand washing facilities

Handwashing is crucial for food safety and plays a significant role in improving nutrition security, particularly for children. By preventing the spread of germs, especially those in faecal matter, handwashing can reduce the incidence of diarrhoea, which can lead to malnutrition and hinder nutrient absorption, especially in young children. Handwashing is crucial because it directly impacts food safety and reduces the risk of foodborne illnesses, which can hinder nutrient absorption and overall health, especially in vulnerable populations like young children. Proper hand hygiene, including washing with soap and water before and after handling food, helps prevent the spread of harmful bacteria and viruses that can contaminate food and cause illness. Presence of hand washing facility alone does not necessarily imply that it is functional. For a hand washing facility to be considered functional, it should have adequate clean water and soap, and people should be seen using the facility. Table 76 presents findings concerning household hand washing facilities.

In 41.7% of households, hand washing facilities were observed. Five in ten reported that the hand washing facilities were not in same dwelling area. There were more households in West Nile (45.9%) than in South West (34.4%) observed with hand washing facilities.

Of the population who reported having the facility, only 26.8% of the facilities had water while the rest were without water. Additionally, up to 85.2% of the facilities did not have soap at the handwashing facility at the time of the assessment. Functional hand washing facilities i.e. those with both water and soap were in 5% overall. Kyaka II had the highest percentage of functional hand washing facilities (10.4%) while Bidibidi had the lowest at 1.3%.

Table 76: Household handwashing facilities

Location	N	Handwashing place observed			Hand washing water			Soap presence at hand washing			Hand washing facility with water and soap	
		No permission to see	*Not in dwelling plot*	*Observed*		*Water available*	*Water not available*		*Soap available*	*Soap not available*	*No*	*Yes*
		%	%	%	n	%	%	n	%	%	%	%
Adjumani	543	3.9	34.3	61.9	336	14.3	85.7	336	16.4	83.6	94.5	5.5
Bidibidi	519	1.5	58.4	40.1	208	13.9	86.1	208	3.8	96.2	98.7	1.3
Imvepi	497	6.0	60.8	33.2	165	40.0	60.0	165	19.4	80.6	95.0	5.0
Kampala	752	12.1	13.6	74.3	559	91.2	8.8	559	81.0	19.0	40.8	59.2
Kiryandongo	569	7.2	59.1	33.7	192	44.3	55.7	192	20.8	79.2	93.1	6.9
Kyaka II	539	5.0	54.0	41.0	221	42.1	57.9	221	26.2	73.8	89.6	10.4
Kyangwali	558	4.5	63.3	32.3	180	26.7	73.3	180	14.4	85.6	96.4	3.6
Lobule	358	8.9	36.0	55.0	197	38.1	61.9	197	12.2	87.8	94.4	5.6
Nakivale	519	1.5	61.1	37.4	194	15.5	84.5	194	8.2	91.8	98.1	1.9
Oruchinga	330	4.8	59.1	36.1	119	42.9	57.1	119	24.4	75.6	91.2	8.8
Palabek	490	0.6	55.5	43.9	215	23.7	76.3	215	11.6	88.4	95.3	4.7
Palorinya	641	8.1	36.7	55.2	354	15.5	84.5	354	9.9	90.1	97.0	3.0
Rhino Camp	501	0.8	54.3	44.9	225	25.3	74.7	225	15.6	84.4	94.2	5.8
Rwamwanja	469	11.9	63.1	24.9	117	35.9	64.1	117	17.1	82.9	95.9	4.1
Region												
South West	2415	5.5	60.1	34.4	831	31.8	68.2	831	17.9	82.1	94.5	5.5
West Nile	4118	4.6	49.4	45.9	1892	24.6	75.4	1892	13.4	86.6	95.3	4.7
All refugee settlements (Kampala excluded)	**6533**	**4.9**	**53.4**	**41.7**	**2723.0**	**26.8**	**73.2**	**2723**	**14.8**	**85.2**	**95.0**	**5.0**

9. HEALTH ACCESS AND UTILIZATION

This section presents findings on the access to and utilization of health services among refugees.

9.1 Knowledge of the availability of different health services

Table 77 provides data on household awareness regarding the availability of free health services. Overall, almost all households (97%) were aware that health services are provided free of charge, and a similarly high proportion (96.0%) was aware of access to specialized health services. Awareness of support for health services that require payment was slightly lower but still very high at 93.4%. Regional comparisons indicate little difference between West Nile and South West, both of which reported consistently high levels of awareness across all indicators. However, Kampala refugees reported lower awareness, with less than half of households knowing about free health services (45.2%), specialized services (43.0%), or support for paid services (39.6%).

Table 77: Household awareness of the availability of free health services at health facilities

Location	N	Awareness of free health services	Awareness of refugee access to specialised health services	Awareness of support for health services requiring pay
		Yes (%)	Yes (%)	Yes (%)
Adjumani	543	98.5	89.7	75.7
Bidibidi	519	99.0	99.2	95.4
Imvepi	497	97.0	96.8	95.6
Kampala	753	45.2	43.0	39.6
Kiryandongo	569	98.4	97.4	97.0
Kyaka II	541	95.2	97.0	93.5
Kyangwali	558	97.7	95.0	90.5
Lobule	358	97.8	97.8	96.9
Nakivale	519	98.7	98.1	96.5
Oruchinga	331	96.7	97.3	97.0
Palabek	492	97.0	90.7	93.1
Palorinya	642	94.5	97.8	94.9
Rhino Camp	501	96.4	93.0	93.4
Rwamwanja	469	98.5	98.7	98.5
Regions				
West Nile	4121	97.3	95.3	92.6
South West	2418	97.4	97.1	94.9
All settlements (Kampala excluded)	**6539**	**97.3**	**96.0**	**93.4**

9.2 Challenges faced when accessing health services

Challenges faced by refugees in accessing healthcare services are summarized in Table 78. The most frequently reported challenge reported by 73.1% of households was the lack of medicines in health facilities. The challenge was mostly reported in Lobule (87.7%) with more households in West Nile (75.9%) reporting this challenge than in South West (68.5%).

Table 78: Challenges faced by households in accessing health services at Government facilities

Locations	N	Long distance to health facility (greater than 5 kms)	Poor attitude of health care workers	Lack of medicines	Lack of investigations/ equipment	Long waiting time at the facility	Language barrier	None	Other (Please specify)
		%	%	%	%	%	%	%	%
Adjumani	543	9	14.5	85.5	12.3	40.1	1.3	6.3	5.3
Bidibidi	519	12.5	15	77.1	16.2	39.3	6.9	7.7	3.1
Imvepi	497	23.5	8.7	79.7	22.7	56.5	4.4	7.6	1.8
Kampala	753	7.4	6.8	27.8	6.2	18.2	10.2	46.3	15.1
Kiryandongo	569	7.4	8.3	78.9	13.5	62.2	12.5	8.1	2.5
Kyaka II	541	14.8	12.8	73.6	17.4	34.6	4.4	13.9	3.3
Kyangwali	558	13.1	3.9	53.9	1.3	28.5	2.9	28.9	3.9
Lobule	358	13.4	25.7	87.7	19.6	61.5	5.9	3.6	2.2
Nakivale	519	11	3.7	64.9	12.9	37.4	2.7	17.3	2.7
Oruchinga	331	32.9	7.9	77.9	15.4	20.2	3	13.9	1.8
Palabek	492	21.7	11.8	60.2	12.4	64.2	4.3	13.4	1.4
Palorinya	642	17.4	17.3	66	18.2	49.1	19.3	13.6	1.9
Rhino Camp	501	29.7	13.8	76.4	11.6	56.3	13	4.2	3.6
Rwamwanja	469	10.2	9	77.4	9.4	30.7	2.6	10.2	4.5
Regions									
West Nile	4121	16.7	14	75.9	15.7	53.1	8.9	8.4	2.7
South West	2418	15.2	7.4	68.5	10.9	31.1	3.1	17.4	3.3
All settlements (Kampala excluded)	**6539**	**16.1**	**11.5**	**73.1**	**13.9**	**45.0**	**6.8**	**11.7**	**3.0**

9.3 Health services access points

This section presents results on where households receive delivery, nutrition, HIV counselling, emergency and immunisation services. Refugee households predominantly sought services from government health facilities, with utilisation rates consistently above 98% across delivery, nutrition, HIV counselling, emergency, and EPI services (Table 79). Private providers played a comparatively smaller role in the settlements, where usage ranged from 2% to 22% depending on the service. Kampala, however, stood out with a much greater reliance on private care, as more than two-thirds of households reported seeking services primarily from private providers- 70.4% for delivery, 68.5% for nutrition, 70.3% for HIV counselling, and 72.2% for emergency services.

Table 79: Access points for health and nutrition services by refugees

		Delivery services				Nutrition services				HIV services				Emergency services				EPI services	
Location	**N**	*Gov' t facility*	*Private facility*	*Traditional healers*	*Spiritual healers*	*Gov' t facility*	*Private facility*	*Traditional healers*	*Spiritual healers*	*Gov' t facility*	*Private facility*	*Traditional healers*	*Spiritual healers*	*Gov' t facility*	*Private facility*	*Traditional healers*	*Spiritual healers*	*Gov' t facility*	*Private facility*
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	543	100.0	1.7	0.0	0.0	100.0	0.2	0.0	0.0	100.0	1.1	0.0	0.0	100.0	13.8	0.7	0.0	100.0	0.2
Bidibidi	519	99.8	9.4	0.0	1.2	99.6	4.4	0.2	0.0	99.8	7.1	0.0	1.3	99.8	24.5	2.9	3.1	100.0	3.3
Imvepi	497	100.0	1.2	0.0	2.8	100.0	0.4	0.0	0.2	100.0	0.6	0.0	0.0	100.0	9.7	3.4	0.4	100.0	0.4
Kampala	753	44.1	70.4	0.4	0.1	44.4	68.5	0.7	0.0	43.4	70.3	0.5	0.1	43.6	72.2	0.4	0.0	47.5	63.7
Kiryandongo	569	99.1	8.6	0.4	0.7	99.5	4.4	0.4	0.0	99.5	8.4	0.4	0.4	98.8	18.6	0.5	0.2	99.6	3.5
Kyaka II	541	100.0	7.8	0.2	2.4	99.8	3.9	2.0	0.6	100.0	12.4	0.4	2.6	99.6	37.7	2.4	3.9	100.0	0.6
Kyangwali	558	100.0	5.9	0.0	0.0	100.0	1.3	0.0	0.0	100.0	2.3	0.0	0.0	99.5	31.9	0.2	0.9	100.0	1.6
Lobule	358	100.0	1.1	0.0	1.1	100.0	0.3	0.0	0.3	100.0	2.2	0.6	0.3	99.4	22.3	0.3	0.3	99.7	0.6
Nakivale	519	100.0	0.4	0.0	0.0	99.2	0.4	0.6	0.4	99.8	2.1	0.2	0.8	99.0	23.9	1.0	1.2	100.0	0.0
Oruchinga	331	100.0	4.2	0.3	0.3	99.7	2.7	0.0	0.0	99.1	10.3	0.3	0.3	97.0	25.7	0.6	0.9	100.0	2.7
Palabek	492	100.0	1.6	0.0	0.6	100.0	0.6	0.0	0.0	100.0	1.6	0.0	0.0	99.8	19.1	0.6	0.0	100.0	0.8
Palorinya	642	100.0	1.1	0.3	0.2	100.0	1.2	0.6	0.0	100.0	1.4	0.2	0.2	99.5	24.3	3.6	0.6	100.0	0.2
Rhino Camp	501	100.0	7.4	1.6	7.4	100.0	7.2	2.0	2.0	100.0	6.8	2.0	5.8	91.0	32.9	5.4	5.8	99.6	7.8
Rwamwanja	469	100.0	4.5	0.0	0.2	100.0	0.2	0.0	0.0	100.0	6.6	0.0	0.0	100.0	12.4	0.0	0.0	100.0	0.0
Region																			
West Nile	4121	99.9	4.1	0.3	1.7	99.9	2.4	0.4	0.3	99.9	3.7	0.4	1.0	98.6	20.7	2.3	1.3	99.9	2.1
South West	2418	100.0	4.6	0.1	0.6	99.8	1.7	0.6	0.2	99.8	6.5	0.2	0.8	99.2	26.8	0.9	1.4	100.0	0.9
All locations	7292	94.1	11.1	0.2	1.2	94.1	9.0	0.5	0.2	94.0	11.5	0.3	0.8	93.1	28.0	1.6	1.2	94.5	8.0

9.4 Quarterly expenditure on health services

Results in Table 80 show reported household quarterly expenditures on health care. On average, about one in three households (30.5%) across all settlements did not spend on health in a quarter preceding the survey, with the highest proportions recorded in Adjumani (45.3%) and Kyangwali (42.8%). Most households that reported spending on health services incurred relatively small amounts, with 43.0% spending below UGX 50,000 and 14.4% spending between UGX 50,000 and 100,000 per quarter. Refugee households in Kampala reported the highest out-of-pocket healthcare expenditures, with 16.9% spending more than UGX 500,000 per quarter.

Table 80: Quarterly expenditure on health services

Locations	N	No expenditure	Below UGX 50000	Between UGX 50000 and 100000	Between UGX 100000 and 200000	Between UGX 200000 and 500000	Above 500000
		%	%	%	%	%	%
Adjumani	543	45.3	30.6	12.2	8.7	2.4	0.9
Bidibidi	519	32.0	41.2	15.8	7.9	2.5	0.6
Imvepi	497	37.6	38.6	13.5	7.0	3.2	0.0
Kampala	753	27.9	9.7	6.6	14.5	24.4	16.9
Kiryandongo	569	22.5	39.4	19.9	9.8	6.5	1.9
Kyaka II	541	20.1	51.6	16.6	9.6	1.8	0.2
Kyangwali	558	42.8	29.6	13.4	9.7	4.3	0.2
Lobule	358	5.3	52.8	19.8	14.2	7.0	0.8
Nakivale	519	29.1	53.8	9.2	5.2	2.3	0.4
Oruchinga	331	31.4	48.9	12.1	4.8	2.4	0.3
Palabek	492	41.3	41.7	10.6	4.5	1.8	0.2
Palorinya	642	33.3	49.5	11.1	4.5	1.4	0.2
Rhino Camp	501	35.9	35.1	14.4	9.0	5.0	0.6
Rwamwanja	469	10.4	52.5	20.0	9.6	6.6	0.9
Regions							
West Nile	4121	32.6	40.9	14.4	7.9	3.6	0.7
South West	2418	27.0	46.8	14.4	8.0	3.5	0.4
All settlements (Kampala excluded)	**6539**	**30.5**	**43.0**	**14.4**	**8**	**3.5**	**0.6**

9.5 Satisfaction with the provision of health services

Patient satisfaction is a key measure of healthcare quality, reflecting the extent to which services meet health users' expectations, experiences and needs. Overall, 57.8% of households expressed satisfaction (very satisfied or satisfied) with government health services, while 17.7% reported dissatisfaction.

Table 81: Household satisfaction with the provision of health services

Location	N	Very satisfied	Satisfied	Neutral	Unsatisfied	Very dissatisfied
		%	%	%	%	%
Adjumani	543	7.4	41.8	23.9	26.0	0.9
Bidibidi	519	2.7	49.7	28.5	18.7	0.4
Imvepi	497	6.0	47.7	31.0	14.7	0.6

Kampala	753	2.7	26.2	56.6	13.4	1.2
Kiryandongo	569	6.9	33.0	27.9	28.8	3.3
Kyaka II	541	11.6	51.8	26.6	9.8	0.2
Kyangwali	558	22.6	52.5	16.3	7.7	0.9
Lobule	358	7.0	64.5	19.0	8.1	1.4
Nakivale	519	11.6	56.3	21.0	11.2	0.0
Oruchinga	331	6.6	49.8	25.1	18.4	0.0
Palabek	492	3.3	46.1	27.0	23.2	0.4
Palorinya	642	17.8	53.4	18.8	9.7	0.3
Rhino Camp	501	9.0	43.5	15.2	31.5	0.8
Rwamwanja	469	16.4	47.5	24.3	10.9	0.9
Regions						
West Nile	4121	7.8	46.8	24.0	20.3	1.0
South West	2418	14.4	51.8	22.4	11.0	0.4
All settlements						
(Kampala excluded)	**6539**	**10.3**	**48.7**	**23.4**	**16.9**	**0.8**

10. INSECTICIDE TREATED MOSQUITO NETS

This section presents results on availability, utilization and conditions of Insecticide Treated Mosquito Nets (ITNs). The distribution of ITNs forms the mainstay of malaria prevention measures. MoH recommends that ITN distribution campaigns are held at regular intervals, complemented by continuous distribution through antenatal care and immunization services.

10.1 Household ownership and utilization of insecticide treated mosquito nets

Overall, 44.1% of household owned at least one insecticide-treated nets (ITNs), with West Nile (49.6%) reporting greater ownership than South West (34.7%). Coverage varied by settlement, ranging from 69.0% in Palorinya to as low as 21.9% in Imvepi (Table 82). Among households owning at least one ITN, 80.8% of household members reported ITN use the night before the survey. Utilization was highest in Rwamwanja (88.6%) and lowest in Kyangwali (72.4%). Compared with the 2023 FSNA estimate of 68.0%, ownership of ITN has decreased by 23.9 percentage points.

10.2 Condition and sharing of ITNs

The physical condition of the ITNs influence their effectiveness in preventing mosquito bites and malaria transmission. Overall, 40.6% of nets were observed to be in “good” condition, 42.2% in “fair” condition and 17.1% in “poor” condition. Results further show that ITN sharing is very common with 84.8% of household members sharing a net.

Table 82: Household mosquito net use

Location	N	Mosquito net ownership		Member slept in a mosquito net the previous net			Condition of the net			Shared net	
		No	Yes		Yes	No/Don't know	Good	Fair	Poor	No	Yes
Adjumani	543	32.6	67.4	2049	77.7	22.3	33.9	46.2	19.9	14.7	85.3
Bidibidi	519	41.4	58.6	1092	82.0	18.0	40.0	38.2	21.8	16.8	83.2
Imvepi	497	78.3	21.7	531	76.1	23.9	38.4	51.5	10.1	12.6	87.4
Kampala	752	65.0	35.0	576	85.1	14.9	74.1	15.9	10.0	30.2	69.8
Kiryandongo	569	56.1	43.9	932	81.4	18.6	39.3	53.0	7.8	20.3	79.7
Kyaka II	539	66.8	33.2	587	80.6	19.4	36.2	44.8	19.0	10.6	89.4
Kyangwali	558	66.7	33.3	638	72.4	27.6	59.7	33.1	7.1	9.7	90.3

Lobule	358	43.0	57.0	881	75.8	24.2	50.6	37.7	11.7	14.2	85.8
Nakivale	519	69.0	31.0	513	86.5	13.5	35.6	35.4	29.1	9.5	90.5
Oruchinga	330	49.1	50.9	562	79.7	20.3	32.8	42.9	24.3	18.5	81.5
Palabek	490	52.0	48.0	1288	84.7	15.3	38.3	46.7	14.9	9.1	90.9
Palorinya	641	31.0	69.0	1796	85.9	14.1	44.4	36.5	19.1	23.4	76.6
Rhino Camp	501	73.1	26.9	608	76.0	24.0	38.1	46.3	15.6	11.9	88.1
Rwamwanja	469	69.1	30.9	466	88.6	11.4	49.2	32.9	17.9	11.1	88.9
South West	2415	65.3	34.7	2766	81.0	19.0	42.6	37.9	19.4	11.9	88.1
West Nile	4118	50.4	49.6	9177	80.8	19.2	40.0	43.5	16.5	16.2	83.8
All Settlements (Kampala Excluded)	**6533**	**55.9**	**44.1**	**11943**	**80.8**	**19.2**	**40.6**	**42.2**	**17.1**	**15.2**	**84.8**

11. HOUSEHOLD ENERGY SOURCES

Access to adequate, affordable, and clean household energy is important for safe food preparation and for maintaining a healthy household environment. This section presents results on cooking fuels, cooking technologies, and lighting sources.

11.1 Cooking energy sources

Overall, wood remained the dominant cooking fuel across all settlements, used by 85.0% of households (Table 83), up from 74.5% in 2023. Regionally, West Nile reported a slightly greater dependence on wood (86.4%) than the South West (82.6%). At settlement level, wood use is highest in Bidibidi (95.4%) and Imvepi (95.2%), and lowest in Kyangwali (76.0%). Kampala, by contrast, shows an urban energy profile with widespread use of charcoal (57.3%) and LPG (38.2%) and minimal reliance on wood (1.6%).

Table 83: Energy sources for cooking used by refugee households

Locations		Charcoal	Liquid-petroleum gas	Wood	Others
	N	%	%	%	%
Adjumani	543	16.0	0.0	83.1	0.9
Bidibidi	519	4.6	0.0	95.4	0.0
Imvepi	497	4.6	0.2	95.2	0.0
Kampala	752	57.3	38.2	1.6	2.9
Kiryandongo	569	42.5	0.2	56.9	0.4
Kyaka II	539	13.4	0.0	86.5	0.2
Kyangwali	558	24.0	0.0	76.0	0.0
Lobule	358	17.0	0.0	83.0	0.0
Nakivale	519	15.8	0.0	81.9	2.3
Oruchinga	330	20.6	0.0	78.5	0.9
Palabek	490	6.7	0.0	93.3	0.0
Palorinya	641	5.5	0.0	94.2	0.3
Rhino Camp	501	8.4	0.0	91.6	0.0
Rwamwanja	469	10.0	0.2	89.6	0.2
Regions					
South West	2415	16.7	0.0	82.6	0.7
West Nile	4118	13.3	0.0	86.4	0.2
All settlements (Kampala excluded)	**6533**	**14.5**	**0.0**	**85.0**	**0.4**

11.2 Cooking technologies

Results in Table 84 show that use of traditional three stones remains prevalent. Across settlements traditional three-stone stoves were the most common (63.2%), with the highest use in Rwamwanja (90.8%) and the lowest in Adjumani (27.8%). Adoption of improved cookstoves stands at 27.2%, higher in West Nile (33.2%) than in the South West (17.0%). In contrast, metallic stoves (34.7%) and improved cookstoves (28.2%) were the most common in Kampala.

Table 84: Cooking technologies used by households in refugee settlements

Location	N	Improved Cook stoves	Traditional three stone stove	Jiko Matawi	Metallic Stove	Others
		%	%	%	%	%
Adjumani	543	58.4	27.8	7.7	4.8	1.3
Bidibidi	519	41.2	58.0	0.2	0.4	0.2
Imvepi	497	24.5	70.6	4.0	0.8	0.0
Kampala	752	28.2	0.7	7.7	34.7	28.7
Kiryandongo	569	26.5	49.7	10.0	13.2	0.5
Kyaka II	539	15.0	78.1	5.9	0.6	0.4
Kyangwali	558	33.0	50.9	8.2	7.9	0.0
Lobule	358	31.3	57.5	2.8	8.4	0.0
Nakivale	519	15.8	74.8	5.0	4.4	0.0
Oruchinga	330	11.5	73.0	4.2	7.6	3.6
Palabek	490	8.2	85.5	3.3	3.1	0.0
Palorinya	641	47.1	42.7	7.2	3.0	0.0
Rhino Camp	501	21.8	76.2	0.6	1.4	0.0
Rwamwanja	469	5.3	90.8	1.1	1.9	0.9
Regions						
South West	2415	17.0	72.9	5.1	4.3	0.7
West Nile	4118	33.2	57.5	4.7	4.3	0.3
All Settlements (Kampala Excluded)	**6533**	**27.2**	**63.2**	**4.9**	**4.3**	**0.4**

11.3 Lighting energy sources

Results in Table 85 show that solar lighting is the leading source (35.9%), followed by battery-powered torches (29.5%) and rechargeable lanterns (25.5%). Kiryandongo reported the highest solar use (66.8%) while Palabek had the lowest (18.4%). Some locations such as Lobule (53.1%) and Oruchinga (40.9%) relied heavily on battery torches for lighting. Use of electricity for lighting is limited in the settlements, reported by only 2.2% of households. Lighting sources in Kampala differs sharply, with grid electricity at 98.7% as the primary lighting source.

Table 85: Household Sources of energy used for lighting in all settlements

Location	N	Electricity	Solar lighting	Rechargeable lantern/ flashlight or torch	Battery powered torch/flashlight	Biogas lamp	Gasoline lamp	Kerosene or paraffin lamp	Charcoal	Wood	Straws/Shrubs/Grass	Agricultural crop	Animal dung/waste	Candle	Others
		%	%	%	%	%	%	%	%	%	%	%	%	%	%
Adjumani	543	0.4	32.8	39.4	20.1	0.0	0.0	0.0	0.0	4.4	1.1	0.0	0.0	0.2	1.7
Bidibidi	519	0.0	38.2	27.2	27.0	0.4	0.4	0.4	0.0	1.5	3.3	0.0	0.0	1.0	0.8
Imvepi	497	0.4	33.0	22.7	36.2	0.2	0.0	0.0	0.0	4.4	2.8	0.0	0.0	0.2	0.0
Kampala	752	98.7	0.8	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Kiryandongo	569	0.0	66.8	18.1	13.2	0.0	0.2	0.0	0.2	0.4	0.2	0.0	0.0	0.5	0.5
Kyaka II	539	3.9	43.4	26.5	23.2	0.2	0.2	0.0	0.0	0.9	0.2	0.0	0.0	1.5	0.0
Kyangwali	558	3.8	40.9	18.6	33.7	0.0	0.0	0.4	0.0	0.9	0.4	0.2	0.0	0.2	1.1
Lobule	358	1.7	20.7	22.3	53.1	0.3	0.0	0.0	0.0	0.6	0.6	0.0	0.0	0.8	0.0
Nakivale	519	12.1	27.0	19.1	35.1	0.0	0.2	0.8	0.0	1.7	1.7	0.0	0.0	1.9	0.4
Oruchinga	330	2.7	27.0	21.5	40.9	0.0	0.0	3.0	0.0	0.6	0.0	0.0	0.0	4.2	0.0
Palabek	490	0.2	18.4	28.0	25.5	0.2	0.2	0.8	0.0	4.5	16.7	3.7	0.0	0.8	1.0
Palorinya	641	0.8	25.1	33.7	33.7	0.0	0.2	0.0	0.2	1.7	3.0	0.0	0.0	0.2	1.6
Rhino Camp	501	1.8	33.3	38.3	21.4	0.0	0.2	0.4	0.0	2.4	1.0	0.0	0.0	0.4	0.8
Rwamwanja	469	1.3	51.4	11.3	32.6	0.0	0.2	0.2	0.0	0.2	0.2	0.4	0.2	1.3	0.6
South West	2415	5.0	38.6	19.5	32.4	0.0	0.1	0.7	0.0	0.9	0.5	0.1	0.0	1.6	0.5
West Wile	4118	0.6	34.3	29.0	27.7	0.1	0.1	0.2	0.0	2.5	3.5	0.4	0.0	0.5	0.8
All Settlements (Kampala Excluded)	**6533**	**2.2**	**35.9**	**25.5**	**29.5**	**0.1**	**0.1**	**0.4**	**0.0**	**1.9**	**2.4**	**0.3**	**0.0**	**0.9**	**0.7**

12. RECOMMENDATIONS

The following areas were identified as priorities to address:

The following areas were identified as priorities to address:

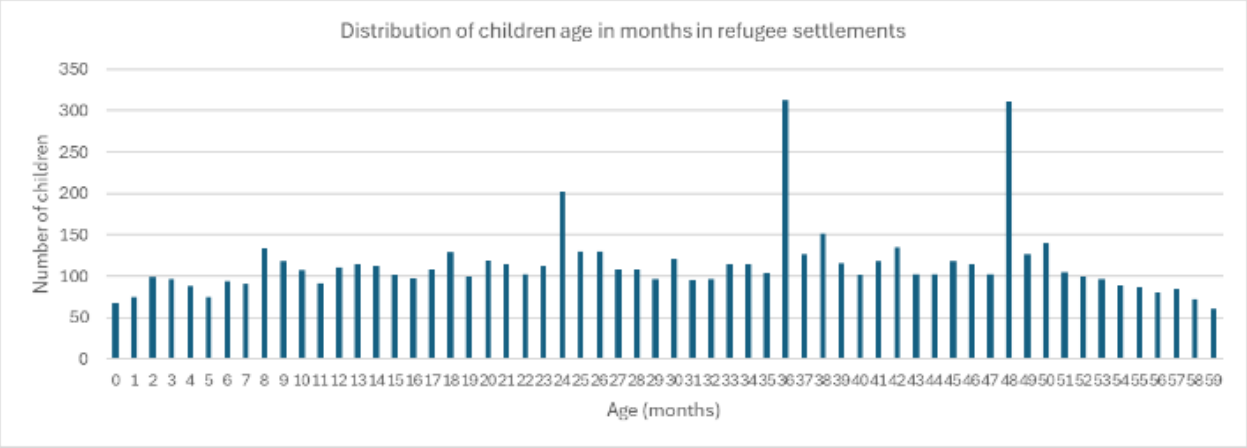
- Sustain food assistance to vulnerable households while complementing it with livelihood opportunities that enable gradual transition to self-reliance.
- Support refugees to access more land, including formalizing land tenancy agreements.
- Train refugees on innovative farming techniques that maximize productivity on small land.
- Scaleup skills training programs such as technical and vocational trainings, apprenticeships and support for small business start-ups to diversify income sources beyond crop production and agricultural casual labour.
- Strengthen community-level early detection and treatment of malnutrition by building the capacity of community health workers (VHTs, care groups) and households to screen and refer; testing community-based treatment approaches. Activities include scaling up family MUAC, bi-annual mass screening, routine home visits by CHWs, and iCCM+ for community treatment.
- Stabilize the nutrition supply chain through prioritized procurement and prepositioning of commodities, use of DHIS2 and survey data for estimating treatment needs, and improved forecasting to ensure a sustained healthy pipeline. Promote local production of RUTF/RUSF and use of local products such as METU to reduce pipeline breaks, ensure continuity of care, cut logistics costs, and build local capacity.
- Resume TSFP services in locations where it was halted in 2025 to prevent children with MAM from deteriorating into SAM. Priority areas include Bidibidi, Imvepi, Lobule, Kyangwali, Kyaka II, Rwamwanja, Nakivale, and Oruchinga. Complement this with blanket supplementary feeding in high-burden areas such as Bidibidi and new-arrival hotspots in Nakivale.
- Adopt low-cost, high-impact stunting reduction interventions in the South West settlements, host districts, and Acholi (Palabek, Lamwo) targeting women from conception and children during the first 1,000 days. Interventions should cover all core maternal and child health and nutrition actions, including optimal feeding practices.
- Prevent and control anaemia among women and children through:
    - Short-term health systems actions: deworming, targeted iron supplementation, test-and-treat for anaemia, and malaria vector control.
    - Mid-term food systems actions: promoting iron-rich and biofortified foods, scaling up use of kitchen gardens, and supporting small livestock production.

- Long-term integrated actions: behaviour change communication (BCC) for optimal feeding and linking households to livelihoods opportunities to improve food access.

Annex 1: REVIEW OF NUTRITION DATA QUALITY

The overall age distribution of the age of children in months in refugee settlements is presented in *Figure* 15 below. The age distribution of children indicates age heaping at 24, 36 and 48 months.

Figure 15: Distribution of children's age in months in refugee settlements



The plausibility check report was generated for each stratum using the ENA software. *Table* 86 shows the overall data quality score by strata. The quality score was excellent in 7 strata, good in 5 strata, acceptable in 1 stratum, and problematic in 1 stratum. After expert review of the Kampala anthropometric data, which had a problematic quality score, it was concluded that the issue was less to do with data quality and more to do with the demographic characteristics of the Urban refugee households. Kampala has a double burden of malnutrition, with child wasting and overweight in equal proportions, which affects the standard deviation in both directions. Kampala also had some clusters where none or few children were found. The non-response rate in Kampala was the highest at 9.9%, all factors over which the survey had less control.

Table 86: Data quality parameters and coverage of sample sizes

Settlement	Clusters Planned	Clusters Reached	Cluster Coverage (%)	HHs Planned	HHs Reached	HHs Coverage	HHs Responded	NRR	Children Planned	Children Reached	Coverage	Final Score	Threshold	Design effect WHZ	Design Effect MUAC
Adjumani	37	37	100	543	559	103	543	2.9	529	544	103	10%	Good	1.7	1.0
Bidibidi	36	37	103	537	532	99	519	2.4	523	500	96	14%	Good	1.3	1.9
Imvepi	37	37	100	546	540	99	497	8.0	524	513	98	3%	Excellent	1.2	1.2
Kampala	58	57	98	862	835	97	752	9.9	460	389	85	32%	Problematic	1.5	1.6
Kiryandongo	38	40	105	561	587	105	569	3.1	624	574	92	8%	Excellent	1.3	1.0
Kyaka II	38	38	100	570	560	98	539	3.8	509	568	112	6%	Excellent	1.0	1.1
Kyangwali	39	39	100	576	578	100	558	3.5	492	573	116	1%	Good	1.0	1.0
Lobule	1	1	100	380	381	100	358	6.0	438	379	87	2%	Excellent	1.0	1.0
Nakivale	34	36	106	501	543	108	519	4.4	473	503	106	5%	Excellent	1.0	1.9
Oruchinga	1	1	100	340	331	97	330	0.3	275	268	97	8%	Excellent	1.6	1.0
Palabek	38	38	100	557	527	95	490	7.0	591	521	88	13%	Good	1.0	1.0
Palorinya	49	45	92	727	680	94	641	5.7	603	507	84	10%	Good	1.1	1.0
Rhino Camp	40	41	103	598	537	90	501	6.7	569	520	91	20%	Acceptable	1.0	1.0
Rwamwanja	34	34	100	501	488	97	469	3.9	492	473	96	4%	Excellent	1.0	1.1

Annex 2: SURVEY TEAM

Table 87: Oversight team

Name	Institution	Name	Institution	Name	Institution	Name	Institution
Magezi John	OPM	Opio Paul	OPM	Collins Tumuhairwe	WFP	Joseph Kyanjo	WFP
Gwaita Aggrey	MoH	Nalinda Christine	MoH	Samson Kyozira	WFP	Aaron Arinaitwe	WFP
Babukiika Dalton	MoH	Kajumbi Nicholas	OPM	Samuel Kakembo	WFP	Lilian Ndagire	WFP
Mugabi Albert	MoH	Kisembo Fred	OPM	Ivan Ikwayo	WFP	Lilian Likicho	WFP
Sarah Ngalombi	MoH	Natukunda Sarah	OPM	Moses Opama	WFP	Lucrezia DUCCI	WFP
Matumi John	MAAIF	Lubega Fredrick	OPM	Berna Nakasujja	WFP	Isaac Kabazzi	UNHCR
Nsubuga Yusuf	UNMA	Manze Ritah	OPM	Brian Masaba	WFP	Emmanuel Omwony	UNHCR
Tumwesige David	MAAIF	Hafizo Luwambo	OPM	Caroline Egaddu	WFP	John Mbabazi	FAO
Alex Bambona	MAAIF	Kamuza Julius	OPM	Gloria Anywalali	WFP	Amos Ndungutse	UNICEF
Ochaki Cosmas	MAAIF	Kanyesigye Boneconsil	ASCSO	Paul Akera	WFP		
Gumisiriza Aloysius	PAS	Mugabi Ronald	DNFP	Frederic Faridic	WFP		
Alowo Marion	DLG	Muzamil Nasuru	OPM	Stella Adoch	WFP		
Tim Mateeba	MoH	Toko Mansur	MoH	Dan Niwahereza	WFP		

Table 88: Location supervisors

Name	Location	Name	Location	Name	Location
Aliga Stephen Bandan	Adjumami	Gerald Musisi	Kiryandongo	Wasswa Yosia	Oruchinga
Nabatanzi Rachael	Adjumami	Balimugulira Michael	Kiryandongo	Kajungu Clemmy	Oruchinga
Lameck Owino	Bidibidi	Senoga Timothy	Kyaka II	Omara Francis	Palabek
Candia Mansur	Bidibidi	Alimpa Rovina	Kyaka II	Okumu George Opobo	Palabek
Kasule Vincent	Imvepi	Kalyoma Sophia	Kyangwali	Kisembo Oliver	Palorinya
Ezatiru Sharon	Imvepi	Kisekka Rashid	Kyangwali	Nawanga Zainah	Palorinya
Mugambe Samuel	Kampala	Andeku Robert	Lobule	Orijabo Yovan	Rhino Camp
Murungi Calvin	Kampala	Muyami Timothy	Lobule	Onzima Patrick	Rhino Camp
Isabirye Andrew	Kampala	Kamoga Henry	Nakivale	Tumusiime Emmanuel	Rwamwanja
Martha Nakyagaba Mutumba	Kampala	Neckson Baluku	Nakivale	Ssembatya Methodius	Rwamwanja

Table 89: Research assistants

Adjumami	Bidibidi	Imvepi	Kampala	Kiryandongo	Kyaka II	Kyangwali
Abet Jaspher Morrish	Acile Moris	Aceng Flavia Sharon	Ahimbisibwe Hassan	Alima Sabbath Carlos	Apio Grace	Basanyusa Rosemary
Aguma Nicholas	Akuaku Jimmy	Achanda Esther	Atim Perpetua	Anyovi Social	Banura Farridah	Bugudhu Michael Mwire
Akiror Mary Immaculate	Amongi Winnifred	Adongo Ritah Sandra	Bigirwa Ambrose	Edward Muyimbwa Kiiza	Boyenge Francis Eddie	Dickson Mukisa
Akuruga Denish	Andabati Sunday	Alema Kennedy	Elizabeth Muliru	Gladis Muraa James Pitia	James Ogwang	Hirya Brian
Alumai Kizito Ladro	Ayiman Moses	Amviteru Charity	Jjuuko Allan	Macmot Kizito Moses	Kamanto Abraham	Irumba John
Edith Atim Mukasa	Basiri Nasuru	Asasiira Annah	Kasule Ratib	Magomu Junior	Kamazooba Claire	Kabalu Henry
Emmanuel Delfine Anyama	Hasina Nafian	Bayo Baptist	Kitone Emmanuel	Moga Abdul karim	Kemigisa Betty	Kansabe Musana Edith
Everisto Doro	Jurugo Gift	Eric Meta Guma	Martin Bwemage	Molibira Saila	Kugonza Sarah	Nakabugo Monica
Ian Kawere	Lukoosi Martha	Feni Brian	Matsiko Alex	Monday Raymond	Molumasi Alfred	Namara Evelyne
Joyce Agupo	Munguleni Gerald	Guo Grace	Monica Nakamoga	Mudondo Sylvia	Mutegeki Constantine	Natukunda Ritah
Masudio Isabella	Nandutu Shantal	Irene Inzikuru	Naluswata Susan	Mugisa Rogers	Nahabwe Sezi	Odama Geofrey
Mercy Konyio	Ocen Nicholas	Juma Rasul	Namikka Dianah	Mukalazi Ronald	Nkwatagye Bashiru	Oguttu George
Mugeni Emmanuel Bwire	Okello Alfred	Lematia John	Nansukusa Zaharah	Musinguzi Leonard	Nyamahunge Scovia	Okello Walter
Opi Leo Max	Olwee Isaac	Lenia Doreen	Nanyolo Racheal Rebecca	Nabunje Lilian	Tumwehitsye Marklius	Sasirabo Victor
Ralea Susan Basil	Wanyenze Peace	Ngongo Samuel	Nyadoi Anna Maria	Namagembe Rhoda	Tusiime Sarah	Tumuramye Inncent
Serwambala Hopkin Charles	Zuberi Salimu Nasuru	Olega Ashiraf	Olia Kenna Bruce	Nnabulime Victoria	Twebaze Jedah	Zziwa Fahad

			Rachael Nagaddya	Ocaya Simon Remock Odur	Twongirwe Agnes	
			Ritah Ochoko			
Lobule	**Nakivale**	**Oruchinga**	**Palabek**	**Palorinya**	**Rhino Camp**	**Rwamwanja**
Aliba Lucy	Abenaitwe Annah	Aine Deborah	Acen Susan Gloria	Aisha Shida	Adrabo Godwin	Atugonza Lucky
Anite Fiona	Ainomugisha Linus	Akisa Loyce	Adee Caroline Odwong	Ajambo Patience	Adrama Geoffery Bob	Kabasita Beatrice
Atuma Vincent	ASIIMWE BRIDGET	Alimpa Beatrice	Ageno-Rwot Flavia Sharon	Ambayo Dominic	Ajuma Phillip	Kajumbi Eva
Ayiman Ahad	Atuhwera Linnete	Asiimwe Alex	Alir Norman Smith	Anyiro Immaculate Peace	Alema Joackim	Kanyiginya Ritah
Bolingo Tamim	Atukunda Jonard Biriiso	Atwiine Daphine	Amito Cready	Asiimwe Hilary	Alezuyo Caroline	Katwesigye Benezel
Ecema Josper	Atukwasegye Osbert	Denis Ogwal	Anena Robinah Jane	Diana Akol Christine	Cemari Dan	Kule Moses
Faida Gloria	Galima Peter	Gomushabe Viola	Apoi Sunday Alice	Dradriga Goffin	Eguma Nobert	Kwikiriza Isaac
Imul Agnes Ruth	Kiiza Frank	Ikwara Cornelius	Lamaro Gloria	Edema Patrick	Etoma Saviour Ronald	Misanya Miria Doreen
Luzze Mahad	Magawa Ibrahim	Kado Elinah	Lamba Esther	Kihumuro Faith Lynn	John Musisi	Munyaneza Zephania
Mawadri Patrick	Mugisha Justin	Katusabe Monica	Latigo John Speke	Kojoki Harron Struggle	Kizito Lukundo	Murungi Simon
Mukite Clare	Muhumuza Felix	Max Igune Ojangole	Nandudu Emily	Odokonyero Robert	Matata Sunday Draga	Musinguzi Joseph
Mustiwa Grace	MUTAAWE JONATHANS	Mugisha Owen	Nshabampurira Damali	Ojaku Denish	Modi Godfrey	Nakasujja Ritah
Ocan Ben	Nakabito Josephine	Muhangi Ambrose	Ojani Godfrey	Omara Innocent	Odyek Joshua	Namakula Irene
Onzima Isaac	Nantongo Winnie	Mundu Enock	Okumu Francis	Paul Bubulo	Rasasi Bob Wilfred	Nuwagaba Felex

Philip Mawa	Racheal Nabisingura	Muzira Mark	Oryema Ivan	Tamba Bridget	Tanizerosi Augustine	Were Phillip
Senema Mayi	Yahya Jerry Kiijana	Rweshubura Edwin	Otubeny Justine	Tiondi James	Wacha Hillary	Yeko Madrine
			Sophie Hellen Acheng	Tumwebaze Esther		
				Turyamutunga Julius		