IMPACT OF FUNDING CUTS ON REFUGEES WITH DISABILITIES IN KYAKA II REFUGEE SETTLEMENT

12/18/2025

ASSOCIATION OF REFUGEES WITH DISABILITY(ARD)

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Acronyms and Abbreviations

1. **ARD** – Association of Refugees with Disabilities
2. **CBO** – Community-Based Organization
3. **CP** – Child Protection
4. **CWD** – Child(ren) with Disability(ies)
5. **DRC** – Danish Refugee Council
6. **GBV** – Gender-Based Violence
7. **HI** – Humanity & Inclusion
8. **KII** – Key Informant Interview
9. **MTI** – Medical Teams International
10. **NFI** – Non-Food Items
11. **NGO** – Non-Governmental Organization
12. **OPM** – Office of the Prime Minister
13. **PWD / PWDs** – Person(s) with Disability(ies)
14. **PSN** – Persons with Specific Needs
15. **SRH** – Sexual and Reproductive Health and Rights
16. **UN** – United Nations
17. **UNHCR** – United Nations High Commissioner for Refugees
18. **VHT** – Village Health Team
19. **WASH** – Water, Sanitation and Hygiene
20. **WFP** – World Food Programme

Executive Summary

Humanitarian funding cuts in 2024–2025 have significantly affected refugees with disabilities in Kyaka II Refugee Settlement in Kyegegwa District. The Uganda National Population and Housing Census 2024 reports that Kyaka II hosts 90,021 people living in 21,411 households, reflecting a large and diverse population with sustained humanitarian needs. Assistance in the settlement is delivered through multi-sector coordination involving government and partner agencies, yet access to services remains uneven for vulnerable groups, including persons with disabilities.

This assessment, conducted by the Association of Refugees with Disabilities (ARD), combines a household survey (n=229) and key informant interviews with duty bearers and service providers to document how reduced funding is translating into day-to-day impacts for disability-affected households. Findings show widespread awareness of service reductions across health, food and cash assistance, education, protection, WASH, and livelihoods. The effects are severe and compounding: 62.9% of households reported eating only one meal per day, 91.7% reported that access to health services is hard or very hard, and 78.2% reported feeling less safe than the previous year. These trends align with reports of reduced staffing, scaled-down outreach and referrals, and narrowing of services—constraints that particularly weaken continuity of care, protection response, and daily functioning for persons with disabilities.

Importantly, the findings show that when humanitarian systems contract, persons with disabilities are disproportionately affected because the practical enablers of inclusion—assistive devices, rehabilitation, outreach, transport support, and accessibility features—are among the first to weaken. This creates a gap between services that exist "in principle" and services that are usable in practice, undermining dignity, independence, and equality, and deepening exclusion during periods of funding constraint. Protecting disability-inclusive services should therefore be treated as essential—not optional—by Government of Uganda, UNHCR, donors, and partners by safeguarding the core enablers of inclusion while strengthening predictable assistance and disability-appropriate livelihood pathways to prevent avoidable harm and long-term exclusion if funding cuts persist.

1 Introduction

1.1 Background and Rationale

Kyaka II Refugee Settlement, located in Kyegegwa District in western Uganda, is one of the country's major refugee-hosting settlements. The Uganda National Population and Housing Census 2024 reports that Kyaka II Refugee Camp hosts 90,021 people living in 21,411 households, reflecting a large and diverse population with sustained humanitarian needs. Out of 90,021 people, about 20,300 of them live with disabilities; inclusive of both physical and mental disabilities . To support this group of people, humanitarian assistance in the settlement is delivered through multi-sector coordination involving government and partner agencies. Assistance is delivered through a coordinated structure involving government institutions, international agencies, humanitarian partners, and community-based mechanisms. At the national level, refugee affairs are managed by the Office of the Prime Minister of Uganda in partnership with the United Nations High Commissioner for Refugees, which together oversee protection and service coordination in refugee settlements across Uganda. Within the settlement, services are organized through sector-based programs—such as health, protection, education, and livelihoods—implemented by humanitarian partners under the supervision of the settlement administration and local authorities in Kyegegwa District. Refugees with disabilities are identified during registration and through community outreach systems, including refugee leaders and Village Health Teams, and are categorized as persons with specific needs to ensure prioritization in assistance programs. Service delivery is further supported by health facilities such as Bujubuli Health Centre III and by refugee-led and community-based organizations that help provide psychosocial support, referrals, and livelihood support, thereby ensuring that persons with disabilities can access essential services within the settlement; however, access to this assistance has persistently remained limited.

The Association of Refugees with Disability (ARD) is a refugee-led organization founded by and for persons with disabilities in Kyaka II settlement. ARD works to promote the rights and wellbeing of disabled refugees through advocacy, peer support and collaboration with humanitarian actors.

2025 Uganda Country Refugee Response Plan (UCRRP) indicates that the refugee response remains significantly underfunded, with resource gaps directly affecting the scope and continuity of humanitarian assistance across sectors. As a result, partners have implemented budget adjustments that have led to reduced food rations, scaled-down health and nutrition services, and interruptions to education programming. These are not merely administrative changes; they translate into skipped meals, unmet medical needs, and lost schooling opportunities at household level. The most vulnerable groups — including women, children, older persons, and persons with disabilities — are disproportionately affected as their access to essential services depends heavily on sustained humanitarian support.

The Association of Refugees with Disability (ARD) commissioned this assessment due to the need to complement anecdotal reports. ARD aimed to investigate how funding reductions

are reshaping day-to-day life for refugees with disabilities in Kyaka II settlement. This evidence will help ARD and our partners to advocate effectively for resources and design programmes that protect those at greatest risk.

1.2 Objectives and Scope

1.2.1 General Objective

To examine how humanitarian funding cuts are affecting refugees with disabilities in Kyaka II and to propose practical, disability-responsive actions to mitigate these impacts.

1.2.2 Specific Objectives

- Assess how funding cuts affect access to services, wellbeing, and safety among refugees with disabilities in Kyaka II.
- Analyse the main funding-related changes across key sectors (health, WASH, protection, education, and livelihoods) and the implications for persons with disabilities.
- Document coping strategies used by households with persons with disabilities and the associated wellbeing and protection risks.
- Draw comparative insights from the wider refugee population only where needed to demonstrate disproportionate impacts on persons with disabilities.
- Generate disability-responsive recommendations and key lessons to inform coordination, advocacy, and programming during funding constraints.

1.3 Key Areas of Inquiry

To understand how funding cuts are affecting refugees with disabilities in Kyaka II, this assessment examines six linked areas. Each area connects to the study objectives and draws on both household survey data and key informant interviews to strengthen and validate the findings.

- **Service access before and after cuts.**

The assessment compared access to health, food/cash assistance, WASH, education, and protection services before the cuts and at the time of data collection, to identify where reductions are most acutely felt.

- **Economic and livelihood impacts**

The assessment examined changes in income sources and livelihood opportunities, and how households are adjusting to reduced support.

- **Coping strategies**

The assessment documented strategies households are using to manage reduced assistance, distinguishing between adaptive strategies (e.g., small businesses) and harmful coping (e.g., skipping meals, high-interest borrowing, school withdrawal).

- **Dignity, health and safety**

The assessment explored how funding cuts affect dignity, physical and mental health, and perceived safety, including reported exposure to protection concerns.

- **Support networks and assistance**

The assessment mapped where households seek help (e.g., UNHCR, OPM, HI, OPDs, NGOs, community leaders, faith actors, neighbours) and whether the support received meets priority needs.

- **Community recommendations**

Respondents were asked to identify urgent and longer-term actions needed to reduce the negative impacts of the cuts, and these insights informed the recommendations in this report.

1.4 Methodology

1.4.1 Study Design

This assessment adopted a **mixed-methods cross-sectional design**, combining quantitative and qualitative approaches to generate a comprehensive understanding of the impacts of humanitarian funding cuts on refugees with disabilities in Kyaka II Refugee Settlement. The mixed-methods approach enabled the study to quantify the scale of impacts while also capturing lived experiences, institutional perspectives, and contextual explanations that cannot be fully explained through numerical data alone.

1.4.2 Study Area

The assessment was conducted in **Kyaka II Refugee Settlement**, located in Kyegegwa District, western Uganda. Kyaka II hosts refugees from multiple countries and is served by a range of humanitarian actors across sectors including health, protection, WASH, education, and livelihoods. The settlement has a significant population of persons with disabilities, making it an appropriate setting for examining the differentiated effects of funding reductions.

1.4.3 Study Population

The quantitative component targeted refugee households that included at least one person with a disability in Kyaka II Refugee Settlement. Within these households, the respondent was either a person with a disability or, where appropriate, a non-disabled caregiver/household representative providing information about household conditions and service access. This approach enabled comparison of perspectives by disability status at

respondent level (persons with disabilities versus non-disabled caregivers) while keeping the assessment's focus on disability-affected households.

For the qualitative component, key informants were drawn from government structures, UN agencies, implementing partners, refugee-led organisations, organisations of persons with disabilities (OPDs), and sectoral service providers operating within Kyaka II settlement

1.4.4 Sampling and Sample Size

For the quantitative component, 229 households were reached through a structured household survey in Kyaka II Refugee Settlement. Households were purposively selected from households that included at least one person with a disability, to ensure adequate representation across disability types and to capture household-level experiences linked to funding cuts. Within these households, respondents included persons with disabilities and, where appropriate, non-disabled caregivers/household representatives.

For the qualitative component, Key Informant Interviews (KIIs) were conducted with representatives from:

- Office of the Prime Minister (OPM)
- UNHCR
- District Local Government (Kyegegwa District)
- Health, WASH, Protection, and Livelihood implementing partners
- Refugee-led organisations and OPDs

Key informants were purposively selected based on their roles, sector responsibilities, and direct involvement in service delivery or coordination during the period of funding cuts.

1.4.5 Data Collection Methods

Quantitative Data Collection

Quantitative data were collected using a **structured household questionnaire** administered by trained enumerators. The tool captured information on:

- Household demographics and disability status
- Awareness of funding cuts and affected services
- Access to sectoral services before and after funding reductions
- Household wellbeing outcomes (health, food security, safety)
- Livelihood impacts and coping mechanisms
- Accessibility challenges and service barriers
- Household-level recommendations

Data collection was conducted through face-to-face interviews, with reasonable accommodations made to ensure participation of respondents with different types of disabilities.

Qualitative Data Collection

Qualitative data were collected through **Key Informant Interviews (KIIs)** using semi-structured interview guides. KIIs explored:

- Nature and extent of funding cuts across sectors
- Observed impacts on persons with disabilities
- Service delivery challenges and prioritisation decisions
- Emerging risks and protection concerns
- Coping and mitigation strategies by institutions
- Recommendations for immediate and long-term responses

Interviews were conducted in English or local languages, depending on respondent preference, and detailed notes were taken for analysis.

1.4.6 Data Analysis

Quantitative Analysis

Quantitative data were cleaned and analysed using a structured spreadsheet-based workflow. Data cleaning included checks for completeness, verification of response ranges and coding, consistency checks across related variables, and review of outliers and missing values to improve accuracy. Totals and percentages were cross-checked to confirm internal consistency of outputs. Descriptive statistics were then generated, including frequencies and percentages, to summarise key variables across sectors and thematic areas. Findings are presented in tables and narrative form to highlight patterns and trends related to service access, wellbeing outcomes, and coping strategies.

Qualitative Analysis

Qualitative data were analysed using **thematic content analysis**. Interview notes were reviewed, coded, and grouped into key themes aligned with the study objectives and quantitative findings. Particular attention was paid to areas of convergence and divergence between household-level experiences and institutional perspectives.

Triangulation

Findings from the quantitative and qualitative components were **systematically triangulated** to enhance validity and credibility. Household survey results were compared with key informant insights to confirm patterns, explain observed trends, and contextualise sector-specific impacts of funding cuts on persons with disabilities.

Ethical Considerations

Participation in the assessment was voluntary. Informed consent was obtained from all respondents prior to data collection. Respondents were informed of the purpose of the study, their right to decline participation or withdraw at any time, and the confidentiality of their responses. No personally identifiable information was included in the analysis or reporting.

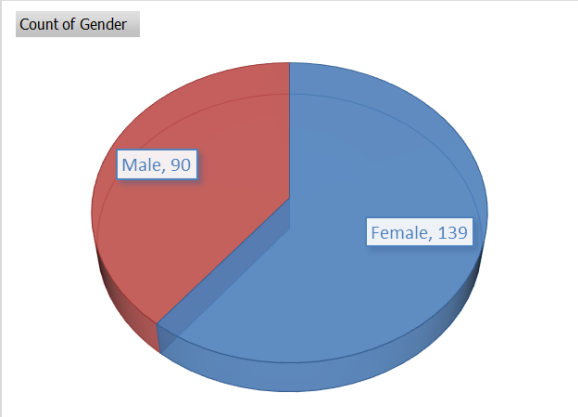
Limitations

The assessment relied on self-reported data, which may be subject to recall bias. In addition, the cross-sectional design captures conditions at a single point in time and may not fully reflect longer-term trends. Despite these limitations, triangulation across data sources strengthened the robustness of the findings.

2 Findings

2.1 Participant Demographics

2.1.1 Total number of respondents reached



A total of 229 respondents were reached through the household survey conducted in Kyaka II Refugee Settlement. All respondents were from households that included at least one person with a disability, in line with the focus of the assessment.

Of the total respondents, 139 (61%) were female and 90 (39%) were male. The higher proportion of female respondents reflects both the demographic composition of households and the central role women often play in caregiving and household management, particularly in households affected by disability. These demographics are important for interpreting vulnerability because caregiving responsibilities and mobility-related disability types can limit income-earning options and increase dependence on external support, meaning funding cuts are likely to have more severe impacts on women-led and mobility-constrained households.

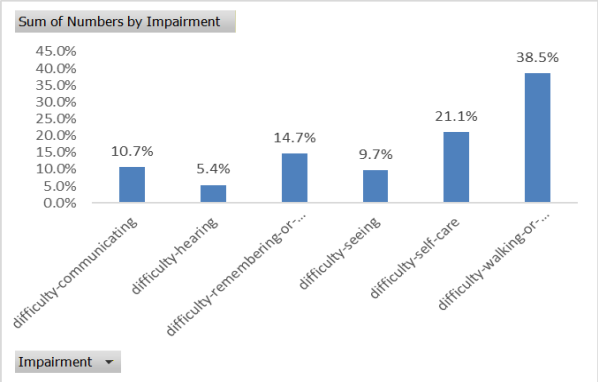
The sample size achieved was within the planned target for the assessment and provided a sufficient basis for analyzing the differential impacts of funding cuts on households with persons with disabilities.

2.1.2 Persons with Disability Reached

Out of the 229 respondents reached through the household survey, 160 (70%) were people with disabilities, while 69 (30%) were respondents without disabilities drawn from households that included at least one person with a disability. This reflects the deliberate focus of the assessment on centering the experiences of people with disabilities, while also capturing household-level perspectives that influence care, decision-making, and coping strategies in the context of funding cuts.

This demographic split matters for vulnerability analysis because households led by, or primarily supporting, persons with disabilities often face added access barriers (e.g., mobility, transport, and assistive device needs) and higher dependency ratios, which can intensify the impacts of service reductions and limit coping options when funding cuts occur.

2.1.3 Person with Disability-by-Disability type



Among respondents identified as persons with disabilities, the most reported impairment was difficulty walking or climbing steps (38.5%), followed by difficulty with self-care (21.1%) and difficulty remembering or concentrating (14.7%). Visual impairments accounted for 9.7% of reported difficulties, while communication difficulties (10.7%) and hearing difficulties (5.4%) were reported less frequently. Overall, the distribution indicates a high prevalence of mobility-related and functional impairments, which have direct implications for access to services, independence, and the ability to cope with reduced humanitarian support.

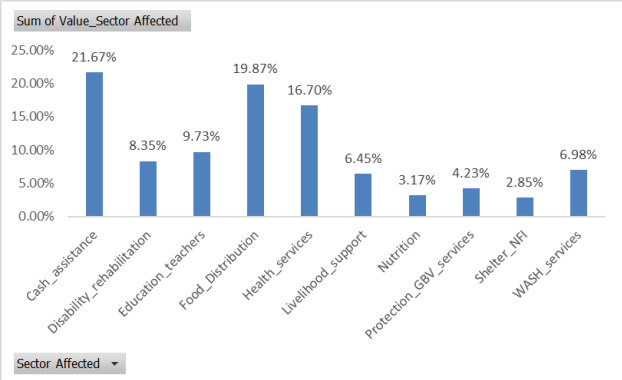
2.2 Awareness of Funding Cuts and Service Reductions

2.2.1 Awareness of services affected by funding cuts

Nearly all respondents (97.8%) indicated that they were aware of funding cuts affecting services in Kyaka II Refugee Settlement, while 2.2% reported that they were not aware of any service reductions. This high level of awareness indicates that changes in service provision are widely recognized by households and are likely linked to direct experiences of reduced or altered assistance.

Importantly, the high awareness likely reflects direct lived experience of reduced or altered assistance (e.g., smaller rations, longer waiting times, fewer outreach services), rather than information sharing alone.

Responses on Sectors Affected

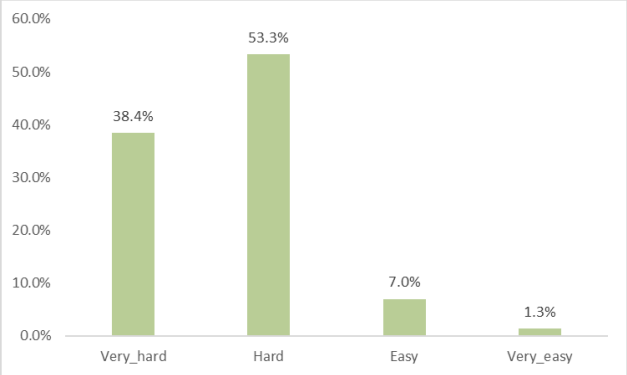


Respondents reported funding-related service reductions across multiple sectors. The most frequently cited sectors were cash assistance (21.7%) and food distribution (19.9%), followed by health services (16.7%) and education and teacher support (9.7%). Reductions were also reported in disability and rehabilitation services (8.4%), WASH services (7.0%), and livelihood support (6.5%). Lower proportions of respondents reported impacts on protection and GBV services (4.2%), nutrition services (3.2%), and shelter and non-food items (2.9%).

Overall, the findings indicate that funding cuts have affected a broad range of essential services, with food, cash, health, and education-related support most reported as reduced

2.3 Sector-Specific Impacts

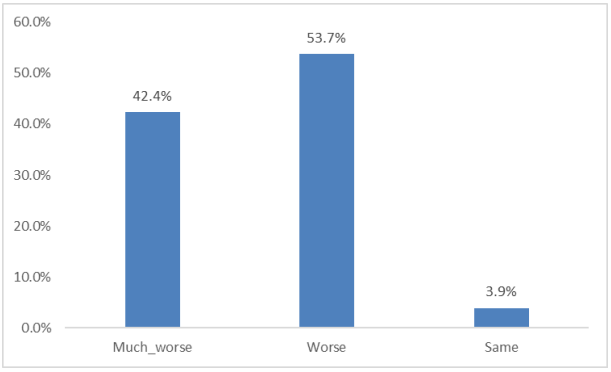
2.3.1 Access to Health Services



Following the funding cuts, access to health services was reported as hard or very hard by most respondents. Specifically, 122 respondents (53.3%) described access as hard, while 88 respondents (38.4%) reported it as very hard. In contrast, 16 respondents (7.0%) indicated that access was easy and only 3 respondents (1.3%) reported it as very easy. Overall, 91.7% of respondents experienced difficulties accessing health services after the funding cuts, indicating a substantial decline in ease of access to health care within the settlement.

This impact is particularly severe for persons with disabilities because many require regular follow-up for chronic conditions and rehabilitation, and reduced outreach, transport support, and staffing can make even "available" services effectively unreachable.

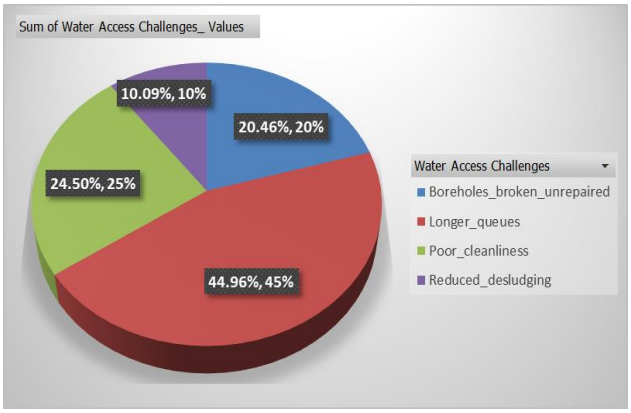
2.3.2 Access to food and cash



Respondents reported a marked deterioration in household food availability following the funding cuts. More than half of respondents (53.7%) indicated that food availability had become worse, while a further 42.4% reported that the situation was much worse. Only 3.9% of respondents reported no change in food availability. These findings suggest that reductions in food and cash assistance have had a substantial negative effect on household food security, particularly for households already experiencing vulnerability due to disability.

This impact is especially severe for persons with disabilities because many households face higher dependency and care-related costs, fewer viable income options, and greater difficulty accessing markets or alternative support when assistance is reduced.

2.3.3 Access to WASH Services



Respondents reported several challenges affecting access to water, sanitation, and hygiene (WASH) services following the funding cuts. The most frequently reported issue was longer queues at water points (45.0%), followed by poor cleanliness of sanitation facilities (24.5%) and boreholes that were broken or not repaired (20.5%). A smaller proportion of respondents reported reduced desludging services (10.1%).

These findings indicate that reduced funding has affected both the functionality and management of WASH facilities, resulting in increased waiting times and declining sanitation conditions. For households with people with disabilities, such challenges may further limit safe and dignified access to essential WASH services.

This impact is particularly severe for persons with disabilities because long queues, inaccessible or poorly maintained facilities, and broken water points increase physical strain, reduce privacy and safety, and can force reliance on others for basic hygiene needs.

2.3.4 CWD Stopping to attend school

Among the 229 households surveyed, 37 households (16.2%) reported that at least one child with a disability had stopped attending school during the reporting period. In contrast, 123 households (53.7%) indicated that children with disabilities in their households had not stopped attending school, while 69 households (30.1%) reported that they did not have a school-age child with a disability.

This is particularly concerning for children with disabilities because funding cuts can reduce inclusive education support (e.g., specialised learning materials, teacher support, transport assistance), and households under economic stress may prioritise immediate survival costs over schooling—raising the risk of long-term exclusion.

2.3.5 Less safety now Compared to last year

Most respondents (78.2%) reported feeling less safe compared to the previous year, while 14.9% indicated that they did not feel less safe. A further 7.0% of respondents reported that their sense of safety had remained the same.

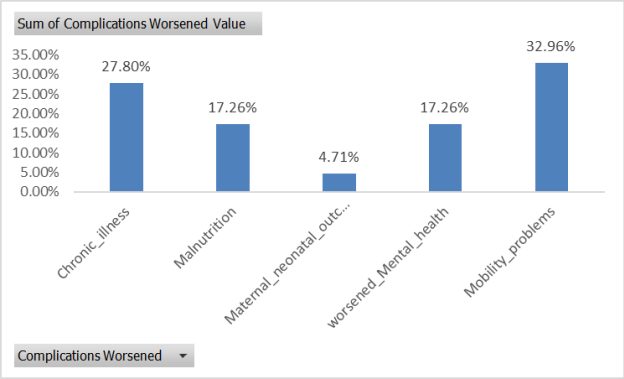
These findings suggest a deterioration in perceived safety within the settlement over the past year, which respondents associated with reduced service availability and weakened protection mechanisms. For households with people with disabilities, diminished safety may increase exposure to protection risks and further constrain access to essential services.

This impact is particularly severe for persons with disabilities because mobility limitations, reliance on caregivers, and reduced access to case management or outreach can increase vulnerability to exploitation and make it harder to seek help or safely access services.

2.4 Impact on Household Wellbeing

2.4.1 Worsening impact on Health

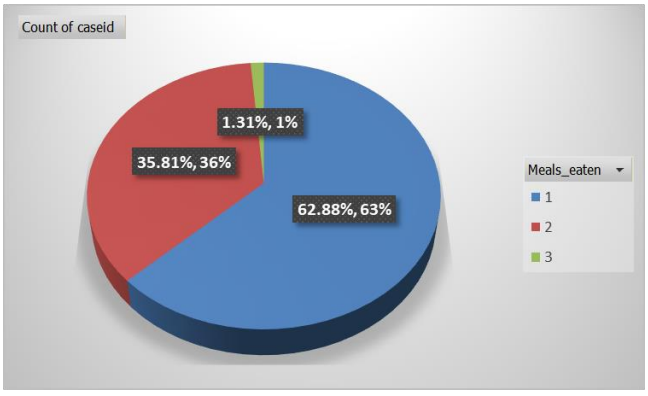
Many respondents reported a deterioration in health following the funding cuts. More than half (52.0%) indicated that their health had worsened significantly, while 39.7% reported that their health had worsened somewhat. Only 8.3% of respondents reported no worsening in health. Overall, these findings indicate that reduced access to health services and related support has had a substantial negative effect on the health and wellbeing of households, particularly those affected by disability.



Among respondents reporting worsening health, the most reported complications were mobility-related problems (33.0%) and chronic illnesses (27.8%). Mental health conditions (17.3%) and malnutrition (17.3%) were also frequently reported, while maternal and neonatal complications (4.7%) accounted for a smaller proportion. The distribution of reported complications highlights the combined physical, nutritional, and psychosocial effects of funding cuts on households affected by disability.

These findings have important long-term implications: interruptions in chronic care, rehabilitation, and nutrition support can accelerate functional decline, increase avoidable complications, and reduce household productivity — contributing to prolonged dependency and higher risk of poverty over time.

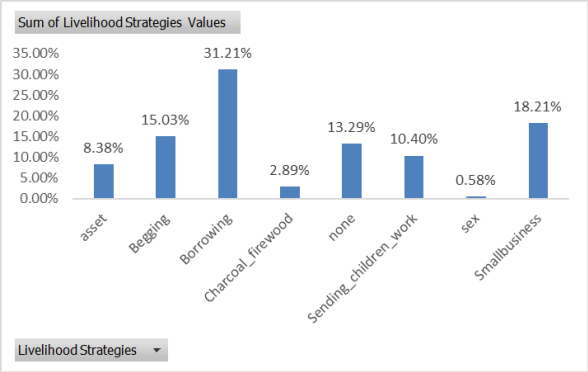
2.4.2: Food Security Impact



Household food security was reported to be severely constrained following the funding cuts. Nearly two-thirds of respondents (62.9%) reported that their households were eating only one meal per day, while 35.8% reported eating two meals per day. Only 1.3% of households reported eating three meals per day. This distribution highlights significant levels of food insecurity among households, reflecting the combined effects of reduced food rations, limited cash assistance, and constrained livelihood opportunities.

Beyond immediate hunger, sustained low meal frequency increases longer-term risks, including deteriorating health and functional ability for persons with disabilities, reduced capacity to engage in livelihood activities, and—where children are affected—heightened risk of poor growth, school interruption, and intergenerational poverty.

2.4.3 Livelihood Strategies Adopted After Funding Cuts



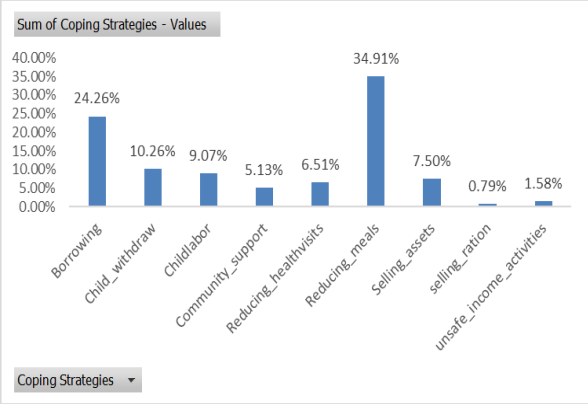
Following the funding cuts, households reported adopting a range of livelihood strategies to cope with reduced assistance. The most reported strategy was borrowing money (31.2%), indicating increased reliance on informal credit to meet basic needs. This was followed by engagement in small businesses (18.2%) and begging (15.0%) as alternative income sources. A proportion of households reported selling assets (8.4%) or sending children to work (10.4%), reflecting distress-driven strategies that may undermine long-term household resilience. Only 13.3% of respondents reported not adopting any livelihood strategy, suggesting that most households were compelled to adjust their income-generating activities in response to the funding cuts.

These patterns point to longer-term risks: rising debt and asset depletion can trap households in chronic vulnerability, while child labour and reduced investment in education increase the likelihood of sustained poverty and reduced recovery prospects for disability-affected families.

2.5 Coping Mechanisms

2.5.1 Coping Strategies after funding cuts

Harmful/erosive coping refers to strategies that help households meet immediate needs but reduce future resilience and recovery capacity (e.g., selling productive assets, withdrawing children from school, reducing health visits).

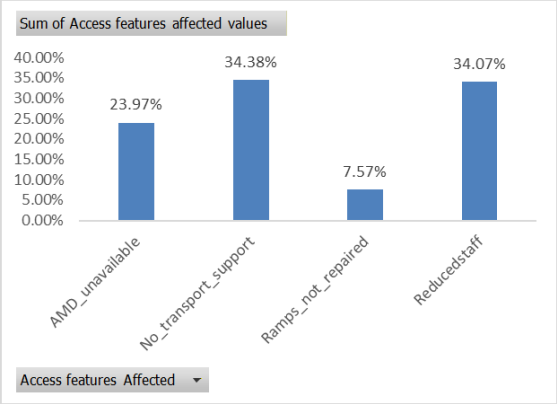


Households reported a range of coping strategies following the funding cuts, reflecting increased economic pressure and reduced household stability. The most reported strategies were reducing meals (34.9%) and borrowing money (24.3%), suggesting that many households are managing shortfalls by lowering consumption and relying on informal credit. A smaller proportion reported reliance on community support (5.1%), which may offer short-term relief where social networks are available.

However, several reported strategies constitute harmful/erosive coping, because they protect short-term survival at the expense of longer-term wellbeing. These include withdrawing children from school (10.3%), engaging children in labour (9.1%), selling household assets (7.5%), and reducing health visits (6.5%). A smaller proportion reported unsafe income-generating activities (1.6%), including selling food rations (0.8%), which can further increase protection and nutrition risks.

2.6 Dignity, Accessibility and Safety

2.6.1 Impact on Accessibility features



Respondents reported several accessibility-related challenges following the funding cuts. The most frequently cited issues were lack of transport support (34.4%) and reduced availability of staff to support persons with disabilities (34.1%), indicating constraints in both physical mobility and human assistance. In addition, unavailability of assistive and mobility devices (24.0%) was reported, further limiting independent movement and access to services. A smaller proportion of respondents (7.6%) indicated that ramps and other physical accessibility features were not repaired.

Taken together, these findings suggest that reduced funding has affected both infrastructure and support systems essential for ensuring inclusive access to services, thereby increasing barriers for persons with disabilities within the settlement. Importantly, reduced accessibility and limited assistive devices do not only restrict service access; they also undermine dignity and independence by increasing reliance on others for basic movement, hygiene, and participation in daily life, and by reducing privacy and autonomy in accessing services.

2.7 Household Recommendations

The recommendations presented in this section reflect collective community priorities emerging consistently across respondents, rather than isolated individual opinions.

Household recommendation questions show clear and consistent priorities regarding the types of support households with persons with disabilities consider most urgent and meaningful. Across the narratives, respondents repeatedly emphasised the need for support that promotes stability, self-reliance, and dignity, while also addressing immediate gaps in basic needs and health care. The recommendations reflect both short-term survival needs and longer-term aspirations for sustainable livelihoods and social inclusion.

Based on content analysis of the responses, the most prevalent recommendation themes are summarized below:

- Livelihood and income support: start-up capital for small businesses; vocational and life-skills training; support for disability-appropriate income-generating activities (e.g. tailoring, animal rearing, home-based enterprises).
- Cash and food assistance: consistent cash transfers or food support to stabilise households and meet basic needs.
- Health and rehabilitation services: access to regular medical treatment, physiotherapy, counselling, and specialist care for persons with disabilities.

- Assistive devices and accessibility: provision and maintenance of mobility and assistive devices, transport support, and disability-friendly facilities.
- Education and social inclusion: inclusive education for children with disabilities, skills development for youth with disabilities, and safe spaces for social interaction.

2.8 Key Informant Insights

2.8.1 Service delivery constraints across sectors

Key informants reported that funding cuts reduced staffing and outreach across sectors, resulting in weaker service coverage. They cited stock-outs and weaker referrals in health, reduced teacher/project support in education, and delayed water-point repairs in WASH—aligning with survey findings of deteriorating access after the cuts.

2.8.2 Why impacts are disproportionate for persons with disabilities

Informants stressed that persons with disabilities are affected more severely because cuts often remove the supports that make services usable: transport assistance, outreach/home visits, assistive devices, staff support, and accessible infrastructure. As a result, services may exist but become functionally inaccessible.

2.8.3 Protection, safety and psychosocial risks

Protection actors linked reduced service coverage to increased risks, including psychosocial distress, GBV risk, exploitation, child labour, and school interruption. Reduced case management staffing and fewer outreach visits were described as weakening early identification and response, especially for persons with disabilities who rely on proactive follow-up.

2.8.4 Institutional coping and response

Organisations reported coping by prioritising life-saving activities, reducing staff, suspending non-core services, and relying more on community and refugee-led structures. Informants noted these measures helped maintain minimal continuity but were insufficient to meet rising needs, reinforcing calls for livelihood-oriented approaches alongside essential assistance.

2.8.5 Key informant recommendations

Priorities included: disability-appropriate livelihoods/income support; restoration of rehabilitation and assistive devices; predictable cash/food for the most vulnerable; inclusive education; and strengthened health and psychosocial support. System recommendations emphasised stronger disability-inclusive targeting and referral pathways, improved coordination, and increased government engagement to reduce dependence on donor funding.

3 Discussion

This assessment set out to examine how humanitarian funding cuts are affecting refugees with disabilities in Kyaka II settlement, moving beyond service statistics to understand lived experiences, systemic constraints, and emerging risks. The discussion below interprets the findings by integrating quantitative trends with qualitative insights from duty bearers, implementing partners, and refugee-led organizations.

Overall, the findings demonstrate that funding cuts have not only reduced service availability but have also amplified pre-existing vulnerabilities for persons with disabilities. Quantitative results show widespread deterioration in access to health services, food and cash assistance, WASH facilities, education, and safety. These patterns are reinforced by key informants, who consistently described staffing reductions, closure of outreach services, and the deprioritisation of non-life-saving but disability-critical interventions such as rehabilitation, assistive device provision, and home-based follow-up. Together, the evidence suggests that persons with disabilities are disproportionately affected when humanitarian systems contract, even where inclusion policies formally remain in place.

Despite disability inclusion commitments, the findings show that funding cuts are reducing the practical enablers of inclusion (outreach, assistive devices, transport support, rehabilitation, and accessibility), risking a reversal of inclusion gains made in recent years and deepening long-term exclusion for persons with disabilities.

Health and rehabilitation emerged as one of the most severely affected areas. Survey data indicate worsening health outcomes, including chronic illness complications, mobility challenges, and mental health concerns. Key informants from health and protection sectors explained that reduced staffing, stock-outs of medicines, limited referrals, and the scaling down of outreach clinics have significantly constrained access for persons with disabilities, who are less able to travel long distances or navigate congested facilities. This triangulation highlights a critical gap between nominal service availability and effective access, particularly for individuals requiring continuous or specialised care.

Livelihood disruption and food insecurity also feature prominently in both datasets. Quantitative findings show high reliance on borrowing, meal reduction, and negative coping strategies, while qualitative accounts describe widespread loss of income-generating opportunities, reduced vocational support, and the collapse of small livelihood initiatives previously supported by partners. For households with persons with disabilities, these pressures are intensified by limited labour options and increased care responsibilities. The convergence of evidence indicates that funding cuts have shifted households from fragile self-reliance toward survival-based coping, with long-term implications for dignity and resilience.

The assessment further reveals a deterioration in accessibility and protection-related conditions. Reduced staffing, lack of transport support, unrepaired infrastructure, and unavailability of assistive devices were consistently cited as barriers across sectors. Quantitative data point to increased perceptions of insecurity, while qualitative interviews highlight rising protection risks linked to economic stress, reduced case management capacity, and constrained outreach. Importantly, key informants emphasised that many of these risks remain invisible within routine reporting systems, reinforcing the value of combining household-level data with institutional perspectives.

Finally, the strong emphasis on livelihoods, cash assistance, health care, and assistive devices within household recommendations reflects a clear demand for stabilising support rather than short-term relief alone. The consistency between household voices and key informant priorities suggests broad agreement on what is urgently needed to mitigate harm and protect persons with disabilities during funding contractions. This alignment strengthens the credibility of the findings and underscores the need for disability-responsive prioritisation, localisation, and coordinated targeting as funding constraints persist.

4 Conclusions

This assessment set out to examine how humanitarian funding cuts have affected refugees with disabilities in Kyaka II settlement. The findings show that the funding reductions have had systemic and compounding effects across multiple sectors, with persons with disabilities experiencing disproportionately severe impacts due to pre-existing vulnerabilities and reliance on support services.

Reductions in food and cash assistance have undermined household stability, resulting in negative coping strategies that weaken health, nutrition, and protection outcomes. At the same time, cuts in health, rehabilitation, education, protection, and WASH services have reduced both service availability and accessibility, limiting the ability of persons with disabilities to meet basic needs in a safe and dignified manner. The assessment further shows that while services continue to exist in principle, practical access has declined, particularly due to reduced outreach, staffing, transport support, and assistive devices.

Overall, the evidence indicates that funding cuts have not affected sectors in isolation; rather, they have interacted to deepen vulnerability, erode resilience, and constrain recovery pathways for households with persons with disabilities. Without targeted mitigation measures, these impacts are likely to intensify over time. If funding cuts persist without disability-responsive mitigation, the situation is likely to shift from short-term deterioration to longer-term harm—including irreversible health decline, deepening dependency, heightened protection risks, and entrenched exclusion from recovery and self-reliance pathways.

5 Recommendations

Disability-inclusive services should be treated as **essential components of humanitarian response**, not optional add-ons, because they are the practical enablers that allow persons with disabilities to access life-saving assistance safely and with dignity.

5.1 Immediate (Short-Term) Actions

- Donors, UN agencies, and implementing partners should prioritise targeted cash or food assistance for households with persons with disabilities to stabilise consumption and reduce harmful/erosive coping.
- Health actors and coordinating agencies should restore critical health and rehabilitation services, including physiotherapy, counselling, and referral support, and protect continuity for chronic care needs.
- Implementing partners, UN agencies, and settlement coordination structures should reinstate or strengthen outreach and transport support so persons with mobility, sensory, or cognitive impairments can access essential services.
- Donors and sector partners should provide assistive devices and maintenance support as an urgent protection and accessibility measure, alongside referral pathways for repair and replacement.

5.2 Medium-Term Actions

- Livelihood partners, UN agencies, and donors should expand disability-appropriate livelihood support, including start-up capital, vocational training, and home-based income-generating options.
- Sector leads, coordination mechanisms, and implementing partners should integrate disability considerations into prioritisation and targeting criteria, including during recategorisation, ration adjustments, and vulnerability scoring.
- Government structures, UN agencies, and partners should strengthen and resource community-based support structures, including refugee-led organisations and OPDs, to complement reduced institutional capacity and improve last-mile access.

5.3 Long-Term and Strategic Actions

- Government, UN agencies, and sector coordination platforms should institutionalise disability-inclusive contingency planning to protect inclusion enablers (outreach, rehabilitation, assistive devices, accessibility) during future funding shocks.
- Donors and UN agencies should strengthen localisation by resourcing refugee-led organisations and OPDs to deliver services, support monitoring, and contribute to coordination and accountability.
- Donors and coordinating agencies should advocate for and prioritise predictable, multi-year funding to maintain continuity of essential disability-inclusive services across sectors.
- UN agencies, government information systems, and partners should strengthen data systems to consistently identify, track, and prioritise persons with disabilities in planning, targeting, and service delivery monitoring.

6 Lessons Learned

- Funding decisions must explicitly protect disability inclusion enablers (outreach, staffing, transport support, assistive devices, and accessibility), because these are often reduced first yet are essential for persons with disabilities to access services.
- Cash and disability-appropriate livelihood support should be treated as protective assistance, not optional add-ons, particularly when food assistance and other services are scaled back.
- Humanitarian actors must distinguish service availability from effective access, and ensure that transport, assistive devices, and outreach are maintained so services remain usable for persons with disabilities.
- Local and refugee-led organisations should be resourced as core response actors during funding shocks, given their buffering role in last-mile access, community trust, and continuity of support.
- When funding reductions are unavoidable, early prioritisation and clear communication must be applied to reduce uncertainty, harmful coping, and protection risks, especially for households supporting persons with disabilities.

7 Annexes

QUESTIONNAIRE FOR THE RESEARCH ON FUNDING CUTS

Impact of Funding Cuts on Refugees with Disabilities in Kyaka II Refugee Settlement

LNOB Phase 4 – ARD (Association of Refugees with Disability)

SECTION A: ENUMERATOR DETAILS

1. Enumerator name: _____
2. Enumerator ID: _____
3. Date of interview (DD/MM/YYYY): _____
4. Zone / Village: _____
5. GPS coordinates (optional): _____

SECTION B: INFORMED CONSENT

Read aloud:

"ARD is conducting research to understand how funding cuts have affected refugees with disabilities. The information you give will help improve services. Your participation is voluntary, and your answers will be kept private. You may skip any question or stop at any time. We will not record your name in the data."

Do you agree to participate?

1. Yes
2. No → *Thank and end interview*

SECTION C: HOUSEHOLD DEMOGRAPHICS

C1. Respondent Information

1. Age of respondent: ___
2. Sex:
    - 1 Male
    - 2 Female
    - 3 Other
3. Nationality:
    - 1 Congolese
    - 2 Burundian

- 3 South Sudanese
- 4 Other: _____

4. Household size: ___

C2. Disability Screening (Washington Group Short Set)

(Ask for the person being surveyed — or if more PERSONS WITH DISABILITIEs exist in the household, specify primary respondent)

Does the respondent have difficulty in…

1. Seeing?
2. Hearing?
3. Walking/climbing steps?
4. Remembering/concentrating?
5. Self-care?
6. Communicating?

Response codes:
0 No difficulty
1 Some difficulty
2 A lot of difficulty
3 Cannot do at all

Record for each domain:
Seeing: __
Hearing: __
Walking: __
Remembering: __
Self-care: __
Communicating: __

C3. Assistive Devices

Do you use any assistive device (wheelchair, crutches, hearing aids, cane, glasses, communication board)?
1 Yes → specify: _____
2 No

SECTION D: FUNDING CUT AWARENESS & EXPERIENCED SERVICE REDUCTIONS

D1. Awareness

1. Are you aware of any funding cuts affecting services in Kyaka II?
    - 1 Yes
    - 2 No

2. If yes, which services do you think have reduced in the past 1 year? (Check all that apply)

☐ Food distribution

☐ Cash assistance

☐ Health services

☐ WASH services

☐ Education/teachers

☐ Protection/GBV services

☐ Livelihood support

☐ Shelter/NFI

☐ Nutrition services (supplements)

☐ Disability/rehabilitation support

SECTION E: BEFORE vs. AFTER SERVICE ACCESS

E1. Health

Before funding cuts:

1. How easy was it to access health services? (1 Very easy, 2 Easy, 3 Hard, 4 Very hard)

After funding cuts:

2. How easy is it now?
(1 Very easy, 2 Easy, 3 Hard, 4 Very hard)

3. Which health services reduced?

☐ Medicine availability

☐ Number of health workers

☐ Specialist care (maternal, chronic illness)

☐ Disability/rehabilitation services

☐ Referral capacity

☐ None

4. Has any member of your household missed treatment due to cuts?
   1 Yes
   2 No

E2. Food & Cash

1. Have food/cash transfers reduced?
   1 Yes
   2 No
   3 Not sure

2. How has food availability in your household changed?
   (1 Much worse, 2 Worse, 3 Same, 4 Improved)

E3. WASH

1. Have you experienced any changes in water access or sanitation services?

☐ Longer queues

☐ Boreholes broken/unrepaired

☐ Reduced desludging

☐ Poor cleanliness

☐ No change

E4. Education

1. Are there fewer teachers or learning materials?
   1 Yes
   2 No
   3 Not sure

2. Has any child with a disability in the household stopped attending school this year?
   1 Yes
   2 No
   3 No school-age child/ No children with disabilities in household

3. Has any child in the household stopped attending school this year?
   1 Yes
   2 No
   3 No school-age child

E5. Protection

1. Has access to protection/GBV services reduced?
   1 Yes
   2 No
   3 Not sure

2. Do you feel less safe now compared to last year?
   1 Yes
   2 No
   3 Same

SECTION F: IMPACT OF FUNDING CUTS ON WELLBEING OF PERSONS WITH DISABILITIES HOUSEHOLDS

F1. Health Impact

1. Have you experienced worsening health due to funding cuts?

☐ Yes, significantly

☐ Yes, somewhat

☐ No

2. What health complications have worsened?

☐ Chronic illness

☐ Mobility problems

☐ Mental health

☐ Maternal/neonatal outcomes

☐ Malnutrition

☐ None

F2. Food Security Impact

1. Has your household skipped meals due to reduced food?
   1 Yes
   2 No

2. How many meals per day does your household eat now?

   i. One meal
   ii. Two meals
   iii. Three meals

F3. Livelihood Impact

1. Are you able to meet basic household needs without assistance?
   1 Yes
   2 No

2. Did you lose access to livelihood support (training, tools, grants)?
   1 Yes
   2 No
   3 Never received

3. What livelihood strategies have you started or expanded due to funding cuts?

☐ Small business

☐ Charcoal/firewood selling

☐ Borrowing money

☐ Begging

☐ Sending children to work

☐ Selling assets

☐ Survival sex

☐ None

F4. Protection Impact

1. Have protection risks increased after funding cuts?
   1 Yes
   2 No
   3 Not sure

If yes, what risks increased?

☐ Physical insecurity

☐ GBV

☐ Child neglect/abuse

☐ Theft

☐ Exploitation

☐ Land conflicts

F5. Psychosocial Impact

1. Has your stress or anxiety increased since services were reduced?
   1 Yes
   2 No
2. Do you feel more isolated now?
   1 Yes
   2 No

SECTION G: COPING MECHANISMS (Household)

1. What coping strategies are you using to survive the cuts?

☐ Reducing meals

☐ Selling ration

☐ Selling assets

☐ Reducing health visits

☐ Withdrawing children from school

☐ Borrowing money

☐ Child labor

☐ Engaging in unsafe income activities

☐ Community support

☐ Other (specify): _____

2. Which coping strategies are harmful or unsafe?
   (Open question)

3. Which coping strategies involve the entire household (collective coping)?
   (Open question)

SECTION H: DIGNITY, ACCESSIBILITY & SAFETY

H1. Dignity

1. Do you feel your dignity is affected by reduced services?
   1 Yes
   2 No
   3 Unsure

Why? _____

H2. Accessibility

1. Have accessibility features worsened due to cuts?

☐ Ramps not repaired

☐ Assistive devices unavailable

☐ No transport support

☐ Reduced staff to guide persons with disabilities

☐ No change

H3. Safety

1. Do you feel less safe accessing services?
   1 Yes
   2 No
   Why? _____

SECTION I: SUPPORT NETWORKS & ASSISTANCE SEEKING

1. Have you sought help from any organization after the funding cuts?
   1 Yes
   2 No

If yes → which ones?

☐ UNHCR

☐ OPM

☐ HI

☐ RCWs

☐ OPDs (ARD, etc.)

☐ NGOs/WASH/Health partners

☐ Community leaders

☐ Church/Mosque

☐ Neighbors

2. Did you receive help?
   1 Yes
   2 No
3. What type of support do you still need?

SECTION J: HOUSEHOLD RECOMMENDATIONS

1. What should be done urgently to reduce the negative impact of funding cuts?
   (Probe: food, cash, WASH, health, livelihoods)
2. What long-term support do households with disabilities need?
   (Probe: resilience, economic empowerment, access)

3. What message would you like ARD/partners to take to coordination meetings? (Open response)

END OF HOUSEHOLD QUESTIONNAIRE

KEY INFORMANT INTERVIEW (KII) TOOL (PARTNERS & LEADERS)

SECTION A: ORGANIZATION DETAILS

1. Organization name
2. Sector (Health, WASH, Protection, Livelihood, Education)
3. Respondent name & title
4. Years working in Kyaka II

SECTION B: FUNDING CUTS

1. What funding cuts has your program experienced in the last 12 months?
2. Which services were reduced or stopped?
3. What percentage reduction occurred?

SECTION C: IMPACT ON PERSONS WITH DISABILITIEs

4. How did reductions affect persons with disabilities differently from the general population?
5. What accessibility gaps have worsened?

SECTION D: SECTOR-SPECIFIC IMPACT

(Health: maternal/neonatal, chronic care;
WASH: broken latrines, water pressure;
Education: teachers;
Protection: case management backlog)

SECTION E: COPING & MITIGATION

6. What measures did your organization take?
7. What risks emerged (protection, GBV, health, food insecurity)?

SECTION F: RECOMMENDATIONS

8. What urgent interventions are needed?
9. What long-term strategies should be adopted to protect persons with disabilities during future cuts?

VISION

A respected and dignified community of refugees with disabilities who are empowered and fully participate in decision making processes.

MISSION

Raise awareness about disabilities and advocate for the rights of refugees with disabilities within humanitarian context

VALUES

The values of the organization shall be:

- Transparency and accountability;
- Honesty and integrity;
- Diversity and inclusiveness,
- Professionalism and teamwork

LEGALITY

ARD is a registered Non-Governmental organisation that supports and enables refugees with disabilities to participate in and benefit from all forms of humanitarian assistance extended to refugees in the country. The organisation started as a small support group for refugees in Kampala, in the year 2010, after the members realised that refugees who are PWDs were not being fully included and allowed to participate in humanitarian assistance programmes like other refugees. Moreover, they could not advocate for their rights as individuals and without support. With the backing of Inter-Aid, UNHCR, and RLP, the small group of Refugees with disabilities were encouraged to start a formal group that could engage with the key actors involved in humanitarian assistance in the country.

ARD branches (membership associations) are now operational in the following settlements: Maaji in Adjumani district; Kiryandongo in Kiryadongo district; Kyaka II in Kyegegwa district; Kyangwali in Hoima district; Nakivale in Isingiro district and Rwamwanja in Kamwenge district

FOR MORE INFORMATION

For more information please reach us on the following contacts and address: ARD is located in Najjanankumbi/Near Umeme sub-station (Massanyarazi) Entebbe Road / Telephone numbers: **+256 200 909 832 +256 781 503 951** Email address: **info@ardofuganda.org, pwda2017@gmail.com & jamesmbig8@gmail.com** P.O.BOX 108994, Kampala.

ASSOCIATION OF REFUGEES WITH DISABILITY

ARD

Empowering The Refugees With Disabilities Through Holistic Approaches

Consortia Partner

handicap international
humanity & inclusion

cbm
christian blind mission

In Collaboration with:

ADF
AFRICAN DISABILITY FORUM

IDA
International Disability Alliance

Funded by:

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DEUTSCHE HUMANITÄRE HILFE