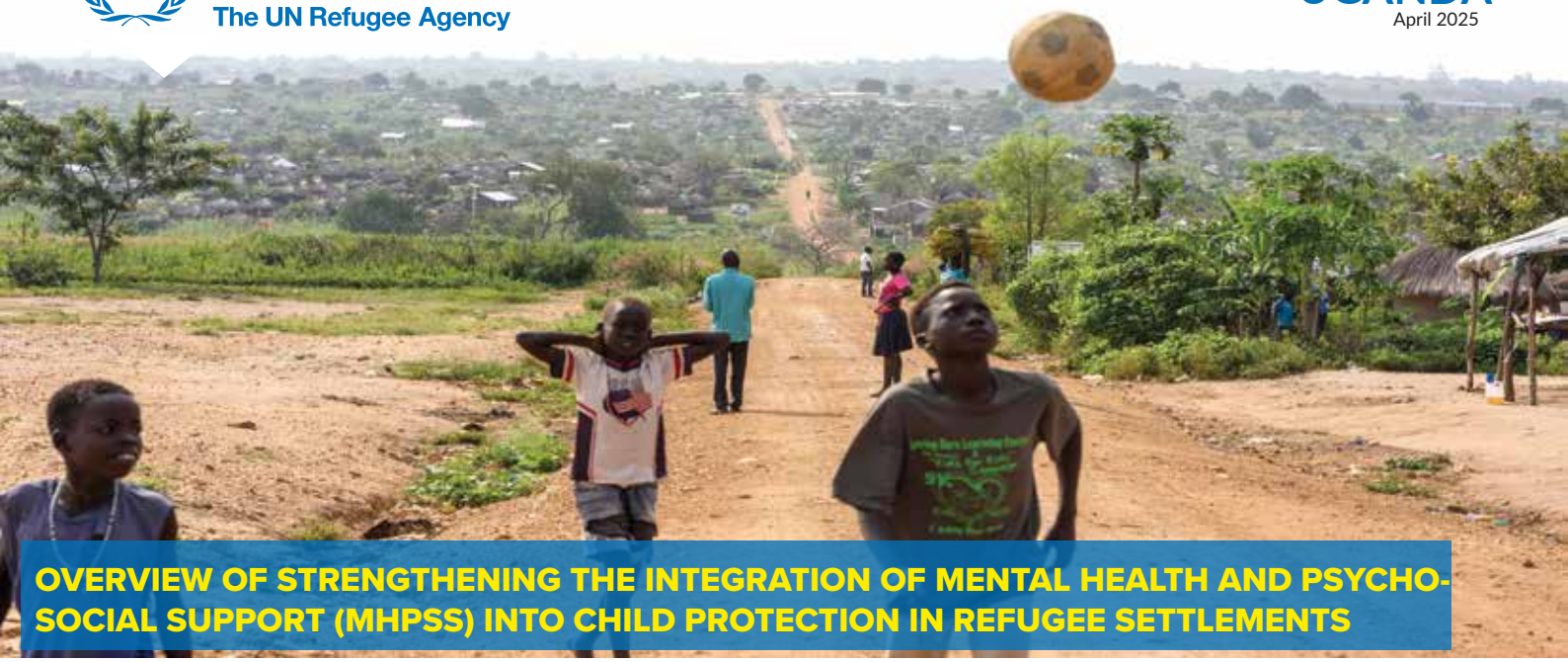
UNHCR
The UN Refugee Agency

UGANDA
April 2025



OVERVIEW OF STRENGTHENING THE INTEGRATION OF MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT (MHPSS) INTO CHILD PROTECTION IN REFUGEE SETTLEMENTS

Over 1.8 million refugees[1]

52% of the refugee population are children[1]

PTSD, Anxiety, and Depression are observed among refugee children[2]

68% of refugee households have a member with psychological distress[3]

BACKGROUND AND CONTEXT

Children are among the most vulnerable members of society, often facing risks of abuse, neglect, violence, and exploitation, which can have lasting effects on their well-being. In Uganda, refugee children make up 52% of the 1.89 million refugees, highlighting the urgent need for comprehensive child protection measures to safeguard their interests.

Mental Health and Psychosocial Support (MHPSS) plays a critical role in ensuring the well-being of refugee children, many of whom have experienced trauma, loss, and displacement. Without adequate support, refugee children face challenges in learning, social integration, and behavioural regulation, increasing their risk of exploitation and abuse. The limited availability of structured MHPSS services within child protection mechanisms exacerbates their vulnerabilities, limiting their ability to recover and thrive.

FUNDING

2024 Inter-Agency UCRRP funding for protection

$178M
Total Required

$79M	$99M
Received 44%	Gap 56%

ROOT CAUSES

- Pre-displacement trauma during flight brought by violence, persecution, torture, or the loss of loved ones
- Resettlement Stress; the challenges of adapting to a new country, such as language barriers, cultural differences, and discrimination
- Economic hardship and unemployment
- Legal and administrative stress
- Cultural and identity crisis
- Limited access to mental health services
- Stigma and shame

KEY DATA ON SUICIDE INCIDENTS IN 2024[4]

Who is Affected?

Attempted Suicide	60%	40%
Death by Suicide	15%	85%
Repeated Incidents	50%	50%

Children Affected?

12-17	44%	42%
5-11	7%	7%

Attempted Suicide: 40

Death by Suicide: 3

Who is Most at Risk?

Refugees: 267 incidents (94%)

Host Community: 30 incidents (6%)

MHPSS Sector lead: Grace Obalim (TPO) | gobalim@tpoug.org - **Feedback:** UNHCR Uganda Information management Unit | ugakaimug@unhcr.org

[1] Uganda - Refugee Statistics April 2025, [2] PTSD: Post-Traumatic Stress Disorder, [3] Multi-Sectoral Needs Assessment (MSNA) 2024, [4] Uganda Refugee Response: Suicide Dashboard Q4 2024

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MHPSS INTERVENTIONS

Several agencies have piloted intervention mechanisms to address the MPHSS needs of the refugees, below table shows the interventions by partner.

Intervention	Description	Implementing Organizations
Community-Based MHPSS Programmes	Engaging local communities in providing culturally appropriate psychosocial support through trained refugee and host community members.	UNHCR, UNICEF, Uganda Red Cross Society, Lutheran World Federation, Tutapona
Child-Friendly Spaces (CFS)	Establishing safe environments where refugee children can play, learn, and receive psychological support.	Save the Children, Plan International, World Vision
Integration of MHPSS in Schools	Training teachers to identify and support children with mental health concerns and implementing social-emotional learning programmes.	Ministry of Education and Sports, War Child Holland, Jesuit Refugee Service (JRS), Tutapona
Specialized Mental Health Services	Deploying psychologists and counsellors in refugee settlements to provide therapy for children experiencing severe distress.	Médecins Sans Frontières (MSF), Transcultural Psychosocial Organization (TPO) Uganda, Humanity & Inclusion, Tutapona, Medical Teams International (MTI), International Rescue Committee (IRC), and
Family Strengthening Initiatives	Offering parenting support programmes to help caregivers better respond to the emotional needs of their children.	Lutheran World Federation (LWF), AVSI Foundation, Action Against Hunger, Tutapona
Peer Support Networks	Encouraging youth-led initiatives where children support each other through shared experiences and resilience-building activities.	Refugee Law Project (RLP), InterAid Uganda
Capacity Building for Humanitarian Workers	Training frontline responders in Psychological First Aid (PFA) and trauma-informed care to ensure effective service delivery.	IOM, WHO, International Rescue Committee (IRC), Tutapona

KEY CHALLENGES IN INTEGRATING MHPSS INTO CHILD PROTECTION IN UGANDA

Limited Interaction

Limited interaction between coordination platforms (health, Child protection, education) and limited data on MHPSS service providers and their capacities

Gaps in Awareness and Service Accessibility

To improve MHPSS awareness and the limited knowledge of caregivers, teachers, and social workers about the availability of MHPSS resources, a review of existing information, education, and communication (IEC) materials.

Limited Integration Across Sectors

Limited inter-sector collaboration between MHPSS, Protection, Health, and Nutrition sectors; a lack of specific indicators to monitor MHPSS integration across these sectors; and insufficient cross-sectoral training for frontline workers to integrate MHPSS principles effectively.

Stigma, Cultural, and Social Barriers

In some cultures, mental health issues are highly stigmatized, and seeking help may be seen as a sign of weakness or exposure. This can prevent refugees from accessing the support they need. Additionally, refugees may feel isolated in their host countries due to language barriers, cultural differences, and a lack of social support networks.

Security & Stability Issues

Ongoing and new conflicts in neighbouring countries leading to refugee influx, which increases pressure on the existing MHPSS humanitarian support system.

MHPSS SIX ACTIONS FOR UNHCR IN CHILD PROTECTION

To enhance the integration of MHPSS into child protection, interventions should align with UNHCR's six-step approach:

COORDINATE

Harmonize coordination platforms and share best practices across different sectors and collect comprehensive data on MHPSS service providers and their capacities.

DISSEMINATE

Share mental health awareness materials across refugee communities, schools, and child-friendly spaces.

ORIENT

Train child protection actors and teachers on psychological first aid (PFA) and trauma-informed care.

PROVIDE

Ensure children have access to structured psychosocial support programs, including peer mentorship and group therapy.

SUPPORT

Establish ongoing supervision, mentoring, and debriefing sessions for child protection staff and caregivers.

PROMOTE

Advocate for the integration of MHPSS into national child protection frameworks and policies.

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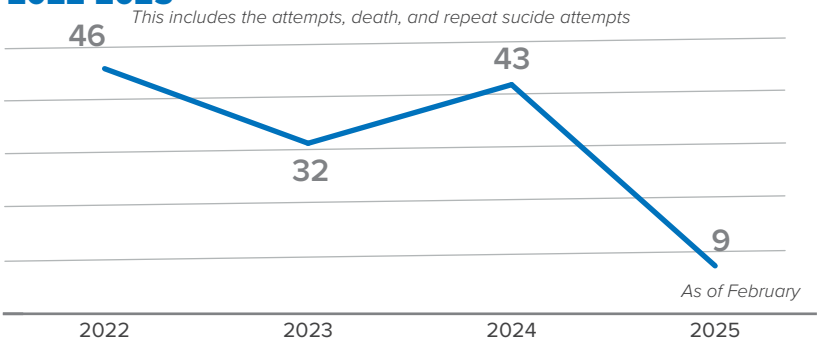
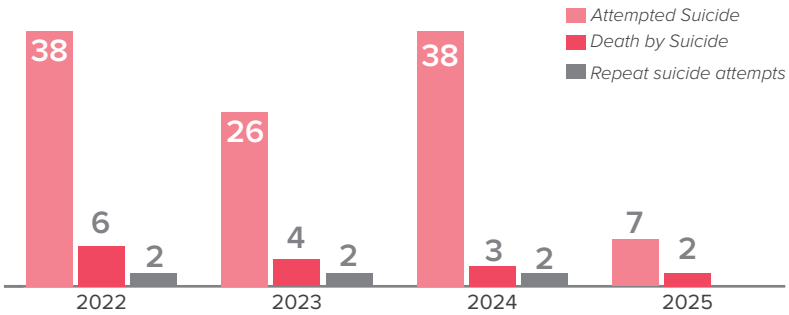
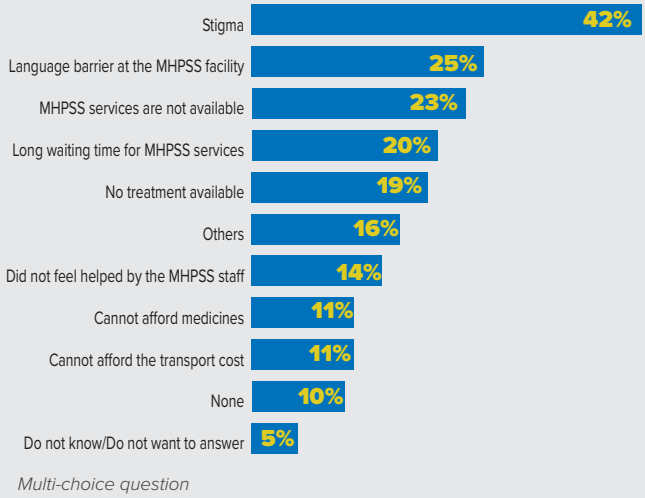
NUMBER OF SUICIDE INCIDENTS AMONG CHILDREN | 2022-2025[5]





CHALLENGES/ BARRIERS REFUGEES FACE WHEN ACCESSING MHPSS SERVICES[6]

In 2024, 4,521 refugee, asylum seekers and host community members were interviewed with the UNHCR Participatory Assessment (PA) in Kampala and all settlements. Below summary of the key challenges and barriers in accessing MHPSS services.



2026 – 2030 INTER-AGENCY PRIORITIES:

1. **Strengthening Coordination and Referral Systems:** Map service providers for MHPSS and create stronger referral pathway and cooperation; Harmonize coordination platforms to enhance collaboration and service efficiency; Estab lish a National MHPSS Dashboard to monitor service delivery and mental health trends; and Advocate for mandatory MHPSS representation in all technical working groups.
2. **Enhancing Awareness and Community Engagement:** Revise and adapt existing IEC materials to better nclude messaging around coping and help seeking for mental health issues and psychosocial distrress; Engage community leaders and caregivers in stigma-reduction campaigns; Integrate MHPSS messaging into schools, community cen ters, and religious institutions; and Leverage radio, social media, and SMS campaigns to reach refugee and host communities with mental health awareness messages.
3. **Strengthening Child Protection Interventions:** Reactivate Child-Friendly Spaces (CFS) to provide safe environ ments for children; train teachers, child protection actors, and community health workers on psychological first aid (PFA) and trauma-informed care; establish peer support networks for children to foster shared resilience-building activities; and integrate mental health screening tools within child protection case management frameworks.
4. **Capacity Building and Training for Sustainability:** Train CP staff, health workers, and parasocial workers to improve service delivery and develop structured mentorship programmes to build capacity within the refugee settlements.
5. **Data Management and Policy Integration:** Inclusion of MHPSS data in national health information systems, (Health Management Information System (HMIS) & District Health Information Software 2 - DHIS2), and Advocate for the inclusion of MHPSS indicators in national child protection policies.
6. **Advocacy:** While advocating for policy changes to advance inclusion of refugee children into governmental services, it is crucial to ensure the delivery of essential MHPSS service for refugee children in need and avoid they are left behind.
7. **Multi-sectoral Engagement:** Integrate MHPSS into sector work plans by including sector-specific priority actions, budgeting, coordination, and establishing an M&E framework and results framework to track MHPSS across sectors.

MHPSS Contact Persons

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[5] Uganda Refugee Response: Suicide Dashboard Q4 2024, [6] UNHCR Uganda - Participatory Assessment 2024