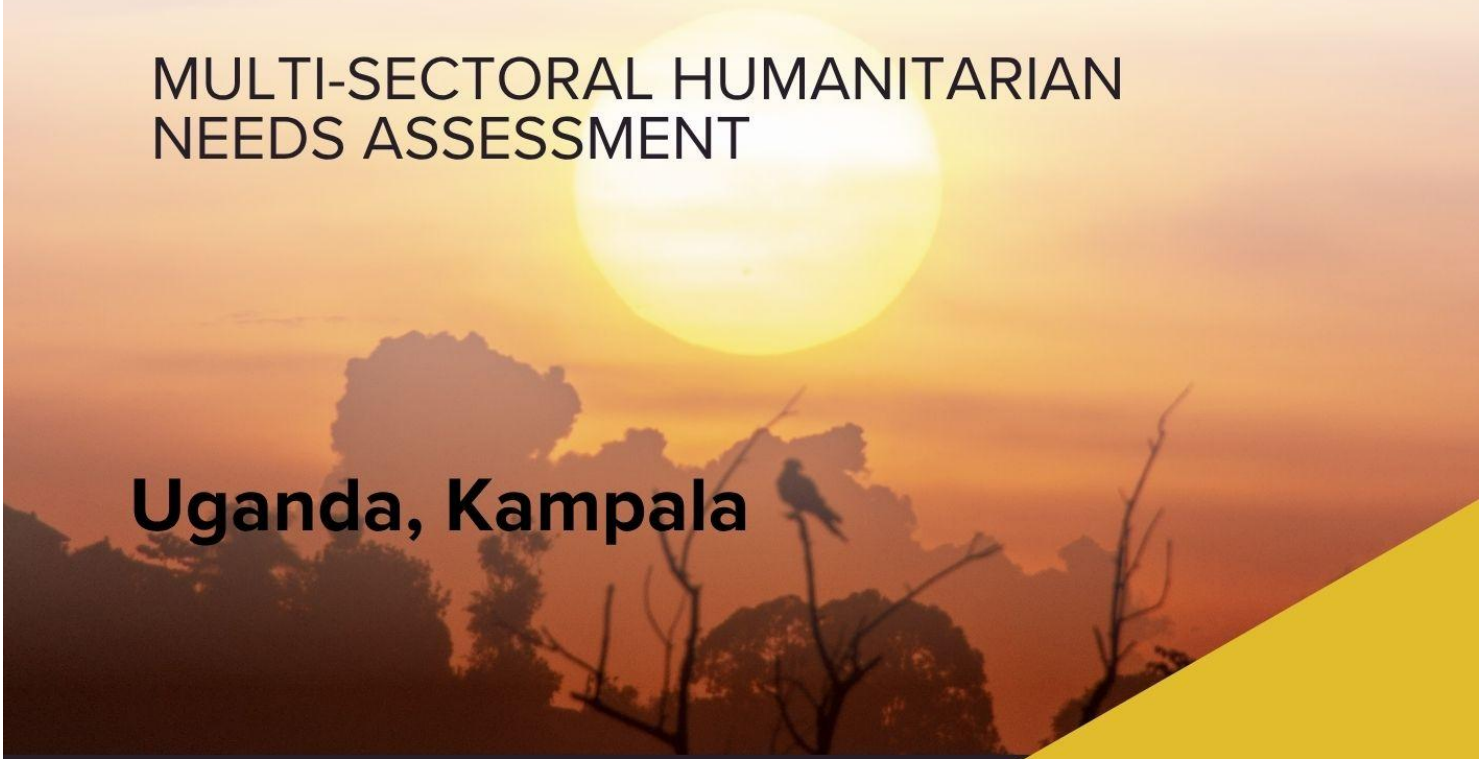
A MULTI-SECTOR VISION

2026–2030

INTEGRATING SUDANESE COMUNNITY INTO KIRYANDONGO REFUGEE SETTLEMENT

ASSESSMENT 2025-2026

MULTI-SECTORAL HUMANITARIAN NEEDS ASSESSMENT



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LIST OF ACRONYMS

Abbreviation	Full Name
UNHCR	United Nations High Commissioner for Refugees
OPM	Office of the Prime Minister – Government of Uganda
UNICEF	United Nations Children's Fund
LWF	Lutheran World Federation
RMF	Real Medicine Foundation
NRC	Norwegian Refugee Council
RW	Refugee Welfare Committee
WFP	World Food Programme
WASH	Water, Sanitation, and Hygiene
URDMC	Uganda Refugee and Disaster Management Committee
FGD	Focus Group Discussion
KII	Key Informant Interview
WINDA	Women in Need Development Agency
ICT	Information and Communication Technology
SAF	Sudanese Army Forces
RSF	Rapid Support Forces
CMBM	Center for Mind Body Medecine
WIU	Windle International Uganda
FCA	Finn Church Aid
WPD	World Peace and Development
TVET	Technical and Vocational Education and Training
CLC	Community Learning Centre
HIV/AIDS	HIV = Human Immunodeficiency Virus AIDS = acquired immunodeficiency syndrome
FGM	Female Genital Mutilation
NGOs	Nongovernmental Organizations
UN agencies	United Nations
UGX	Ugandan Shilling
FAO	Food and Agriculture Organization
RW2	Refugee Welfiar
PTSD	Post-Traumatic Stess Disorder
MHPSS	Mental Health and Psychosocial Support Strategies
VHTs	Village Health Teams
IRC	International Rescue Committee
WMHD	World Mental Health Day
PFAHN	Psychological First Aid and Home Nurse
KRSU	Kiryandongo Refugee Settlement Uganda
MSHNA	Multi-Sectoral Humanitarian Needs Assessment

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GENERAL OVERVIEW OF THE REPORT

1. EXCUTIVE SUMMARY

This multi-sectoral need assessment analyses the current situation of humanitarian and development services in Kiryandongo Refugee Settlement, Uganda, with a specific focus on refugees from Sudan. The needs assessment covers the sectors of protection, peacebuilding, mental health and psychosocial support (MHPSS), food security and livelihoods, primary healthcare, water, sanitation and hygiene (WASH), and education. Its overarching aim is to identify critical challenges, key actors, coordination gaps, available opportunities, and priority interventions necessary to improve refugee well-being, strengthen resilience, and promote social cohesion within the settlement.

The needs assessment recognizes that humanitarian and development services in Kiryandongo are not sectorally isolated but deeply interconnected. Fragmented, single-sector responses have proven insufficient to address complex protection risks, psychosocial distress, food insecurity, health pressures, and social tensions among diverse refugee populations. As such, the findings directly inform the development of a Multi-Sectoral Intervention Framework which proposes integrated, coordinated, and community-led responses anchored in strengthened humanitarian governance and institutional collaboration.

The needs assessment employed a qualitative, participatory, and multi-sectoral approach to ensure a contextualized and inclusive understanding of the Sudanese refugee situation. Data collection was conducted in two sequential phases. The first phase involved a participatory analytical workshop on 18-12-2025 with key stakeholders and community leadership structures, including the Office of the Prime Minister (OPM), UNHCR, police representatives, refugee committees, and sectoral offices. This phase focused on identifying shared challenges, service gaps, risks, coordination failures, and priority needs across sectors.

The second phase consisted of Focus Group Discussions (FGDs) on 23-12-2025 with purposively selected refugee groups (e.g., adult men, women, and youth) to capture diverse lived experiences, coping mechanisms, and priorities. In parallel, Key Informant Interviews (KIIs 25-12-2025) were conducted with representatives of Sudanese refugee committees and community security and refugee affairs bodies. The triangulation of institutional perspectives, community voices, and stakeholder inputs ensured that the findings are grounded, inclusive, and reflective of both operational realities and lived experience.

The report identified severe and overlapping challenges across all assessed sectors. Protection risks remain high, driven by the existence of multiple parallel community committees with weak coordination, limited incident response mechanisms, and persistent insecurity, particularly during night-time hours. These protection gaps are compounded by insufficient policing capacity, weak referral pathways, and limited community trust in existing structures.

Social cohesion is increasingly strained due to competition over limited resources, inter-group tensions among refugee populations, language barriers between Arabic- and English-speaking communities, and perceptions of unequal access to services. These dynamics heighten the risk of conflict and undermine peaceful coexistence.

High levels of psychological distress were reported across demographic groups, linked to insecurity, poverty, food shortages, illness, loss of livelihoods, and cumulative trauma associated with displacement and conflict. Deaths among children, older persons, and individuals with chronic illnesses, alongside uncertainty about the future, are significantly eroding mental well-being and community resilience.

Food insecurity remains widespread and chronic. Many households face persistent hunger due to reduced and irregular food assistance, unsustainable communal kitchens, and limited cash transfers. Malnutrition and anemia are prevalent, particularly among children and pregnant and lactating women, increasing vulnerability to disease and mortality. Livelihood opportunities are extremely limited. High unemployment and poverty levels persist, while existing vocational and skills training programs are largely theoretical and weakly connected to market demand. As a result, refugees struggle to achieve self-reliance or generate sustainable income.

Health services are under severe pressure due to population growth and continuous new arrivals. Malaria, typhoid, eye infections, fevers, malnutrition, and Anemia are common, with pregnant women facing heightened risks. Limited access to timely healthcare has contributed to preventable morbidity and mortality among vulnerable groups.

WASH conditions are inadequate in many clusters, particularly newer settlement areas. Broken water points, insufficient latrines, lack of hygiene materials, poor waste management, and environmental hazards pose serious public health risks. Education access is declining, with rising dropout rates, non-enrolment, overcrowded classrooms, language barriers, and limited access to market-oriented vocational and higher education, undermining long-term human capital development.

The needs assessment Informing Multi-Sectoral Intervention Framework to responds directly to these findings by proposing a Multi-Sectoral Intervention Framework that addresses both service delivery gaps and the underlying coordination and governance failures identified in the needs assessment. The framework emphasizes that effective humanitarian response in Kiryandongo requires integrated interventions, rather than parallel sectoral programming.

The framework highlights the need to:1) Establish **strong humanitarian governance and coordination mechanisms** that link refugee-led initiatives, NGOs, UN agencies, and government actors under a shared platform, reducing duplication and improving accountability. 2) Integrate **protection and peacebuilding interventions** as foundational elements across all sectors, recognizing their cross-cutting role in stabilizing communities and preventing conflict. 3) Align **livelihoods, food security, and vocational training** with market realities to promote self-reliance, reduce dependency, and mitigate negative coping strategies. 4) Strengthen **health and WASH systems simultaneously**, acknowledging their interdependence in preventing disease and reducing mortality. 5) Embed **education and skills development** within a broader resilience and social cohesion agenda, particularly for youth and women. 6) Promote **community-led, participatory approaches**, ensuring refugees are not passive beneficiaries but co-designers and implementers of interventions.

Central to report, the This **integrated mechanism serves** as the grassroots backbone bringing together refugee-led initiatives, community committees, women's and youth groups, and local organizations into a unified, inclusive coordination platform. By strengthening horizontal collaboration among **Kiryandongo settlement-based actors and stakeholders** and vertical linkages with the partners (**Kampala-based NGOs and institutions**), the **network** reduces fragmentation, enhances mutual accountability, and ensures that interventions are grounded in community-identified priorities.

Together, the **CBOs structures**, continuous **Kaizen-Improvement approach**, **Istijaba Observatory System** and **fund mechanism** enable real-time information sharing, participatory and inclusive decision-making, early identification of risks, and strategic alignment of multi-sectoral interventions across actors and locations. This **integrated mechanism** strengthens coherence between **settlement-based initiatives and Kampala-based organizations**, enhances the effectiveness of humanitarian and development responses, and supports a coordinated, resilient, and community-centered pathway for addressing complex and interlinked needs.

2. INTRODUCTION:

The multi-sectoral needs assessment in Kiryandongo was initiated in response to five key factors. First, serious assault incidents occurred during 10-13 July, 2025 involving members of the Nuer community from South Sudan against Sudanese refugees, resulting in one death and injuries to 63 individuals. Second, there has been an intensified wave of displacement from Darfur and Kordofan regions to Uganda due to ongoing conflict between SAF and RSF. Third, sustained advocacy campaigns led by Sudanese activists through high-volume WhatsApp and Facebook platforms highlighted the deterioration of humanitarian conditions within the settlement. Fourth, Mama Africa Organization for Humanitarian Services called for a consultative meeting with cluster leaders to assess the status of humanitarian service delivery. Fifth, the assessment responds to a formal appeal from refugees requesting expanded humanitarian interventions, building on activities implemented by Nojoom Al-Ghad (Future Stars) during the 2024–2025 period in Kiryandongo Refugee Settlement, in partnership with DTI, CMBM, Mama Africa Organization, and the Change Makers Initiative.

The assessment covers protection, peacebuilding, mental health, education, health, livelihoods, and WASH sectors, with the objectives of: 1) Informing humanitarian response priorities 2) Supporting advocacy efforts 3) Guiding resource mobilization 4) Proposing intervention framework Model.

The assessment focuses specifically on Sudanese refugees across all age and social groups, with particular attention to the most vulnerable populations (children, students, pregnant women, older persons, persons with disabilities, individuals with chronic illnesses, as well as women and youth). Key challenges constraining effective multi-sectoral delivery include: 1) Economically, many Sudanese refugees possess skills linked to Sudan's pre-conflict economy—such as rain-fed agriculture, traditional crafts, and informal trade—that are not easily transferable to the Ugandan context. Unlike refugees from neighbouring countries with prior exposure to Uganda's labour market or cross-border trade systems, Sudanese refugees face greater challenges in achieving self-reliance, resulting in higher unemployment and reliance on humanitarian assistance. 2) Limited representation in protection structures and weak understanding of national laws and refugee regulations 3) Heightened vulnerability of women, children, older persons, and persons with disabilities to exploitation and violence 4) Acute health and mental health needs, including high psychological distress, trauma, and culturally specific health issues such as childbirth complications linked to FGM (FGD-Women 23-12-2025) 5) Education barriers for Sudanese children and youth due to differences in curricula, language, and interrupted schooling (FGD-Youth 23-12-2025) 6) Protection and building peace concern, and 7) WASH services.

In order to facilitate the effective integration of recently arrived Sudanese refugees within the settlement context, this report seeks to assess and analyse their specific and differentiated needs. The needs assessment focuses on identifying priority humanitarian and protection concerns, service gaps, and opportunities for inclusion, participation, and social cohesion, with the aim of informing context-sensitive, targeted, and coordinated interventions.

3. METHODOLOGY

This needs assessment is mainly meant to acquire granulated, perceptions opinions for the fundamental and triggering factors caused the deterioration of humanitarian and development situation among Sudanese refugee communities at Kiryadongo settlement where the needs assessment espoused participatory qualitative and quantitative multi-sectoral approach, applying key Focus Group Discussion (FGD) and Informant Interviews (KIIs), to ensure a contextualized and inclusive understanding of the Sudanese refugee situation. Data collection was conducted in two sequential phases. The first phase involved a participatory analytical workshop on 18-12-2025 with 35 (15 females and 20males) key stakeholders and community leadership structures, including the Office of the Prime Minister (OPM), UNHCR, police representatives, refugee committees, and sectoral offices. This phase focused on identifying shared challenges, service gaps, risks, coordination failures, and priority needs across sectors. The second phase consisted of Focus Group Discussions (FGDs) on 23-12-2025 with purposively selected refugee groups (e.g., 11 adult men, 12 women, and 10 youth) to capture diverse lived experiences, coping mechanisms, and priorities. In parallel, Key Informant Interviews (KIIs 25-12-2025) were conducted with 8 representatives from Sudanese refugee committees and community security and refugee affairs bodies. The triangulation of institutional perspectives, community voices, and stakeholder inputs ensured that the findings are grounded, inclusive, and reflective of both operational realities and lived experience. The methodology also, carried desk review, observations and data analysis.

3.1 Sampling Strategy

A purposive sampling technique was used throughout the needs assessment to deliberately select participants who are knowledgeable, affected by, or directly involved in camp-related issues. This approach was appropriate given the exploratory nature of the needs assessment and the need to capture rich, context-specific information rather than statistically representative data.

- **Data Collection and Analysis**

Data were collected through facilitated discussions, guided by semi-structured tools tailored to each group of participants. Notes from the workshop, FGDs, KIIs, Desk review, observations and interviews were systematically reviewed and analysed using thematic analysis, allowing for the identification of recurring themes, sectoral gaps, risks, opportunities, and potential intervention areas. Findings from different sources were triangulated to enhance credibility and ensure consistency across perspectives from refugees, organizations, and government authorities.

- **Ethical Considerations**

The assessment adhered to key ethical principles, including informed consent, confidentiality, non-discrimination, and the "Do No Harm" approach. Participation was voluntary, and all respondents were treated with respect and dignity. No personal identifiers were included in the analysis or reporting.

- **Key questions?**

The interviews and focus groups were designed to answer the following research questions: 1) To what extent do refugees have access to and what quality of basic services in the sectors of protection, peace and mental health, food security and livelihoods, curative and preventive health, water, hygiene, sanitation and education? 2) What are the actors providing such services? 3) What are the main gaps and challenges that limit access to these services? 4) Who are the most vulnerable groups and what are the risks that they face? 5) What are the current capacities and resources are available for response, and what are the opportunities for coordination among actors? 6) What are the urgent priorities for short-term humanitarian interventions that should be addressed through an evidence-based response plan and an appropriate funding request?

The findings presented in this report directly reflect the views of the participants, ensuring a high level of authenticity and richness of the collected data. The activity provides a comprehensive and systematic analysis of data gathered through interviews and focus group discussions with youth, women, men, refugee community leaders, and key informants. It focuses on the multi-sectoral humanitarian needs assessment conducted by the Future Stars Center for Development and Capacity Building (FSC), which is duly registered in Sudan as a national NGO, while in Uganda it is registered as an NGO under the name Nojoom Alghad Foundation for Capacity Building and Development. The detailed information about needs assessment background, contextual analysis and case study for each sector elaborated in the following chapters

CHAPTER ONE

ASSESSMENT BACKGROUND AND CONTEXT ANALYSIS

1.1 Needs Assessment Background

Kiryandongo Refugee Settlement was originally established in 1954, when the area was designated to host Kenyan refugees fleeing political uprising. In 1990, the Government of Uganda formally declared Kiryandongo as land allocated for the reception, accommodation, and long-term resettlement of refugees fleeing regional conflicts (Desk Review-MA-26-12-2025). In 2002, the settlement was utilized as a temporary transit site, particularly for refugees arriving from South Sudan following the escalation of the civil war. With the worsening humanitarian crisis in South Sudan, Kiryandongo was officially re-opened in 2014 to accommodate additional refugee inflows, including populations from the Democratic Republic of the Congo, Rwanda, Burundi, Kenya, Somalia, Sudan, and other conflict-affected countries (Desk Review of Alayam report-18-12-2025).

Kiryandongo District was selected as a reception and long-term settlement site for refugees in the Bweyale area of northern Uganda due to its strategic location along the Kampala–Gulu highway, its proximity to the borders with South Sudan and Sudan, and the availability of extensive land that was largely uninhabited by the indigenous population at the time (Desk Review-Wikipedia- 25-12-2025). According to the Uganda Bureau of Statistics Population and Housing Census Projections released in May 2024, the total population of Kiryandongo District is estimated at approximately 364,872 individuals (176,128 males 188,744 females), including both host communities and refugees, representing the most recent data available up to the end of 2025 (Desk Review- Uganda Bureau of Statistics 25-12-2025). In comparison, the refugee population residing within Kiryandongo Refugee Settlement is estimated at approximately 165,000 individuals, based on a UNICEF report issued in November 2025.

Since its establishment, Kiryandongo Refugee Settlement has experienced a steady increase in refugee arrivals from South Sudan, Sudan, the Democratic Republic of the Congo, Rwanda, Burundi, Kenya, Ethiopia, and other conflict-affected countries. Since the beginning of the year, Uganda has registered 56,119 asylum-seekers, of whom 28,826 originated from the Democratic Republic of the Congo, 15,706 from South Sudan, and 9,878 from Sudan. During the same period, 6,758 births were recorded among refugee populations. Overall, the refugee and asylum-seeking population increased by 28,454 individuals (1.6%) compared to the previous month (Desk Review of Alayam report-18-12-2025).

As a result of the conflict in Sudan that erupted in mid-April 2023, Uganda has recorded the arrival of approximately 71,959 Sudanese refugees fleeing violence and insecurity. Similarly, instability in the Democratic Republic of the Congo has resulted in a substantial influx of Congolese refugees, with 593,511 registered Congolese nationals currently residing in Uganda—an increase of 31,631 since the end of 2024 (Desk Review of Alayam report-18-12-2025).

Since mid-2023, Uganda has experienced a sustained and growing influx of Sudanese refugees fleeing ongoing armed conflict. Kiryandongo Refugee Settlement has emerged as one of the primary reception sites, hosting more than 90,000 Sudanese refugees by 2025. At present, the settlement continues to receive approximately 1,000 Sudanese refugees per week, arriving via 10 to 15 buses, due to continued fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), particularly in the Darfur and Kordofan regions (KII-25-12-2025).

Accordingly, Sudanese refugees in Kiryandongo face circumstances that differ significantly from those of refugee populations originating from countries such as the Democratic Republic of the Congo, Kenya, and others. The majority of Sudanese refugees are recent arrivals fleeing an active and highly violent armed conflict, leaving many in the early stages of displacement, trauma, and psychological shock. In contrast, other refugee communities have resided in the settlement for longer periods and have gradually developed coping strategies, social networks, and adaptation mechanisms.

Socially and culturally, Sudanese refugees face pronounced linguistic and cultural barriers. Limited proficiency in English and local Ugandan languages constrains access to essential services, weakens communication with service providers, and restricts meaningful participation in leadership and decision-making structures. As a result, Sudanese refugees tend to have weaker representation within existing community governance mechanisms compared to other nationalities, such as the Refugee Welfare Committees (RWC).

Uganda has adopted one of Africa's most progressive refugee policies, anchored in its "2006 Refugees Act", the national constitution and international conventions. The 2015 "Refugee Settlement Transformation Agenda" seeks to evolve settlements from emergency camps into permanent communities by allocating land to refugees for housing and farming and fostering integration with host populations1. After all, the UNHCR and Ugandan government policy in relation to refugees in Uganda, is that they should be maintained in camps and settlements, in the latter aspiring to economic self-sufficiency on the basis of

[1] Ater, "Home and Away: War follows refugees to Kiryandongo camp", atarnetwork.com.

agricultural production. This objective is seen as desirable until the refugees are able to return to their homeland, the explicitly preferred "durable solution" of UNHCR and the Ugandan government[2] (Desk review - NPA report-31-1-2026).

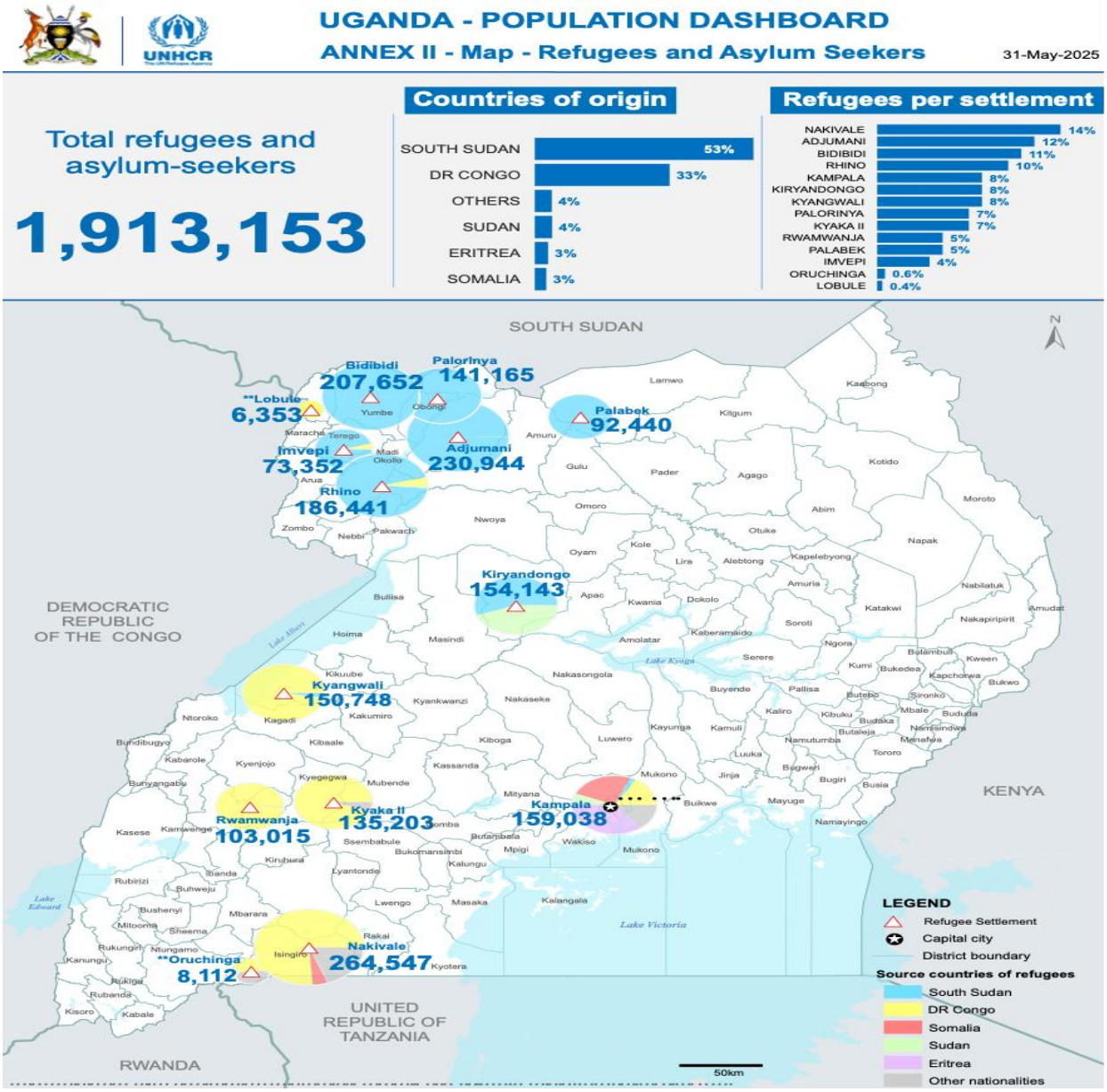
Over the last decade, Uganda had seen large-scale refugee influxes by individuals arriving from Somalia, the Democratic Republic of the Congo (DRC), and newly independent South Sudan[3]. In South Sudan, the 2013 and 2016 civil wars resulted in the collapse of the peace agreement, which by the end of day, drove hundreds of thousands of South Sudanese into Uganda. About 57 percent of refugees in Uganda today are South Sudanese, who primarily reside in north districts. Another 32 percent of refugees are from the DRC, and they are mostly live in Uganda's south. Other refugee populations from Somalia, Burundi, Sudan, and Rwanda also live in Uganda today[4] (Desk review -NPA report-31-1-2026).

Statistics by Office of Prime Minister (OPM), that Uganda currently is a host to 1,741,331 refugees and asylum seekers – comprising of 1,693,311 refuges and 48,020 asylum seekers. Of these, 91% live in settlements, while 9% reside in urban areas mainly around Kampala, Wakiso and Mukono districts. Refugees in Uganda came from 34 countries, with 55.1% from South Sudan, 30.9% from the DRC and the remaining 14% from other 32 countries. Women and children constitute 79% of the refugee population, older adults (60 years and over) make up 3%, youth (15-24 years) comprise 25%, those under 18 years' account for 55%, and 51% of the population are female and the numbers continue to rise every day (OPM). According to UNCHR these numbers are even higher (see map below) (Desk review - NPA report-31-1-2026).

[2] (Tania Kaiser 10/2000). "UNHCR's withdrawal from Kiryandongo: anatomy of a handover". new issues in refugee research, working paper No. 32.

[3] UNHCR, "Comprehensive refugee response framework", globalcompactrefugees.org

[4] Office of Prime Minister (OPM), https://opm.go.ug/refugees/.



Since the dawn of the recent conflict of Sudan in Mid-April 2023, at least 82,264 Sudanese fleeing the conflict have been registered in Uganda. While many are in settlements, a significant number are in urban areas (Desk review- NPA report-31-1-2026).

The influx has strained reception and service capacities, leading to significant gaps in funding and resources for critical needs such as health care, shelter, and psychosocial support, despite efforts from the Ugandan government, UNHCR, and humanitarian partners. Refugees at Kiryadongo settlement facing many challenges including:

1. Resources gaps, where humanitarian response is underfunded, affecting the provision of basic services, psychosocial support, and health care in the settlements.

2. Congestion, poor housing, and inadequate water and sanitation systems in reception centres and settlements, which increases protection risks and disease outbreaks.
3. Health facilities face staff shortages, lack of medicines, and limited staff capacity, leading to declining health for vulnerable individuals and declining mental healthcare staffing is linked to rising suicide rates and drugs among refugee youth and increasing gender-based violence.

Table (1): Recent influx of refugees. (Desk review- NPA report-31-1-2026).

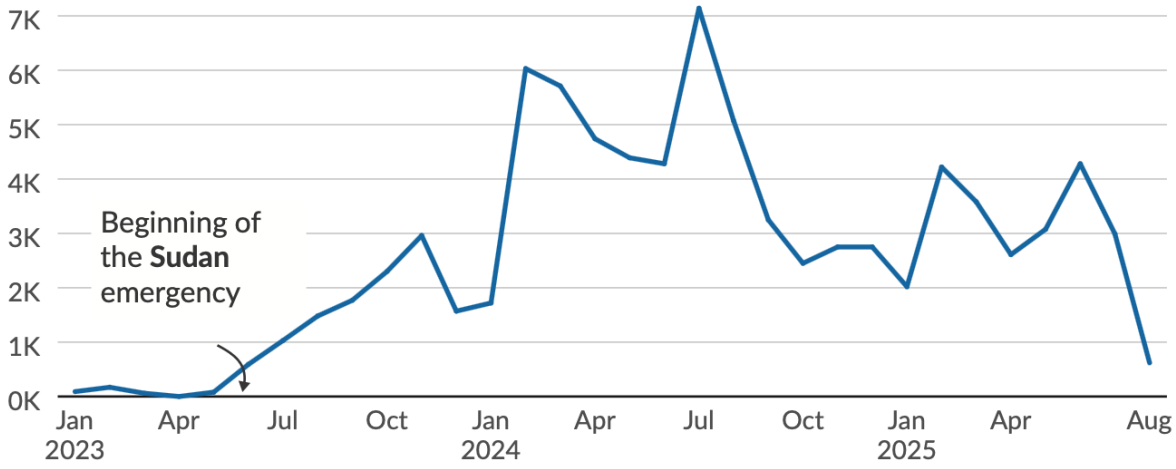
country of origin	data date	% of total	population
South Sudan	31 Aug 2025	52.5%	1,022,393
Dem. Rep. of the Congo	31 Aug 2025	32.7%	636,325
Sudan	31 Aug 2025	4.7%	90,898
Eritrea	31 Aug 2025	3.0%	57,787
Somalia	31 Aug 2025	2.6%	50,212
Burundi	31 Aug 2025	2.4%	45,797
Rwanda	31 Aug 2025	1.3%	24,964
Ethiopia	31 Aug 2025	0.8%	16,059
Others	31 Aug 2025	0.1%	2,083

Table (2) refugees' distribution per districts. (Desk review- NPA report-31-1-2026)

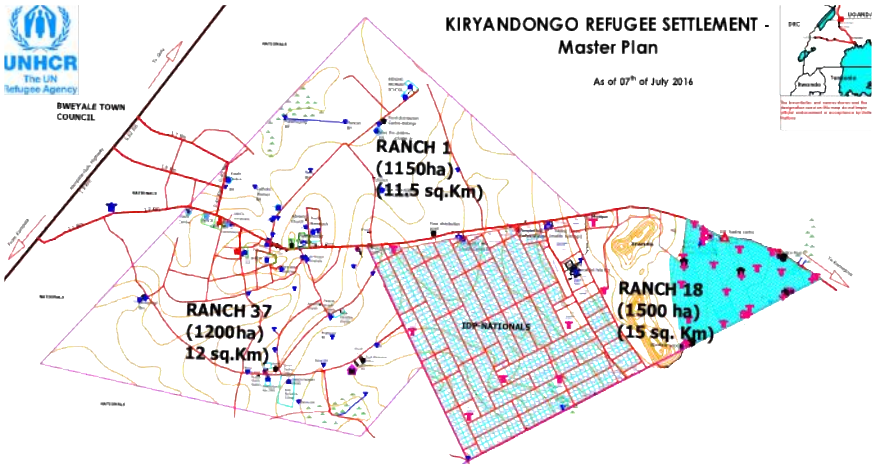
location name	%	population
Kampala	26.5%	1,797,722
Yumbe	13.9%	945,100
Kiryandongo	11.2%	760,372
Isingiro	9.4%	635,077
Madi Okollo & Terego	7.4%	501,304
Kyegegwa	7.4%	501,120
Kikuube	5.6%	379,547
Kamwenge	5.0%	337,167

Adjumani	4.4%	300,590
Koboko	4.0%	271,781
Lamwo	3.1%	213,156
Obongi	2.1%	142,983

Registration of Sudanese refugee between 2023 and 2025. (Desk review- NPA report-31-1-2026).



Kiryadongo settlement is divided into 17 cluster organized in alphabetic order, namely; A, B, C, D, E, F, K, L, M, N, O, R, P, Q, S, H and G. most of refugees from South Sudan, DRC, Rwanda, Burundi and Kenya, are settled in clusters A, C, K, M, N, R, O and Q. While most of the recent arrivals, like Sudanese are in clusters A, C, N and B. (Desk review- NPA report-31-1-2026).



1.2 Contextual Analysis

Kiryandongo Refugee Settlement is experiencing a significant and ongoing influx of refugees, particularly from Sudan. As of mid-2023, there are records of 71,959 Sudanese fleeing violence in their country and seeking refuge in Uganda. Similarly, insecurity in the Democratic Republic of the Congo has resulted in a substantial migration of Congolese citizens, with 593,511 individuals registered in Uganda—an increase of 31,631 since the end of 2024 (KII-26-12-2025). This growing refugee population is exerting increasing pressure on basic services and infrastructure in Kiryandongo Refugee Settlement.

Education has been notably affected, with class sizes in some schools exceeding 153 students per classroom. Critical shortages of qualified teachers, teaching materials, and school furnishings exacerbate these challenges. At the household level, widespread unemployment and food insecurity further impede children's access to education, contributing to rising dropout rates and low educational attainment (FGDs-23-12-2025).

Social and protection dynamics in the settlement are also strained. The assessment documented escalating tensions between refugee groups, including violent incidents perpetrated by members of the South Sudanese (Nuer) refugee community against Sudanese refugees. These events resulted in one Sudanese death and injuries to at least 63 individuals, primarily linked to disputes over shared resources and service access (FGDs -23-12-2025). Reductions in humanitarian assistance, including suspension or scaling down of U.S.-funded programs, have intensified competition over limited resources, deepening frustration, hopelessness, and social fragmentation among refugee populations. Sustaining refugee life under these conditions requires continued provision of essential services such as food, water, and education, alongside

strengthened support for grassroots and community-led initiatives, which are increasingly recognized as a priority by international organizations (UNHCR -18-12-2025).

Community-based organizations (CBOs) play an important role in service delivery; however, UNHCR data indicate that only 12–17 CBOs operate in the settlement, of which only four receive direct support. This limited support highlights critical gaps in coordination, role clarity, and social cohesion promotion among refugee communities. Further, deficiencies in information-sharing, joint planning, and collaboration between local organizations, humanitarian actors, and community leadership structures continue to constrain effective intervention (UNHCR-18-12-2025).

Sector-specific needs are pressing across protection, peacebuilding, mental health and psychosocial support (MHPSS), livelihoods, primary healthcare, WASH, and education. Institutional capacity constraints compound these challenges. UNHCR has reportedly reduced staffing levels by at least 200 employees and closed multiple offices due to funding shortages, increasing reliance on local partners and community structures (UNHCR-18-12-2025). In addition, the introduction of new partners in the protection, health, and education sectors at the start of the year poses further challenges for coordination and continuity (UNHCR-18-12-2025).

From a security perspective, police representatives indicated that while they are responsible for maintaining order within the settlement, operational limitations—such as fuel shortages, long distances between clusters and police headquarters, and the absence of posts in some areas—hinder rapid response, particularly at night. Police officers emphasized the need for protection activities, peacebuilding initiatives, and trauma-healing interventions, noting that sustainable peace begins at the household and individual levels. Additional priorities include reducing unregulated child movement to mitigate risks of sexual violence and drug abuse, strengthening family-level child protection mechanisms, and fostering a culture of peaceful coexistence and mutual respect across refugee communities (Police Officer -18-12-2025).

Infrastructure challenges exacerbate access constraints. Asphalt-paved roads are limited to areas surrounding OPM offices, while main roads connecting clusters are constructed from sandy-clay fill. These roads become waterlogged during the rainy season and dusty during dry periods, limiting access to schools, health facilities, markets, and protection services, particularly for vulnerable groups such as older persons, people with disabilities, and pregnant women (Observation 18-12-2025). Local markets operate under weak infrastructure and limited organization, while refugee livelihoods largely rely on small-scale

trading, motorcycle transportation, and subsistence agriculture, with low adoption of mixed-farming practices. Sudanese refugees face additional challenges due to limited agricultural skills compatible with Ugandan conditions, negatively impacting productivity and income generation. Motorcycles remain the primary mode of transport, with bicycles, tuk-tuks, and rickshaws used to a lesser extent. Religious structures such as mosques and churches are widely distributed, fostering an atmosphere of tolerance and peaceful coexistence (Observation-20-12-2025).

Semi-government buildings and green spaces with mango, banana, and other trees are present in some clusters. Observations indicate that detainees in settlement detention facilities are predominantly from the South Sudanese community (Observation 20-12-2025). The issuance of asylum identification cards has been intermittently suspended and resumed, with reports of fraudulent attempts to obtain identification documents under Sudanese names (FGDs-Men Kiryandongo 23-12-2025).

Most refugee households live in temporary two-room structures without fencing. Water collection and transport, using jerrycans, is undertaken collectively by men, women, and children. Informal social practices, including men gathering under trees to socialize, are common, reflecting both community cohesion and limited access to structured recreational spaces (Observations-Cluster A 24-12-2025).

Collectively, these contextual and structural dynamics have produced a complex humanitarian situation characterized by intersecting challenges in protection, community security, education, mental health, livelihoods, and basic services. Sudanese refugees are particularly affected, facing displacement-induced trauma, loss of livelihoods, family separation, and prolonged instability. Impacts include increased school dropout rates, heightened psychological distress, rising risks of gender-based violence, weakened social cohesion, and growing dependence on humanitarian assistance (FGDs-Men-Women Kiryandongo 23-12-2025).

The Ugandan government plays a central role in the management and coordination of refugee affairs in Kiryandongo. The Office of the Prime Minister – Department of Refugee Affairs (OPM) leads overall refugee management, policy implementation, and coordination among stakeholders. The Ministry of Health ensures the delivery of health services, disease prevention, and public health campaigns within the settlement. The Ministry of Education and Sports supports education programs and infrastructure for both refugee and host communities. Kiryandongo District Local Government provides administrative oversight, local governance, and facilitates the integration of refugees into district-level services. The Ugandan Police Force ensures law enforcement, security, and the protection of both refugees and humanitarian staff.

Collectively, these institutions form the backbone of governance, service provision, and safety within the settlement.

United Nations agencies bring international support, technical expertise, and funding to Kiryandongo. UNHCR is the lead agency for refugee protection, registration, and coordination of humanitarian assistance. UNICEF focuses on the rights and welfare of children, ensuring access to education, psychosocial support, and child protection services. The World Food Programme (WFP) provides essential food aid, nutrition programs, and logistical support to ensure refugees have access to sufficient and safe food. These UN agencies operate in partnership with government institutions and NGOs, ensuring that international standards of humanitarian protection and assistance are met (Desk Review of Alayam report-18-12-2025).

A variety of INGOs operate in Kiryandongo, providing specialized services and programs. The Lutheran World Federation (LWF) works on water, sanitation, health, and education, ensuring basic services for refugees. Real Medicine Foundation (RMF) focuses on health care, education, and vocational training, targeting vulnerable groups. Windle International Uganda (WIU) supports primary and secondary education programs, while Whitaker Peace & Development Initiative (WPDI) implements peacebuilding and educational initiatives. Other INGOs, such as the Western Union Foundation and Youth Peacemaker Network, emphasize youth empowerment and community development. INGOs such as NRC, URDMC, IKO, TARCO, Kuwait Aid, UAE Aid, and others contribute through targeted interventions, including shelter, food distribution, and emergency response. Collectively, INGOs fill critical gaps in humanitarian services, complementing government and UN effort (Desk Review of Alayam report-18-12-2025).

Local NGOs are critical for community engagement, culturally sensitive interventions, and sustainability of programs. Organizations such as People-to-People Organization, Awareness for Peace and Development Organization, and Yes for Peace Organization focus on peacebuilding, conflict resolution, and social cohesion. Several Sudanese-led NGOs, including Sudanese NGOs Emergency Room, South Sudanese Women Organization, and Mama Africa Humanitarian Services, address health, gender, and protection concerns. Others, like Sudanese Youth Union, Darfouz Cultural Forum, and Waey Women's Society, support youth development, cultural activities, and community mobilization. These local actors often serve as bridges between the refugee population and external aid providers, ensuring programs are adapted to local needs and priorities.

Refugee committees provide internal governance, representation, and coordination at the community level. The Refugee Welfare Committees and its substructures facilitate communication between refugees,

NGOs, and government authorities. The Sudanese Leadership Office and its subcommittees, including the Refugee Community Security Committee and the High Committee for Community Kitchens, oversee safety, resource management, and community welfare. Cluster-level committees such as teachers' committees and service committees help implement programs at the grassroots level, ensuring participation, accountability, and cultural appropriateness of interventions (Desk Review of Alayam report-18-12-2025).

Kampala-based Sudanese NGOs maintain links between refugees in Kiryandongo and the diaspora community, providing advocacy, cultural support, and technical assistance. Organizations such as Future Star Center for Development and Capacity Building (FSC), Nidaa, Al-Ayyam Centre for Cultural Studies and Development, People to People, African Centre for Justice and Peace Studies, and Alkhatim Adlan Centre for Enlightenment and Human Development focus on human rights, education, and community development. Others, including Gender Centre for Research and Training, Darfur Victims Support Organization, and Slam Media, provide gender-focused programs, psychosocial support, and information dissemination. These NGOs often complement on-the-ground operations, mobilizing resources, advocating for policy changes, and supporting refugee-led initiatives (Desk Review of Alayam report-18-12-2025).

Despite the extensive presence of government, UN, INGO, LNGO, and refugee-led interventions, current responses remain insufficient to address the urgent and growing needs of refugees, particularly in newly established clusters. Interventions are frequently sector-specific, fragmented, and based on partial or outdated data, with limited incorporation of refugees' voices—especially those of Sudanese refugees. Vulnerable groups—including children, pregnant women, older persons, persons with disabilities, individuals with chronic illnesses, women, and youth—remain underserved. The absence of a comprehensive, evidence-based understanding of needs, risks, and community capacities undermines coordination and limits the effectiveness of humanitarian programming.

Accordingly, these multi-sectoral needs assessment seeks to provide a comprehensive and evidence-based analysis of needs, gaps, key actors, opportunities, and potential interventions in Kiryandongo Refugee Settlement.

CHAPTER TWO

PROTECTION CASE STUDY

2.1 Protection Risks and Violations

The Kiryandongo Refugee settlement is witnessing a significant deterioration in the security situation. Approximately 85% of Sudanese refugees are living in the rudimentary temporary shelters ("rakobas") constructed from wood, mats and covered with plastic sheets. These shelters are not resistant to rain, wind/heat and are surrounded by grass, insects, and reptiles. Related to shelters and limited rooms space further exacerbate health, environmental, and security risks. In addition, repeated conflicts persist between some Nuer groups and other refugee communities, particularly Sudanese refugees, as well as disputes among other refugee groups (FGDs-Men- Kiryandongo-23-12-2025).

Violations and crimes include frequent daily thefts, such as mobile phone snatching, physical violence, beatings, rape, sexual assaults, sexual exploitation of women (to be confirmed), and gender-based violence manifested through some men assaulting their wives and children. The situation has continued to deteriorate between July and December. Evidence of this includes violent attacks carried out by members of the Nuer community from South Sudan against Sudanese refugees between 10–13 July 2025, resulting in the killing of a Sudanese youth (Kabashi Kafi Kouwa) and injuries to 63 Sudanese refugees with varying degrees of severity (DR-RLO- 25 July 2025).

Attacks have expanded from streets and roads to residential shelters, with night-time assaults occurring inside homes due to weak community protection mechanisms and communication channels, the long distance between police headquarters and some clusters, the absence of police posts, limited logistical support (fuel for police vehicles), and a shortage of police personnel. Women and girls are exposed to multiple forms of domestic and community violence as a result of harsh economic conditions, including physical violence (beatings), verbal abuse, sexual assaults, harassment, and rape of children and girls, as well as violence against women and gender-based violence (Women's Focus Group Discussion). Furthermore, the extensive idle time among youth has led to negative behaviours, including drug abuse and increased exposure to sexually transmitted diseases. The accumulation of criminal and religious cases within the courts, along with perceived inequities in the distribution of legal rights among refugees, has further compounded the situation (FGDs-Men- Kiryandongo-23-12-2025).

"The security situation is in continuous decline. Previously, reports we received concerned disorder occurring in streets, narrow roads, and at night. Currently, attacks have moved into homes, farms, and markets, in addition to the incident of a child being abducted from the reception centre in June 2024." (FGDs-Men- Kiryandongo-23-12-2025).

2.2 Reporting and Response Mechanisms

Reporting mechanisms consist of multiple formal and parallel committees. Formal mechanisms include the Refugee Welfare Committees (RWCs), which operate across three structured leadership levels for cluster management. Refugee communities elect the RW3 committee, composed of 17 members, which in turn elects the RW2 committee of 10 members, and subsequently the RW1 committee of 10 members, representing the highest leadership level. These committees include Kenyans, Congolese, Rwandans, South Sudanese, and other refugee groups. Their roles include raising cluster-issues, facilitating organizational access, reporting to government authorities, and mediating disputes (FGDs-Men-Kiryandongo-23-12-2025).

However, due to their late arrival in Kiryandongo Refugee, the representation of Sudanese refugees within the Refugee Welfare Committees (RWC) structures remains significantly limited. Hence, Sudanese refugees are underrepresented in formal governance mechanisms, with only one Sudanese representative currently serving at the RW3 level. This limited representation constrains Sudanese refugees' participation in decision-making processes related to protection, service delivery, and resource allocation, and weakens their ability to articulate collective concerns through officially recognized channels (FGDs-Men- Kiryandongo-23-12-2025).

In response to these structural gaps, Sudanese refugees have developed **parallel community governance mechanisms** to organize themselves and address urgent needs. For instance, these efforts include the establishment of the Sudanese Leadership Office (SLO) and its affiliated subcommittees, such as the Community Security Committee and the Higher Committee for Communal Kitchens. While these structures play a critical role in coordination, self-protection, and service continuity, they operate largely outside formal settlement governance frameworks, limiting their access to resources, institutional support, and formal coordination with humanitarian actors. This parallelism reflects both the **adaptive capacity of the Sudanese refugee community** and the **systemic exclusion risks** that arise when newly

arrived populations are not adequately integrated into existing governance systems (FGDs-Men-Kiryandongo-23-12-2025).

Governmental and organizational response mechanisms include the Office of the Prime Minister (OPM), the United Nations High Commissioner for Refugees (UNHCR), the police, courts, prosecution offices, and organizational committees. For example, in cases of attacks against Sudanese refugees by some of the Nuer community, the police documented reports, arrested suspects, and carried out security-related duties (FGDs-Men- Kiryandongo-23-12-2025).

"A camp leader was appointed before the arrival of Sudanese refugees, and such problems did not exist. Community policing used to be managed through tribal leadership structures within the settlement. The local police system follows the same model used in South Sudan. Therefore, in my cluster, the proposal was rejected because we, as Sudanese, came seeking protection—not to protect ourselves." (FGDs-Men-Kiryandongo-23-12-2025).

2.3 Gaps, Opportunities, and Required Interventions

Despite efforts have been made by government entities, humanitarian organizations, refugee committees and community initiatives for the protectionn of the Kiryandongo Refugee Settlement, the findings indicate the existence of structural gaps that limit the effectiveness of these efforts in contributing to sustainable refugee production. The discussions, particularly with men, revealed a clear lack of coordination between official authorities, refugee committees (e.g., Refugee Welfare, parallel community governance mechanisms, etc), and protection actors, alongside weak monitoring and accountability mechanisms related to maintaining security within the settlement. This weakness has resulted in inconsistent and sometimes delayed responses to conflict and violation-related cases, underscore trust in the protection system and weakening its preventive role.

The needs assessment further identified an additional gap in the form of 1) inadequate immediate response to emergency reports and insufficient attention by authorities to reported cases especially at the night times, particularly those related to inter-communal violence, gender-based violence and domestic abuse. Female participants also highlighted the absence of specialized structures or units dedicated to the protection of women and children, such as, family and child protection committees or community policing, making these highly vulnerable groups less able to access protection and justice (FGDs-Men- Kiryandongo-23-12-2025). 2) absence of unified communication channels and the

proliferation of community committees without adequate logistical support, leading to inconsistencies, duplication of roles, and contradictions in responsibilities, ultimately weakening the handling of security and protection issues (FGDs-Men- Kiryandongo-23-12-2025).

3). legal status, male participants confirmed the presence of families from the Nuer community who are not registered in official government records within the settlement, depriving them of legal protection and access to basic services, and increasing their social and economic vulnerability. 4) The assessment also noted that some groups do not comply with community committee decisions due to limited legal and rights awareness and the absence of clear enforcement or accountability mechanisms, leading to disputes with other refugee communities, thereby undermining the authority of these committees and limiting their effectiveness in dispute resolution (FGDs-Yoth-Kiryandongo-23-12-2025). According to estimates from the needs assessment, the current impact of protection intervention does not exceed 10%–20% among the Sudanese refugees because the fear its very high, reflecting a significant gap between existing needs and available responses (Men, Women and Youth's Focus Group Discussion-23-12-2025).

This gap is further compounded by practical challenges , the lack of effective community policing, unified reporting hotlines, or regular security patrols, poor cluster lighting, shortages of torches and batteries, limited training and capacity-building support for existing committees, the weak of comprehensive legal population registration, weak communication and mobility tools for volunteer leaders, and a shortage of health personnel capable of providing first aid during security-related emergencies.Therefore, the stakes are high, however there is potential at the Kiryandongo refugee camp, which is home to both recent Sudanese refugees and long-standing South Sudanese (such as Nuer), if inclusive structures, participatory discourse, and empowerment are used, the population's vast diversity becomes a strength rather than a weakness. This strategy can assist in rerouting what are currently tense fault lines into channels of cooperation and resilience with persistent dedication (FGDs-Yoth-Kiryandongo-23-12-2025).

In spite of these gaps and challenges, interventions by organizations, government bodies, and youth initiatives have contributed to reducing risks and containing some tensions within the settlement, indicating the presence of latent potential that can be leveraged to strengthen refugee security and production. However, these efforts remain limited in scope, fragmented, largely short-term, and not anchored in a long-term strategic framework linking protection, justice, social cohesion, and livelihoods.

There is a pressing need to: 1) Establishing and activating effective and rapid reporting mechanisms for emergencies and violations case management. 2) Addressing ongoing disputes between Sudanese refugees and the Nuer community through accountability, prosecution of perpetrators, reparations for victims and social peace. 3) Unifying communication and coordination channels between government authorities, community committees and organizations. 4) Establishing specialized committees for family and child protection, community policing, police posts and opening/spelt access roads. 5) Activating, strengthening, and building the capacity of committees, providing stipends for volunteer leaders, delivering training on shared roles among leaders, service providers, and community members, supplying mobility support, communication devices, plastic batons, support youth patrols, and provide emergency first aid for security-related cases, establishing a humanitarian action house and digital coordination platform, ensuring temporary representation of Sudanese refugees within RW3,RW2, RW3, and appointing Sudanese and non-Sudanese volunteers within protection institutions. Table 2.1 summarized challenges, opportunities and suggested intervention.

Table 2.1, Summarized protections gaps, opportunities, and suggested interventions

Challenges	Opportunities	Intervention
Rudimentary temporary shelters and limited rooms spaces; spread grass, insects and reptiles; daily thefts (mobile phone snatching); PSEA, SGBV, family and domestic violence, night times assaults, police posts & personnels, police vehicles fuel, children and girls' rapes, drugs abuse, HIV/AIDS Structural coordination gap among protection actors and parallelism Delay response to protection emergency reports at night times without hotlines and regular security patrols, poor clusters night lighting, torches and batteries, weak security first aid trainings, Increase crimes and violation cases	OPM, UNHCR, police, courts, prosecutions and other government bodies. Existing organizations, refugee committees and youth initiatives Family and child protection committees, community policing, long-term strategic linking protection, justice, social cohesion and livelihoods	Establishing and activating rapid reporting mechanisms for emergencies and violation cases Addressing ongoing disputes between Sudanese refugees and the Nuer community by accountability, perpetrators prosecution, victims' reparations and social peace Unifying communication and coordination channels among government authorities, refugee committees and organizations. Establishing specialized women, girls and children protection committees. Establishing community policing, mobile police posts and spelt accessing roads.

Inter-communal, gender-based violence and domestic abuse, monitoring and accountability, roles duplication, Women and child protection committees and community policing Absence of unified communication channels. legal registration status. Limited legal rights awareness comply with community committee decisions protection gaps around 80% clusters lightings, security first aid and logistical support protection safeguarding, sexual, abuse, harassment and exploitation		Building the capacity of shared roles among leaders, services providers and community members and logistical supports for police and stipends for volunteer leaders, supplying mobility and communication devices, plastic batons, youth patrols, emergency first aid and nursing Construct police posts within the clusters, deploy community police, Improving streets lighting, provide human rights awareness, Translate laws from English to Arabic and other local languages Separate farming areas from shelters hosing and apply protection policies Establishing humanitarian action house, digital coordination platform and integrating Sudanese within RWC123.

CHAPTER THREE

PEACEBUILDING CASE STUDY

3.1 Peacebuilding and Social Cohesion

Refugee settlements are among the most fragile and complex environments in terms of social, dynamics, where the impacts of forced displacement, psychological trauma, loss of hope, and the breakdown of social bonds intersect. Refugees' challenges extend beyond meeting basic humanitarian needs to managee cultural tensions, preventing conflict, and strengthening peaceful coexistence among groups from diverse cultural, ethnic, and political backgrounds.

Kiryandongo Refugee Settlement is characterized by significant ethnic and social diversity, disparities in prior conflict experiences, political affiliations, and levels of exposure to violence. This makes the settlement both a fertile ground for latent tensions and, at the same time, a unique opportunity to test and develop practical, community-based peacebuilding approaches.

The chapter focuses on understanding the nature of conflicts within the settlement, the mechanisms used to manage address such conflict, and the roles of local actors (e.g., community leaders, women, youth, and community mediators). Additionally, the report analysing the impact of these initiatives on trust-building.

3.2 Nature of the Conflicts

The nature of the conflicts of settlement is multifaceted and evolving. There is a clear juncture of trust and communications among different refugee communities, alongside the spread of negative praxis that threaten social peace, such as drug abuse and sexually transmitted diseases as well poverty and unemployment. Criminal and civil cases have also emerged, most notably the case involving the Sudanese refugee community and the Nuer community following recent violent incidents as mentioned in the previous section. This ongoing criminal case constitutes a major threat to social dividends.

Additional conflict drivers include differences in laws and regulations, communication and language barriers, disputes over agricultural and residential land, leadership competition, economic livelihood opportunities, violations against women, girls, and children, linguistic, cultural, and social barriers,

political factors and past conflicts, hate speech, misinformation, and rumors (FGDs-Men- Kiryandongo-23-12-2025).

Compounding these challenges are the existence of parallel Sudanese committees with weak coordination with other refugee committees, ineffective structural relation among implementing partners, government authorities, and refugee communities, and the lack of monitoring and oversight of humanitarian service providers. Limited skills in negotiation, mediation, dialogue, arbitration, leadership, and good governance have further constrained the ability to manage diversity, resource allocation, and civic awareness (FGDs-Men- Kiryandongo-23-12-2025).

"Some members of the Nuer community are prone to violence, as evidenced by conflicts between the Nuer and Dinka, Nuer and Congolese, Nuer and Rwandans, among others. Most recently, the attack on Sudanese refugees in July 2025 resulted in the killing of a Sudanese refugee and the injured of 63 Sudanese by some members of the Nuer tribe. The case remains in front of the Ugandan court" (FGDs-Men-Kiryandongo-23-12-2025).

"The Sudanese side insists on justice, blood compensation, redress, and compensation for victims' rights. It also points to poor planning and distribution of agricultural and residential land, where Sudanese refugees are allocated plots of 25m × 15m, while earlier refugees, such as South Sudanese, are allocated plots of 50m × 50m. In addition, some families are not registered in official OPM system and lack asylum documentation such as Family Attestation and refugee IDs, which contributes to the security imbalance. It is also alleged that some groups have fraudulently obtained identification documents under Sudanese names." (FGDs-Men- Kiryandongo-23-12-2025).

3.3 Recent conflict between Sudanese and South Sudanese:

In July 2025, the Kiryandongo refugee settlement was the scene of violent clashes between Sudanese and South Sudanese communities, resulting in at least one fatality and over 30 injuries. Tensions erupted on July 11, 2025, among youth disputing over a water point, escalating the next day with attacks initiated by groups from the South Sudanese Nuer community. The violence prompted many residents to flee their homes in search of safety, with some seeking refuge in the bush or near police stations. Dozens of Sudanese refugees sought protection at the UNHCR reception center. In response to the situation, local authorities, camp leaders, and UNHCR organized the evacuation of vulnerable residents to cluster G within the settlement, where emergency tents were set up and food and shelter were coordinated5 (Desk review- NPA report-31-1-2026).

At first glance, the conflict appears rooted in ethnic and tribal tensions between South Sudanese and newly arrived Sudanese refugees. However, a deeper examination reveals underlying issues, including competition for scarce resources like water, education, and healthcare, compounded by a long history of grievances stemming from enduring civil wars in Sudan dating back to 1955 (Desk review- NPA report-31-1-2026).

Intertribal conflicts are not new to Kiryandongo, where there have been numerous incidents of violence, particularly between 2013 and 2016. The recent event underscores how the impacts of war in Sudan and South Sudan have permeated the communities in exile, exacerbating the struggles of the refugee population (Desk review- NPA report-31-1-2026).

However, security measure was undertaken by OPM, where it called humanitarian agencies to bolster security in Kiryandongo. Notably, the Kiryandongo district commissioner requested the Ugandan military for immediate logistical, food and fuel support, in effort to contain the situation and to protect civilian lives. Also, police were deployed to restore order and make arrests, with a murder case opened (Desk review- NPA report-31-1-2026).

Table attached is a summary of conflict reasons between Sudanese and South Sudanese refugees interpreted by each community (Desk review- NPA report-31-1-2026).

Views on Underlying Factors	
Sudanese Perceptions	*South Sudanese Perceptions*

[5] (Ater, july 21,2025). “Home and Away: War follows refugees to Kiryandongo camp”. atarnetwork.com

1. Issue of land. 2. Shortage of health service and education. 3. Shortage of water points. 4. Food cuts made by WFP 5. Poor protection and security. 6. Trauma. 7. Outside influence (Nuer leaders visited the camp). 8. Insufficient security services in the camp.	1. Shortage of health service and education. 2. Shortage of water points. 3. Food cuts made by WFP 4. Poor protection and security. 5. Exclusion from aid provided by UAE, Kuwait, Saudi and Islamic organization. 6. Trauma. 7. Spread of drugs among youth. 8. Imported conflict (division along political affiliation). 9. Sudanese are trying to impose Islamisation. 10. Sudanese trying to create chaos to claim insecurity so to be resettled outside Uganda.
Views on Triggering Factors	
Sudanese Perceptions	*South Sudanese Perceptions*
1. Clashes at water points. 2. Clashes at football ground. 3. Looting and robbery by Nuer gangs. 4. Harassment of children at school. 5. Nuer young boys stolen chickens from Sudanese families.	1. Clashes at water points. 2. Clashes at football playground. 3. Looting and robbery by gangs composed from youth from different communities. 4. Cases rape of South Sudanese girls by Sudanese boys. 5. Chickens stolen by gangs of young boys. 6. Young boys from Nuer detained and tortured by Sudanese.

3.4 Existing Dispute Resolution Mechanisms and Actors

The findings indicate that the peacebuilding actor landscape within the settlement includes the RW1 leadership structure and its administrative levels (RW2 and RW3). This structure has undergone transformations linked to the temporal context of displacement and humanitarian needs, particularly following the later arrival of Sudanese refugees compared to other refugee groups, which shifted priorities toward meeting basic needs (FGDs-Men- Kiryandongo-23-12-2025).

At the same time, community committees at various levels, joint committees, individual and collective initiatives, unions of Muslim and Christian religious leaders, youth and women's groups, dispute resolution committees, support committees, and faith-based, youth, and women-led initiatives such as youth initiatives which emerging from the Sudanese Leadership Office (e.g., Waeey Organization), have continued to play varying roles in supporting social cohesion and peacebuilding (FGDs-Men- Kiryandongo-23-12-2025).

In spite of ongoing efforts by the actors mentioned above, however, refugee communities within the settlement continue to experience weak social cohesion and divisions among different nationalities. Hence, this report indicates that peacebuilding interventions remain limited in coverage and impact, as initiatives do not reach all beneficiaries across the settlement's clusters, and weak coordination among actors reduces effectiveness.

3.5 Gaps, Opportunities, and Proposed Interventions

While a general level of peaceful coexistence exists between refugees and the host community, conflicts and incidents continue to occur within refugee communities themselves—particularly between Sudanese refugees and South Sudanese refugees from the Nuer community. This was confirmed by focus group discussions, especially with women, who noted that social cohesion was stronger in the past and declined following recent events. The needs assessment further indicates that social cohesion still exists but remains weak (Youth's Focus Group Discussion – 23-12-2025).

The report discovers several critical limitations in the peacebuilding experience within Kiryandongo Refugee Settlement. These include fragmented efforts and the absence of a unified coordination framework linking community initiatives with humanitarian organizations; weak institutionalization of peace initiatives and over-reliance on unsustainable individual efforts; and insufficient participation of women and youth in leadership, mediation, and decision-making roles. There is also a clear disconnect between conflict management and mental health and psychosocial support, despite the widespread impact of trauma related to war and displacement. In addition, the absence of systematic early warning mechanisms to monitor tensions within the settlement is notable. Most interventions tend to focus on post-conflict response rather than prevention, with limited integration of peacebuilding into livelihoods and basic service programs (Youth, Women and Men's Focus Group Discussion -23-12-2025).

Conversely, the settlement presents several important opportunities upon which peacebuilding efforts can build. These include the presence of multiple peacebuilding actors and a strong desire among most refugees for stability and peaceful coexistence after years of violence and displacement. Uganda's relatively supportive refugee policies create an enabling environment for community initiatives, alongside the presence of national and international organizations interested in peacebuilding and willing to provide technical and financial support. Emerging youth and women-led initiatives (e.g., the Sudanese Refugee Leadership Office, the Peace Ambassadors Committee, Christian and Muslim unions, and the Higher

Committee for Collective Kitchens—offer opportunities to broaden participation. The cultural diversity within the settlement can also serve as a resource for peacebuilding through difference rather than a persistent source of tension. Moreover, existing ties among refugees—particularly between Sudanese refugees and South Sudanese refugees from the Nuer community—offer opportunities for knowledge exchange and for linking settlement-level initiatives to post-conflict contexts in the wider region (Youth, Women and Men's Focus Group Discussion). Such effort essential to strengthen awareness-raising activities, sports, and joint youth initiatives that bring together different communities within the settlement (Youth's Focus Group Discussion – 23-12-2025).

Sseveral opportunities to enhance community peacebuilding, including training refugees to raise awareness of their roles within the community, facilitating their engagement with formal authorities, supporting and strengthening security committees within the settlement, improving street lighting, and unifying communication and coordination channels between community committees and authorities, activating peacebuilding mediation and community dialogue activities; training local leaders; temporarily integrating Sudanese refugees into existing committees and humanitarian roles to enhance communication and institutional inclusion; implementing joint social, cultural, and sports activities; and providing structured youth programs to reduce negative behaviors and address harmful land allocation practices (Women's Focus Group Discussion- 23-12-2025).

Men's Focus Group Discussion recommends to link improving community peace processes with protection and human rights through measures such as providing basic protection tools (e.g., communication devices and plastic batons), activating youth patrols, organizing campaigns against hate speech, disseminating peace messages, and translating laws from English into Arabic to facilitate refugees' understanding of Ugandan legal frameworks further emphasizes the importance of addressing ongoing disputes between Sudanese refugees and the Nuer community through accountability, prosecution of perpetrators, and reparations for victims, alongside the use of mediation, negotiation, arbitration, and dialogue mechanisms to reach acceptable settlements. Additional recommendations include exploring agricultural zoning options that separate farming areas from residential zones.

The needs assessment concludes that peacebuilding in displacement contexts, such as Kiryandongo Refugee Settlement, is not achieved solely by reducing direct violence and tension, but by building trust-based relationships, inclusive structures, and local capacities capable of managing communication and social cohesion in a sustainable manner. Addressing existing gaps and leveraging available opportunities

through context-sensitive interventions can transform the settlement from a fragile space into a learning and practice environment for community peacebuilding, generating lessons applicable to other post-conflict settings, including Sudan and South Sudan.

Based on the gaps and opportunities, the needs assessment proposes several future interventions, **including**: 1) Eestablishment of a peacebuilding coordination platform with the integration of the protection mechanisms within the settlement to bring together key actors and reduce duplication of efforts. 2) development of sustainable capacity-building programs for local leaders, women, and youth in conflict analysis, mediation, and community dialogue; training leaders and officials in conflict management and peaceful dispute resolution 3) introduction of a community-based early warning system grounded in local monitoring of tensions; and the integration of peacebuilding activities into joint livelihoods programs among different groups to promote positive interdependence. 4) Scaling up inclusive peacebuilding activities (social innovations and sports) involving all refugee communities and the host community, and strengthening refugees' engagement in humanitarian work to improve communication and build mutual trust within the settlement. 5) Linking social peace initiatives with mental health and psychosocial support to address trauma, adopting a conflict-sensitive peacebuilding approach across all humanitarian interventions, and 6) developing regional experience-sharing programs between refugees and post-conflict communities. Summarized Peacebuilding gaps, opportunities, and suggested interventions given in Table 3.1

Table 3.1. Summarized Peacebuilding gaps, opportunities, and suggested interventions

Challenges	Opportunities	Intervention
Juncture of trust and communications among different refugee communities, drug abuse, sexually transmitted diseases, differences in laws and regulations, language barriers, no conflict-sensitivity approach Conflict between Sudanese and Nuer community from South Sudan Fragmented peace efforts and the absence of a unified coordination framework. Lack of peace building skills	RWC123, unions of Muslim & Christian, Peacebuilding actors and a strong desire among most refugees for stability and peaceful coexistence after years of violence. Uganda's relatively supportive refugee policies. National and international organizations interested in peacebuilding and willing to provide technical and financial support.	Reconciliation between Sudanese and Nuer community by accountability, prosecution, reparations and dialogue, reforming of land allocation policy Establishing peace building and protection coordination platform Development of sustainable capacity-building programs for leaders, youth and women in conflict analysis, mediation, dialogue and conflict sensitivity. Scaling-up inclusive peacebuilding activities- social innovation and sports,

Disconnect between conflict management and mental health and conflict sensitivity Absence of systematic early warning mechanisms. limited integration of peacebuilding into livelihoods and basic service programs. Disputes over agriculture and hosing lands, leadership competition, political, ethnic, tribal and past conflict factors, hate speech and rumors, limited skills in negotiation, mediation, dialogue, arbitration, leadership and good governance, disputes over water points, long history of grievances, trauma, football playground, looting and robbery, rapes and chickens stolen, insufficient participation women and youth in leadership, mediation and decision-making roles,	Emerging youth, religious and women-led initiatives. Refugees' committees, Cultural and sports events Communal kitchens and community facilities, water resources, English and education centers	radio and television programs, create community-based early warning system. Linking social peace initiatives with protection, mental health and livelihoods programs. Developing regional experience-sharing programs. Counter hate speech and disseminate peace messages, Capacity building on mediation, negotiation, arbitration, dialogue Building trust-based relationship exchange visits

CHAPTER FOUR

MENTAL HEALTH CASE STUDY

4.1 Overview

In contexts of forced displacement and refugee situations, the challenges individuals face is not limited to the loss of protection and peace building shelters or assets of livelihoods, but extend to profound psychological dimensions resulting from exposure to trauma, violence, loss, and uncertainty about the future.

The mental health constitutes a critical determinant of refugees' ability to recover, integrate, and participate in social cohesion and trust building initiatives. Many settlement residents have endured severe experiences, including armed violence, repeated displacement, loss of family members, and the collapse of previous ways of life, rendering them highly vulnerable to conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and adjustment disorders. These risks are further exacerbated by the limited availability of specialized mental health services, weak referral systems, social stigma associated with mental disorders, and daily stressors related to poverty, aid dependency, and limited access to employment and education.

This chapter aims to analyze the mental health situation in Kiryandongo Refugee Settlement by exploring refugees lived experiences, patterns of stress and trauma, individual and collective coping mechanisms, and by assessing available services and the responses of local and international actors. The chapter seeks to identify key gaps, explore opportunities to improve responses, and propose practical, context-appropriate interventions that contribute to strengthening mental health, enhancing refugees' opportunities for individual recovery and medium to long-term community stability, and reinforcing their sense of dignity, agency, resilience, and coping capacity.

4.2 Mental Health Situation

Refugees in Kiryandongo Settlement face significant psychological and social challenges stemming from harsh conditions related to conflict, displacement, and the loss of daily life routines. Many live with the direct consequences of war experiences, such as, the loss of family members and property, resulting in severe psychological distress affecting both males and females. Such distress manifests in symptoms such as chronic anxiety, depression, sleep and concentration difficulties, and emotional and behavioral

disturbances, particularly among youth and children who face disrupted education and prolonged instability (KII-25-1202025).

In addition, economic pressures, insecurity, and limited livelihood opportunities exacerbate mental health challenges, as individuals struggle to balance basic survival needs with family and community responsibilities. These challenges also indirectly affect students, who demonstrate declining academic performance and learning outcomes due to anxiety and psychological loss, making mental health an integral component of quality of life and recovery within the settlement (KII-25-12-2025).

Crucially, findings from focus group discussions and key informant interviews reveal a marked deterioration in mental health conditions among refugees in Kiryandongo, identifying mental health as one of the most severely affected dimensions of the forced displacement and armed conflict experience. This deterioration is attributed to the accumulation of war and violence related trauma, acute economic stress, loss of livelihoods, and limited privacy within overcrowded shelters, which heightens stress and anxiety levels within families and the wider community.

Participants reported widespread prevalence of multiple mental health conditions, including psychological trauma (PTSD), depression, chronic anxiety, acute stress, loss of hope, and feelings of hatred and aggression, in addition to reported cases of severe mental disorders. Eight suicide attempts were reported (four women and four men), alongside one completed suicide and subsequent cases that resulted in death, as well as a serious incident involving a mother attempting to kill her daughters during an episode of acute psychological distress. Reports also indicated increased divorce cases (15 cases), family breakdown, and substance abuse as behavioral responses linked to accumulated psychological and economic pressures (Men's Focus Group Discussion 23-12-2025).

Certain groups emerged as particularly vulnerable, notably women, children, and youth. Focus group discussions highlighted widespread domestic violence, eviction from homes, and abuse of women and children in the absence of effective protection mechanisms and psychosocial support services (Women's Focus Group Discussion 23-12-2025). Participants also noted patterns of spatial and temporal isolation among some families due to overcrowded housing and lack of marital privacy, negatively affecting family relationships and psychological stability.

Regarding youth focus group discussion findings indicated high levels of psychological trauma, particularly among those who arrived at the settlement with high aspirations for a better future that were

subsequently confronted by the realities of displacement, unemployment, and limited prospects. It is estimated that approximately 90% of Sudanese refugees experience varying levels of stress, psychological distress, and trauma, which intensified following recent violent incidents within the settlement especially attacks by groups from the Nuer community as overmentioned in chapter 2 and 3.

To sum up. the growing mental health and psychosocial needs and the level of response currently available within the settlement. Existing services lack sufficient coverage, specialized human resources, and continuity. Consequently, the continuation of this situation poses not only a threat to individual mental health but also undermines social cohesion and fuels new cycles of violence, conflict, and family disintegration, thereby negatively affecting prospects for sustainable peacebuilding within the settlement. A clear deterioration in mental health has been documented among refugees, driven by trauma, economic stress, and limited privacy in shelters. Additionally, reports indicate the spread of sexually transmitted diseases and chronic mental illnesses, as well as cases in which some parents have disowned their children and submitted claims of inability to provide support to UNHCR (FGDs-Men-Kiryandongo-23-12-2025).

"One of the challenges is that psychosocial support does not work for everyone, especially those who have not received formal education; it is difficult to convince them to attend support sessions. Scholarships can help people emerge from depression. I personally experienced depression, but thankfully recovered after receiving a scholarship." (FGDs-Men- Kiryandongo-23-12-2025).

4.3 Actors Supporting Mental Health

UNHCR plays a central role in designing and implementing mental health and psychosocial support (MHPSS) strategies within the settlement by integrating mental health services into primary healthcare, training health workers, and directing funding toward psychosocial programs. The LWF implements field-based programs addressing psychological distress among children and youth, including psychosocial support sessions, arts- and music-based therapeutic activities, and life-skills training to enhance resilience among vulnerable groups. The IRC also contributes to delivering mental health-related support as part of its health service package, although funding constraints sometimes affect the continuity and scale of specialized services (KII- 26-12-2025).

At the community level, Village Health Teams (VHTs) conduct home visits to promote health education and provide early identification of psychological distress and referrals to available care, despite their

limited capacity relative to actual needs. Additionally, civil society organizations such as World Peace and Development (WPDI) engage in awareness-raising activities and psychosocial support initiatives, including community events aligned with global observances such as World Mental Health Day WMHD, aimed at increasing awareness and reducing stigma associated with mental health (KII- 26-12-2025).

4.4 Gaps, Opportunities, and Future Interventions

The report indicates a significant gap between the scale of mental health needs within the settlement and the current level of response. Although some actors provide psychosocial support and limited financial assistance for individual cases, these interventions reach only a small proportion of those in need, particularly newly arrived refugees, who often arrive in critical psychological conditions and are not adequately covered by existing programs.

Key gaps include difficulties accessing psychosocial services due to the absence of clear contact information for specialized staff, the lack of dedicated mental health centres within the settlement, long distances between clusters and organizational offices, and financial and language barriers that limit refugees' ability to travel and get to service points. Limited awareness of mental health issues, persistent social stigma, and cultural norms that discourage help-seeking further reduce service utilization. These challenges are compounded by variable staff capacity, limited opportunities for advanced TOTs training, and the absence of a clear follow-up and referral system (Women, Youth and Men's Focus Group Discussion 23-12-2025).

The settlement presents several opportunities to improve mental health outcomes. These include the presence of motivated volunteers and refugees willing to learn and participate in psychosocial support delivery, and the potential sources to integrantal health services into existing structures such as home-based nursing, first aid, and primary healthcare. Cultural, social, and sports activities within the settlement also offer natural platforms for emotional release, trust-building, and stress reduction if systematically incorporated into mental health programming (FGDs-Men- Women- Youth- Kiryandongo-23-12-2025). The potential to establish "training-of-trainers" programs represents an opportunity to build sustainable local capacity within the settlement. Strengthening coordination and transparency among mental health actors and developing a professional code of ethics to guide practice, protect beneficiaries, and enhance trust in services are additional priorities (interview 26-12-2025).

Based on the findings, the needs assessment recommends a package of future interventions, **including:** 1) Establishment of mobile mental health clinics and outreach teams operating within clusters, with widely disseminated contact numbers and activated home visits to reach individuals with limited mobility 2) Linking home-based nursing and first aid services with mental health support, and training refugees in Psychological First Aid (PFA); adopting a professional code of ethics and commitment to humanitarian principles among practitioners to enable early community-based responses to acute cases. 3) Organizing regular psychosocial support sessions and awareness activities (social innovations, sports, radio and TVs programs) for trauma healing. 4) Providing English and Arabic language learning and scholarship programs to enhance communication and education services. 5) Strengthening coordination and transparency among actors, linking mental health interventions with livelihoods programs by creating employment opportunities for refugees to alleviate psychological and economic stress, and increasing incentives and remuneration for staff and volunteers working in mental health to enhance financial sustainability (see table 4.1)

Table 4.1, Mental Health services gaps, opportunities, and suggested interventions

Challenges	**Opportunities**	**Intervention**
Widespread of depression, chronic anxiety, post-traumatic stress disorder and adjustment disorders, suicide, divorce cases, family breakdown, home eviction, patterns of spatial and temporal isolation, better future aspiration, Difficulties accessing psychosocial services. lack of dedicated mental health centres. long distances between clusters and organizational offices, and financial and language barriers. Limited awareness of mental health issues. persistent social stigma, and cultural norms. Variable staff capacity limitation. limited opportunities for advanced training.	Presence of motivated volunteers and refugees willing. The potential to integrate health services into existing structures. Natural platforms for emotional release, trust-building, and stress reduction. The potential to establish TOT programs. Home-based nursing, first aid and primary healthcare facilities Social, cultural and sports events	Developing professional code of ethics and safeguarding policy, publishing psychologists contact numbers, and home nursing visits Establishing mobile mental health clinics and outreach teams operating within clusters with full coordination and transparency among actors Linking home-based nursing, visits and first aid services with trauma healing, healthcare support, and livelihoods programs, strengthening coordination and transparency among actors Train refugees in Psychological First Aid. Adopting a professional humanitarian principle among practitioners to enable early

The absence of a clear follow-up and referral system. Code of conduct and humanitarian principles absenteeism of clear contact information of psychologists,		community-based responses to acute cases Organize regular psychosocial support sessions, staff and volunteers empowering Provide English and Arabic language learning and Provide scholarship programs to enhance communication Linking mental health with social innovation, sports, radio, TV and income generation programs Increasing staff and volunteers' incentives and remunerations

Chapter Five

Food Security and Livelihoods Case Study

5.1 Overview

This chapter aims to present the current status of food security and livelihoods in Kiryandongo Refugee Settlement, with a focus on how households access food, the extent of their reliance on food and cash assistance, the role of communal kitchens, as well as available income sources, employment opportunities, and empowerment initiatives within the settlement and its surrounding areas. The chapter highlights the daily challenges households face in meeting their basic food needs, including limited resources, occasional insufficiency of assistance, rising prices, and difficulties in accessing stable income sources. It also illustrates how these challenges disproportionately affect different population groups, particularly the Sudanese most vulnerable households, such as female-headed households, people with chronic diseases, children, single people, older persons, and persons with disabilities.

The chapter further examines available livelihood options, including small-scale businesses, daily labor, trading, limited agricultural activities, and training and empowerment programs implemented by humanitarian organizations. It emphasizes the constraints limiting the expansion of these activities, such as lack of capital fund, security issues, limited skills, legal awareness, and competition with the host community.

In addition, the chapter outlines the key actors in this sector—including UN agencies, international and national NGOs, local authorities, and community committees—and explains coordination mechanisms among them. Based on this analysis, the chapter identifies major gaps in the current response, such as weak coverage, insufficient support for certain groups, and limited sustainability, while highlighting opportunities to improve outcomes through linking aid assistance with livelihoods, supporting local initiatives, and expanding partnerships with host communities. The chapter concludes by proposing practical, context-sensitive interventions to improve food security and strengthen self-reliance. Food Security and Livelihoods refugees includes 1) Food Basket Assistance. 2) Communal Kitchens. 3) Cash-Based Assistance. And 4) Livelihoods. Detailed discussion given in the bellow sections.

5.2 Food Basket Assistance

Assistance Food Basket is primarily provided by the World Food Programme (WFP). Other in-kind assistance delivered by additional organizations is coordinated with the Sudanese Refugee Leadership Office. The standard food basket mainly consists of staple commodities such as flour, maize, rice, cooking oil, pulses (beans), and salt, with the occasional inclusion of fortified "Sega" flour (FGDs-Women-Kiryandongo-23-12-2025). The discussion indicates a significant deterioration in food security conditions, with reported cases of hunger, malnutrition, and anemia, alongside rising levels of begging and food sexual exploitation (to be confirmed). Increased mortality rates were also reported among individuals with chronic illnesses due to the lack of appropriate food. This situation has been exacerbated by reductions in monthly cash assistance (discussed in section 4.5) and food rations.

Similarly, food basket distribution suffers from poor coordination and lack of unified standards among donors, fuelling local disputes and threatening social cohesion (FGDs-Women - Kiryandongo-23-12-2025). The decline in humanitarian assistance (food basket) and the absence of employment opportunities have intensified hunger, malnutrition, illness, and mortality rates, while also contributing to negative social consequences such as increased begging, higher divorce rates, and the weakening of the family's role in care and protection (FGDs-Men- Kiryandongo-23-12-2025).

Food basket distribution faces complex organizational challenges that undermine transparency and community trust. Distribution is conducted according to fixed quotas (65% for Sudanese refugees, 30% for other refugees, 3% for the host community, and 2% for the Office of the Prime Minister). Key shortcomings include the absence of unified standards among donor organizations and short distribution timeframes, which trigger local disputes and threaten social cohesion (FGDs-Men- Kiryandongo-23-12-2025). Disparities in assistance between older and newer clusters have also been observed, highlighting the need to improve distribution mechanisms through staff rotation and strengthened monitoring to ensure equity

5.3 Communal Kitchens

In response to this decline in humanitarian assistance (food basket) mentioned in the previous sections, communal kitchens have emerged as a coping mechanism, providing one meal per day for critical cases such as older persons, children, women, individuals with chronic illnesses, and persons with disabilities (FGDs-Men- Kiryandongo-23-12-2025). Communal kitchens represent a core pillar of food security

support where there are between 13 and 17 communal kitchens (to be confirmmed) distributed across most clusters. These kitchens are managed by a Higher Kitchens Committee comprising 12 members of both genders under the supervision of the Sudanese Refugee Leadership Office. Each cluster chairperson is represented on the kitchen committee, while a designated cluster representative is responsible for receiving food supplies from the central warehouse (FGDs-Youth-Women-Kiryandongo-23-12-2025).The communal kitchens are funded through contributions from donors and charitable entities, including Turkey Aviation, Emiratees aid, Kuwait support, and businesspersons from Kampala facilitated by advocacy and initiatives led by the Sudanese Refugee Leadership (FGDs-Youth- Kiryandongo-23-12-2025).

The communal kitchens provide one meal per day, five days per week, serving refugees of all nationalities. Coverage by clusters include: Cluster G (2 kitchens), Cluster C (2), Cluster A (2), Cluster S/F (1), Cluster I (1), Cluster K (1), Cluster L East (1), Cluster L West (1), Cluster N (1), Cluster MR (1), Cluster J (1), and Cluster Q/O (1). No kitchens currently operate in Clusters E and D due to their recent establishment (FGDs-Men-Kiryandongo-23-12-2025). However, these kitchens cover only an estimated 10–30% of overall food needs and do not represent a sustainable solution in the absence of income-generating opportunities (FGDs-Men- Kiryandongo-23-12-2025).

Key challenges include the absence of a regular funding plan and permanent donors; incomplete coverage of all clusters; differences in food preferences among refugee communities; and shortages of essential kitchen supplies such as firewood, food items, cooking utensils, hygiene materials, cooking shelters, and storage facilities. There is also a lack of training for kitchen committees about Ugandan food preparation, food management, good governance, allocation quotas for persons with special needs, and the absence of associated farms for each kitchen (FGDs-Men- Kiryandongo-23-12-2025). The lack of sustainability of communal kitchens, and declining external financial support, further deepening household vulnerability, particularly among the most at-risk groups (FGDs-Men- Kiryandongo-23-12-2025).

5.4 Cash-Based Assistance

In response to the humanitarian situation of refugees in Uganda, UN agencies, primarily WFP, in cooperation with NGOs provide cash-based assistance alongside the food basket. The cash targeting system categorizes refugees based on length of stay and vulnerability level. Newly arrived refugees (Category 1) receive a monthly allowance of UGX 28,000 per person. Refugees who have been in the settlement for more than six months are classified into three groups: Category A receives UGX 18,000 per

person; Category B receives UGX 10,000 per person; while Category C is excluded on the assumption of self-reliance (FGDs-Men- Kiryandongo-23-12-2025). Additionally, targeted cash assistance of UGX 50,000 per person for six months is provided to vulnerable households and special cases to mitigate severe hardship, as these households' average monthly income ranges between UGX 10,000 and 50,000 (FGDs-Men- Kiryandongo-23-12-2025).

The cash assistance system faces serious challenges that affect household stability, including periodic reductions in cash amounts every three months and inaccuracies and irregularities in mobile money transfers. In addition, monthly cash assistance remains insufficient, mobile money transfers are often inaccurate, and cash support for vulnerable households is irregular and incomplete. The targeting system exhibits clear deficiencies, resulting in the exclusion of eligible cases and reinforcing discriminatory classifications between new and old refugees. Refugees also face extremely short cash withdrawal windows (only five days), and distributions are frequently suspended prematurely due to administrative issues, leading to assistance leakage and exclusion of rightful beneficiaries (FGDs-Men- Kiryandongo-23-12-2025).

Despite these interventions, food security assistance, including, food baskets, communal kitchens and cash transfer, remain insufficient to meet refugees' needs. Communal kitchens provide only one meal per day due to limited resources, and occasional closures occur when supplies run out. The participants called for the provision of at least two meals per day (Youth Focus Group Discussion- 23-12-2025). The lack of a formal sponsoring entity threatens the sustainability of communal kitchens, compounded by shortages in operational supplies and limited training in food management and governance. Refugees also advocate for the establishment of community agricultural projects linked to communal kitchens and training volunteers in organic thermal energy solutions to reduce costs and ensure sustainability as well environmental protection.

5.5 Livelihoods

The discussions unanimously emphasized the need to transition from emergency relief to empowerment and sustainability. However, unemployment rates among the Sudanese refugees remain extremely high—estimated at approximately 93%, due to mismatches between skills and the local context, insecurity caused by theft and land disputes, limited English language proficiency, lack of capital fund, inadequate security for sustaining small businesses, loss of original income sources, and limited adaptability to the

new economic environment. (FGDs-Women-Kiryandongo-23-12-2025). In addition, such unemployment contributing to the spread of negative coping behaviors such as drug abuse, theft, and deterioration in security conditions (FGDs-Men- Kiryandongo-23-12-2025).

Participants reported a near absence of real employment opportunities within the settlement. Although refugees possess diverse skills (agriculture, trade, carpentry, teaching, handicrafts), these skills are largely underutilized due to weak local markets, language barriers, and security constraints on movement and investment. As a result, many youths attempt small, unsuccessful projects or sell personal assets to meet daily needs.

Limited agricultural and poultry initiatives have been implemented with support from organizations such as FAO and partners; however, these efforts have failed to achieve sustainability or sufficient returns due to lack of quality seeds, appropriate pesticides, adequate security to protect livestock from theft, and limited agricultural land. Training programs are often generic and not aligned with labour market demands, resulting in limited employment outcomes. Insufficient specialized training in English and advanced vocational skills further constrains refugees' economic integration.

Security challenges including theft of livestock and assets, discourage participation in productive activities and undermine sustainability. Weak administrative organization of agricultural and commercial projects and markets, along with the weak of the monitoring and protection mechanisms, increases investment risks for individuals and groups. Cultural norms also limit girls and women's participation, as many Sudanese refugees continue to adhere to traditional domestic roles without adequate adaptation to the cultural, environmental, and social realities of displacement (FGDs-Youth- Kiryandongo-23-12-2025).

5.6 Gaps, Opportunities, and Priority Interventions

Based on field data and focus group discussions (men, women, and youth), gaps, opportunities, and required interventions were identified across three key pillars:

1. Food Baskets and Communal Kitchens Assistance

Gaps: Irregular distribution schedules, lack of geographic equity, exclusion of new clusters (E and D), politicized targeting, and short withdrawal periods. Communal kitchens face acute funding gaps and provide only one meal instead of two as well shortage of materials.

Opportunities: An existing administrative structure (Higher Committee for Communal Kitchens and the Refugee Leadership Office) and 17 operational kitchens managed by refugee volunteers. **Interventions:** Improve distribution transparency through rotating staff teams, increase funding for communal kitchens, establish permanent storage and shelters, alternative fuel, implement monitoring systems to prevent discrimination, and develop community agricultural projects.

2. Cash Assistance

Gaps: Low purchasing power of cash amounts, periodic reductions, targeting errors excluding vulnerable households, particularly women, and mobile money transfer issues.

Opportunities: Strong digital financial infrastructure in Uganda and widespread mobile phone ownership among refugees.

Interventions: Revise eligibility criteria, reinstate excluded households, provide stable cash grants of UGX 50,000 for critical cases, and improve coordination with telecom providers and technical support centres.

3. Livelihoods and Economic Empowerment

Gaps: Near-total lack of employment (93% unemployment), failed agricultural and poultry initiatives, language barriers, skills mismatch, and lack of startup capital. **Opportunities:** Diverse professional skills among refugees (health professionals, artisans, teachers, farmers, mechanics, beauty services, henna artists), active markets within the settlement, and strong interest in vocational and digital skills training.

Interventions**:** Allocate safe agricultural land, provide production inputs, train youth and women in vocational skills, handicrafts, tailoring, digital commerce, and cooperative models, facilitate external work opportunities for professionals, and provide seed capital for context-appropriate small businesses and construct markets and roads. Please note (table 5.1

Table 5.1, Food security and livelihoods services gaps, opportunities, and suggested interventions

Food Security and Livelihoods	Challenge	Opportunities	Suggested Interventions

Food Baskets	Irregular distribution supports and schedules. Distribution mechanism, Cases of food sexual exploitation, hunger, malnutrition, animia, begging, mortality among individuals with chronic illnesses, poor coordination and distribution standards and selection criteria, undermining social peace, transparency, community trust, short distribution timeframes, disparities of older and newer clusters lack of geographic equity	WFP and other organizations providing food, refugee committees, consistence of food baskets like flour, maize, rice, cooking oil, beans and salt Fixed food distribution quotas (65%, 30%, 3% and 2%) Staff and volunteers' rotation and monitoring and community accountability	Improve distribution transparency by rotating staff and volunteers, upgrade selection criteria and food advocacy and distribution plans
Communal **Kitchens**	Exclusion of new clusters (E and D). politicized targeting absence of kitchen farms, regular funding and permanent donors, food preferences differences, shortage kitchen tools (firewood, food items, cooking utensils, hygiene materials, cooking shelters and storage facilities), committees training in Ugandan food preparation, food management, good governance and food quotes allocation	An existing administrative structure (Higher Committee for Communal Kitchens and the Refugee Leadership Office) and 17 operational kitchens managed by refugee volunteers. Coping mechanism of one meal per a day for five days a week for older persons, children, women, single person, individuals with chronic illnesses, and persons with disabilities, Central warehouse for food keeping Contributors (Turkey, Emiratas, Kuwait, and businesspersons) Advocacy initiatives	Funding for communal kitchens. Permanent storage, shelters, kitchen and cleaning tools. Aalternatives fuel. Monitoring systems. Community Agricultural Projects. Capacity building trainings
Cash based Assistance	Periodic reduction in cash amount every three months, inaccuracies and irregularities in mobile money transfers, Eligible cases exclusion, reinforcing discriminatory classification among new and old refugees,	Strong digital financial infrastructure in Uganda and widespread mobile phone ownership among refugees. WPF and other organizations	Revise eligibility criteria. Reinstate excluded households. Stable cash grants of UGX 50,000 for critical cases.

	Short cash withdrawal period (five days a month), Reduction of monthly cash support and food ration Administrative cash transfer issues	Monthly allowance rages of 28,000, 18,000, 10,000 per person, Six months cash support of 50,000 for vulnerable households	Improve coordination with telecom providers and technical support centres.
Livelihoods and Economic Empowerment	Near-total lack of employment. Failed agricultural and poultry initiatives. language barriers. Skills mismatch. lack of start-up capital. Insecurity cases like theft, land disputes, weak local markets, lack of quality seeds, pesticide, agriculture land, income generation and vocational skills, traditional domestic norms and environmental factors Negative coping behaviours like drug abuse, theft,	Diverse professional skills among refugees (agriculture, trade, carpentry, teaching, handicrafts, investments skills, doctors, artisans, mechanics, beauty services, henna artist) Active markets within the settlement. Strong interest in vocational and digital skills training Cooperative bodies, Agriculture land,	Allocate safe agricultural land, provide production inputs. Train youth and women in vocational skills. Facilitate external work opportunities for professionals. Provide seed capital for context-appropriate small businesses. Construct markets and roads. Handicrafts, tailoring, digital commerce, cooperative models,

CHAPTER SIX

HEALTH CARE CASE STUDY

6.1 Overview

This chapter examines the health situation, focusing on the availability, accessibility, and quality of basic healthcare services, with the aims to present a practical and realistic overview of the main health needs and existing service gaps in order to support intervention planning and improve the overall health response. The focuses on primary health care, maternal and child health, referral and emergency services, with particular attention to the most vulnerable groups, including pregnant women, children, older persons, persons with disabilities, and individuals living with chronic illnesses. It also addresses barriers that limit access to services, such as distance to health facilities, shortages of medical staff and medicines, low health awareness, and financial, security, and language constraints.

6.2 Primary Health Care

Primary health care services in Kiryandongo Refugee Settlement are mainly delivered through Panyadoli Health Centre III, supported by lower-capacity facilities such as Panyadoli Hills Health Centre II and the Reception Centre Clinic. These facilities provide basic curative services, including outpatient consultations, treatment of common illnesses (malaria, diarrhea, respiratory and gastrointestinal infections), maternal and child health services, antenatal and postnatal care, routine immunization, reproductive health and family planning, and follow-up for chronic conditions such as HIV and tuberculosis. Referral mechanisms exist for moderate and severe cases to Bweyale Hospital, Kiryandongo Regional Hospital, Gulu Hospital, and Kampala hospitals for highly specialized care. Despite this structure, the overall capacity of primary health care services remains inadequate relative to the growing refugee population, particularly following the increased influx of Sudanese refugees due to the conflict in Darfur and Kordofan (FGDs-Youth-Men-Kiryandongo-23-12-2025).

The needs assessment indicates a high burden of both communicable and non-communicable diseases among refugees. Common infectious diseases include malaria, typhoid, diarrhea, skin allergies, sinus infections, chickenpox, urinary tract infections, sexually transmitted infections (including HIV/AIDS), and water- and environment-related diseases (FGDs-Men- Kiryandongo-23-12-2025). At the same time, refugees face a growing prevalence of chronic illnesses such as diabetes, hypertension, cancers, kidney

and eye diseases (including glaucoma), asthma, osteoporosis, and gout. Injuries, fractures, and trauma-related conditions are frequently reported, alongside serious obstetric complications affecting pregnant women and adolescent girls, including haemorrhage during childbirth. These health needs significantly exceed the current service capacity, with women reporting that existing curative services meet only 5–10% of actual needs (FGDs-Women- Kiryandongo-23-12-2025).

Major gaps in primary health care include shortages of essential medicines, laboratory services, diagnostic equipment, and qualified medical personnel, particularly midwives and specialists for chronic disease management. Long distances to health facilities, averaging 4 km and requiring up to 90 minutes of walking—combined with treatment costs ranging from UGX 150 to 450, pose serious barriers to timely care-seeking. Overcrowding, delayed emergency response, limited-service availability during weekends and public holidays, and weak referral transport further exacerbate health risks, including preventable deaths. Language barriers, especially the absence of Arabic or English translators, result in miscommunication, poor diagnosis, and reduced quality of care. Reports of discrimination against Sudanese refugees in some facilities, though requiring confirmation, further undermine trust in the health system (FGDs-Women-Men- Kiryandongo-23-12-2025).

Despite these challenges, opportunities exist to strengthen primary health care through targeted investments and system improvements. The presence of an established network of health facilities, community health workers, and coordination mechanisms involving the Ugandan Ministry of Health, UNHCR, and implementing partners provides a foundation for service expansion. There is also potential to engage trained Sudanese health professionals within the refugee community to address language and cultural barriers, particularly in maternal and reproductive health services.

Suggested interventions include 1) scaling up medical staffing, with a priority on recruiting and deploying qualified midwives, chronic disease specialists, and Sudanese medical personnel. 2) Strengthening medicine supply chains, laboratory and diagnostic services, and emergency referral systems is critical. 3) Introducing translation services, 4) extending facility operating hours to include weekends and holidays, and 5) subsidizing or waiving treatment costs for vulnerable groups would significantly improve access. 5) Mobile clinics and community-based outreach services could reduce distance-related barriers and improve early detection and follow-up of chronic and high-risk cases.

6.3 Preventive Health Care

Preventive health care services are relatively weak compared to curative services, despite the high prevalence of preventable diseases. Current preventive interventions include routine immunization, limited health education conducted by community health workers, and some malaria prevention activities. However, the needs assessment highlights widespread gaps in disease prevention, particularly for malaria, waterborne diseases, malnutrition, and reproductive health risks. Shortages of mosquito nets, inadequate indoor residual spraying, poor sanitation, and limited health awareness contribute to persistently high rates of malaria, diarrhea, typhoid, and skin diseases.

Preventive health challenges are further compounded by environmental conditions, overcrowding, and poverty-related vulnerabilities. Pregnant and breastfeeding women face malnutrition and limited access to nutrition-sensitive interventions. Harmful traditional practices, particularly Female Genital Mutilation (FGM), expose Sudanese women to severe childbirth complications such as hemorrhage, obstetric trauma, and increased maternal and neonatal mortality. Preventive reproductive health services, including safe delivery preparedness, FGM-related counselling, and community-based risk screening, remain insufficient. Adolescents and youth also face limited access to sexual and reproductive health education and preventive services (FGDs-Women- Kiryandongo-23-12-2025).

Key gaps in preventive health care include inadequate community-based disease surveillance, weak health promotion campaigns, and limited integration of preventive services across sectors such as water, sanitation, nutrition, and protection. Language barriers and the absence of culturally sensitive communication approaches reduce the effectiveness of health messaging. Preventive services for persons with disabilities and individuals with chronic illnesses are particularly limited, especially regarding early screening, follow-up, and access to preventive medicines.

Nevertheless, significant opportunities exist to strengthen preventive health care through community-driven and multi-sectoral approaches. The existing network of community health workers and refugee leadership structures provides an entry point for expanding preventive interventions. Integrating health promotion with WASH, nutrition, protection, and education programs can address root causes of disease and reduce pressure on overstretched curative services. There is also strong potential to engage women's groups, youth groups, and religious leaders in addressing harmful practices such as FGM and promoting safe maternal health behaviors.

Suggested interventions include scaling up malaria prevention through the 1) distribution of mosquito nets, regular spraying, and community awareness campaigns. 2) Strengthening WASH-related prevention, nutrition screening, and maternal health education, particularly for FGM-affected women is essential. 3) Establishing community-based preventive health committees, 4) Training community health workers in early detection and referral. 5) Introducing culturally appropriate health education in Arabic and other relevant languages would enhance impact. 6) Preventive reproductive health programs, adolescent health education, and nutrition support for pregnant and breastfeeding women should be prioritized to reduce preventable morbidity and mortality. this section summarised in Table 6.1.

Table 6.1, Healthcare services gaps, opportunities, and suggested intervention.

Healthcare	**Challenges**	**Opportunities**	**Proposed innervations**
Primary healthcare	Health services Inadequate with influx of Sudanese refugee and population growth Communicable-noncommunicable diseases Infectious diseases (malaria, typhoid, diarrhea, skin allergies, sinus, chickenpox, unitary tract), sexually transmitted (HIV/AIDS) Chronic illnesses (diabetes, hypertension, cancers, kidney) Eye diseases (glaucoma), asthma, osteoporosis and gout, Pregnant and lactating obstetric (childbirth hemorrhage) shortages of essential medicines, laboratory services, diagnostic equipment, and qualified medical personnel (midwives and chronic specialists). Long distances to health facilities -4km-90minutes walking.	The presence of an established network of health facilities (Panyadoli health center III, Panyadoli hills health care II, reception clinic), community health workers, and coordination mechanisms involving the Ugandan Ministry of Health, UNHCR, and implementing partners Potential to engage trained Sudanese health professionals within the refugee community to address language and cultural barriers, particularly in maternal and reproductive health services Availability of outpatient consultations, treatment of malaria, diarrhea,	scaling up medical staffing and personnels (midwives, chronic diseases specialists and Sudanese doctors and nurses). Strengthening medicine supply chains, laboratory and diagnostic services, and emergency referral systems Introducing translation services. Extending facility operating hours to include weekends and holidays. Subsidizing or waiving treatment costs for vulnerable groups.

	High rate of treatment costs 150-450UGX. Overcrowding, delayed emergency response. limited-service availability during weekends and public holidays. Language barriers, especially the absence of Arabic or English translators, miscommunication, poor diagnosis Reports of discrimination against Sudanese Weak referral system	respiratory and gastrointestinal infections Maternal and child health services, antenatal and postnatal care, routine immunization, reproductive health and family planning HIV/AIDS and tuberculosis follow-up Exist referral mechanisms for moderate and severe cases (Bweyale, Kiryandongo, Gulu and Kampala hospitals)	Mobile clinics and community-based outreach services Improve early detection and follow-up of chronic and high-risk cases
Preventive healthcare	Inadequate community-based disease surveillance. Weak health promotion campaigns. limited integration of preventive services across sectors. Language barriers Absence of culturally sensitive communication approaches. Absence of Preventive services for persons with disabilities and individuals with chronic illnesses. Gaps of disease prevention (malaria, waterborne, malnutrition, diarrhea, typhoid) Shortahge of mosquito nets, spraying, Contamination, female genital mutilation, childbirth complications	Routine immunization, health education by community health workers, some malaria preventive events, pregnant and breastfeeding and nutrition sensitive program, safe delivery preparedness, community-based risk screening, The existing network of community health workers and refugee leadership structures. Integrating health promotion with WASH, nutrition, mental health, protection, and education programs. Potential to engage women's groups, youth	Scaling up malaria prevention by distribution of mosquito nets, regular spraying, and community awareness campaigns. Strengthening WASH-related prevention, nutrition screening, and maternal health education (FGM). Establishing community-based preventive health committees Training community health workers in early detection and referral. Introducing culturally appropriate health

	Weak health promotion campaigns, early screening and medical follow-up, adolescents and youth negative practices and weak integration of health, trauma healing, water, sanitation, hygiene, nutrition and protection.	groups, and religious leaders in addressing harmful practices such as FGM and promoting safe maternal health behaviors.	education in Arabic and other relevant languages. Preventive reproductive health programs, adolescents' health education, nutrition for pregnant and breastfeeding women

CHAPTER SEVEN

WATER, HYGIENE AND SANITATION (WASH)

7.1 (WASH) SITUATION

The Water, Hygiene and Sanitation (WASH) situation in Kiryandongo Refugee Settlement remains critically inadequate and continues to exacerbate health and environmental risks, particularly for Sudanese refugees living in newly established clusters. Weak sanitation services, poor waste management practices, and increasing environmental contamination significantly heighten the risk of water- and environment-borne diseases such as diarrhea, malaria, typhoid, and skin and respiratory infections. These risks are further intensified by population growth, overcrowding, and persistent rainfall, which collectively undermine hygiene standards and accelerate disease transmission (FGDs-Women – Kiryandongo-23-12-2025).

Access to safe drinking water is a major challenge, particularly in newly established clusters and during the dry season. Field data indicate the presence of 17 hand pumps across the assessed areas, of which only 10 were functional at the time of the needs assessment, alongside two water stations located in Clusters L and S that are insufficient to meet overall demand. Refugees reported frequent breakdowns of hand pumps due to high pressure, poor management, and lack of routine maintenance, as well as salinity and contamination of some water sources. Weak management of water distribution points and limited technical oversight further compromise water quality and reliability, leaving households dependent on unsafe sources for daily consumption (FGDs-Men, Women, Youth – Kiryandongo-23-12-2025).

Sanitation conditions are equally concerning. Widespread open defecation persists due to an acute shortage of latrines, poor construction quality, lack of fencing and covers, and disputes over space for latrine construction within densely populated clusters. Many existing latrines are semi-collapsed, poorly maintained, or located dangerously close to living areas, increasing contamination risks. Refugees living in makeshift shelters—constructed from wood, deteriorated poles, woven mats, and plastic sheets—often share their immediate environment with domestic animals, insects, and reptiles, creating highly precarious living conditions. Continuous rainfall complicates latrine maintenance, clean-up campaigns, and vegetation clearance, further degrading sanitation standards (FGDs-Women – Kiryandongo-23-12-2025; Individual Interviews – 27-12-2025).

Waste management represents one of the most severe challenges within the settlement. Refugee communities face extreme difficulty in safely disposing of household waste due to the absence of waste collection vehicles, limited space for burning or burial, and shortages of basic cleaning tools. Persistent rainfall, narrow pathways, dense vegetation, and overcrowded housing make waste accumulation unavoidable in many areas. The resulting environmental conditions—characterized by stagnant water, decay, widespread mosquitoes, worms, and other harmful insects—significantly increase exposure to disease and physical hazards, including snake bites and injuries from open pits near homes (FGDs-Women – Kiryandongo-23-12-2025; FGDs-Youth – Kiryandongo-23-12-2025).

Overall, the WASH situation in Kiryandongo Refugee Settlement is marked by insufficient water supply, poor sanitation infrastructure, weak waste management systems, and limited hygiene promotion. These challenges disproportionately affect Sudanese refugees living in temporary shelters and newly established clusters, where environmental degradation and service gaps are most pronounced.

7.2 Gaps, Opportunities, and Suggested Interventions

The needs assessment reveals critical gaps across all WASH components. Water supply systems are insufficient, poorly maintained, and unable to meet demand, particularly during the dry season. Sanitation infrastructure is inadequate in both quantity and quality, with widespread open defecation and unsafe latrine placement. Waste management systems are largely absent, with no dedicated waste collection vehicles serving the clusters and limited tools available for safe disposal. Hygiene promotion activities remain weak, and households lack essential items such as cleaning tools, mosquito nets, and protective sanitation materials. These gaps collectively contribute to environmental contamination, disease outbreaks, and heightened protection risks, particularly for women, children, and persons with disabilities (FGDs-Men, Women, Youth – Kiryandongo-23-12-2025).

Despite these challenges, several opportunities exist to strengthen WASH services in the settlement. Active community structures, including refugee leadership committees, youth groups, and women's groups, provide a strong foundation for community-led WASH initiatives. The presence of multiple humanitarian actors operating within the settlement creates opportunities for improved coordination, integrated programming, and cross-sectoral linkages between WASH, health, nutrition, and protection. Additionally, growing international attention to public health, epidemic prevention, and climate resilience

in refugee-hosting contexts presents an opportunity to mobilize additional technical and financial resources to address WASH gaps sustainably (FGDs-Men – Kiryandongo-23-12-2025).

Based on the identified gaps and opportunities, a package of integrated WASH interventions is recommended (see Table 7.1). Priority actions include the rehabilitation and construction of water sources, regular maintenance of hand pumps, chlorination of water supplies, and improved management of water distribution points to ensure safe and equitable access. The construction of additional community latrines designed with proper fencing, lighting, insect protection, and gender-sensitive features is essential to eliminate open defecation and improve dignity and safety. Establishing structured waste management systems, including the provision of waste collection trucks and designated disposal sites away from residential areas, is critical to reducing environmental contamination.

Further interventions should include the distribution of hygiene and sanitation kits, cleaning tools, and mosquito nets, alongside sustained hygiene promotion and vector control campaigns. Community-led awareness programs on safe water use, sanitation practices, waste disposal, and environmental stewardship should be strengthened through trained volunteers and refugee committees. These combined interventions would significantly reduce WASH-related health risks, improve living conditions, and enhance resilience.

Table 7.1, WASH services gaps, opportunities, and suggested intervention

Sector	**Challenges**	**Opportunities**	**suggested intervention**
WASH	Water supply systems are insufficient (dry seasons), poorly maintained, and unable to meet demand, weak water resources management and ownership, hand pumps and, non-functional of some water stations and points Sanitation infrastructure is inadequate in both quantity and quality, with widespread open defecation and unsafe latrine placement, shortage of latrines and fencing and covers, dispute over latrine construction areas, makeshift and temporary shelters with domestic animals, insects	The presence of active community structures (refugee committees, youth and women groups). The presence of multiple humanitarians' actors creates opportunities for improved coordination, integrated programming, and cross-sectoral linkages between WASH,	Rehabilitation and construction of water resources Regular maintenance of hand pumps, points and stations Chlorination of water supplies and improve management of water distribution and ownerships Construction of additional community latrines, fencing and covers, lighting, insect protection

	and reptiles, lack clean-up campaigns, and vegetation clearance Waste management systems are largely absent, difficulty households waste disposing with no dedicated waste collection vehicles serving the clusters were limited burning and burial spaces and limited tools available for cleaning and safe disposal tools, mosquito nets and proactive sanitation materials Hygiene promotion activities remain weak, and households lack essential items. Environmental diseases (diarrhoea, malaria, typhoid, skin and respiratory infections),	health, nutrition, and protection. Growing international attention to public health, epidemic prevention, and climate resilience in refugee-hosting contexts presents an opportunity to mobilize additional technical and financial resources.	Establishing structured waste management system Distribution of sanitation and hygiene tools, gender sensitive features Provision of waste collection trucks, disposal sites away from shelters Distribution of cleaning-up hygiene and sanitation kits, mosquito nets Community based awareness campaigns, training volunteers and committees Strengthening coordination and collaboration among actors and stakeholders

CHAPTER EIGHT

Education Case Study

8.1 Formal and Non-Formal Education Situation

Kiryandongo Refugee Settlement hosts a number of **formal educational facilities** operating within the official framework of the Ugandan Ministry of Education and Sports. These include Early Childhood Education (ECE), primary schools, and secondary schools (including Brong School, Sharon School, Amanuq School, and Victoria Bweyale School, in addition to four secondary schools: Kiryandongo Secondary School, Mama Kivina Mixed School, Panyadoli Mixed School, and St. Stella Matutina Girls' School) Mama Africa Organization (report).

The settlement also includes vocational and technical training centers, most notably **Panyadoli Vocational Training Centre**, established in 2011 by the Real Medicine Foundation. The center offers training programs in tailoring, hairdressing, business and entrepreneurship, information and communication technology (ICT), conflict resolution, education for peace, and sports programs. Additional learning centers include a Community Learning Centre CLC that provides internet access and library services, as well as vocational institutes with largely theoretical training components in Gulu, Kiryandongo, and Masindi, which do not adequately prepare students for labor market demands (FGDs-Men- Kiryandongo-23-12-2025).

These educational institutions serve both refugees and the host community and apply nationally approved curricula, enabling students to obtain officially recognized certificates. Integration into the national education system represents a critical factor in ensuring continuity of learning and facilitating student mobility across regions and institutions within Uganda (FGDs-Youth- Kiryandongo-23-12-2025).

In terms of infrastructure, schools generally possess basic facilities such as classrooms, administrative offices, and water and sanitation facilities. However, most suffer from **severe overcrowding** due to the large number of students relative to available classrooms and teachers. Many schools also face shortages of desks, benches, textbooks, and teaching and learning materials, negatively affecting the learning environment and educational quality. In addition, there is a shortage of qualified teachers and a high student-to-teacher ratio, which limits teachers' ability to address individual learning needs and provide effective academic support (FGDs-Men- Kiryandongo-23-12-2025).

Alongside formal education, the settlement hosts a range of **non-formal education initiatives** implemented by humanitarian and community-based organizations. These include community learning centres, literacy programs, English language courses, life skills and peacebuilding programs, psychosocial support activities linked to education, and Sudanese academic support schools. These initiatives primarily target out-of-school children, youth outside the formal education system, and women, aiming to strengthen foundational skills, improve social and economic inclusion, and facilitate transition or reintegration into formal education where possible (FGDs-Men- Kiryandongo-23-12-2025).

In terms of performance, the education system in the settlement has achieved **relative success** in expanding access to basic education for a large number of children and youth, providing officially recognized certificates to those enrolled in formal education, and contributing to social stability by protecting children from early labor and exploitation. However, **education quality remains negatively affected** by overcrowding, limited resources, insufficient funding, and language barriers faced by the Sudanese students from different educational backgrounds—particularly those with limited proficiency in English.

Accordingly, educational facilities in Kiryandongo Refugee Settlement play a **pivotal role** in child protection and human capital development within the refugee community. Nevertheless, they require additional investment in infrastructure, increased and better-trained teaching staff, improved learning materials, and expanded non-formal education and language support programs to enhance education quality, improve learning outcomes, and achieve more sustainable educational results.

8.2 Education Sector Coordination and Key Actors

The education sector in Kiryandongo Refugee Settlement forms part of Uganda's official humanitarian response. OPM and Ministry of Education from the government side provide oversight and regulation through school accreditation, integration of refugee learners into the national system, and alignment with national education policies, in close coordination with UNHCR and international partners.

UNHCR leads overall education sector coordination, including planning, refugee student enrolment in formal schools, coordination with the Ugandan Ministry of Education, and channelling funding to implementing partners. UNHCR works to ensure the integration of refugee children into the national education system, while also supporting non-formal education and alternative learning programs for groups that face barriers to formal enrolment (Men's Focus Group Discussion). UNICEF plays a key role in

supporting basic education and child protection by providing learning materials, supporting early childhood education programs, and funding non-formal education initiatives and life skills programs for youth, particularly those at risk of dropout or child labour.

Windle International Uganda (WIU**)** is one of the main implementing partners in the education sector within the settlement. WIU provides language support programs, transitional education for newly arrived children, and manages higher education scholarship schemes, which enables refugee students to enrol in universities and colleges across Uganda (FGDs-Men- Kiryandongo-23-12-2025). **Finn Church Aid (FCA)** and its local partners, with support from the European Union, contribute to improving school infrastructure through the construction and rehabilitation of classrooms, provision of desks, and support to the most vulnerable students through cash assistance to cover school fees and learning materials, and also implements non-formal education programs and psychosocial support activities within schools (FGDs-Men- Kiryandongo-23-12-2025).

World Peace and Development (WPDI**)** and local community initiatives implement community-based education programs, non-formal education domain, such as after-school academic support, adult education, and peacebuilding and social cohesion activities within schools and communities, focusing on groups with limited access to formal education. **NRC** contributions for adult education, sports equipment and education support. **Refugee-led community initiatives**—including small community schools, Quranic schools (khalawi), adult literacy classes, and remedial lessons—partially address access gaps, though they suffer from limited resources and require technical and financial support to ensure sustainability and quality.

8.3 Education and Learning Loss

Reports and community discussions indicate a **significant increase in learning loss, school dropout, and non-enrolment rates** in Kiryandongo Refugee Settlement, driven by interconnected economic, educational, and social factors. Severe classroom overcrowding is among the most critical challenges, with class sizes reaching up to **153 students per classroom**, compounded by the continued influx of new refugees—particularly from Sudan (Kordofan and Darfur regions). These overcrowding forces some students to sit on windowsills or the floor, undermining education quality, reducing individual follow-up, and increasing frustration among both students and teachers (FGDs-Men- Kiryandongo-23-12-2025).

The education also faces shortages in school feeding programs, school fees, school-based harassment, lack of uniforms and textbooks, transportation difficulties, long distances to schools, language barriers, and extreme classroom congestion. In some schools, a single teacher is responsible for teaching all subjects, as illustrated by the Anoul School model to be confirmed (FGDs-Men- Kiryandongo-23-12-2025). The fragile economic situation of refugee households further contributes to dropout rates, as many families are unable to afford basic education-related costs such as fees, textbooks, notebooks, uniforms, and school bags. The absence of regular school feeding programs reduces student retention and attendance. Food insecurity and poverty force some children to work or remain at home to support their families, reinforcing cycles of dropout and educational loss (FGDs-Women- Kiryandongo-23-12-2025).

Language barriers represent a major challenge for Sudanese students, as instruction is delivered in English, making it difficult to comprehend curricula and negatively affecting academic performance and school integration. Differences between the Sudanese and Ugandan education systems further exacerbate academic alienation and hinder smooth educational continuity (FGDs-Women- Kiryandongo-23-12-2025).

Schools also face **structural and organizational challenges**, including shortages of teachers relative to student numbers, weak infrastructure, limited desks and classrooms, and lack of essential facilities such as laboratories, playgrounds, and protective fencing. Long distances between homes and schools, transportation constraints, safety concerns, and harassment further affect attendance, particularly, for girls (FGDs-Youth- Kiryandongo-23-12-2025).

While non-formal education plays an important role in absorbing some out-of-school learners, it suffers from weak alignment with labor market needs. Most programs remain largely theoretical and fail to provide sufficient practical skills that would enable beneficiaries to secure employment or sustainable income, reducing their long-term effectiveness and attractiveness. Additionally, many Sudanese students have discontinued university education due to war, with limited alternatives available, alongside low enrolment in technical and vocational education due to limited social recognition, weak employment prospects, and language barriers (FGDs-Women- Kiryandongo-23-12-2025).

8.4 Gaps and Challenges

High dropout and unemployment rates among refugees in Kiryandongo Refugee Settlement are closely linked to limited access to practical technical and vocational education and training (TVET), and the misalignment of existing education programs with local labor market needs. The settlement lacks flexible

alternative education pathways capable of accommodating dropouts, youth, and war-affected learners, widening the gap between education and livelihoods.

An additional gap is the absence of schools delivering the **Sudanese curriculum** across all education levels, which affects educational continuity, academic recognition, and future access to higher education for Sudanese students. Language barriers and curriculum differences remain key challenges undermining learning outcomes and increasing dropout risks.

persistent structural gaps include insufficient schools and classrooms, severe overcrowding, shortages of desks and learning materials, weak school feeding programs, limited numbers of qualified teachers, long travel distances, inadequate transportation for students and teachers, safety concerns, school-based harassment, and limited education services for persons with disabilities. supporting infrastructure such as internet connectivity, solar energy, laboratories, and libraries also remains inadequate.

8.5 available opportunities

The presence of qualified sudanese teachers and education professionals within the settlement represents a significant opportunity to strengthen access to inclusive, culturally responsive education. these individuals can be formally engaged as teachers, teaching assistants, or community education volunteers. in addition, these human resources present strong potential for training of trainers (tot) programmes, particularly in technical and vocational education and training (tvet). tot initiatives can be strategically linked to livelihood and self-reliance opportunities within the settlement and surrounding host communities, especially in sectors such as agriculture. uganda's refugee-inclusive education policies and established coordination mechanisms provide an enabling environment to explore the establishment of sudanese-curriculum for learners who face challenges integrating into national curricula due to language, certification, or interrupted education. such initiatives can complement national systems while ensuring continuity for war-affected learners. furthermore, the expansion of digital technologies and solar-powered solutions offers a viable opportunity to scale e-learning, blended education, and alternative learning modalities, especially for secondary and university-level students and learners affected by prolonged displacement. these solutions can mitigate infrastructure constraints, support flexible learning, and extend educational access to hard-to-reach groups, including youth and women.

8.6 Proposed Interventions

A package of integrated interventions is proposed, including: 1) **Expansion of practical TVET programs** directly linked to livelihood opportunities through partnerships with local private sector actors, farms, workshops, and small enterprises within and around the settlement, to reduce unemployment and promote self-reliance.2) **Coordination with Ugandan authorities** to allow the establishment of Sudanese-curriculum support schools across all education levels or the adoption of dual-track accredited pathways to ensure educational continuity and academic recognition for Sudanese students. 3) **Recruitment and training of Sudanese teachers and volunteers** to support translation, address language barriers, enhance school integration, and provide learning materials to reduce financial burdens on families; alongside scholarships and digital learning programs for university students whose education was disrupted by war, supported through solar-powered e-learning platforms. 4) **Construction of schools and training centres in remote clusters**, building additional classrooms to reduce overcrowding, and providing safe transportation for students. 5) **Inclusive education facilities** for persons with disabilities, including adapted infrastructure, trained teachers, and inclusive learning environments; improving school safety through fencing, latrine construction, violence and harassment prevention measures, and provision of sports, cultural, and social activities.6) **Establishment of school laboratories and digital libraries**, provision of desks, learning tools, furniture, school kitchens, and school gardens to improve school feeding programs and enhance student retention; and expansion of e-learning, alternative education, and flexible learning pathways for war-affected learners, dropouts, and out-of-school youth. Table 6.1, presents education services gaps, opportunities, and suggested interventions.

Table 6.1, Education services gaps, opportunities, and suggested interventions

Gaps	Opportunities	Intervention
High dropout and unemployment rates. Absence of schools delivering the Sudanese curriculum across all education levels. Language barriers, differences of education curricula, Insufficient schools and classrooms, severe overcrowding of students and children up to 153 per classroom, shortages of learning materials (desks, benches,	The presence of formal and informal education facilities and qualified Sudanese teachers and education professionals within the settlement. Ugandan Ministry of Education and Sports, early child, primary and secondary schools, vocational and technical training centers, community learning centers, Ugandan curricula and	Expansion of practical TVET programs and tie with market livelihoods opportunities, small enterprises. Construction of schools and training centres in remote clusters, building additional classrooms and provide safe transportation.

textbooks, desks, uniforms, bags), and high student-to teacher ratio, early labor and exploitation, Weak school feeding programs, high school fees, school-based harassment, limited numbers of qualified teachers. long travel distances, Inadequate transportation for students and teachers. Safety concerns and protective fencing school-based harassment, and limited education services for persons with disabilities. Supporting infrastructure such as internet connectivity, solar energy, laboratories, playgrounds and libraries also remains inadequate, learning loss, school dropout and non-enrolment rates Disconnect between vocational education, training with labor markets, weak digital education, discontinued university education	certificates, available classrooms and teachers, Strong potential for Training of Trainers (ToT) programmes. enabling environment to explore the establishment of Sudanese-curriculum. Organizational supports and community initiatives English language and literacy courses, Sudanese academic support schools, Uganda refugee- inclusive education policies Digital technologies and solar-powered opportunities, alternative learning modalities Partnerships with local private actors	Recruitment and training of Sudanese teachers and volunteers. Inclusive education facilities, materials and tools, furniture, school kitchens and gardens **Establishment of school laboratories and digital libraries** **Scholarships and digital learning programs for universities students,** **Inclusive education facilities for person with disabilities (adapted infrastructure, trained teachers, specific materials)** Latrine construction, violence and harassment prevention, provide sports and innovations activities,

CHAPTER NINE

Multi-Sectoral Intervention Framework

9.1 Rationale and Strategic Objective

The multi-sectoral assessment conducted in Kiryandongo Refugee Settlement confirms that humanitarian needs among refugee populations, particularly Sudanese refugees are complex, interlinked, and mutually reinforcing across protection, peacebuilding, mental health and psychosocial support (MHPSS), food security and livelihoods, health, WASH, and education. While sector-specific interventions are present, the assessment reveals that their overall effectiveness is undermined by fragmented coordination, parallel governance structures, weak information-sharing mechanisms, limited community participation in decision-making, and the absence of functional early warning and anticipatory response systems

These systemic gaps have contributed to deteriorating protection conditions, rising inter-communal tensions, uneven service access, and delayed responses to emerging risks, including violent incidents, disease outbreaks, and psychosocial distress. The July 2025 assault against Sudanese refugees, the continuous influx of new arrivals from Darfur and Kordofan, and the strain on overstretched services illustrate the urgent need to shift from isolated sectoral responses toward an integrated, preventive, and community-anchored model

In response, this framework proposes a Multi-Sectoral Intervention Model that operationalizes assessment findings through the integration of four mutually reinforcing pillars: 1) Community-Based Organization (CBO) Network / Hub. 2) Kaizen (continuous improvement) as an operational and governance methodology. 3) Istijaba Observatory System (IOS) as an AI-enabled early warning, coordination, and decision-support mechanism, and 4) Fund Mechanism.

The overarching strategic objective is to strengthen humanitarian governance, multi-sectoral coordination, and anticipatory action in Kiryandongo by enabling refugee-led structures to continuously analyze risks, improve service delivery, and respond collectively and adaptively across sectors, in alignment with Uganda's CRRF and localization commitments.

9.2 Community-Based Organizational Architecture for Multi-Sectoral Action

The proposed Multi-Sectoral Intervention Framework is anchored in a three-tier, refugee-led coordination architecture designed to ensure both sectoral depth and settlement-wide integration. This architecture directly responds to assessment findings that highlight fragmented service delivery, weak representation of newly arrived communities, particularly Sudanese refugees and limited coordination between settlement-based actors and external humanitarian stakeholders. By structuring coordination from the community level upward, the model strengthens local ownership, accountability, and responsiveness across all sectors.

At the first tier, Sectoral Technical Committees (STC) are established across priority sectors, including Protection and Peacebuilding, Health and WASH, Education, Food Security and Livelihoods, and Mental Health and Psychosocial Support (MHPSS). These committees function as technical and participatory platforms responsible for sector-specific needs analysis, intervention design, routine monitoring, and community feedback. Committee members are drawn from refugees and host community members with relevant experience, ensuring that sectoral planning is grounded in lived realities and practical knowledge. This structure directly addresses the assessment-identified disconnect between existing service provision and actual community priorities by creating continuous feedback loops between beneficiaries and implementers.

At the second tier, Nationality-Community Based Organizations (NCBOs) are formed by integrating the Sectoral Technical Committees under a unified governance structure for each refugee community (e.g. Sudanese, South Sudanese, Congolese) and, where appropriate, the host community. Each NCBO is composed of the elected chairpersons of the sectoral technical committees, alongside recognized community leadership structures. These NCBOs serve as formal governance, coordination, and accountability bodies, consolidating sectoral inputs into coherent community-level priorities. They act as the primary interface with humanitarian actors, UN agencies, and government institutions, while ensuring inclusive participation of women, youth, and other marginalized groups. This level of organization directly responds to documented representation gaps—particularly the limited inclusion of Sudanese refugees in existing Refugee Welfare Committees due to their late arrival in the settlement.

At the third tier, all nationality-based CBOs are linked through a Settlement-Wide CBO Network / Hub, which functions as the central multi-sectoral coordination, advocacy, and peacebuilding platform. The Hub brings together representatives from Sudanese, South Sudanese, host

community, and other refugee CBOs, alongside strategic partners such as the Office of the Prime Minister (OPM), UNHCR, relevant Kampala-based NGOs, district authorities, and designated security and protection actors, including the police. By connecting settlement-level governance structures with national and urban-based partners, the Hub reduces duplication, strengthens information flow, and enables joint planning, learning, and resource mobilization across sectors. It also serves as a neutral platform for inter-community dialogue and conflict prevention, reinforcing social cohesion within the settlement.

Crucially, legitimacy and accountability are safeguarded through a democratic selection process. Members of Sectoral Technical Committees and CBO leadership structures are selected through transparent community voting processes, ensuring representation and trust. Exceptions apply only to pre-existing, formally recognized committees and leadership bodies, which are integrated through validation and harmonization mechanisms rather than replacement. This approach balances continuity with reform, allowing existing structures to align with the new framework while addressing gaps in inclusion and effectiveness.

Overall, this three-tier architecture establishes a locally owned, technically informed, and externally connected coordination system capable of translating multi-sectoral assessment findings into coherent action. It strengthens refugee leadership, enhances cross-sectoral integration, and creates a durable platform for engagement with donors and humanitarian partners, including the mobilization of sustainable funding resources to support coordinated, community-driven interventions.

9.3 Network / Hub Hosting and Physical Infrastructure

To effectively operationalize the proposed Community-Based Organization (CBO) Network / Hub and ensure its functionality, sustainability, and accessibility, the establishment of a dedicated physical hosting space is essential. A centralized and neutral coordination environment is critical for facilitating multi-sectoral planning, information sharing, joint decision-making, and accountability among refugee-led organizations, humanitarian actors, and relevant authorities.

In this context, the humanitarian Action House Initiative in Bweyale (see Appendix N), established with the objective of strengthening humanitarian governance and institutional coordination in refugee affairs, is well positioned to serve as the headquarters of the proposed CBO Network /

Hub supporting Kiryandongo Refugee Settlement. The facility offers a practical and strategically located platform for coordinating refugee-led, multi-sectoral interventions while maintaining close operational linkage with the settlement.

The Humanitarian Action House is located in close proximity to Kiryandongo Refugee Settlement and was established through the initiative of informal humanitarian actors and community leaders who share a strong commitment to coordination, cooperation, and locally driven humanitarian action (Attached in Appendix 2.) The space has been rented and equipped through collective efforts, reflecting grassroots ownership and a clear alignment with localization principles.

9.4 Kaizen as the Operational Methodology for Multi-Sectoral Improvement

The humanitarian adaptation of Kaizen is fundamentally rooted in the concept of creating value and Respect for People which extends beyond internal staff to encompass the dignity and agency of the affected populations themselves.

In a Kaizen humanitarian system, the definition of value is explicitly anchored in the lived outcomes experienced by affected populations. Value is created only when an activity directly contributes to reducing harm, alleviating suffering, restoring dignity, strengthening protection, or enhancing individual and community resilience. From this perspective, value is not defined by organizational effort, expenditure, or compliance with procedures, but by the tangible benefits delivered to refugees and host communities in a timely, accessible, and appropriate manner.

Value-added activities are therefore those that directly improve service availability, quality, continuity, or safety across sectors such as health, WASH, protection, education, livelihoods, mental health and psychosocial support, and peacebuilding. Conversely, non-value-added activities commonly referred to as “waste” in kaizen thinking are processes that consume time, funding, or human resources without contributing to beneficiary outcomes. In humanitarian settings, such waste may take the form of duplicated assessments, fragmented referrals, excessive reporting requirements, delays caused by poor coordination, or services that are misaligned with actual community priorities.

At its core, Kaizen recognizes that those closest to the work (e.g., sectoral technical committee, community volunteers, CBOs) are the most qualified to identify inefficiencies (waste)and propose viable solutions. This necessitates the creation of a "supportive work culture" characterized by high levels of psychological safety and motivation for improvement. Within this culture, mistakes are not viewed as individual failures to be punished but as systemic indicators of process fragility that warrant collective analysis and redesign. This shift from a culture of troubleshooting to one of process refinement is essential for long-term sustainability in high-pressure environments like multi-sectoral intervention project.

In complex, multi-actor service environments such as refugee settlements and emergency response contexts, identifying “value” requires a structured and continuous assessment of both external clients (affected populations) and internal clients (sectoral committees, CBOs, implementing partners, and coordination bodies). This assessment must account for protection risks, accessibility barriers, cultural appropriateness, and the interconnected nature of needs across sectors. By systematically distinguishing value-adding from non-value-adding activities, the Kaizen approach enables humanitarian actors to streamline processes, reallocate resources toward high-impact interventions, and continuously improve service delivery in a manner that is community-centered, efficient, and accountable.

For the framework, kaizen (continuous improvement) is embedded as the core operational engine translating assessment findings into adaptive, results-oriented action. Within this framework, Kaizen is not treated as a standalone training intervention but as a phased methodology guiding implementation, coordination, and governance across sectors. At the Foundation Stage, Kaizen principles can be introduced across sectoral committees, CBOs, and the Hub to establish a shared improvement mindset.

Accordingly, at the foundations phase, the assessment findings can jointly review, validated, and prioritized using kaizen tools (e.g. Plan–Do–Check–Act (PDCA, 5s, Daily Management System). This stage ensures that identified needs, such as protection risks, WASH gaps, or psychosocial stressors are converted into feasible, low-cost, and community owned actions, addressing the assessment-identified gap between analysis and implementation. The 5S methodology (Sort, Set in Order, Shine, Standardize, Sustain) is particularly relevant in humanitarian and refugee settings where physical space is constrained, infrastructure is fragile, and resources are scarce. In the

Kiryandongo context, 5S supports safety, efficiency, dignity, and service quality across CBO offices, community centres, schools, health posts, and Hub facilities.

The Daily Management System provides the day-to-day operational discipline needed to sustain improvements and ensure accountability. DMS connects frontline activities with strategic objectives. Key DMS elements include: 1) Visual performance boards displaying priorities, risks, and indicators. 2) Short daily or weekly coordination meetings at committee and CBO levels. 3) Simple Kaizen Action Sheets to track problems, actions, and follow-up. And 4) Escalation mechanisms for unresolved issues. Hence, DMS ensures that problems are identified early, responsibilities are clear, and learning becomes routine rather than reactive.

At the Kaizen Practitioner Stage, sectoral and cross-sectoral problem-solving is strengthened. Committees apply structured tools (Value Stream Mapping, Kaizen event and Standard Operations Procedures) to address service bottlenecks, coordination failures, and quality gaps. For instance, Standard Operating Procedures constitute the foundation of operational consistency and accountability within the framework. SOPs define *how* services are delivered, *who* is responsible, and *what standards* must be met.

Within this framework, SOPs: 1) Translate assessment findings and agreed policies into clear, repeatable actions. 2) Standardize critical processes such as referrals, protection case management, emergency response, information sharing, complaint handling, and coordination meetings 3) Reduce dependency on individuals and minimize service disruption during staff or volunteer turnover. 4) Enable fair, transparent, and predictable service delivery across communities and sectors. Accordingly, Kaizen joint activities enable integrated responses, such as linking WASH improvements with health risk reduction or aligning livelihoods initiatives with peacebuilding and MHPSS objectives.

At the Advanced Kaizen Stage, successful practices are standardized and scaled across clusters and communities. Cross-sector dependencies, for instance, the links between shelter conditions, protection risks, and health outcomes, are addressed through coordinated planning and process optimization, enhancing efficiency and equity. And finally in this concern, At the Kaizen Leadership Stage, continuous improvement principles are embedded into the governance of the CBO Network and Hub. Leaders use performance monitoring, strategic review, and accountability tools

to sustain improvements, manage resources transparently, and institutionalize learning within refugee-led structures.

9.5 Istijaba Observatory System (IOS) as a Multi-Sectoral Support Platform

The Istijaba Observatory System (IOS) serves as the technological backbone of the intervention framework. IOS is an AI-powered, semi-autonomous platform designed for risk and disaster alerting, humanitarian emergency identification, intervention planning, joint coordination, and strategic decision-making, operating with approximately 90 percent automated intelligence and 10 percent human oversight.

Within the multi-sectoral framework, IOS transforms the assessment from a static exercise into a dynamic, continuously updated situational analysis by integrating data across protection, health, WASH, education, livelihoods, and peacebuilding. By detecting early warning signals (e.g., rising protection incidents, disease outbreaks, food insecurity trends, or inter communal tensions) IOS enables anticipatory action rather than reactive response.

The Istijaba Observatory System (IOS) directly supports the Kaizen continuous improvement cycles by providing near real-time, multi-sectoral performance feedback. Through integrated dashboards, alerts, and analytical summaries, IOS enables sectoral technical committees and the CBO Network / Hub to test solutions, monitor outcomes, identify deviations, and collaboratively adjust strategies using PDCA (Plan–Do–Check–Act) cycles. While automation enhances the speed, coverage, and analytical depth of decision-making, human oversight remains central to ensuring ethical data use, contextual interpretation, accountability, and alignment with humanitarian principles.

IOS supports systematic beneficiary monitoring by identifying vulnerable population groups, mapping their priority needs, tracking existing interventions, and detecting service gaps. This function strengthens targeting, referral pathways, and protection outcomes across sectors. Beneficiary monitoring includes, but is not limited to, persons with disabilities, individuals with chronic illnesses, people living with HIV/AIDS, pregnant and lactating women, children, adolescent girls, older persons, youth, and other at-risk groups. By linking beneficiary profiles with sectoral services, IOS enables timely referrals, coordinated responses, and continuous improvement of inclusion and coverage.

IOS also enables comprehensive monitoring of essential services across the settlement, including water sources (functional and non-functional), schools, health facilities, communal kitchens, protection services, and other critical infrastructure. The system tracks the operational status of each service (active or inactive), identifies capacity and quality gaps, then supports evidence-based planning of corrective or enhancement interventions. This service-level monitoring feeds directly into Kaizen improvement cycles, allowing sectoral committees and the Hub to prioritize actions, standardize effective practices, and optimize resource utilization across sectors.

9.6 Fund Mechanism

To operationalize the Multi-Sectoral Intervention structured and flexible funding mechanism is proposed to ensure that assessment findings are translated into coordinated, effective, and community-led action. The fund mechanism is designed to support governance, systems development, and direct service delivery across multiple sectors while maintaining transparency, accountability, and adaptability. Recognizing that different categories of interventions require distinct financing approaches, the mechanism is organized around three complementary funding streams: managerial, operational, and programmatic funding.

The managerial fund is dedicated to covers essential governance and administrative costs, including coordination and management personnel, administrative staff, utilities, communications, consumables, and basic operational expenses. It also supports the managerial functions of hosting entities such as the Future Stars Centres and the Humanitarian Action House Initiative, which provide a stable platform for coordination, planning, and accountability. By securing these core costs, the managerial fund safeguards the functionality of the Hub and ensures that coordination mechanisms remain operational and compliant with donor requirements.

The operational fund focuses on establishing and strengthening the systems, structures, and processes required to deliver integrated multi-sectoral programming. This funding stream supports the formation and capacity development of sectoral technical committees, the establishment and institutional strengthening of CBO Network / Hub. It also finances the deployment and maintenance of the Istijaba Observatory System, including data collection,

analysis, early warning, and coordination functions. In addition, the operational fund supports Kaizen-based improvement initiatives, such as training, facilitation, and the implementations

The programmatic fund directly finances community-level interventions through micro and small grants, ensuring that multi-sectoral assessments lead to tangible improvements in refugee well-being. Micro grants support low-cost, high-impact initiatives implemented collectively or individually, with a particular focus on enhancing food security, livelihoods, and self-reliance. These initiatives include community agricultural projects, collective poultry farming to support community kitchens, small-scale handicrafts, petty trade, and other income-generating activities. Micro grants prioritize rapid implementation, inclusivity, and strong community ownership, aligning closely with the Kaizen principle of continuous, incremental improvement.

Small grants are allocated to medium-cost humanitarian and community service interventions that address structural and service-level gaps identified through assessments. These include maintenance and rehabilitation of community institutions such as schools, health centers, and learning spaces, repair of water sources and sanitation facilities, and targeted support to vulnerable households based on multi-sectoral vulnerability analysis. Small grants also support protection, mental health and psychosocial support, and peacebuilding activities that require moderate resources and coordinated implementation. Through these grants, communities are empowered to address critical needs while remaining responsive to evolving risks and priorities.

Fund management and governance are structured to ensure accountability, efficiency, and coherence across all funding streams. Sectoral technical committees are responsible for managing and monitoring micro and small grants within their respective sectors, providing technical oversight, and ensuring alignment with sector standards. Nationality-based CBOs coordinate implementation at community level, facilitate beneficiary engagement, and promote transparency and feedback. The CBO Network / Hub provides overall coordination, harmonization across sectors and communities, and oversight of cross-cutting initiatives. High-cost, multi-stakeholder projects, particularly those involving construction or infrastructure, are managed by the CBO Network / Hub in close coordination with specialized technical committees and relevant partners. All funding streams operate under standardized financial and operational procedures, supported by Kaizen-based performance monitoring and IOS-enabled tracking of risks, results, and learning.

Overall, this multi-layered fund mechanism enables strategic alignment between coordination, systems-building, and service delivery while maintaining flexibility to respond to emerging needs. It strengthens refugee leadership, enhances cost-effectiveness through continuous improvement, and supports anticipatory action through real-time data and early warning. By integrating managerial stability, operational readiness, and community-driven programming, the fund mechanism ensures that multi-sectoral interventions are coherent, adaptive, and sustainable, while meeting donor accountability and localization commitments.

9.7 Expected Outcomes

The Multi-Sectoral Intervention Framework is expected to significantly improve the effectiveness, coherence, and sustainability of humanitarian and development interventions in Kiryandongo Refugee Settlement. By integrating refugee-led coordination structures, Kaizen continuous improvement practices, standardized operations, and the Istijaba Observatory System (IOS), the framework transforms fragmented sectoral responses into a coordinated, adaptive, and community-owned system.

Key outcomes include strengthened multi-sectoral coordination and governance; faster and more anticipatory responses to emerging risks through AI-enabled early warning; improved quality, efficiency, and consistency of service delivery through SOPs, 5S, and Daily Management Systems; and enhanced community ownership and accountability. The framework also contributes to increased resilience, social cohesion, and peaceful coexistence by linking protection, peacebuilding, livelihoods, and psychosocial interventions.

Overall, the framework operationalizes localization commitments, strengthens institutional capacity of refugee-led organizations, and provides an evidence-based, scalable model that enhances donor confidence, accountability, and long-term impact.

9.8 Risk Management

Risk	Risk Level	Impact Level	Mitigation Measures
Weak coordination between sectors and CBOs	High	High	Establish clear governance structure through the CBO Network / Hub.
Limited participation or representation of some refugee groups	Medium	High	Ensure inclusive representation through nationality-based CBOs and sectoral committees; apply community feedback mechanisms.
Inter-community tensions or conflict escalation	High	High	Integrate peacebuilding and protection committees.
Low institutional capacity of emerging CBOs	Medium	Medium	Implement foundation capacity-building.
Resistance	Medium	Medium	Apply participatory development; start with pilot sectors; demonstrate quick wins.
Data quality, misuse, or ethical risks related to IOS	Medium	High	Apply human-in-the-loop oversight; establish data governance; train users on ethical data use; restrict access based on roles and responsibilities.
Over-reliance on technology and system downtime	Low	Medium	Maintain manual backup reporting procedures; use simple paper-based tools where needed; ensure

Risk	Risk Level	Impact Level	Mitigation Measures
			redundancy and basic ICT maintenance protocols.
Funding constraints or delays	High	High	Prioritize low-cost, high-impact actions; phase implementation; diversify funding sources; use IOS data to demonstrate results and donor value.
High turnover of volunteers or CBO leaders	Medium	Medium	Institutionalize knowledge and documentation; apply leadership succession planning; maintain onboarding packages and continuous training.
Weak linkages with government and humanitarian actors	Medium	High	Formalize engagement protocols; use the Hub as a coordination interface; align reporting with settlement and national coordination mechanisms.
Security incidents affecting Hub operations	Low	High	Conduct regular risk assessments; establish security coordinate with local authorities; activate IOS alerts for early response.
Community fatigue or loss of trust	Medium	High	Maintain transparent communication; use community feedback loops; demonstrate visible improvements through quick

Risk	Risk Level	Impact Level	Mitigation Measures
			wins; ensure accountability mechanisms.

ABOUT THE FSC:
Future Stars Center for Development and Capacity Building, it duly registered in Sudan as a national NGO since 2020. As known, Nojoom Alghad Foundation for Capacity Building and Development, it was duly registered in September, 2024 at National Bureau for Non-Governmental Organization as NGO to operate in Uganda. More details about FSC, please follow **fscsudan.org.** https://www.facebook.com/profile.php?id=100057042437820&mibextid=ZbWKwL. Contact us via **futurestarscenter2020@gmail.com** - **+256766827923**

APPENDEXES

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