Exploring the perception and measurement of humanitarian needs
February 2025 | Mali

Key Messages

- The groups defined and articulated their own understanding of their primary needs. **For some themes, the quantitative indicators measured by the MSNA fully capture the essence** of what the participants discussed. For others, **more targeted and in-depth assessments could help refine and complete the measurements,** ensuring that all dimensions of needs, as understood by affected populations, are comprehensively captured.

- **Although both sexes affirm that they are generally affected by the same range of issues, the problems given primacy during discussions differ greatly between men and women.** Furthermore, there was broad agreement that **sex-specific social norms shape how men and women experience these issues, leading to distinct outcomes for each group.**

- While the majority of indicators measure the needs across a recall period set in the past, **participants also expressed a future-oriented, anticipatory understanding of their needs.** Indeed, many participants spoke of their needs in terms of seasonality and annual fluctuations.

- **In Kita,** the participants — **who generally have fewer interactions with and more limited knowledge of the humanitarian sector** — spoke of many priority problems that **do not neatly fit within the sectoral boundaries of the humanitarian cluster system. In Koro, the opposite was observed**, with participants' priorities aligning more closely with the established cluster framework.

Methodology

To explore the differences between reported needs (HESPER scale) and measured needs (MSNI), REACH conducted this qualitative study, structured around the following four hypotheses:

Hypothesis 1 (pp. 2-7): Affected populations define their priority needs by considering elements that are not captured by the MSNI.
Hypothesis 2 (p.8): The perception of needs and the choice to report them as a priority are influenced by temporal variations, such as increases or decreases in the severity of a given need.
Hypothesis 3 (p.9): Respondents report priority needs that they believe or know the humanitarian response may attempt to address, especially when they perceive the likelihood of receiving humanitarian assistance to be high.
Hypothesis 4 (p.9): The perception and reporting of priority needs vary depending on the respondent's gender.

To explore these hypotheses, **12 semi-structured, gender-segregated focus group discussions were conducted in the cities of Kita and Koro** (six groups per city; three with women and three with men).

For each city and gender, **the groups were first gathered in a plenary session.** Each participant then **selected their three priority needs based on the options available through the HESPER scale.** Participants were subsequently assigned to groups where those of the same gender had selected either the same or a related priority need.

A detailed overview of the methodology is available in the [terms of reference](#), and the analysis grid is published [here](#).

What factors shape an affected population's understanding of a priority need, and how are these captured by the MSNA?

Throughout the assessment, and in response to the question above, focus group discussions were held around six different themes, which were **selected by the participants themselves** when identifying their priority needs. **The following pages explore, for each theme, how participants understand and articulate the need, and to what extent this understanding is captured by the MSNA indicators and the MSNI analytical framework.**

During the activity, **two charts were presented to groups, summarizing the prevalence of sectoral needs among populations in their respective area.** Based on the 2024 MSNA, one chart capturing the needs identified through the HESPER scale, while the other showing needs as captured by the MSNI analytical framework. The charts are published alongside the saturation grid. **In most groups, the participants felt that the chart based on the HESPER scale more accurately reflected their understanding of their population's needs.** The preference was often attributed to the fact that the sector discussed by a given group was more prominently highlighted in the HESPER analysis than in the MSNI analysis.

The participants' preference for the HESPER-based results underscores the need to place the perception of affected populations at the centre of how needs are measured.

The feeling of extreme distress

Understanding of the need by the participants

Participants identified both sectoral needs and everyday challenges as sources of their extreme distress. A common theme was that **they described these issues in terms of their emotional impact rather than the concrete need itself**. Indeed, when selecting their three most serious problems using the HESPER scale, participants were more likely to report a severe issue tied to feelings of extreme distress rather than a sectoral need — even when that need was the underlying cause of the distress.

This dynamic was discussed exclusively by women, who noted that **women tend to express their emotions about a situation more openly than men**.

Measurement of the need in the MSNA and MSNI

Mental health is partially captured in the MSNA through a few indicators. However, **there is still no analytical framework that allows for a robust measurement of mental health**. In the MSNI analytical framework, one of the composite indicators for the protection sector tracks the number of situations in which participants reported feeling worried. While it records the number of stress-inducing situations a participant has experienced over a given period, **it fails to capture the full mental health impact that each situation — or the cumulative effect of multiple situations — may have on the individual**.

To explore

Whether caused by sectoral needs or life situations, **the feeling of extreme distress emerged as a priority need for many participants.** It is important **to ensure that needs assessments also capture the mental distress** that may stem from certain situations or sectoral needs.

Observations on the course of the discussion

The group that discussed the feeling of extreme distress was composed of six women and took place in Kita. During the discussion, some participants felt very comfortable sharing their experiences and feelings, fostering an atmosphere of openness and support. Some participants mentioned talking to close relatives about their feelings of distress as a way to cope. The discussions also highlighted the emotional relief stemming from expressing these feelings.

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Livelihoods

Understanding of needs by the participants

The serious problem related to livelihoods is cross-cutting. Participants mentioned that having a source of income would enable them to meet all their other needs by themselves. They described the challenge of securing livelihoods as part of a broader economic struggle, marked by the rising cost of living and insufficient income to cover expenses. Indeed, participants spoke at length about how challenges related to sustaining a livelihood negatively affect other aspects of their lives, reinforcing the interconnected and cross-cutting nature of this need.

Some participants also spoke about the mental toll of lacking livelihoods, mentioning boredom from too much free time, youth unemployment, and the feeling of lacking societal value for those without resources.

"(...) because life depends on income. With an income, you can buy food, water, and cover other needs such as health, education, starting a business, small trade, etc..."

- Male participant

Questions proposed by the participants to measure their needs

- What are the main sources of income for your household right now ?
- How many people in your household are earning an income ?
- What income-generating activities (IGAs) would you like to pursue to improve your household's financial situation?
- What IGA could a member of your household start if they had the necessary resources?

Measuring livelihoods in the MSNA and MSNI

Livelihoods are assessed through several indicators in the MSNA, including the number of people contributing to household income, the types of IGAs, the main sources of income and their amounts, and the erosion of livelihoods, measured through the Livelihood Coping Strategies Index (LCSI) module.

However, REACH **does not use composite indicators or an analytical framework to measure livelihood needs directly, rather than as a cross-cutting issue**. After several unsuccessful attempts in 2022 and 2023, livelihoods were excluded from the MSNI analytical framework in 2024, as it more narrowly follows the structure of the humanitarian cluster system.

To explore

Given the central role that livelihoods play in enabling households to meet their own needs, the expressed desire for IGAs to increase independence, and the high proportion (51%) of households reporting a serious livelihood-related problem in the 2024 MSNA, **it appears that livelihoods should be treated as a core — rather than cross-cutting — element in needs assessments, as well as in the humanitarian response as a whole**.

Drinking water

Understanding of needs by the participants

Participants who identified access to drinking water as a serious problem expressed their understanding of the problem across several axes:

- **Water quality**, and the health risks it poses
  "There are water wells that are not properly treated — I see this every day, and it puts my health at risk" - Male participant

- **Water quantity**, which often is not enough to meet other needs, such as hygiene and cooking
  "... I make do with the little water I get each day to meet our needs (....), including washing with half a bucket of water." - Female participant

- **The problem worsens during the dry season**
  "... during the months of April and March, we face serious issues with access to drinking water" - Female participant

- **Irregular water availability**

- **The distance** required to fetch water

- **The need to prioritise collecting water,** sometimes at the expense of other activities
  "I wake my children at 4 a.m. to send them to the water points — whether wells or boreholes — to cope with the water shortages" - Male participant

- **The financial burden** on households who have to pay higher-than-usual prices for water.

Measuring needs in the MSNA and MSNI

All the elements raised by participants when expressing their understanding of the need for drinking water are reflected in MSNA indicators. Most of these aspects are also covered in the MSNI analytical framework, making this a sector where the quantitative measurement of needs closely matches the perceptions of the participants.

The MSNI captures both **the quality and quantity of water — two key concerns raised by participants**. However, the focus remains primarily on drinking water, **while participants also emphasized these issues in relation to hygiene and cooking**.

An MSNA indicator measures whether households **have access to an improved water source during the dry season — a concern frequently raised during the discussion.** Other indicators also assess **the distance to the water point, safety along the route, and the cost of water** — all of which were highlighted by participants.

Questions proposed by the participants to measure their needs

- How much time do you spend each day collecting water ?

- On average, how much do you spend each month on water ?

- How would you describe the quality of the water you consume (taste, smell, colour) ?

- Is the water you use treated ?

- What is your main source of drinking water ?

To explore

The MSNA and MSNI indicators capture the key issues raised by participants regarding their water needs — namely the quality and quantity of water. To better reflect drinking water needs as understood by the different groups, the following adjustments could be considered:

- In Mali, where water availability varies significantly by season, **measuring water availability during the dry season** rather than at the time of data collection would help isolate the seasonal nature of this need.

- **Beyond drinking, the quality of water for cooking and hygiene** could be explored more deeply in sectoral assessments on water, hygiene, and sanitation (WASH), especially when households rely on different water sources for different purposes (drinking, hygiene, cooking, and others).

Food Security

Understanding of needs by the participants

The issue of food security was understood and articulated by the groups as **the household or population experiencing hunger**. It was also mentioned that **some household members — particularly children — are more affected by this problem.**

Measuring needs in the MSNA and MSNI

As in many other assessments, the MSNI captures a food security need using **the FEWSNET matrix**, which **combines three indicators**: the Household Hunger Scale (HHS), the Reduced Coping Strategy Index (rCSI), and the Food Consumption Score (FCS)

The HHS measures whether a household experienced hunger in the month before data collection, making it the **indicator that best reflects participants' understanding of a food security need.**

The rCSI captures the coping strategies used by the household in the week before data collection and **closely corresponds to the coping strategies described by participants.**

The FCS measures the diversity of foods consumed by households. Interestingly, this aspect **does not seem to play a central role in how participants understand food security needs**, with none of the participants mentioned this dimension of food security.

> *"I haven't cut down on the number of meals yet, but I have reduced the portion size of each meal"*
>
> - Male participant

Questions proposed by the participants to measure their needs

The questions suggested by participants focused on themes typical of assessment tools like the IPC, indicating a certain level of familiarity with established measures of food security needs.

- What strategies do you use to cope with food shortages ?
- Have you sold valuable possessions to cover your food needs ?
- What steps could be taken to make food more available and affordable in the market?

Key message

The measurement of food security needs through the FEWSNET matrix captures all the key aspects raised by the group when articulating their needs and the strategies they have adopted to cope with them. **However, dietary diversity** — which is a central component of the FEWSNET matrix — **was not identified as a major concern by the participants.**

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Shelter

Understanding of needs by the participants

Shelter needs relate to **the functionality of the shelter, its size, and the level of privacy it provides.** The financial aspect also came up in discussions, with participants noting that rent is often difficult to pay and can create stress at the end of the month when payments are due.

A less tangible dimension — linked to **the desire for independence through home ownership or the wish to avoid conflicts with landlords when renting** — featured prominently in how the group defined this need.

When participants were asked to suggest questions for assessing their shelter needs, they said they would prefer assessment teams to simply visit the shelters and evaluate the conditions first-hand. This request highlights the practical nature of shelter needs, as participants believe that part of their need is directly observable.

> *"(...) the landlord hassles us because I can't pay the rent on time (...). He often brings prospective tenants to view the place, and they even go through my personal belongings."* - Female participant

Measuring needs in the MSNA and MSNI

The measurement of shelter needs in the MSNI closely reflects how participants understood their shelter needs.

By assessing various shelter-related issues — such as **privacy, space, and the functionality of different areas** — the MSNI effectively captures some of the key points raised by participants.

The MSNI framework also accounts for **the security of tenure agreement**, which measures whether the household is at risk of eviction. The type of tenure agreement was widely discussed by participants, **but the focus was largely on the desire to own a home** so as to avoid uncomfortable situations with landlords, which leads to mental stress and even feelings of humiliation.

The MSNI also evaluates the **type of shelter** (classified as adequate or inadequate). While participants didn't explicitly mention this when defining their needs, it surfaced indirectly in parts of the discussions.

Additional MSNA indicators further capture key elements of how participants understand shelter needs — for example, **the amount spent on rent.**

Key messages

Shelter needs, as measured by the MSNA and standardized indicators, **capture the key elements of how participants understand their shelter needs**.

The stress and mental strain associated with renting, paying rent, and managing relationships with landlords **are not directly captured in the measurement of needs, but their consequences are.** Rental difficulties can lead to **the risk of eviction**, which remains a central factor in both needs assessments and the shelter-related assistance provided to affected populations.

> *"(...) business isn't going well. Having to cover both rent and household expenses makes things really difficult"* - Female participant

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Health

Understanding of needs by the participants

The group understands the need for healthcare primarily as **a lack of quality** in the care received. In this sense, the shortage of qualified staff, medications, and equipment, as well as misdiagnoses and poor-quality treatments, were all raised as concerns. **The lack of access to healthcare** was also identified as a key need. Participants mentioned the difficulty of accessing care due to the high cost of treatment or medication and, at times, the lack of proper attention or treatment when the patient lacks personal connections within the healthcare facility. **Mental health emerged as a central part of what participants understood as a healthcare need, particularly access to specialized treatment.** It is worth noting that Kita — where this discussion took place — appears to face particularly acute challenges, with many reported cases of alcohol and drug addiction, driving mental health needs.

"Often, if you seek care at our centre, the medications are rejected when you get to Bamako, and the diagnosis is usually wrong — you have to start from scratch." - Male participant

Measuring needs in the MSNA and MSNI

To measure health needs, the MSNI considers whether a person required healthcare and whether they were able to access it. As such, **only the access dimension is measured, while the quality of care — a key issue raised during discussions — is not accounted for**. Although mental health was a major focus of the discussion, **it is not explicitly included in the measurement of health needs**, though it can be part of the MSNA questionnaire.

In the 2024 MSNA, indicators measuring awareness of available mental health and psychosocial support services were added, helping to capture this dimension more effectively — though it remains a secondary consideration in health needs measurement.

Questions proposed by the participants to measure their needs

- Does your health centre have adequate medical equipment and qualified staff ?

- Is there enough medical staff at the health centre ?

- Is the number of patients exceeding the health centre's capacity ?

- Is there a paediatric service for children ?

- Is there a need for training and awareness-raising for the medical staff working at the centre ?

"I had a younger brother who died because of a mental illness (...) there isn't even proper treatment available." - Male participant

To explore

While the MSNA focuses on the accessibility of healthcare, participants placed greater emphasis on the quality of care. **In a context where healthcare quality is severely limited**, targeted sectoral assessments could effectively complement MSNA measurements.

The assessment revealed significant mental health needs in Kita. **Conducting targeted thematic assessments would help identify the areas where such needs are most acute**.

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Does the perception of priority needs and their reporting vary depending on the gender of the respondents?

Different prioritisation of problems

Although the discussions focused on the similarity of problems faced by men and women, **the priority issues raised by each gender during the first phase of the activity differed significantly.**

While a third of women in Kita mentioned severe mental distress as a major issue, no men identified this as a prime problem. Similarly, issues such as the lack of suitable living spaces were raised almost exclusively by women, along with challenges in maintaining hygiene, the lack of clothing, shoes, or blankets, and having too much free time. **On the other hand, only men highlighted issues like excessive drug or alcohol use.**

Affected differently by the same problem

Throughout the different themes discussed in the groups, **many participants felt that both men and women were affected by the same issues.**

However, some groups mentioned that **men and women were not affected in the same way by the same problems. The traditional roles that men and women take on within households influence how they experience and are affected by these issues.**

One man, speaking about food security, explained: "***In our culture, it's a man's responsibility to feed his family.***" He expounded that while both men and women suffer from food shortages, men struggle with the feeling of failing in their social role, while women suffer from the practical challenge of not having enough food to feed their families.

In a similar vein, a female participant explained: ***"It is the women who fetch water for the men. Between 3 a.m.***

and 4 a.m., we go to collect water to meet our needs", while the men are responsible for paying for it. **As a result, the women felt they were more affected by the problem.**

Gendered needs

Participants highlighted that **certain needs, such as maternal health, only affect women**. This distinction was noted by a group of men, **demonstrating their ability to report on needs that do not directly affect them**.

Refer to this brief for an analysis of the role of gender in shaping the humanitarian needs of households and individuals, based on quantitative data from the 2024 MSNA.

"In our culture, it's a man's responsibility to feed his family"

Male participant

Key messages

Although **both men and women consider themselves affected by the issues discussed** in each group, **the priority issues they choose to discuss first are very different.** Moreover, social norms influence **how men and women experience these issues differently.**

To address this, it would be advisable to:

- **Ensure an equal number of male and female respondents in assessments** to accurately reflect the priority needs of each group in household-level evaluations.
- **Consider gender roles when designing assistance programs** to address the distinct needs of men and women, which may manifest differently due to these roles.

Do the perceptions of priority needs and their reporting change over time?

Reporting problems that are getting worse

In most groups, participants mentioned that **the need being discussed was not new but had worsened over the past year.**

Although this was not an explicitly planned discussion point, each group explored in detail the factors contributing to the worsening of the situation. **This suggests that participants tend to emphasize recent developments affecting their needs and consider these developments when deciding to report them as priorities.**

In Koro, some participants said that **the need was entirely new**, mainly due to the local context and the arrival of displaced persons.

Anticipating seasonal variations and yearly changes

Some participants noted that **their needs vary** — **over the years based on harvests for those discussing food security** and **across seasons for those discussing access to drinking water**.

Although the dry season runs from April to June, data collection took place in January, and **participants were already anticipating a worsening of the situation.**

Key messages

This analysis does not suggest that the duration of the crisis — which has affected Kita for a shorter time than Koro — influences how needs are reported

However, the analysis shows that in most cases, **the problems that participants chose to report on are needs that have worsened over the year preceding the discussion.**

An anticipation of needs also emerged through participants mentioning the seasonality and annual variation of the situation.

… and by the actual or perceived likelihood of receiving assistance related to this need?

Priority problems that are reported differently

In Kita, many participants highlighted serious priority issues that don't neatly fit into the humanitarian cluster system. They were more likely to raise concerns about mental distress, addiction, or having too much free time. **In contrast, in Koro — where the population is much more familiar with humanitarian response — participants mentioned priority issues that align more closely with the humanitarian response framework**, such as food security, water, hygiene, and sanitation.

Participants may therefore be inclined to report needs based on their audience and their understanding of the humanitarian system. If this is the case, then there is a risk that needs previously overlooked by the humanitarian community will be reported less frequently to humanitarian actors and, as a result, may continue to go unmet in the future.

That said, **this analysis is significantly limited by the inability to isolate the role of familiarity with humanitarian assistance from other factors**, such as the humanitarian situation, which differs significantly between the two towns.

Context of the crisis in Kita and Koro

While conflicts in central and northern Mali have persisted for years, the security crisis is gradually moving southward. As a result, **Koro and its residents have been grappling with the crisis for a longer time, and humanitarian aid has been present there for years.** In 2024, large numbers of internally displaced persons (IDPs) and refugees arrived in the cercle. In this area, 84% of households had humanitarian needs, with 50% of them facing extreme or very extreme needs. To address these needs, 60% of households had received humanitarian assistance in the year preceding the MSNA data collection.

In Kita, the humanitarian situation is gradually deteriorating, and the humanitarian response remains limited. Only 14% of households had received humanitarian aid in the year preceding the 2024 MSNA data collection. The town's population, as such, has had less exposure to the humanitarian sector. Nevertheless, humanitarian needs are still significant, though less severe than in Koro. In Kita, 67% of households have a humanitarian need, with 17% facing extreme or very extreme needs. **This assessment underscores that Kita is particularly affected by health-related issues**.

"Yes, we sought help from NGOs and received assistance that met our needs, such as rice, sugar, milk, and oil."

Participant in Koro

JUSTIFICATION

- In 2024, for the fifth consecutive year, REACH conducted the Multi-Sectoral Needs Assessment (MSNA). To support annual planning and prioritisation, **REACH calculates the Multi-Sectoral Needs Index (MSNI) based on MSNA data.** This index assigns each household a score reflecting the severity of both sectoral and multi-sectoral needs.

- In 2024, **the MSNA questionnaire also included the HESPER scale, a self-perceived needs assessment tool**. It consists of 26 questions that enable households to identify whether they face serious problems in different areas. The scale is specifically designed for humanitarian settings.

- **Comparing the MSNI results — which reflect measured needs — with the HESPER scale results — which capture self-perceived needs — revealed significant discrepancies.** In a context where aid prioritisation is crucial, understanding these gaps between perceived and measured needs **can help refine or complement assessment tools to better reflect the perspectives of affected populations**.

LIMITATIONS

- By design, **the evaluation team had no control over the topics discussed by the groups**. Participants were first asked to identify their top three needs from the 26 HESPER questions, and groups were formed based on shared or similar needs. As a result, for several themes, only one group was created — either in Kita or Koro, and either of women or of men. **This approach limits the ability to conduct comparative analysis by location or gender across different themes**.

- Groups were separated by gender to encourage more open discussion and make participants feel at ease. **To capture a broad range of perspectives, no age-based separation was applied, resulting in a wide age range among participants. This may have led some participants to feel intimidated when speaking in front of older individuals or to adjust their responses accordingly**.

- **A total of 72 people participated in this study, and the selection process was not entirely random.** As with any qualitative research, this study reflects the feelings and subjective perceptions of the participants. The results are therefore indicative and may not reflect the views of people beyond the participants themselves.

ABOUT REACH

REACH Initiative 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 our website: **www.reach-initiative.org**