DANISH REFUGEE COUNCIL

The distance between care and access

GBV survivors in Uganda's refugee settlements' struggle to reach life-saving support

The refugee population in Uganda continues to grow even as funding falls sharply behind needs. Hard-won gains in protection, health, nutrition and education are at risk of reversal. In the 2025 funding cycle, protection funding for the Uganda response fell 68% year-on-year, a steeper drop than nearly any other sector. Drastic cuts in food assistance and falling purchasing power have been linked to increased negative coping mechanisms including survival sex. The funding environment is not simply a backdrop to protection risks, but an active driver of them. This note is based on three DRC assessments conducted in Uganda's refugee-hosting settlements (Imvepi, Lobule and Rhino Camp).

2.04M	**14%**	**98%**	**24%**
refugees hosted in Uganda as of July 2026 — Africa's largest refugee population	of UNHCR's 2026 Uganda funding requirement was secured as of March 2026	of recorded GBV survivors are women and girls	of incidents are reported within 0–3 days

figures from UNHCR, the GBVIMS National Dashboard and this note's underlying assessments.

1. GBV is pervasive and gendered. GBV risks are strongly linked to gender, age, family separation and economic vulnerability, with particularly pronounced risks of sexual violence and early marriage for adolescent girls, and sexual exploitation among economically vulnerable women.

Key informants from DRC's Needs and Protection Needs Assessment identified early marriage (92%) and sexual violence (83%) as risks affecting girls aged 13–17. Sexual exploitation and physical violence were each identified by a further 25%. Boys, by contrast, present a markedly different risk profile centred on neglect, child labour, physical violence and abandonment.

2. Vulnerability is driven by the conditions of displacement. Vulnerability to GBV in displacement is produced by the interaction of economic insecurity, family separation, unsafe movement and inadequate infrastructure, and varies significantly between settlements.

Family separation was reported by all key informants consulted for the DRC's Needs and Protection Risk Assessment, who identified female-headed households as a particularly vulnerable group. Key informants directly linked the lack of economic means (71%), and limited access to basic services (88%) to increased exposure to sexual exploitation and survival sex.

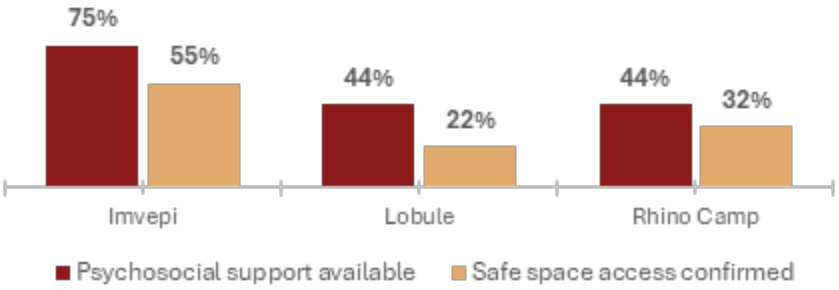
DRC's GBV Safety Audit found that movement itself compounds risk, with 44% of focus group discussions reporting physical assault or beating and 33% reporting harassment or extortion at checkpoints, particularly affecting women. Risk is also strongly settlement specific. Rhino Camp shows the highest exposure linked to travel, service points and sexual violence, and reports trafficking at far higher rates than Imvepi or Lobule. Across sites, displaced women and girls face compounding risk both the household and the wider settlement.

3. Access to safe spaces and psychosocial support varies dramatically between refugee settlements.

Gender-specific stigma, distance and confidentiality concerns and fear of retaliation, family rejection, forced marriage and victim-blaming frequently hamper survivors access to services, with direct consequences for their health and wellbeing. Reporting and access to care is often significantly delayed as a result. Post-Exposure Prophylaxis against HIV can only be administered within 72 hours of assault,

which a large share of survivors is likely missing the window for this time-critical intervention. Fear of being identified as a survivor is the single largest barrier to accessing both health and psychosocial services, cited by 36–46% of respondents across the GBV Safety Audit, alongside distance, inadequate services or trained staff, language barriers and lack of confidentiality or trust.

4. Services exist but are uneven and insufficiently accessible. The GBV response is present but imbalanced – over-reliant on psychosocial support relative to health, legal, safety and shelter services – and significantly weaker in Lobule and Rhino Camp than in Imvepi, as illustrated below:



DRC calls on donors, UNHCR, OPM and protection sector partners to:

Prioritize lifesaving GBV services as essential for humanitarian assistance. Donors and response leaders should ensure that funding decisions protect access to emergency health, case management and psychosocial services for survivors, particularly given the time-sensitive nature of sexual violence responses.

Address settlement-level disparities. Prioritise investment in psychosocial support, safe spaces and referral pathways in Rhino Camp and Lobule, where availability and functionality lag substantially behind Imvepi, and expand adolescent-focused services – safe spaces, psychosocial support, education and hygiene support – in the settlements where adolescent girls currently face the largest service gaps.

Tackle the structural drivers of risk. Integrate protection-sensitive targeting into Multi-Purpose Cash Assistance and livelihoods programming, prioritising female-headed households, to reduce reliance on high-risk coping strategies such as survival sex, and improve environmental safety – lighting, safer water and firewood collection points, safer routes to services – to reduce the risks associated with movement, particularly at night.

Rebalance and diversify the response. Strengthen health, legal, safety and security, and shelter services alongside psychosocial support so the response is not disproportionately reliant on a single service type and strengthen referral systems and cross-sector coordination between health, protection, psychosocial and legal actors, particularly in settlements with weak functional referral pathways.

Address the specific barriers faced by men and boys. Invest in targeted engagement and sensitisation to reduce stigma around male survivors and strengthen direct access pathways to health and psychosocial services that do not require men and boys to first pass through police or community leaders.

Protect GBV programming from further funding erosion. Continued reductions in protection funding risk increasing exposure to sexual exploitation, early marriage and other harmful coping mechanisms while simultaneously reducing access to survivor support services.

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