

EMERGENCY APPEAL: DRC Refugee Situation in Uganda

APRIL - SEPTEMBER 2025

Uganda Country Refugee Response Plan



CREDITS

UNHCR wishes to acknowledge the contributions of all relevant partners at country and regional level in the preparation of this document.

MAP & STATISTICS NOTE

The map in this publication does not imply the expression of any opinion on the part of UNHCR concerning the legal status of any country or territory or area, of its authorities, or the delimitation of frontiers or boundaries.

All statistics are provisional and subject to change. Except where indicated otherwise, all population figures provided in this report are as of 17 April 2025.

COVER PHOTO CONTENT

Recently arrived Congolese refugees fleeing violence in eastern DRC, at the Nyakabande transit centre in southwest Uganda, in March 2025, which is operating at six times its initial capacity. © UNHCR/Yonna Tukundane

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At a Glance

Planned Emergency Response

April - September 2025



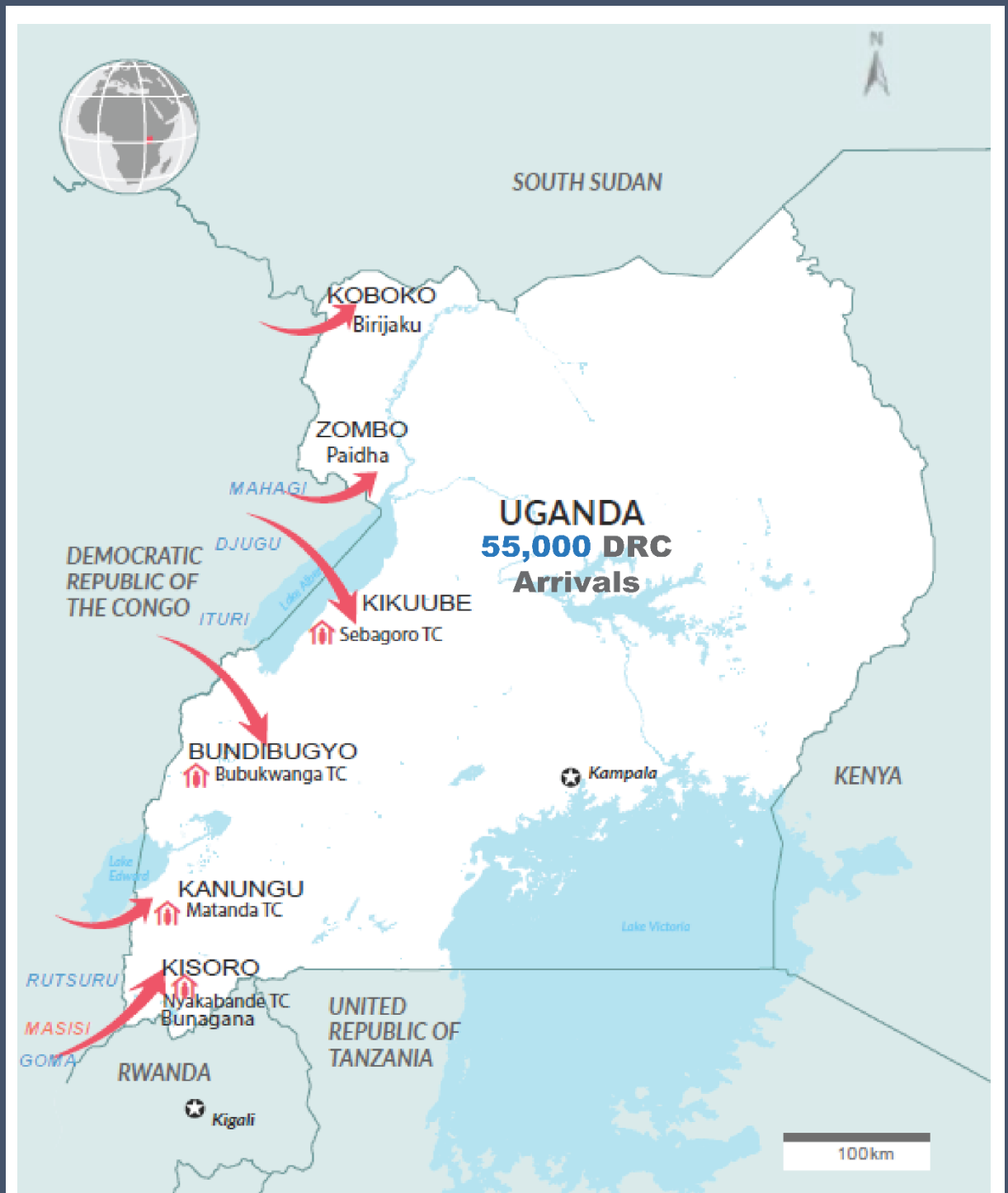
80,000*
PROJECTED
REFUGEE
POPULATION



USD 44M
TOTAL FINANCIAL
REQUIREMENTS



24
PARTNERS
INVOLVED



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Appeal Summary

This appeal has been developed by Inter-Agency partners involved in emergency contingency planning and the Uganda Country Refugee Response (UCRRP) 2022-2025. It covers a six-month period from April to September 2025 and aims to support a coordinated emergency response to the recent influx of 55,000 new arrivals from the Democratic Republic of the Congo (DRC). This appeal will address the needs of the 55,000 new arrivals and an additional 25,000 expected to arrive over the next six months from the DRC.

The emergency response involves the participation of 07 UN agencies, 15 international NGOs, and 02 national partners. Partners are appealing for USD 44 million for the DRC situation. Given the severe underfunding of the refugee response in Uganda (the UCRRP was only 46% funded in 2024, out of the total funding needs of USD 857.9 million) additional contributions are urgently needed. These funds will address the emergency needs of new arrivals and help upgrade the reception capacity and basic infrastructure in refugee settlements.

This appeal targets the most urgent needs within the UCRRP, which initially projected the reception of 145,500 new arrivals from DRC, South Sudan, and Sudan in 2025. However, close to half of this target has already been met in the first quarter of the year, necessitating immediate support to sustain operations and infrastructure. It is important to note that despite this appeal being concentrated on the DRC, 86,000 new arrivals have crossed the border so far this year from the DRC, South Sudan, and Sudan. Additional emergency funding will help reduce the pressure to divert funding from other refugees in need.

The financial requirements included under this emergency appeal are a subset of the overall financial requirements of the Uganda chapter of the Regional Refugee Response Plan (R-RRP) for the DRC situation and the Uganda Refugee Response Plan (UCRRP). As such, there is full alignment between the Inter-Agency Emergency Appeal and the DRC RRP, with the latter covering these new arrivals alongside some 560,000 DRC refugees and asylum seekers who were in Uganda prior to the current crisis.



Recently arrived Congolese refugees at Uganda's Nyakabande transit center as of March 27, 2025. © UNHCR/Yonna Tukundane

Situation Overview and Arrival Trends

Uganda, already Africa's largest refugee host, is witnessing a sharp rise in the number of Congolese refugees crossing its western border due to increased insecurity in the eastern part of the DRC. Since January, over 55,000 Congolese have sought safety in Uganda, bringing the total number of Congolese refugees to nearly 600,000, out of the 1.86 million refugees currently hosted in the country. In the past two weeks, an average of 800 people has crossed into Uganda daily from the DRC.

Amid severe funding cuts, the significant surge in refugee arrivals from the DRC risks overwhelming the country's capacity as it also responds to the needs of over 75,000 Sudanese refugees who have arrived since April 2023 fleeing the two-year-long war in Sudan. In addition, the South Sudanese who have continuously been seeking protection in Uganda for many years, including 32,218 in 2024 and 18,665 already in 2025. On average 10,000 refugees from across the region have been arriving per month for the past 3 years and since the beginning of 2025 this has increased to 13,000. As political, security, and socioeconomic conditions deteriorate in DRC, South Sudan, and Sudan, these figures are expected to rise.

New arrivals are received at several collection points, transit, and reception centres across the country, where they are registered and provided with basic protection services and humanitarian assistance, pending their relocation to refugee settlements. However, this rapid influx has placed considerable pressure on basic social services, including education, food, shelter, health and nutrition services, and WASH infrastructure. Overcrowding is a significant challenge, with many centres operating well beyond their capacity. The Congolese influx has led to overcrowding at Nyakabande (731%), Matanda (326%), Kabazana (291%), and Kagoma (247%). The Sudanese situation has exacerbated this issue in Kiryandongo (254%), while the South Sudanese influx has resulted in overcrowding in Nyumanzi (147%) and Lokung (123%).

These conditions have strained the already limited resources, further worsened by the surge in new arrivals, lengthy processing times, and the strain on transportation services for refugees.

Ongoing Influx from the DRC

Since January, the rapid advance of M23 rebels has resulted in the capture of eastern Congo's two largest cities, Goma and Bukavu, causing thousands of deaths and displacing hundreds of thousands. Over 115,000 people have fled the DRC to neighboring countries, with more than 55,000 new arrivals in Uganda – over six times the number recorded in the same period in 2024 (8,146) and 2023 (9,018).

Most of these arrivals fled from Rutshuru, Masisi, and three Goma communities, entering Uganda through: Bunagana in Kisoro district, Butogota in Kanungu, and Sebagoro in Kikuube. The main drivers of flight include armed conflict, looting, sexual violence, killings, hunger, and the collapse of social services. Those arriving through Kikuube came primarily from Joo, Tchomia, and Nyamamba, fleeing ethnic clashes and human rights abuses, such as maiming, killings, and forced conscription, particularly targeting young men.

Children have been disproportionately affected, with many arriving in a weakened state amid high rates of malaria and malnutrition. Since January, up to ten children under five years old have reportedly died from malnutrition-related anaemia in Nyakabande and Matanda transit centres. The mass nutrition screening on 29 March 2025 in Nyakabande indicated a Global Acute Malnutrition (GAM) rate 16.7 per cent for children under 5 and 11.9 per cent for Pregnant and Lactating Women (PLW), which is above the emergency threshold of $\geq 15\%$ (or $\geq 10\%$ with aggravating factors such as high morbidities). These centres in the Southwest have been receiving new arrivals from areas deeply impacted by the conflict. Relocations are ongoing, with approximately 3,000 people transferred every week from Nyakabande and Matanda to existing refugee settlements.

Many refugees have travelled by foot or local transport from Rutshuru, Masisi, and Goma, having witnessed horrific events such as killings, sexual violence, and other traumatic experiences. In Kikuube, over 4,000 refugees crossed Lake Albert in overcrowded boats, enduring hours of travel in harsh weather conditions.

The escalating security situation in the DRC prompted UNHCR to declare a Level 2 emergency for Uganda on 28 March 2025. The numbers of new arrivals have surpassed contingency plan thresholds, and existing capacities are further stretched by concurrent displacements from neighboring countries. Partners are strengthening their response to meet the urgent needs of new arrivals, focusing on life-saving protection, expedited processing, and improved settlement conditions. Uganda now hosts 593,511 refugees and asylum seekers from the DRC, with the influx expected to continue.

Additional pressure on emergency response systems and infrastructure from continuous arrivals from Sudan and South Sudan

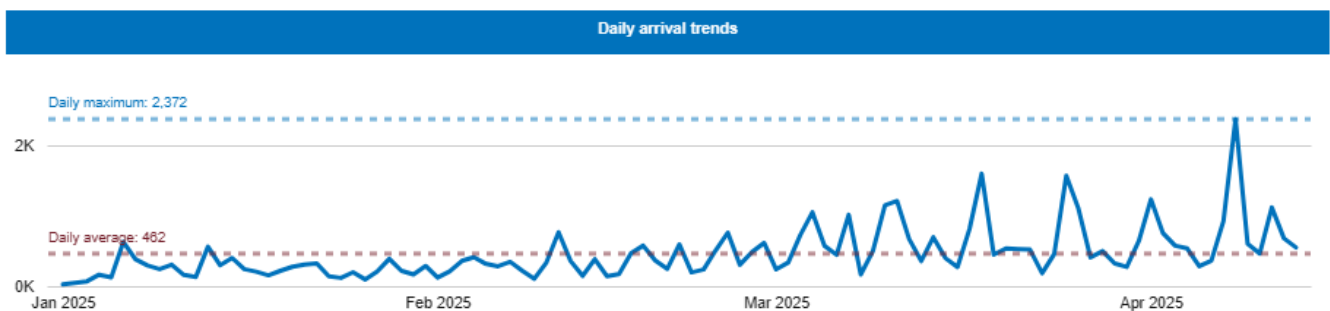
Two years of civil war in Sudan have caused widespread violence, human rights violations, and a collapse of the healthcare system, worsening famine and hindering aid delivery. Displacement has surged to 14.6 million, with over 30 million people requiring humanitarian assistance, marking the largest and fastest displacement crisis globally. The crisis, which began in April 2023, has significantly impacted Uganda's refugee situation, with Sudanese refugees increasing from about 15,000 in January 2024 to over 76,000 by April 2025. Most new arrivals enter Uganda from South Sudan through the Elegu border point, and a third arrive by air through Entebbe, putting immense pressure on services, particularly in Kiryandongo settlement. Refugees face increased risks of gender-based violence, neglect, exploitation, and mental health challenges, while epidemic concerns persist with outbreaks of cholera, Mpox, and measles. UNHCR declared a Level 2 emergency for the Sudan situation, extended until May 2025, with over 10,000 new arrivals since the start of the year.

Recent events in South Sudan have worsened the fragile security, political, and humanitarian situation, with limited access for humanitarian workers and essential services. The country faces food insecurity, economic instability, and harmful coping mechanisms like child marriage and abductions. The conflict in Sudan has increased the number of refugees and returnees, straining protection services. Violent events and flooding disrupt daily life and supply chains, while the economy struggles with inflation and oil production issues. Despite government efforts, progress is slow, and reports of GBV, abductions, and forced displacement highlight the urgent need for protection. South Sudanese refugees in Uganda now number 994,183, with over 18,000 new arrivals in 2025, facing heightened risks of violence, abuse, and neglect. The Government of Uganda and humanitarian partners provide emergency assistance, but the situation remains volatile, requiring a lifesaving, multi-sectoral response.

Humanitarian Priority Needs

Affected population

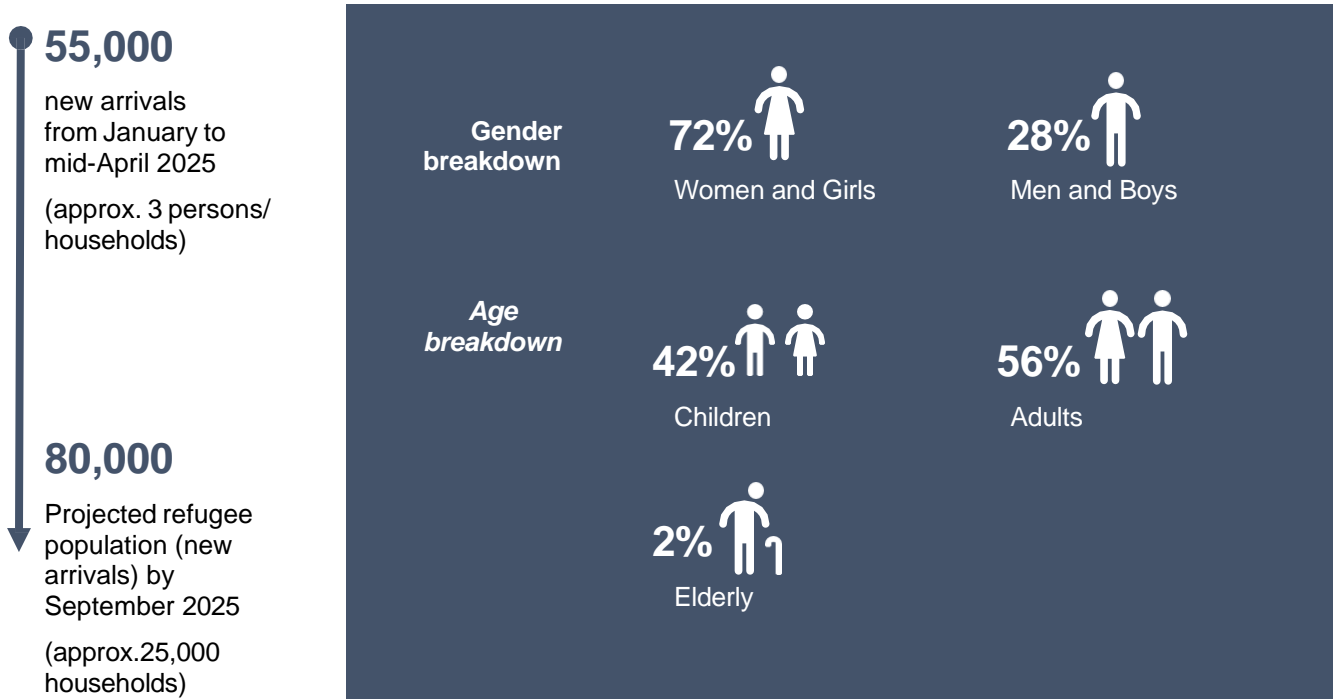
Uganda | New arrivals from DR Congo



Humanitarian Priority Needs

Affected population

The affected population includes refugees from the DRC.



Needs assessments

The needs and gap analysis has been informed by the situational analysis from the UCRRP 2022-2025, the 2024 Food Security and Nutrition Assessment (FSNA)¹, the 2024 Multi-Sector Needs Assessment (MSNA)², ongoing field monitoring, daily reports, and the Critical Indicator Tracking Matrix³ for reception and transit centers, updated on a weekly basis.

This Emergency Appeal is based on the activation of the Inter-Agency Contingency Plans. Since the beginning of 2025, the situation in the DRC has exceeded the threshold of 10,000 new arrivals in a month on two occasions.

Urgent needs

Displaced individuals arriving in Uganda from the DRC have endured multiple cycles of violence and displacement. Many have travelled for days and are now in urgent need of protection, food, shelter, and essential household items. In addition, they require healthcare supplies and water, sanitation, and hygiene (WASH) services to prevent the spread of diseases such as Mpox, cholera, Ebola, and others. These individuals have lost their livelihoods and support networks, exacerbating their vulnerability.

The assessments outlined above highlight the following key urgent needs:

- **Safety and psycho-social support:** Refugees arriving from conflict zones have faced significant emotional and physical trauma, including human rights violations and violence. They urgently require a safe environment and psycho-social support to address their trauma.
- **Nutrition Support:** Malnutrition remains a critical issue, especially among children, pregnant women, and other vulnerable groups.
- **Child Protection & Education:** With children representing 50% of new arrivals, they face heightened risks of violence, exploitation, and abuse. The lack of economic and educational opportunities

¹ UCRRP Info Centre

² Uganda MSNA 2024 Sector Findings

³ UCRRP Critical Indicator Tracking Matrix

increases their vulnerability. With the current rate of new arrivals, Uganda is expected to reach a concerning milestone this year: hosting one million refugee children.

- **Support for People with Specific Needs:** Separated families and Persons with Specific Needs (PSNs), including unaccompanied children and the elderly, are at significant risk of abuse and require specialized care and protection services.
- **Protection Against Gender-Based Violence (GBV):** The forced displacement environment increases the risk of GBV, particularly for women and girls. Survivors need immediate access to legal, medical, and psychosocial support.
- **Civil Documentation:** Many refugees lack identity documents due to loss or destruction during displacement, hindering their access to essential services such as healthcare, education, and justice. Efficient registration and documentation are crucial not only to address these gaps but also to help decongest transit centers, as registration must occur before refugees can be relocated to settlements.
- **Shelter & Core Relief Items (CRIs):** Refugees arrive with few belongings and urgently require shelter and relief items. Cash assistance is necessary to meet their immediate needs during the first phase of relocation.
- **Food & Nutrition:** New arrivals, particularly children and lactating mothers, need food assistance to address immediate nutritional gaps.
- **Health, Water, and Sanitation (WASH):** Inadequate health and sanitation facilities in transit and settlement areas are exacerbating health risks. Critical shortages of water, latrines, and bathing facilities put refugees at risk of deadly diseases. Regular desludging of latrines and PPE for staff are essential. Health services are under strain, struggling to address the growing health needs of refugees.
- **Peaceful Coexistence:** Increased pressure on social services and resources is creating tensions between refugees and host communities. Promoting peaceful coexistence is vital to mitigate security and protection risks.
- **Logistical Support:** Sufficient logistical resources are required to facilitate the relocation of refugees from border points and transit centers to settlement areas. With the rainy season underway, space is limited, and gaps in transportation are contributing to overcrowding.

The response to date:

Uganda's Office of the Prime Minister (OPM), with support from UNHCR and partners, is registering new arrivals at border entry points, conducting health screenings, and providing medicine to prevent cholera. At the transit centers, refugees receive shelter, hot meals, safe drinking water, and relief items such as blankets, sleeping mats, jerrycans, and soap. Vulnerable individuals are also identified for specialized support, including family reunification.

Key services provided to new arrivals include:

- **Transportation:** Safe transportation to reception/transit centers away from the border.
- **Health and Nutrition:** Screening for health conditions and referral for those in need of medical attention.
- **Registration and Protection:** Registration of new arrivals (Level 1 and Level 2) and assessment of their protection needs/risks.
- **Basic Needs Assistance:** Provision of essential services such as food, shelter, health care, water, latrines, and bathing facilities.
- **Relocation:** Mapping available space and relocating new arrivals to settlements.

Key challenges

- **Funding Crisis:** The funding shortages in 2024 and 2025 led to significant cuts across the country and this is having a direct impact on the emergency response. In terms of food assistance rations for new arrivals are dropping below USD 8 per person per month. Conflict in eastern DRC and displacement stress have increased PTSD, anxiety, and depression. However, mental health and psychosocial support (MHPSS) services have been cut by 40%. Children are facing delays in receiving critical support with a caseworker-to-child ratio of 1:145, far exceeding the global standard of 1:25. Activities in child-friendly spaces have been disrupted, with 13 out of 49 spaces reported inactive. Caseworker-to-survivor of violence ratio has spiked to 1:120, six times higher than the recommended 1:20. In terms of education, the pupil classroom ratios (PCR) are reaching 125:1 against standard of 53:1 and pupil-teacher ratio (PTR) are currently at 79:1 affecting delivery of quality learning. Due to underfunding, health services are being deprioritized, leading to the closure of some health facilities and the reduction of approximately 250 health workers. This is only the start; the reduction of more health workers is anticipated. Water supply is at risk of dropping below 10 liters per person per day, affecting 736,000 refugees and host community members across the operation and raising the risk of water-borne diseases like cholera. Partners are facing difficult decisions about what - and whom - to prioritize, with profound consequences for both refugees and host communities.
- **Congested Transit and Reception Centers:** Collection points such as Nyakabande (621%), Matanda (419%), Kabazana (371%), and Kagoma (265%) are operating well beyond their capacity. Nyakabande and Matanda Transit Centres, which handle over 90% of new arrivals, urgently need expansion through additional land and shelters. The registration staff are overwhelmed, necessitating an increase in personnel, interpreters, and screening capacity to expedite reception and reduce the duration of stays at these centres. The overcrowding heightens the risk of disease outbreaks and other protection concerns, given the limited sleeping spaces and long waiting times for services. It also requires prevention measures to address Sexual Exploitation and Abuse and fraud through awareness raising materials, training, and protection staff available to address concerns. Smooth running of hotlines like the Feedback Referral and Resolution Mechanisms is essential.

- **Management Capacity of the Transit Centres Stretched:** The transit centres are facing critical shortages in desludging services and essential consumables like soap and cleaning materials. Repairs are urgently needed in common areas, along with support for general compound maintenance. Firewood consumption is at 2.0 cubic meters per day, requiring 480 cubic meters until the remainder of the year for Nyakande. Rising water and electricity bills necessitate immediate additional funds to keep services running. Securing contracts for cooks for six months is essential to ensure hot meals are prepared three times a week. Limited case management staff for child protection and violence against women need to be maintained. More accommodation shelters are needed to ensure new arrivals can be accommodated.
- **Malnutrition Rates:** A mass nutrition screening in Nyakabande revealed a Global Acute Malnutrition (GAM) rate of 16.7%, which is above the emergency threshold of $\geq 15\%$ (or $\geq 10\%$ with aggravating factors such as high morbidities). Treatment programs for malnutrition (IMAM) will be provided at all transit centers and reception centers with the support of UNHCR, WFP, and UNICEF. Despite this, nutrition support at the settlement level is having to be prioritized dependent on where malnutrition rates are highest which currently is West Nile. It is important to note that over 60% of refugees from the DRC in the settlements are food insecure. A third of refugee households have poor or borderline food consumption scores, and 44% are resorting to crisis coping strategies, such as selling assets, withdrawing children from school, and engaging in illegal activities.
- **Health Services Strain:** Health services are overwhelmed by the growing needs of refugees, compounded by outbreaks of Ebola, Cholera, Measles, and Mpox, which require urgent containment. Measles vaccinations are provided upon detection, and malaria testing is ongoing due to its significant impact on new arrivals. Continuous surveillance, detection, and treatment are essential and require uninterrupted resources. By end of March, Kyangwali reported the highest under-five mortality rate (U5MR) at 0.13 deaths per 10,000 children per day, exceeding the emergency threshold of 0.1, which indicates a critical health situation. There are few health staff and reinforcement of capacity as well as emergency health centres are needed.
- **Water and Sanitation:** Critical shortages of water, latrines, and bathing facilities at Matanda and Nyakabande transit centers are alarming. Nyakabande lacks 223 latrines and 104 bathing facilities, while Matanda is short 70 latrines and 13 bathing facilities, far below the standard of 1:20. Immediate action is needed to prevent disease outbreaks and ensure basic hygiene.
- **New arrival areas in the settlements:** Refugee settlements are operating at full capacity in existing zones which have nearby basic services, and cannot accommodate additional arrivals. The limited hosting capacity, combined with aging and inadequate infrastructure, necessitates urgent investment in land demarcation, site preparation, and WASH facilities to establish new zones for relocation. Without these upgrades, current facilities will be unable to meet the needs of the growing refugee population. In Nakivale refugee settlement, the receiving zones are particularly strained. Water supply is critically low, averaging only 11 litres per person per day (lpd) in Juru and 5 lpd in Rubondo, compared to the overall average of 10 lpd. Existing boreholes need repair. Sanitation coverage also remains a concern, with only 77% in Rubondo and 50% in Juru, highlighting the urgent need for infrastructure improvements. Solar lighting is needed to enhance safety. Cash assistance, core relief items, and support in terms of cooking fuel are vital to ensure new arrivals can settle in these new areas. Purchasing and distributing scholastic and learning materials for children will facilitate their integration and learning.

Response Strategy

The emergency response is developed around the following strategic interventions:

Receive and provide safety to refugees crossing into Uganda

As co-coordinators of the refugee response in Uganda, OPM and UNHCR are working together with the local authorities to conduct border monitoring to better understand the emerging humanitarian and security situation. New arrivals are sensitized about the humanitarian relief interventions and interagency partners are actively relocating them, on voluntary basis, to the closest transit/reception center, located at a safe distance from the border.

Provide timely protection and lifesaving assistance to affected populations in reception/transit centres

Upon refugees' arrival a security screening is conducted to preserve the humanitarian character of transit/reception areas. During their initial stay in the transit facility, refugees undergo a Level 1 registration by OPM which captures basic biodata, including the age, sex and number of individuals in a family. The Level 2 registration provides more detailed data on family composition/links and protection needs to facilitate their movement and integration into the settlements. Partners conduct a medical screening for all new arrivals and refugees are provided with essential protection services and humanitarian assistance including accommodation, education, food, basic hygiene products, nutrition and health care services etc.

Mitigate the impact of the influx in hosting areas

In coordination with hosting district authorities, refugee response partners carry out cleaning and essential repairs to restore basic infrastructures (including roads, markets, schools and health centers) used to receive the new arrivals. Host community members are being hired to carry out the rehabilitation works. Awareness raising sessions on peaceful coexistence and conflict resolution are also facilitated with refugee and host community representatives.

Refugee Response Partners engaged in the mass nutrition screening at Nyakabande transit center in Kisoro district.
@UNICEF/2025/Sarah Achen



Key Sectoral Interventions

Inter-Agency partners will plan to implement the below response activities by sector:

<p>Protection (incl. CP & GBV)</p>	<p>Protection</p> <ul style="list-style-type: none">• Border Monitoring: Conduct border monitoring, sensitizing border officials on asylum procedures and laws to ensure safe access for asylum-seekers and observe population trends.• Awareness Campaigns: Sensitize new arrivals on domestic laws, refugee rights, and obligations.• Enhance Capacity at Transit/Reception centers: Strengthen protection response capacity at transit and reception centers as well as settlements. Continuously monitor all stages of the new arrivals' reception and relocation process to ensure adherence to protection standards and address emerging needs.• Provide safe and dignified transportation for refugees from the border to the reception/transit centers. Facilitate the relocation of refugees from reception/transit centers to designated settlements. <p>Registration</p> <ul style="list-style-type: none">• Registration & Documentation: Increase registration capacity to implement Level 1 and Level 2 registration, including nationality screening and documentation.• Infrastructure Setup: Establish connectivity infrastructure and set up temporary registration centers while rehabilitating existing ones.• Vulnerable Child Identification: Integrate clear guidelines and screening questions in registration procedures to identify vulnerable children and ensure their protection. <p>Community-Based Protection (CBP)</p> <ul style="list-style-type: none">• Identification & Assistance: Identify PSNs and provide targeted support, ensuring physical accessibility to services, particularly for older persons and those with limited mobility. Consult PSNs during implementation.• Infrastructure Rehabilitation & Awareness: Improve infrastructure like schools and health centers and raise awareness on peaceful coexistence and conflict sensitivity.• Communication & Referral: Set up two-way communication systems, ensuring marginalized groups have access to information. Enhance referral pathways and ensure services for PSNs, including sign language training for stakeholders.• Self-Help & Support: Strengthen community self-help efforts and provide regular counselling and support to at-risk groups. <p>Gender-Based Violence (GBV)</p> <ul style="list-style-type: none">• Support for GBV Survivors: Establish protection desks and provide services such as MHPSS, legal aid, and multi-purpose transfers. Ensure safe spaces for women.• Sensitization & Training: Conduct PSEA and GBV awareness training for stakeholders and community structures.• Assessment & Referral: Carry out GBV and Inter-Agency assessments and develop referral pathways for survivors. Ensure visibility through IEC materials and billboards.
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- **Monitoring & Infrastructure:** Increase monitoring of GBV cases, improve lighting, and mitigate GBV risks in public spaces.

Child Protection (CP)

- **Identification & Reception:** Identify and receive unaccompanied and separated children (UASC) and those at risk, with child protection staff assigned to registration points and child protection desks.
- **Case Management & Family Reunification:** Provide case management services for children with specific needs, including family tracing and reunification for UAM and facilitating alternative care for UASC in accordance with the national alternative care guidelines.
- **Psycho-Social Support (PSS):** Offer PSS for children, including through Child Friendly Spaces, and provide assistive devices for children with special needs. Identify and refer children needing advanced mental health or medical support.
- **Training & Awareness:** Train staff to identify and refer at-risk children and ensure child-friendly environments and accessible communication materials.
- **Assessment & Monitoring:** Conduct child protection assessments to identify needs and gaps in services.
- **Referral Pathways:** Establish referral pathways for children at risk, prioritizing based on exposure, ensuring they align with the Best Interest Procedure.

Mental Health and Psychosocial Support (MHPSS)

- **Needs Assessment:** Assess MHPSS needs to understand the extent of psychological distress in the refugee population.
- **Mainstreaming MHPSS:** Integrate MHPSS services into other sectors to ensure comprehensive support across all areas of refugee services.
- **Support for distressed populations:** Provide focused support for individuals impaired by distress or mental health conditions.
- **Referral pathways:** Develop and disseminate clear referral pathways for those requiring mental health or psycho-social support.

Access to justice

- **Case Management & Legal Support:** Provide individual case management and legal counselling. Conduct legal awareness sessions and follow up on cases at police stations
- **Detention & Police Support:** Monitor detention centers and support police operations. Advocate for the integration of refugees into national justice systems
- **Court Access & Legal Aid:** Organize mobile courts and coordinate legal aid clinics. Establish relationships with magistrates, judges, and resident state attorneys
- **Prison Support & Rehabilitation:** Provide support to prisons and detention centers. Assist with the rehabilitation of offenders and reintegration into communities

<p>Education</p>	<ul style="list-style-type: none"> • Support the enrolment of additional learners in nearby formal education institutions, including primary and secondary schools, and vocational training centers (VTCs). • Provide initial support, such as personnel, instructional and scholastic materials, furniture, and infrastructure to enable children to attend local or national early childhood development (ECD) centers, primary and secondary schools, and VTCs. • Establish additional temporary learning spaces and WASH facilities, and plan for the construction of semi-permanent ECD centers in areas where existing facilities are lacking.
<p>Energy & Environment</p>	<p>Energy</p> <ul style="list-style-type: none"> • Efficient Cooking energy technology (portable stoves, Lorena, solar) • Cooking fuel for 3 months • Distribution and Training on briquette making for own use. • Community lighting installations • Provision of solar systems for lighting and powering <p>Environment</p> <ul style="list-style-type: none"> • Woodlot establishment and household tree growing • Forest and wetland protection
<p>Food Security</p>	<ul style="list-style-type: none"> • Provide hot meals at 100% of the required ration size (2,100 kcal per person per day) to refugees in transit and reception centers. • Distribute three-month dry rations at 100% of the required ration size to new arrivals being relocated to settlements.
<p>Health & Nutrition</p>	<p>Health</p> <ul style="list-style-type: none"> • Health and Nutrition Screening: Conduct health and nutrition screenings for new arrivals at entry points and reception centers (ongoing). • Reproductive Health Services: Provide reproductive health services, including the Minimum Initial Service Package (MISP), clinical management of rape and intimate partner violence (IPV), family planning, adolescent sexual reproductive health (SRHR), and HIV/TB services. • Vaccination Services: Provide vaccination services for children under 5 years old. • Curative Health Services: Provide general curative health services to address immediate health needs. • Strengthening Health Systems: Strengthen health care systems by providing technical support, supervision to health workers, and improving human resources for health. • Integrated Disease Surveillance: Enhance integrated disease surveillance to monitor and address emerging health risks. <p>Nutrition</p> <ul style="list-style-type: none"> • Moderate Acute Malnutrition (MAM) Screening and Treatment: Support screening for and treatment of Moderate Acute Malnutrition (MAM) among children (6-59 months) and Pregnant and Lactating Women (PLWs). • Supplementary Feeding Program: Implement a blanket supplementary feeding program (BSFP) when acute malnutrition levels deteriorate in transit/reception centers. • Nutrition Interventions: Provide ongoing nutrition interventions for vulnerable populations, including the distribution of nutrition support materials. • Community Outreach for Nutrition: Conduct community outreaches to educate refugees on nutrition, especially for vulnerable groups like children and PLWs.

Core Relief Items (CRIs)	<p>Emergency CRI Package</p> <ul style="list-style-type: none"> Refugees receive an emergency Core Relief Items (CRI) package, which includes a blanket, sleeping mat, 20-liter jerry can, plastic basin or bucket, solar lamp, kitchen set, and mosquito net. The CRI package is adapted to family size.
	<p>Cash-Based Support (CBI)</p> <ul style="list-style-type: none"> Refugees receive cash-based assistance upon relocation to settlements, intended to help them purchase basic shelter materials and household goods or any other items that they consider essential.
Shelter & Infrastructure	<ul style="list-style-type: none"> Land preparation in settlements for 11,250 Households Upgrade of 7 Reception/Transit centers, 4 in Southwest (Nyakabande, Matanda, Kabazana, Bubukwanga) and 3 (Palabek, Imvepi, Elegu) in West Nile Semi-permanent shelter kits provided to 45,000 refugees / 11,250 families
WASH	<p>Water Supply</p> <ul style="list-style-type: none"> Ensure the supply of at least 20 liters of potable water per person per day for 60,000 new arrivals through the installation of emergency water tanks, temporary/emergency water trucking, pipeline extensions where feasible, rehabilitation of existing boreholes, and establishment of new water points. Additionally, implement water quality monitoring. <p>Sanitation</p> <ul style="list-style-type: none"> Construct and maintain communal latrines, bath shelters, and proper drainage systems. Support the assessment and desludging of filled latrines and provide lighting for safety. <p>Hygiene Promotion</p> <ul style="list-style-type: none"> Promote hygiene through the installation of handwashing stations, hygiene sessions, food hygiene assessments, provision of laundry soap, and waste management systems in reception and settlement areas. <p>Vector Control</p> <ul style="list-style-type: none"> Implement vector control measures, including fumigation and indoor residual spraying (IRS) in accommodation shelters to break the host agent cycle. <p>Water Treatment</p> <ul style="list-style-type: none"> Provide water treatment options, such as aqua tabs, solvatten kits, and filters, to enhance access to potable water.

Coordination Arrangements

The Refugee Coordination Model (RCM) in Uganda has evolved from early ad-hoc coordination efforts to a structured, multi-layered approach that integrates both traditional humanitarian actors and non-traditional development partners. It continues to be a model of inclusion, with an emphasis on refugee self-reliance and integration into national service systems. The Inter-Agency Coordination Group (IACG) is the primary strategic refugee response coordination forum in Uganda. It addresses issues ranging from refugee response management and planning to contingency planning and operational challenges raised by sector working groups. The IACG is co-chaired by the OPM, the Ministry of Local Government (MoLG), and UNHCR.

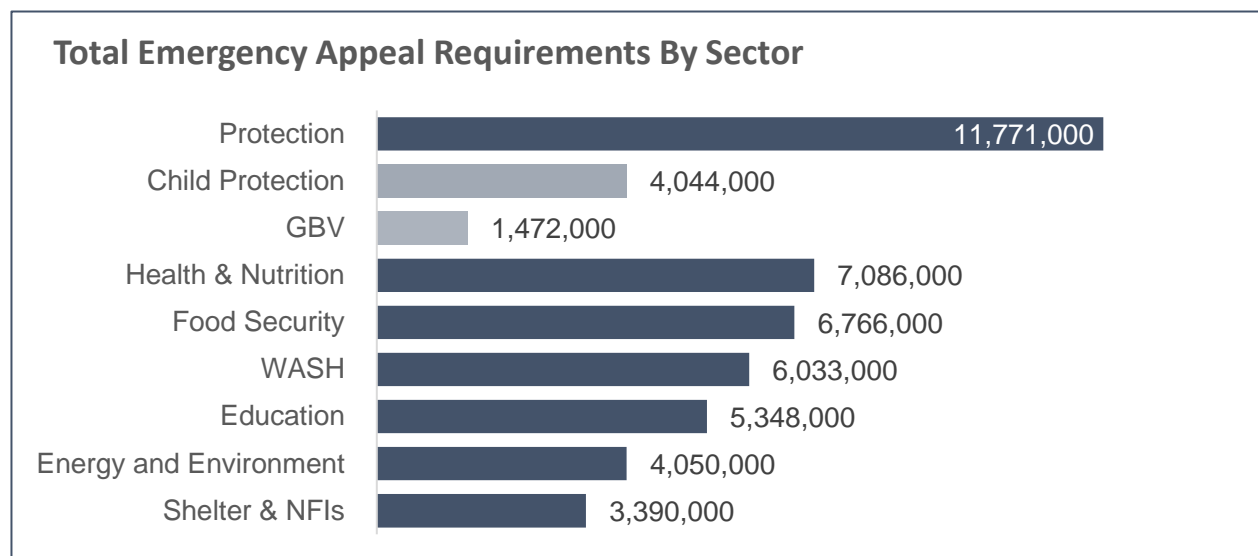
The operational coordination takes place at several levels: Leadership level, Inter-Agency level, Inter-Sector Working Group, technical sector level and district/settlement level (Inter-Agency and sector structures). Twenty-four partners contributed to sectoral consultations for the design of this appeal and are actively involved in emergency response activities include 07 UN agencies, 15 international NGOs, and 02 national partners. The coordination of the emergency response follows the same pattern with an additional level of coordination led by OPM and UNHCR at the local level, in the location of the refugee emergency response.

Funding requirements – DRC Situation

RRP partners are appealing for an estimated USD 44 million to support life-saving interventions from April to September 2025. Of this amount, USD 21 million represents new needs, while the remaining USD 23 million has been reprioritized from the existing Uganda Country Refugee Response Plan (UCRRP), which has a total requirement of USD 365.1 million. The table below outlines the financial requirements by appealing Inter-Agency partners and by sector. This Emergency Country Refugee Response Plan will be updated as the situation continues to evolve.

Partner Name	Total Emergency Appeal Requirements (in US dollars)
National NGOs	
Humanitarian Assistance and Development Services (HADS)	85,000
Transcultural Psychosocial Organization (TPO)	150,000
International NGOs	
Action Against Hunger (ACF)	2,200,000
Adventist Development and Relief Agency (ADRA)	2,300,000
Alight (formerly American Refugee Committee)	709,000
Cooperative for Assistance and Relief Everywhere (CARE)	350,000
Church World Service (CWS)	500,000
Danish Refugee Council (DRC)	1,050,000
Finn Church Aid (FCA)	651,000
International Rescue Committee (IRC)	28,000
Lutheran World Federation (LWF)	1,185,000
Medical Teams International (MTI)	879,000
Norwegian Refugee Council (NRC)	4,810,000
Oxford Committee for Famine Relief (Oxfam)	1,048,000
Plan International (Plan)	188,000
Tutapona Trauma Rehabilitation (TTR)	90,000
War Child Holland (WCH)	1,819,000
United Nations	
Food and Agriculture Organization (FAO)	2,500,000
International Organization for Migration (IOM)	4,750,000
United Nation's Population Fund (UNFPA)	480,000
United Nations High Commissioner for Refugees (UNHCR)	10,661,000
United Nations Children's Emergency Fund (UNICEF)	4,284,000
UN Entity for Gender Equality and the Empowerment of Women (UNWOMEN)	430,000
World Food Programme (WFP)	3,290,000
TOTAL APPEAL	44,437,000

Total Emergency Appeal by Sector



Funding requirements – Sudan and South Sudan situations

It is equally important not to lose sight of the urgent and ongoing needs in the Sudan and South Sudan refugee situations, which remain severely underfunded. Emergency requirements stand at USD 38 million for the South Sudan situation and USD 33 million for the Sudan situation. These crises demand continued attention and support alongside the current emergency.

South Sudan Situation Appeal Requirements

Partner Name	Total Emergency Appeal Requirements (in US dollars)
Refugee Led NGOs	
Youth Social Advocacy Team (YSAT)	735,000
I CAN South Sudan (I CAN SSD)	1,500,000
National NGOs	
Humanitarian Assistance and Development Services (HADS)	85,000
Transcultural Psychosocial Organization (TPO)	150,000
Uganda Refugee Disaster and Management Council (URDMC)	196,000
International NGOs	
Action Against Hunger (ACF)	2,300,000
Adventist Development and Relief Agency (ADRA)	1,950,000
ChildFund International (CFI)	300,000
Cooperative for Assistance and Relief Everywhere (CARE)	350,000
DanChurchAid (DCA)	150,000
Finn Church Aid (FCA)	2,177,000
International Rescue Committee (IRC)	847,000
Lutheran World Federation (LWF)	455,000
Medical Teams International (MTI)	789,000
Norwegian Refugee Council (NRC)	3,600,000
Oxford Committee for Famine Relief (Oxfam)	1,200,000
Plan International (Plan)	69,000
Tutapona (TTR)	95,000
War Child Holland (WCH)	2,000,000

Water Mission Uganda (WMU)	800,000
UN Agencies	
United Nations Children’s Fund (UNICEF)	2,261,000
United Nations Migration Agency (IOM)	4,200,000
United Nations Population Fund (UNFPA)	2,125,000
United Nations Refugee Agency (UNHCR)	6,952,000
UN Entity for Gender Equality and the Empowerment of Women (UN WOMEN)	770,000
United Nations World Food Programme (WFP)	2,314,000
TOTAL APPEAL	38,370,000

Sudan Situation Appeal Requirements

Partner Name	Total Emergency Appeal Requirements (in US dollars)
National NGO	
Humanitarian Assistance and Development Services (HADS)	350,000
Transcultural Psychosocial Organization (TPO)	50,000
Uganda Refugee Disaster and Management Council (URDMC)	350,000
International NGO	
Action Against Hunger (ACF)	600,000
Adventist Development and Relief Agency (ADRA)	625,000
International Rescue Committee (IRC)	61,000
Lutheran World Federation (LWF)	195,000
Norwegian Refugee Council (NRC)	310,000
Oxford Committee for Famine Relief (Oxfam)	3,000,000
Plan International (Plan)	52,000
War Child Holland (WCH)	590,000
UN Agency	
UN Entity for Gender Equality and the Empowerment of Women (UN WOMEN)	220,000
United Nations Children’s Fund (UNICEF)	2,755,000
United Nations Population Fund (UNFPA)	1,121,000
United Nations Refugee Agency (UNHCR)	20,398,000
United Nations World Food Programme (WFP)	2,656,000
TOTAL APPEAL	33,333,000

UGANDA EMERGENCY COUNTRY REFUGEE RESPONSE PLAN

APRIL – SEPTEMBER 2025

UGANDA COMPREHENSIVE
REFUGEE RESPONSE PORTAL

Uganda Refugee Response Portal: <https://data.unhcr.org/en/country/uga>

For more information please contact:

UNHCR Uganda:

Carol Sparks | Senior External Engagement Coordinator | sparks@unhcr.org

Erika Fitzpatrick | Senior Inter-Agency Coordination Officer | fitzpat@unhcr.org