Multi-Sector Needs Assessment: Koboko District
Uganda, August, 2018

UNHCR The UN Refugee Agency

Background & Methodology

Due to its proximity to three major humanitarian emergencies in South Sudan, Burundi, and the Democratic Republic of Congo (DRC), its progressive refugee hosting and settlement policies, and the ease of border crossings, Uganda has received a large number of refugees over the past 3 years.

With over 1 million refugees in Uganda[1], humanitarian needs across the country are significant with little capacity for actors to clearly map the landscape of needs across refugee and host communities alike. UNHCR, with support from REACH, conducted a Multi-Sector Needs Assessment with the aim to address this information gap by providing evidence-based analysis to inform the Refugee Response Plan (RRP) for 2019-2020.
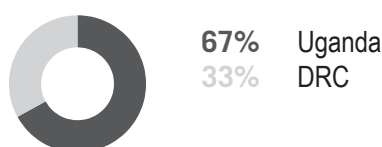
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for the host communities.

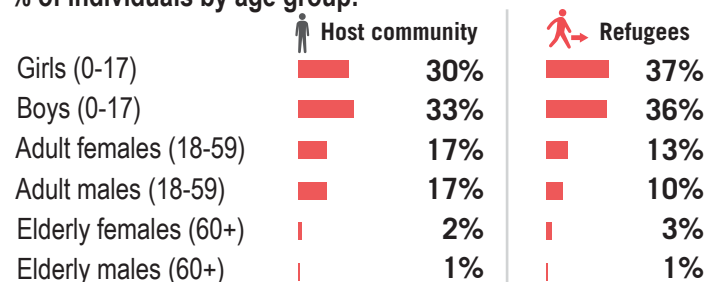**379** surveys were conducted in Koboko District between 9 April and 14 July 2018.

Assessed district
District boundary

Demographics

% of assessed HHs by area of origin:

67% Uganda
33% DRC

% of refugee HHs that have lived in the settlement for:

<6 months 0%	**7 - 11 months** 0%
1 - 2 years 0%	**> 2 years** 100%

% of individuals by age group:

	Host community	Refugees
Girls (0-17)	30%	37%
Boys (0-17)	33%	36%
Adult females (18-59)	17%	13%
Adult males (18-59)	17%	10%
Elderly females (60+)	2%	3%
Elderly males (60+)	1%	1%

Average HH size:[2]   8.7 members   7 members

Gender distribution of the head of the HHs:

	Female	Male
Host community	44%	56%
Refugees	65%	35%
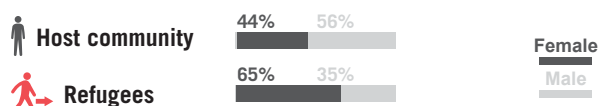
Top 3 sectors with most reported HH needs:[3]

Host community		Refugees	
Food	75%	Food	74%
Education	53%	Livelihoods	65%
Livelihoods	43%	NFIs	44%
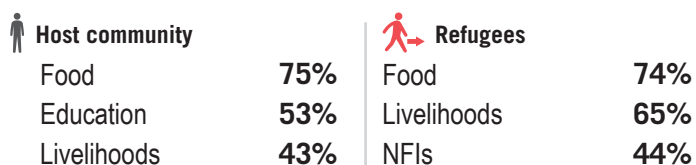
Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

% of HHs with at least one vulnerable member:

	(host)	(refugees)
Unaccompanied or separated children	42%	56%
Individuals with chronic illnesses	27%	48%
Individuals with disabilities	31%	37%
Pregnant and/or lactating women	49%	43%
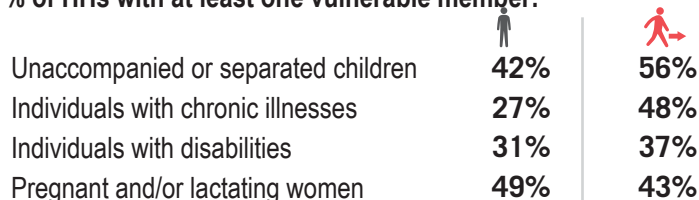
100% of the refugee HHs reported being registered in a settlement in the district.[4]

% of HHs reporting at least one member with psychological distress:

Host community		Refugees	
28% Yes		**33%** Yes	
72% No		67% No	

66% of the host community HHs and **15%** of the refugee HHs reported that they had not received/were unable to receive psychological care.

% of HHs that reported being reached by the following protection awareness campaigns:

	(host)	(refugees)
SGBV	49%	96%
Child protection	44%	97%
Psycho-social	38%	88%

50% of the host community HHs and **19%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

1) OPM RIMS statistics, June 2018, Uganda Comprehensive Refugee Response Portal.
2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.
3) Respondents could select multiple options.
4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

REACH Informing more effective humanitarian action

🌾 Livelihoods & Environment

Top 3 reported income source over the 30 days prior to data collection:[1]

🧍 Host community		🏃 Refugees	
Agriculture	86%	Casual labour	60%
Small business	30%	Agriculture	44%
Casual labour	28%	Small business	20%

% of HHs that had access to agricultural land in the most recent harvest season:

🧍 Host community — 87% Yes / 13% No

🏃 Refugees — 74% Yes / 26% No

Top 3 reported ways HHs accessed land for agricultural purposes, for HHs that reported access to land:[1]

🧍 Host community		🏃 Refugees	
Owns the land	83%	Free through OPM	74%
Free access	9%	Rents the land	20%
Rents the land	8%	Owns the land	3%

79% of refugee HHs and **46%** of host community HHs that had access to land reported that it did not provide sufficient food for the entire HH in the most recent harvest season.[2]

1% of refugee HHs and **1%** of host community HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported reasons why HHs did not cultivate or plant crops in the most recent harvest season, of HHs that reported no cultivation:[1]

🧍 Host community		🏃 Refugees	
Lack of seeds	50%	Poor cultivating season	100%
Poor cultivating season	50%	Lack of tools	100%
Lack of tools	50%		

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[1]

🧍 Host community		🏃 Refugees	
Spent savings	36%	Borrowed money	54%
None	33%	Support from friends	27%
Sold assets	19%	Spent savings	22%

% of HHs with access to local markets within walking distance:

🧍 Host community — 80% Yes / 20% No

🏃 Refugees — 89% Yes / 11% No

32% of refugee HHs and **55%** of host community HHs reported that they faced challenges accessing markets in the 30 days prior to data collection.

% of HHs that reporting the following primary fuel sources:

	🧍 Host community	🏃 Refugees
Firewood	82%	100%
Charcoal	18%	0%

51% of refugee HHs and **11%** of host community HHs reported having an improved cook stove.[2]

📖 Education

5% of refugee HHs with school-aged children and **11%** of host community HHs with school-aged children have at least one child not enrolled in school.

% of HHs with at least one school-aged child not enrolled in school, by age and gender:

Host community			Refugees	
🧍	🏃	Age	🧍	🏃
19%	18%	3 - 5	0%	0%
7%	4%	6 - 12	3%	1%
15%	12%	13 - 18	12%	11%

% of HHs with at least one school aged children enrolled in school, by school type:

	🧍 Host community	🏃 Refugees
ECD	10%	21%
Primary	70%	68%
Secondary	9%	8%
Other[3]	0%	0%
Not enrolled	11%	5%

Top 3 reported barriers to education for HHs with at least one school-aged child not enrolled in school:[1]

🧍 Host community		🏃 Refugees	
High costs	52%	High costs	57%
The school is too far	19%	Early marriage	36%
The school is too far	19%	Schooling isn't necessary	21%

Of the HHs that reported cost as a barrier to accessing education, **100%** of refugee households mentioned **school uniform** while **91%** of the host community HHs reported **school uniform** as the most commonly reported cost barrier.

1) Respondents could select multiple options.

2) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.

3) Other types of education include accelerated learning programme, non-formal skills training, and vocational training

Health & Nutrition

Top 3 reported health issue among HH members during the 2 weeks prior to data collection:[1]

Host community		Refugees	
Malaria	27%	Malaria	42%
Diarrhoea	22%	Diarrhoea	20%
Stress	8%	Skin	10%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **57%** of refugee HHs and **70%** of host community reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:[2]

Host community		Refugees	
No medicine available	64%	No medicine available	57%
High cost of medicine	37%	High cost of medicine	39%
Distance	21%	Language barrier	26%

26% of the refugee HHs reported language barriers as a challenge when accessing health care.

% of HHs with pregnant and/or lactating women that received the following services:

	Host	Refugees
Counselling on infant and young child feeding	72%	94%
Iron and folic acid supplements or micronutrient supplements	74%	91%
At least 2 doses of fansidar[3]	70%	77%

Of the HHs with children, % reporting:[4]

	Host community	Refugees
Polio vaccination	95%	88%
Measles vaccination	82%	61%

% of HHs reporting owning mosquito nets:

Host community			Refugees		
90%	Yes		53%	Yes	
10%	No		47%	No	

Average number of HH members sleeping under nets:

Host community	Refugees
6.1	3.9

1) Respondents could select multiple options.
2) The question was asked to HHs that had sought health care treatment in the past year.
3) Fansidar is used to prevent and treat malaria. It can be used for pregnant women with less risks to the mother and fetus.
4) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
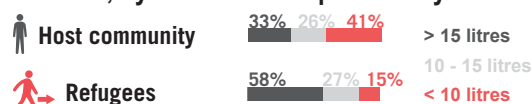5) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	41%	Borehole	98%
Unprotected well	15%	Public tap	2%
Public tap	15%	Household connection	0%

% of HHs, by litres of water/person/day:

Host community	33%	26%	41%	> 15 litres
Refugees	58%	27%	15%	10 - 15 litres
				< 10 litres

Average litres of water/person/day is **19** for refugee HHs and **14** for the host community HHs.

82% of refugee HHs and **72%** of host community HHs reported not having enough water to cover the basic HH needs during the 7 days prior to data collection.[5]

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[6]

Host community		Refugees	
Fetch from further point	59%	Fetch from further point	45%
Use less for bathing	28%	Use less for bathing	41%
Purchase more water	13%	Use less for drinking	23%

% of HHs reported challenges to collecting water:

	Host community	Refugees
Distance	14%	3%
Queuing	28%	41%
Distance and queuing	24%	14%
None	35%	42%

% of HHs with access to a functioning HH latrine:

Host community		Refugees	
84%	Yes	77%	Yes
16%	No	23%	No

65% of the refugee HHs and **20%** of the host community HH did not have soap during data collection.

Top 3 most commonly reported reasons for HHs not to have soap in the HH:[1]

Host community		Refugees	
Soap is too expensive	62%	Soap is too expensive	51%
Market is too far away	14%	They prefer a substitute	22%
		Waiting for distribution	21%

6)The question was asked to HHs that reported not having enough water during the 7 days prior to data collection

Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:

Host community		Refugees	
Own production	51%	Bought with cash	62%
Bought with cash	47%	Food distribution	20%
Other	1%	Own production	3%

The refugee HHs that had been living in the settlement for less than one year relied less on humanitarian aid (**0%**) than refugee HHs that had lived there for one year or more (**20%**).[1]

% of HHs with the following Food Consumption Scores (FCS):[2]

Host community		Refugees
85%	Acceptable	87%
12%	Borderline	11%
3%	Poor	2%

HH average food consumption score:

Host community	53	Refugees	54

% of HHs FCS by time spent in the settlement:[1]

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	N/A	N/A	**87%**
Borderline	N/A	N/A	N/A	**11%**
Poor	N/A	N/A	N/A	**2%**

**% of HHs who reported having access to sufficient food for all members over the 7 days prior to data collection:**

Host community		Refugees	
55%	Yes	25%	Yes
45%	No	75%	No

% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	23%	58%
Limit meal size	39%	58%
Buy cheaper food	26%	35%
Debt/Borrowing	2%	13%
Skip days of eating	4%	5%
Only children eat	6%	32%
Exchange food	3%	5%
None	18%	1%

Shelter & NFIs

% of HHs with the following shelter types:[3]

Host community		Refugees
100%	Permanent	97%
0%	Temporary	3%
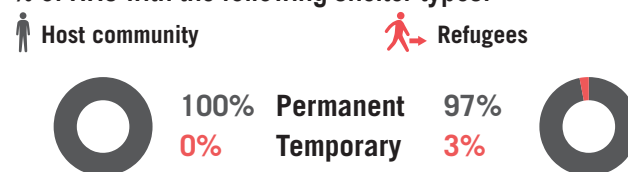
% of HHs that reported owning their shelter:

Host community		Refugees	
93%	Yes	98%	Yes
7%	No	2%	No

% of HHs reporting their shelters are vulnerable to leakage from rain:

Host community		Refugees	
47%	Yes	87%	Yes
53%	No	13%	No

15% of the host community HHs and **54%** of the refugee HHs reported that their shelter experienced flooding in the year prior to data collection.

Top 3 most commonly reported NFI priorities:

Host community		Refugees	
Bedding	69%	Bedding	94%
Water storage	55%	Kitchen tools	88%
Kitchen tools	55%	Water storage	53%

1) Disaggregation by time spent in settlement only applies to refugee households, as host community households do not live in settlements.
2) The FCS is used as proxy for HH food security and is a composite score based on 1) Dietary diversity 2) Food frequency and 3) Relative nutritional importance of the various food groups consumed by HHs. The FCS is recorded from a 7-day recall and is based on 9 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. In the Ugandan context the thresholds used are as follows: ≥ 31 – Acceptable; 28 - 30 – Borderline; ≤ 27 - Poor.
3) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

For more information on this profile please contact:

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