Multi-Sector Needs Assessment: Settlement Factsheets
Uganda, August, 2018

Background

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.

Methodology

Data collection was conducted from 2 April to 14 July 2018, in all 30 refugee settlements and eleven host community districts in Uganda. A total of 6,809 household (HH) level surveys were conducted.

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. Findings have been disaggregated by population group at the district level and by settlement.

Assessed Locations

1) OPM RIMS statistics, June 2018, Uganda Comprehensive Refugee Response Portal.

UNHCR The UN Refugee Agency

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Multi-Sector Needs Assessment: Agojo Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

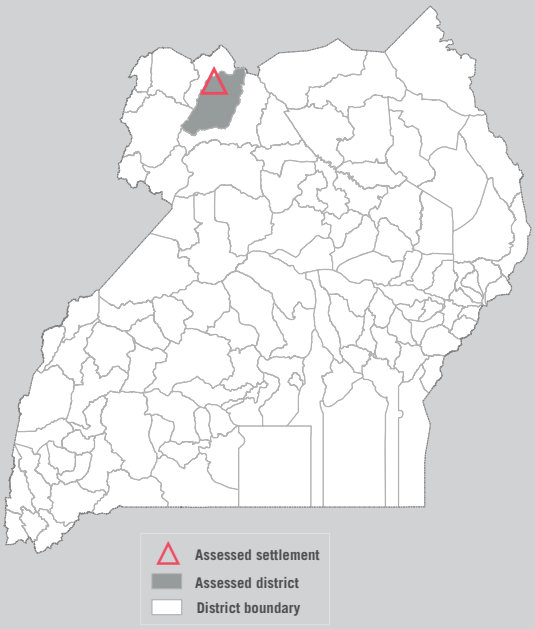
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

102 HHs were interviewed in Agojo Settlement between 24 April and 12 May 2018.

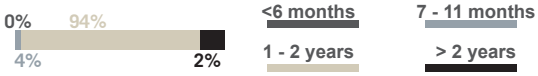


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	29%
Boys (0-17)	31%
Adult females (18-59)	17%
Adult males (18-59)	15%
Elderly females (60+)	5%
Elderly males (60+)	2%

Average HH size:[2] 5.5 members

Gender distribution of the head of the HHs:

84% Female
16% Male

Top 3 sectors with most reported HH needs:[3]

Food	66%
Education	46%
Health and nutrition	38%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

93% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

45% Unaccompanied or separated children
34% Individuals with chronic illnesses
26% Individuals with disabilities
32% Pregnant and/or lactating women

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

11% Yes
89% No

64% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

70% Yes
30% No

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

SGBV	76%
Child protection	77%
Psycho-social	59%

63% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Selling natural resource	60%
Casual labour	26%
Small business	15%

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

60%	Yes
40%	No

Of the assessed HHs with access to agricultural land, **63%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	77%
Rents the land	15%
Free access	8%

3% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	37%
Spent savings	32%
Received humanitarian aid	17%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

32%	Yes
68%	No

10% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

96%	Yes
4%	No

26% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

97%	Firewood
3%	Charcoal

76% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

97%	Permanent
3%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	65%
Flooding in past 1 year	2%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	80%
Mosquito nets	60%
Hygiene items	45%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	72%
Respiratory infection	21%
Diarrhoea	16%

Of the HHs that reported having a member with health issues in the past year, **42%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	49%
Lack of transport	33%
Treatment was not offered	15%

Of the HHs with children:[2]

95% reported they had been vaccinated against polio.
52% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

65% Yes
35% No

Average number of HH members sleeping under nets: 2.8

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

Counselling on infant and young child feeding	88%
Iron and folic acid supplements or micro-nutrient supplements	82%
At least 2 doses of fansidar[3]	82%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	67%
Public tap	19%
Water trucking	8%

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

48% > 15 litres
24% 10 -15 litres
28% < 10 litres

Average litre of water/person/day: 20 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

23% Enough
77% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	55%
Fetch from further point	52%
Use less water for drinking	12%

% of HHs reporting challenges to collecting water:

Distance	3%
Queuing	34%
Queuing and distance	48%
None	15%

7% of the HHs do not have a access to a functioning HH latrine.

49% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	83%
Waiting for next distribution	7%
Prefer a substitute	5%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	89%
Bought with cash	8%
Own production	1%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than HHs that had lived there from one year or more (89%).

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

71%	Acceptable
29%	Borderline
0%	Poor

HH average Food Consumption Score: 40

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	25%	74%	0%
Borderline	N/A	75%	26%	100%
Poor	N/A	0%	0%	0%

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

39%	Yes
61%	No

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

Reduce number of meals / day	54%
Limit meal size	29%
Buy cheaper food	25%
Debt/Borrowing	16%
Skip days of eating	1%
Only children eat	1%
Exchanged food for different food	8%
None	9%

Education

11% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
15%	3 - 5	14%
2%	6 - 12	0%
4%	13 - 18	2%

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

	Boys	Girls
ECD	27%	28%
Primary	67%	68%
Secondary	14%	18%
Other[3]	0%	1%
Not enrolled	7%	6%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

No reason provided	30%
High costs	10%
Extensive absences	10%
Insecurity	10%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1	Tuition
2	Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Alere II Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

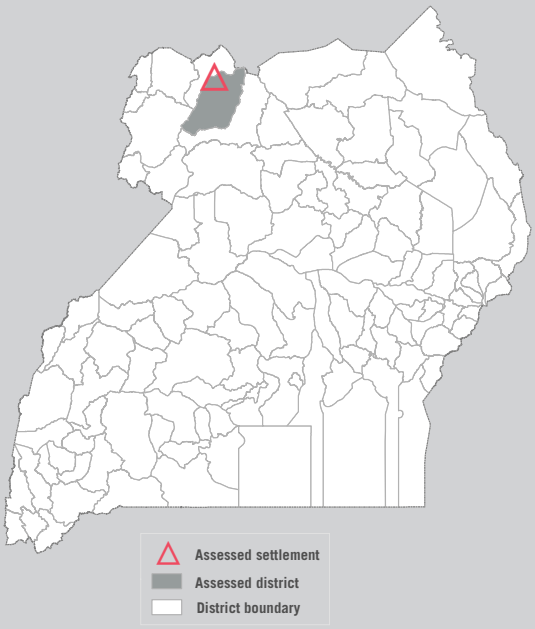
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

101 HHs were interviewed in Alere II Settlement between 19 May and 22 May 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	40%
Adult females (18-59)	15%
Adult males (18-59)	9%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 10.1 members

Gender distribution of the head of the HHs:

85% Female
15% Male

Top sectors with most reported HH needs:[3]

Shelter	56%
Education	56%
Food	51%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

63%	Unaccompanied or separated children
35%	Individuals with chronic illnesses
39%	Individuals with disabilities
48%	Pregnant and/or lactating women

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

14% Yes
86% No

21% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

53% Yes
47% No

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

SGBV	91%
Child protection	86%
Psycho-social	79%

47% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Remittances	36%
Small business	24%
Agriculture	21%

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

79%	Yes
21%	No

Of the assessed HHs with access to agricultural land, **72%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	76%
Rents the land	11%
Free access	11%

9% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

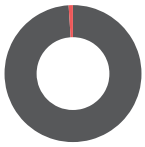
Sold assistance items received	39%
Borrowed money	25%
Spent savings	24%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

22%	Yes
78%	No

14% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:



99%	Yes
1%	No

17% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

92%	Firewood
8%	Charcoal

63% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

98%	Permanent
2%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	68%
Flooding in past 1 year	12%

Top 3 reported NFI priorities:[1]

Water storage items	68%
Bedding (e.g. mats)	67%
Mosquito nets	54%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	78%
Respiratory infection	32%
Diarrhoea	28%

Of the HHs that reported having a member with health issues in the past year, **28%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	52%
Delays	26%
Lack of transport	22%

Of the HHs with children:[2]

95% reported they had been vaccinated against polio.
89% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

67%	Yes
33%	No

Average number of HH members sleeping under nets: 3.7

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

Counselling on infant and young child feeding	98%
Iron and folic acid supplements or micro-nutrient supplements	92%
At least 2 doses of fansidar[3]	90%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	89%
Public tap	11%
Household connection	0%

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

43%	> 15 litres
39%	10 -15 litres
18%	< 10 litres

Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

56%	Enough
44%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	57%
Use less water for bathing	52%
Use less water for drinking	9%

% of HHs reporting challenges to collecting water:

Distance	3%
Queuing	25%
Queuing and distance	24%
None	49%

43% of the HHs do not have a access to a functioning HH latrine.

40% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	92%
Prefer a substitute	5%
Waiting for next distribution	2%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	67%
Bought with cash	26%
Gifts from family and friends	2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (33%) than HHs that had lived there from one year or more (68%).

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

77%	Acceptable
22%	Borderline
1%	Poor

HH average Food Consumption Score: 45

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	00%	100%	100%	77%
Borderline	100%	0%	0%	22%
Poor	0%	0%	0%	1%

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

30%	Yes
70%	No

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

Reduce number of meals / day	47%
Limit meal size	45%
Buy cheaper food	29%
Debt/Borrowing	20%
Skip days of eating	9%
Only children eat	2%
Exchanged food for different food	0%
None	10%

Education

20% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
24%	3 - 5	13%
8%	6 - 12	7%
6%	13 - 18	9%

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

	Boys	Girls
ECD	47%	40%
Primary	82%	85%
Secondary	13%	10%
Other[3]	0%	0%
Not enrolled	18%	10%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	42%
Distance	16%
Child is disabled	16%
	%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Ayilo I/II Settlements

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

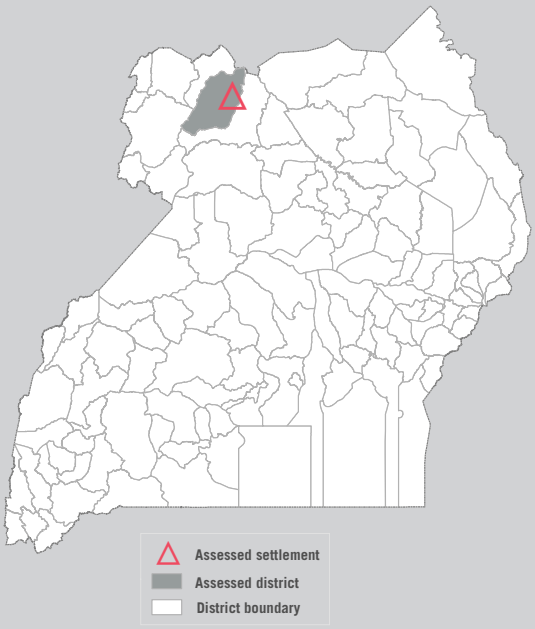
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

117 HHs were interviewed in Ayilo I and II Settlements between 8 May and 10 May 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	40%
Adult females (18-59)	16%
Adult males (18-59)	8%
Elderly females (60+)	2%
Elderly males (60+)	0%

Average HH size: 7.9 members

Gender distribution of the head of the HHs:

81% Female
19% Male

Top 3 sectors with most reported HH needs:[2]

Food	67%
Education	55%
Shelter	44%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

97% of HHs reported being registered in the settlement.[3]

% of HHs with at least one vulnerable member:

44% Unaccompanied or separated children
29% Individuals with chronic illnesses
21% Individuals with disabilities
39% Pregnant and/or lactating women

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

11% Yes
89% No

69% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

65% Yes
35% No

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

SGBV	59%
Child protection	53%
Psycho-social	37%

57% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

None	29%
Casual labour	26%
Small business	19%

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

40% Yes
60% No

Of the assessed HHs with access to agricultural land, **60%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	87%
Rents the land	9%
Free access	4%

2% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	60%
Received humanitarian aid	25%
Spent savings	19%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

14% Yes
86% No

8% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

97% Yes
3% No

28% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

84% Firewood
15% Charcoal

54% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

98% Permanent
2% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	65%
Flooding in past 1 year	18%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	79%
Mosquito nets	75%
Water storage items	41%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	67%
Diarrhoea	26%
Respiratory infection	15%

Of the HHs that reported having a member with health issues in the past year, **43%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	67%
Cost of drugs	26%
Language barrier	15%

Of the HHs with children:[2]

91% reported they had been vaccinated against polio.

59% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

54%	Yes
46%	No

Average number of HH members sleeping under nets: 3.2

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

Counselling on infant and young child feeding	93%
Iron and folic acid supplements or micro-nutrient supplements	87%
At least 2 doses of fansidar[3]	80%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	79%
Public tap	19%
Protected well	1%

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

41%	> 15 litres
43%	10 -15 litres
16%	< 10 litres

Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

66%	Enough
34%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	55%
Fetch from further point	50%
Use less water for drinking	8%

% of HHs reporting challenges to collecting water:

Distance	3%
Queuing	37%
Queuing and distance	23%
None	37%

40% of the HHs do not have a access to a functioning HH latrine.

65% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	82%
Prefer a substitute	8%
Other	5%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	94%
Bought with cash	4%
Gifts from family and friends	2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (67%) than HHs that had lived there from one year or more (95%).

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

71%	Acceptable
26%	Borderline
3%	Poor

HH average Food Consumption Score: 42

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	80%	100%	78%	70%
Borderline	20%	0%	22%	27%
Poor	0%	0%	0%	3%

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

49%	Yes
51%	No

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

Reduce number of meals / day	56%
Limit meal size	45%
Buy cheaper food	25%
Debt/Borrowing	9%
Skip days of eating	2%
Only children eat	5%
Exchanged food for different food	4%
None	12%

Education

22% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
21%	3 - 5	19%
1%	6 - 12	4%
4%	13 - 18	10%

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

	Boys	Girls
ECD	39%	39%
Primary	84%	81%
Secondary	18%	9%
Other[3]	0%	0%
Not enrolled	11%	14%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	24%
Child needs to do chores	20%
Insecurity	12%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Baratuku Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

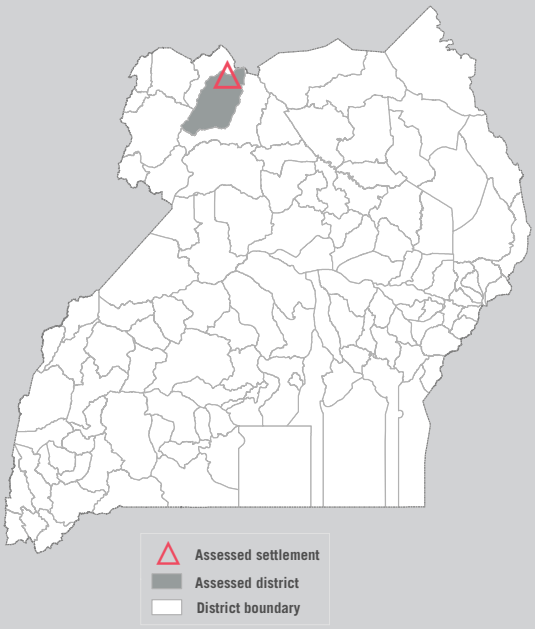
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

95 HHs were interviewed in Baratuku Settlement between 14 May and 15 May 2018.

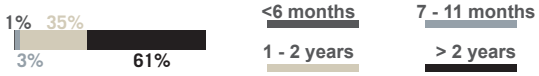


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	36%
Boys (0-17)	36%
Adult females (18-59)	16%
Adult males (18-59)	7%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 7.2 members

Gender distribution of the head of the HHs:

79% Female
21% Male

Top 3 sectors with most reported HH needs:[3]

Food	59%
Education	52%
Health and nutrition	49%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

97% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

42% Unaccompanied or separated children
38% Individuals with chronic illnesses
34% Individuals with disabilities
37% Pregnant and/or lactating women

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

11% Yes
88% No

80% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

60% Yes
40% No

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

SGBV	55%
Child protection	61%
Psycho-social	45%

64% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Casual labour	24%
Agriculture	22%
Remittances	19%

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

64% Yes
36% No

Of the assessed HHs with access to agricultural land, **67%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	79%
Free access	14%
Own the land	3%

9% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	37%
Support from friends/relatives	25%
Spent savings	23%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

25% Yes
75% No

5% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

95% Yes
5% No

20% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

92% Firewood
8% Charcoal

57% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

96% Permanent
4% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	66%
Flooding in past 1 year	11%

Top 3 reported NFI priorities:[1]

Water storage items	61%
Bedding (e.g. mats)	60%
Mosquito nets	55%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	71%
Respiratory infection	19%
Diarrhoea	18%

Of the HHs that reported having a member with health issues in the past year, **37%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	62%
Lack of transport	24%
Cost of drugs	7%

Of the HHs with children:[2]

87% reported they had been vaccinated against polio.

55% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

68%	Yes
32%	No

Average number of HH members sleeping under nets: 3.7

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

Counselling on infant and young child feeding	97%
Iron and folic acid supplements or micro-nutrient supplements	89%
At least 2 doses of fansidar[3]	83%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Public tap	77%
Borehole	20%
Protected rainwater tank	3%

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

52%	> 15 litres
25%	10 -15 litres
23%	< 10 litres

Average litre of water/person/day: 17 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

65%	Enough
35%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	67%
Use less water for bathing	42%
Drink water usually reserved for other purposes	9%

% of HHs reporting challenges to collecting water:

Distance	5%
Queuing	22%
Queuing and distance	22%
None	51%

40% of the HHs do not have a access to a functioning HH latrine.

38% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	69%
Prefer a substitute	14%
Waiting for next distribution	8%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	92%
Bought with cash	5%
Local food assistance/charity	2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (**50%**) than HHs that had lived there from one year or more (**93%**).

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

65%	Acceptable
31%	Borderline
4%	Poor

HH average Food Consumption Score: 40

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	100%	64%	64%
Borderline	0%	0%	33%	31%
Poor	0%	0%	3%	5%

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

35%	Yes
65%	No

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

Reduce number of meals / day	51%
Limit meal size	40%
Buy cheaper food	27%
Debt/Borrowing	16%
Skip days of eating	4%
Only children eat	3%
Exchanged food for different food	4%
None	9%

Education

15% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
12%	3 - 5	16%
0%	6 - 12	4%
0%	13 - 18	7%

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

	Boys	Girls
ECD	40%	33%
Primary	78%	76%
Secondary	10%	5%
Other[3]	1%	0%
Not enrolled	6%	12%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	36%
Child is disabled	14%
Distance	7%
Recently arrived	7%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Uniform
2. Tuition
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Bidibidi Settlement

Settlement Factsheet, Yumbe District, Uganda, August 2018

UNHCR The UN Refugee Agency

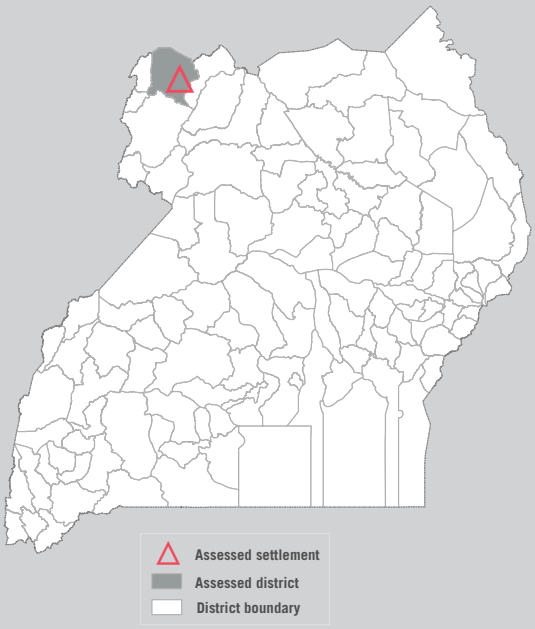
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

550 HHs were interviewed in Bidibidi Settlement between 9 April and 21 June 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	36%
Adult females (18-59)	15%
Adult males (18-59)	12%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 6.9 members

Gender distribution of the head of the HHs:

64% Female
36% Male

Top 3 sectors with most reported HH needs:[3]

Food	75%
Livelihoods	46%
Health and nutrition	40%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

62% Unaccompanied or separated children
38% Individuals with chronic illnesses
17% Individuals with disabilities
56% Pregnant and/or lactating women

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

24% Yes
76% No

34% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

63% Yes
37% No

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

SGBV	82%
Child protection	75%
Psycho-social	68%

38% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Agriculture	35%
Casual labour	24%
Selling natural resource	23%

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

67% Yes
33% No

Of the assessed HHs with access to agricultural land, **73%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	91%
Free access	6%
Own the land	2%

11% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	47%
Borrowed money	20%
Support from friends/relatives	17%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

27% Yes
73% No

10% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

84% Yes
16% No

48% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

97% Firewood
3% Charcoal

54% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

87% Permanent
13% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	77%
Flooding in past 1 year	28%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	82%
Water storage items	64%
Kitchen tools	52%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	46%
Diarrhoea	36%
Skin disease	16%

Of the HHs that reported having a member with health issues in the past year, **52%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	53%
Language barrier	25%
Cost of drugs	17%

Of the HHs with children:[2]

87% reported they had been vaccinated against polio.

60% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

40%	Yes
60%	No

Average number of HH members sleeping under nets: 1.4

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

Counselling on infant and young child feeding	88%
Iron and folic acid supplements or micro-nutrient supplements	80%
At least 2 doses of fansidar[3]	77%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Public tap	61%
Borehole	23%
Protected rainwater tank	15%

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

59%	> 15 litres
26%	10 -15 litres
15%	< 10 litres

Average litre of water/person/day: 20 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

56%	Enough
44%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	54%
Fetch from further point	47%
Use less water for drinking	30%

% of HHs reporting challenges to collecting water:

Distance	8%
Queuing	38%
Queuing and distance	27%
None	27%

9% of the HHs do not have a access to a functioning HH latrine.

52% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	45%
Waiting for next distribution	33%
Prefer a substitute	16%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	87%
Bought with cash	5%
Local food assistance/charity	2%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (**94%**) than HHs that had lived there from one year or more (**86%**).

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

84%	Acceptable
8%	Borderline
8%	Poor

HH average Food Consumption Score: 48

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	64%	100%	85%	0%
Borderline	27%	0%	7%	100%
Poor	9%	0%	8%	0%

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

24%	Yes
76%	No

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

Reduce number of meals / day	70%
Limit meal size	57%
Buy cheaper food	18%
Debt/Borrowing	9%
Skip days of eating	8%
Only children eat	16%
Exchanged food for different food	7%
None	1%

Education

6% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
2%	3 - 5	5%
2%	6 - 12	2%
2%	13 - 18	1%

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

	Boys	Girls
ECD	42%	43%
Primary	74%	73%
Secondary	16%	12%
Other[3]	0%	1%
Not enrolled	3%	3%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

Lack of space/overcrowding	22%
High costs	19%
Child needs to do chores	16%

%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Books
2. Food
3. Bags
4. Transportation costs

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Boroli Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

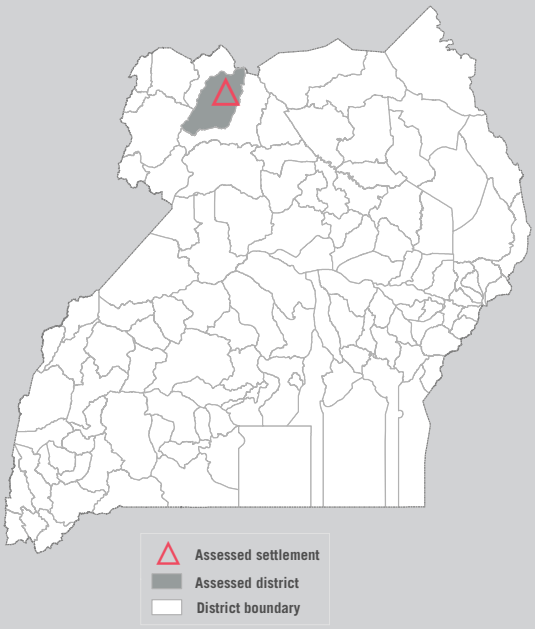
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

110 HHs were interviewed in Boroli Settlement between 16 May and 18 May 2018.

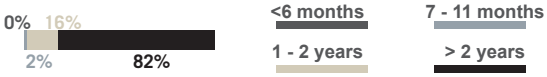


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	36%
Boys (0-17)	38%
Adult females (18-59)	16%
Adult males (18-59)	8%
Elderly females (60+)	2%
Elderly males (60+)	0%

Average HH size:[2] 7.3 members

Gender distribution of the head of the HHs:

85% Female
15% Male

Top 3 sectors with most reported HH needs:[3]

Education	63%
Food	58%
Shelter	46%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

45% Unaccompanied or separated children
28% Individuals with chronic illnesses
25% Individuals with disabilities
40% Pregnant and/or lactating women

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

12% Yes
88% No

38% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

58% Yes
42% No

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

SGBV	90%
Child protection	85%
Psycho-social	73%

55% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Small business	41%
Casual labour	29%
Agriculture	26%

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

79% Yes
21% No

Of the assessed HHs with access to agricultural land, **59%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	56%
Rents the land	26%
Free access	15%

6% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

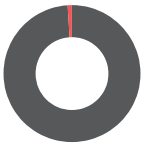
Sold assistance items received	36%
Received humanitarian aid	24%
Spent savings	23%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

54% Yes
46% No

13% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:



99% Yes
1% No

20% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

81% Firewood
19% Charcoal

69% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

98% Permanent
2% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	62%
Flooding in past 1 year	24%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	73%
Water storage items	55%
Mosquito nets	51%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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UNHCR The UN Refugee Agency

Health & Nutrition

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

Malaria	77%
Diarrhoea	22%
Respiratory infection	21%

Of the HHs that reported having a member with health issues in the past year, **38%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	63%
Lack of transport	33%
Delays	8%

Of the HHs with children:[2]

94% reported they had been vaccinated against polio.
83% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

76%	Yes
24%	No

Average number of HH members sleeping under nets: 4.3

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

Counselling on infant and young child feeding	98%
Iron and folic acid supplements or micro-nutrient supplements	93%
At least 2 doses of fansidar[3]	95%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	81%
Public tap	19%
Household connection	0%

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

60%	> 15 litres
33%	10 -15 litres
7%	< 10 litres

Average litre of water/person/day: 21 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

85%	Enough
15%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	59%
Use less water for bathing	41%
Purchase more water	18%

% of HHs reporting challenges to collecting water:

Distance	0%
Queuing	21%
Queuing and distance	6%
None	73%

36% of the HHs do not have a access to a functioning HH latrine.

26% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	83%
Prefer a substitute	10%
Waiting for next distribution	7%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	77%
Bought with cash	20%
Other	2%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than HHs that had lived there from one year or more (77%).

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

80%	Acceptable
19%	Borderline
1%	Poor

HH average Food Consumption Score: 44

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	50%	89%	79%
Borderline	N/A	50%	11%	20%
Poor	N/A	0%	0%	1%

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

41%	Yes
59%	No

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

Reduce number of meals / day	59%
Limit meal size	39%
Buy cheaper food	23%
Debt/Borrowing	15%
Skip days of eating	3%
Only children eat	1%
Exchanged food for different food	5%
None	15%

Education

7% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
11%	3 - 5	5%
1%	6 - 12	3%
0%	13 - 18	2%

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

	Boys	Girls
ECD	40%	37%
Primary	87%	85%
Secondary	10%	11%
Other[3]	0%	0%
Not enrolled	5%	4%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	29%
Just arrived in this area	14%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Uniform
2. Tuition
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Elema Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

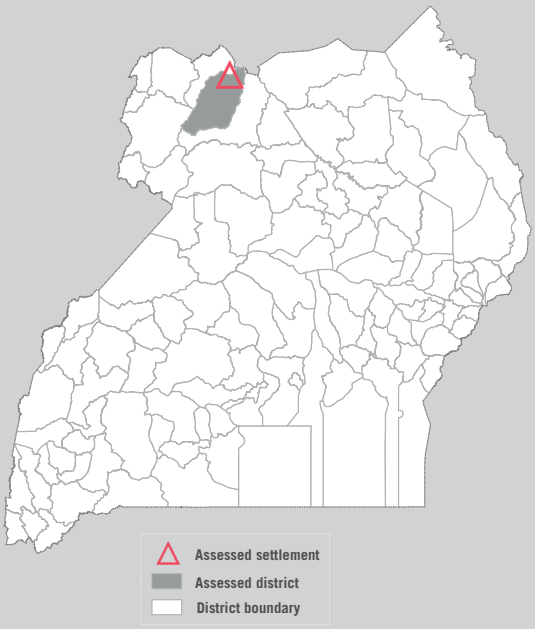
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

62 HHs were interviewed in Elema Settlement between 29 May and 30 May 2018.

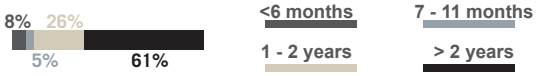


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	31%
Adult females (18-59)	15%
Adult males (18-59)	14%
Elderly females (60+)	4%
Elderly males (60+)	2%

Average HH size:[2] 7.2 members

Gender distribution of the head of the HHs:

73% Female
27% Male

Top 3 sectors with most reported HH needs:[3]

Food	58%
Education	53%
Health and nutrition	45%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

97% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

42% Unaccompanied or separated children
52% Individuals with chronic illnesses
31% Individuals with disabilities
40% Pregnant and/or lactating women

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

6% Yes
94% No

25% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

54% Yes
46% No

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

SGBV	97%
Child protection	92%
Psycho-social	79%

32% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Casual labour	47%
Small business	42%
Agriculture	35%

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

97%	Yes
3%	No

Of the assessed HHs with access to agricultural land, **62%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	45%
Free access	37%
Rents the land	17%

0% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	40%
Spent savings	39%
Support from friends/relatives	24%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

61%	Yes
39%	No

23% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

87%	Yes
13%	No

37% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

97%	Firewood
3%	Charcoal

81% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

98%	Permanent
2%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	61%
Flooding in past 1 year	5%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	66%
Kitchen tools	56%
Mosquito nets	44%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	73%
Respiratory infection	26%
Diarrhoea	21%

Of the HHs that reported having a member with health issues in the past year, **35%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	62%
Lack of transport	24%
Treatment was not offered	24%

Of the HHs with children:[2]

100% reported they had been vaccinated against polio.
91% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

76%	Yes
24%	No

Average number of HH members sleeping under nets: 4.6

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

Counselling on infant and young child feeding	96%
Iron and folic acid supplements or micro-nutrient supplements	100%
At least 2 doses of fansidar[3]	100%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	100%
	%
	%

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

66%	> 15 litres
32%	10 -15 litres
2%	< 10 litres

Average litre of water/person/day: 21 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

66%	Enough
34%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	52%
Fetch from further point	48%
Use less water for drinking	10%

% of HHs reporting challenges to collecting water:

Distance	5%
Queuing	32%
Queuing and distance	8%
None	55%

26% of the HHs do not have a access to a functioning HH latrine.

15% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	89%
Prefer a substitute	11%
Soap was unavailable at the market	0%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	61%
Bought with cash	26%
Own production	6%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (50%) than HHs that had lived there from one year or more (63%).

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

94%	Acceptable
6%	Borderline
0%	Poor

HH average Food Consumption Score: 49

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	100%	81%	97%
Borderline	0%	0%	19%	3%
Poor	0%	0%	0%	0%

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

53%	Yes
47%	No

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

Reduce number of meals / day	37%
Limit meal size	27%
Buy cheaper food	32%
Debt/Borrowing	11%
Skip days of eating	2%
Only children eat	0%
Exchanged food for different food	13%
None	15%

Education

11% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
9%	3 - 5	4%
0%	6 - 12	0%
4%	13 - 18	5%

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

	Boys	Girls
ECD	46%	46%
Primary	56%	75%
Secondary	21%	21%
Other[3]	0%	0%
Not enrolled	5%	5%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

Child is disabled	17%
Unnecessary	17%

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Imvepi Settlement

Settlement Factsheet, Arua District, Uganda, August 2018

UNHCR The UN Refugee Agency

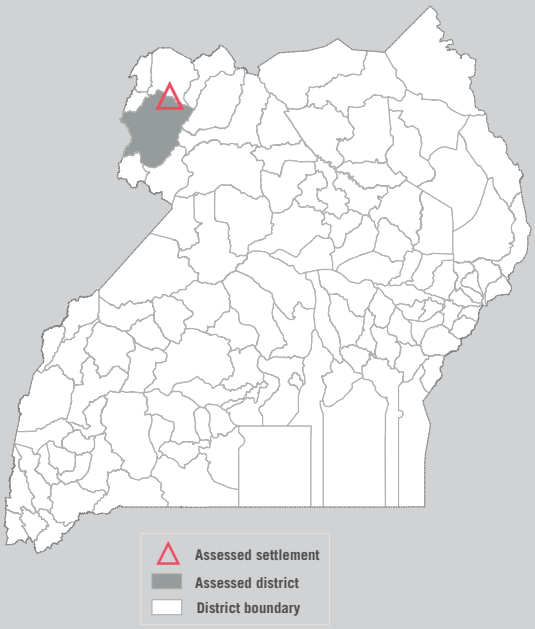
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

305 HHs were interviewed in Imvepi Settlement between 9 April and 26 May 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	35%
Adult females (18-59)	16%
Adult males (18-59)	12%
Elderly females (60+)	3%
Elderly males (60+)	2%

Average HH size:[2] 7 members

Gender distribution of the head of the HHs:

59% Female
41% Male

Top 3 sectors with most reported HH needs:[3]

Food	82%
Livelihoods	46%
Health and nutrition	39%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

66% Unaccompanied or separated children
34% Individuals with chronic illnesses
22% Individuals with disabilities
50% Pregnant and/or lactating women

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

25% Yes
75% No

55% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

77% Yes
23% No

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

SGBV	75%
Child protection	67%
Psycho-social	61%

59% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

None	40%
Small business	20%
Casual labour	18%

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

47% Yes
53% No

Of the assessed HHs with access to agricultural land, **78%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	85%
Free access	6%
Own the land	6%

33% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	42%
None	20%
Received humanitarian aid	19%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

20% Yes
80% No

16% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

62% Yes
38% No

51% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

99% Firewood
1% Charcoal

41% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

62% Permanent
38% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	75%
Flooding in past 1 year	21%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	73%
Kitchen tools	53%
Water storage items	52%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	33%
Diarrhoea	29%
Rapid weight loss	15%

Of the HHs that reported having a member with health issues in the past year, **58%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	51%
Treatment was not offered	27%
Pharmacy lacked drugs	24%

Of the HHs with children:[2]

68% reported they had been vaccinated against polio.

47% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

37%	Yes
63%	No

Average number of HH members sleeping under nets: 1.5

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

Counselling on infant and young child feeding	88%
Iron and folic acid supplements or micro-nutrient supplements	81%
At least 2 doses of fansidar[3]	78%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Public tap	45%
Protected rainwater tank	40%
Borehole	7%

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

57%	> 15 litres
24%	10 -15 litres
19%	< 10 litres

Average litre of water/person/day: 20 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

62%	Enough
38%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	66%
Fetch from further point	36%
Use less water for drinking	15%

% of HHs reporting challenges to collecting water:

Distance	6%
Queuing	37%
Queuing and distance	16%
None	41%

18% of the HHs do not have a access to a functioning HH latrine.

65% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Prefer a substitute	41%
Soap is too expensive	28%
Waiting for next distribution	25%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	92%
Bought with cash	3%
Gifts from family and friends	2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (91%) than HHs that had lived there from one year or more (96%).

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

68%	Acceptable
23%	Borderline
9%	Poor

HH average Food Consumption Score: 38

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	92%	61%	77%	100%
Borderline	8%	27%	18%	0%
Poor	0%	12%	5%	0%

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

42%	Yes
58%	No

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

Reduce number of meals / day	58%
Limit meal size	33%
Buy cheaper food	13%
Debt/Borrowing	15%
Skip days of eating	10%
Only children eat	8%
Exchanged food for different food	7%
None	3%

Education

14% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
5%	3 - 5	11%
3%	6 - 12	4%
5%	13 - 18	9%

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

	Boys	Girls
ECD	30%	38%
Primary	68%	67%
Secondary	9%	6%
Other[3]	0%	0%
Not enrolled	5%	10%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

No reason provided	36%
High costs	15%
Distance	15%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Uniform
2. Transportation costs
3. Writing materials
4. Bags

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Kiryandongo Settlement

Settlement Factsheet, Kiryandongo 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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

119 HHs were interviewed in Kiryandongo Settlement between 24 April and 1 May 2018.

Demographics

% of assessed HHs by area of origin:

96%	South Sudan
4%	Kenya

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	38%
Adult females (18-59)	15%
Adult males (18-59)	12%
Elderly females (60+)	1%
Elderly males (60+)	1%

Average HH size:[2] 9.3 members

Gender distribution of the head of the HHs:

76%	Female
24%	Male

Top 3 sectors with most reported HH needs:[3]

Food	56%
Education	50%
Shelter	48%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

98% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

62%	Unaccompanied or separated children
30%	Individuals with chronic illnesses
22%	Individuals with disabilities
45%	Pregnant and/or lactating women

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

29%	Yes
71%	No

77% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

73%	Yes
27%	No

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

SGBV	59%
Child protection	49%
Psycho-social	45%

33% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Agriculture	69%
Casual labour	32%
Small business	20%

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

75% Yes
25% No

Of the assessed HHs with access to agricultural land, **52%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	88%
Own the land	10%
Free access	2%

7% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Support from friends/relatives	32%
Received humanitarian aid	29%
Sold assistance items received	28%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

24% Yes
76% No

20% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

66% Yes
34% No

43% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

78% Firewood
22% Charcoal

24% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

90% Permanent
10% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	60%
Flooding in past 1 year	29%

Top 3 reported NFI priorities:[1]

Water storage items	61%
Bedding (e.g. mats)	61%
Kitchen tools	53%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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UNHCR The UN Refugee Agency

Health & Nutrition

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

Malaria	56%
Diarrhoea	41%
Extreme stress	34%

Of the HHs that reported having a member with health issues in the past year, **67%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	47%
Cost of drugs	33%
Language barrier	29%

Of the HHs with children:[2]

83% reported they had been vaccinated against polio.
46% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

34%	Yes
66%	No

Average number of HH members sleeping under nets: 1.3

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

Counselling on infant and young child feeding	83%
Iron and folic acid supplements or micro-nutrient supplements	52%
At least 2 doses of fansidar[3]	63%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	71%
Public tap	26%
Protected well	1%

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

38%	> 15 litres
35%	10 -15 litres
27%	< 10 litres

Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

31%	Enough
69%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	70%
Fetch from further point	54%
Purchase more water	15%

% of HHs reporting challenges to collecting water:

Distance	4%
Queuing	31%
Queuing and distance	56%
None	8%

20% of the HHs do not have a access to a functioning HH latrine.

49% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	86%
Waiting for next distribution	5%
Prefer a substitute	3%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	71%
Own production	20%
Bought with cash	4%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than HHs that had lived there from one year or more (70%).

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

87%	Acceptable
12%	Borderline
1%	Poor

HH average Food Consumption Score: 51

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	100%	94%	83%
Borderline	0%	0%	6%	16%
Poor	0%	0%	0%	1%

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

42%	Yes
58%	No

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

Reduce number of meals / day	50%
Limit meal size	38%
Buy cheaper food	25%
Debt/Borrowing	11%
Skip days of eating	18%
Only children eat	13%
Exchanged food for different food	3%
None	9%

Education

17% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
8%	3 - 5	4%
1%	6 - 12	6%
9%	13 - 18	13%

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

	Boys	Girls
ECD	30%	26%
Primary	78%	72%
Secondary	28%	28%
Other[3]	2%	0%
Not enrolled	9%	11%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	68%
Lack of space/overcrowding	11%
Other	5%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Books
2. Uniform
3. Tuition

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Kyaka II Settlement

Settlement Factsheet, Kyegegwa 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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

109 HHs were interviewed in Kyaka II Settlement between 5 June and 19 June 2018.

Demographics

% of assessed HHs by area of origin:

96%	DRC
3%	Rwanda
1%	Burundi

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	31%
Boys (0-17)	32%
Adult females (18-59)	17%
Adult males (18-59)	16%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 4.9 members

Gender distribution of the head of the HHs:

48%	Female
52%	Male

Top 3 sectors with most reported HH needs:[3]

Food	83%
Health and nutrition	39%
Livelihoods	38%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

96% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

18%	Unaccompanied or separated children
23%	Individuals with chronic illnesses
22%	Individuals with disabilities
41%	Pregnant and/or lactating women

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

21%	Yes
79%	No

83% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

90%	Yes
10%	No

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

SGBV	23%
Child protection	15%
Psycho-social	13%

66% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Casual labour	39%
Agriculture	39%
Remittances	22%

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

50%	Yes
50%	No

Of the assessed HHs with access to agricultural land, **75%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	87%
Own the land	9%
Rents the land	4%

19% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Received humanitarian aid	38%
None	20%
Support from friends/relatives	18%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

6%	Yes
94%	No

4% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

76%	Yes
24%	No

36% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

87%	Firewood
13%	Charcoal

31% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

69%	Permanent
31%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	66%
Flooding in past 1 year	16%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	72%
Mosquito nets	53%
Kitchen tools	41%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	46%
Diarrhoea	19%
Diarrhoea	19%

Of the HHs that reported having a member with health issues in the past year, **53%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	28%
Unqualified staff	28%
Lack of transport	24%

Of the HHs with children:[2]

78% reported they had been vaccinated against polio.
43% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

28%	Yes
72%	No

Average number of HH members sleeping under nets: 0.9

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

Counselling on infant and young child feeding	56%
Iron and folic acid supplements or micro-nutrient supplements	62%
At least 2 doses of fansidar[3]	62%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	59%
Protected rainwater tank	15%
Public tap	10%

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

34%	> 15 litres
35%	10 -15 litres
31%	< 10 litres

Average litre of water/person/day: 14 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

83%	Enough
17%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	47%
Use less water for bathing	32%
Use less water for drinking	11%

% of HHs reporting challenges to collecting water:

Distance	26%
Queuing	17%
Queuing and distance	17%
None	39%

44% of the HHs do not have a access to a functioning HH latrine.

42% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	61%
Waiting for next distribution	17%
Soap isn't necessary	11%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	39%
Bought with cash	37%
Own production	15%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (71%) than HHs that had lived there from one year or more (4%).

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

68%	Acceptable
23%	Borderline
9%	Poor

HH average Food Consumption Score: 39

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	60%	67%	71%	76%
Borderline	32%	0%	29%	13%
Poor	8%	33%	0%	11%

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

28%	Yes
72%	No

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

Reduce number of meals / day	27%
Limit meal size	43%
Buy cheaper food	35%
Debt/Borrowing	6%
Skip days of eating	11%
Only children eat	7%
Exchanged food for different food	4%
None	7%

Education

60% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
62%	3 - 5	57%
28%	6 - 12	41%
48%	13 - 18	50%

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

	Boys	Girls
ECD	8%	10%
Primary	45%	40%
Secondary	4%	2%
Other[3]	1%	1%
Not enrolled	41%	45%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	51%
Distance	16%
Just arrived in this area	16%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Books
3. Uniform

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Kyangwali Settlement

Settlement Factsheet, Hoima District, Uganda, August 2018

UNHCR The UN Refugee Agency

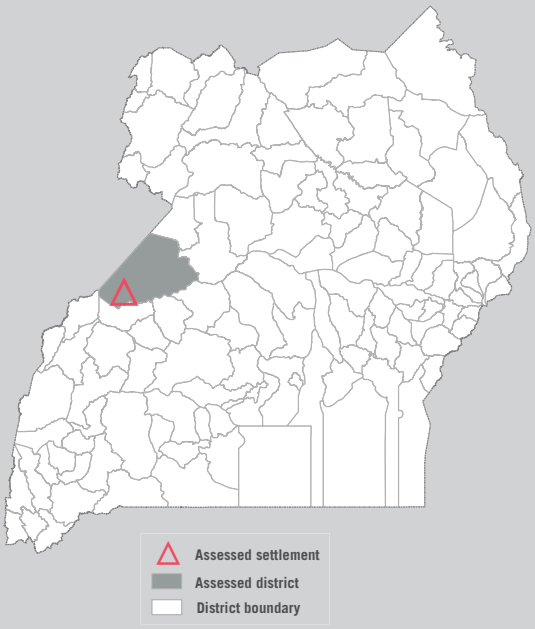
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

125 HHs were interviewed in Kyangwali Settlement between 31 May and 8 June 2018.



Demographics

% of assessed HHs by area of origin:

86%	DRC
10%	South Sudan
2%	Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	32%
Boys (0-17)	31%
Adult females (18-59)	18%
Adult males (18-59)	16%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 5.5 members

Gender distribution of the head of the HHs:

47%	Female
53%	Male

Top 3 sectors with most reported HH needs:[3]

Food	81%
Health and nutrition	53%
Shelter	37%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

98% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

36%	Unaccompanied or separated children
48%	Individuals with chronic illnesses
30%	Individuals with disabilities
43%	Pregnant and/or lactating women

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

35%	Yes
65%	No

52% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

80%	Yes
20%	No

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

SGBV	36%
Child protection	26%
Psycho-social	22%

30% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Agriculture	68%
Casual labour	16%
Livestock/None	10%

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

70%	Yes
30%	No

Of the assessed HHs with access to agricultural land, **72%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	90%
Free access	3%
Rents the land	3%

2% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Received humanitarian aid	42%
Sold assets	15%
Spent savings	14%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

13%	Yes
87%	No

6% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

54%	Yes
46%	No

37% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

90%	Firewood
10%	Charcoal

26% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

62%	Permanent
38%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	60%
Flooding in past 1 year	19%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	81%
Mosquito nets	49%
Mosquito nets	49%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	58%
Diarrhoea	32%
Rapid weight loss	22%

Of the HHs that reported having a member with health issues in the past year, **54%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	54%
Cost of drugs	20%
Lack of transport	17%

Of the HHs with children:[2]

82% reported they had been vaccinated against polio.

44% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

36%	Yes
64%	No

Average number of HH members sleeping under nets: 1.1

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

Counselling on infant and young child feeding	78%
Iron and folic acid supplements or micro-nutrient supplements	69%
At least 2 doses of fansidar[3]	67%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	56%
Protected rainwater tank	18%
Public tap	8%

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

42%	> 15 litres
22%	10 -15 litres
36%	< 10 litres

Average litre of water/person/day: 18 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

63%	Enough
37%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	59%
Fetch from further point	30%
None	15%

% of HHs reporting challenges to collecting water:

Distance	10%
Queuing	42%
Queuing and distance	21%
None	26%

36% of the HHs do not have a access to a functioning HH latrine.

50% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	67%
Waiting for next distribution	22%
Soap isn't necessary	5%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Bought with cash	42%
Own production	26%
Food distribution	22%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (**50%**) than HHs that had lived there from one year or more (**17%**).

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

86%	Acceptable
12%	Borderline
2%	Poor

HH average Food Consumption Score: 47

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	89%	100%	82%	85%
Borderline	11%	0%	9%	13%
Poor	0%	0%	9%	2%

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

48%	Yes
52%	No

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

Reduce number of meals / day	27%
Limit meal size	35%
Buy cheaper food	28%
Debt/Borrowing	6%
Skip days of eating	7%
Only children eat	6%
Exchanged food for different food	7%
None	10%

Education

44% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
42%	3 - 5	36%
6%	6 - 12	12%
24%	13 - 18	26%

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

	Boys	Girls
ECD	11%	11%
Primary	60%	56%
Secondary	8%	6%
Other[3]	0%	2%
Not enrolled	22%	28%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	23%
Child needs to do chores	12%
Distance	9%
	%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Books
2. Uniform
3. Tuition

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Lobule Settlement

Settlement Factsheet, Koboko District, Uganda, August 2018

UNHCR The UN Refugee Agency

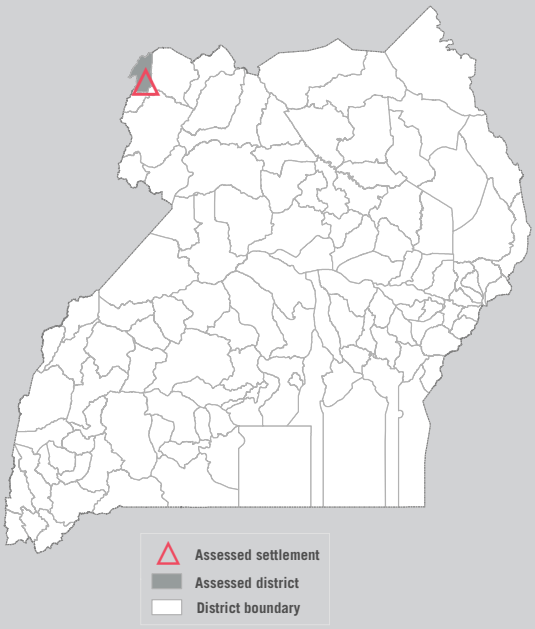
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

124 HHs were interviewed in Lobule Settlement between 9 April and 14 July 2018.



Demographics

% of assessed HHs by area of origin:

100% DRC

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	36%
Boys (0-17)	36%
Adult females (18-59)	14%
Adult males (18-59)	10%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 7 members

Gender distribution of the head of the HHs:

65% Female
35% Male

Top 3 sectors with most reported HH needs:[3]

Food	74%
Livelihoods	65%
NFIs	44%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

100% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

56%	Unaccompanied or separated children
48%	Individuals with chronic illnesses
37%	Individuals with disabilities
43%	Pregnant and/or lactating women

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

33% Yes
67% No

15% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

68% Yes
32% No

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

SGBV	96%
Child protection	97%
Psycho-social	88%

19% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Casual labour	60%
Agriculture	44%
Small business	20%

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

74% Yes
26% No

Of the assessed HHs with access to agricultural land, **79%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	74%
Rents the land	20%
Own the land/ Allowed access for free	3%

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

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	54%
Support from friends/relatives	27%
Spent savings	22%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

71% Yes
29% No

10% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

89% Yes
11% No

32% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

100% Firewood
0% Charcoal

51% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

97% Permanent
3% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	87%
Flooding in past 1 year	54%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	94%
Kitchen tools	88%
Water storage items	53%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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UNHCR The UN Refugee Agency

Health & Nutrition

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

Malaria	42%
Diarrhoea	20%
Extreme stress	10%

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

Top 3 reported challenges in accessing health care:

No medicine available	57%
Cost of drugs	39%
Language barrier	26%

Of the HHs with children:[2]

88% reported they had been vaccinated against polio.
61% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

53%	Yes
47%	No

Average number of HH members sleeping under nets: 3.9

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

Counselling on infant and young child feeding	94%
Iron and folic acid supplements or micro-nutrient supplements	91%
At least 2 doses of fansidar[3]	77%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	98%
Public tap	2%
Household connection	0%

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

58%	> 15 litres
27%	10 -15 litres
15%	< 10 litres

Average litre of water/person/day: 19 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

82%	Enough
18%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	45%
Use less water for bathing	41%
Use less water for drinking	23%

% of HHs reporting challenges to collecting water:

Distance	3%
Queuing	41%
Queuing and distance	14%
None	42%

23% of the HHs do not have a access to a functioning HH latrine.

65% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	51%
Prefer a substitute	22%
Waiting for next distribution	21%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Bought with cash	62%
Food distribution	20%
Own production	3%

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

87%	Acceptable
11%	Borderline
2%	Poor

HH average Food Consumption Score: 54

% of HHs FCS by time spent in the settlement:

	<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:

25%	Yes
75%	No

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

Reduce number of meals / day	
Limit meal size	58%
Buy cheaper food	58%
Debt/Borrowing	35%
Skip days of eating	13%
Only children eat	5%
Exchanged food for different food	32%
None	5%
	1%

Education

14% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
0%	3 - 5	0%
3%	6 - 12	1%
12%	13 - 18	11%

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

	Boys	Girls
ECD	45%	42%
Primary	77%	81%
Secondary	20%	11%
Other[3]	0%	2%
Not enrolled	9%	7%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	57%
Early marriage	36%
Unnecessary	21%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Uniform
2. Writing materials
3. Food

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Maaji I/II/III Settlements

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

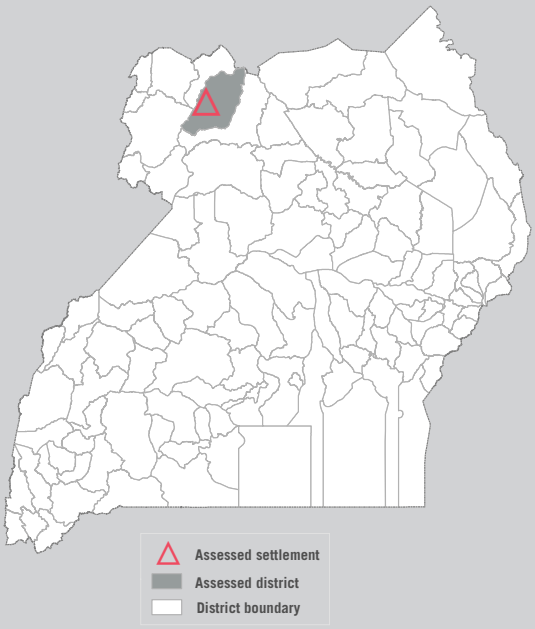
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

120 HHs were interviewed in Maaji I/II/III Settlements between 5 June and 7 June 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	38%
Adult females (18-59)	17%
Adult males (18-59)	9%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 7 members

Gender distribution of the head of the HHs:

82% Female
18% Male

Top 3 sectors with most reported HH needs:[3]

Education	70%
Food	59%
Shelter	39%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

100% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

58% Unaccompanied or separated children
45% Individuals with chronic illnesses
38% Individuals with disabilities
39% Pregnant and/or lactating women

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

6% Yes
94% No

43% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

66% Yes
34% No

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

SGBV	93%
Child protection	93%
Psycho-social	79%

34% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Small business	45%
Remittances	42%
Casual labour	40%

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

84% Yes
16% No

Of the assessed HHs with access to agricultural land, **75%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	70%
Free access	14%
Rents the land	14%

0% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	43%
Spent savings	38%
Sold assistance items received	37%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

41% Yes
59% No

13% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

98% Yes
2% No

21% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

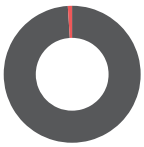
% of HHs reporting the following primary fuel sources:

89% Firewood
11% Charcoal

83% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]



99% Permanent
1% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	69%
Flooding in past 1 year	20%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	79%
Mosquito nets	57%
Water storage items	52%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	72%
Diarrhoea	27%
Other	25%

Of the HHs that reported having a member with health issues in the past year, **36%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	45%
Cost of drugs	33%
Lack of transport	17%

Of the HHs with children:[2]

99% reported they had been vaccinated against polio.

92% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

62%	Yes
38%	No

Average number of HH members sleeping under nets: 2.9

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

Counselling on infant and young child feeding	100%
Iron and folic acid supplements or micro-nutrient supplements	96%
At least 2 doses of fansidar[3]	96%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	74%
Public tap	22%
Surface water	2%

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

62%	> 15 litres
28%	10 -15 litres
10%	< 10 litres

Average litre of water/person/day: 18 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

82%	Enough
18%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	62%
Fetch from further point	57%
Get water through borrowing/debt	14%

% of HHs reporting challenges to collecting water:

Distance	9%
Queuing	21%
Queuing and distance	12%
None	58%

17% of the HHs do not have a access to a functioning HH latrine.

22% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	100%
	%
	%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	61%
Bought with cash	32%
Own production	5%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than HHs that had lived there from one year or more (59%).

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

89%	Acceptable
11%	Borderline
0%	Poor

HH average Food Consumption Score: 47

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	67%	90%	87%
Borderline	0%	33%	10%	11%
Poor	0%	0%	0%	2%

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

34%	Yes
66%	No

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

Reduce number of meals / day	49%
Limit meal size	44%
Buy cheaper food	48%
Debt/Borrowing	23%
Skip days of eating	8%
Only children eat	5%
Exchanged food for different food	13%
None	6%

Education

12% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
9%	3 - 5	11%
0%	6 - 12	1%
0%	13 - 18	5%

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

	Boys	Girls
ECD	50%	34%
Primary	77%	82%
Secondary	7%	11%
Other[3]	0%	4%
Not enrolled	4%	8%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

Child is disabled	14%
Just arrived in this area	14%
High costs	7%
	%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1 Tuition

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Mirieyi Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

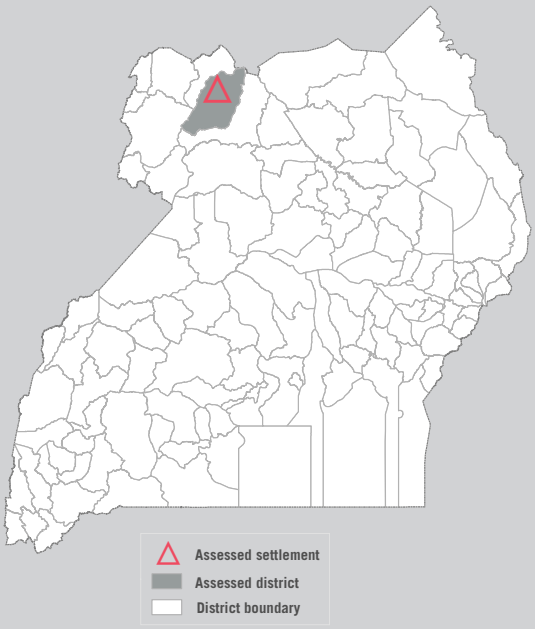
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

95 HHs were interviewed in Mirieyi Settlement between 4 June and 7 June 2018.

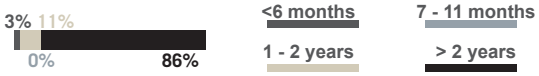


Demographics

% of assessed HHs by area of origin:

99%	South Sudan
1%	Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	39%
Adult females (18-59)	17%
Adult males (18-59)	6%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 7.6 members

Gender distribution of the head of the HHs:

92%	Female
8%	Male

Top 3 sectors with most reported HH needs:[3]

Education	68%
Food	60%
Health and nutrition	45%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

96% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

72%	Unaccompanied or separated children
43%	Individuals with chronic illnesses
28%	Individuals with disabilities
35%	Pregnant and/or lactating women

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

5%	Yes
95%	No

40% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

51%	Yes
49%	No

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

SGBV	93%
Child protection	93%
Psycho-social	77%

29% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Remittances	73%
Small business	31%
Agriculture	27%

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

86%	Yes
14%	No

Of the assessed HHs with access to agricultural land, **88%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	76%
Rents the land	15%
Free access	10%

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

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	40%
Support from friends/relatives	36%
Spent savings	34%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

33%	Yes
67%	No

12% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

87%	Yes
13%	No

32% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

45%	Firewood
55%	Charcoal

94% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

100%	Permanent
0%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	64%
Flooding in past 1 year	6%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	68%
Water storage items	62%
Kitchen tools	59%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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UNHCR The UN Refugee Agency

Health & Nutrition

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

Malaria	75%
Diarrhoea	23%
Other	20%

Of the HHs that reported having a member with health issues in the past year, 52% reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

Lack of transport	65%
No medicine available	37%
Cost of drugs	17%

Of the HHs with children:[2]

100% reported they had been vaccinated against polio.
92% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

68% Yes
32% No

Average number of HH members sleeping under nets: 3.9

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

Counselling on infant and young child feeding	97%
Iron and folic acid supplements or micro-nutrient supplements	88%
At least 2 doses of fansidar[3]	88%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	100%
	%
	%

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

65% > 15 litres
27% 10 -15 litres
8% < 10 litres

Average litre of water/person/day: 19 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

98% Enough
2% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	50%
Use less water for bathing	50%
Use less water for bathing	50%

% of HHs reporting challenges to collecting water:

Distance	3%
Queuing	7%
Queuing and distance	0%
None	89%

18% of the HHs do not have a access to a functioning HH latrine.

20% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	95%
Prefer a substitute	5%
Soap was unavailable at the market	0%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Bought with cash	58%
Food distribution	33%
Gifts from family and friends	4%

HHs that had been living in the settlement for less than one year relied equally on humanitarian aid (33%) than HHs that had lived there from one year or more (33%).

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

87%	Acceptable
13%	Borderline
0%	Poor

HH average Food Consumption Score: 49

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	N/A	70%	89%
Borderline	0%	N/A	30%	11%
Poor	0%	N/A	0%	0%

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

32%	Yes
68%	No

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

Reduce number of meals / day	56%
Limit meal size	42%
Buy cheaper food	42%
Debt/Borrowing	20%
Skip days of eating	9%
Only children eat	8%
Exchanged food for different food	9%
None	3%

Education

7% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
7%	3 - 5	6%
0%	6 - 12	0%
4%	13 - 18	0%

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

	Boys	Girls
ECD	53%	32%
Primary	84%	80%
Secondary	13%	16%
Other[3]	1%	1%
Not enrolled	6%	2%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	33%
Just arrived in this area	17%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Mungula I/II Settlements

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

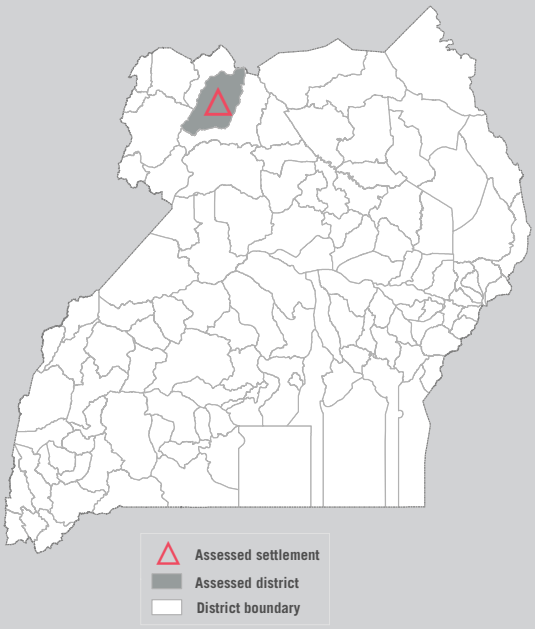
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

103 HHs were interviewed in Mungula I/II Settlements between 25 May and 30 May 2018.

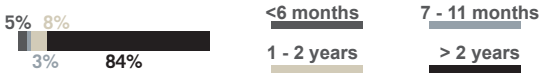


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	36%
Adult females (18-59)	17%
Adult males (18-59)	10%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 8.6 members

Gender distribution of the head of the HHs:

81% Female
19% Male

Top 3 sectors with most reported HH needs:[3]

Food	63%
Education	48%
Livelihoods	42%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

94% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

60% Unaccompanied or separated children
32% Individuals with chronic illnesses
26% Individuals with disabilities
40% Pregnant and/or lactating women

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

11% Yes
88% No

36% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

63% Yes
37% No

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

SGBV	91%
Child protection	88%
Psycho-social	68%

24% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Remittances	58%
Small business	29%
Casual labour	28%

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

80% Yes
20% No

Of the assessed HHs with access to agricultural land, **76%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	73%
Rents the land	17%
Free access	10%

2% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	35%
Spent savings	31%
Support from friends/relatives	27%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

40% Yes
60% No

17% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

93% Yes
7% No

19% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

74% Firewood
26% Charcoal

84% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

100% Permanent
0% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	65%
Flooding in past 1 year	6%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	77%
Water storage items	59%
Mosquito nets	55%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	76%
Respiratory infection	20%
Diarrhoea	19%

Of the HHs that reported having a member with health issues in the past year, **28%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	75%
Cost of drugs	25%
Delays	18%

Of the HHs with children:[2]

99% reported they had been vaccinated against polio.
95% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

61%	Yes
39%	No

Average number of HH members sleeping under nets: 3.1

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

Counselling on infant and young child feeding	98%
Iron and folic acid supplements or micro-nutrient supplements	88%
At least 2 doses of fansidar[3]	88%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	98%
Public tap	1%
Public tap	1%

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

64%	> 15 litres
29%	10 -15 litres
7%	< 10 litres

Average litre of water/person/day: 17 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

74%	Enough
26%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	44%
Use less water for bathing	44%
Use less water for drinking	11%

% of HHs reporting challenges to collecting water:

Distance	9%
Queuing	17%
Queuing and distance	17%
None	57%

27% of the HHs do not have a access to a functioning HH latrine.

24% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	100%
	%
	%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Bought with cash	53%
Food distribution	41%
Local food assistance/charity	2%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (62%) than HHs that had lived there from one year or more (39%).

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

85%	Acceptable
13%	Borderline
2%	Poor

HH average Food Consumption Score: 50

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	40%	100%	62%	89%
Borderline	60%	0%	13%	11%
Poor	0%	0%	25%	0%

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

40%	Yes
60%	No

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

Reduce number of meals / day	45%
Limit meal size	28%
Buy cheaper food	37%
Debt/Borrowing	14%
Skip days of eating	3%
Only children eat	2%
Exchanged food for different food	5%
None	14%

Education

12% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
21%	3 - 5	8%
3%	6 - 12	1%
0%	13 - 18	3%

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

	Boys	Girls
ECD	43%	36%
Primary	82%	77%
Secondary	14%	20%
Other[3]	1%	1%
Not enrolled	9%	5%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	17%
Distance	8%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform/ Bag
3. Books/ Writing material

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Nakivale Settlement

Settlement Factsheet, Isingiro District, Uganda, August 2018

UNHCR The UN Refugee Agency

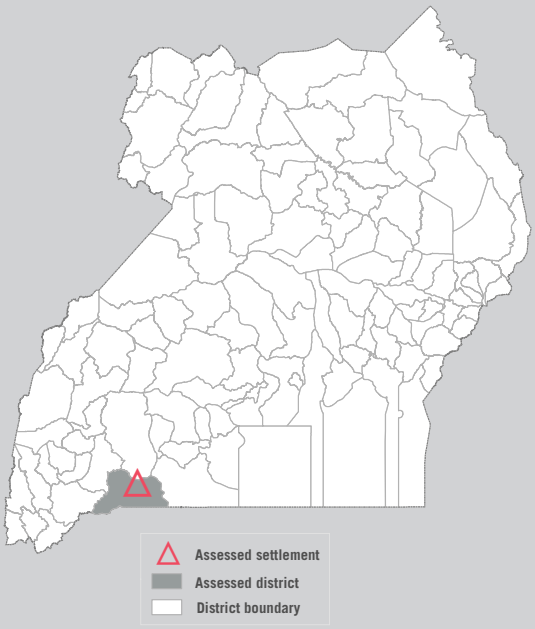
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

286 HHs were interviewed in Nakivale Settlement between 5 June and 15 June 2018.



Demographics

% of assessed HHs by area of origin:

53%	DRC
27%	Burundi
19%	Rwanda

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	28%
Boys (0-17)	33%
Adult females (18-59)	18%
Adult males (18-59)	17%
Elderly females (60+)	2%
Elderly males (60+)	2%

Average HH size:[2] 5.6 members

Gender distribution of the head of the HHs:

49%	Female
51%	Male

Top 3 sectors with most reported HH needs:[3]

Food	64%
Shelter	42%
Health and nutrition	38%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

91% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

15%	Unaccompanied or separated children
30%	Individuals with chronic illnesses
37%	Individuals with disabilities
44%	Pregnant and/or lactating women

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

41%	Yes
59%	No

34% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

72%	Yes
28%	No

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

SGBV	78%
Child protection	71%
Psycho-social	74%

31% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Agriculture	71%
Casual labour	65%
Small business	22%

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

83%	Yes
17%	No

Of the assessed HHs with access to agricultural land, **75%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	74%
Rents the land	20%
Own the land	4%

6% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Received humanitarian aid	67%
Support from friends/relatives	35%
Borrowed money	32%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

18%	Yes
82%	No

22% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

63%	Yes
37%	No

37% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

83%	Firewood
17%	Charcoal

26% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

97%	Permanent
3%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	75%
Flooding in past 1 year	20%

Top 3 reported NFI priorities:[1]

Water storage items	72%
Kitchen tools	68%
Bedding (e.g. mats)	66%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	42%
Diarrhoea	25%
Extreme stress	24%

Of the HHs that reported having a member with health issues in the past year, **58%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	62%
Cost of drugs	28%
Unqualified staff	25%

Of the HHs with children:[2]

97% reported they had been vaccinated against polio.
68% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

52% Yes
48% No

Average number of HH members sleeping under nets: 2.1

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

Counselling on infant and young child feeding	92%
Iron and folic acid supplements or micro-nutrient supplements	77%
At least 2 doses of fansidar[3]	70%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Public tap	66%
Surface water	14%
Borehole	12%

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

22% > 15 litres
25% 10 -15 litres
53% < 10 litres

Average litre of water/person/day: 12 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

26% Enough
74% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	69%
Use less water for bathing	54%
Drink water usually re-served for other purposes	33%

% of HHs reporting challenges to collecting water:

Distance	17%
Queuing	45%
Queuing and distance	21%
None	16%

20% of the HHs do not have a access to a functioning HH latrine.

37% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	68%
Waiting for next distribution	15%
Soap isn't necessary	14%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Own production	36%
Bought with cash	34%
Food distribution	15%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (21%) than HHs that had lived there from one year or more (15%).

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

88%	Acceptable
10%	Borderline
2%	Poor

HH average Food Consumption Score: 50

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	100%	71%	90%
Borderline	0%	0%	24%	10%
Poor	0%	0%	5%	0%

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

23%	Yes
77%	No

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

Reduce number of meals / day	53%
Limit meal size	52%
Buy cheaper food	47%
Debt/Borrowing	18%
Skip days of eating	14%
Only children eat	9%
Exchanged food for different food	7%
None	7%

Education

54% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
51%	3 - 5	53%
15%	6 - 12	16%
29%	13 - 18	38%

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

	Boys	Girls
ECD	20%	18%
Primary	58%	57%
Secondary	7%	6%
Other[3]	1%	2%
Not enrolled	32%	37%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	48%
Child needs to work	14%
Child needs to do chores	13%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Nyumanzi Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

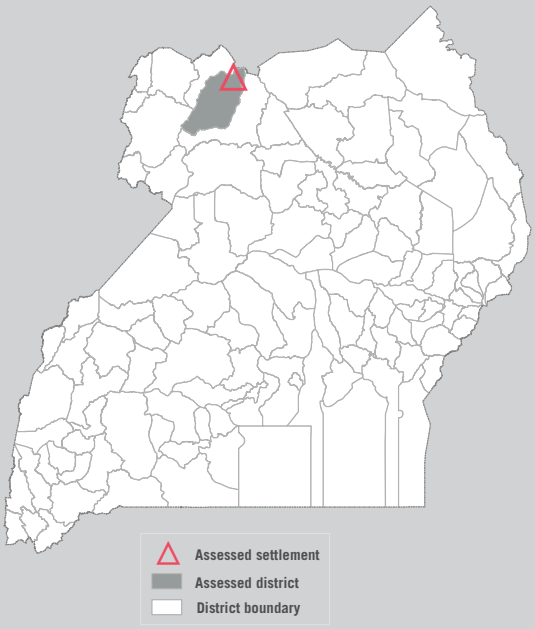
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

106 HHs were interviewed in Nyumanzi Settlement between 31 May and 2 June 2018.

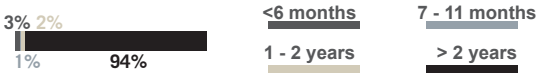


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	37%
Adult females (18-59)	16%
Adult males (18-59)	8%
Elderly females (60+)	4%
Elderly males (60+)	2%

Average HH size:[2] 7.9 members

Gender distribution of the head of the HHs:

93% Female
7% Male

Top 3 sectors with most reported HH needs:[3]

Shelter	54%
Education	54%
Food	52%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

95% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

70% Unaccompanied or separated children
25% Individuals with chronic illnesses
40% Individuals with disabilities
43% Pregnant and/or lactating women

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

8% Yes
92% No

33% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

54% Yes
46% No

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

SGBV	89%
Child protection	89%
Psycho-social	76%

42% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Remittances	60%
Agriculture	26%
Small business	25%

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

92% Yes
8% No

Of the assessed HHs with access to agricultural land, **78%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	69%
Free access	18%
Rents the land	7%

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

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Borrowed money	35%
Spent savings	34%
Support from friends/relatives	31%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

27% Yes
73% No

14% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

100% Yes
0% No

8% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

89% Firewood
11% Charcoal

74% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

100% Permanent
0% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	81%
Flooding in past 1 year	22%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	78%
Mosquito nets	51%
Kitchen tools	48%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	80%
Respiratory infection	18%
Diarrhoea	17%

Of the HHs that reported having a member with health issues in the past year, **29%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	59%
Delays	33%
Cost of drugs	33%

Of the HHs with children:[2]

100% reported they had been vaccinated against polio.
94% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

83%	Yes
17%	No

Average number of HH members sleeping under nets: 4.4

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

Counselling on infant and young child feeding	100%
Iron and folic acid supplements or micro-nutrient supplements	96%
At least 2 doses of fansidar[3]	93%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	66%
Public tap	34%
Household connection	0%

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

54%	> 15 litres
32%	10 -15 litres
14%	< 10 litres

Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

64%	Enough
36%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	58%
Fetch from further point	45%
Get water through borrowing/debt	11%

% of HHs reporting challenges to collecting water:

Distance	7%
Queuing	48%
Queuing and distance	8%
None	38%

27% of the HHs do not have a access to a functioning HH latrine.

23% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	88%
Prefer a substitute	8%
Waiting for next distribution	4%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Bought with cash	48%
Food distribution	45%
Own production	2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (25%) than HHs that had lived there from one year or more (46%).

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

92%	Acceptable
8%	Borderline
0%	Poor

HH average Food Consumption Score: 52

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	67%	100%	100%	89%
Borderline	33%	0%	0%	9%
Poor	0%	0%	0%	2%

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

51%	Yes
49%	No

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

Reduce number of meals / day	52%
Limit meal size	35%
Buy cheaper food	42%
Debt/Borrowing	19%
Skip days of eating	9%
Only children eat	5%
Exchanged food for different food	10%
None	8%

Education

15% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
7%	3 - 5	8%
3%	6 - 12	0%
9%	13 - 18	8%

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

	Boys	Girls
ECD	45%	47%
Primary	74%	74%
Secondary	5%	5%
Other[3]	0%	1%
Not enrolled	10%	7%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	44%
Just arrived in this area	11%
Early marriage	11%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Books
3. Writing materials

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Oliji Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

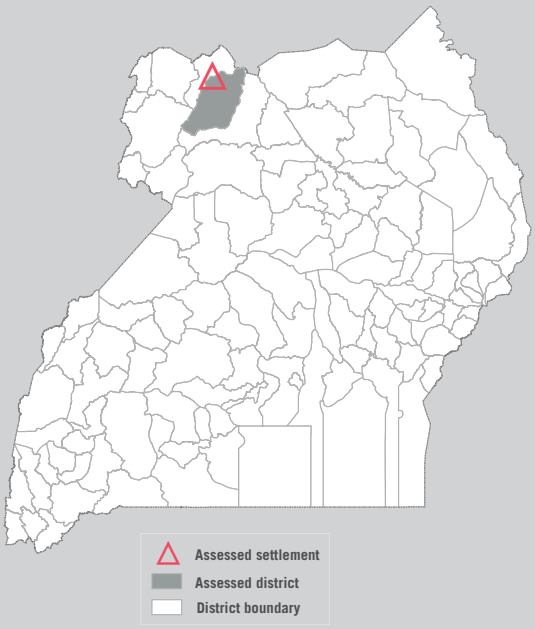
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

80 HHs were interviewed in Oliji Settlement between 23 May and 24 May 2018.

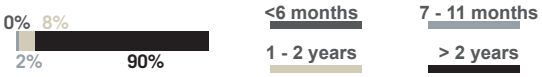


Demographics

% of assessed HHs by area of origin:

99%	South Sudan
1%	Uganda

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	35%
Boys (0-17)	30%
Adult females (18-59)	19%
Adult males (18-59)	12%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 8.5 members

Gender distribution of the head of the HHs:

70%	Female
30%	Male

Top 3 sectors with most reported HH needs:[3]

Education	62%
Food	56%
Livelihoods	40%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

100% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

68%	Unaccompanied or separated children
61%	Individuals with chronic illnesses
40%	Individuals with disabilities
35%	Pregnant and/or lactating women

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

12%	Yes
88%	No

0% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

63%	Yes
37%	No

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

SGBV	99%
Child protection	94%
Psycho-social	88%

42% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Selling natural resource	48%
Casual labour	39%
Agriculture	38%

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

82%	Yes
18%	No

Of the assessed HHs with access to agricultural land, **45%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free access	33%
Free through OPM	32%
Rents the land	26%

6% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Spent savings	44%
Borrowed money	39%
Sold assistance items received	24%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

45%	Yes
55%	No

11% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

95%	Yes
5%	No

24% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

98%	Firewood
2%	Charcoal

92% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

100%	Permanent
0%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	71%
Flooding in past 1 year	25%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	88%
Kitchen tools	69%
Water storage items	60%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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UNHCR The UN Refugee Agency

Health & Nutrition

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

Malaria	69%
Other	22%
Diarrhoea	14%

Of the HHs that reported having a member with health issues in the past year, **68%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

Lack of transport	79%
No medicine available	38%
Cost of drugs	8%

Of the HHs with children:[2]

98% reported they had been vaccinated against polio.
97% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

88%	Yes
12%	No

Average number of HH members sleeping under nets: 5.3

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

Counselling on infant and young child feeding	96%
Iron and folic acid supplements or micro-nutrient supplements	93%
At least 2 doses of fansidar[3]	93%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

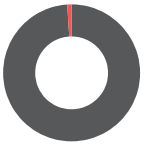
Borehole	100%
	%
	%

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

71%	> 15 litres
21%	10 -15 litres
8%	< 10 litres

Average litre of water/person/day: 19 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]



99%	Enough
1%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	100%
	%
	%

% of HHs reporting challenges to collecting water:

Distance	5%
Queuing	8%
Queuing and distance	5%
None	82%

20% of the HHs do not have a access to a functioning HH latrine.

16% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	92%
Prefer a substitute	8%
Soap was unavailable at the market	0%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	44%
Bought with cash	40%
Own production	15%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (0%) than HHs that had lived there from one year or more (45%).

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

89%	Acceptable
11%	Borderline
0%	Poor

HH average Food Consumption Score: 50

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	100%	67%	92%
Borderline	N/A	0%	33%	8%
Poor	N/A	0%	0%	0%

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

46%	Yes
54%	No

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

Reduce number of meals / day	40%
Limit meal size	36%
Buy cheaper food	48%
Debt/Borrowing	19%
Skip days of eating	3%
Only children eat	5%
Exchanged food for different food	8%
None	18%

Education

10% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
4%	3 - 5	13%
2%	6 - 12	2%
2%	13 - 18	2%

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

	Boys	Girls
ECD	35%	41%
Primary	77%	77%
Secondary	24%	25%
Other[3]	0%	1%
Not enrolled	4%	8%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	29%
Just arrived in this area	14%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Books
3. Uniform

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Olua I/II Settlements

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

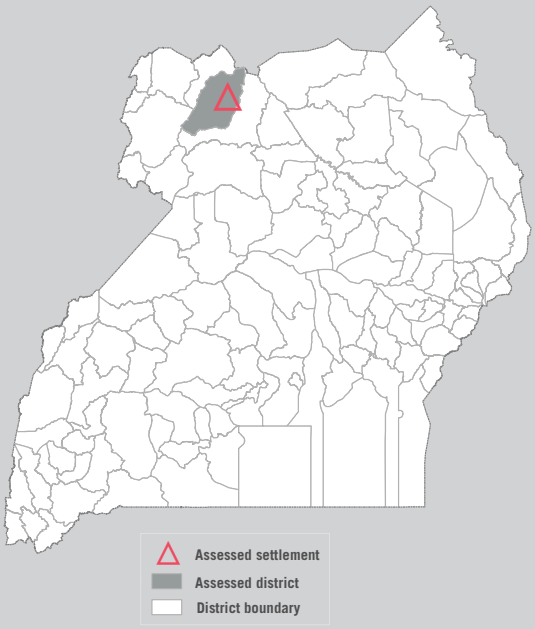
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

110 HHs were interviewed in Olua I/II Settlements between 8 June and 9 June 2018.



Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	38%
Adult females (18-59)	15%
Adult males (18-59)	10%
Elderly females (60+)	3%
Elderly males (60+)	0%

Average HH size:[2] 8.1 members

Gender distribution of the head of the HHs:

89% Female
11% Male

Top 3 sectors with most reported HH needs:[3]

Education	61%
Food	60%
Health and nutrition	43%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

69% Unaccompanied or separated children
36% Individuals with chronic illnesses
25% Individuals with disabilities
29% Pregnant and/or lactating women

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

6% Yes
94% No

57% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

59% Yes
41% No

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

SGBV	92%
Child protection	94%
Psycho-social	81%

45% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Remittances	52%
Agriculture	31%
Casual labour	28%

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

88%	Yes
12%	No

Of the assessed HHs with access to agricultural land, **79%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	71%
Free access	15%
Rents the land	13%

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

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Support from friends/relatives	37%
Borrowed money	35%
Borrowed money	35%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

26%	Yes
74%	No

12% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

96%	Yes
4%	No

38% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

93%	Firewood
7%	Charcoal

90% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

100%	Permanent
0%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	81%
Flooding in past 1 year	10%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	81%
Water storage items	62%
Mosquito nets	57%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	72%
Diarrhoea	24%
Respiratory infection	23%

Of the HHs that reported having a member with health issues in the past year, **53%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

Lack of transport	65%
No medicine available	49%
Cost of drugs/No treatment	19%

Of the HHs with children:[2]

97% reported they had been vaccinated against polio.

92% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

63%	Yes
37%	No

Average number of HH members sleeping under nets: 3.1

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

Counselling on infant and young child feeding	100%
Iron and folic acid supplements or micro-nutrient supplements	97%
At least 2 doses of fansidar[3]	97%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	100%
	%
	%

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

64%	> 15 litres
31%	10 -15 litres
5%	< 10 litres

Average litre of water/person/day: 19 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

87%	Enough
13%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	64%
Use less water for bathing	64%
Get water through borrowing/debt	21%

% of HHs reporting challenges to collecting water:

Distance	12%
Queuing	10%
Queuing and distance	8%
None	70%

25% of the HHs do not have a access to a functioning HH latrine.

23% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	96%
Waiting for next distribution	4%
Soap was unavailable at the market	0%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	63%
Bought with cash	33%
Local food assistance/charity	1%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (**33%**) than HHs that had lived there from one year or more (**64%**).

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

90%	Acceptable
10%	Borderline
0%	Poor

HH average Food Consumption Score: 47

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	50%	97%	90%
Borderline	0%	50%	3%	10%
Poor	0%	0%	0%	0%

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

27%	Yes
73%	No

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

Reduce number of meals / day	45%
Limit meal size	36%
Buy cheaper food	47%
Debt/Borrowing	25%
Skip days of eating	6%
Only children eat	8%
Exchanged food for different food	18%
None	5%

Education

11% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
10%	3 - 5	18%
0%	6 - 12	1%
1%	13 - 18	5%

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

	Boys	Girls
ECD	54%	27%
Primary	79%	84%
Secondary	18%	10%
Other[3]	0%	0%
Not enrolled	5%	9%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	33%
Just arrived in this area	8%
Early marriage	8%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books/ Writing material

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Oruchinga Settlement

Settlement Factsheet, Isingiro District, Uganda, August 2018

UNHCR The UN Refugee Agency

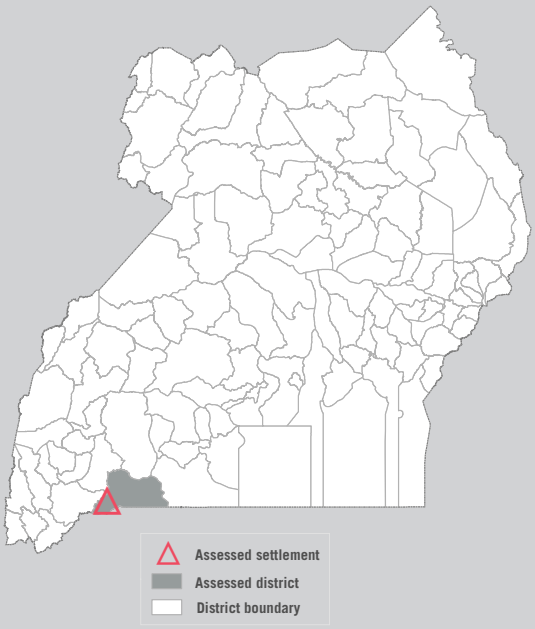
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

91 HHs were interviewed in Oruchinga Settlement between 30 May and 2 June 2018.



Demographics

% of assessed HHs by area of origin:

48%	DRC
30%	Rwanda
22%	Burundi

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	32%
Boys (0-17)	31%
Adult females (18-59)	19%
Adult males (18-59)	16%
Elderly females (60+)	1%
Elderly males (60+)	1%

Average HH size:[2] 5.6 members

Gender distribution of the head of the HHs:

57%	Female
43%	Male

Top 3 sectors with most reported HH needs:[3]

Food	62%
Education	54%
Health and nutrition	49%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

95% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

20%	Unaccompanied or separated children
31%	Individuals with chronic illnesses
25%	Individuals with disabilities
46%	Pregnant and/or lactating women

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

54%	Yes
46%	No

35% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

39%	Yes
61%	No

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

SGBV	93%
Child protection	91%
Psycho-social	86%

12% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Agriculture	82%
Casual labour	63%
Small business	26%

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

89% Yes
11% No

Of the assessed HHs with access to agricultural land, **86%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	74%
Rents the land	16%
Own the land	9%

4% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Received humanitarian aid	62%
Spent savings	35%
Borrowed money	29%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

47% Yes
53% No

13% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

91% Yes
9% No

19% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

82% Firewood
18% Charcoal

43% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

98% Permanent
2% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	58%
Flooding in past 1 year	19%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	76%
Water storage items	64%
Kitchen tools	59%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	36%
Diarrhoea	19%
Extreme stress	18%

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

Top 3 reported challenges in accessing health care:

No medicine available	64%
Cost of drugs	59%
Language barrier/No treatment	14%

Of the HHs with children:[2]

93% reported they had been vaccinated against polio.

56% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

65% Yes

35% No

Average number of HH members sleeping under nets: 2.9

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

Counselling on infant and young child feeding	86%
Iron and folic acid supplements or micro-nutrient supplements	76%
At least 2 doses of fansidar[3]	67%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	48%
Public tap	30%
Surface water	19%

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

32% > 15 litres

34% 10 -15 litres

34% < 10 litres

Average litre of water/person/day: 14 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

55% Enough

45% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	62%
Use less water for bathing	56%
Use less water for drinking	41%

% of HHs reporting challenges to collecting water:

Distance	18%
Queuing	30%
Queuing and distance	13%
None	40%

14% of the HHs do not have a access to a functioning HH latrine.

27% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	64%
Waiting for next distribution	32%
The market is too far away	4%

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UNHCR The UN Refugee Agency

Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	51%
Bought with cash	30%
Own production	14%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (50%) than HHs that had lived there from one year or more (51%).

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

93%	Acceptable
7%	Borderline
0%	Poor

HH average Food Consumption Score: 48

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	100%	91%	88%
Borderline	N/A	0%	9%	12%
Poor	N/A	0%	0%	0%

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

18%	Yes
82%	No

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

Reduce number of meals / day	58%
Limit meal size	62%
Buy cheaper food	27%
Debt/Borrowing	13%
Skip days of eating	12%
Only children eat	12%
Exchanged food for different food	12%
None	3%

Education

18% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
19%	3 - 5	15%
7%	6 - 12	4%
4%	13 - 18	9%

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

	Boys	Girls
ECD	35%	29%
Primary	59%	72%
Secondary	8%	5%
Other[3]	3%	3%
Not enrolled	10%	9%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	86%
Child needs to work	29%
Just arrived in this area	29%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books/ Writing material

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Pagirinya Settlement

Settlement Factsheet, Adjumani District, Uganda, August 2018

UNHCR The UN Refugee Agency

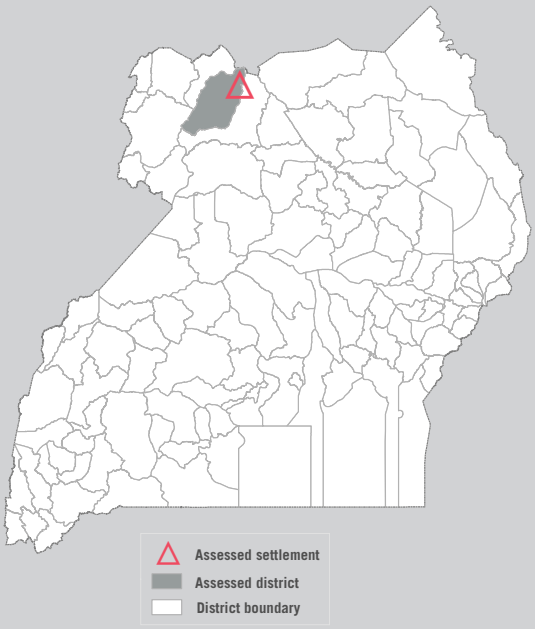
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

112 HHs were interviewed in Pagrinya Settlement between 27 April and 11 May 2018.



Demographics

% of assessed HHs by area of origin:

99%	South Sudan
1%	Sudan

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	34%
Boys (0-17)	32%
Adult females (18-59)	17%
Adult males (18-59)	11%
Elderly females (60+)	4%
Elderly males (60+)	2%

Average HH size:[2] 7.1 members

Gender distribution of the head of the HHs:

77%	Female
23%	Male

Top 3 sectors with most reported HH needs:[3]

Food	72%
Education	57%
Health and nutrition	39%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

97% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

51%	Unaccompanied or separated children
29%	Individuals with chronic illnesses
30%	Individuals with disabilities
41%	Pregnant and/or lactating women

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

13%	Yes
87%	No

60% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

74%	Yes
26%	No

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

SGBV	64%
Child protection	46%
Psycho-social	46%

49% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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REACH Informing more effective humanitarian action

Livelihoods & Environment

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

Small business	36%
Casual labour	30%
Selling natural resource	29%

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

29%	Yes
71%	No

Of the assessed HHs with access to agricultural land, **53%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	47%
Free access	25%
Rents the land	25%

13% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	52%
Received humanitarian aid	24%
Sold assets	13%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

40%	Yes
60%	No

5% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

83%	Yes
17%	No

35% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

93%	Firewood
7%	Charcoal

78% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

96%	Permanent
4%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	54%
Flooding in past 1 year	6%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	74%
Mosquito nets	69%
Kitchen tools	39%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	49%
Diarrhoea	28%
Respiratory infection	17%

Of the HHs that reported having a member with health issues in the past year, **43%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	55%
Cost of drugs	28%
Lack of transport	25%

Of the HHs with children:[2]

85% reported they had been vaccinated against polio.
56% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

62% Yes
38% No

Average number of HH members sleeping under nets: 3.3

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

Counselling on infant and young child feeding	89%
Iron and folic acid supplements or micro-nutrient supplements	85%
At least 2 doses of fansidar[3]	80%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	91%
Public tap	9%
Household connection	0%

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

54% > 15 litres
25% 10 -15 litres
21% < 10 litres

Average litre of water/person/day: 18 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

75% Enough
25% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	67%
Use less water for bathing	56%
Use less water for drinking	19%

% of HHs reporting challenges to collecting water:

Distance	8%
Queuing	29%
Queuing and distance	12%
None	52%

21% of the HHs do not have a access to a functioning HH latrine.

46% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	73%
Prefer a substitute	23%
The market is too far away	2%

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UNHCR The UN Refugee Agency

Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	96%
Bought with cash	3%
Own production	1%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than HHs that had lived there from one year or more (95%).

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

71%	Acceptable
26%	Borderline
3%	Poor

HH average Food Consumption Score: 41

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	N/A	75%	74%	94%
Borderline	N/A	25%	24%	6%
Poor	N/A	0%	2%	0%

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

61%	Yes
39%	No

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

Reduce number of meals / day	49%
Limit meal size	40%
Buy cheaper food	24%
Debt/Borrowing	8%
Skip days of eating	3%
Only children eat	7%
Exchanged food for different food	4%
None	13%

Education

16% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
11%	3 - 5	14%
4%	6 - 12	4%
5%	13 - 18	8%

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

	Boys	Girls
ECD	37%	30%
Primary	69%	77%
Secondary	16%	16%
Other[3]	1%	1%
Not enrolled	10%	11%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	22%
No reason provided	22%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Uniform
3. Books/ Writing material

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training

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Multi-Sector Needs Assessment: Palabek Settlement

Settlement Factsheet, Lamwo District, Uganda, August 2018

UNHCR The UN Refugee Agency

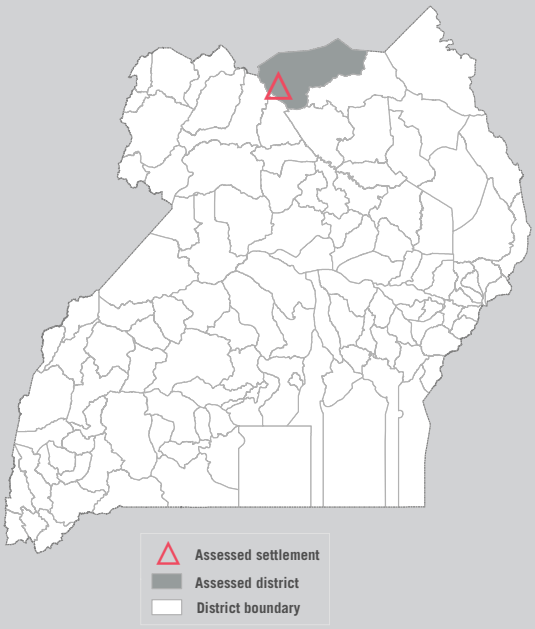
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

104 HHs were interviewed in Palabek Settlement between 31 May and 14 June 2018.

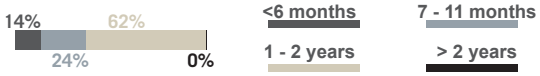


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	30%
Boys (0-17)	40%
Adult females (18-59)	17%
Adult males (18-59)	10%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 6.1 members

Gender distribution of the head of the HHs:

75% Female
25% Male

Top 3 sectors with most reported HH needs:[3]

Food	80%
Health and nutrition	52%
Livelihoods	48%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

100% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

60% Unaccompanied or separated children
25% Individuals with chronic illnesses
36% Individuals with disabilities
43% Pregnant and/or lactating women

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

16% Yes
84% No

59% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

82% Yes
18% No

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

SGBV	71%
Child protection	63%
Psycho-social	62%

59% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Selling natural resource	63%
Agriculture	58%
Small business	51%

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

81%	Yes
19%	No

Of the assessed HHs with access to agricultural land, **81%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	94%
Rents the land	4%
Free access	2%

5% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	50%
Support from friends/relatives	37%
Borrowed money	32%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

34%	Yes
66%	No

16% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

57%	Yes
43%	No

65% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

99%	Firewood
1%	Charcoal

38% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

76%	Permanent
24%	Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	59%
Flooding in past 1 year	42%

Top 3 reported NFI priorities:[1]

Mosquito nets	69%
Bedding (e.g. mats)	58%
Kitchen tools	48%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Diarrhoea	48%
Malaria	39%
Respiratory infection	21%

Of the HHs that reported having a member with health issues in the past year, **51%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	73%
Unqualified staff	33%
Lack of transport	31%

Of the HHs with children:[2]

86% reported they had been vaccinated against polio.
64% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

54%	Yes
46%	No

Average number of HH members sleeping under nets: 2.2

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

Counselling on infant and young child feeding	91%
Iron and folic acid supplements or micro-nutrient supplements	87%
At least 2 doses of fansidar[3]	73%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	94%
Public tap	6%
Household connection	0%

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

49%	> 15 litres
13%	10 -15 litres
38%	< 10 litres

Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

76%	Enough
24%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for drinking	64%
Use less water for bathing	60%
Fetch from further point	40%

% of HHs reporting challenges to collecting water:

Distance	10%
Queuing	40%
Queuing and distance	17%
None	33%

24% of the HHs do not have a access to a functioning HH latrine.

59% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	52%
Waiting for next distribution	30%
Prefer a substitute	16%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	82%
Bought with cash	7%
Gifts from family and friends	5%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (**85%**) than HHs that had lived there from one year or more (**80%**).

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

72%	Acceptable
26%	Borderline
2%	Poor

HH average Food Consumption Score: 45

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	53%	80%	73%	20%
Borderline	40%	16%	27%	60%
Poor	7%	4%	0%	20%

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

36%	Yes
64%	No

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

Reduce number of meals / day	68%
Limit meal size	46%
Buy cheaper food	48%
Debt/Borrowing	20%
Skip days of eating	11%
Only children eat	3%
Exchanged food for different food	7%
None	4%

Education

22% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
11%	3 - 5	12%
6%	6 - 12	11%
11%	13 - 18	13%

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

	Boys	Girls
ECD	41%	34%
Primary	68%	62%
Secondary	5%	3%
Other[3]	1%	2%
Not enrolled	13%	14%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

Early marriage	32%
Lack of space/overcrowding	21%
Distance	16%

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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Multi-Sector Needs Assessment: Palorinya Settlement

Settlement Factsheet, Moyo District, Uganda, August 2018

UNHCR The UN Refugee Agency

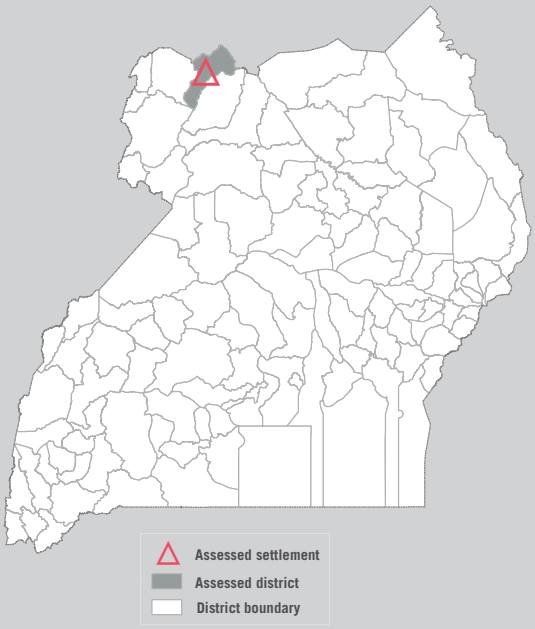
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

322 HHs were interviewed in Palorinya Settlement between 5 May and 17 May 2018.

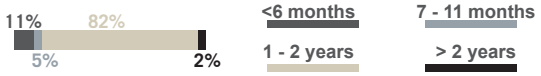


Demographics

% of assessed HHs by area of origin:

100% South Sudan

% of HHs that have lived in the settlement for:



% of individuals by age group:

Girls (0-17)	31%
Boys (0-17)	34%
Adult females (18-59)	17%
Adult males (18-59)	14%
Elderly females (60+)	3%
Elderly males (60+)	1%

Average HH size:[2] 6.3 members

Gender distribution of the head of the HHs:

67% Female
33% Male

Top 3 sectors with most reported HH needs:[3]

Food	59%
Education	49%
Shelter	47%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

98% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

44% Unaccompanied or separated children
19% Individuals with chronic illnesses
27% Individuals with disabilities
38% Pregnant and/or lactating women

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

19% Yes
81% No

74% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

66% Yes
34% No

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

SGBV	58%
Child protection	45%
Psycho-social	49%

65% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Casual labour	31%
None	26%
Small business	23%

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

59% Yes
41% No

Of the assessed HHs with access to agricultural land, **86%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	81%
Rents the land	11%
Free access	9%

9% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	52%
Received humanitarian aid	21%
Spent savings	8%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

18% Yes
82% No

13% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

88% Yes
12% No

31% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

99% Firewood
1% Charcoal

46% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

67% Permanent
33% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	70%
Flooding in past 1 year	29%

Top 3 reported NFI priorities:[1]

Water storage items	63%
Bedding (e.g. mats)	56%
Mosquito nets	43%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	22%
Diarrhoea	20%
Respiratory infection	9%

Of the HHs that reported having a member with health issues in the past year, **40%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	63%
Language barrier	12%
Cost of healthcare at facility	10%

Of the HHs with children:[2]

90% reported they had been vaccinated against polio.

41% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

72% Yes

28% No

Average number of HH members sleeping under nets: 3.1

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

Counselling on infant and young child feeding	89%
Iron and folic acid supplements or micro-nutrient supplements	91%
At least 2 doses of fansidar[3]	89%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	48%
Protected rainwater tank	37%
Public tap	14%

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

54% > 15 litres

27% 10 -15 litres

19% < 10 litres

Average litre of water/person/day: 18 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

54% Enough

46% Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	66%
Use less water for drinking	26%
Fetch from further point	22%

% of HHs reporting challenges to collecting water:

Distance	13%
Queuing	36%
Queuing and distance	22%
None	29%

15% of the HHs do not have a access to a functioning HH latrine.

48% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	53%
Prefer a substitute	42%
Waiting for next distribution	4%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	92%
Bought with cash	4%
Gifts from family and friends	1%

HHs that had been living in the settlement for less than one year relied equally on humanitarian aid (92%) than HHs that had lived there from one year or more (92%).

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

80%	Acceptable
17%	Borderline
3%	Poor

HH average Food Consumption Score: 46

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	77%	88%	80%	100%
Borderline	20%	12%	17%	0%
Poor	3%	0%	3%	0%

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

35%	Yes
65%	No

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

Reduce number of meals / day	56%
Limit meal size	42%
Buy cheaper food	6%
Debt/Borrowing	9%
Skip days of eating	3%
Only children eat	4%
Exchanged food for different food	4%
None	7%

Education

7% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
6%	3 - 5	5%
1%	6 - 12	1%
5%	13 - 18	2%

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

	Boys	Girls
ECD	43%	33%
Primary	67%	68%
Secondary	13%	12%
Other[3]	2%	0%
Not enrolled	5%	2%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	45%
Distance	15%
Unnecessary	15%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Uniform
2. Tuition
3. Books/ Writing material

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

Multi-Sector Needs Assessment: Rhino Camp Settlement

Settlement Factsheet, Arua District, Uganda, August 2018

UNHCR The UN Refugee Agency

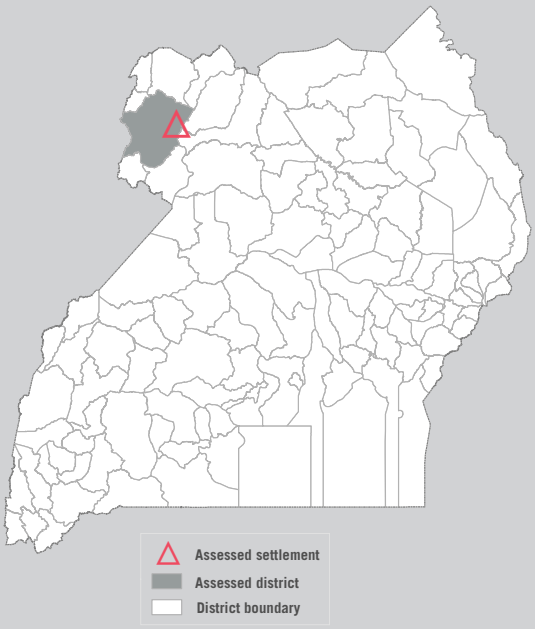
Background & Methodology

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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

772 HHs were interviewed in Rhino Camp Settlement between 2 May and 26 May 2018.



Demographics

% of assessed HHs by area of origin:

99%	South Sudan
1%	DRC

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	33%
Boys (0-17)	38%
Adult females (18-59)	15%
Adult males (18-59)	11%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 8.1 members

Gender distribution of the head of the HHs:

73%	Female
27%	Male

Top sectors with most reported HH needs:[3]

Food	68%
Health and nutrition	42%
NFIs	42%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

95% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

61%	Unaccompanied or separated children
28%	Individuals with chronic illnesses
17%	Individuals with disabilities
49%	Pregnant and/or lactating women

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

15%	Yes
85%	No

50% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

71%	Yes
29%	No

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

SGBV	81%
Child protection	81%
Psycho-social	67%

21% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Agriculture	37%
None	22%
Casual labour	19%

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

89% Yes
11% No

Of the assessed HHs with access to agricultural land, **77%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	89%
Free access	6%
Rents the land	4%

13% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Sold assistance items received	65%
Spent savings	25%
Received humanitarian aid	14%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

24% Yes
76% No

13% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

89% Yes
10% No

48% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

97% Firewood
3% Charcoal

18% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

88% Permanent
12% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	82%
Flooding in past 1 year	21%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	73%
Mosquito nets	62%
Water storage items	50%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	62%
Diarrhoea	27%
Skin disease	17%

Of the HHs that reported having a member with health issues in the past year, **69%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	55%
Lack of transport	36%
Cost of drugs	16%

Of the HHs with children:[2]

91% reported they had been vaccinated against polio.

59% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

55%	Yes
45%	No

Average number of HH members sleeping under nets: 2.6

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

Counselling on infant and young child feeding	88%
Iron and folic acid supplements or micro-nutrient supplements	86%
At least 2 doses of fansidar[3]	85%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Public tap	44%
Water trucking	36%
Borehole	14%

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

63%	> 15 litres
27%	10 -15 litres
10%	< 10 litres

Average litre of water/person/day: 18 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

70%	Enough
30%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Fetch from further point	78%
Use less water for bathing	57%
Use less water for drinking	7%

% of HHs reporting challenges to collecting water:

Distance	5%
Queuing	44%
Queuing and distance	23%
None	28%

31% of the HHs do not have a access to a functioning HH latrine.

56% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Prefer a substitute	42%
Prefer a substitute	42%
Waiting for next distribution	8%

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Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	94%
Bought with cash	4%
Local food assistance/charity	1%

HHs that had been living in the settlement for less than one year relied equally on humanitarian aid (94%) than HHs that had lived there from one year or more (94%).

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

91%	Acceptable
9%	Borderline
0%	Poor

HH average Food Consumption Score: 47

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	80%	90%	93%	92%
Borderline	20%	9%	7%	8%
Poor	0%	1%	0%	0%

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

33%	Yes
67%	No

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

Reduce number of meals / day	52%
Limit meal size	49%
Buy cheaper food	6%
Debt/Borrowing	20%
Skip days of eating	17%
Only children eat	3%
Exchanged food for different food	16%
None	10%

Education

12% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
11%	3 - 5	10%
3%	6 - 12	2%
4%	13 - 18	6%

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

	Boys	Girls
ECD	44%	38%
Primary	80%	76%
Secondary	10%	11%
Other[3]	1%	1%
Not enrolled	8%	8%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	16%
Distance	13%
Early marriage	12%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Tuition
2. Books
3. Uniform

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training

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Multi-Sector Needs Assessment: Rwamwanja Settlement

Settlement Factsheet, Kamwenge 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 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

93 HHs were interviewed in Rwamwanja Settlement between 14 May and 19 May 2018.

Demographics

% of assessed HHs by area of origin:

100% DRC

% of HHs that have lived in the settlement for:

% of individuals by age group:

Girls (0-17)	29%
Boys (0-17)	34%
Adult females (18-59)	19%
Adult males (18-59)	16%
Elderly females (60+)	2%
Elderly males (60+)	1%

Average HH size:[2] 5.8 members

Gender distribution of the head of the HHs:

43% Female
57% Male

Top 3 sectors with most reported HH needs:[3]

Food	69%
Health and nutrition	53%
Livelihoods	37%

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).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

98% of HHs reported being registered in the settlement.[4]

% of HHs with at least one vulnerable member:

22%	Unaccompanied or separated children
23%	Individuals with chronic illnesses
30%	Individuals with disabilities
46%	Pregnant and/or lactating women

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

27% Yes
73% No

48% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:

60% Yes
40% No

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

SGBV	68%
Child protection	45%
Psycho-social	43%

61% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

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Livelihoods & Environment

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

Agriculture	78%
Casual labour	39%
Livestock	13%

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

87% Yes
13% No

Of the assessed HHs with access to agricultural land, **57%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM	93%
Rents the land	5%
Own the land	1%

12% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:[2]

Received humanitarian aid	61%
Borrowed money	41%
Spent savings	25%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:

35% Yes
65% No

17% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:

66% Yes
34% No

22% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

% of HHs reporting the following primary fuel sources:

90% Firewood
10% Charcoal

38% of the assessed HHs reported having an improved cooking stove.[3]

Shelter & NFIs

% of HHs with the following shelter types:[4]

77% Permanent
23% Temporary

% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains	74%
Flooding in past 1 year	33%

Top 3 reported NFI priorities:[1]

Bedding (e.g. mats)	80%
Mosquito nets	71%
Water storage items	52%

1) Respondents could select up to three options.
2) Respondents could select multiple options.
3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

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Health & Nutrition

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

Malaria	55%
Diarrhoea	35%
Skin disease	20%

Of the HHs that reported having a member with health issues in the past year, **55%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available	51%
Cost of drugs	51%
Cost of healthcare at facility	23%

Of the HHs with children:[2]

90% reported they had been vaccinated against polio.
65% reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:

26%	Yes
74%	No

Average number of HH members sleeping under nets: 1

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

Counselling on infant and young child feeding	72%
Iron and folic acid supplements or micro-nutrient supplements	91%
At least 2 doses of fansidar[3]	77%

1) Respondents could select multiple options.
2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger .
3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.
4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.
5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.
6) The question was only asked for HHs that reported not having access to soap.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Borehole	74%
Public tap	11%
Surface water	6%

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

29%	> 15 litres
20%	10 -15 litres
51%	< 10 litres

Average litre of water/person/day: 12 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:[4]

53%	Enough
47%	Not enough

Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:[5]

Use less water for bathing	55%
Fetch from further point	43%
Use less water for drinking	11%

% of HHs reporting challenges to collecting water:

Distance	5%
Queuing	18%
Queuing and distance	18%
None	58%

43% of the HHs do not have a access to a functioning HH latrine.

43% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:[6]

Soap is too expensive	72%
Waiting for next distribution	15%
Prefer a substitute	5%

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UNHCR The UN Refugee Agency

Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:[1]

Food distribution	39%
Bought with cash	16%
Own production	12%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (**67%**) than HHs that had lived there from one year or more (**35%**).

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

75%	Acceptable
24%	Borderline
1%	Poor

HH average Food Consumption Score: 42

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	33%	89%	93%	72%
Borderline	67%	11%	7%	27%
Poor	0%	0%	0%	1%

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

22%	Yes
78%	No

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

Reduce number of meals / day	55%
Limit meal size	32%
Buy cheaper food	37%
Debt/Borrowing	16%
Skip days of eating	12%
Only children eat	15%
Exchanged food for different food	2%
None	4%

Education

60% of households with school-aged children have at least one child not enrolled in school

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

Boys	Age	Girls
64%	3 - 5	56%
7%	6 - 12	27%
33%	13 - 18	33%

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

	Boys	Girls
ECD	15%	13%
Primary	60%	56%
Secondary	5%	2%
Other[3]	2%	1%
Not enrolled	41%	39%

Of the households with school aged children not attending school, **15%** reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

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

High costs	56%
Distance	17%
Just arrived in this area	6%
Overcrowding	6%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

1. Books
2. Uniform
3. Tuition

1) Respondents could select multiple options.
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) Other types of education include acelerated learning program, non-formal skills training, and vocational training.

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