

2024 MSNA IN UGANDA – METHODOLOGICAL OVERVIEW

FEBRUARY 2025

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 and follow us on X @REACH_info.

CONTENTS

Objective of the methodological overview	1
CONTENTS	2
List of Acronyms	3
Geographical Classifications.....	4
OVERVIEW OF THE ASSESSMENT METHODOLOGY	5
General and specific objectives and research questions.....	5
General and specific objectives	5
Research questions.....	6
Scope and coverage of the assessment.....	6
Groups of population and sampling strategy.....	6
Data collection and geographical coverage.....	8
Secondary data sources	9
Ethical considerations and limitations.....	9
Ethical considerations.....	9
Limitations and challenges.....	10
ANALYSIS OF SECTORAL COMPOSITES	11
ANNEXES	13
Annex 1: Mandatory Reporting on Missing Values.....	13
Annex 2: Related publications (terms of reference, datasets, dashboards).....	14
Annex 3: Details on the indicators used for the Sectoral Composites	15
Table 3.1 – Health Sector Composite	15
Table 3.2 - Education Sector Composite.....	16
Table 3.2.1 – Barriers to school attendance.....	17
Table 3.3 – WASH Sector Composite	18

Table 3.3.1 – Improved and unimproved water sources and sanitation facilities.....	20
Table 3.3.2 – JMP Service ladder WASH classifications.....	21
Table 3.4 – SNFI Sector Composite.....	22
Table 3.5 Protection Sector.....	24
Table 3.5.1 – Reasons for separated children, protection concerns.....	25
Food Security.....	26
Annex 4: Sectoral Composites – Aggregation.....	27
Annex 5: Multi-Sectoral Needs Index – Aggregation.....	27
Annex 6: List of partners (terms of reference, data, dashboards).....	28

List of Acronyms

AAP:	Accountability to Affected Populations
ATWG:	Assessment Technical Working Group
C4C:	Charter for Change
CWG:	Cash Working Group
HINGO:	Humanitarian INGO
ISWG:	Inter-sectoral Working Group
JMP:	Joint Monitoring Program
JRS:	Jesuit Refugee Service
KII:	Key Informant Interview
LC:	Local Council
MSNA:	Multi-Sector Needs Assessment
MSNI:	Multi-Sector Needs Index
NRC:	Norwegian Refugee Council
ODK:	Open Data Kit
OPM:	Office of the Prime Minister
RWC:	Refugee Welfare Committee
SEA:	Sexual Exploitation and Abuse
UNHCR:	United Nations High Commissioner for Refugees
VENA:	Vulnerability and Essential Needs Assessment
WASH:	Water, Sanitation and Hygiene

Geographical Classifications

Region: Highest form of governance below the national level

District: Administrative division below the regional level

Sub-county: Administrative division below the country level

General and specific objectives and research questions

General and specific objectives

As per the UNHCR Operational Data Portal updated in December 2024, Uganda hosts 1.8 million refugees from neighboring countries, making it the country with the fourth largest number of refugees globally.¹ The majority of these refugees reside in refugee settlements in the South-West and West Nile regions of the country, and the majority originate from the Democratic Republic of Congo (DRC), and South Sudan.² Refugees live in 13 rural-based settlements designated by the Office of the Prime Minister (OPM), as well as in urban areas. The Ugandan government has an extensive track record of inclusive and welcoming policymaking towards refugees. Policies include unconditional access to a plot of land in a settlement of 30x30 meters for all households regardless of household size, the ability to register to live in Kampala, the capital, as well as inclusion into public service provisions such as healthcare and education.

The last Multi-Sectoral Needs Assessment (MSNA) conducted by REACH in Uganda took place in 2018. Since then, the humanitarian landscape in the country has undergone significant changes. These include a general decline in humanitarian funding, an increased emphasis on providing general food assistance, a rise in refugee numbers—such as the notable influx of Sudanese refugees in 2022—and the emergence of disease outbreaks, including COVID-19 and Ebola. Against this backdrop, Uganda has conducted another MSNA in 2024 to reassess and effectively address the evolving humanitarian challenges.

The findings from this assessment aim to support planning efforts among key humanitarian stakeholders, including close collaboration with UNHCR. The data collected will inform both sectoral and cross-cutting working groups, ensuring that stakeholders have the evidence necessary to address the needs of refugee households and the neighbouring host communities in Uganda. Specifically, the data will guide strategic planning, highlight priority areas, and identify subsets of the refugee population with the highest levels of vulnerability and need.

Specific objectives include:

- Conducting a thorough inter-sectoral analysis to assess the magnitude and severity of humanitarian needs and conditions among refugee and host community households across all 13 formal refugee settlements across the country and divisions with high concentrations of refugees in Kampala.
- Identifying variations in humanitarian needs across different areas of study, population groups, and household vulnerability profiles.
- Comparing key findings of the 2024 MSNA with the Vulnerability and Essential Needs Assessment (VENA) (2019).
- Offering insights into inter-sectoral needs to inform prioritization of refugee response efforts and strategic planning.

¹ [UNHCR, Uganda Operational Data Portal, December 2024](#)

² [UNHCR, Uganda Operational Data Portal, December 2024](#)

Research questions

- (1) What is the nature of multi-sectoral humanitarian needs in Uganda?
- (2) What is the magnitude, scope, and severity of humanitarian needs in specific sectors such as shelter, education, food security, health, livelihood, protection, AAP (accountability to affected populations) and WASH (Water, Sanitation, and Hygiene) in Uganda?
- (3) To what extent do households have cross-cutting needs that span multiple sectors, and which overlapping needs are the most prevalent?
- (4) How do the findings vary across geographic areas (regions, settlements, urban areas), population groups (refugees, host communities, urban refugees), and the vulnerability profiles of households, including factors including but not limited to age, gender, disability, and length of stay?

Scope and coverage of the assessment

Groups of population and sampling strategy

Table 1: Defining the groups of population

Refugees	People who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country
Host Communities	For this assessment, refer to all host communities residing in sub-counties that border or overlap with the targeted refugee settlements, and who are at most 15 kilometers from the settlements' formal boundaries.

Table 2: Sampling strategy by group of population

Group of population	Type of sampling	Precision level	Further stratification
Refugees in settlements	Random Probability Sampling (2-level)	Confidence level : 95% Margin of error : 5%	Settlements + Kampala
Host Communities	Random Probability Sampling (2-level)	Confidence level : 95% Margin of error : 5%	15 Km buffer around the settlements + kampala

Quantitative

Stratified random sampling was used to sample both refugee and host community households in refugee settlements, refugee-hosting districts, and four divisions with high refugee concentrations in Kampala. This sampling approach was based on a confidence interval of 95% and a margin of error of 5%, ensuring statistical representativeness across the two population groups and per location (refugee settlements, refugee-hosting districts, and urban divisions). A 10% buffer was included to account for potential risks in tracking data collection or deleting surveys, ensuring data saturation was maintained.

The sample sizes were determined using the most recent UNHCR/OPM population statistics, published in May 2024.³ Based on the calculated samples for each stratum, GPS points were randomly generated to ensure all households had an equal chance of being targeted for the survey. Households were selected through the random selection of geopoints using GIS, carried out by the Senior GIS officer.

Data collection was successfully conducted from 26th July to 02 October 2024. However, the data collection phase faced three key obstacles. Firstly, IMPACT faced data collection challenges in Kyangwali. Despite thorough engagement with local authorities, including having staff be chaperoned by local guides to sensitize communities on the Local Chairperson's behalf, the host community remained suspicious that our staff's presence was linked to preparations for rumoured land grabs in the area. Ultimately, attempts to address these concerns further through close cooperation with local authorities, including the district administration, local police, and local councils, were ineffective. For the safety of our staff, data collection activities involving the host community were discontinued. Data collection for the refugee community, however, was successfully completed as planned. As a result, for Kyangwali only refugee data was published and analysed.

Secondly, the data collection team experienced issues meeting the targets for the refugee sample in Lobule, due to a lack of refugee households in-situ. Our staff, having inquired locally, conclude that many refugee households either travel during the day outside of the settlement, or have left the settlement altogether to urban areas or the country of origin, due to livelihoods constraints and other issues. As a result, the margin of error for refugee households in Lobule is slightly higher at 5.5% compared to the other locations at 5%.

Thirdly, data collection in Kampala was curtailed in Rubaga Division for both the host community and refugees. Authorization for data collection in Kampala had been obtained from KCCA and the Town Clerk. Towards the end of data collection, however, the Rubaga Resident City Commissioner (RCC) paused work over security concerns. Senior management worked closely with the RCC's office to resume work, yet this proved time-consuming. The delays in the resumption of work threatened to jeopardize the analysis timelines. Therefore, it was decided to over-sample for refugees in other divisions. Time did not allow for the same over-sampling of host community households. As a result, analysis for the host community in Kampala is representative with a slightly higher margin of error (5.5%).

Qualitative

To gain a better understanding of the challenges faced by the refugee population, non-probability sampling methods were employed to conduct a total of 105 Key Informant Interviews (KIIs) with Refugee Welfare Councils (RWCs) and three Local Councils (LCs) in and around each of the 13 settlements. The focus for these KIIs was two-fold: interviews with RWCs were aimed at refugees, while interviews with LCs targeted the host community. In Kampala, Key Informant Interviews were conducted with three Local Councils and three Refugee Community Leaders, leading to a total of 24 Key Informant Interviews across Kampala. During and after the completion of the quantitative component, two field officers engaged in two days per location to interview these key informants.

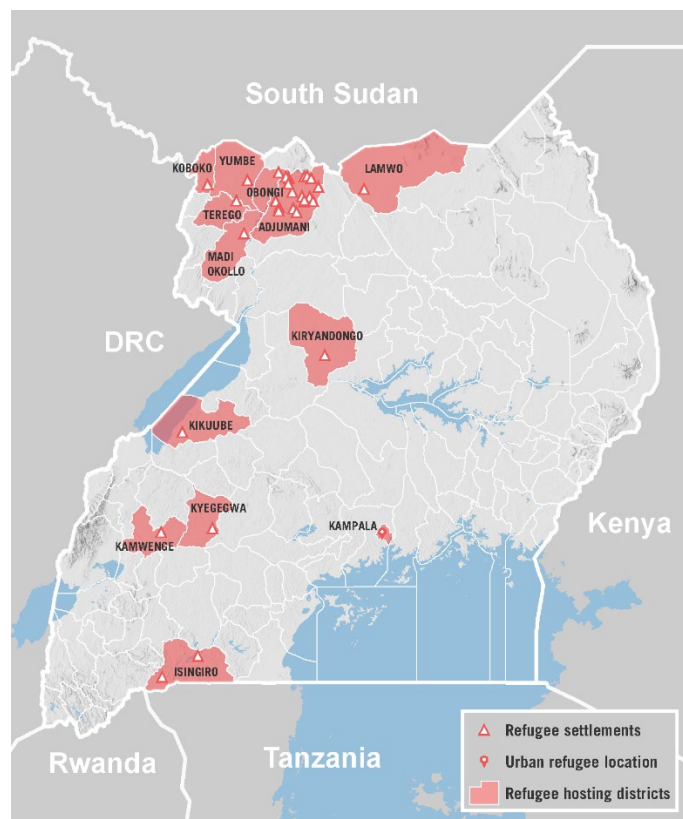
³ [UNHCR Refugee Statistics April 2024, published May 2024](#)

Data collection and geographical coverage

Quantitative data collection was conducted between July 26th and October 2nd, 2025. A total of 11,357 surveys were completed across 13 settlements—Kyangwali, Adjumani, Imvepi, Palabek, Rhino Camp, Palorinya, Nakivale, Kyaka II, Kiryandongo, Oruchinga, Rwamwanja, Bidibidi, and Lobule—as well as four divisions within Kampala: Rubaga, Makindye, Central, and Kawempe. The surveys covered both the refugee and host communities. Moreover, a total of 69,787 individuals were surveyed across all locations, comprising 36,179 females and 33,608 males, representing both refugees and host community members. The field team, trained by the assessment team prior to deployment, conducted on-site training for enumerators ahead of data collection. Data collection was carried out in person using KoBo Toolbox, with enumerators equipped with phones and tablets for efficiency. The collected data was cleaned and analyzed using R.

A total of 105 Key Informant Interviews (KIIs) were conducted across all 13 settlements with Refugee Welfare Committees and Local Councils, representing both refugees and host communities. The interviews were designed to explore in greater depth the challenges faced by refugees and host communities across multiple sectors. Particular emphasis was placed on protection issues, which are typically more difficult to capture through quantitative methods. Analysis of the qualitative data is ongoing, utilizing MAXQDA. The qualitative analysis, based on the interviews with Refugee Welfare Counsels (RWCs) and Local Councils (LCs), will provide additional context to quantitative analysis within reporting.

Figure 1: Distribution of MSNA collected surveys across Uganda



Secondary data sources

Sources that informed tool design and triangulation of findings include:

- [Vulnerability and Essential Needs Assessment](#) (2020) REACH
- [Multi-Sectoral Needs Assessment](#) (2018) REACH

Sources that informed research design include:

- [Food Security and Nutrition Assessment \(FSNA\) in Uganda](#), (2023) UNHCR, Gov Uganda, UNICEF
- [Uganda Humanitarian Situation Report](#) (2024) UNICEF

Sources that informed on the contextual background in Uganda include:

- [The Realities of Self-Reliance within the Ugandan Refugee Context](#) (2023) REACH
- [Refugee Access to Livelihoods and HLP in Uganda](#) (2019) REACH
- [Uganda Refugee Operation – Participatory Assessment](#) (2021) REACH
- [Uganda Country Strategic Plan 2018-2025, Annual country report](#) (2023) WFP
- [Uganda Refugee Response Plan, WASH dashboard](#), UNHCR, (2023) Govt. Uganda
- [Uganda Refugee Response Plan, Food security dashboard](#), (2023) Govt. Uganda
- [Uganda multi-hazard graphic, DRR platform](#) (2024) IOM
- [Uganda population dashboard: Overview of refugees and asylum seekers in Uganda](#) (2024) UNHCR

Ethical considerations and limitations

Ethical considerations

All activities included gender and protection mainstreaming throughout the MSNA research cycle. MSNA indicators and questions were designed with consideration for protection concerns. Further, prior to commencing the household and KI interview, IMPACT enumerators obtained informed consent from the respondent by thoroughly describing why data is collected, how the data would be used, managed and protected and explain that respondents had the right to withdraw consent at any point during the interview. All enumerators and field management were thoroughly trained on the rights of the respondent, privacy and protection considerations. Moreover, IMPACT adheres to the do no harm principle, ensuring the prioritization of safety, dignity and well-being of affected communities. All households were also provided with a hotline number to offer feedback or lodge complaints. The hotline was operational daily from 8:00am to 6:00pm. We also ensured referral to psychosocial and or other relevant support as required.

Additionally, all REACH staff are obliged to respect and uphold IMPACT and ACTEDs respective yet aligned Policies against Sexual Exploitation and Abuse (SEA). IMPACT and Acted have a zero-tolerance approach towards sexual exploitation and abuse, and are committed to prevent them within their organisations and within the framework of all of their programmes and initiatives.

Limitations and challenges

Data collection limitations:

Data collection was successfully conducted, from late July to early October 2024. However, the data collection phase has faced three key operational obstacles. Firstly, IMPACT faced data collection challenges in Kyangwali. Despite thorough engagement with local authorities, including having our staff be chaperoned by local guides to sensitize communities on the Local Chairperson's behalf, the host community remained suspicious that our staff's presence was linked to preparations for rumoured land grabs in the area. Ultimately, attempts to address these concerns further through close cooperation with local authorities, including the district administration, local police, and local councils, were ineffective. For the safety of our staff, data collection activities involving the host community were discontinued. Data collection for the refugee community, however, was successfully completed as planned. As a result, for Kyangwali only refugee data was published and analysed.

Secondly, having sampled refugee samples on the basis of UNHCR population figures for all settlements, our team experienced issues meeting the targets for the refugee sample in Lobule, due to a lack of refugee households in-situ. Our staff, having inquired locally, conclude that many refugee households either travel during the day outside of the settlement, or have left the settlement altogether to urban areas or the country of origin, due to livelihoods constraints and other issues. As a result, the margin of error for refugee households in Lobule is slightly higher at 5.5% compared to the other locations at 5%.

Thirdly, data collection in Kampala was curtailed, especially on the host community data collection and in Rubaga for both hosts and refugee surveys, due to obstacles presented by local political figures objected on IMPACT conducting data collection in these areas. Despite having appealed to the correct and mandated authorities, it was foreseen that data collection would be delayed to such an extent that it would jeopardize analysis, forcing us to discontinue in Rubaga, while compensating in other divisions in Kampala to maintain completion for the Kampala refugee sample. For the analysis and findings of the data, this will mean that the data is representative for Central, Makindye, and Kawempe divisions, but not for Rubaga.

Limitations arising from interviewing the head of household:

All responses are provided by the head of household or another adult member, meaning the data inherently reflects the respondent's perspective on the household's living conditions, rather than capturing the views of all household members. Additionally, intra-household dynamics (including intrahousehold power relations across gender, age, disability) could not be captured through this method.

Respondent bias:

Although participation in the survey was voluntary and respondents were reminded of this at every survey, there is a risk of inaccurate responses due to internal household or community dynamics not captured by the methodology. For example, protection risks may be underreported if respondents fear that discussing them could lead to greater danger. Similarly, sensitive topics, such as menstrual hygiene or sexual and reproductive health, may be less openly addressed due to cultural taboo.

ANALYSIS OF SECTORAL COMPOSITES

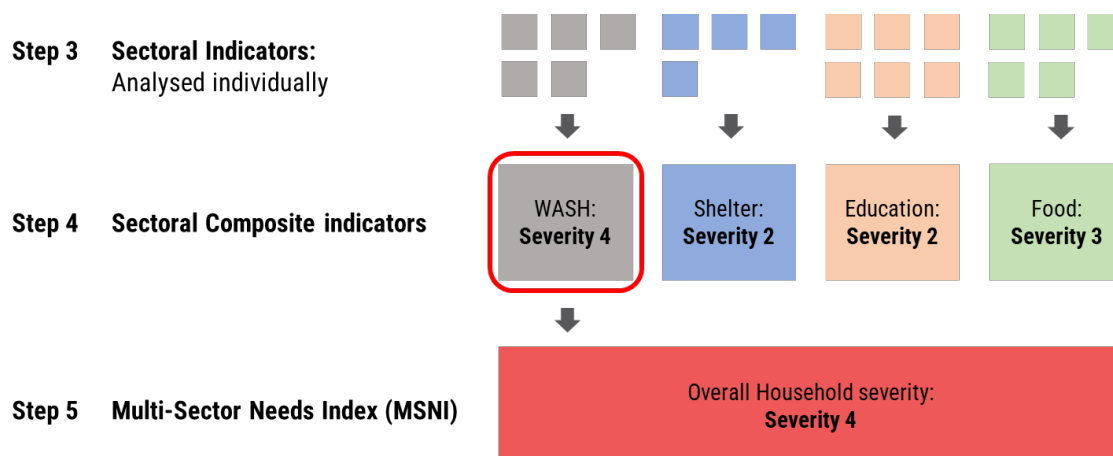
For details regarding the indicators and thresholds used in this analysis, please refer to [Annex 2](#).

Each year, IMPACT 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, such as the multi-year Uganda Comprehensive Refugee Response Plan (UCRRP).

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 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](#).

The key analytical components are:

- Sectoral Composites: signifies a need in a given sector, if 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.

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: Mandatory Reporting on Missing Values

None of the LSGs yielded a proportion of NAs that exceeded 5% of the total households analyzed.

Annex 2: Related publications (terms of reference, datasets, dashboards)

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

Terms of reference: Available [here](#).

Quantitative and qualitative questionnaires: Available [here](#).

Dataset and quantitative analysis: Available [here](#).

MSNI Bulletin: **Available here.**

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

Annex 3: Details on the indicators used for the Sectoral Composites

Table 3.1 – Health Sector Composite

			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 individuals with an unmet health care need	If yes, was [...] able to obtain health care when they felt they needed it?	Yes No					
% households with at least one member with a disability (lots of difficulty or can't do to one or more of the Washington Group Questions)	Does individual [...] have difficulty... <ul style="list-style-type: none"> • Seeing, even if wearing glasses? • Hearing, even if using a hearing aid(s)? • Walking or climbing steps? • Remembering or concentrating? • Communicating, for example understanding or being understood? 	No difficulty Some difficulty A lot of difficulty Cannot do at all	No person with healthcare needs and no person with a disability	At least one person with a met need AND [no person with a disability OR WG-SS level 1 or 2]	At least one person with an unmet need AND [no disability OR WGSS level 1 or 2] OR [No person with needs OR met needs] AND WG-SS level 3 or 4	At least one person with unmet needs AND WG-SS level 3 or 4	

Table 3.2 - Education Sector Composite

			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+
% children 3 to 18 years old who attended school or any early childhood education program at any time during the 2023-2024 school year	Did child [...] attend school or any early childhood education program at any time during the 2023-2024 school year?	Yes No	All school-aged children attended formal school at any time OR No school-aged children		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, indicating that the child faced a severe protection risk	
% children 3 to 18 years old not attending school or any early childhood education program at any time during the 2023-2024 school year, by main reason	During the 2023-2024 school year, what was the main reason child [...] did not access formal school?	List of barriers					
% children 3 to 18 years old whose education was disrupted, by type of event	During the 2023 – 2024 school year, was the education of child [...] disrupted by any of the following events: <ul style="list-style-type: none"> • Natural hazards such as flood, cyclone, drought, wildfire or earthquake • Teacher's absence • School used as a shelter by displaced persons • School occupied by armed forces/ non-state armed groups 		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 school being occupied by armed groups/ non-state governmental actors	

Table 3.2.1 – Barriers to school attendance

List of barriers to school attendance – those in red are reasons identified as a severity 4 or 5 in the PiN guidance
The child has already graduated from secondary education.
Cannot afford the direct costs of education (e.g. tuition, supplies, transportation)
There is a lack of interest/Education is not a priority either for the child or the household
Lack of appropriate and accessible school
School does not have enough classrooms that are usable
School's WASH facilities are in poor condition or not available
School has been closed due to damage, natural disaster, conflict
Lack of or poor quality of teachers
Curriculum and/or the certificates issued by school are not perceived to be useful for the household
The child's disability or health issues prevents them from accessing school
Language issues
Unable to enroll in school due to recent displacement/return (displacement since after the start of the school year)
Child is too young to attend school
Reduction in humanitarian assistance (GFA)
Reduction in other forms of cash programming
Other (specify)
Don't know
Prefer not to answer
Protection risks whilst at the school
Protection risks whilst travelling to the school
Child needs to work at home or on the household's own farm (i.e. is not earning an income for these activities, but may allow other family members to earn an income)
Child participating in income generating activities outside of the home
Child is associated with armed forces or armed groups
Marriage, engagement and/or pregnancy
There is a ban preventing child from attending
Unable to enroll in school due to lack of documentation
Discrimination or stigmatization of the child for any reason

Table 3.3 – WASH Sector Composite

				Sectoral Composite does not indicate need		Sectoral Composite indicates need		
Setting	Indicator	Question(s)	Response options	Severity level 1	Severity level 2	Severity level 3	Severity level 4	Severity level 4+
All settings	% of households having had access to a sufficient quantity of drinking water	In the last 4 weeks, how frequently has there NOT been as much water to drink as you would like for you or anyone in your household?	Never (0 times) Rarely (1–2 times) Sometimes (3–10 times) Often (11–20 times) Always (more than 20 times)	Never	Rarely	Sometimes	Often	Always
Rural	% of households having had access to an improved drinking water source	What is the **main source** of drinking water for members of your household?	List of water sources	Safely managed or Basic	Limited or Unimproved		Surface water	
	% of households with access to functioning sanitation facilities	What kind of toilet facility do members of your household usually use?	List of sanitation facilities	Basic	Limited or Unimproved		Open defecation	
	% of households with access to functioning handwashing facilities	Can you please show me where members of your household most often wash their hands?	Handwashing facility (observed or reported) Yes or No	Basic	Limited or No facility			
Urban	% of households having had access to an	What is the **main source** of drinking water for	List of water sources	Safely managed	Basic or Limited	Unimproved	Surface water	

	improved drinking water source	members of your household?						
	% of households with access to functioning sanitation facilities	What kind of toilet facility do members of your household usually use?	List of sanitation facilities	Basic	Limited	Unimproved	Open defecation	
	% of households with access to functioning handwashing facilities	Can you please show me where members of your household most often wash their hands?	Handwashing facility (observed or reported) Yes or No	Basic	Limited	No facility		

Table 3.3.1 – Improved and unimproved water sources and sanitation facilities

	Water sources	Sanitation facilities
Improved	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Protected spring Sachet water Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Shaduf Jerry Can	Flush to piped sewer system Flush to septic tank Flush to pit latrine Flush to don't know where Pit latrine with slab Pit latrine with mud slab Ventilated pit latrine with slab Composting toilet Ecosan toilet
Unimproved	Unprotected well Unprotected spring Surface water (river, dam, lake, pond, stream, canal, irrigation channel)	Flush to open drain Flush to elsewhere Pit latrine without slab / open pit Plastic Bag Bucket Hanging toilet/hanging latrine No facility/bush/field

WASH severity classifications are composites calculated according to the [Joint Monitoring Programme \(JMP\) service ladder's classifications](#), using water source category and roundtrip water collection time range indicators.

Table 3.3.2 – JMP Service ladder WASH classifications

	JMP service ladder classifications		MSNA indicators used
Water quality	Surface water		If wash_drinking_water_source_cat is surface_water
	Unimproved		If wash_drinking_water_source_cat is unimproved
	Limited		If wash_drinking_water_source_cat is improved and if wash_drinking_water_time_cat is above_30min.
	Basic		If wash_drinking_water_source_cat is improved and if wash_drinking_water_time_cat is under_30min.
	Safely managed		If wash_drinking_water_source_cat is improved and if wash_drinking_water_time_cat is water_on_premises
Sanitation	Open defecation		If_sanitation_facility_cat is none.
	Unimproved		If wash_sanitation_facility_cat is unimproved.
	Limited		If wash_sanitation_facility_cat is improved and wash_sharing_sanitation_facility_cat is shared
	Basic		If wash_sanitation_facility_cat is improved and wash_sharing_sanitation_facility_cat is not_shared or not_applicable.
Hygiene	Permission to see	Basic	If wash_handwashing_facility_observed_water is equal to water_available and wash_handwashing_facility_observed_soap is equal to soap_available
		Limited	If wash_handwashing_facility_observed_water is equal to water_not_available and wash_handwashing_facility_observed_soap is equal to soap_not_available or alternative_available.
		No facility	If wash_handwashing_facility is equal to No handwashing place in dwelling/yard/plot.
	No permission to see	Limited	If wash_handwashing_facility_reported is equal to Fixed facility reported (sink/tap) in dwelling, Fixed facility reported (sink/tap) in yard/plot or Mobile object reported (bucket/jug/kettle)
		No facility	If wash_handwashing_facility is equal to No handwashing place in dwelling/yard/plot.

Table 3.4 – SNFI Sector Composite

			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 by type of shelter they currently live in	What type of shelter does the household currently live in?	List of shelter options	Adequate shelter		Inadequate shelter		No shelter (sleeping in the open)
% of households reporting enclosure issues	What issues do members of your household face in the dwelling where you currently live?	<ul style="list-style-type: none"> • No noticeable issue • Lack of privacy inside the shelter (no partitions, doors) • Lack of space inside shelter (less than 3.5m² per household member) • Inside the shelter it is often too hot / cold • Limited ventilation (no air circulation unless main entrance is open) • Leaks during rain • Unable to lock the shelter • Lack of lighting outside the shelter • Some members of the household have difficulties moving inside or outside the house 	Less than 12% of issues selected [None reported]	More than 12% of issues selected [1 to 3 out of 8 issues reported]	More than 50% of issues selected [4 to 6 out of 8 issues reported]	More than 87% of issues selected [7 or 8 out of 8 issues reported]	
% of households reporting they cannot cook in their dwelling	Are members of your household able to cook where you live?	Yes, without any issues Yes, with issues	Cannot perform 0/5 tasks	Cannot perform 1/5 tasks	Cannot perform 2-3/5 tasks	Cannot perform 4-5/5 tasks	
% of households reporting they cannot sleep in their dwelling	Are members of your household able to store food and water where you live?	No, cannot do No, no need					

<p>% of households reporting they cannot store food and water in their dwelling</p>	<p>Are members of your household able to perform personal hygiene where you live?</p>						
<p>% of households reporting they cannot perform hygiene in their dwelling</p>	<p>What is your household's main source of lighting?</p>						
<p>% of households by main source of lighting</p>							

Table 3.4.1 – Shelter type classifications

Shelter Type	
Adequate	Solid / finished house (with/without corrugated iron roofs) Tenement Solid / finished apartment
Inadequate	Collective center Unfinished / non-enclosed building Tent Makeshift shelter Poles and tarp Semi-permanent (temporary (grass roof/bricks))
No shelter	No shelter (sleeping in the open)

Table 3.5 Protection Sector

			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 with at least one child (<18) not residing in the household, by reason and average number of separated girls and boys	Does your household have any child, son or daughter (below 18 years) not currently living in the household?	Yes No	No separated children	At least one child separated because left house to study		At least one child separated for reasons indicating severe child protection concerns	At least one child separated for reasons indicating very severe child protection concerns
	What are the reason(s) your children/child are/is not living in the household?	List of reasons for separated children					
% of households reporting at least one member of the household felt concerned about their safety or security in the last 3 months, by frequency and type of protection risk	Over the past 3 months, how often, if ever, have you felt concerned about: <ul style="list-style-type: none"> • Having any member of the household engaging in risky activities due to the economic needs of the household, which may be harmful to their well-being and safety? • Persecution and discrimination, including the denial of the access to basic services due to any reason, such as nationality, ethnicity, religion, association with any social group, disability, age, or gender? • Has felt concerned about violence in the community 	Never Just once or twice Several times Always Don't Know Prefer not to answer	Total score between 0 and 1	Total score between 2 and 3 AND no Always response	Total score between 4 and 8 OR One Always response	Total score of 9 and above	

	• Are women and girls avoiding certain areas because they feel unsafe?							
--	--	--	--	--	--	--	--	--

Table 3.5.1 – Reasons for separated children, protection concerns

Reasons for separated children	
Severe child protection concern – 4	<ul style="list-style-type: none"> Left the house to seek employment Married and left the house Travelled onwards to another country Travelled back to country of origin
Very severe child protection concern – 4+	<ul style="list-style-type: none"> Engagement with armed groups/forces Kidnapped/abducted Got separated during displacement (if displaced household) Stayed behind at the area of origin (if displaced household) Missing (left and no news) Arbitrary detention

Table 3.5.2 – perceived risks weighting

Perceived risks – assigned weights	
0	Never / No
1	Just once or twice
2	Several times / Yes
3	Always

Food Security

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

- The Food Consumption Score (FCS)
- Reduced Coping Strategies Index (rCSI)
- The Household Hunger Scale (HHS)

These indicators, included in the [IPC AFI reference table](#), measure household food consumption as a first-level outcome of inadequate food availability, access, utilization, stability and other contributing factors (e.g. livelihood gaps).

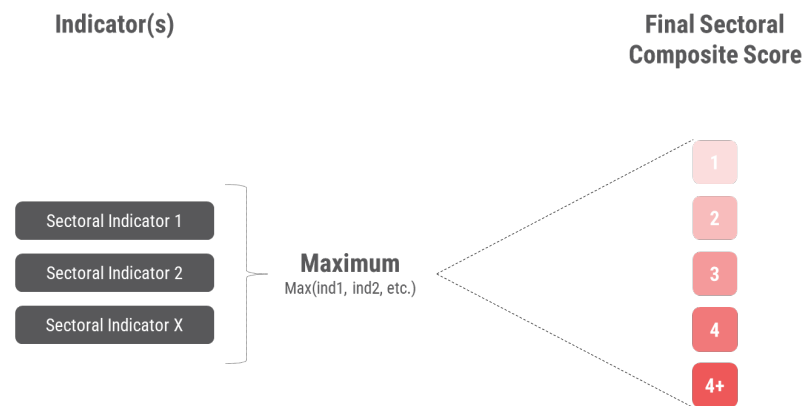
Table 3.6 – Food Security sector composite

	Sectoral Composite does not indicate need		Sectoral Composite indicates need		
Dimension	Severity level 1	Severity level 2	Severity level 3	Severity level 4	Severity level 4+
Household Indicator Convergence Matrix (HICM) Food Consumption Score (FCS) Household Hunger Scale (HHS) Reduced Coping Strategies Index (rCSI)	Phase 1: HHs are able to meet essential food needs	Phase 2: HHs have minimally adequate food consumption (but are unable to afford some essential non-food expenditures without engaging in stress coping strategies)	Phase 3: 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)	Phase 4: HHs have large food consumption gaps (only mitigated by employing emergency livelihood strategies and asset liquidation)	Phase 4+: HHs have an extreme lack of food even after full use of coping strategies

Annex 4: Sectoral Composites – Aggregation

With the exception of the Food Security Sectoral Composite⁴, 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).

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



Annex 5: 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):

⁴ It is recommended for calculating the Food Security Composite to use the aggregation method of the [FEWSNET Matrix](#).

Table 3: Example of MSNI calculation per household

	Sectoral LSG severity score						MSNI
	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 6: List of partners (terms of reference, data, dashboards)

Funded by:

- *ECHO*
- *FCDO*
- *UNHCR*
- *Plan International*

Research design/tool development, consulting partners:

- *WASH Sector*
- *Food Security Sector*
- *Livelihoods Sector*
- *Shelter Sector*
- *AAP Sector*
- *Protection Sector*
- *Child Protection Sector*
- *Health and Nutrition Sector*
- *Education Sector*
- *Cash Working Group*
- *HINGO*
- *UNHCR*
- *ATWG*
- *ISWG*
- *C4C*
- *Relon*
- *WFP*
- *RLP*
- *NRC*
- *JRS*