

# 2025 MSNA IN KENYA – METHODOLOGICAL OVERVIEW

## Objective of the methodological overview

The Methodological overview is part of the MSNA analysis toolkit for coherent and harmonized publications across countries, helping external stakeholders to go through concise and to-the-point MSNA outputs' methodology.

It is a key component of the MSNA Bulletin and linked to the [MSNA Analysis Guidance](#), that contains the details on the MSNI and the sectoral composite frameworks.

This methodological overview stresses out the following:

- **Final overview of the MSNA methodology:** final scope and coverage of the assessment, secondary data sources, ethical considerations and limitations (including deviations from the ToRs);
- **Analysis of the Sectoral Composites:** description of the framework used to construct the sectoral composite indicators;
- **Annexes:** further details on the country Sectoral Composite Framework, the estimation of the overall severity of needs (Multi-Sectoral Needs Index – MSNI), list of partners that participated to the research cycle.

### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit [reachinitiative.org](#). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on X @REACH\_info.

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## List of Acronyms

<b>ASAL:</b>	Arid and Semi-Arid Lands
<b>GIS:</b>	Geographic Information System
<b>HH:</b>	Household
<b>IPC:</b>	The Integrated Food Security Phase Classification
<b>KNBS:</b>	Kenya National Bureau of Statistics
<b>MSNI:</b>	The Multi-sectoral Needs Index
<b>PSU:</b>	Primary Sampling Units or PSU
<b>PPS:</b>	Probability Proportional to Size
<b>WASH:</b>	Internally Displaced Person
<b>SSU:</b>	Secondary Sampling Units
<b>IOM:</b>	The United Nations International Organization for Migration
<b>UNHCR:</b>	The United Nations High Commissioner for Refugees
<b>WFP:</b>	The United Nations World Food Programme
<b>ECHO:</b>	European Civil Protection and Humanitarian Aid Operations
<b>Sida:</b>	The Swedish International Development Cooperation Agency

## Geographical Classifications

<b>County:</b>	These are decentralized administrative units below the national level.
<b>Sub-County:</b>	These are administrative units within a County and is further divided into wards, locations, and sub-locations.
<b>Ward:</b>	These are subdivisions of a County, along with sub-counties, constituencies, and villages.
<b>Sub-location:</b>	These are third-level subdivisions of Kenya's administrative regions, below counties and sub-counties.

### General and specific objectives and research questions

#### General and specific objectives

The Multi-Sector Needs Assessment (MSNA) in Kenya in 2025 aimed to provide a comprehensive, evidence-based assessment of the humanitarian needs, vulnerabilities, and severity of food insecurity in operationally accessible counties classified as IPC Phase 3 and above, including refugee camps. With the general objective to inform the 2025 Integrated Food Security Phase Classification (IPC) analysis and support the Shirika response plan, the assessment sought to strengthen prioritization and response planning by IOM, humanitarian partners, development actors, and government stakeholders.

The MSNA focused on identifying and comparing the drivers of humanitarian needs across different contexts, and on understanding current access to key services, including protection, WASH, education, health, nutrition, shelter, and food, as well as humanitarian assistance. It targeted households in the Arid and Semi-Arid Lands (ASAL) counties, refugees in camps, and populations in integrated settlements. The assessment also examined progress, challenges, and opportunities for achieving durable solutions for refugees and host communities in Turkana and Garissa counties.

The findings of the MSNA are intended to inform a wide range of stakeholders, including humanitarian organizations, government agencies, donors, NGOs, and affected communities, to guide the development and implementation of effective humanitarian response plans, support national and county-level decision-making and resource allocation, inform funding decisions, enhance advocacy and programming efforts, and promote the design and implementation of durable solutions strategies.

#### Research questions

1. What are the primary humanitarian needs across sectors of food security, nutrition, health, WASH, livelihoods, and protection in the target counties?
2. What are the key drivers of food insecurity and humanitarian vulnerability across these regions, and how do they vary between counties and refugee camps and in integrated settlements?
3. What is the prevalence of food consumption gaps, coping strategies, and livelihood changes among households in the target locations?
4. What are the current opportunities, challenges, and progress towards achieving durable solutions for refugees and asylum seekers in Turkana and Garissa counties?
5. How do the local communities perceive durable solutions as depicted in the Shirika plan?

## Scope and coverage of the assessment

The multisectoral needs assessment employed a quantitative methods approach through household surveys conducted via face-to-face interviews. The questionnaire was pre-designed using indicators from the REACH 2025 MSNA Indicator Bank without alteration and implemented through KOBO Collect. It captured data across key humanitarian sectors, including protection, food security, livelihoods, WASH, education, health and nutrition, and shelter. While the majority of questions were at the household level, some individual-level questions, such as those related to education, health and nutrition, were included.

The assessment was conducted in four counties: Garissa, Mandera, Marsabit, and Turkana, including two refugee camps Dadaab Refugee Camp in Garissa County and Kakuma Refugee Camp in Turkana County as well as the Kalobeyei Integrated Settlement. All sub-counties across the four target counties were covered. In Garissa County, the study included host communities and refugee households in the Dadaab sub-county camps. In Turkana County, the study covered both host communities and refugee populations in the Kakuma refugee camps and Kalobeyei Integrated Settlement in Turkana West sub-county. In Mandera and Marsabit counties, the assessment only covered host community households, as there were no refugee camps or significant refugee populations resided in these counties.

## Groups of population and sampling strategy

Table For both host community and refugee households (in refugee camps and integrated settlements), stratified simple random sampling was used to ensure results were generalizable at the sub-county and refugee camp levels, with a 95% confidence level and a 5% margin of error. To account for potential non-responses, a 10% buffer was added to the sample. In total, 3,902 households were targeted.

GIS was used to generate random points within each sub-county and refugee sub-camp. Each random point represented a household, with points distributed proportionally to population size. Analysis was done at county and sub-county levels, with disaggregation by population type where applicable. In counties with both refugee and host populations, like Turkana and Garissa, results were compared between these groups to identify variations in experiences, needs, and access to services.

The survey targeted self-reported household heads, or another knowledgeable adult if the head was unavailable. Enumerators underwent three days of training and a one-day pilot to familiarise themselves with the tool and best practices. Data collection took place from 12 to 25 June 2025.

### 1: Defining the groups of population

<b>Host community</b>	Refers to households residing in the host counties of Turkana, Garissa, and Mandera.
<b>Refugee community</b>	Refers to registered and unregistered households in the refugee camps in Dadaab, Kakuma, and Kalobeyei Integrated settlement in Turkana County. Households belonging to asylum seekers in such camps were also included in the samples

**Table 2: Sampling strategy by group of population**

<b>Group of population</b>	<b>Type of sampling</b>	<b>Precision level</b>	<b>Further stratification</b>
<b>Host communities</b>	Stratified simple random sampling	Confidence level : 95% Margin of error : 10%	By sub-county
<b>Refugee population</b>	Stratified simple random sampling	Confidence level : 95% Margin of error : 10%	sub-camps

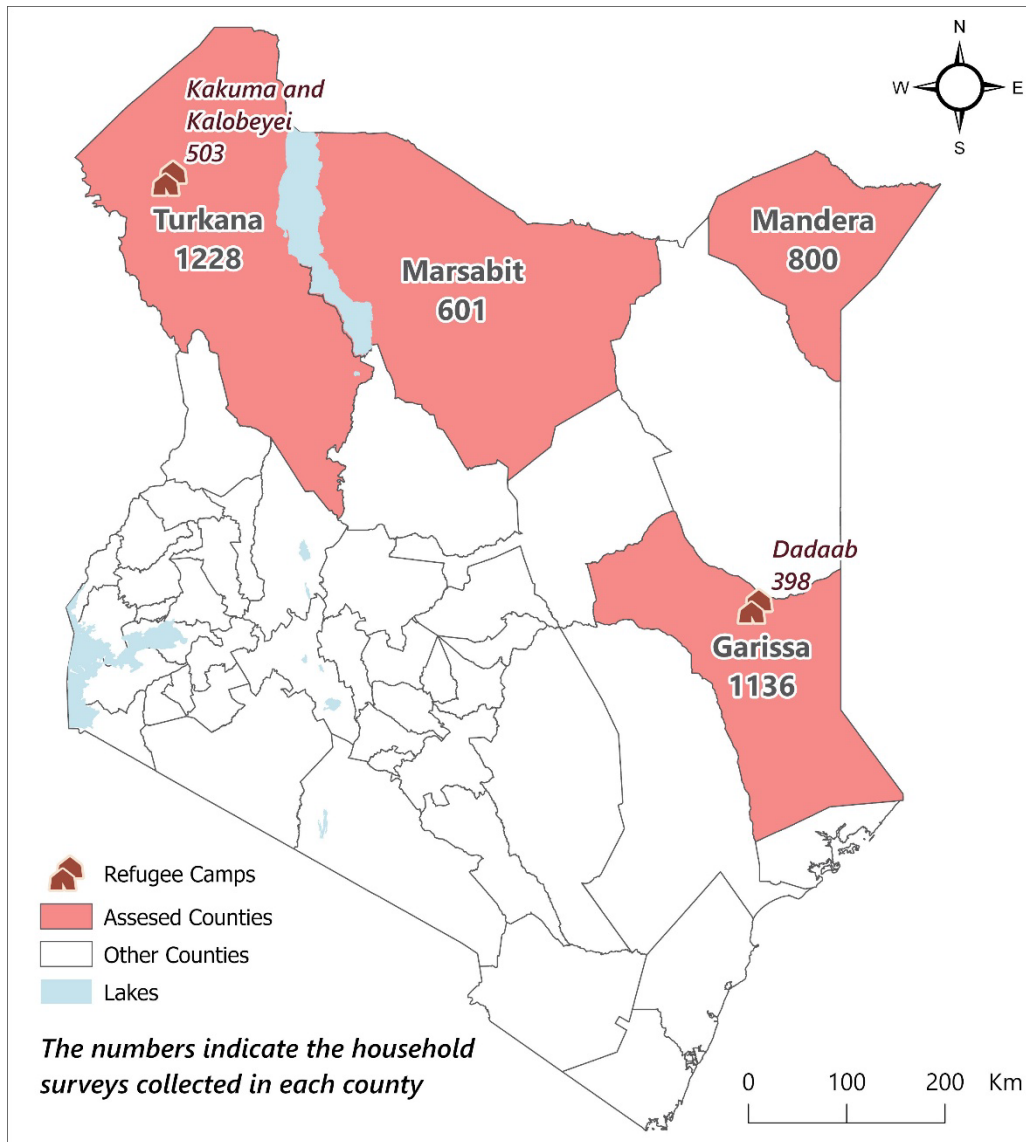
## **Data collection and geographical coverage**

Data collection for the 2025 Multi-Sector Needs Assessment (MSNA) took place from 12 to 25 June 2025 across four arid and semi-arid counties: Turkana, Garissa, Mandera, and Marsabit. The assessment covered host community households in all four counties and refugee households in Garissa and Turkana counties, which host formal refugee camps and the Kalobeyei Integrated Settlement.

A stratified simple random sampling methodology was applied to ensure representativeness by county, sub-county, and population group. Household population figures for host communities were drawn from the Kenya National Bureau of Statistics (2019 census), while UNHCR refugee population data (April 2025) was used for refugee camps and integrated settlements. Sampling was stratified by sub-county for host communities and by sub-camp or settlement for refugee populations. Random GPS points were generated using GIS tools and allocated proportionally to population size, with reserve points prepared for inaccessible or insecure areas.

In total, 3,765 households were surveyed 2,737 from host communities and 1,028 from refugee populations meeting or exceeding the minimum required sample size across all strata. Data collection was conducted by trained enumerators over a two-week period, including weekends, to accommodate the vast and remote nature of the assessment areas. Enumerators remained in the field throughout, supported by field supervisors who oversaw sampling compliance and carried out daily data quality checks.

Assessment coverage map (2025 MSNA in Kenya):



## Secondary data sources

Various secondary data sources were employed in the design and triangulation of the assessment findings, ensuring that the methodology relied on up-to-date population figures and that the findings were appropriately contextualised. Secondary data provided essential background information on the assessment counties, offering insights into climate-related shocks, population dynamics, livelihood systems, and other socioeconomic conditions. Key references included demographic data from KNBS, refugee population statistics from UNHCR, and sectoral reports on food security, acute malnutrition, and integration policies for refugees.

Sampling frame:

- Kenya National Bureau of Statistics census [report](#), 2019.
- UNHCR: Kenya registered refugees and asylum seekers, [report](#), April 2025.

Reports on the humanitarian context:

- IPC: Acute [Food Insecurity and Acute Malnutrition Analysis, February 2025](#).
- REACH: [MSNI Bulletin, December 2024](#).
- ICHA: The [Shirika Plan – Approach to Integration of Refugees](#), March 2025.

## Ethical considerations and limitations

### Ethical considerations

During data collection and information dissemination, REACH ensured that all necessary ethical standards were adhered to, including:

- Coordination with stakeholders: The research design was coordinated with relevant partners to avoid duplication of data collection efforts and ensure alignment with other assessments in the target counties.
- Respect for respondents: Informed consent was obtained from all participants prior to interviews. Enumerators clearly explained the purpose of the survey, the sectors covered, the voluntary nature of participation, and the approximate time required, ensuring respondents' dignity and comfort.
- Participant eligibility: Only individuals aged 18 years or older were interviewed to ensure legal consent and reliable household-level information.
- Sensitive topics: The survey avoided questions that could be stressful or re-traumatizing, protecting both respondents and enumerators.
- Data protection: No personally identifiable information was collected. All datasets were anonymised before sharing, stored securely on password-protected Kobo servers, and access was restricted to authorized REACH staff only.
- All respondents were provided with the Complaints and Feedback Mechanism (CFM) phone number managed by ACTED

### Limitations and challenges

- **Accuracy of reporting:** Data were reported by the head of household on behalf of all members, which may not fully capture the experiences of vulnerable individuals. Some indicators may also be under- or over-reported due to perception, subjectivity, or recall issues.
- **Gender-sensitivity:** Due to the small number of female-headed households, especially in host communities, and the hard-to-reach nature of this population group, representative results for gender-based analysis of needs cannot be conducted with a known level of precision. As a result, responses might not accurately reflect lived experiences of individual household members, who may be more vulnerable. Additionally, intra-household dynamics (including intrahousehold power relations across gender, age, disability) could not be captured through this method.

## ANALYSIS OF SECTORAL COMPOSITES

For details regarding the indicators and thresholds used in this analysis, please refer to Annex 2.

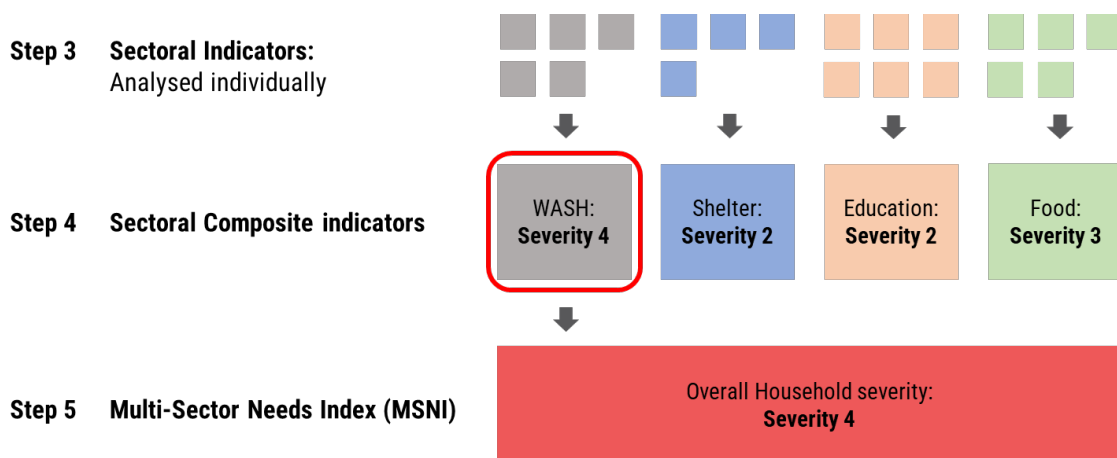
Each year, REACH facilitates the collection and analysis of crisis-level data across sectors and population groups through Multi-Sector Needs Assessments (MSNA) to support decision-making by humanitarian actors. MSNAs are conducted within a strong partnership framework at sector and inter-sector levels. They are timed in order to inform strategic decision-making milestones along the humanitarian programme cycle (HPC), such as the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

**Note:** The MSNI data analysis framework is independent from the Joint Inter-Sector Analysis Framework (JIAF). While some of the conceptual elements for the MSNI are the JIAF 2.0 (e.g. Sectoral Composites, indicators, severity categories), the methodology used is different. The REACH MSNI analysis method was developed internally by REACH and is implemented primarily using household-level data collected through the MSNA. In line with the research questions, the analysis aims to provide a crisis-wide overview of humanitarian needs and the underlying drivers, that influence access to basic needs and services.

The methodology relies on a two-step aggregation process (see *Figure 1*):

- (1) **Aggregation of indicators at the sector level:** Construction of Sectoral Composites, see Annex 3 for further details;
- (2) **Aggregation of Sectoral Composites into a multi-sectoral composite result:** Multi-Sector Needs Index (MSNI), see Annex 4 for further details.

**Figure 1: Approach for the MSNI analysis**



The key analytical components are:

- Sectoral Composites: signifies a need in a given sector, where the severity score is 3 or higher.
- Severity: signifies the “intensity” of needs, using a scale that ranges from 1 (minimal/no gap) to 4 (extreme needs)/4+ (very extreme needs).
- Magnitude: corresponds to the overall number or percentage of households in need.

- The Multi-Sectoral Needs Index (MSNI) is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4+), based on the highest severity of sectoral severity scores identified in each household.

The severity scale is based on the type of severity scales that exist in [Version 2.0 of the Joint Intersectoral Analysis Framework \(JIAF\)](#). This framework measures the gradual deterioration of a household's situation towards the worst possible humanitarian outcome. While the JIAF severity scale includes 5 classes ranging from 1 (none/minimum) to 5 (catastrophic), for the purpose of this MSNI, only a scale of 1 (none/minimum) to 4 (extreme) is used. The "4+" score (very extreme) is used when the data indicates that the situation could be catastrophic. But the term "catastrophic" is not used in this analysis. This is because the data needed to establish a "catastrophic" score is mainly collected at the area level (e.g. mortality rates or malnutrition prevalence), which is difficult to take into account in an analysis at the household or individual level.

The different levels of severity can be broadly defined as follows:

- Very extreme (4+): Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and / or irreversible harm to physical or mental well-being).
- Extreme (4): Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- Severe (3): Degrading living standards, with reduced access to / availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- Stress (2): Living standards are under stress. Minimal (risk of) impact on physical or mental well-being / stressed physical or mental well-being overall.
- Minimal (1): Living standards are acceptable, at a maximum showing some signs of deterioration and / or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being

Based on the severity scale, sectoral composite scores are calculated by aggregating indicators by sector. A simple aggregation methodology was identified, based on the Multidimensional Poverty Index (MPI) aggregation approach. For details on the aggregation methodology, please refer to Annex 3.

**The Multi-sectoral Needs Index (MSNI) is a measure of the overall severity of needs experienced by a household** over all sectors (expressed on a scale of 1 to 4/4+), based on the highest severity score from the sectoral composite for a given sector and identified within each household. The MSNI approaches multi-sectoral needs from an overall perspective. A household is considered in need if any of its sectoral composite score is 3 or higher. Whether a household has very severe need in a single sector or co-occurring severe needs in several sectors, its final MSNI score will remain the same. While this approach makes sense from a response planning perspective—if a household has an extreme need in a single sector, this may substantiate a humanitarian intervention regardless of the co-occurrence with other sectoral needs—, further analyses are needed to unpack the MSNI and understand these differences in magnitude and severity between households. *For details on the MSNI construction, please refer to Annex 4.*

In addition to the MSNI, the bulletin includes additional analysis on the overall proportion of households by severity, the overall proportion of households in need by sector (i.e., sectoral composite), the overall proportion of households in need by total number of sectoral composite, and the most common needs profiles (sectoral composite combinations).

### Annex 1: Related publications (terms of reference, datasets,

All documentation and outputs related to the 2024 MSNA in [Country Name] are available on the REACH Resource Center:

- *Terms of reference:* [REACH Kenya MSNA 2025 ToR External.pdf](#)
- *Key Findings Presentation:* [REACH Kenya MSNA 2025 Key Findings Presentation.pdf](#)

Preliminary results and tables are accessible here:

- *Analysis tables:* [REACH Kenya MSNA 2025 Results Table.xlsx](#)
- *Data Analysis Plan:* [REACH Kenya MSNA 2025 DAP.xlsx](#)

All REACH multisectoral outputs can be found [here](#).

## Annex 2: Details on the indicators used for the Sectoral Composites

			Sectoral Composite does not indicate need		Sectoral Composite indicates need		
Indicator	Question(s)	Response options	Severity level 1	Severity level 2	Severity level 3	Severity level 4	Severity level 4+
% of households having had access to an improved water source	What is the main source of drinking water for members of your household?	List of water sources	Improved water source on premises	Improved water source within 30 minutes	Improved water source more than 30 minutes return time	Unimproved water source	Surface water
% of households reporting distance to water source	How long does it take to go there, get water, and come back?	Integer					
Household Indicator Convergence Matrix (HICM)	(Food Consumption Score (FCS questions)  Reduced Coping Strategies Index (rCSI questions)  Household Hunger Scale(HHS questions)	Integer	HHs are able to meet essential food needs	HHs have minimally adequate food consumption (but are unable to afford some essential non-food expenditures without engaging in stress coping strategies)	HHs have food consumption gaps and are marginally able to meet minimum food needs (but only by depleting essential livelihood assets or through crisis-coping strategies)	HHs have large food consumption gaps (only mitigated by employing emergency livelihood strategies and asset liquidation)	HHs have an extreme lack of food even after full use of coping strategies
Health Needs	During the last 3 months, did [person] need to access healthcare?  Was [person] able to obtain all healthcare when they felt they needed?	Yes/No	Households with no healthcare needs	Households with at least one person with a met healthcare need	Households with at least one person with an unmet healthcare need		
Access and barriers to access education	Did (name) attend school or any early childhood education program at any time during the 2024-2025 school year?	Yes/no	All school-aged children attended formal school at any time OR		At least one school-aged child did not attend formal school at any time	At least one school-aged child did not attend formal school at any time, for a reason identified as a severity 4 or 5 in the PiN guidance,	

			No school-aged children			indicating that the child faced a severe protection risk	
Education Disruption	During the 2024-2025 school year, what was the main reason child of age xx and gender xx did not access formal school?	List of barriers	None of the children education was disrupted OR No school-aged children	At least one child education has been disrupted by teacher absenteeism.	At least one child education has been disrupted by climate related hazards or the school being used as a shelter by displaced population	At least one child education has been disrupted by direct attack on education such as the school being occupied by armed forces/non-state armed groups, or the school being hit by munitions/burning or theft/looting	
Shelter type	What type of shelter does the household currently live in?	List of shelters types	Adequate shelter		Inadequate shelter		No shelter
Shelter issues	What noticeable issues does the dwelling where you currently live have?	List of issues	No issue reported	More than 10% of issues selected [1 to 3 out of 11 issues reported]	More than 40% of issues selected [4 to 7 out of 11 issues reported]	More than 70% of issues selected [8 to 11 out of 11 issues reported]	
Security of Tenure	What is the occupancy arrangement for your current shelter?	Ownership, Rented, Hosted for free, No occupancy agreement / squatting	Low-risk	Medium-risk	High-risk		
Functional Domestic Space	Are members of your household able to (cook, sleep, store food and Water) where you live?	Yes, without any issues Yes, with issues No, cannot do	Reports no problems in performing core domestic tasks	Cannot perform 1 tasks	Cannot perform 2-3 tasks	Cannot perform 4 tasks	
Ability to move and access to public spaces	In the past 3 months, have threats or other safety concerns in the community that changed how your household moves around or access public spaces?	List of safety concerns	No issues reported	Total score of 1	Total score of 2	Total score 3 and above	

<p>Ability to participate in safe practices and activities</p>	<p>In the past 3 months, have threats present in your community affected any household member's ability to access resources, do activities or make choices to meet your needs, such as working, farming or collecting water?</p>	<p>List of inaccessible resources</p>	<p>No issues reported</p>	<p>Total score of 1</p>	<p>Total score of 2</p>	<p>Total score 3 and above</p>	
<p>Ability to access to rights and services</p>	<p>In the past 3 months, has your household faced difficulties in accessing services like healthcare and education, due to threats present around the community?</p>		<p>No issues reported</p>	<p>Total score of 1</p>	<p>Total score of 2</p>	<p>Total score 3 and above</p>	

## Annex 3: Sectoral Composites – Aggregation

With the exception of the Food Security Sectoral Composite<sup>1</sup>, the final sectoral severity score of a household will always be the maximum severity level reached by the sectoral indicators (or combination of indicators) included in the Sectoral Composite framework (see Table 3 below as an example).

### Food Security

The Food Security (FS) MSNI Framework is based on the IPC AFI analytical framework and reference table, and proposes an indicative measure of household food consumption gaps based on three main outcome indicators:

- The Food Consumption Score (FCS).
- Reduce Coping Strategies Index (CSI).
- The Household Hunger Scale (HHS).

Similar to [CARI](#), the FS MSNI Framework is derived from one single household survey, unlike the IPC AFI/CH classification results, thus Findings based on the Convergence Matrix are not IPC/CH-compatible but are nonetheless relevant to REACH as they consider all three food consumption outcome indicators. For further details on the HICM, including how it is constructed and its background, please see the [FEWS NET Matrix Guidance](#) document.

### Health

The Health MSNI Framework measures condition severity through self-reported unmet healthcare needs, aggregated from individual to household level. A household is considered in need if at least one member required healthcare but could not access it. People who have accessed healthcare are classified as not having a healthcare need (need met) and therefore considered as not having a condition severity, while those faced with a healthcare need who were not able to obtain care do have a condition severity and are classified as in need. The framework provides a minimum severity estimate, does not cover all types of health needs (e.g., preventive care), and may overestimate needs due to aggregation. It is intended to complement, not replace, Global Health Cluster People in Need estimates, and results should be interpreted alongside area-level health data for a fuller picture.

### Education

The Education MSNI Framework classifies households based on education experiences of children in the household. As the MSNI is measured at the household level, households are classified according to the child with the worst educational outcomes. The dimensions feeding into the Education MSNI Framework are attendance to formal education, potential disruption of attendance during the school year, as well as main barriers of access to formal education.

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<sup>1</sup> It is recommended for calculating the Food Security Composite to use the aggregation method of the [FEWSNET Matrix](#).

## WASH

The WASH MSNI framework assesses at the household level, the availability of quality water, sanitation, and hygiene facilities in line with global standards. In particular, it follows the [JMP service ladder](#) definition to ascertain households' access to appropriate WASH.

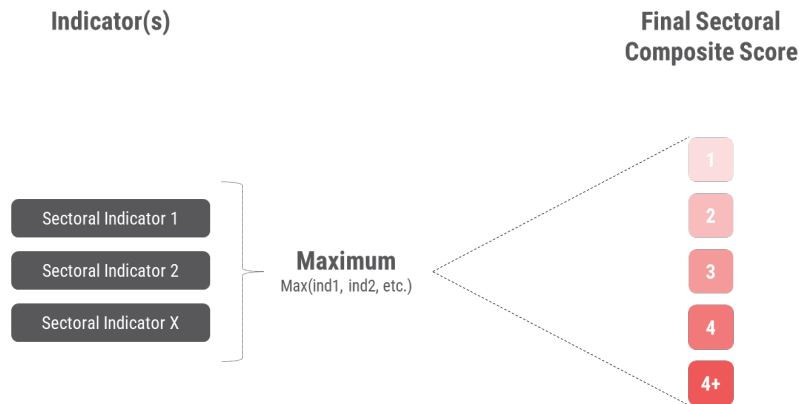
## Shelter and Non-food items

The Shelter MSNI framework captures four dimensions: shelter type and situation, shelter issues, security of tenure, and functionality of the domestic space. It is based on the Shelter Severity Classification (SSC), which is the unique method used by the Shelter Cluster to get the People in Need (PiN) figures. The SSC has three core pillars: 1) the structure of the shelter, 2) the living conditions inside the shelter, and 3) the settlement (access to basic services and infrastructures). MSNA indicators and associated questions have been endorsed by the Global Shelter Cluster (GSC) since they inform the SSC framework too. The dimensions of the MSNI framework correspond mostly to pillars one and two, as the settlement pillar is covered in other sectoral frameworks.

## Protection

The Protection MSNI Framework assesses households' ability to move freely and access public spaces, participate in safe practices and activities, and access rights and services. Each dimension is scored based on weighted responses to relevant indicators, with severity levels from 1 (no issue) to 4+ (very severe). Movement restrictions are measured through reported threats or safety concerns affecting access to public spaces, while participation in safe practices covers barriers to livelihoods, safety, or social activities. Access to rights and services examines difficulties in obtaining healthcare, education, government services, or justice/legal support due to threats. Severity scores are assigned by summing indicator weights for each dimension, then classifying according to defined thresholds (e.g., scores of 3+ assigned level 4 severity). A household is considered in need if any dimension scores 3 or higher, indicating significant protection constraints.

**Figure 2: Aggregation of indicators into a final Sectoral Composite score**



### Annex 4: Multi-Sectoral Needs Index – Aggregation

The final ‘multi-sectoral severity level’ or Multi-Sectoral Needs Index (MSNI) is obtained for each household as the maximum severity level the household scored across all Sectoral Composite (see Table 4 below):

*MSNI = max(Food Security Composite, Livelihoods Composite, WASH Composite, Health Composite, Education Composite, Protection Composite, SNFI Composite)*

**Table 3: Example of MSNI calculation per household**

	Rdbsnq`KRF rdudqhsxbnqd						LRMH
	Food sec	Health	WASH	Protection	Education	Etc.	
HH1	4	4	4	4	3	3	4
HH2	2	2	4	2	1	1	4
HH3	3	3	3	4+	2	1	4+
HH4	2	3	1	1	2	1	3

## Annex 5: List of partners (terms of reference, data, dashboards)

### Funded by:

- [European Civil Protection and Humanitarian Aid Operations \(ECHO\)](#)
- [The Swedish International Development Cooperation Agency\(Sida\)](#)

### Research design consulting partners:

- [The International Organization for Migration \(IOM\)](#)