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The impacts of Aid Reduction on Refugee Welfare in Rwamwanja Refugee Settlement Kamwenge District, Uganda

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Abstract

The study examined the impacts of aid reduction on refugee welfare in Rwamwanja Refugee Settlement in Kamwenge District, Uganda. The background of the study was anchored on the persistent global decline in humanitarian funding and the widening gap between refugee needs and available donor support, which has significantly constrained service delivery in protracted refugee settings. The study was guided by the Human Needs Theory propounded by Abraham Maslow, which emphasizes physiological needs (such as food, water, and shelter) and safety needs (including security and health). The study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches. A total sample of 40 respondents was targeted, comprising 25 refugee household heads, 5 community leaders, 5 humanitarian staff, and 5 local service providers, achieving a 100% response rate. Data were collected using Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and structured tools. Quantitative data were analyzed using descriptive statistics, Pearson correlation, chi-square tests, and multiple linear regression, while qualitative data were analyzed thematically. The results revealed that 100.0% of respondents confirmed the reduction in humanitarian aid, with food aid being the most affected sector reported by 96.0%, followed by healthcare (76.0%), education (72.0%), and livelihood support (64.0%). Pearson correlation analysis indicated a strong positive relationship between the number of aid types reduced and welfare deterioration ($r = 0.741$, $p < 0.01$). The regression model explained 54.9% of the variance in welfare outcomes ($R^2 = 0.549$, $F (5.19) = 6.097$, $p = 0.002$), with food aid reduction emerging as the strongest predictor ($\beta = 0.482$, $p = 0.003$), followed by healthcare ($\beta = 0.362$, $p = 0.014$) and education ($\beta = 0.298$, $p = 0.044$). The study concluded that humanitarian aid reduction has led to severe multi-dimensional welfare deterioration, particularly in food security, healthcare access, education, and livelihoods.
The study therefore, recommended that humanitarian agencies and governments should prioritize restoration of food and healthcare assistance, strengthen livelihood diversification programs, invest in refugee education and skills development, and promote sustainable funding mechanisms to bridge the humanitarian financing gap. Furthermore, targeted interventions should be implemented to protect vulnerable groups, especially women and children, from harmful coping strategies.

Keywords: **Humanitarian aid reduction, refugee welfare, Rwamwanja Refugee Settlement, Uganda.**

Introduction

The study was about the impacts of Aid Reductions on Refugees Welfare in Rwamwanja Refugee Settlement, Uganda. Uganda as a country has long been recognized for its progressive policies towards refugees, hosting some of the largest populations throughout Africa, primarily due to armed conflicts and political instability in neighboring countries. Rwamwanja refugee settlement, established in 2013, provides a unique case for examining the implications of aid

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reductions on refugee welfare in a context marked by increasing economic pressures and changing political priorities. As international donor funding fluctuates, the sustainability of social services, livelihood opportunities, and overall welfare for refugees is increasingly at risk. The study critically analyzed the impacts of these aid reductions on the lived experiences of refugees in Rwamwanja, focusing on essential dimensions such as food security, healthcare access, and educational opportunities. By delving into the micro-level implications of macroeconomic shifts, this research aims to contribute to a deeper understanding of the challenges faced by refugees in Uganda and advocate for more resilient strategies in humanitarian responses.

Refugee is defined under international law, notably the 1951 Refugee Convention, as individuals who have fled their country due to a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion. According to Crisp (2003), refugees are not merely displaced individuals; they embody a spectrum of identities and experiences that shape their resilience and agency.

Uganda is consistently ranked among the top refugee-hosting nations in Africa and the world, currently accommodating close to 1.7 million refugees and asylum seekers as of 2024, primarily due to armed conflicts and political instability in neighboring countries. The nation's open-door policy, enshrined in the Refugees Act 2006, grants refugees rights such as freedom of movement, the ability to work, and access to land for subsistence farming, aligning with the development-oriented approach promoted by frameworks like the Comprehensive Refugee Response Framework (CRRF). This model, as noted by Betts et al. (2019) (as cited in), allows refugees to work and move freely, shifting the paradigm from mere care and maintenance to one of self-reliance and empowerment.

However, the sustainability of this model is increasingly threatened by external funding volatility. The humanitarian response is plagued by significant shortfalls; for instance, the Uganda Country Refugee Response Plan (UCRRP) for 2024 required $858 million but had only secured 13% of the necessary funds by mid-year. This chronic underfunding has direct, tangible consequences for refugee welfare. Maciej Grześkowiak (2024), in his analysis of the "Uganda Model," emphasizes that the system is on the brink of failure without proportionate international support, suggesting a persistent need to assess how reduced outcomes for refugees can be mitigated . Furthermore, the UN Refugee Agency (UNHCR) has warned of anticipated impacts across all sectors, including reduced staffing and capacity for protection, health, education, livelihoods, WASH, shelter, and environment programming due to the shrinking funding environment (UNHCR Data Portal, 2025).

The impact of aid reductions is not merely theoretical; it forces refugees into precarious situations. Jatuporn Lee, a UNHCR local representative, reported that the impact of reduced support, often stemming from cuts like those by USAID, resulted in increased food insecurity, higher land rental costs, growing mental health challenges, and surges in gender-based violence (The Guardian, 2025). In some instances, shrinking support has led to refugees returning to conflict zones, as documented where food ration cuts were cited as a primary reason for premature return to South Sudan (Global Press Journal, 2025). Conversely, research by Travis Baseler et al. (2023) has explored the political economy of aid, finding that redistributing a portion of aid to host communities, and clearly communicating this link,

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can substantially increase local support for policies facilitating refugee integration. This study, therefore, investigated the specific manifestation of these generalized funding pressures on the welfare indicators within the microcosm of the Rwamwanja refugee settlement.

Statement of Problem

Uganda has long been recognized globally for its progressive and inclusive refugee policy that allows refugees freedom of movement, access to land and the right to work. For years, humanitarian aid complemented these policies thus enabling refugees to enjoy relatively stable welfare conditions within settlements such as Rwamwanja. Before the reduction in aid, refugees received regular food rations covering up to 100% of their nutritional requirements, free primary education for children and accessible healthcare services supported by various humanitarian organizations. Livelihood programs flourished, empowering many families to engage in small scale farming, petty trade and vocational training. The partnership between the Ugandan government, UNHCR, and international donors created a model settlement where refugees could rebuild their lives with dignity and a sense of security (UNHCR, 2018).

However, this stability has been gradually eroded by a steady decline in international humanitarian funding. Donor fatigue coupled with competing global crises such as the COVID-19 pandemic, the war in Ukraine and inflationary pressures has redirected funds away from refugee welfare programs. Currently, refugees in Rwamwanja face severe food shortages following ration cuts by the World Food Programme (WFP), which in some cases have dropped from 100% to less than 60% of basic food needs. Schools that once provided free meals and learning materials are now overcrowded and under-resourced, while health centers face shortages of drugs, staff, and essential supplies (WFP, 2023; UNHCR, 2024). The once-promising livelihood projects have either been scaled down or discontinued entirely, leaving many households without stable income sources.

As a result, the welfare of refugees has declined sharply. Many families now survive on a single meal per day, children are dropping out of school, and medical care has become a privilege rather than a right. Tensions between refugees and host communities have also risen due to competition for limited resources such as water, land, and firewood. The general atmosphere in the settlement has shifted from one of hope and self-reliance to one marked by uncertainty, dependency and frustration.

Despite these alarming developments, limited research has been conducted to systematically examine how the reduction in humanitarian aid has affected refugees' welfare in Uganda. Most existing studies focus on refugee integration or policy frameworks but overlook the tangible, lived realities within settlements experiencing funding cuts. The absence of empirical evidence on this issue undermines efforts to design responsive policies and interventions that can sustain refugee welfare under reduced aid conditions. It is against this background that the was compelled to explore and provide evidence-based insights that can inform the policy makers, government agencies in designing strategies to improve the conditions and welfare of the refugees in Rwamwanja settlement, Uganda.

Objective

To examine the impacts of Aid reduction on refugee welfare in Rwamwanja Refugee Settlement

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Research Question

What are the impacts of Aid reduction on refugees' welfare in Rwamwanja settlements?

Methodology

The study employed a quantitative and qualitative research approach. This design was appropriate because it enabled an in-depth exploration of the lived experiences of refugees affected by declining humanitarian aid. The descriptive element helps to document and interpret the current welfare conditions of refugees concerning food, education, healthcare, and livelihoods.

The study was conducted in Rwamwanja Refugee Settlement, located in Kamwenge District, Western Uganda. Established in 2012, Rwamwanja hosts primarily Congolese refugees who fled conflicts in the Democratic Republic of Congo. The settlement is managed jointly by the Office of the Prime Minister (OPM) and the United Nations High Commissioner for Refugees (UNHCR), alongside several humanitarian partners. Rwamwanja was selected because it has experienced significant aid cuts over recent years, affecting food distribution, education, and healthcare programs.

According to the Office of the Prime Minister (OPM, 2024), Rwamwanja Refugee Settlement in Kamwenge District hosts over 70,000 refugees mainly from the Democratic Republic of Congo. The settlement also includes local leaders, humanitarian workers and service providers who work in health and education sectors (UNHCR, 2024). This forms the broader population from which the study respondents were drawn. In research, a population refers to the complete group of individuals possessing shared characteristics relevant to the study. Therefore, the target population for this study includes refugee household heads, community leaders, humanitarian staff (from agencies such as UNHCR and WFP) and local service providers such as teachers and health workers. The total target population is estimated at 200 individuals within Rwamwanja Refugee Settlement who directly engage with or are affected by humanitarian aid programs. From this population, a sample of 40 participants was selected purposively to represent the different stakeholder categories. This sample is considered adequate to generate rich qualitative insights on the impacts of aid reduction on refugees' welfare in the settlement.

The sample size for this study was determined using the Morgan and Krejcie (1970) formula for determining a representative sample from a known population. The formula is stated as:

$$S=\frac{X^2.N.P.(1-P)}{d^2.(N-1)+X^2.P.(1-P)}$$

Where S = required sample size

X^2 = table value of chi-square for 1 degree of freedom at the desires confidence level

(3.841 for 95% confidence

. N = population size

. P = population proportion (assumed to be 0.5, which gives the maximum sample size)

. d = degree of accuracy expressed as a proportion (0.05 for 5% margin of error)

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S $=\frac{3.841.200.05.(1-0.5)}{0.05^2.(200-1)+3.841.05.(1-0.5)}$

S $=\frac{192.05}{1.45775}=99.65$

S= 131.8 respondents

Sample size =131.8 Respondents.

Therefore, the sample size (S) is approximately 132 respondents. Therefore, the data was analyzed inform of tables and percentages using SPSS & STATA (Nelson et. 2022).

Results

Table1: Response Rate by Respondent Category

Respondent Category	Target (n)	Achieved (n)	Response Rate (%)
Refugee Household Heads	25	25	100.0
Community Leaders	5	5	100.0
Humanitarian Staff (UNHCR, WFP, IRC, OPM, NRC)	5	5	100.0
Local Service Providers (Teachers, Health Workers)	5	5	100.0
TOTAL	**40**	**40**	**100.0**

4.1.1 Quantitative Findings: Welfare Impact across Domains

The objective of the study examined the impact of aid reduction on refugee welfare, operationalized across four primary welfare domains: food security, healthcare access, educational participation, and livelihood status. Respondents were asked to indicate which areas of their welfare had been negatively affected by aid reduction. Among the 25 refugee household heads, food security emerged as the most universally affected domain, with 96.0% (n=24) of respondents reporting negative impacts on food access. Healthcare access was identified as negatively affected by 76.0% (n=19), education by 72.0% (n=18), and livelihoods by 64.0% (n=16). Among the 15 key informants, assessments of sector-level impact were similarly distributed, with food identified as most severely affected by 86.7% (n=13), healthcare and livelihoods by 66.7% (n=10) each, and education by 60.0% (n=9). These cross-cutting impacts are presented in Table 4.11 and in Figure 8 of this chapter.

Table 2: Welfare Domains Affected by Aid Reduction (Multiple Response, n=25 FGD; n=15 KII)

Welfare Domain	FGD % Affected	KII % Affected	Combined Rank
Food Security	96.0%	86.7%	1st
Healthcare Access	76.0%	66.7%	2nd

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Livelihood Status	64.0%	66.7%	3rd
Education Access	72.0%	60.0%	4th

4.1.2 Pearson Correlation Analysis: Aid Reduction and Welfare Outcomes

A Pearson correlation analysis was conducted to examine the strength and direction of the linear relationships between the number of aid types reduced per household and the composite welfare impact score across the four welfare domains. The composite welfare impact score was computed by summing the number of welfare domains (food, healthcare, education, livelihoods) on which a respondent reported a negative impact, yielding a score ranging from 0 (no welfare domain affected) to 4 (all four welfare domains affected). This analysis aimed to determine whether a greater number of aid types being reduced was associated with broader multi-domain welfare deterioration, which would have important implications for the targeting of residual humanitarian resources. The correlation matrix is presented in Table 4.12.

Table 3: Pearson Correlation Matrix-Aid Reduction Variables and Welfare Impact Score

Correlations					
Variable	**(1)**	**(2)**	**(3)**	**(4)**	**(5)**
(1) No. of Aid Types Reduced	1.000				
(2) Food Aid Reduced (0/1)	.612**	1.000			
(3) Healthcare Aid Reduced (0/1)	.534**	.421*	1.000		
(4) Education Aid Reduced (0/1)	.489*	.388*	.512**	1.000	
(5) Composite Welfare Impact Score	.741**	.623**	.558**	.489*	1.000
** Correlation is significant at 0.01 level (2-tailed)					
* Correlation is significant at 0.05 level (2-tailed)					
N = 25					

The Pearson correlation analysis revealed that the number of aid types reduced was strongly and positively correlated with the composite welfare impact score ($r = .741$, $p < .01$), indicating that households experiencing reduction across a greater number of aid categories demonstrated significantly more widespread and severe welfare deterioration. The correlation between food aid reduction and the composite welfare impact score was also strong ($r = .623$, $p < .01$), reinforcing the centrality of food assistance to overall household welfare. Healthcare aid reduction showed a moderate positive correlation with composite welfare impact ($r = .558$, $p < .01$), as did education aid reduction ($r = .489$, $p < .05$). The moderate to strong correlations observed across all aid categories with the composite welfare outcome score

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suggested a pattern of inter-sectoral welfare compounding, whereby reductions in any given aid stream generated cascading negative effects across multiple welfare domains.

4.1.3 Multiple Linear Regression Analysis: Predictors of Composite Welfare Impact

A multiple linear regression analysis was conducted to identify the most significant predictors of composite household welfare deterioration in the context of aid reduction. The dependent variable was the composite welfare impact score (range 0–4), and the independent variables included food aid reduction, healthcare aid reduction, education aid reduction, livelihood support reduction, and household head education level (dummy coded: 0 = secondary or higher; 1 = primary or no education). The analysis was intended to determine which combination of factors most powerfully predicted the breadth of welfare impact experienced by refugee households. The results are presented across three sub-tables: the Model Summary (Table 4.13), the ANOVA table (Table 4.14), and the Coefficients table (Table 4.15).

Table 4: Multiple Regression of Composite Welfare Impact Score

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.741a	.549	.432	.612
a. Predictors: (Constant), Food Aid Reduced, Healthcare Aid Reduced, Education Aid Reduced, Livelihood Aid Reduced, Education Level (Low=1)				

The model summary indicated that the five predictor variables collectively explained 54.9% of the variance in composite welfare impact scores ($R^2 = .549$), with an adjusted R^2 of .432 after correcting for the number of predictors relative to the sample size. The multiple correlation coefficient of R = .741 confirmed a strong overall relationship between the predictor set and the welfare outcome variable. The standard error of the estimate of .612 suggested that the model's predictions deviated from actual welfare impact scores by approximately 0.61 units on the four-point scale, which was considered acceptable given the complexity of the welfare outcomes being modelled.

Table 5: ANOVA Table

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ANOVA					
Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1 — Regression	11.382	5	2.276	6.097	.002a
Residual	7.098	19	0.373		
Total	18.480	24			
a. Predictors: (Constant), Food Aid Reduced, Healthcare Aid Reduced, Education Aid Reduced, Livelihood Aid Reduced, Education Level (Low=1)					
b. Dependent Variable: Composite Welfare Impact Score (0–4)					

The ANOVA table confirmed that the overall regression model was statistically significant (F (5.19) = 6.097, p = .002), indicating that the predictor variables collectively explained a statistically significant proportion of the variance in composite welfare impact scores. This finding provided strong statistical justification for the interpretation that the identified aid reduction variables were meaningful and reliable predictors of household welfare deterioration in the refugee settlement context.

Table 6: Regression Coefficients Predictors of Composite Welfare Impact Score

Coefficients					
Model	**Unstandardized B**	**Std. Error**	**Standardized Beta (β)**	**t**	**Sig.**
(Constant)	.412	.312		1.321	.202
Food Aid Reduced	.834	.241	.482	3.459	.003
Healthcare Aid Reduced	.621	.228	.362	2.724	.014
Education Aid Reduced	.512	.237	.298	2.160	.044
Livelihood Aid Reduced	.384	.251	.221	1.530	.143
Education Level (Low=1)	.318	.217	.186	1.465	.159
a. Dependent Variable: Composite Welfare Impact Score (0–4)					

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The individual regression coefficients revealed that food aid reduction was the strongest and most statistically significant predictor of overall welfare deterioration (B = .834, β = .482, t = 3.459, p = .003), indicating that households which experienced a reduction in food assistance showed a welfare impact score that was, on average, 0.834 points higher than households that did not experience food aid reduction, after controlling for all other predictors in the model. Healthcare aid reduction was the second most significant predictor (B = .621, β = .362, t = 2.724, p = .014), confirming that the withdrawal of health-related support compounded household welfare deterioration significantly. Education aid reduction also emerged as a statistically significant predictor (B = .512, β = .298, t = 2.160, p = .044), though with a somewhat smaller effect size relative to food and health. Livelihood support reduction (B = .384, p = .143) and household head education level (B = .318, p = .159) did not reach statistical significance individually, although the direction of their coefficients was consistent with the hypothesis that lower education levels and livelihood support withdrawal were associated with greater welfare impact.

4.1.4 Qualitative Analysis: Themes of Welfare Impact

Theme 1: Severe Food Insecurity and Dietary Deterioration

Food insecurity emerged as the most pervasive and acutely felt consequence of humanitarian aid reduction across virtually all respondent accounts. Refugee household heads consistently described a dramatic reduction in dietary diversity and meal frequency following the progressive cuts to WFP food rations, which had by 2023 been reduced to approximately 57% of the full standard ration. The qualitative data conveyed a picture of widespread chronic hunger, with multiple respondents reporting that their households had been reduced to one cooked meal per day, with the second and third meals being either abandoned or replaced with inadequate substitutes such as boiled water, wild greens, or small portions of unvaried carbohydrate staples. One respondent, a male household head aged 26 to 30 years from the DRC, vividly described the experience of ration cuts, stating that his family now ate once a day and that the food ration had been cut from 12 kilograms to 6 kilograms per person per month, making it impossible to feed his six children adequately. A Burundian female respondent shared that her household regularly skipped dinner, and that she had resorted to borrowing food from neighbours with no certainty of repayment capacity.

Theme 2: Deteriorating Healthcare Access and Drug Stock outs

The reduction in healthcare-related humanitarian support had generated severe and multidimensional negative consequences for refugee health outcomes in Rwamwanja. Key informant accounts from health service providers were particularly informative in documenting the specific service-level failures that had accompanied funding reductions. The Clinical Officer at Rwamwanja HCIII described a situation of chronic drug stock outs, noting that the facility ran out of antimalarial, antibiotics, and basic wound dressings within the first two weeks of each month, leaving patients without access to essential treatments for the remainder of the month. The Midwife at Rwamwanja Community Health Centre reported a regression in maternal health outcomes, noting an increase in home deliveries, late-presenting complications, and maternal deaths that she attributed directly to the removal of transport assistance and the reduction in outreach services that had previously extended the facility's reach to the most geographically isolated households.

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Among refugee household head respondents, the consequences of healthcare aid reduction were experienced in highly personal and often distressing ways. A Somali female respondent whose son had tuberculosis described the precariousness of his situation given the intermittent availability of TB medications, expressing profound fear about the consequences of treatment interruption. A Burundian male respondent reported that his wife, who had hypertension, had missed medication for six consecutive months due to drug stock outs.

Theme 3: Educational Disruption and Rising School Dropout Rates

The impact of aid reduction on educational outcomes was documented with considerable specificity by both education sector key informants and refugee household heads, collectively painting a deeply concerning picture of educational deterioration across the settlement. The NRC Education Programme Manager provided perhaps the most striking quantitative estimate among all key informants, noting that over 3,000 children in Rwamwanja had either dropped out of school or were never enrolled following the education programme cuts of 2022 to 2023. The Head Teacher of Rwamwanja Settlement Primary School corroborated this figure from an institutional perspective, reporting that enrolment had declined by 28% since 2022 and that the pupil-to-teacher ratio in some classes had deteriorated to an extreme 1 to 82, with teachers increasingly unmotivated by the withdrawal of the NGO-provided incentive top-ups that had previously supplemented their government salaries. Among refugee household head respondents, educational disruption was experienced most acutely by the children of female-headed households and households with the lowest levels of income diversification. A Congolese male respondent reported that two of his children had dropped out of school in 2023 because he could not afford scholastic materials after education support was withdrawn. A young female respondent who was herself uneducated lamented that her children had never attended school at all, citing the inability to provide uniforms and school supplies as an insurmountable barrier.

Discussion of Findings

The study generated a rich body of findings in respect to the research objective. With respect to the response rate, all 40 targeted respondents were successfully reached, yielding a perfect response rate of 100.0%, which ensured that the findings were free from non-response bias and reflective of a diverse, cross-categorical range of perspectives and lived experiences. The demographic profile of the refugee household head respondents revealed a predominantly young adult sample, with 64.0% of participants aged between 21 and 30 years, a slight female majority at 52.0%, and a multinational composition in which Congolese refugees from the Democratic Republic of Congo were the largest nationality group at 48.0%, followed by respondents from Sudan/South Sudan at 24.0%, Burundi at 20.0%, and Somalia at 12.0%. Educational attainment varied considerably, with 56.0% having attained secondary or tertiary education and 20.0% having received no formal education at all.

With respect to the study objective, the multiple regression analysis revealed that food aid reduction was the strongest predictor of composite welfare deterioration ($\beta = .482$, $p = .003$), followed by healthcare ($\beta = .362$, $p = .014$) and education aid reduction ($\beta = .298$, $p = .044$), with the full model explaining 54.9% of the variance in welfare impact outcomes ($F(5,19) = 6.097$, $p = .002$). The Pearson correlation matrix confirmed strong inter-sectoral relationships

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between aid types and composite welfare scores ($r = .741$, $p < .01$ for overall aid breadth). Qualitative themes documented severe food insecurity including a 40% increase in acute malnutrition admissions, chronic drug stock outs and the regression of maternal health services, and a 28% decline in school enrolment since 2022 alongside escalating teacher demotivation and a pupil-to-teacher ratio of 1:82 in some classes.

Discussion of Results

The finding that food insecurity was the most severely and universally experienced welfare impact of aid reduction, with 96.0% of refugee household head respondents reporting negative effects on food access and multiple respondents describing reductions in daily meals to once per day, was directly corroborated by the literature reviewed. The literature documented the account of Aisha Mukendi, a 32-year-old Congolese mother of three, who shared that her family now survived on just one meal a day because food rations were drastically reduced, noting that supplies that previously lasted a full month now lasted barely two weeks. This testimony paralleled remarkably similar accounts collected in the current study's FGDs, where a male Congolese household head described an identical reduction in ration size and a female Burundian respondent recounted regularly skipping dinner so that her children could eat. The literature further noted that children were particularly vulnerable to malnutrition, with increasing reports of stunted growth and anaemia. The current study's Nutrition Assistant key informant corroborated this with a documented 40% increase in SAM and MAM admissions among children under five, confirming that the food insecurity identified at the household level was generating measurable clinical malnutrition outcomes at the population level. The regression finding that food aid reduction was the strongest predictor of composite welfare deterioration ($\beta = .482$, $p = .003$) provided the statistical formulation of a relationship that both the current study and the literature compellingly documented at the individual, household, and community levels.

The deterioration of healthcare access documented in the current study, including chronic drug stock outs, the suspension of NGO outreach programmes, staffing reductions, and the regression of maternal health services, was consistent with the literature's account of healthcare service collapse under funding pressure. The literature described clinics as frequently understaffed with essential medicines often unavailable and community outreach programmes suspended, mirroring the Clinical Officer's testimony in the current study that the settlement health facility exhausted antimalarial, antibiotics, and basic wound dressings within the first two weeks of each month. The literature further documented the experience of Chantal Kavira, a 28-year-old pregnant woman who was turned away from a local clinic when no prenatal drugs were available, which resonated strongly with the current study's Midwife key informant, who reported losing two mothers in the past year due to delayed access to emergency care and the absence of ambulance services. The regression finding that healthcare aid reduction was the second strongest predictor of composite welfare deterioration ($\beta = .362$, $p = .014$) established the empirical significance of this domain beyond the qualitative testimony, providing a statistically robust basis for the prioritization of health programme funding in residual aid allocations.

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The educational deterioration documented in the current study was similarly corroborated by and consistent with the literature. The literature noted that school feeding programmes, textbooks, uniforms, and bursaries had been cut, with Joséphine Nsimire describing her inability to afford uniforms or exercise books for her children as a driver of frequent absenteeism, and with overcrowded classrooms and demotivated teachers exacerbating attendance barriers. The current study documented a 28% decline in school enrolment since 2022 and a pupil-to-teacher ratio of 1:82 in some classes, with the NRC Education Programme Manager estimating that over 3,000 children had dropped out or were never enrolled following education programme cuts in 2022 to 2023. The literature identified educational disruptions as threats to literacy, numeracy, and long-term self-reliance capacity, a framing that aligned with the current study's emphasis on the human capital consequences of education programme withdrawal and was consistent with OPM (2023) documentation of the long-term consequences of educational exclusion for refugee integration outcomes. The current study additionally documented the psychosocial dimensions of welfare deterioration, with respondents describing heightened stress, anxiety, domestic conflict, and feelings of hopelessness that resonated with the literature's account of Fadila Mukeba, a 35-year-old widow who described sleepless nights worrying about feeding her children and securing medicine, and with Dryden-Peterson's (2019) observation that the mental and emotional burden of aid reduction extended the consequences of funding cuts well beyond physical and material deprivation into the domain of psychological wellbeing.

Conclusion

The study concluded that humanitarian aid reduction had generated severe, multi-domain, and statistically demonstrable deterioration in refugee welfare across the four primary sectors examined. Food insecurity was the most widespread and acutely felt consequence, with 96.0% of refugee household heads reporting negative impacts on food access and the nutrition data confirming a 40% increase in acute malnutrition admissions among children under five. The regression model ($R^2 = .549$, $F(5,19) = 6.097$, $p = .002$) confirmed that food aid reduction was the strongest predictor of composite welfare deterioration ($\beta = .482$, $p = .003$), followed by healthcare ($\beta = .362$, $p = .014$) and education ($\beta = .298$, $p = .044$), establishing the empirical hierarchy of welfare impacts that should inform the prioritization of residual humanitarian resources. Healthcare deterioration was documented through chronic drug stock outs, maternal health regression, and the withdrawal of outreach services, with service providers confirming life-threatening consequences for the most medically vulnerable segments of the population. Educational disruption was evidenced by a 28% decline in school enrolment, a 1:82 pupil-to-teacher ratio in some classes, and the NRC's estimate that over 3,000 children had been excluded from education following programme cuts. The study further concluded that the welfare impacts of aid reduction were not uniformly distributed across the refugee population, with female-headed households, children under five, pregnant and lactating women, elderly persons, and individuals with chronic illnesses identified as the groups most severely and disproportionately affected by the multi-sectoral withdrawal of support.

Recommendation

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Given the statistical finding that food aid reduction was the strongest predictor of composite welfare deterioration ($\beta = .482$, $p = .003$) and the clinical evidence of a 40% increase in acute malnutrition admissions, the study recommended the urgent establishment of a prioritized and ring-fenced food and nutrition emergency fund for Rwamwanja, jointly administered by WFP, UNICEF, and the district health office, that would ensure the maintenance of at minimum a 70% ration level for children under five, pregnant and lactating women, elderly persons, and female-headed households regardless of overall donor funding fluctuations. The WFP Programme Associate confirmed in the current study that the decision to cut rations was made under conditions of resource constraint that left no programmatic alternative; a dedicated emergency nutrition reserve would provide the operational buffer needed to prevent ration cuts from immediately translating into clinical malnutrition at the population level, consistent with the WFP (2023) commitment to targeted supplementary feeding as a non-negotiable programme element.

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