

# Key considerations: Food assistance prioritisation in refugee settlements in Uganda and its impacts

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This brief provides considerations around the humanitarian and policy implications of the general food and cash assistance (GFA) prioritisation strategy in Uganda's refugee settlements. In light of ongoing cuts to humanitarian funding, the considerations in this brief are relevant to refugee-hosting countries in and beyond East Africa.

Globally, protracted emergencies and displacement situations are increasingly undergoing severe and chronic underfunding.<sup>1</sup> In the face of ever-shrinking funding, humanitarian settings have recently seen the introduction of 'prioritisation exercises'. These exercises often involve reductions to food assistance, implemented within pre-existing conditions of high economic vulnerability and based on specific framings and categorisations of this vulnerability. They aim to direct limited humanitarian resources towards those international institutions identify as most 'in need'.<sup>2,3</sup>

This brief outlines the prioritisation strategy in Uganda, a country that currently hosts 1.7 million refugees. The brief shows that the strategy's implementation, against high baseline levels of malnutrition and household vulnerability, has had wide-ranging consequences, including undermining the viability of Uganda's much-celebrated self-reliance model.

The brief builds on research conducted in 2024 to examine the processes that inform the prioritisation exercise in Uganda, its effects on food security for refugees and the viability of Uganda's self-reliance strategy. It draws on data collected through ethnographic methods, interviews and focus group discussions with South Sudanese refugees in Palabek Refugee Settlement and Rhino Camp Refugee Settlement over eight months. It also builds on both authors' expertise on the Ugandan refugee emergency, discussions with government employees and humanitarian and health workers engaged in the Ugandan refugee response and academic and grey literature.

## Key considerations

### Summary points

- **The prioritisation strategy has revealed and exacerbated the shortcomings of Uganda's refugee settlement model.** Despite Uganda's generous open-door refugee policy, the land provided is insufficient to enable refugee households to achieve self-sufficiency. They remain vulnerable to food insecurity and rely on ongoing food assistance to meet basic needs.
- **Cuts to essential food assistance undermine all areas of humanitarian intervention.** Amidst an already resource-strained situation, refugees rely on food assistance for access to vital services like education and healthcare. Reductions in food assistance risk weakening overall protection for displaced populations and undermining the potential of the Ugandan self-reliance model.
- **Food assistance is a vital tool in supporting access to protection in displacement.** It is essential that food assistance is reframed from being the first resource to be cut, to being an essential resource for effective humanitarian and development planning in all displacement settings.
- **Unclear communications concerning the decision-making processes, protection mechanisms and data for prioritisation undermine trust in humanitarian institutions.** Trust is vital for effective coordination. The implementation of prioritisation exercises must be transparent.

## Engaging refugees

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- **Transparency and accountability must be prioritised when restructuring essential food assistance.** Trust between refugees and key protection systems has been eroded by a lack of clarity and transparency. Successfully engaging refugees requires clear communication about the financial precarity that arises from protracted displacement and efforts to ensure refugee participation at every stage of the prioritisation exercise.
- **Refugee engagement needs to be prioritised in the development of vulnerability indexes.** Refugees and humanitarian actors working in the refugee settlements have raised concerns regarding the accuracy of household categorisations. The current weighted index used to identify relative levels of household vulnerability needs to be refined with refugee participation in order to adequately reflect refugees' experiences and understandings of vulnerability. This participation will help ensure effective identification of the most vulnerable households in the settlements.
- **Refugees must be included at all stages in decisions concerning fundamental changes to humanitarian infrastructure.** Increased refugee representation at all stages of the prioritisation process is needed to help ensure awareness and integration of vital community knowledge.

## Consequences of prioritisation

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- **To cope with the effects of prioritisation, refugees are increasingly resorting to strategies that leave them exposed to exploitation and abuse.** The pervasive lack of opportunities for income-generation has prompted a rise in forms of unstable and casualised labour, transactional sex, child labour, early and child marriage and other crisis coping mechanisms.
- **Children under five are among the most vulnerable to cuts to food assistance.** Research indicates that the resulting severe rates of malnutrition and undernutrition risk the present and future wellbeing of refugee populations.
- **Prioritisation has significant consequences on refugees' health outcomes.** This includes physical and cognitive implications of malnutrition and undernutrition and extends to heightened risks of infection. Food scarcity negatively affects refugees' ability to sustain medical treatment for tuberculosis, HIV and non-communicable diseases, including psychiatric conditions, with wide consequences for individual and public health outcomes.
- **The prioritisation fails to account for intrahousehold variations in vulnerability.** By measuring vulnerability at the household level, the strategy risks not directing essential food assistance to the most vulnerable individuals.
- **Reversals to prioritisation should be considered.** Given the high levels of vulnerability identified in the majority of the population, further consideration must be given to the relative merits of prioritised food assistance versus providing food assistance to a greater number of households at a reduced level.

## Background

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A country with a long history of both generating and hosting refugees, Uganda currently hosts over 1.7 million refugees. This is the largest refugee population hosted on the continent. Of these, over 963,000 (56.4%) originate from South Sudan and over 545,000 (31.9%) from the Democratic Republic of the Congo (DRC). Others come from Eritrea (3.3%), Somalia (2.9%), Burundi (2.5%), Rwanda (1.4%), Ethiopia (0.8%) and, more recently, Sudan (3.4%).<sup>4</sup> Uganda grants prima facie refugee status to displaced persons from South Sudan and eastern DRC.<sup>5</sup>

The current wave of displacement from South Sudan is a result of ongoing civil conflict and widespread flooding. A resurgence of armed violence against the civilian population in 2016 has led to large numbers of South Sudanese people crossing into Uganda, averaging at 2,800 per day at the peak of the violence.<sup>6,7</sup>

As of September 2024, around 57% of refugees are children, with 40% under 12. Overall, 92% of the refugee population is registered in 13 refugee settlements across 12 districts, with the remaining 8% registered in the capital Kampala. The refugee response is jointly led by the Office of the Prime Minister of Uganda (OPM) and the UN Refugee Agency (UNHCR).

Refugees are granted the right to work and to move freely around the country and have the right to access primary-level education and health services on an equal basis with Ugandan citizens.

## Self-reliance model

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**Idealised image:** Uganda's self-reliance model and generous approach to land allocation secured the country's international reputation as a progressive and development-oriented refugee host. In turn, this reputation consolidated Uganda's favourable position as a 'donor darling' and guaranteed steady flows of international funding into the country.<sup>8</sup>

Uganda's approach stands in stark contrast to the hyper-securitised and hostile border politics implemented over the past decades across the Global North. The settlement model, generally framed in opposition to encampment policies, reflects donor preferences for 'developmental approaches' to protracted refugee settings and for pathways towards a 'durable solution'.

**The reality:** However, the reality of the self-reliance model is irreconcilable with its idealised image. Refugee households of up to 16 family members are expected to subsist on small 900m<sup>2</sup> plots – an insurmountable challenge further compounded by poor-quality soil. Beyond plot size and soil quality, additional constraints make it difficult for households to produce and consume food at even a survival level, including the location of settlements in remote, rural and impoverished areas; the unpredictable effects of climate change and poor service provision.<sup>7,9–17</sup>

As a consequence of these structural conditions, refugees have had a persistent and necessary dependence on humanitarian assistance. Recurrent cuts to essential food aid due to reductions in financial support for food assistance have had devastating consequences.

## Food insecurity before the prioritisation strategy

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**Already insufficient rations:** Within the context of an emergency response plagued by widespread corruption and resource scarcity,<sup>7,18–20</sup> food rations have long fallen short of meeting the essential needs of most refugees, with 91% of refugee households being considered highly economically vulnerable.<sup>21</sup> A 2018 survey of settlements nationwide showed that only 20% of refugee households found food assistance lasted until the next food distribution. Nearly 70% of refugees reported coping with limited food supplies by reducing their consumption, often eating just one meal a day and relying on various 'negative' coping strategies that weaken long-term resilience (see Box 1). These strategies include spending savings, regularly borrowing money or food, begging, selling essential items or food assistance and consuming seed stock intended for the next planting season.<sup>22</sup> In the absence of sufficient resources, refugees' circumstances allow for survival at best.

**Further cuts:** A series of cuts primarily linked to the chronically underfunded nature of the emergency response significantly worsened the situation. The proportion of financial resources required that were actually secured steadily decreased from 51% in 2019 to 34% in 2023.<sup>23</sup> Meanwhile, the percentage of refugee households considered moderately or severely food insecure went up from 36% in 2020 to 55% in 2022. In 2022, before the implementation of Phase III of the prioritisation exercise, only 4% of refugee households were considered food secure.<sup>24,25</sup>

**Funding shortfalls:** As of September 2024, the Government of Uganda and its partners have only secured 13% of the funds needed to implement the Inter-Agency Uganda Country Refugee Response Plan (UCRRP), leaving a funding gap of over USD 746 million. This shortfall has forced widespread cuts across humanitarian operations in Uganda, particularly impacting food security, health and nutrition programmes. These cuts threaten to worsen the situation for refugees, many of whom already struggle to meet basic needs.

## Box 1. Livelihood Coping Strategies Index

The Livelihood Coping Strategies Index can be used as a proxy measure of food insecurity and is derived from households' experiences in the past 30 days. Compiling the index score involves gathering answers to questions about how households are coping with shortfalls in access to or money to pay for basic needs, including food, healthcare and shelter.

A score is given based on whether in the previous 30 days any household members engaged in one or more the following activities due to a lack of funds: a) sold more animals than usual; b) sold household goods (e.g., radio, furniture, jewellery); c) spent savings; d) borrowed money; e) reduced essential non-food expenditure; f) sold house or land; g) engaged in illegal income activities (e.g., theft, smuggling); h) begged.

Source: Authors' own.

## The prioritisation exercise

### The background to prioritisation

The prioritisation exercise restructured food and cash assistance for refugees in Uganda. It was implemented in response to chronic underfunding and donor demands for a longer-term approach to GFA for protracted displacement.

The prioritisation was described as a way to allocate scarce resources despite widespread vulnerability. The goal of the prioritisation strategy was to ensure that households considered the most vulnerable, including new arrivals, receive the maximum possible support. Correspondingly, support would be cut or withdrawn for households considered less vulnerable. The exercise followed earlier cuts to GFA that saw universal rations for refugees in Uganda reduced to 70% of a minimum survival basket in April 2020 and 60% in December 2022 (roughly equivalent to USD 6.90 and USD 5.90 per person per month).

### Phases I and II

**Phase I:** In this phase, in 2021, GFA proportions were restructured based on settlement-level data concerning the local market prices, economic opportunities and agricultural prospects of a given settlement.

**Phase II:** This phase of restructuring, in 2022, marked the first efforts to roll out a three-tier household level needs-based allocation of GFA resources. Phase II targeted the five settlements in the south west that were identified under Phase I as being the least vulnerable. Historically, settlements in this subregion have performed better than settlements in the West Nile subregion in terms of measures of economic vulnerability.

### Phase III

**Announcement:** Phase III of the food prioritisation exercise was announced to settlement-based stakeholders in January 2023. In a joint letter from the OPM, UNHCR Uganda and World Food Programme (WFP) Uganda to community stakeholders, prioritisation was introduced as a technical 'needs-based' measure to allocate limited donor funds. Households determined as 'most vulnerable' would receive 'the highest ration possible'. Moderately vulnerable households were to 'receive a reduced ration; with the vision that they are transitioned to livelihood and self-reliance programmes led by different development actors'. The least vulnerable households would 'be transitioned out of relief assistance' based on their 'self-reliance'. Self-reliance, in this case, was defined as being able to cover essential food needs without receiving WFP's food or cash assistance.<sup>26</sup>

**Undefined criteria:** Beyond indicating the hierarchy of the types of support households would be entitled to, the criteria connecting a household to a category were left undefined. The proportion of households to be allocated to each category was also left undefined.

**Categorisation:** By July 2023, each household was categorised into one of three categories of relative vulnerability using data collected during the ‘individual profiling exercise’ (IPE). The three categories that resulted from this exercise were used to determine the level of monthly GFA a household would receive (see Table 1).

Over 80% of the refugee population now receives around USD 3.70 per person per month.

**Table 1. Prioritisation categories**

Category	Percentage of the refugee population	Percentage of food ration	Amount of cash assistance per person
Category 1	13.4%	60%	UGX* 28,000
Category 2	82.2%	30%	UGX 14,000
Category 3	4.4%	No food assistance	No cash assistance

Source: Authors’ own. Created using project data.  
Note: \*Ugandan shilling. USD 1 = approximately UGX 3,780.

**Weighted index:** The categories are based on a weighted index of household vulnerability composed of 13 indicators. Among the 13 indicators are socio-demographic and protection-relevant variables, such as household dependency ratios and child protection issues. However, some important categories of vulnerability are not among the variables; these include key nutrition indicators and some health-related vulnerabilities, such as treatment for HIV or tuberculosis. The widespread vulnerability among refugee households is perceived to have contributed to the seemingly arbitrary decision making regarding which categories of vulnerability would be recognised.

**Limitations and changes:** The implementation of lessons learnt from Phase II in Phase III was limited by funding constraints – including the exclusion of several types of highly vulnerable households from Category 1.<sup>27</sup> Additionally, while communications to stakeholders suggested livelihood and self-reliance programmes would help refugees cope with reduced food assistance, this programming was also constrained by limited funding. Further, under the initial plans, Category 1 was to contain 25% of refugee households. Yet, owing to funding shortfalls, only 13.4% of households were categorised as most vulnerable.

**Box 2. The case for cash amidst prioritisation**

General food assistance is delivered to refugees in Uganda through one of two mechanisms – in-kind food assistance and cash-based transfers (CBT). Efforts are underway to scale up digital CBT and overall this is a positive move that seeks to utilise resources more effectively.

CBT is more cost-effective than in-kind food distributions. For example, households have often sold substantial portions of their limited food supply to access small amounts of cash to pay for other basic necessities, such as soap, medicines, education and household items. Providing assistance through CBT therefore helps limit the need for these transactions and their inefficiencies.

However, it is important to note that CBT leaves households reliant on local markets and particularly vulnerable to inflationary effects on prices, which can be highly localised. For CBT to be a viable solution, organisations must carefully monitor the availability and prices of essential items. Moreover, given the remote location of most settlements, mobile network providers must provide reliable coverage to enable refugee access to mobile money services.

Source: Authors’ own.

## Measuring vulnerability

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**Lack of transparency:** The development of the index of household vulnerability has been a source of contention among refugees and others working in the refugee response. The details of the index's 13 measures are closely guarded. Degrading and discriminatory presumptions that refugees will 'lie' to fraudulently amplify their vulnerability have been cited as a reason to not disclose these criteria to refugees.<sup>28</sup> Beyond the national headquarters of WFP and UNHCR, non-governmental organisation (NGO) and international non-governmental organisations (INGO) staff at the sub-regional and settlement levels, as well as refugees, have expressed their frustration regarding the lack of transparency.

**Problematic data:** The data on which the categorisations are based is thought to be highly problematic. The IPE data provides only a limited snapshot of a specific moment in time – which means the categorisation is vulnerable to changes in household circumstances, as well as seasonal changes in resource availability. Moreover, the data was collected in very short interactions between enumerators and heads of household in crowded spaces. As a result, it is believed that it is highly likely that mistakes were made and households were unduly excluded from support.

**Misallocation:** Our research revealed that several apparently highly vulnerable individuals and households were allocated to Category 3 and are thus no longer receiving any assistance. The Vulnerability and Essential Needs Analysis, based on data collected in 2019, found 91% of refugee households were highly economically vulnerable, yet only 13.4% of households were assigned to Category 1.<sup>21,28</sup>

## Communicating changes to assistance

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**Unclear or absent communication:** Humanitarian organisations' communication with refugees is strained, and 72% of refugees face difficulties in accessing information about humanitarian operations, including about the available pathways to assistance and the procedures to follow.<sup>24</sup> It is therefore unsurprising that communication around changes to food assistance faced similar challenges. Households were supposed to receive confirmation of their category before the food aid restructuring. These messages were to be delivered via several mediums, including SMS and, for those without mobile devices, help desks. However, many refugees we interviewed described only being made aware of their category when they arrived at the food distribution point in July 2023. Unclear communications in the lead-up to the implementation of Phase III categorisation exercises also limited the potential for planning and adaptation concerning household resources.

**Lack of transparency and difficult appeals:** The full details of the weighted index of household vulnerability are not publicly available, making it difficult for households to accurately identify whether they have been appropriately categorised. The lack of transparency makes decision making related to and navigation of these changes incredibly difficult for refugees. If a refugee household believed they had been 'erroneously categorised', there was to be 'a formal and transparent appeals mechanism to be jointly managed by WFP, UNHCR and OPM where [sic] an individual is not satisfied with the decision'.<sup>26</sup> However, sources confirmed that for some households, even though they had been miscategorised, there was insufficient funding to correct their allocation. In addition, the complaint desks have proven largely ineffective. In Palabek Refugee Settlement, protection actors responsible for supporting the appeal process report that, out of 2,000 household cases that filed what appeared to be valid appeals, only four had their decisions successfully overturned.

**Precarity:** The appeal mechanism did not start until four months after the prioritisation exercise had taken effect. Interviews with partner organisation staff, community leaders and refugees revealed that miscategorised households were left in situations of immense precarity. These miscategorised households had already been experiencing food insecurity over a protracted period, and the delayed appeal process risked severely exacerbating the long-term consequences of malnutrition and undernutrition for children.

## Impacts of the prioritisation of food assistance

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Cuts to food assistance, such as those conducted before and during the recent prioritisation exercise in Uganda, have wide-ranging and multidimensional effects. The changes to food assistance in the Uganda refugee response have deeply impacted refugees' lives and will have lasting implications for key components of the self-reliance assistance model.

This section outlines the consequences of the prioritisation strategy across eight areas, including the self-reliance model itself.

### Malnutrition and undernutrition

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**Exacerbated malnutrition:** Due to food assistance cuts in previous years, by 2022 only 8.5% of refugee children across the country were maintaining a minimum acceptable diet and there had been a 50% increase in documented cases of acute malnutrition from the previous year.<sup>29</sup> Actors across the humanitarian-development nexus – including the Ugandan government, NGOs, INGOs and international institutions – have stressed that the food assistance prioritisation has exacerbated pre-existing global acute malnutrition and severe malnutrition rates in refugee settlements,<sup>30</sup> particularly those where poor land quality hinders agricultural production. Of particular concern are indications that pregnant and lactating mothers reduce their own food intakes to shore up the intakes of other household members.

**Increased stunting:** Closely linked to malnutrition, stunting is a condition where a child's growth and development are hindered, with significant consequences, such as impaired cognitive, language and sensory-motor development, lower academic achievement, reduced adult earning potential, decreased productivity and an increased likelihood of developing chronic diseases related to poor nutrition in adulthood.<sup>31</sup> The recent prevalence of stunting in children exceeds the 'critical level' of  $\geq 30\%$  in several refugee settlements and is thus of serious public health concern with potential significant implications for children's physical and cognitive development. In 2023, the prevalence of stunting was 52% in Rwamwanja, 54% in Kyangwali, 45% Kyaka II, 40% in Nakivale, 39% in Oruchinga, 30% in Lobule, and 30.5% in Palabek.<sup>32</sup> The 2024 Food Security and Nutrition Assessment found that the prevalence had risen to 33% in Palabek.<sup>33</sup>

**Market fluctuations:** Favourable fluctuations in the cost of market commodities, including maize, have likely buffered refugee households against the worst nutrition effects of the prioritisation during 2024.<sup>34</sup> Nevertheless, households remain immensely vulnerable to fluctuations in the market prices of essential goods. This vulnerability will likely be further compounded by the shift towards cash-based transfers in place of in-kind food support.

### Labour

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**Less spending:** By reducing the amount of cash assistance people receive, the prioritisation strategy has significantly affected informal economies within settlements. Local businesses have been undermined by this reduced market activity, which in turn reduces the prospects for local market-based income generating opportunities.

**Increased casual labour:** In response to the effects of the prioritisation strategy, refugees are increasingly turning to irregular, unstable and casualised work. Most households now reportedly depend on casual labour, commonly referred to by the Swahili term '*leja-leja*'. This work often consists of digging or weeding vegetable gardens, predominantly owned by Ugandans, and the work's availability and frequency is affected by the seasons. *Leja-leja* is generally contingent on informal agreements, typically lasting one or two days. Opportunities are often circulated through word of mouth, meaning that refugees with limited social capital experience more significant challenges in accessing these opportunities.

**Impacts and risks of turning to casual labour:** Refugees performing *leja-leja* are paid in small amounts of food or cash. Each completed 10x50 metre (known as a '*katala*') is remunerated with between UGX 2,000 and UGX 3,000 (between USD 0.53 and USD 0.79).

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Depending on the number of *katalas* completed, the daily pay ranges between UGX 3,000 and UGX 6,000. According to our interviews, this income is primarily used to purchase food. *Leja-leja* is often perceived as a shameful and stigmatising activity by refugees, as it socially signals lack of ownership of land. Additionally, it is physically demanding and time-consuming, as, in addition to the labour itself, it often requires refugees to walk long distances to find the work. Refugees who regularly perform *leja-leja* do not have much time or capacity to focus on longer term income-generating activities.

The humanitarian actors contacted often frame refugees' performance of casual labour as a positive display of resourcefulness in difficult conditions. Yet *leja-leja*, like other negative coping strategies, increases protection risks and exposes refugees to abuse and exploitation. In some cases, the *leja-leja* is far from the refugees' homes and they need to stay in the simple accommodation provided by the landowners. Many women report sexual assaults on their way to *leja-leja* or while working.

**Effects on children:** Children are often engaged in forms of *leja-leja*, which affects their development and wellbeing, school attendance and academic performance. Caregivers' protracted absence from home to search for and perform casual work means that children are often left home alone, typically without food, and must take care of fellow children. This often increases the incidence of poor childcare practices that have been found to contribute to malnutrition outcomes.

## Health

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Interviews and discussions with humanitarian health workers operating at the settlement, sub-regional and country levels reveal that the implementation of the prioritisation strategy has significantly worsened health outcomes among refugees. This is especially concerning as health services in refugee settlements have been severely weakened due to a widespread lack of medical personnel and medications.

**Reduced healthcare seeking behaviour:** Across settlements, interviewed health workers reported that the number of refugees seeking healthcare services has decreased, driven by a loss of confidence in the efficacy of these services, a lack of capacity to afford treatments and the common lack of healthcare facilities in the areas where *leja-leja* is found. The need to engage in daily survival activities means that medical consultations are often delayed. Since the prioritisation strategy was introduced, many refugees only seek care when their conditions have worsened significantly. These cases are often no longer manageable at the settlement level and require more advanced medical interventions at higher level facilities.

**Effects of malnutrition and limited food:** Malnutrition severely increases the risk of infections, which exacerbates the already high risk that stems from only 37% of households in refugee settlements having sufficient access to water (based on a minimum of 20 litres per person per day)<sup>30</sup> and only 36% of households reporting having access to soap.<sup>35</sup> In interviews, health workers reported increased default rates among patients receiving treatment for tuberculosis, HIV, and non-communicable diseases, including psychiatric conditions, since the prioritisation exercise. A significant factor contributing to this non-adherence is the challenge of taking medications that can have intolerable side effects when taken on an empty stomach. This reduced adherence has significant consequences, at both the individual and public health levels, including undermining the efficacy of treatment, worsening existing symptoms and increasing the risk of spread of communicable diseases.

**Increase in mental health concerns:** The interviewed health workers also reported a marked rise in depression diagnoses across refugee settlements since the prioritisation. For the first time, depression has overtaken epilepsy as the primary reason for seeking mental health services in some settlements. Mental health concerns are directly associated with a lack of hope and reduced capacity to meet essential food needs. A sharp increase in both attempted and completed suicides has been observed in settlements across the country. Prominent

triggers include socio-economic factors, particularly the lack of adequate food and increased pressure on heads of households to provide for families and extended networks.

## Education

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**No cash for education expenses:** The introduction of the prioritisation strategy has affected education access and outcomes across settlements. Although primary level education is theoretically provided for free, there are charges for school meals, examinations and uniforms and expected parent-teacher association contributions. The average household expenditure on education reported in the three months prior to data collection for the IPE was UGX 64,000 (approximately USD 17).<sup>35</sup> In the past, people often helped cover this expense by selling their food assistance.

**Poor school attendance:** In interviews, teachers and headteachers noted an increasing prevalence of poor attendance and student dropout, particularly among children whose families are in Category 2 or 3. Amongst the refugees we interviewed, costs were the most cited reason why children were not enrolled in primary education at the time of data collection. This reflects wider reductions to non-food expenditure. Children's regular involvement in income-generating activities was the second most common reason for dropout and poor school attendance.

**Other impacts of the prioritisation:** Pupils are often too tired and hungry to effectively engage in their studies.

## Protection

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**Increased violence:** In interviews with partner organisation staff, community leaders and refugees, the prioritisation strategy was linked to increased rates of sexual and gender-based violence and family desertion within refugee settlements. Additionally, households are increasingly resorting to crisis coping mechanisms – including increases in transactional sex, child labour and early marriage.<sup>36</sup> As well as increased rates of violence and theft relating to budgetary stress, social cohesion has deteriorated, relating to mistrust between refugee leaders, community members, and humanitarian workers. This decreased cohesion has been directly linked to reduced effectiveness of reporting mechanisms for protection concerns. Protection concerns are amplified by wider cuts to service provision. As of March 2024, the case worker-to-children-at-risk ratio was 1:229. This means cases are often neglected.<sup>37</sup>

**Intrahousehold conflict:** Key informant interviews stressed that intrahousehold conflict has been amplified by the ambiguous categorisation process, as heads of households are held responsible for the categorisation and thus for the lack of resources available to the family.

**Impact on shelter:** Pressure on household budgets to regularly buy food results in limited household expenditure on non-food items, including shelter. Construction materials are both unaffordable and inaccessible. The lack of secure shelter affects safety, security, health and overall wellbeing. Feedback mechanisms have reported increased demand for shelter provision for extremely vulnerable individuals in settlements.<sup>37</sup>

## Mobility

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**Cross-border journeys for work:** The prioritisation has been associated with increased rates of spontaneous return and cross-border income-generating pursuits – interviews with refugees reported that partner organisations are encouraging caregivers to practice mobile income-generating strategies. Refugees are leaving the settlements, making undocumented and dangerous return journeys. Men are highly likely to return to South Sudan in pursuit of precarious labour.<sup>38</sup> UNHCR continues to advise against return to South Sudan and notes that rates of food insecurity in South Sudan are currently higher than during the conflicts of 2013 and 2016.<sup>39</sup> Several former interviewees in both Palabek Refugee Settlement and Rhino Camp Refugee Settlement have died due to the dangerous conditions associated with spontaneous mobility.

**Effect on refugees moving to urban areas:** Owing to widespread challenges in securing reliable income streams in urban centres and limited financial capital of households in settlements, the effect of prioritisation on overall rates of rural-to-urban migration by refugees is expected to be negligible. Interviews with refugee households reveal that reductions in GFA after prioritisation have made it harder to afford life in urban centres owing to the costs of renting in cities and towns.<sup>38,40</sup>

## Limited credit and financial precarity

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**Selling assets:** Because of the increased financial precarity caused by the prioritisation strategy, households have resorted to selling their assets, which reduces long-term prospects for self-reliance.

**Reduced access to credit for Category 3 households:** The categorisations of vulnerability used in the prioritisation have been reinterpreted at the community level – including by individuals, households and village savings and loan associations – with important impacts on access to credit. Before prioritisation, refugees could access credit for unanticipated expenditures on the basis that they would be able to clear their debt after the next GFA distribution. Since prioritisation, Category 3 households (who now receive no assistance) report being unable to access loans as they are now perceived to be unreliable debtors.

## Self-reliance model

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**Risk to the model:** The prioritisation strategy risks negatively affecting all aspects of the self-reliance model and its potential as a durable solution to forced displacement. Our research has shown that continuous food assistance cuts, including through prioritisation, and their corresponding implications for malnutrition and undernutrition, affect all areas of the self-reliance model. They do so by negatively impacting school performance and attendance, worsening health outcomes, weakening productivity and social cohesion and requiring a focus on daily survival that removes the achievement of self-reliance from the horizon of realistic possibilities for most refugees.

**Land is not enough:** Amidst an ever-shrinking aid landscape and in the absence of realistic resolution of the conflicts in South Sudan and DRC that might allow for voluntary repatriation, refugees in Uganda remain dependent on GFA to meet their basic needs. The self-reliance model was premised on the idea that the supplied land would provide the necessary resource base for sizeable populations to become self-reliant within just a few years. However, structural and environmental constraints mean that refugees are reliant on assistance to meet basic food and non-food needs. Simply put, refugee protection is contingent on the continuous availability of sufficient food assistance.

## Entry points for improving food security during prioritisation

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Our research highlights several possible entry points, informed by the prioritisation exercise in Uganda, for improving the prospects for food security for displaced populations and in protracted emergencies amidst a situation of constrained humanitarian resources.<sup>41</sup>

These entry points aim to enhance the efficacy of prioritisation activities and to aid advocacy efforts concerning the importance of ongoing food assistance in conditions of widespread vulnerability. These should be considered by refugee and food security advocacy organisations, as well as by agencies planning to make changes to food assistance through prioritisation.

## Increase transparency to GFA recipients

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Transparency and accountability to recipients must be increased around the timelines of any decisions and changes; the factors determining the index of household vulnerability and the driving factors behind the need to prioritise food assistance. Clear communication around

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indicators will also limit the prospects for disinformation, which erodes trust in humanitarian services and leadership infrastructures. Clear communication will also help ensure that those who are miscategorised can receive corrective support in a timely manner.

Effective communications to affected recipient populations must centre refugees' priorities and needs. To support refugees in meeting their essential needs with dignity, communication about changes to food assistance must clearly describe the factors driving the changes and engage refugees at all stages of the design and implementation of interventions.

Shared information must be clear and accessible and in multiple languages and formats. The elected leaders of Refugee Welfare Committees, or similar structures, must be systematically engaged in sharing information to promote refugee representation and increase avenues for dynamic feedback.

## **Promote trust among stakeholders**

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In the face of continuous and worsening funding constraints, refugees must be heavily involved in the design and implementation of changes to food assistance. Any changes must faithfully reflect existing vulnerabilities and be centred around priorities identified by refugees themselves.

Advocacy must be conducted to reframe food assistance, as problematic assumptions around the trustworthiness of recipients and outdated notions of dependency continue to affect strategic planning regarding essential food assistance for refugees.<sup>42</sup> Changes to food relief must be based on clearly communicated and empirically based decision making about the need for ongoing assistance.

To build long-term trust between aid agencies and recipients there must be clear communication. Increased accountability among aid agencies and international institutions will improve prospects for constructive coordination.

## **Support mechanisms for redress and protection**

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Assistance structures must be adequately supported so they can promptly respond to critical needs. This includes having effective safety nets for households who may have been miscategorised and for when there are changes in household circumstances.

Given the risk of intrahousehold conflict created by the categorisation and the exclusionary dynamics created amidst increased precarity, additional investments in protection infrastructures must be prioritised.<sup>43</sup>

Carry out research to better understand the effectiveness of the appeal mechanisms and other avenues for feedback amidst the widespread cutbacks to service provision. Owing to the lack of transparent communications, it is difficult to make a complete assessment of current appeal mechanisms. However, based on the available evidence, the mechanisms appear to be critically underfunded and unplanned.

## **Improve prospects for accountability**

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The indicators used to develop the weighted index for categorisation must be based on bottom-up evidence and generated through participatory approaches. Crucially, refugee representatives and communities at large must be involved in all stages of planning, including the design and development of vulnerability indicators.

Transparency is critical to enable effective evaluation of different targeting mechanisms, allowing learning to be incorporated into future prioritisation exercises. Research institutions must be involved in the evaluation of the relative merits and effectiveness of different approaches.

External accountability mechanisms must be better supported. As well as increased transparency regarding the motives, implementation and results of prioritisation, greater clarity is needed over

the costs of prioritisation exercises. This will enable evidence-based assessments of the trade-offs between broad-brush approaches and targeted (prioritised) assistance.

In the context of widespread vulnerability, donors, governments and humanitarian actors should give serious consideration to directing the funding towards additional direct assistance for displaced populations. Broader brush approaches may also have higher rates of community acceptance and reduce the likelihood of exclusion errors.

## Conclusion

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Despite widespread awareness of the long-term consequences of malnutrition on children's health and development, as well as clear evidence of the harmful impact that food assistance cuts have on health, education, socio-economic and social cohesion outcomes, GFA within the Ugandan refugee response remains chronically underfunded. The Ugandan government, UNHCR and other partners should consider being more open about the severity of the consequences of the food assistance cuts and prioritisation as a way to apply pressure on donors.

The implementation of prioritisation exercises is a reflection of the uneven allocation of humanitarian funding across the globe. However, there is limited evidence that prioritisation exercises are appropriate in contexts of displacement.<sup>44</sup> Protracted and chronically underfunded crises must be prioritised by donors.

In Uganda, chronic underfunding for refugees' basic needs threatens to invalidate the core principles and any possibility of success of the self-reliance model and the Comprehensive Refugee Response Framework more broadly.

GFA and its continuous availability must be recognised by donors, governments and humanitarian actors as a priority and the foundational element of any durable solution to protracted displacement.

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