

# Uganda

## Needs and Intentions of Newly-Arrived Sudanese Refugees in Kiryandongo Settlement

July 2025



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## Acknowledgments

Collaboration with The Norwegian Refugee Council (NRC):

This assessment was conducted in collaboration with the **Norwegian Refugee Council (NRC)**. NRC's expertise and commitment were welcomed in design and analysis. We recognize and value NRC's role in this process, which has contributed to generating meaningful insights for newly arrived Sudanese refugees in Kiryandongo.



We would like to thank the **European Union** for their funding and support of this assessment.



## SUMMARY

### Background

- Due to the substantial increases in refugee and asylum-seeking households arriving in Uganda since January 2023<sup>1</sup> actors within the Uganda Refugee Response called for additional information to feed into programming. These increases in new arrivals were comprised substantially of Sudanese households, but also of other nationalities. Given the developments in movement and settlement of households between Kampala and Kiryandongo in 2023-24, both locations were covered under this wider, two-component assessment. Kampala serves as a key destination for new arrivals and hosts a large, diverse refugee population, while Kiryandongo became the government-assigned refugee settlement for newly arrived Sudanese refugees after registration closed in Kampala in December 2023. Both locations experienced significant influxes. These increases in caseloads pressured resources and service provision (especially in Kiryandongo), which called for additional information among response actors.
- This report discusses needs and vulnerabilities among newly arrived Sudanese refugee households in Kiryandongo Refugee Settlement. Newly arrived households constitute households who reported having arrived in Uganda during or after January 2023, until the end of November 2024, when data collection completed. Sectors and themes discussed include Demographics, Displacement & Intentions, Protection (general and legal), WASH, Livelihoods, Financial Services, Education, Health, MHPSS, and Shelter.

For this wider assessment, the Terms of Reference (ToR) can be found [here](#), and the Greater Kampala component's report can be found [here](#).

### Key Messages

- Since November 2023, the Government of Uganda granted Sudanese refugees prima facie status<sup>2</sup> due to ongoing conflict in Sudan and mostly required all new arrivals to register in Kiryandongo refugee settlement. This policy resulted in an unprecedented influx of over 54,000 Sudanese new arrivals, creating significant strain on available resources and services. Humanitarian actors raised concerns about overcrowding, poor housing, inadequate WASH facilities, and limited access to health, creating risks for disease outbreaks, with challenges compounded by continued funding cuts.
- While Sudanese households were living and registered in Kiryandongo, some expressed a desire to leave the settlement due to limited livelihood and education opportunities. Many reported wanting to leave Uganda, in search of better employment opportunities, healthcare and education for their children.
- Livelihoods in Kiryandongo for Sudanese households are constrained by limited formal employment opportunities that matches the skill sets of Sudanese. Households mainly reported relying on humanitarian assistance (cash assistance) and casual labour, underscoring the crucial role of UN/INGOS/NGOs/CSOs support. This also reflects the limited access to stable income-generating activities and suggest economic vulnerability of Sudanese households in Kiryandongo.

<sup>1</sup> [UNHCR Refugee Arrival Monitoring Dashboard 2022-2025](#)

<sup>2</sup> Prima facie status means that a group of people feeling conflict or persecution are automatically recognized as refugees, without needing to go through individual assessment. Uganda grants prima facie status to refugees from South Sudan, the Democratic Republic of the Congo and Sudan.

- WASH (water, sanitation and hygiene) for Sudanese households and more generally, were under pressure, with many households reporting limited access to clean water, latrines and hygiene. Households relied on various coping mechanisms to meet their needs, such as relying on surface water, using toilets at night or defecating in the open, exacerbating their vulnerability and the risk of waterborne diseases. Use of such coping mechanisms, aside from generally strained WASH provisions in the settlement, may well relate to recent cholera outbreaks in Kiryandongo,<sup>3</sup> among other causes.
- Conditions for Sudanese households are strained, with the majority of households living in tarp-and-pole constructions. As a result, households face overcrowding and undignified and unsafe living conditions (leaks during the rain, high temperatures, cracks and openings on the roof and walls), particularly for female and single female-headed households. More than 80% of households reported not living in a functional space in terms of cooking, sleeping, electricity and lighting, storing food and water and personal hygiene.

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<sup>3</sup> [WHO. Weekly Bulletin on Outbreaks and Other Emergencies. April 2024.](#)

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## List of Acronyms

<b>FGD</b>	Focus Group Discussion
<b>HH</b>	Household
<b>HINGO</b>	Humanitarian INGO Forum
<b>HoH</b>	Head of Household
<b>INGO</b>	International Non-Governmental Organization
<b>JRS</b>	Jesuit Refugee Service
<b>KCCA</b>	Kampala Capital City Authority
<b>KII</b>	Key Informant Interview
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NGO</b>	Non-Governmental Organization
<b>NRC</b>	Norwegian Refugee Council
<b>ODK</b>	Open Data Kit
<b>OPM</b>	Office of the Prime Minister
<b>PWD</b>	Persons with Disability
<b>RCL</b>	Refugee Community Leader
<b>RDS</b>	Respondent-Driven Sampling
<b>RLO</b>	Refugee-led Organization
<b>RSD</b>	Refugee Status Determination
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VSLA</b>	Village savings and loan associations
<b>WASH</b>	Water Hygiene and Sanitation

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## INTRODUCTION

As of June 30, 2025, Uganda hosted 1,885,595 refugees and 39,998 asylum-seekers, making it the largest refugee-hosting country in Africa. The majority of refugees reside across 13 formal settlements (92%) and Kampala (8%).<sup>4</sup> Since 2023, Uganda experienced a substantial inflow of refugees, particularly from Sudan: the country received a total of 98,232 new arrivals, 49.3% of whom were received in Kampala.<sup>5</sup> Due to the ongoing conflict in Sudan since Q1 2023, Uganda received approximately 61,693 Sudanese refugees by the end of 2024, and an additional 75,063 are expected to arrive in 2025, with 15,485 already registered as per June 30<sup>th</sup>.<sup>6,7</sup> Arrival trends, which peaked to 4,360,200 persons a week in January 2025, are expected to continue in 2025 as the situation in Sudan continues to deteriorate.<sup>8</sup> Uganda is now part of the USD 1.8 billion [Sudan Emergency Regional Refugee Response Plan](#) for 2025.

Since November 2023, the Government of Uganda has granted Sudanese prima facie status<sup>9</sup> and required all new arrivals to register in Kiryandongo refugee settlement. Since then, Kiryandongo saw an unprecedented influx of 54,742 Sudanese new arrivals.<sup>10</sup> Humanitarian actors operating in Kiryandongo relayed concerns that the overcrowding, poor housing conditions, inadequate WASH infrastructure, and minimal healthcare services could lead to major outbreaks of communicable diseases, including cholera, typhoid, measles, and others.<sup>11,12,13</sup> Overcrowding in Kiryandongo has since been mitigated to an extent though drastic funding cuts continue to exacerbate these challenges.

The [Uganda 2024 Multi-Sectoral Needs Assessment](#) (MSNA)<sup>14</sup>, covering all refugee settlements and Kampala (only four divisions), leaving other urban areas, and nationality-specific refugee needs, such as Sudanese in Kampala and Kiryandongo, largely unexplored within the wider samples.<sup>15</sup>

This assessment's component on newly arrived Sudanese households in Kiryandongo seeks to fill critical information gaps on the needs and vulnerabilities of Sudanese refugee households in Kiryandongo refugee settlement. Driven by strong demand from urban response actors, including members of the Humanitarian International NGO (HINGO) Forum and organizations working in Kiryandongo, this assessment aims to provide critical insights to inform more effective interventions, programming, and service delivery in Kiryandongo.

<sup>4</sup> OPM, UNHCR. 2025. [Overview of Refugee and Asylum-seekers in Uganda as of 31-Jan-2025](#).

<sup>5</sup> UNHCR. 2023. [Annual Results Report 2023: Uganda](#).

<sup>6</sup> Tshimba, D & Research and Evidence Facility. 2022. [Asylum in urban spaces: the case refugees in cities in Uganda](#).

<sup>7</sup> [UNHCR, Refugee Arrival Monitoring Dashboard. June 30th, 2025](#)

<sup>8</sup> UNHCR. 2025. [Sudan Emergency Regional Refugee Response Plan January-December 2025](#).

<sup>9</sup> Prima facie status means that a group of people feeling conflict or persecution are automatically recognized as refugees, without needing to go through individual assessment. Uganda grants prima facie status to refugees from South Sudan, the Democratic Republic of the Congo and Sudan.

<sup>10</sup> UNHCR. 2023-2025. Settlements overview and active refugee and asylum seeker dashboards from January 2023 to January 2025. Data compiled by IMPACT-REACH.

<sup>11</sup> IFRC, Uganda Red Cross. June 2024. [Uganda: Population Movement – 06 -2024 – Sudanese Refugee Influx in Uganda](#).

<sup>12</sup> [IRC. Sep 2024. Over a third of the 100,000 refugees arriving into resource-strained Uganda are Sudanese fleeing horrific conditions, warns the IRC.](#)

<sup>13</sup> IRC. March 2024. [Press release: Funding cuts could increase health and protection risks in Ugandan refugee settlements as more Sudanese refugees arrive, warns IRC.](#)

<sup>14</sup> Additional links and resource: [Uganda 2024 MSNA Report](#)

[Uganda 2024 MSNA Quantitative Analyses & Cleaned Datasets](#)

[Uganda 2024 MSNA Qualitative Analysis](#)

[Uganda 2024 Multi-Sector Needs Index \(MSNI\) Refugee Households Bulletin](#)

[Uganda 2024 Multi-Sector Needs Index \(MSNI\) Host Community Households Bulletin](#)

[Uganda 2024 MSNA and MSNI Sector Findings Presentation](#)

[Uganda 2024 MSNA: Adolescents' Needs and Experiences in Refugee-hosting Districts \(Report\)](#)

[Uganda 2024 MSNA Terms of References](#)

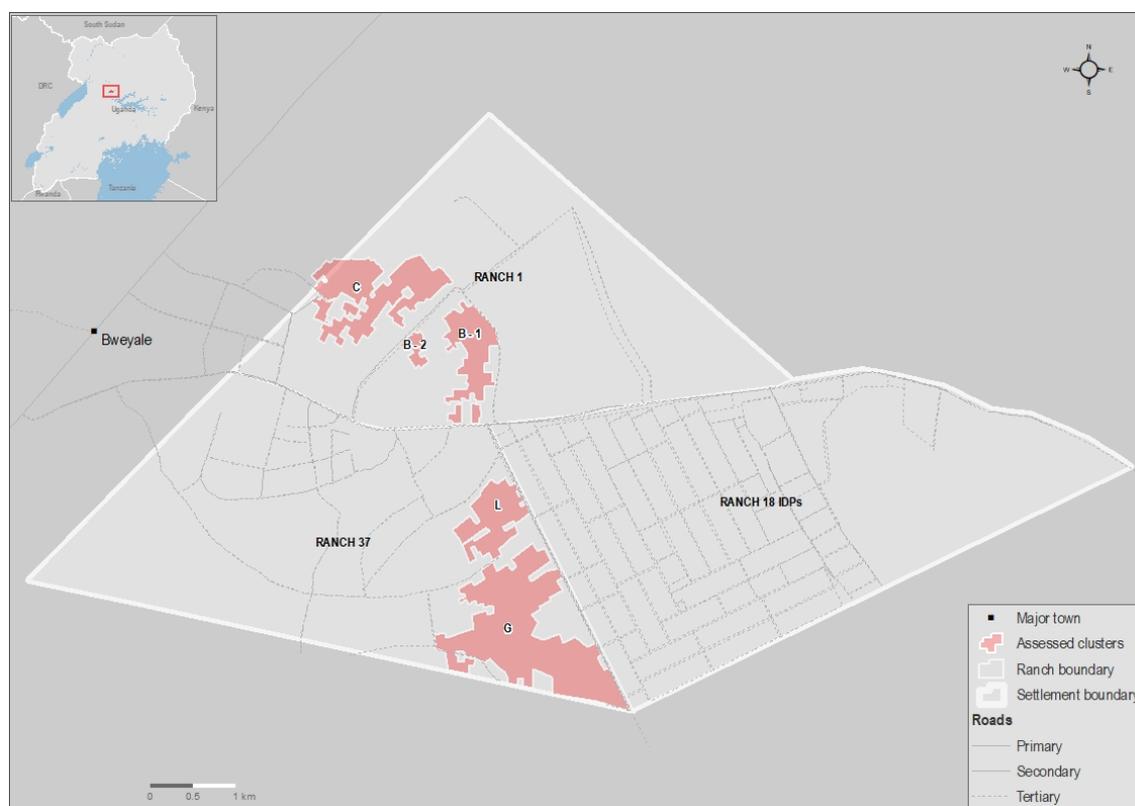
<sup>15</sup> MSNA Kampala surveys were collected for host and refugee communities in the divisions of Makindye, Kawempe, Central, and Rubaga. Analysis. Data and analysis can be found in the [2024 MSNA Quantitative Analysis](#).

## METHODOLOGY

### QUANTITATIVE COMPONENT

Data collection in Kiryandongo took place between the 12<sup>th</sup> of November and 4<sup>th</sup> of December 2024. The population of interest is **newly arrived Sudanese refugees and asylum-seeking households** in Kiryandongo refugee settlement, defined as households that arrived from November 2023 onwards. Random sampling method was deployed, using a confidence interval of 95% and a margin error of 5%, including a 10% buffer. The assessment surpassed its target of 420 surveys by **collecting 428 surveys**. Following consultations with UNHCR, Lutheran World Federation (LWF) and local Sudanese communities, surveys were conducted in identified clusters<sup>16</sup> with a high concentration of Sudanese households, namely cluster G, L, C and B (identified as B-1 and B-2 in **Error! Reference source not found.**).

**Map 1: Locations of data collection in Kiryandongo Refugee Settlement**



Households were selected via random allocation of geographic points in the identified clusters with high concentration of Sudanese households using GIS. The **findings are considered representative** among the newly arrived Sudanese population, at the level at which they were sampled (i.e., the aggregation of clusters G, L, B, and C within Kiryandongo).

In order to prevent the sampling of economic migrants, as per OPM's and UNHCR's request, only households who met at least one of the following criteria were sampled:

- Being compelled or forced to flee their home
- Residing in DRC, Sudan, Ethiopia, Somalia, or Eritrea -prior to fleeing, or
- Fleeing due to one or more of the listed reasons, including armed conflict, the death, injury, or disappearance of a family member, expulsion by governmental or non-governmental forces,

<sup>16</sup> These clusters were identified in collaboration with self-organized Sudanese refugee representatives and UNHCR Kiryandongo.

damage or destruction of property due to conflict or disaster, occupation of house or land without consent, presence of landmines or unexploded ordnance (UXO), or natural disasters.

For additional information on the quantitative sample, please refer to the [quantitative analysis](#).

## Qualitative Component

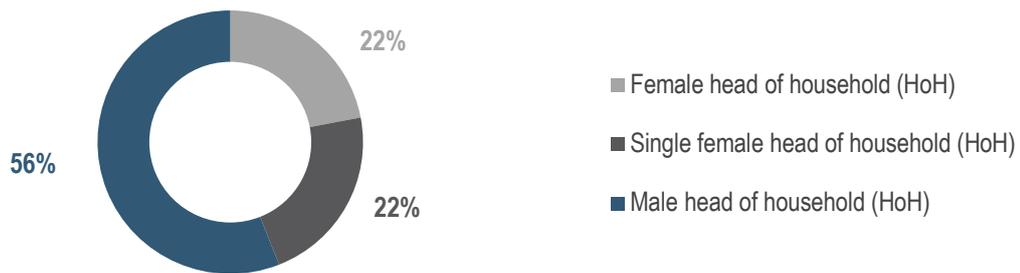
Two semi-structured FGDs were conducted with self-organized groups of Sudanese community representatives. Additionally, seven KIIs were conducted with INGOs experts in protection, registration, disabilities and mental health and psychosocial support, and with a market committee, town clerk and Refugee Welfare Council (RWC) III. One questionnaire was developed and is available in the [Data Analysis Plan](#). For additional information on the qualitative sample, please refer to the [qualitative analysis](#) (i.e., data analysis and saturation grid).

For more information on the methodology used in Kiryandongo, consult the [Terms of Reference](#).

## DEMOGRAPHICS

Of the Sudanese households interviewed in Kiryandongo, 31% lived in cluster G, 29% in cluster L, 23% in cluster C and 17% in cluster B.

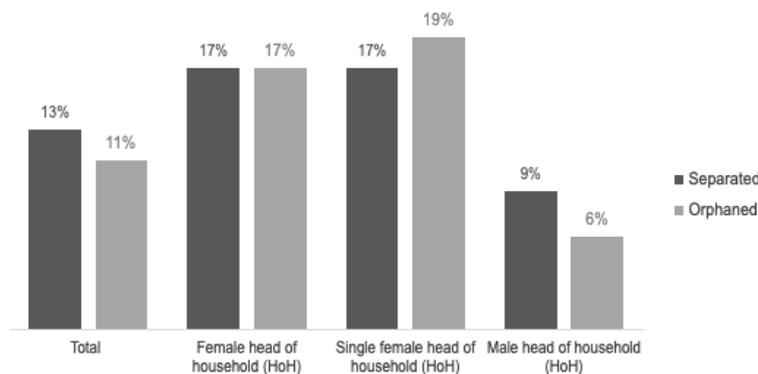
**Figure 1: Proportion of head of households (HoH) by gender**



In Kiryandongo, 56% of interviewed households were headed by a man, while 44% were headed by a woman. Of the female-headed households (n=180), half were led by a single woman (unmarried, divorced, widowed, separated, with no cohabiting partner, or whose partner remains in the home country or is abroad). Of the total interviewed households, 20% reported having at least one member who was pregnant or lactating.

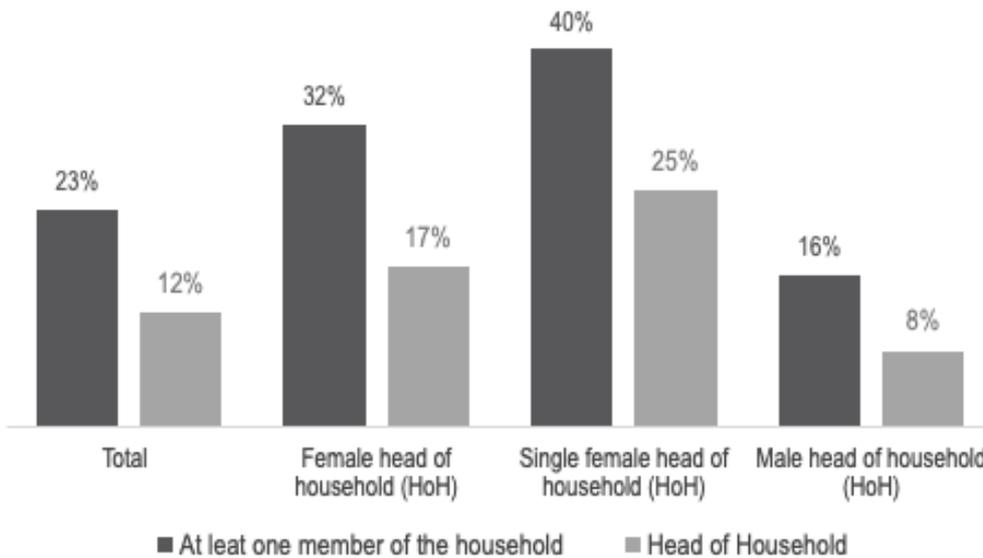
The average household size among Sudanese in Kiryandongo consisted of 5 members: female-headed households reporting on average 5 members, compared to male-headed households who reported on average 4 members.

**Figure 2: Proportion of households with at least one member of their household being separated or orphaned children, by head of household**



Additionally, 13% of households reported having at least one separated child, compared to 11% for orphaned children. The proportion of separated and orphaned children was notably higher for female and single-female-headed households, compared to male-headed ones, as presented in Figure 2.

**Figure 3: Proportion of households with a member over 5 years old or head of household with a disability, by head of household**



Of the total households interviewed, 23% reported having at least one member of their household with a level-three disability<sup>17</sup>, and 12% reported that the head of household had a level-three disability. This was particularly higher among female and single female-headed households in both cases, compared to male-headed households (see Figure 3).

**Only 1% of Sudanese individuals in Kiryandongo were not registered.** Those not registered are likely waiting to be joined their family members in Kiryandongo and/or were waiting for their official documents required for registration.

**21%**

of Sudanese households reported staying in Kampala and trying to apply for asylum/refugee status before coming to Kiryandongo. This was also mentioned by 27% of households with a HoH with a disability level 3.

<sup>17</sup> Disability level 3 means a severe disability; the individual has major difficulty in performing most activities and may require significant assistance.

## FINDINGS

### Displacement and Movement Intentions

This section explores the factors driving displacement of Sudanese refugee households, focusing on the causes of flight and the movement intentions. The section also dives into the push factors for Sudanese refugee households out of Kiryandongo and the pull factors to other countries or cities within Uganda.

#### Displacement

The displacement and movement intentions of Sudanese households in Kiryandongo refugee settlement are driven by various push and pull factors, with **armed conflict being the primary cause of displacement, reported by 78% of households**. Fear of forced conscription by armed forces was mentioned by 11% of households as their primary reason and 19% of households as their second reason, making it the most common secondary displacement factor. The death, injury, or disappearance of family members was also noted as a second (14%) and third reason (12%) for displacement. Notably, this was more frequently mentioned by single-female-headed households (19%) than male-headed households (12%) as the second reason of displacement. The lack of access to education was another contributing factor, reported by 10% of all households as the second reason and 8% as the third.

**Table 1: Proportion of households by the main first, second and third reasons of displacement**

	First reason	Second reason	Third reason
Armed conflict in or near area of origin	78%	7%	3%
Fear of forced conscription by armed forces	11%	19%	6%
Expulsion by government forces	3%	8%	8%
Expulsion by non-government forces	3%	7%	8%
Death/injury/disappearance of family member(s)	2%	14%	12%
No schools available	0%	10%	8%
House damaged or destroyed (conflict or disaster)	2%	9%	9%
Loss of livelihoods	1%	5%	5%
No work available	0%	0%	7%

0%  100%

While armed conflict is the primary driver of displacement for Sudanese households in Kiryandongo, the second and third reasons paint a more nuanced picture of displacement and mobility and indicate that households also consider other conditions in their decision to move, such as work and livelihood opportunities, destroyed or damaged homes, and the lack of health services.

#### Movement Intentions

**31%**

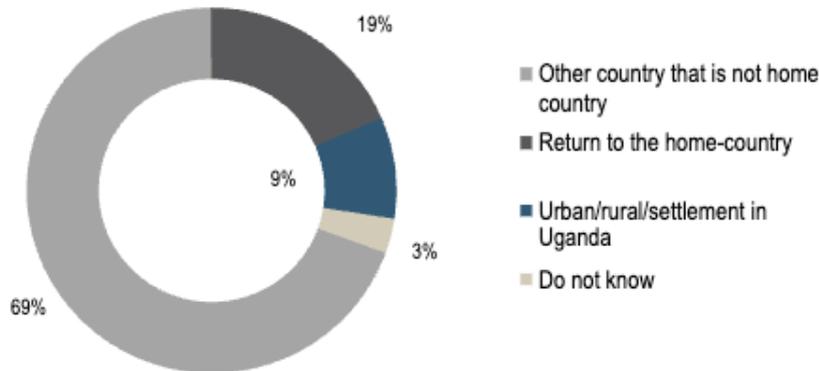
of Sudanese households reported they were planning to move out of Kiryandongo refugee settlement in the six-month following data collection.

Female-headed households (25%) more often mentioned returning to Sudan than male-headed households (14%), while a higher proportion of male-headed HHs (73%) indicated they would move to another country that is not their home country, compared to female-headed HHs (65%). The most

frequently mentioned countries for relocation were the United States, Canada, and the United Arab Emirates (U.A.E.), reflecting a hope for resettlement among Sudanese HHs.

**Figure 4: Proportion of households planning to move out of Kiryandongo refugee settlement in the 6 months following November 2024, by planned move location**

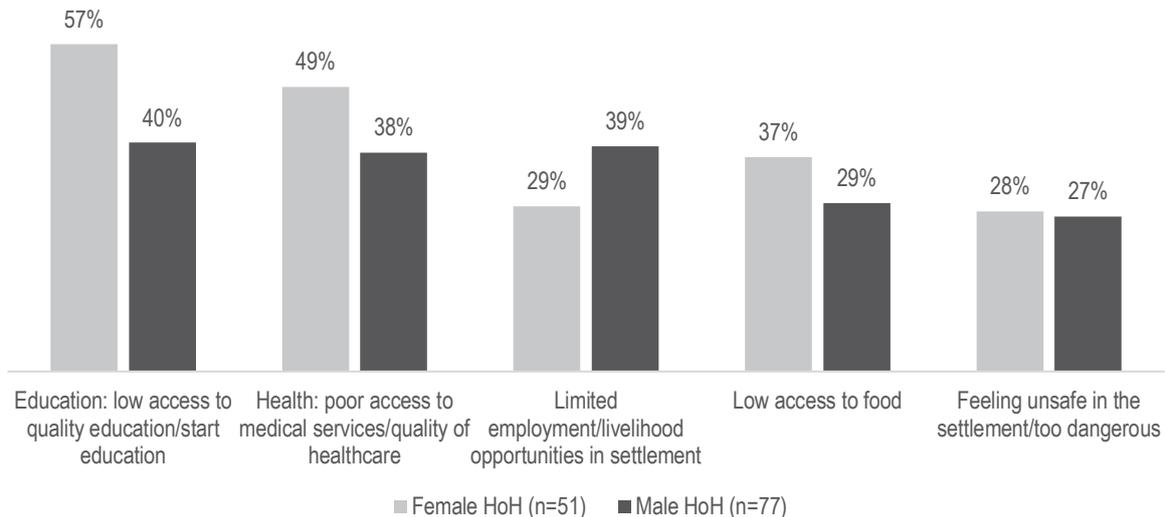
[subset: Proportion of households planning to move out of Kiryandongo refugee settlement, n=128]



The main five push factors for leaving Kiryandongo refugee settlement, by gender of the households are presented in Figure 5. Low access to quality education and health services appear to be more significant factors for female-headed HHs when leaving Kiryandongo, while limited employment and livelihood opportunities in the settlement ranked higher for male-headed HHs. Other factors not in Figure 5, but mentioned by around 11% of households include poor quality of housing, food insecurity, and the high price of food in Kiryandongo refugee settlement.

**Figure 5: Proportion of households planning to move out of Kiryandongo refugee settlement in 6 months following November 2024, by reasons for moving out and gender of HoH (multi-select, total may not add up to 100%)**

[subset: Proportion of households planning to move out of Kiryandongo refugee settlement, n=128]



**When asked to rank the three main reasons for moving out of Kiryandongo, both female-headed (24%) and male-headed (26%) HHs ranked low access to quality education as the primary push factor.** Limited employment opportunities were also ranked first by 16% of HHs overall. Low access to quality education was identified as the second push factor for female-headed HHs (25%), while for male-headed HHs, low access to food ranked second (17%). Regarding the third push factor, poor access to medical services and the quality of healthcare was ranked third by both female-

headed (31%) and male-headed (19%) HHs. These findings suggest that inadequate basic services, such as education, healthcare, and food, are the principal factors pushing HHs to leave Kiryandongo.

The main five reasons for choosing the destination of interest (i.e., pull factor) are presented in **Error! Reference source not found.** The pull factors align with the push factor mentioned by households in Figure 5, with female-headed HHs choosing more their destination of interest based on educational, health and food access compared to male-headed HHs. The feeling of safeness was mentioned slightly more by male-headed than female-headed HHs. Approximately 10% of HHs mentioned additional factors, not presented in **Error! Reference source not found.**, including access to better housing, better quality land, to be closer to the family and better quality of food. To note that 16% of male-headed HHs mentioned access to better housing as a pull-factor, compared to 4% for female-headed HHs.

When ranking the three main reasons for choosing their destination of interest (either their home country, another country, or within Uganda), both female-headed (31%) and male-headed (29%) HHs ranked **education as the primary pull factor**. For the second pull factor, 40% of female-headed HHs ranked access to medical services, while 22% of male-headed HHs ranked better access to food. Better access to livelihoods and job opportunities was ranked third by 28% of female-headed HHs and 14% of male-headed HHs.

For the households planning to **move back to their home country in the six months after data collection** (n=24), 10 households mentioned livelihood/employment opportunities, 9 cited better access to food, and 8 cited better access to medical services as pull factors for returning to Sudan, among other less-frequently mentioned reasons.

For the HHs planning to **move to another country that is not Sudan in the six months after data collection** (n=89), 62% mentioned better access to education, 47% cited better access to medical services, and 41% cited livelihood/employment opportunities as pull factors. Education was ranked first by both female-headed and male-headed HHs, while access to food ranked second for male-headed HHs and better access to medical services ranked second for female-headed HHs. Livelihood/employment opportunities ranked third for both female-headed and male-headed HHs.

The primary drivers of displacement for Sudanese households to Uganda are armed conflict and insecurity. Many households seek safety in Uganda, which provides a relatively stable environment compared to conflict zones. However, the growing Sudanese population in Kiryandongo poses challenges to ensure that services meet growing demands and that needs are met. As a result, a significant portion of households consider moving out of Kiryandongo, and Uganda, in search of better access to basic needs, such as education, livelihood and health.

## Legal Protection

This section focuses on the legal protection issues faced by Sudanese households in Kiryandongo, including registration processes and access to legal identity documents. It looks at the challenges households faced in acquiring necessary legal documentation, as well as the impact of these challenges on their ability to access services in the settlement.

## Legal Stay and Refugee Status Determination

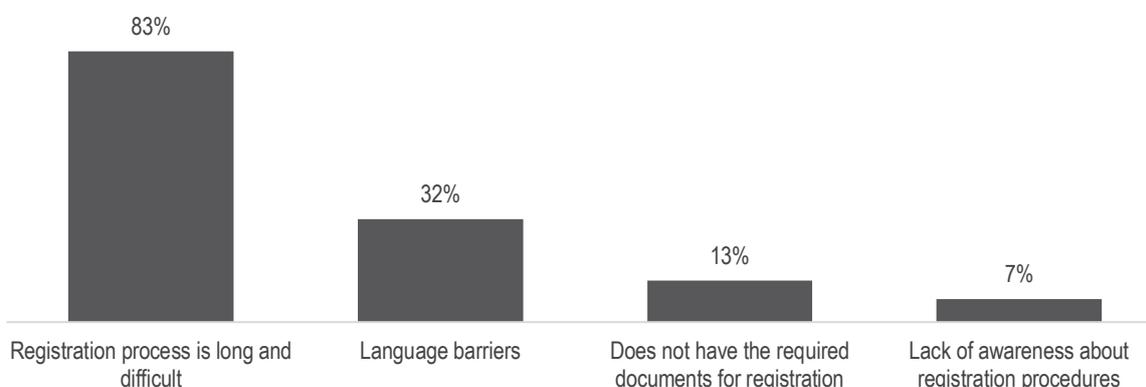
**23%**

of Sudanese households faced impediments to registering as refugees, with limited variation between female and male respondents and heads of household.

Of those Sudanese refugee households reportedly facing barriers to register as refugees (n=96), these were primarily related to the registration process being long and difficult (83%), language barriers (32%), and not having the required documents for registration (13%) presented in (Figure 6). .

**Figure 6: Proportion of households facing barriers to register as refugees in Kiryandongo, by main type of barriers faced to register as refugees**

[subset: Proportion of households facing barriers to register as refugees in Kiryandongo]



Sudanese refugee and FGD participants and KIIs mentioned delays at the overcrowded reception centre, which prolongs the process. Moreover, KIIs and FGD participants reported that language remains a major obstacle, as most UNHCR and OPM staff do not speak Arabic. Refugees have to rely on interpreters they do not always trust. KIIs shared that some women, particularly survivors of gender-based violence, struggle to share their experiences due to mistrust in interpreters and registration officers.

**KIIs and FGD participants reported that the overcrowded reception centre could not always accommodate the growing number of arrivals.** In April 2024, Kiryandongo reception centre held 5,762 individuals, well beyond its intended capacity of 520.<sup>18</sup> However, these issues were addressed to an extent; during November 2024, for instance, the reception centre was hosting around 2,500 individuals as measures were taken to relieve the RC.

As discussed in the section on Displacement and Movement Intentions, some Sudanese refugee households left Kiryandongo due to poor living conditions, limited services— especially health and education— and access to livelihood and employment opportunities. KIIs and participants of FGDs reported that households with financial means prefer to move to Kampala and secondary cities where they can access better services and business opportunities. However, their registration remains linked to Kiryandongo. Some are supported by religious networks or family connections abroad, facilitating easier relocation.

*"After getting refugee status, they go back to Kampala because there they have good education for their children, good business opportunities and better living conditions."*

- FGD, self-organized Sudanese leaders, men

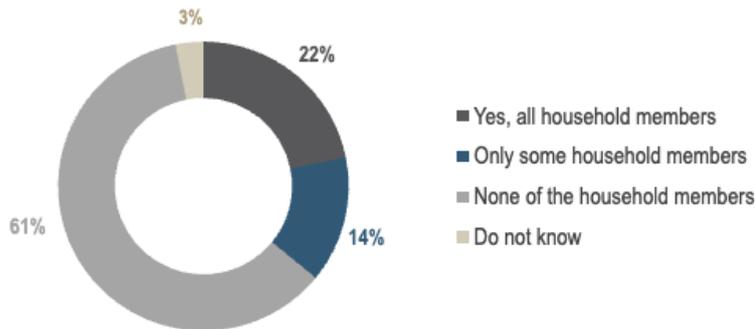
## Civil documentation

Sudanese refugee households broadly indicated that access to civil registration has been limited, with 61% stating that they lack documentation for all HH members, 14% having documents only for some HH members, and 22% having documents for all HH members (presented in

<sup>18</sup> UNHCR. 2024. [Sudan Emergency: Critical Life Saving Needs – October December 2024](#).

Figure 7). KIIs and FGD participants reported that Sudanese refugees in many cases lost their documentation while fleeing the conflict in Sudan, which could explain the high proportion of households without civil documentation.

**Figure 7: Proportion of households with access to civil documentation**



A limited number of refugee households (9%) faced challenges securing civil registration in Uganda, with issues related to the long and difficult process (57%), language barriers (36%), lack of awareness about procedures (18%), and distance from the service provider (13%). Civil registration services for all vital events occurring in Uganda are provided by the National Identification Registration Authority.

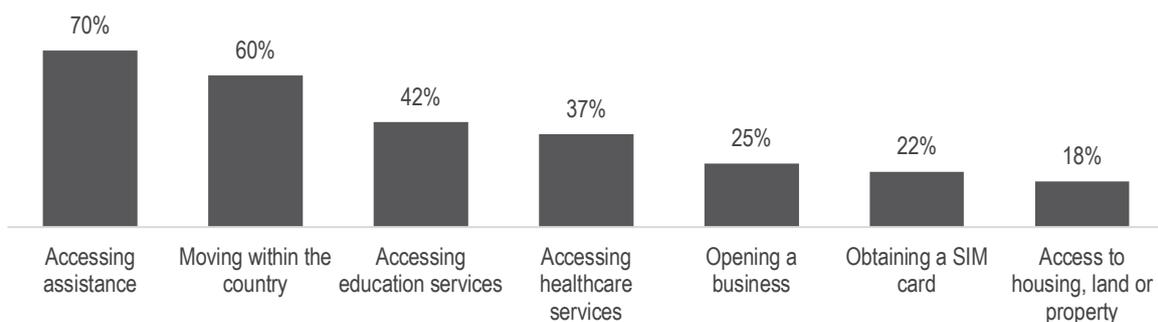
**9%** of Sudanese households in Kiryandongo reported **facing barriers accessing civil documentation.**

Among households who reported barriers to access civil documentation (n=37), 57% reported that the process was long and difficult, 36% faced language barriers, 18% did not know where to start the procedure, and 13% mentioned that the service providers for those documents are far away, and that they cannot afford the transportation costs.

Sudanese refugees are aware of the importance of possessing documentation to access assistance, particularly for education and health services, and for moving freely in Uganda. Additionally, documents are needed for many other activities, such as opening a business, obtaining a SIM card, and securing accommodation.

Gender-based variations showed more women (77%) emphasizing the need for documentation to access assistance than male-headed households (62%). Male-headed households more frequently (28%) cited the need for documentation to open a business than female-headed HHs (22%).

**Figure 8: Proportion of households by the main reasons why civil documentation is important for their household**



On average, Sudanese households reported spending **135,000 UGX** (circa \$38 USD) in the 6 months prior to data collection to secure documentation.

Legal protection in Kiryandongo is primarily influenced by the registration process, with Sudanese refugees granted prima facie status. While registration is crucial, delays and gaps in documentation remain a challenge. Documentation is important to Sudanese households primarily to access assistance and move within the country.

## Livelihoods

This section looks at livelihoods of Sudanese households in Kiryandongo, focusing on income-generating activities, employment opportunities, and economic self-reliance. It also discusses the barriers and needs which Sudanese households in Kiryandongo face when trying to make living and how this impacts their ability to support themselves.

### Household Income

Around one-third of Sudanese individuals in Kiryandongo refugee settlement are unemployed and looking for work, while another third are unpaid family workers. There are clear gender differences, with men mainly reportedly being unemployed and more than half of the women reportedly being an unpaid family worker (presented in Table 2). Out of the individuals that are unemployed (n=295), 67% had previously worked.

**Table 2: Proportion of individuals over 18 years old by their current work/occupation in Uganda**

	Overall	Women	Men
Unemployed, looking for work	30%	18%	42%
Unpaid family worker	27%	52%	1%
Full-time student	13%	11%	16%
Self-employed (including casual labour)	11%	5%	17%
Other (specify)	4%	3%	5%
Volunteering	4%	4%	4%

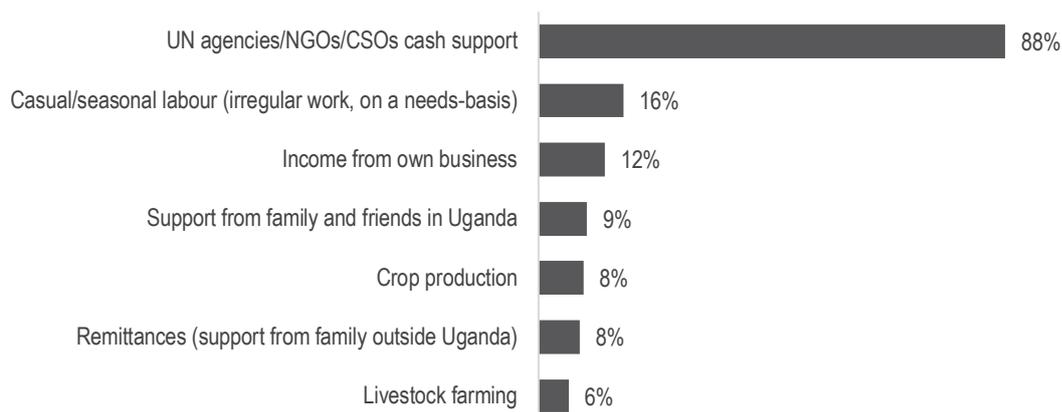
0%  100%

**19%**

of Sudanese adult individuals were reported to be kept from practicing the work/occupation they practiced in Sudan because of their refugee status in Uganda. No major differences were found across gender.

Almost 90% of households declared cash support from UN agencies/NGOs/CSOs as one of their main sources of income, followed by casual/seasonal labour and income from own business (presented in Figure 9). There is no clear difference between differently-gendered HoHs.

**Figure 9: Proportion of households by 3 main income sources during the past 30 days prior to data collection**



When ranking their top three sources of income from most to least important, 77% of HHs ranked cash support from UN agencies/NGOs/CSOs as the primary source, followed by casual/seasonal labour (21%) of HHs as their overall second main income source. When further disaggregated by gender of HoHs, male HoHs (23%) indicated casual/seasonal labour while female HoH still ranked UN agencies/NGOs/CSOs' cash support as their second main income. Income from livestock farming ranked third overall, mentioned by 30% of HHs. However, for single female-headed HHs, income from crop production was ranked higher than livestock farming for the third position.

Overall, this highlights a **significant reliance on cash assistance** as the primary source of income for Sudanese households in Kiryandongo in meeting the basic needs of these households in Kiryandongo. The extent of reliance on cash assistance of Sudanese in Kiryandongo, especially among households who may no longer be eligible for General Food Assistance, reflects limited access to other income-generating activities and suggest economic vulnerability.

**186,993 UGX (circa \$52 USD)** is the **average income in UGX** received by households in the form of money over the 30 days prior to data collection.

Male-headed HHs slightly more often reported receiving remittances (21%) compared to female-headed HHs (16%). Yet, the average amount of remittances received by male-headed HHs is slightly (14%) lower than the overall household average, while female-headed HHs received an average amount of remittances 23% higher than the overall household average.

**19%** of Sudanese households reported having received remittances in the 3 months prior to data collection. The average amount of remittances received by Sudanese in Kiryandongo was **437,146 UGX** (circa \$122 USD).

## Needs and Barriers to Livelihoods

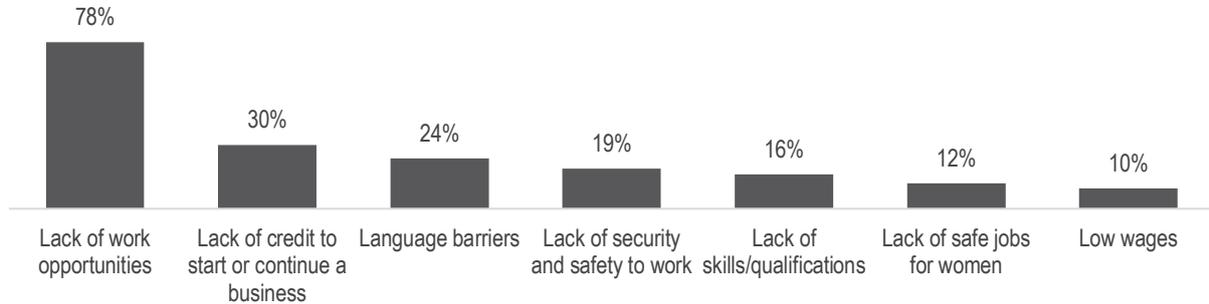
**68%** of Sudanese households reported having experienced barriers in their livelihood activities. This was slightly more reported by single female-headed HHs at 74%.

Almost four-fifths of households reported the lack of work opportunities as a barrier to their livelihood activities, followed by the lack of credit to start or continue a business and language barriers. Other challenges are presented in Figure 10. Compared to female-headed HHs (28%), single female-headed HHs (34%) more commonly pointed out the lack of credit to start or continue a business as a barrier. Language barriers were mentioned by more female-headed HHs (29%) than male-headed HHs (19%).

This is the case for all the barriers mentioned after language barriers in Figure 10, with the exception of low wages, that was mentioned by 12% of male-headed HHs compared to 7% of female-headed HHs.

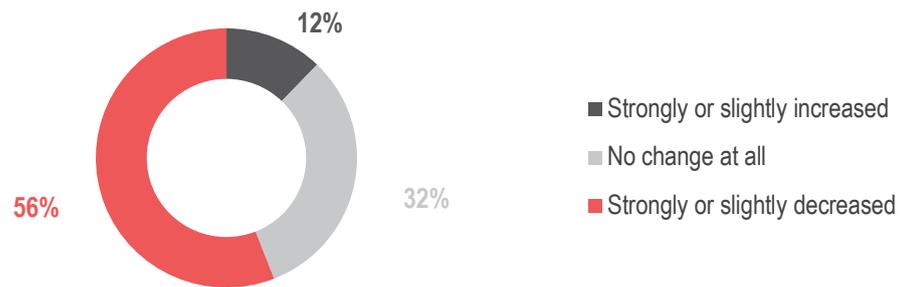
**Figure 10: Proportion of households by the type of barrier to livelihood activities**

[subset: Proportion of households reporting barriers to their livelihood activities, n=280]



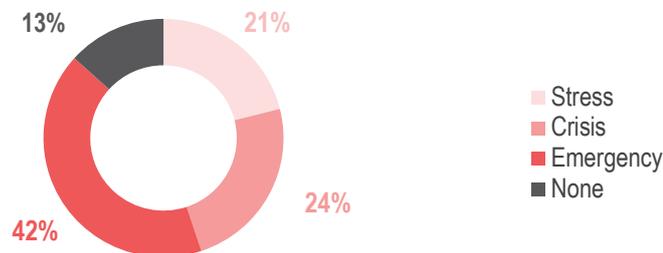
As presented in Figure 11, **more than half of Sudanese households in Kiryandongo reported that their income strongly or slightly decreased over the 3 months prior to data collection.** More precisely, 35% mentioned their income strongly decreased over the same time period.

**Figure 11: Proportion of households by income variation in the 3 months prior to data collection**



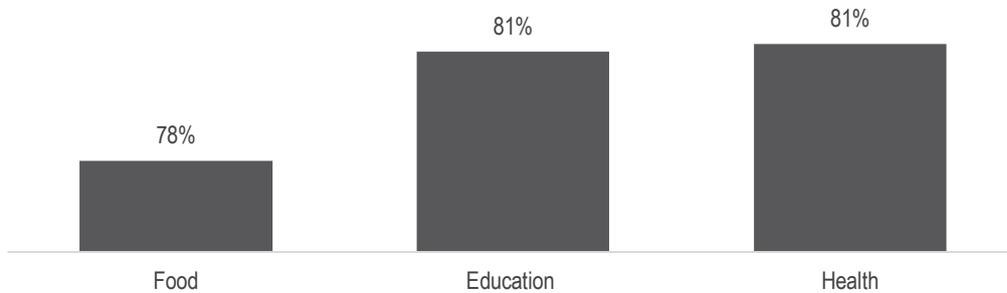
Male-headed HHs more frequently reported that their income strongly or slightly increased (14%), compared to single female-headed HHs (4%) over the 3 months prior to data collection. About 60% of female and single female-headed HHs reported their income to have strongly or slightly decreased compared to 54% of male-headed HHs, over the same time period.

**Figure 12: Proportion of households by Livelihoods Coping Strategy Index (LCSI) category**



Among the Sudanese households in Kiryandongo refugee settlement, 66% fell into crisis<sup>19</sup> or emergency<sup>20</sup> categories based on their livelihood coping strategy (see Figure 12). Single-female-headed HHs were more often found to be categorized in an emergency state, with 55% in this category, compared to 39% of male-headed HHs. This suggests that the situation in Kiryandongo is dire for Sudanese households, with their coping mechanisms stretched to their limits.

**Figure 13: Proportion of households reporting not having enough money for food, education, or health needs the month prior to data collection**

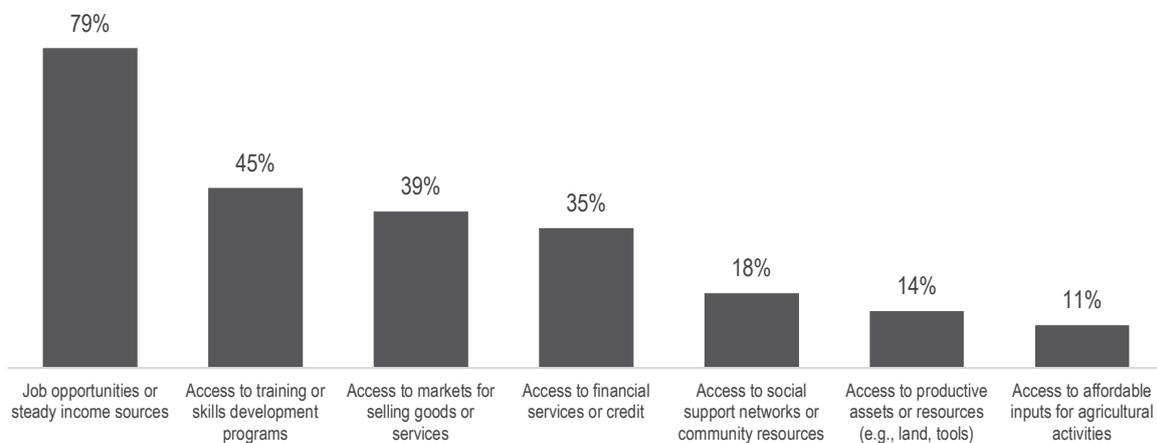


**As high as 80% of Sudanese households in Kiryandongo reported not having enough money to meet their food, education, and health needs** in the month prior to data collection (Figure 13).

There was no significant difference between the gender of the head of households.

Job opportunities or steady income sources represented the main unmet livelihood need for households, followed by access to training or skills development and access to markets for selling goods and services (see Figure 14). There is no major difference between the unmet livelihood needs reported by gender of HoHs.

**Figure 14: Proportion of households by main unmet livelihood need**



When asked to rank their three main unmet livelihood needs, job opportunities ranked first among 56% of households. For the second most reported unmet need, female-headed (29%) and single-female-headed HHs (24%) cited access to markets, while male-headed HHs (24%) reported access to training. The third most-reported unmet need varied: male-headed HHs (23%) identified access to

<sup>19</sup> This means the household is facing significant difficulties and is starting to compromise its future livelihoods sustainability, such as selling productive assets (e.g., livestock, tools) or reducing non-food expenditures.

<sup>20</sup> This means the household is facing severe difficulties and is putting in place irreversible measures that signal extreme hardship and long-term vulnerability (e.g., selling the last remaining productive asset, engaging in illegal or high-risk activities for income).

social support networks or community resources, while female-headed (24%) and single-female-headed (21%) HHs reported access to training as their main unmet need.

Livelihood opportunities for Sudanese households in Kiryandongo are limited, with most relying on humanitarian aid, supplemented by casual labour. Unemployment rates are high, and Sudanese refugees struggle to secure stable income sources. While small-scale entrepreneurship shows some potential, the lack of financial resources and difficulties finding jobs aligned with refugees' qualifications limit the ability to achieve economic independence. More information on market dynamics can be found in the [qualitative analysis](#).

## Financial Services

This section discusses the financial services available to Sudanese households in Kiryandongo, including access to savings, loans, and credit, and dives into the barriers faced by Sudanese refugees to access financial services, as documentation and registration status.

### Savings

**4%** of Sudanese households in Kiryandongo reported having savings.

Few households reported having savings, regardless of the gender of HoHs. Moreover, only one household with a disabled HoH shared they have savings. Among those with savings (n=16), the average value of their savings was 189,809 UGX (circa \$53 USD) and 93% (n=15) estimated that their savings would last 1 to 3 months, while 7% (n=1) estimated it would last 7 to 9 months.

### Debt

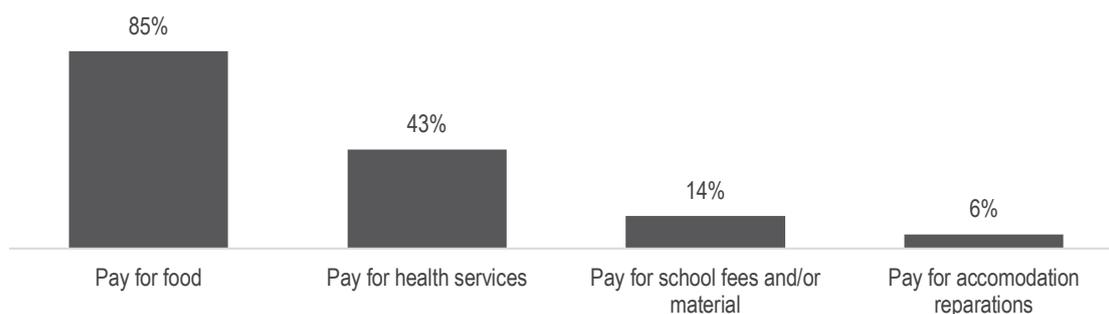
**47%** of Sudanese households in Kiryandongo reported having debt.

Female-headed HHs were more likely to report having debt, with 53% compared to 43% for male-headed HHs. Among those who reported having debt (n=195), the average amount was **275,566 UGX** (circa \$77 USD). Interestingly, the average debt reported by male-headed HHs (n=99) was 20% higher than the overall average; debt for female-headed HHs (n=94) was 21% lower than average and 45% lower for single female-headed HHs (n=46). This could be due to women being more likely to borrow for basic needs like food and healthcare while men may borrow for larger amounts for business ventures and that larger, formal loans may be more accessible to men than women. Many more households indicated having debt than having savings; the average amount of debt also far exceeds the average savings.

As presented in Figure 15, regardless of the type of HoH, the **majority of Sudanese households with a debt (n=195) reported taking a loan to cover food expenses**. For single-female-headed HHs, 91% took out a loan to pay for food. Around two-fifths of households took out a loan for health services, followed by loans for school fees and/or materials, and for paying accommodation reparations costs.

#### Figure 15: Proportion of households with a debt, by reasons for debt

[subset: Proportion of households with a debt, n=195]



Food purchase dominated purpose of debt, ranking as the first (85%), second (65%), and third (39%) reason why households with debt (n=195) took a loan.

**15%** of Sudanese households in Kiryandongo reported taking a loan from a financial provider in the 6 months prior to data collection.

Of the households that borrowed from a financial provider during this period (n=55), 38% obtained loans from financial services provided by the community, 30% from local businesses, 26% from mobile money agents, and 15% from village banks or savings and loan associations (VSLAs).

**18%** of Sudanese households in Kiryandongo reported experiencing challenges in receiving money loans from financial providers in the 6 months prior to data collection.

The types of challenges faced by Sudanese households to receive loans from financial providers (n=73) are presented in Table 3. Language barriers, limited availability of financial providers in the immediate area, and issues with refugee documentation are the most common barriers reported by households. Additionally, clear differences can be observed between the HoHs, with female-headed HHs generally reporting more barriers than male-headed HHs.

**Table 3: Proportion of households facing challenges in receiving money loans from financial service providers in the last 6 months prior to data collection, by type of challenge**

[subset: Proportion of households facing reporting facing challenging in receiving money loans from financial service providers, n=73]

	Overall (n=73)	Female HoH (n=24)	Male HoH (n=49)
Language barriers	43%	50%	39%
No financial services providers my immediate area	42%	54%	36%
Refugee documentation not accepted	30%	41%	25%
Failure to repay previous loan	23%	25%	22%
Documents missing	18%	16%	19%
Discrimination based on refugee status	11%	24%	4%
No collateral for loan	3%	4%	2%



The findings under financial services suggest that Sudanese households in Kiryandongo have minimal savings and are highly reliant on loans. However, challenges faced by households in accessing loans were widely reported, including language barriers and refugee documentation

issues. These barriers highlighted the financial vulnerability of these households and the obstacles they face in securing stable financial support

## Education

This section explores the enrolment and attendance rate of Sudanese children in Kiryandongo, barriers to attending school, and the availability of educational resources.

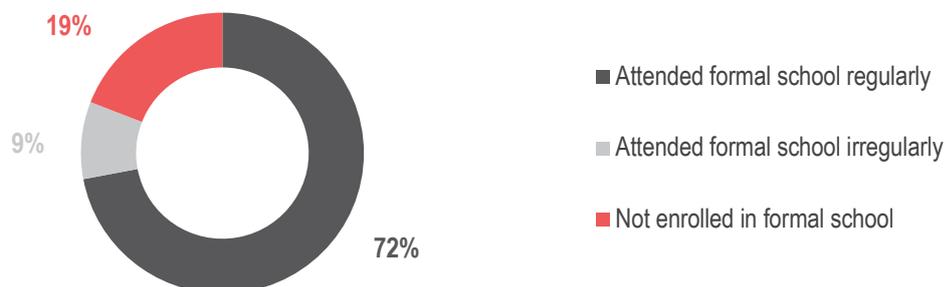
**43%** of heads of household completed tertiary/university level, as reported by the respondents. There is no clear difference between gender of the HoH concerning tertiary/university level.

Gender-based disparities were observed for HoHs with upper secondary as their highest level of completed education, reported for 25% of HoHs. This was reported for 17% of female HoHs compared to 29% for male HoHs. Additionally, 23% of respondents reported that the highest level of education completed by their HoHs was primary school. This was more common for female HoHs (22%) than for male HoHs (13%). Lower secondary was the highest level completed for 8% of HoHs, while 5% of respondents reported that their HoH had not completed any level of education.

**Among Sudanese school-aged children (5-17, n=697), 73% achieved a primary level education, 19% pre-primary level, 6% lower secondary, and 1% upper secondary. However, about one-fifth of school-aged children were not enrolled in any school in Kiryandongo for the 2023-2024 school year (presented in**

Figure 16). There is no notable difference between girls and boys for the rate of enrolment.

**Figure 16: Proportion of children aged 5 to 17 enrolled in a formal school for the 2023-2024 school year**



For those enrolled in the 2023-2024 school year but not attending regularly (n=61), the inability to afford education-related costs, such as tuition and supplies, was the primary reason (45%) for irregular attendance. Clear differences emerged between boys and girls, as presented in Table 4. Affordability of education as a barrier was mentioned for half of the girls (n=29) compared to 38% for the boys (n=32) not attending school regularly. Protection risks while traveling to school were more commonly mentioned for girls, while the lack of available spaces in schools and transportation affordability concerned boys more.

**Table 4: Proportion of children aged 5 to 17 years old not attending formal school regularly for the 2023-2024 school year, by the main reason they are not able to attend regularly and gender**

[subset: Proportion of children aged 5 to 17 years old not attending formal school regularly for the 2023-2024 school year, n=61]

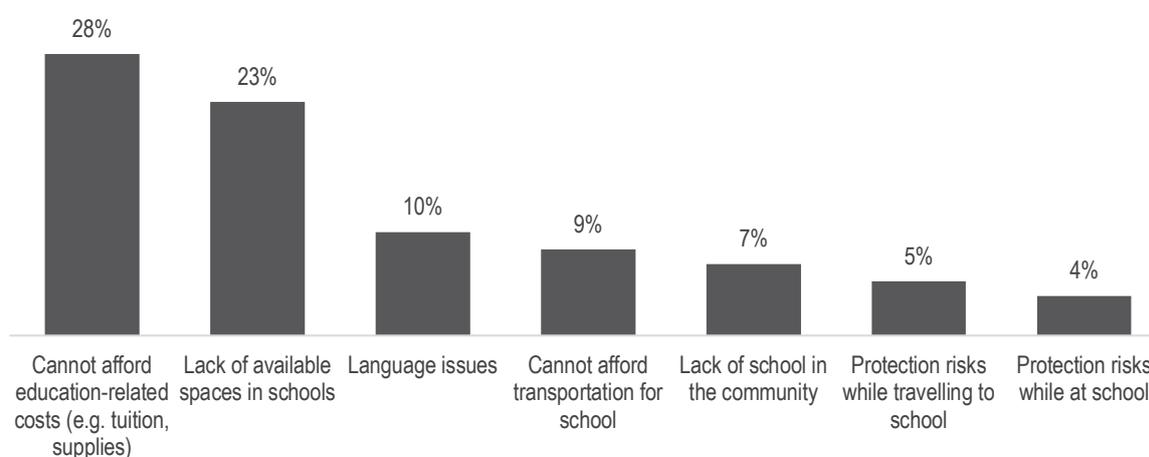
	Overall (n=61)	Girls (n=29)	Boys (n=32)
Cannot afford education-related costs (e.g. tuition, supplies)	45%	53%	38%
Protection risks while at school	8%	7%	9%
Language issues	8%	7%	9%
Lack of available spaces in schools	8%	3%	12%
Protection risks while travelling to school	8%	13%	3%
Cannot afford transportation for school	8%	3%	12%
Health (e.g. menstruation, sick, psychologically distressed)	7%	3%	10%
Child working outside of home	3%		6%
The child has a disability preventing school access	3%	7%	



For those not enrolled in the 2023-2024 school year (n= 127), **the inability to afford education-related costs, such as tuition and supplies (28%), was also the primary reason cited for irregular attendance**, followed by the lack of available spaces in schools (23%). Results showed minimal differences between girls and boys, except for the lack of schools in the community, reported by respondents for 10% of the girls and 4% of boys. Protection risks while travelling to school and at school was mentioned by the respondents for 8% of the boys, and 3% of girls.

**Figure 17: Proportion of children aged 5 to 17 years not enrolled in a formal school for the 2023-2024, by the main reason why they were not enrolled**

[subset: Proportion of children aged 5 to 17 years old not enrolled in formal school for the 2023-2024 school year, n=127]

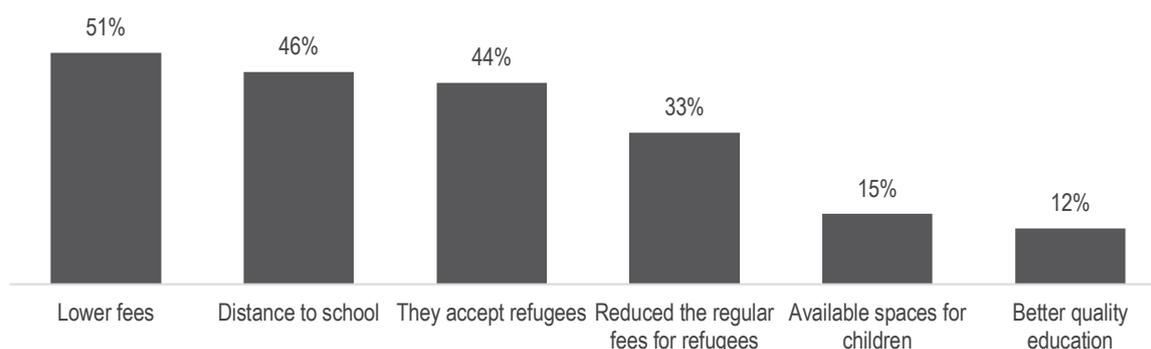


Concerning children aged 5 to 17 enrolled in a school for the 2023-2024 school year (n=564), about half were attending a refugee-led school, 40% a public government-led school and 7% private school. There were no clear differences between the type of school attended between boys and girls. The

reasons for choosing these schools are presented in Figure 18, with lower fees and distance from school being mentioned for 50% of the children.

**Figure 18: Proportion of children aged 5 to 17 years old enrolled in a formal school for the 2023-2024 school year, by reason for choosing this education facility**

[subset: Proportion of children aged 5 to 17 years old enrolled in formal school for the 2023-2024 school year, n=564]



Among individuals over 18 years old (n=996), 18% reported attending a tertiary/higher education program at any time during the 2023-2024 school year, with no differences between women and men. Of those individuals over 18 attending a tertiary/higher education program (n=179), 64% participated in vocational training, 22% in technical training and 15% attended university.

**24%**

of the individuals over 18 years old reported attending or having attended vocational or technical training at a Refugee Led Organisations (RLOs) or Non-Governmental Organisations (NGOs) in the 3 months prior to data collection.

Education findings suggest that Sudanese children in Kiryandongo face many barriers to access education regularly, with 20% not enrolled during the 2023-2024 school year. Financial constraint is the main barrier for attendance and enrolment and also influence households' school selection.

## Health

This section discusses access to healthcare faced by Sudanese households in Kiryandongo, focusing on the availability of services and barriers faced by households to access healthcare.

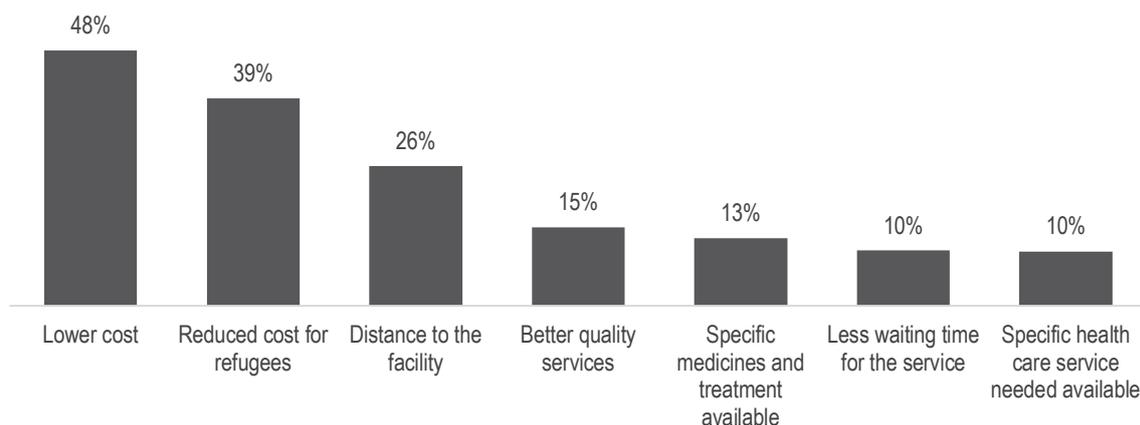
Of the Sudanese households living in Kiryandongo, 67% reported having at least one member with a health care need which required access to health care, within the 3 months prior to data collection. Of those households (n=279), **42% reported being unable to access healthcare when needed**. This is particularly true for female-headed households with a health care need (n=125), of whom more than half reported not being to access health care when they needed it in the past three months, compared 35% among male-headed households (n=154).

Among the households that had a healthcare need and were able to meet their health needs (n=162), 55% visited a government health centre, 31% a government hospital, 7% to a private hospital and 4% to a private doctor, nurse of clinic. More female-headed HHs (68%) went to a government health centre than male-headed HHs (46%), potentially due to more limited financial resources.

Cost seemed to be the primary determining factor for choosing healthcare facilities for Sudanese households in Kiryandongo, with almost half of the households selecting facilities because of lower costs and two-fifths specifically because they offered reduced costs for refugees. Distance to the facility was the third most common factor. Other factors are presented in Figure 19.

**Figure 19: Proportion of households with a health care need which they could meet within the 3 months prior to data collection, by the reason why they chose a specific facility**

[subset: Proportion of households with a health care need that could get their need met in the 3 months prior to data collection, n=162]



Of the households with unmet health needs within three months prior to data collection (n=116), 53% reported that the unmet need was for a consultation or medication for acute illnesses such as fever, diarrhoea, and cough. Another 26% mentioned needs for a consultation or medication for a chronic illness, such as diabetes, and 25% reported it was for a preventative consultation and/or check-up. Emergency care, such as life-saving surgery, was reported as an unmet need by 19% of households, while trauma care after an injury or accident was mentioned by 17%.

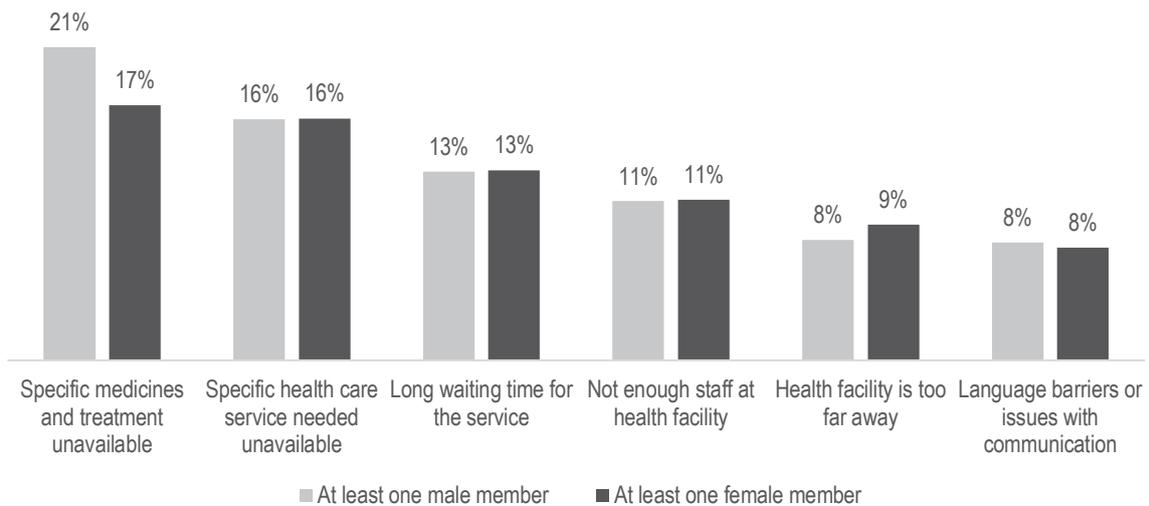
**53%**

of households with at least one female or male member reported facing barriers to access health care. For HHs with at least one female member, 58% of male-headed HHs 58% declared facing barriers, compared to 48% for female-headed HHs.

The barriers mentioned were similar for both types of households, with “specific medicines and treatment being unavailable” as the most commonly cited barrier by both and “specific health care service needed being unavailable” as the second most cited barrier (presented in Figure 20).

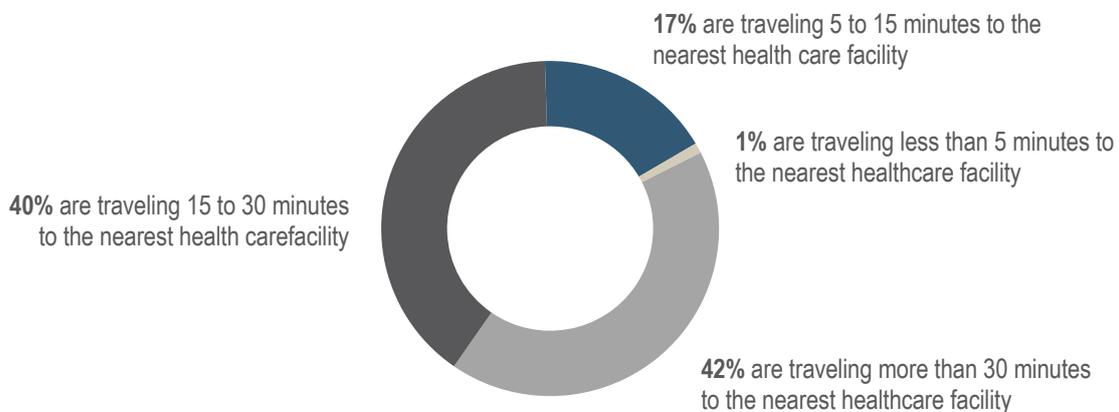
**Figure 20: Proportion of households with at least one female or male member facing barriers to health care, by type of barriers**

[subset: % of households with at least one female or male member, n=411]



Almost three-quarters of Sudanese households in Kiryandongo reported traveling more than 15 minutes to access the nearest primary healthcare facility, with half requiring more than 30 minutes. Half of the households living in clusters L (n=118), B (n=71), and C (n=94) reported traveling more than 30 minutes to access the nearest primary healthcare facility, compared to only 26% of households living in cluster G (n=129). This potentially indicates that households in clusters L, B, and C are farther away from primary healthcare facilities than those in cluster G.

**Figure 21: Proportion of households by travel time to access the nearest primary healthcare facility**



The findings under health suggest that a significant portion of Sudanese households cannot obtain healthcare when needed. KIs and household members explained refugees struggle to access basic health services due to overcrowded facilities, lack of qualified medical personnel, long wait times and high costs, especially for specialized care

## People with Disabilities

This section focuses on the challenges faced by persons with disabilities (PWDs) in Kiryandongo, particularly regarding their access to services and basic needs, as well as barriers to access support for their disabilities.

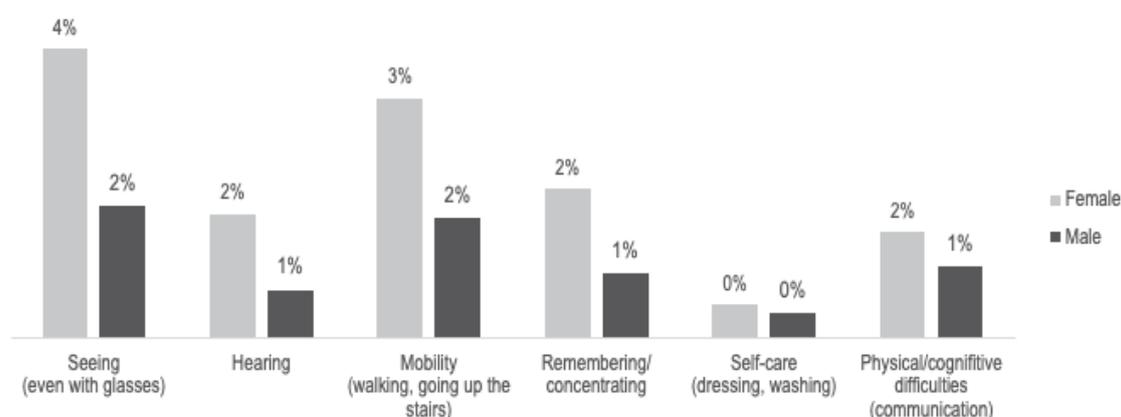
Disability data was collected using the Washington Group Short Set (WGSS) questions, a standardized tool widely adopted in humanitarian settings. The WGSS assess functional difficulties across six domain: seeing, hearing, walking/climbing steps, remembering/concentrating, self care, and communicating. The responses range from “no difficulty” to “cannot do at all” which in turn identify persons with disabilities in diverse cultural and linguistic contexts.<sup>21,22</sup>

As mentioned in the Demographics section, of in the of the total households interviewed, 23% reported having at least one member of their household with a disability level 3, and 12% reported that the head of household had a disability level 3. This proportion was higher among female (17%) or single female-headed households (25%) in both cases, compared to male-headed households.

Reported level-3 disabilities among individuals was higher among females (8%) than males (5%). The most commonly-reported level-3 disability pertained to sight, even with glasses (3%) and mobility (3%).

**Figure 22: Proportion of individuals over 5 years old by physical/cognitive difficulties per WGSS domain at the time of the interview, by type of domain**

[subset: Proportion individuals over 5 years old, n=1693]



Insights from KIIs and FGDs reveal that PWDs find substantial challenges with shelter, healthcare, water access, and education. It is reported that many lack proper housing and are forced to share overcrowded spaces. Those with mental health conditions receive little treatment and are often referred to distant facilities. Water sources are far from PWD households, making access difficult. Education is largely inaccessible, with no specialized classrooms or sign language interpreters, leaving many children at home with no schooling. Without targeted support, PWDs remain excluded from essential services.

*"There is no school or classroom for children with special needs. [...] Those with speech and hearing impairments needs sign language interpreter but we don't have them in these schools around the settlement."*

- KII, Refugee Council, Kiryandongo

PWDs struggle to access specialized medical care, as it is reported there are qualified doctors to attend to their specific needs, particularly for mental health conditions. When treatment is required, they are often referred to Masindi, making access difficult. PWD households receive no special consideration in aid distribution, despite their additional challenges. Many lack essential mobility and hearing devices,

<sup>21</sup> [Washington Group on Disability Statistics. WG Short Set on Functioning \(WG-SS\).](#)

<sup>22</sup> [Counting disability: emerging consensus on the Washington Group questionnaire.](#) Grace, N. E., et al. The Lancet Global Health, Volume 5, Issue 7, e649-650.

leaving them further isolated. Language barriers also prevent them from effectively communicating with NGOs and medical staff. As a result, many feel unheard and do not access the services they need, worsening their vulnerability.

The findings suggest that PWDs face significant challenges to access basic services, such as education, healthcare, foods and housing among others. The high cost of specialized services and the limited availability of these services makes it difficult for PWDs to live independently in Kiryandongo.

## Mental Health and Psychosocial Support (MHPSS)

In this section, examines the mental health needs of Sudanese households in Kiryandongo, and discusses the availability and accessibility of MHPSS services in the settlement.

**53%**

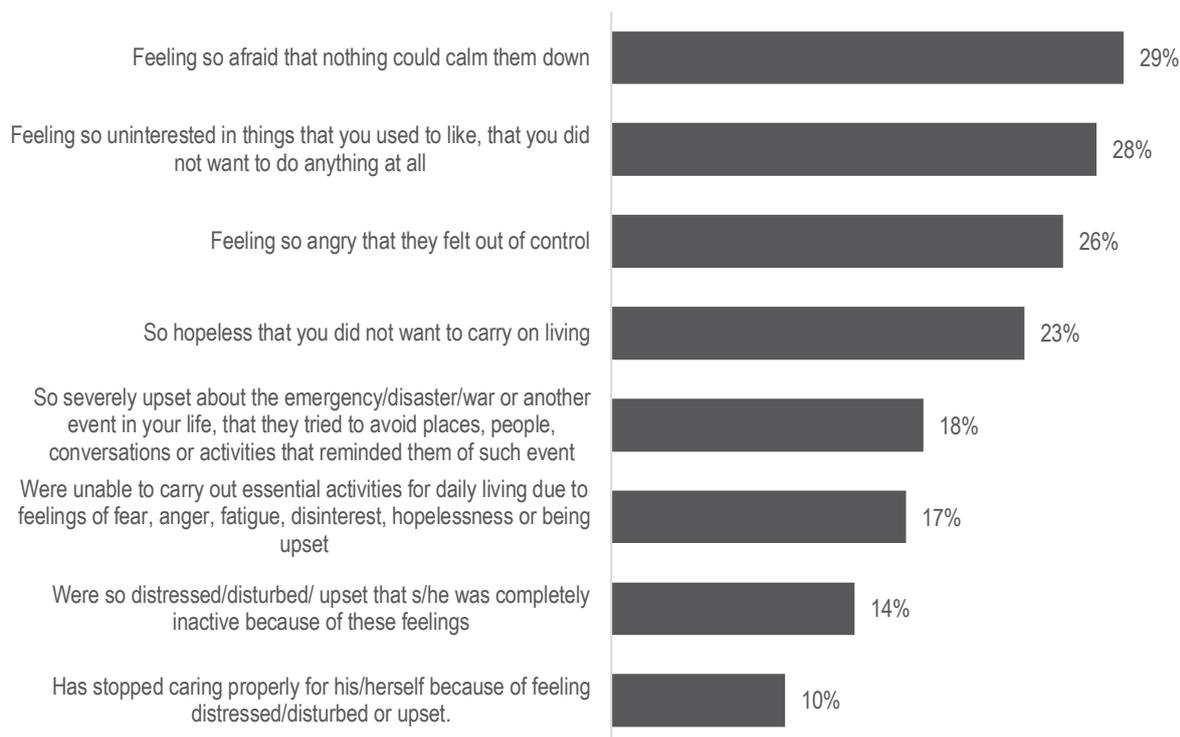
of Sudanese households in Kiryandongo reported household members facing mental health and psychosocial support (MHPSS) difficulties in the 3 months prior to data collection.

This slightly varies by gender of the HoH, with 73% of single female-headed and 62% of female-headed HHs reporting household members facing MHPSS difficulties in the 3 months prior to data collection.

Feeling so afraid that nothing could calm them down is the most commonly reported MHPSS difficulty by household (presented in

Figure 23), while **23% of households reported that members of their household felt so hopeless that they didn't want to carry on living**. This could be attributed to various factors, such as different experiences of conflict, varying conditions during flight, or disparities in living conditions.

**Figure 23: Proportion of households with members experiencing MHPSS difficulties, in the 3 months prior to data collection**



**41%**

of Sudanese households in Kiryandongo with at least one member experiencing MHPSS difficulties (n=231) tried to find support.

**More than half of households that reported seeking help (n=91) turned to family and friends, with this rising to 66% among single female-headed households (n=26).** A third of households sought help from mental health professionals, while 17% also mentioned reaching out to other health professionals, such as general practitioners. Male-headed households were more likely to seek help from a mental health professional, with 37% reporting this. More than half those of sought help reported they received spiritual support (52%), 41% reported receiving psychosocial support and counselling and 23% received medication.

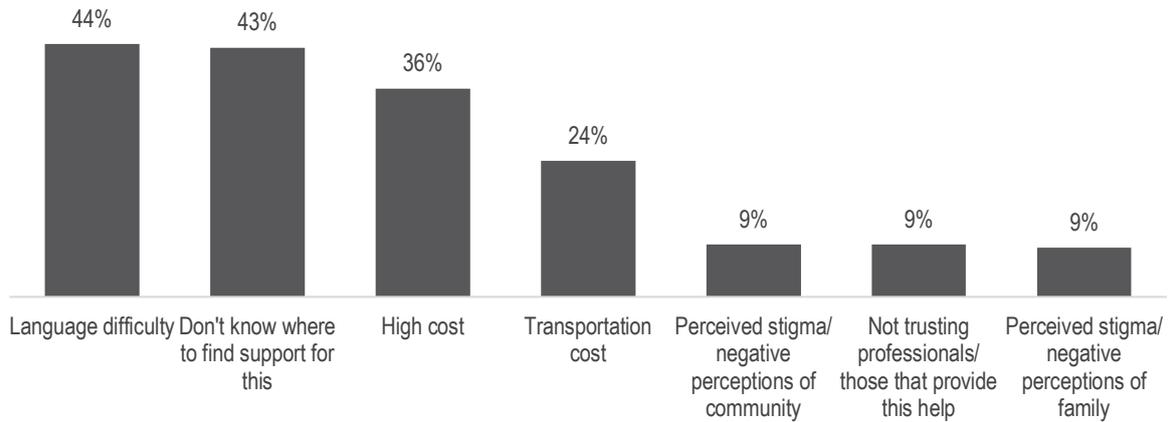
**25%**

of Sudanese households in Kiryandongo who sought help due to a household member experiencing MHPSS difficulties (n=91) were dissatisfied with the support they received.

Only 10% of households with at least one member with such difficulties reported not facing any challenges in accessing the needed support. However, around two-fifths of households reported facing language difficulties and not knowing where to go to find support for MHPSS difficulties. The high cost of seeking support for MHPSS difficulties was also reported by a third of the households. Language difficulties were more commonly reported by female-headed HHs (50%) than by male-headed HHs (38%). Similarly, the perceived high cost of seeking support was reported by 41% of female-headed HHs compared to 32% of male-headed HHs.

**Figure 24: Proportion of households with members experiencing MHPSS difficulties in the 3 months prior to data collection, by type of challenge in accessing the needed support**

[subset: Proportion of households with at least one household member experiencing MHPSS difficulties, n=231]



**52%** of Sudanese households with at least one member of their household reportedly experiencing MHPSS difficulties (n=231) reported that additional support is needed to support those individuals.

The findings suggest that the MHPSS of Sudanese refugees in Kiryandongo are substantial, with many experiencing traumas from conflict and displacement, including reports of severe disaffection to life. However, the lack of accessible MHPSS services and language barriers makes it difficult for refugees to receive the care they need.

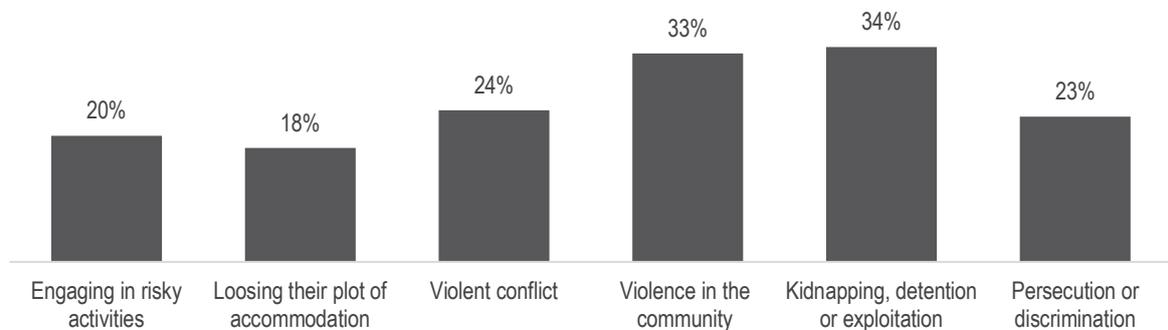
## Protection

This section explores the protection risks, particularly concerning women, girls and PWDs, including areas where women and girls feel unsafe.

### Household

Figure 25 presents protection concerns, such as engaging in risky activities, losing a home, violent conflict etc. that Sudanese households in Kiryandongo felt concerned about at least once or twice in the 3 months prior to data collection.

**Figure 25: Proportion of households feeling concerned about the following issues at least once or twice in the three months prior to data collection**



One fifth of households reported having a member of the household that engaged in **risky activities** due to the economic needs of the household in the 3 months prior to data collection. Households

reported a high level of tenure security in the settlement with only close to one-fifth stating that they feared losing their plot and accommodation. This is a result of the Government of Uganda's refugee policy, which allocates a plot of land to all newly arrived refugee families in Kiryandongo as soon as their registration is completed. However, land issues do cause tension.

*"There is tension over land for cultivation especially by those who were here before the arrival of Sudanese refugees. They had large land for cultivation and grazing. When new refugees arrived [Sudanese], their plots/gardens were divided amongst the Sudanese refugees."*

- FGD, self-organized Sudanese leaders, men

According to KIs and FGDs participants, **many female-headed HHs have to pay for basic construction work as they cannot build their own accommodation.** Their temporary shelters are easily destroyed by wind and termites, leaving them exposed. The housing conditions in the settlement are inadequate, with many residents living in poorly constructed shelters that lack access to basic services like clean water and electricity.

Households reported occasional (12%) or frequent (10%) violent conflicts within their community. Risks of kidnapping, detention, or abduction either for exploitation or other purposes were reported by 18% of households as occurring seldomly, and by 11% as occurring frequently. Additionally, violence in the community in the 3 months prior to data collection was a concern relayed by a third of households. **Security remains a concern, with KIs and FGDs participants reporting that theft and criminal activity made some refugees feel unsafe.** Some have already returned to Sudan or elsewhere. Finally, almost one-fifth of households reported feeling at risk of persecution or discrimination in the settlement.

## Women and Girls

**45%**

of Sudanese households reported at least one female member of their household feeling unsafe at least once or twice in the 3 months prior to data collection. Additionally, 21% of households reported feeling unsafe several times and 7% feeling always unsafe.

These protection risks are more evident for Sudanese women as many arrive alone, having left their spouses behind, and struggle without a support system and the safety net. Cases of emotional violence, sexual assault, and rape have occurred with many incidents taking place during flight and in Uganda.

**46%**

of households reported that there are areas in their community that women and girls avoid. This was reported by 50% of female respondents (n=207).

A quarter of female respondents reported often being afraid to walk at night, while many others reported being afraid just once or twice (17%) within three months prior to the interview. Moreover, half of the female refugees indicated that there are areas in the community that women and girls avoid because they feel unsafe. These locations span across the settlement, including water points (35%), markets (29%), the journey to/from school (28%), and latrines and bathing facilities (20%). Women and girls also felt unsafe in schools and at home.

## Women felt unsafe in numerous places, and key differences are observed across clusters (presented

Table 5). Key patterns include:

- more female respondents reported women and girls feeling unsafe at **water points and latrine and bathing facilities in cluster G** (n=35)
- more reported women and girls feeling unsafe in **markets in cluster L** (n=24)
- more than half reported women and girls feeling unsafe **travelling to school in cluster B** (n=14)
- more reported women and girls feeling unsafe in social and **community areas in cluster C** (n=28)

**Table 5: Proportion of female respondents reporting areas in their location that women and girls avoid due to feeling unsafe, by type of main areas they are avoiding and clusters**

[subset: Proportion of female respondents reporting areas in their location that women and girls avoid due to feeling unsafe, n=101]

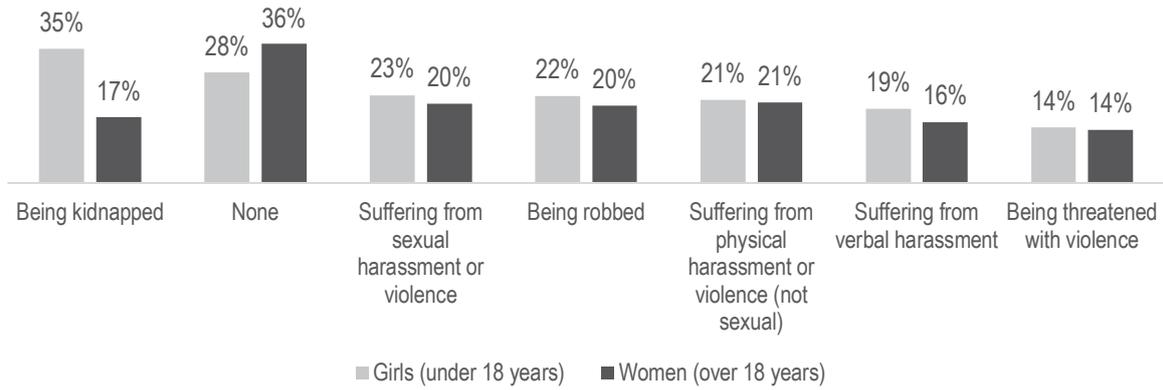
	Overall (n=101)	Cluster G (n=35)	Cluster L (n=24)	Cluster B (n=14)	Cluster C (n=28)
Water points	35%	43%	29%	29%	32%
Markets	29%	29%	42%	29%	18%
On their way to school	29%	23%	25%	57%	25%
Latrines and bathing facilities	20%	29%	17%	7%	18%
Social/community areas	19%	11%	17%	21%	29%
In their homes	18%	11%	17%	36%	18%
On the way to collect water	17%	17%	25%	14%	11%
In public transportation	17%	14%	29%	7%	14%
At school	14%	17%	4%	21%	14%
On their way to women community centres/health centres	11%	9%	8%	14%	14%

0%  100%

The main safety and security concerns for girls (under 18 years old) and women (over 18 years), as reported by female respondents (n=207), included being kidnapped, suffering from sexual harassment, being robbed, followed by suffering from physical harm and violence (presented in Figure 26). Being kidnapped was more frequently reported for girls than for women.

**Figure 26: Proportion of female respondents reporting types of safety or security concerns for girls (under 18 years) and women (over 18 years) in the area**

[subset: Proportion of female respondents, n=207]



**66%**

of Sudanese households reported that they were not aware of specialized support services for women or girls available in their community.

According to KIs and FGDs insights, women and children, face significant protection risks, including gender-based violence (GBV), early marriage, and child neglect. Many women arrive alone, having left their spouses behind, and struggle without a support system. Cases of emotional violence, sexual assault, and rape are reported, though many incidents occurred during flight or in Sudan. While services exist, survivors face barriers to justice, with police often dismissing reports or accepting bribes from perpetrators. Single mothers are particularly vulnerable, lacking stable income and secure shelter. Children, especially girls, face increased risks of sexual abuse and early marriage, as many cannot afford school fees.

### People with Disabilities (PWDs)

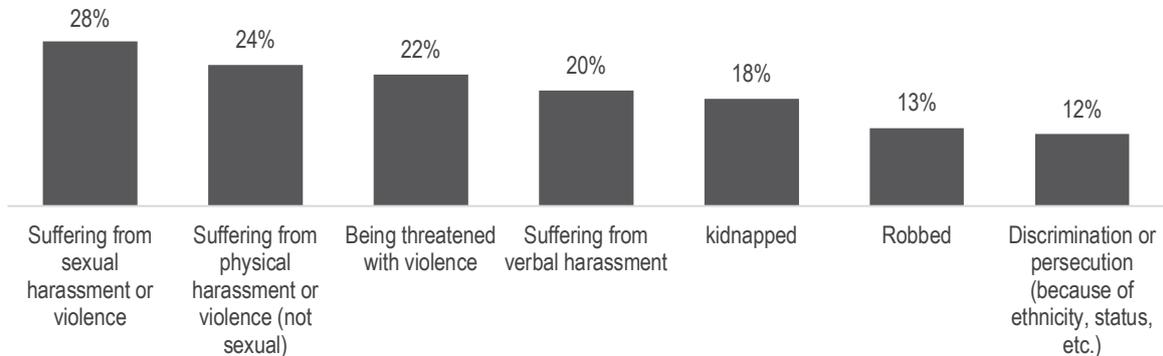
**53%**

of Sudanese households reported that they were not aware of specialized support services people with disabilities (PWDs) in their community.

Among HHs with at least one member of the HH has a disability (n=96), 70% reported that PWDs are not concerned by any safety or security concerns. However, the main safety or security concern raised by those households includes the risk of sexual violence (28%) and physical violence (24%), followed by the risk of being threatened with violence, (22%) and kidnapping (18%).

**Figure 27: Proportion of households with at least one member with a disability reporting types of safety or security concerns for people with disabilities in the area**

[subset: % of households with at least one member with a disability, n=96]



From FGDs, participants with disabilities and those with mental or chronic illnesses emphasized the inadequacy of health services which often “prioritize emergency needs over long-term conditions”. KIs

noted that PWDs often receive little attention and reported being harassed and feeling unsupported when they were expecting safety and stability in Uganda before arriving.

The findings suggest that Sudanese refugees in Kiryandongo are concerned with several protection issues, such as violence in the community and kidnapping or detention. Almost half of Sudanese households reported there are areas in the settlement where women and girls feel unsafe, particularly at water points, and that they were concerned with kidnapping. PWDs, on the other hand, were concerned about suffering from sexual harassment or violence. In general, refugees had limited awareness of the services offered in the settlement. This emphasizes the need for information on basic services concerning protection and the procedures for obtaining them.

## Water, Sanitation and Hygiene (WASH)

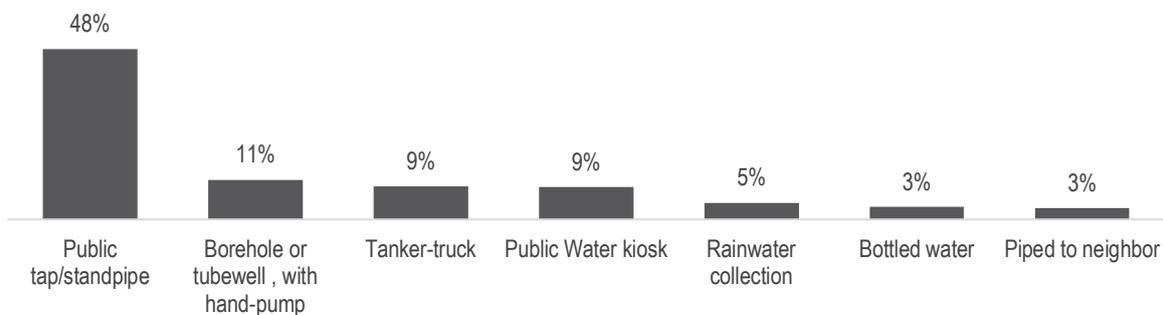
This section explores access of Sudanese households to water, sanitation, and hygiene (WASH) in Kiryandongo, and the barriers they face in accessing WASH services, as well as their coping mechanism when those services are not available.

### Water

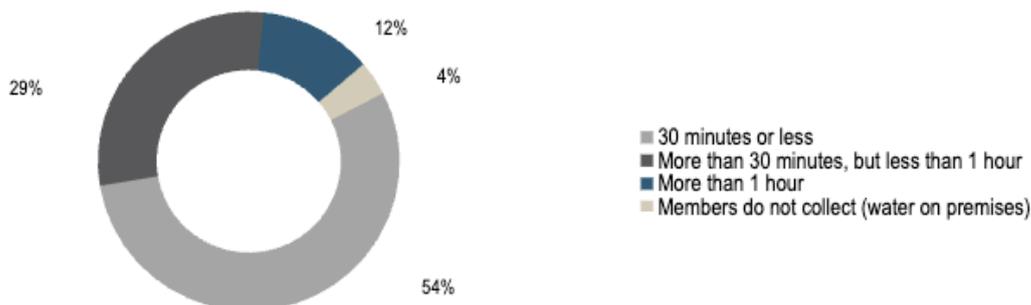
Nearly half of households relied on public taps or standpipes as their main source of drinking water, with about 20% depending on boreholes or tube wells with hand-pumps, and tanker trucks (presented in Figure 28). Additionally, 8% of single-female-headed HHs reported relying on piped water from neighbours.

Slightly more than half of households reported travelling 30 minutes or less to collect water and return while 41% required more than 30 minutes (Figure 29).

**Figure 28: Proportion of households by main source of drinking water**



**Figure 29: Proportion of households by time it takes to get water and return**



Over a third of households reported low drinking water availability 3 to 10 times over the four weeks prior to data collection. This varied by cluster, with 36% of households in cluster G reporting low

availability more than 11 times during the same period. Overall, low drinking water availability over the four weeks prior to data collection occurred most often 3 to 10 times across all clusters.

**Table 6: Proportion of households by frequency of low drinking water availability over the 4 weeks prior to data collection, by cluster**

	Overall (n=412)	Cluster G (n=129)	Cluster L (n=118)	Cluster B (n=71)	Cluster C (n=94)
Never (0 times)	17%	16%	23%	7%	19%
Rarely (1–2 times)	15%	16%	13%	14%	18%
Sometimes (3–10 times)	37%	31%	40%	52%	33%
Often (11–20 times)	13%	10%	14%	17%	15%
Always (more than 20 times)	16%	26%	10%	8%	12%

0%  100%

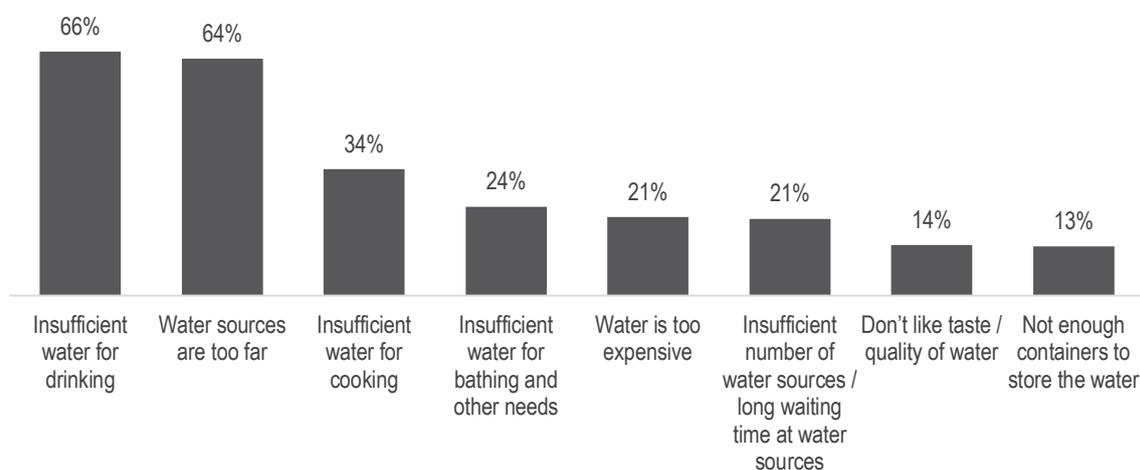
**79%**

of Sudanese households in Kiryandongo encountered **problems with access to water**. This was more often reported by single female (88%) and female-headed HHs (83%) than by male-headed households (76%).

Among the households that reported problems with access to water (n=326), two-thirds cited insufficient water for drinking and sources of water being too far, among other problems (see Figure 30). More households in cluster C (71%) and cluster L (70%) reported that water sources are too far, compared to households in cluster G (63%) and cluster B (49%).

**Figure 30: Proportion of households with water access problems, by type of problems**

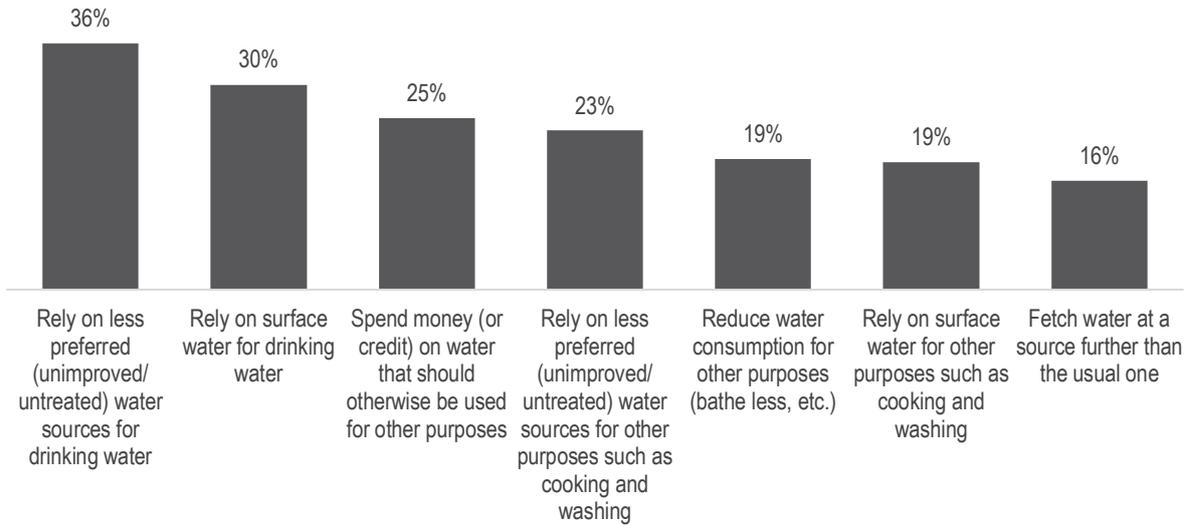
[subset: % of households with water access problems, n=326]



When asked how households that reported problems with access to water adapt (n=326), about one-third reported relying on less preferred water sources for drinking and on surface water for drinking. One-fifth also diverted funds that should otherwise address other needs. Other adaptations to the lack of access to water are presented in (Figure 31). Single female-headed HHs (23%) are more likely to delegate children to fetch water than male-headed HHs (12%).

**Figure 31: Proportion of households with water access problems, by coping mechanism to lack of access to water**

[subset: Proportion of households with water access problems, n=326, 79% of total]

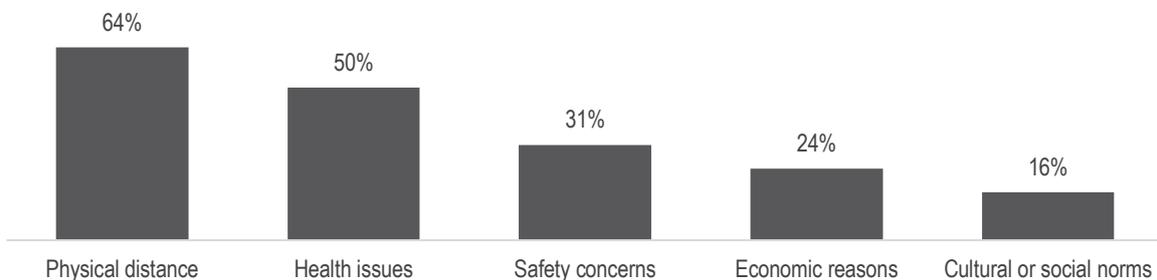


**86%** of female respondents (n=207) reported facing barriers when accessing water. Physical barriers were reported by two-thirds of female respondents while health issues were reported by half.

Besides physical distance (64%) and health issues (50%), about one-third of women cited safety concerns as their top barrier faced when accessing water. This also aligns with KI and FGD findings from Protection, mentioned earlier, where many felt unsafe at water points.

**Figure 32: Proportion of female respondents facing barriers accessing water**

[subset: Proportion of female respondents, n=207]



## Sanitation

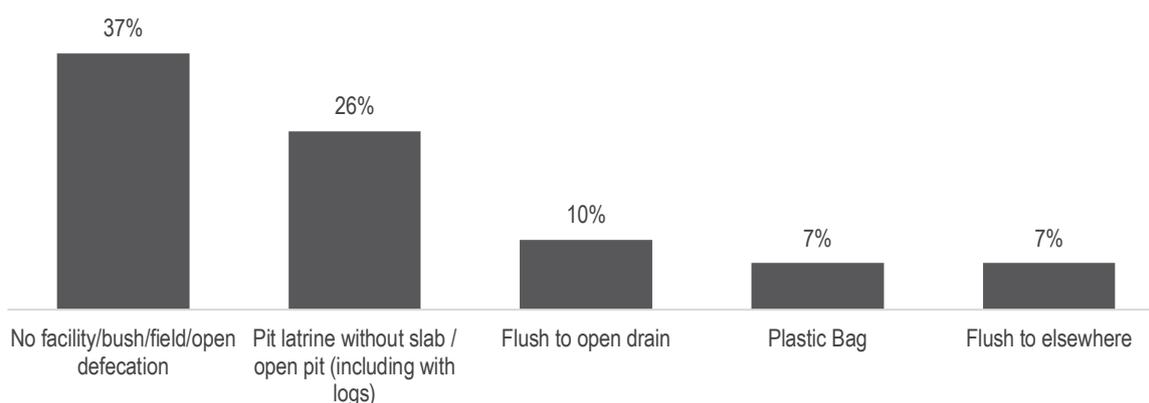
**22%** of Sudanese households in Kiryandongo reported **not having access** to a functioning and clean toilet facility.

Of the households with access to a functioning and clean toilet facility (n=322), 82% were using a pit latrine with slab, 12% a flush to a pit latrine and 3% composting toilet. Among those who do not have access to a functioning and clean toilet facility (n=90), about a third were relying on bush/open fields for open defecation and one-fifth on pit latrines without a slab/open pit (presented in Figure 33).

The majority of households (85%) are travelling less than 5 minutes to reach the nearest toilet facility, while 12% are travelling 5 to 15 minutes and 2% are traveling 15 to 30 minutes.

**Figure 33: Proportion of households with no access to functioning and clean toilet facility, by type of facility used**

[subset: Proportion of households with no access to functioning and clean toilet facility, n=90]

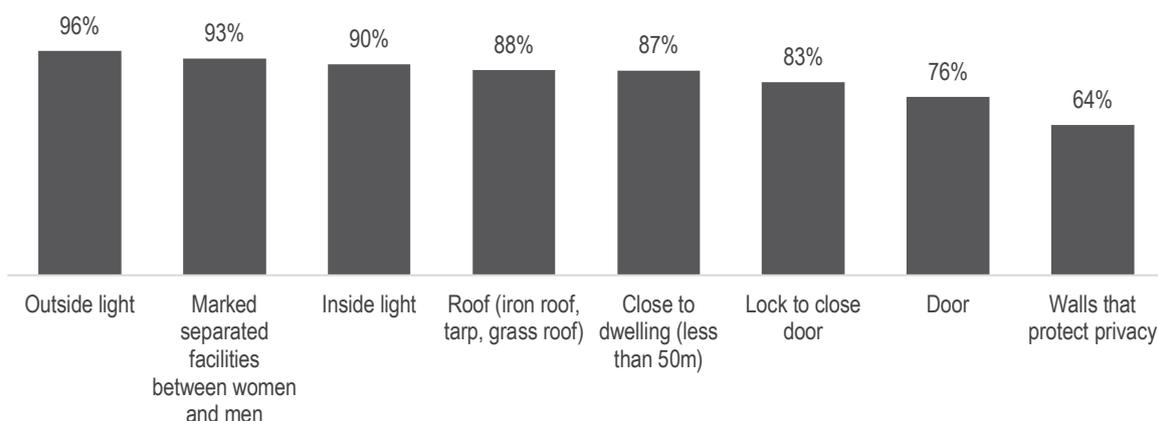


**69%**

of Sudanese households in Kiryandongo reported sharing toilet facilities with other households. On average, **6 households shared one toilet facility**.

While 78% of households reported having access to a functional and clean toilet facility, **60% of households declared key features in their toilets are missing**, as presented in Figure 34. Almost all respondents reported not having an outside (96%) or inside light (90%) and separated facilities between women and men (93%).

**Figure 34: Proportion of households by missing features of the toilet facility accessed**



**65%**

of Sudanese households in Kiryandongo reported **having access** issues to a functioning and clean toilet facility.

The problems reported by households reporting access to functioning and clean toilet facilities (n=269) are presented in Table 7. Differences were observed between female-headed (n=126) and male-headed (n=143) HHs, with more female-headed HHs reporting that toilet facilities were unclean/unhygienic and not segregated between men and women, compared to male-headed HHs. Households in clusters G (n=75), B (n=48), and C (n=71) were 20% more likely to report that going to the toilet facilities is dangerous, compared to 15% of households in cluster L (n=75). However, 45% of households in cluster L reported that the facilities are too crowded, compared to around 33% of households in clusters B and C, and 21% of households in cluster G. Additionally, around 21% of households in clusters G and L reported that the toilets are not functioning or are full, compared to 13% in clusters C and B. Lastly, 7% of households in cluster C reported that the facilities are too far, compared to around 17% in clusters G, L, and B.

**Table 7: Proportion of households having problems accessing toilet facilities, by problem**

[subset: Proportion of households having problems accessing toilet facilities, n=269]

	Overall (n=269)	Female HoH (n=126)	Male HoH (n=143)
Lack of toilet facilities	61%	62%	61%
Sanitation toilet facilities are unclean/unhygienic	37%	42%	32%
Facilities too crowded	33%	32%	34%
Sanitation toilet facilities are not private (no locks/door/walls/lighting etc.)	22%	24%	20%
Going to the toilet facilities is dangerous	19%	16%	22%
Sanitation toilet facilities are not segregated between men and women	19%	23%	15%
Sanitation toilet facilities are not functioning or full	17%	19%	15%
Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to toilet facilities	16%	17%	15%
Sanitation toilet facilities are too far	15%	11%	18%
Sanitation toilet facilities are difficult to reach (especially for people with disabilities)	8%	9%	6%

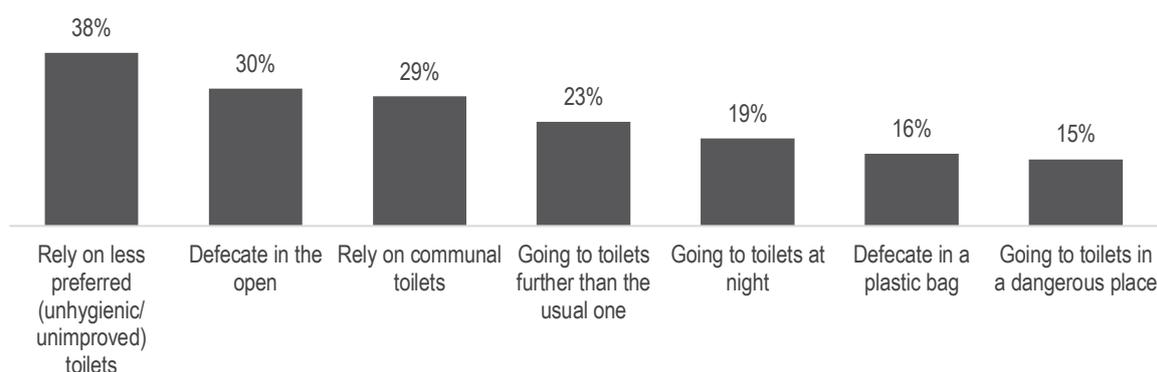


Among households with limited access to functioning and clean toilet facilities (n=269), households employ various alternatives to address inadequate toilet access. The three main alternatives include relying on less preferred toilets that are unhygienic/unimproved, open defecation, and using communal toilets.

Additionally, female-headed (23%) and single female-headed HHs (29%) were more likely to use toilets at night compared to male-headed HHs (16%). Notably, 44% of households reported that women feel unsafe at night when using toilet facilities. This suggests that female and single female-headed HHs are using a coping mechanism that exposes them to a more vulnerable situation than male-headed HHs due to inadequate toilet facilities.

**Figure 35: Proportion of households by coping mechanism to lack of access to toilet proper toilet facilities**

[subset: Proportion of households having problems accessing toilet facilities, n=269, 65% of total]



## Hygiene

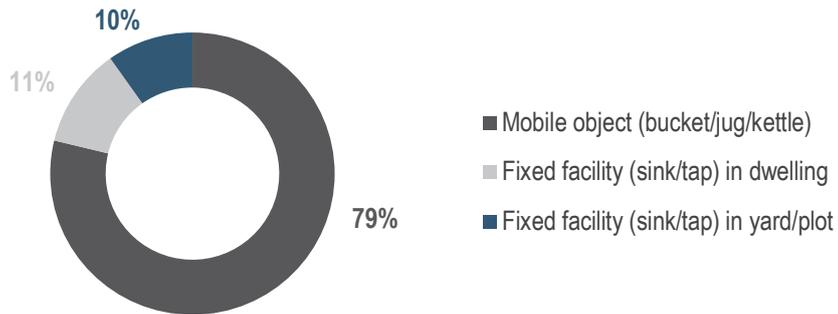
**41%**

of Sudanese households in Kiryandongo reported **not having access** to functioning handwashing facilities. This was more frequently reported in single female-headed HHs, at 48%.

Of the households with access to functioning handwashing facilities (n=245), the majority had a mobile object acting as a handwashing facility, such as a bucket, jug or kettle. Only 20% had access to a fixed facility, such as a sink or tap in their dwelling or yard (Figure 36). However, **even if the household has access to a handwashing facility, 70% reported that water is usually not available.** This was mostly reported by male-headed HHs (73%) compared to female-headed HHs (60%).

**Figure 36: Proportion of households with access to functioning handwashing facilities, by type of device**

[subset: Proportion of households with access to functioning handwashing facilities, n=245, 59% of total]



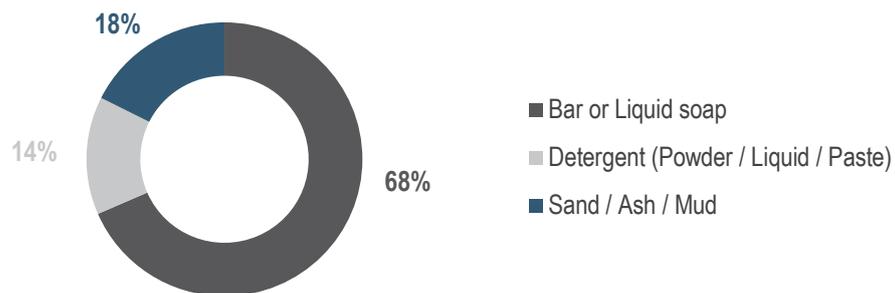
**35%**

of Sudanese households in Kiryandongo reported **not having access** to soap for handwashing.

Of households with access to soap for handwashing, over two-thirds reported using bar or liquid soap, while nearly a quarter reported using sand, ash, or mud. Bar or liquid soap was more commonly available to male-headed HHs (71%) compared to single female-headed HHs (59%), who appeared to rely more on detergents in the form of powder, liquid, or paste, with 24% reporting this.

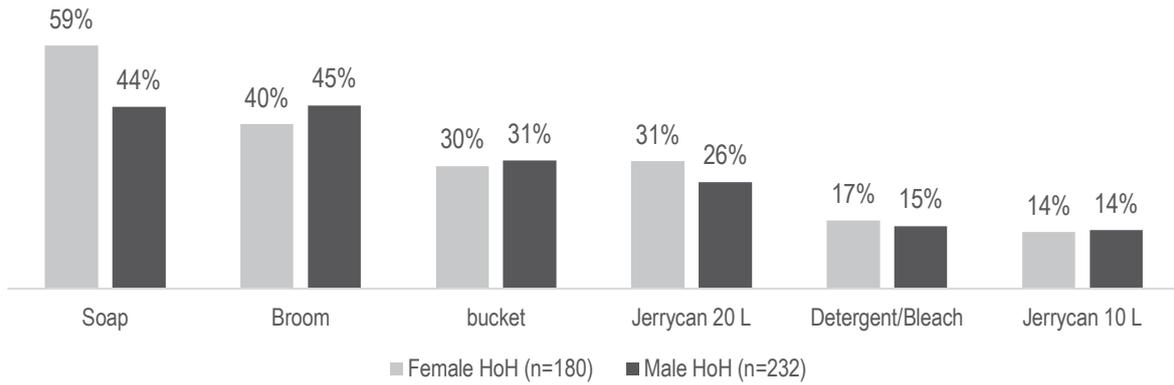
**Figure 37: Proportion of households with access to soap for handwashing, by type of soap**

[subset: Proportion of households with access to soap for handwashing, n=270, 65% of total]



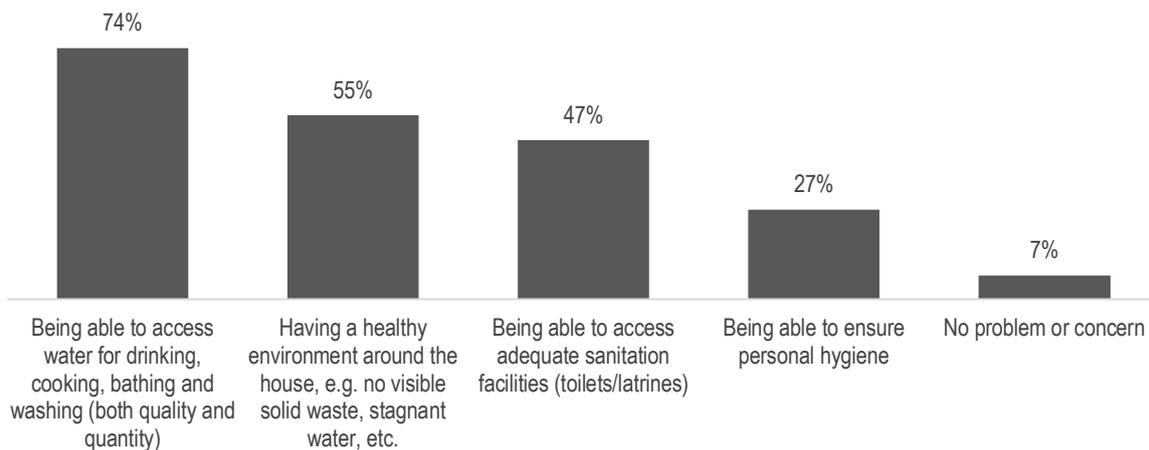
When asked about their top 3 hygiene needs, 51% of the households cited soap, 43% a broom and 31% a bucket. Notably, soap was more reported by female-headed HHs and single female-headed HHs (62%) than male-headed HHs. It is important to note as well that a jerry can of 20L was more reported by single female-headed HHs (40%) than female- and male-headed HHs.

**Figure 38: Proportion of households by top 3 hygiene needs, by head of household**



Three-quarters of Sudanese households in Kiryandongo reported that their **top WASH concern is being able to access water for drinking, cooking, bathing and washing**, both in term of quantity and quality. Slightly over half also mentioned their main concern is to have a healthy environment around the house, including no visible waste and stagnant water, while slightly under half reported their main concern is being able to access adequate sanitation facilities. The later was more reported by single female-headed HHs (53%) than male-headed HHs (45%).

**Figure 39: Proportion of households by top WASH concerns**



The findings suggest WASH services in Kiryandongo are under pressure, with significant portion of Sudanese reporting access issues to clean water, functional toilets and hygiene. Households consequently rely on alternatives to meet their needs, which increases the risk of waterborne diseases such as relying on surface water or defecating in the open.

## Housing

This section looks at the housing conditions of Sudanese households in Kiryandongo and the challenges to access adequate and dignified housing, including overcrowding and financial constraints.

Among Sudanese households in Kiryandongo, 64% reported living in individual housing, followed by 18% in shared accomodations, 9% hosted by friends or relatives, and 6% hosting at least one other household in their own home. Additionally, 2% reported not having housing and sleeping outside. Only 2% were renting their housing, and of those (n=7), 4 did not have a written agreement.

When asked if they felt confident about being able to continue residing in their current accommodation for the next three months after data collection, **37% answered that they were not sure at all.**

**79%**

of Sudanese households in Kiryandongo reported **living in a tent or poles and tarp** type of accommodation. Slightly more single female-headed HHs (85%) reported living in a tent or poles and tarp type of accommodation than male-headed HHs.

A few Sudanese households lived in solid/finished houses with or without corrugated iron roofs, with 8% reporting this type of housing. Another 5% lived in semi-permanent/temporary grass-roofed or brick houses, 3% in unfinished/non-enclosed buildings, and 3% in solid/finished apartments. These households are likely those who live or rent in Bweyale and use the land in Kiryandongo.

The main issue reported by Sudanese households concerning their housing is leaks during rains, mentioned by more than half of the households (presented in Table 8). The lack of privacy inside the housing and temperature issues were reported by just over a third of households. Female-headed HHs, and especially single-female HHs, were more likely to report temperature issues, cracks and openings in the roof and walls, lack of light, and no doors compared to male-headed HHs. KIIs and FGDs mention that female and single-female HHs are more at risk and vulnerable regarding shelter, as they are alone and do not know how to build housing and need to rely on other people that might take advantage of their money and time.

Shelter issues reported in Table 8 were more common among households living in tents or pole-and-tarp type accommodations, which affect 79% of households, as well as those living in makeshift shelters. Leaks during rain were reported by 59% of households living in tents or pole-and-tarp accommodations (n=320), compared to 41% for those living in finished dwellings (n=44).

**Table 8: Proportion of households by type of reported shelter issues**

[subset: Proportion of households not sleeping outside, n=403]

	Overall (n=403)	Female HoH (n=177)	Male HoH (n=226)
Leaks during rain	51%	53%	51%
Lack of privacy inside the shelter (no partitions, doors)	37%	39%	36%
Inside the shelter it is often too hot / cold	37%	43%	32%
Cracks and openings in the roof	26%	33%	21%
Lack of space inside shelter (less than 3.5m <sup>2</sup> per household member)	21%	23%	21%
Unable to lock the shelter	18%	19%	17%
Cracks and openings on the walls	17%	21%	14%
Lack of lighting outside the shelter	17%	21%	13%
No wood/iron door	16%	19%	13%
Major damage to roof with risk of collapse	15%	18%	13%

0%

100%

**69%**

of Sudanese households in Kiryandongo reported living in a housing that do **not have access to basic services** such as clean water, sanitation and electricity, while 23% noted they had access to some of those services.

A difference is observed between households living in finished dwellings and those living in tents or pole-and-tarp type accommodations. Of households living in finished dwellings, 54% reported not having access to basic services, compared to 73% of households living in tents or pole-and-tarp accommodations.

**83%**

of Sudanese households in Kiryandongo reported their housing is in a **condition does not provide or only provide partially physical safety and protection** against the cold, damp, rain and other health risks.

Financial constraints emerged as the main barriers for households to access adequate and dignified shelter, mentioned by over two-thirds of households, followed by the lack of access to basic services and the limited availability of adequate housing in the area (presented in Table 9). All of these barriers were more frequently mentioned by female-headed and single female-headed HHs compared to male-headed HHs. The only exception was the reporting of no barriers, which was more commonly mentioned by male-headed HHs than by female-headed and single-female-headed HHs.

**Table 9: Proportion of households by main barriers faced to access adequate and dignified shelter**

[subset: Proportion of households not sleeping outside, n=403]

	Overall (n=403)	Female HoH (n=177)	Male HoH (n=226)
Financial constraints or high housing costs	71%	72%	71%
Lack of access to basic services (WASH, electricity)	38%	45%	32%
Limited availability of adequate housing in the area	16%	21%	13%
Lack of legal documentation or tenure security	15%	16%	14%
Deteriorating housing and lack of resources for repairs	10%	12%	9%
Physical disabilities or specific needs not catered for in available housing	8%	10%	6%
Displacement due to conflict or natural disasters	8%	11%	6%
None	8%	3%	11%
Cultural or social norms restricting housing choices	6%	8%	5%
Discrimination based on ethnicity, gender, or other factors	3%	3%	3%

0%  100%

Across all categories, more than 80% of households reported being unable to live in a functional domestic space or experiencing issues with cooking, sleeping, storing food and water, electricity and lighting, and personal hygiene. Female-headed and single female-headed HHs consistently reported more challenges in living in a functional domestic space than male-headed HHs across all categories, with the exception of sleeping.

**Figure 40: Proportion of households not living in a functional domestic space (cannot do or can do with issues), in terms of cooking, sleeping, storing food and water, electricity and lighting and personal hygiene**

[subset: Proportion of households not sleeping outside, n=403]

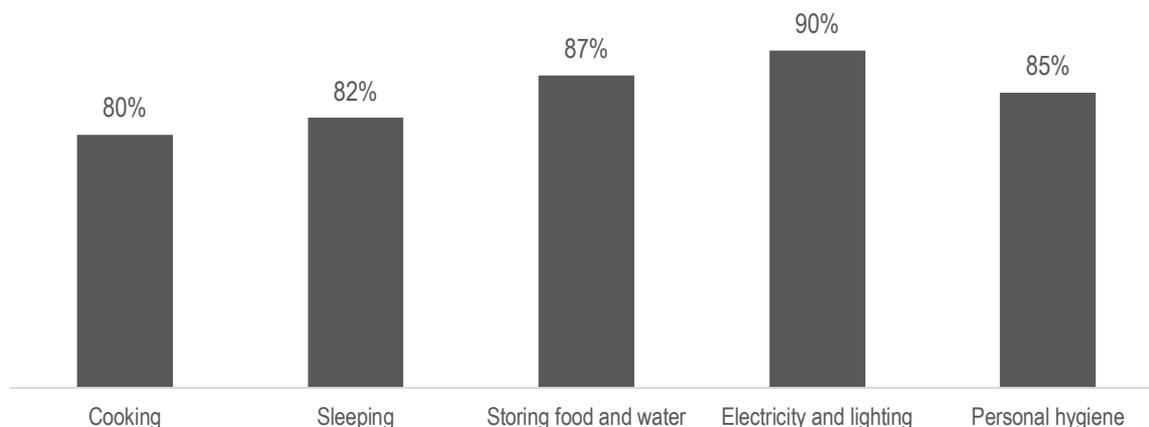
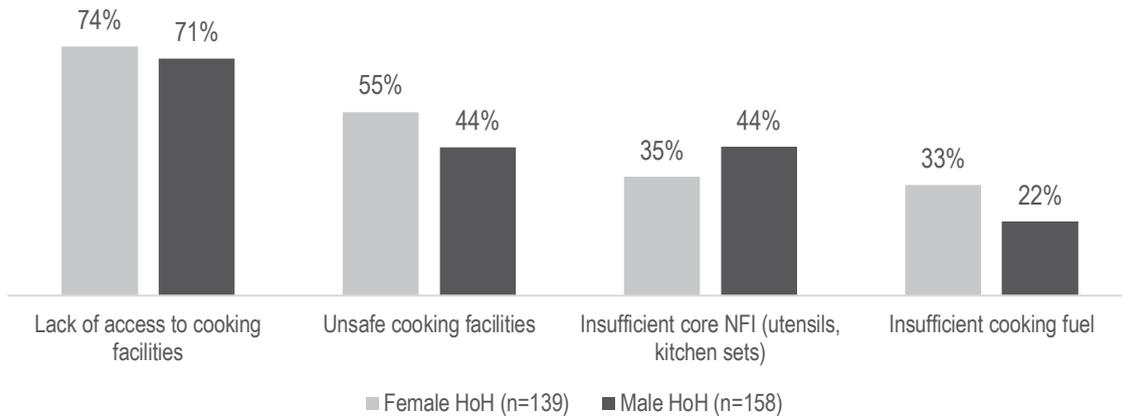


Figure 41 to Figure 45 present households who experienced issues with cooking, sleeping, storing food and water, electricity and lighting or personal hygiene in their shelter housing by the reason for these issues. Key findings from these are:

- Non-functional **cooking space**: most households (n=297) reported they do not have access to cooking facilities, with more female-headed HHs reporting unsafe cooking facilities, especially single female-headed HHs (63%) and male-headed HHs insufficient core non-food items (NFIs) such as utensils and kitchen sets. Insufficient cooking fuel (e.g., gas, wood, briquets) was also reported as an issue by a third of households.
- Non-functional **sleeping space**: the majority of households (n=296) reported insufficient NFIs such as a bedding, mattress and mats and insufficient space as contributing to the non-functional sleeping space. More female-headed HHs, and especially single female-headed HHs (64%) reported the sleeping space unsafe.
- Non-functional space for **storing food and water**: most households (n=306) reported insufficient containers to store water and food, followed by the lack of space for both food and water storage. Single female-headed HHs 78% to report the lack of containers to store water.
- Nonfunctional space regarding **electricity and lighting**: four-fifths of households (n=345) reported having no electricity and solar lamp in their housing, with 86% of single female-headed HHs reporting the same. Almost half of male-headed HHs reported not having a power bank, to charge phone and other small electronics.
- Non-functional space for **personal hygiene**: the majority of households (n=316) reported the lack of private hygiene facilities for bathing/showering, followed by insufficient NFIs such as soap and buckets and private sanitation facilities not working. Female-headed (37%) and single female-headed HHs (44%) were more to report unsafe space for personal hygiene than male-headed HHs (31%).

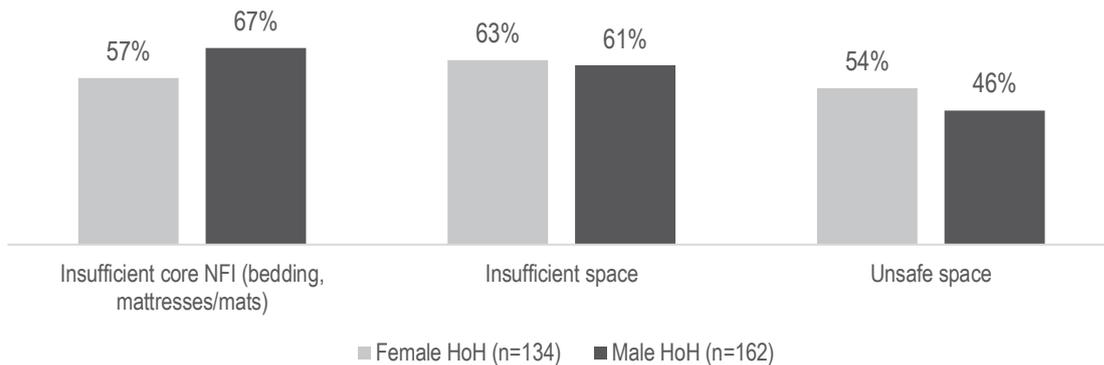
**Figure 41: Proportion of households not living in a functional cooking space, by reasons and household head**

[subset: Proportion of households reporting not living in a functional cooking space, n=297]



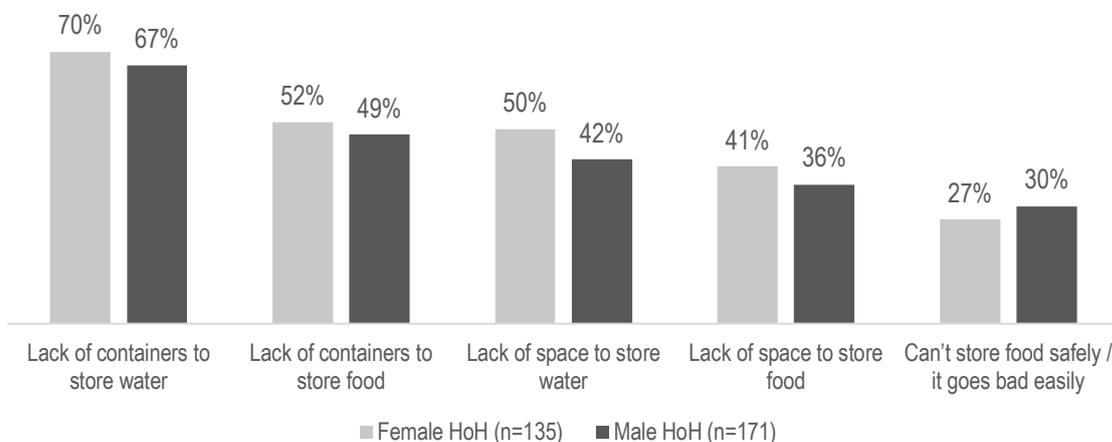
**Figure 42: Proportion of households not living in a functional sleeping space, by reasons and household head**

[subset: Proportion of households reporting not living in a functional sleeping space, n=296]



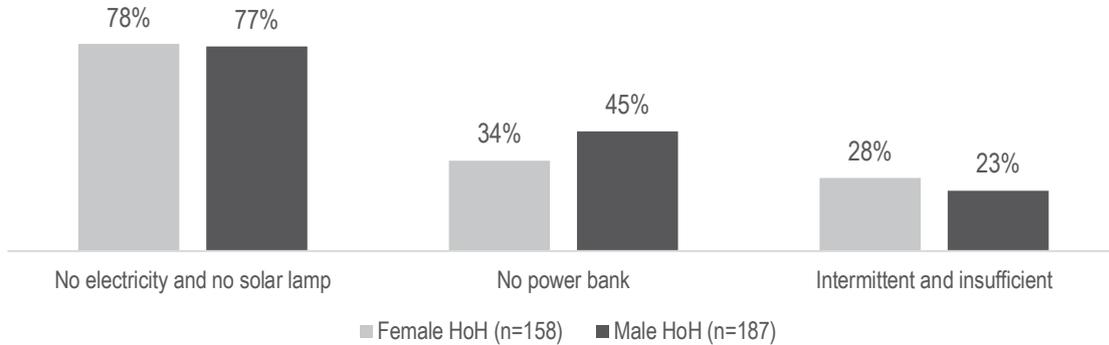
**Figure 43: Proportion of households not living in a functional space for storing food and water, by reasons and household head**

[subset: Proportion of households reporting not living in a functional space for storing food and water, n=306]

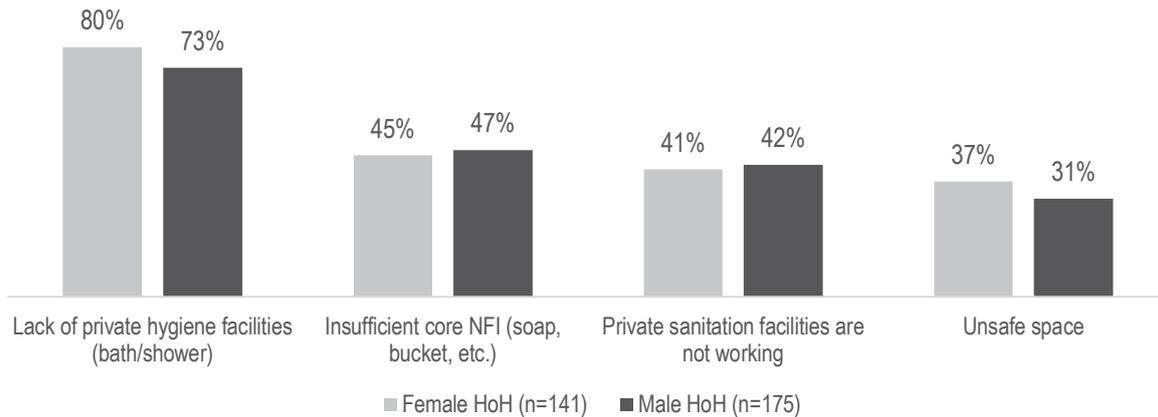


**Figure 44: Proportion of households not living in a functional space regarding electricity and lighting, by reasons and household head**

[subset: Proportion of households reporting not living in a functional space regarding electricity and lighting, n=345]

**Figure 45: Proportion of households not living in a functional space for personal hygiene, by reasons and household head**

[subset: Proportion of households reporting not living in a functional space for personal hygiene, n=316]



Lastly, the average amount spent by Sudanese households in Kiryandongo on accommodation, including paying rent, house rehabilitation, building shelter, latrine materials in the 6 months prior to data collection is **481,850 UGX** (circa \$134 USD). Female-headed HHs reported having spent 22% more than the average overall amount, while male-headed HHs reported having spent 10% less than the average overall amount on accommodation.

Sudanese households are **over the threshold for crowdedness** (3 people sleeping in one room), at **3.6 person per room**. It is more for female-headed and single female-headed HHs at 4 person per room and less for male-headed HHs at 3.3 per room.

The findings suggest that housing remains a major challenge in Kiryandongo for Sudanese households, with majority of households reported living in tent or tarp and pole like housing in overcrowded, substandard and unsafe conditions, particularly for female and single female-headed households. More than 80% of households reported not living in a functional space in terms of cooking, sleeping, electricity and lighting, storing food and water and personal hygiene.

## CONCLUSION

This assessment found that Sudanese households in Kiryandongo refugee settlement face substantial challenges across multiple sectors, with particularly acute needs in basic services (i.e. health, WASH) and infrastructure. Despite being granted prima facie status, two-thirds of households struggled to access adequate healthcare while one-fifth of school-aged children were not enrolled in school. WASH services were severely strained, with nearly 80% of households experiencing water access problems and most lacking functional toilets. Within households, over 80% mentioned that they were unable to maintain functional domestic spaces for essential activities like cooking, sleeping, and personal hygiene.

Food insecurity was commonly observed with 66% of households employing crisis or emergency-level coping strategies, with a serious lack of livelihood opportunities. The vast majority of families depend primarily on NGO and humanitarian support, supplemented by limited casual labour opportunities.

Significant gender disparities were revealed both in needs and vulnerabilities, with female-headed and single-female-headed households consistently reporting greater challenges, such as with health access and elevated protection risks (i.e. safety concerns).

Looking forward, many families shared that they were planning to move out of Kiryandongo, specifically to access better education for their children (or to initiate schooling), improved health services, and better food access.

As Uganda continues to receive refugees from different countries, including Sudanese refugees global humanitarian funding further strains service delivery in settlements like Kiryandongo. This reduction in funding compounds existing challenges underscoring the critical need for increased support for refugees in Kiryandongo and beyond.