Multi-Sector Needs Assessment: 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.
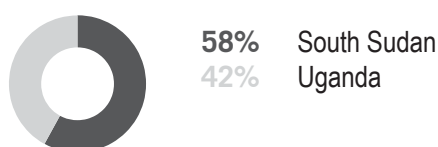
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for the host communities.

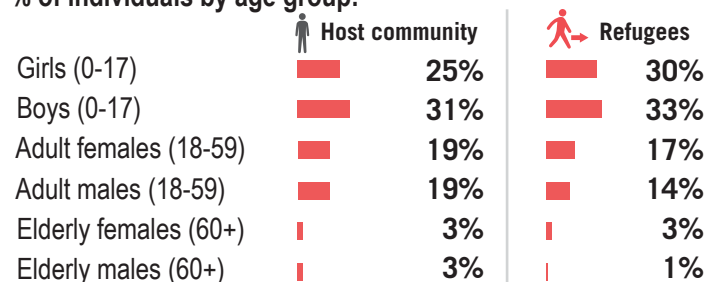**555** surveys were conducted in Moyo District between 24 April and 17 May 2018.
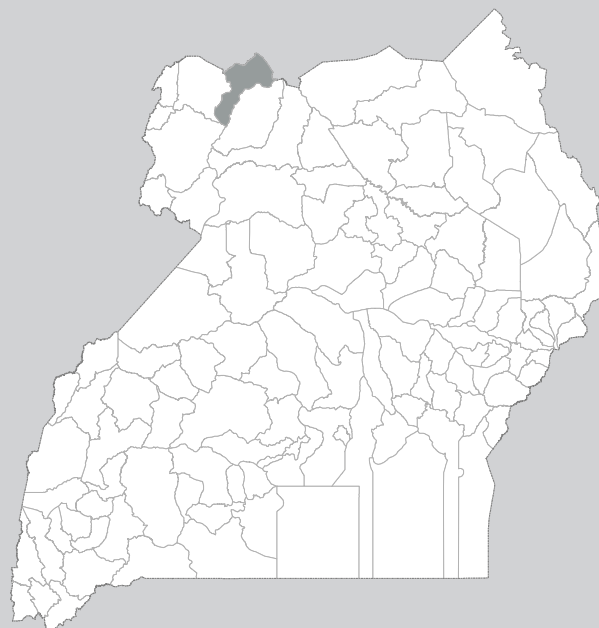
Demographics

% of assessed HHs by area of origin:

58% South Sudan
42% Uganda

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

11% **<6 months**
82% **7 - 11 months**
5% **1 - 2 years**
2% **> 2 years**

% of individuals by age group:

	Host community	Refugees
Girls (0-17)	25%	30%
Boys (0-17)	31%	33%
Adult females (18-59)	19%	17%
Adult males (18-59)	19%	14%
Elderly females (60+)	3%	3%
Elderly males (60+)	3%	1%

Average HH size:[2] 8.2 members / 6.3 members

Gender distribution of the head of the HHs:

	Female	Male
Host community	46%	54%
Refugees	67%	33%
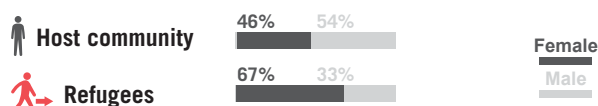
Top 3 sectors with most reported HH needs:[3]

Host community		Refugees	
Food	63%	Food	59%
Education	56%	Education	49%
Health and nutrition	55%	Shelter	47%
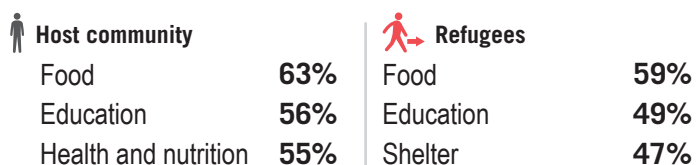
Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

% of HHs with at least one vulnerable member:

	Host	Refugees
Unaccompanied or separated children	53%	44%
Individuals with chronic illnesses	33%	19%
Individuals with disabilities	18%	27%
Pregnant and/or lactating women	41%	38%
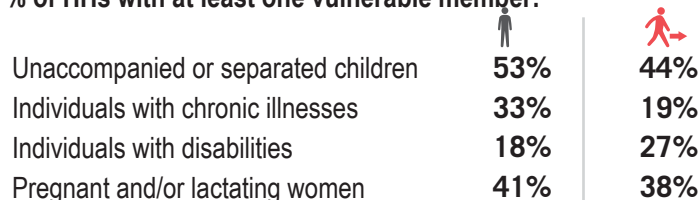
98% of the refugee HHs reported being registered in a settlement in the district.[4]

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

Host community
19% Yes
81% No

Refugees
19% Yes
81% No

43% of the host community HHs and **74%** of the refugee HHs reported that they had not received/were unable to receive psychological care.

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

	Host	Refugees
SGBV	41%	58%
Child protection	48%	45%
Psycho-social	38%	49%

35% of the host community HHs and **65%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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🌾 Livelihoods & Environment

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

🧍 Host community		🚶 Refugees	
Agriculture	**59%**	Casual labour	**31%**
Casual labour	**53%**	None	**26%**
Small business	**46%**	Small business	**23%**

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

🧍 Host community — **88% Yes**, **12% No**

🚶 Refugees — **59% Yes**, **41% No**

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

🧍 Host community		🚶 Refugees	
Owns the land	**82%**	Free through OPM	**81%**
Free access	**12%**	Rents the land	**11%**
Rents the land	**5%**	Free access	**9%**

86% of refugee HHs and **33%** of host community HHs that had access to land reported that it did not provide sufficient food for the entire HH in the most recent harvest season.[2]

9% of refugee HHs and **8%** of host community HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

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

🧍 Host community		🚶 Refugees	
Lack of seeds	**69%**	Lack of seeds	**40%**
Lack of tools	**31%**	Land is inaccessible	**40%**
Lack of fertilizer	**19%**	Insecurity	**40%**

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

🧍 Host community		🚶 Refugees	
None	**32%**	Sold assistance	**52%**
Spent savings	**28%**	Humanitarian aid	**21%**
Borrowed money	**21%**	Spent savings	**8%**

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

🧍 Host community — **40% Yes**, **60% No**

🚶 Refugees — **88% Yes**, **12% No**

31% of refugee HHs and **58%** of host community HHs reported that they faced challenges accessing markets in the 30 days prior to data collection.

% of HHs that reporting the following primary fuel sources:

	🧍 Host community	🚶 Refugees
Firewood	**76%**	**99%**
Charcoal	**24%**	**1%**

46% of refugee HHs and **60%** of host community HHs reported having an improved cook stove.[2]

📖 Education

3% of refugee HHs with school-aged children and **15%** of host community HHs with school-aged children have at least one child not enrolled in school.

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

Host community			Refugees	
🧍	🧍	Age	🧍	🧍
44%	44%	3 - 5	6%	5%
6%	4%	6 - 12	1%	1%
6%	14%	13 - 18	5%	2%

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

	🧍 Host community	🚶 Refugees
ECD	**8%**	**23%**
Primary	**65%**	**65%**
Secondary	**12%**	**9%**
Other[3]	**0%**	**0%**
Not enrolled	**15%**	**3%**

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

🧍 Host community		🚶 Refugees	
High costs	**54%**	High costs	**45%**
The child is too young	**40%**	Schooling isn't necessary	**15%**
The school is too far	**35%**		

Of the HHs that reported cost as a barrier to accessing education, **89%** of refugee households mentioned **school uniform** while **95%** of the host community HHs reported **school uniform** as the most commonly reported cost barrier.

1) Respondents could select multiple options.
2) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.
3) Other types of education include accelerated learning programme, non-formal skills training, and vocational training

Health & Nutrition

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

Host community		Refugees	
Malaria	36%	Malaria	22%
Diarrhoea	21%	Diarrhoea	20%
Skin disease	20%	Respiratory infection	9%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **40%** of refugee HHs and **58%** of host community reported facing challenges when they sought treatment.

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

Host community		Refugees	
No medicine available	62%	No medicine available	63%
Distance	37%	Language barrier	12%
High cost of medicine	27%	High cost of treatment	10%

12% of the refugee HHs reported language barriers as a challenge when accessing health care.

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

	Host	Refugees
Counselling on infant and young child feeding	86%	89%
Iron and folic acid supplements or micro-nutrient supplements	71%	91%
At least 2 doses of fansidar[3]	61%	89%

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

	Host community	Refugees
Polio vaccination	89%	90%
Measles vaccination	60%	41%

% of HHs reporting owning mosquito nets:

Host community: 91% Yes, 9% No

Refugees: 72% Yes, 28% No

Average number of HH members sleeping under nets:

Host community: 6.5

Refugees: 3.1

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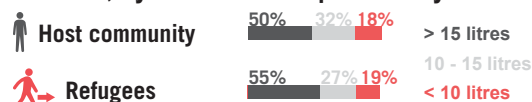5) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	68%	Borehole	48%
Public tap	8%	Protected rainwater tank	37%
Surface water	7%	Public tap	14%

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

	> 15 litres	10 - 15 litres	< 10 litres
Host community	50%	32%	18%
Refugees	55%	27%	19%

Average litres of water/person/day is **18** for refugee HHs and **17** for the host community HHs.

54% of refugee HHs and **57%** of host community HHs reported not having enough water to cover the basic HH needs during the 7 days prior to data collection.[5]

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

Host community		Refugees	
Fetch from further point	52%	Use less for bathing	66%
Use less for bathing	47%	Use less for drinking	26%
Use less for drinking	15%	Fetch from further point	22%

% of HHs reported challenges to collecting water:

	Host community	Refugees
Distance	27%	13%
Queuing	18%	36%
Distance and queuing	30%	22%
None	25%	29%

% of HHs with access to a functioning HH latrine:

Host community: 90% Yes, 10% No

Refugees: 85% Yes, 15% No

48% of the refugee HHs and **27%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Other	29%	Soap is too expensive	53%
Soap is too expensive	26%	They prefer a substitute	42%
They prefer a substitute	24%	Waiting for distribution	4%

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

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Food Assistance

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

Host community		Refugees	
Own production	**54%**	Food distribution	**92%**
Bought with cash	**44%**	Bought with cash	**4%**
	%	Gifts from family/friends	**1%**

The refugee HHs that had been living in the settlement for less than one year relied equally on humanitarian aid (**92%**) to refugee HHs that had lived there for one year or more (**92%**).[1]

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

Host community		Refugees
95%	**Acceptable**	80%
5%	**Borderline**	17%
0%	**Poor**	**3%**

HH average food consumption score:

Host community		Refugees	
	56		**46**

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

	<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:

Host community		Refugees	
62%	Yes	**35%**	Yes
38%	No	**65%**	No

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

	Host community	Refugees
Reduce # meals / day	**38%**	**56%**
Limit meal size	**35%**	**42%**
Buy cheaper food	**34%**	**6%**
Debt/Borrowing	**1%**	**9%**
Skip days of eating	**2%**	**3%**
Only children eat	**2%**	**4%**
Exchange food	**11%**	**4%**
None	**9%**	**7%**

Shelter & NFIs

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

Host community		Refugees
100%	**Permanent**	67%
0%	**Temporary**	33%
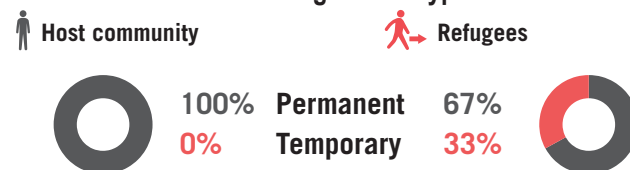
% of HHs that reported owning their shelter:

Host community		Refugees	
93%	Yes	100%	Yes
7%	No	0%	No

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

Host community		Refugees	
38%	Yes	**70%**	Yes
62%	No	**30%**	No

17% of the host community HHs and **29%** of the refugee HHs reported that their shelter experienced flooding in the year prior to data collection.

Top 3 most commonly reported NFI priorities:

Host community		Refugees	
Bedding	**71%**	Water storage	**63%**
Kitchen tools	**67%**	Bedding	**56%**
Water storage	**67%**	Mosquito nets	**43%**

1) Disaggregation by time spent in settlement only applies to refugee households, as host community households do not live in settlements.

2) The FCS is used as proxy for HH food security and is a composite score based on 1) Dietary diversity 2) Food frequency and 3) Relative nutritional importance of the various food groups consumed by HHs. The FCS is recorded from a 7-day recall and is based on 9 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. In the Ugandan context the thresholds used are as follows: ≥ 31 – Acceptable; 28 - 30 – Borderline; ≤ 27 - Poor.

3) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.

For more information on this profile please contact:

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