

Lessons Learned Report

WHAT IS YOUR MOST SERIOUS PROBLEM?

Lessons Learned and reflections on the use of the HESPER Scale

April 2026

Executive Summary

Since 2023, IMPACT Initiatives has piloted the HESPER Scale across multiple crisis contexts to better understand how affected populations perceive and prioritise their needs. As a new tool, the HESPER Scale has provided valuable complementary insights to existing analytical approaches. Rather than replacing existing analytical frameworks, it introduces a people-centred lens that captures how affected communities experience and express their needs. When used alongside standard multi-sectoral analysis, it helps build a more complete picture of humanitarian needs, combining measures of severity with insights into lived experience and perceived priorities. One of the key operational advantages of the approach is its ability to generate rapid insights. In several contexts, HESPER results have been used to inform early-stage discussions with donors and coordination platforms. By presenting community-defined priorities at the outset of the Humanitarian Program Cycle, the tool has helped reframe strategic dialogue and encourage reflection on differences between measured and perceived needs. This early engagement represents a concrete opportunity to strengthen the relevance and responsiveness of humanitarian planning.

Despite its added value, the implementation of HESPER has highlighted several operational and methodological challenges. These include the module's length when integrated into large-scale assessments, the need to adapt questions to sensitive contexts, translation issues, and difficulties in aligning perception-based findings with some sectoral framework dimensions. These challenges underscore the importance of maintaining flexibility in using the tool, allowing for contextual adaptation while preserving a core level of comparability.

Overall, the HESPER Scale represents a strategic opportunity to promote a more nuanced understanding of humanitarian needs by systematically integrating the perspectives of affected populations into analysis and decision making. Compared with other existing tools, its added value lies in supporting a shift towards more people centred responses. The use of the HESPER tool can generate additional evidence to strengthen advocacy for more relevant, accountable, and effective humanitarian funding, by ensuring that resource allocation and programmatic priorities are aligned with how communities themselves define their most pressing challenges.

Based on these reflections, IMPACT Initiatives will, in the coming years, continue to refine and use the HESPER Scale to deepen understanding of community defined priorities and to test its application across research cycles and crisis settings. These reflections will also inform the development of an organisational analytical framework to better capture and analyse community priorities across crises. As a longer-term objective, IMPACT will strengthen the use of HESPER as a powerful advocacy opportunity to promote more nuanced, people centred analysis that informs both strategic discussions and operational decision making.

Table of Contents

1. Introduction	3
1.1 Objectives	4
1.2 Methodology	4
<i>Definition of the HESPER Scale Module</i>	4
2. Lessons learned from using the HESPER across research projects	6
2.1 Piloting a self-perceived priorities module in a crisis-wide assessment	6
<i>Lesson Learned - HESPER as a tool for complementary analysis of needs, and not to be opposed to measured needs approaches</i>	8
2.2 ZOOM-IN / MALI - The HESPER tool as an opportunity to reflect on how needs are measured by standardized multisectoral tools	9
2.3 Is the HESPER reliable for assessing self-perceived needs in hard-to-reach areas?.. 10	
<i>Lesson Learned – Collecting data about self-perceived needs in hard-to-reach areas with HESPER is promising, with some key limitations</i>	12
3. Lessons learned from implementing the HESPER Scale for each stage of the research cycle	13
3.1 Design	13
<i>Lesson Learned – Balancing contextualization and standardization</i>	14
3.2 Enumerator Training and Data Collection	14
<i>Lesson Learned – The enumerator training as a key step in adapting the HESPER Scale to local sensitivities</i>	15
3.3 Data Analysis	16
<i>Lesson Learned – From descriptive results to meaningful interpretation</i>	17
3.4 Advocacy and Programmatic Use of the HESPER	18
<i>Lesson Learned – Using HESPER to strengthen People-Centred approaches</i>	20
4. Reflections – What did we learn overall?	21
5. Conclusion	24
Appendix 1: HESPER – Individual level tool	25

1. Introduction

Following the reformulation of the Grand Bargain's priorities and structure, Grand Bargain 2.0 articulated participation as one of its main priorities, including promoting local ownership and participation and emphasizing the importance of involving affected communities in decision-making.¹ This shift acknowledges that communities themselves possess invaluable insights into their needs and priorities, which are essential for advancing people-centred responses. Affected communities' participation in assessment must be recognized as an essential right to support locally grounded resource allocation and program design.² Within the humanitarian sector, most needs assessments commonly rely on either population-based, "objective" indicators, such as malnutrition or mortality rates, or qualitative data gathered through convenience samples, including focus groups or key informant interviews. While the former may lack insights into individuals' subjective perceptions of needs, the latter might not provide a comprehensive overview for the affected population.³

Designed by the World Health Organization, the HESPER Scale was created to explicitly fill this gap. Tested in several humanitarian crises and used by other UN agencies, it provides a systematic approach to evaluating perceived needs in quantitative surveys, ensuring a valid and reliable assessment methodology.⁴ While the HESPER scale is not a substitute for direct participation by affected populations in humanitarian programming, it is an additional means of incorporating self-identified needs into an assessment.⁵

Beyond IMPACT's standard practices of measuring needs through analytical frameworks, there is a growing recognition, both within the humanitarian sector and within IMPACT Initiatives, of the importance of understanding how affected populations perceive their own needs at the individual, household, and community levels. In response to discussions with WHO and other partners, IMPACT Initiatives has developed a tailored approach to the HESPER Scale, which has been piloted across various assessments.

Since its first pilot in Moldova in 2023, the HESPER module has been implemented in more than seven countries to deepen the understanding of the needs⁶ faced by populations across diverse crisis settings. From the refugee response in Moldova to protracted crises in Yemen,

¹ Metcalfe-Hough, V., Fenton, W., Saez, P. and Spencer, A. (2021) *The Grand Bargain in 2021: an independent review*. HPG commissioned report. London: ODI (www.odi.org/en/publications/the-grand-bargain-in-2021-an-independent-review), p.12.

² (Semrau et al. p.1)

³ World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization, p.7.

⁴ Ibid

⁵ Ibid, p.9.

⁶ As part of this lesson learned report, "measured needs" are defined, as needs defined and measured according to standardised analytical frameworks, used by IMPACT Initiatives, such as the MSNI / LSG analytical framework. "Self-perceived needs" are defined as "perceived needs are needs which are felt or expressed by people themselves and are problem areas with which they would like help."

South Sudan, and Mali, the tool has been deployed across several project cycles, including Area-based Assessments (ABA), Humanitarian Situation Monitoring (HSM), and Multi-sectoral Need Assessment (MNSA). Following two years of implementing the HESPER scale across various contexts, reflections were needed to learn from its use within IMPACT Initiatives research approaches.

1.1 Objectives

This report aims to synthesize lessons learned and best practices from the application of the HESPER module across IMPACT Initiatives' various research cycles. It evaluates how the approach has been used across countries, focusing on the prevalence and characteristics of self-perceived needs, particularly relative to measured needs. The analysis also reviews the operational and methodological constraints encountered by research teams in implementing the HESPER module, identifying key lessons to inform decisions about whether, where, and how to integrate the module into future research cycles. Finally, the report assesses the strategic use of HESPER findings across dissemination, analysis, and advocacy efforts, considering how the module aligns with IMPACT Initiatives' evolving strategic approach.

1.2 Methodology

Between 2023 and 2025, IMPACT Initiatives have documented lessons learned on the design, piloting, and use of the HESPER module across their respective projects. Follow-up interviews with country teams and headquarters specialists further examined reflections on implementation processes and the practical use of the tool across diverse contexts. An in-depth analysis of qualitative and quantitative data was conducted to identify key patterns and trends emerging across research cycles.

Given the variation in methodological choices and sampling strategies across contexts, the findings were not directly compared across research cycles. Instead, each set of findings was examined separately, with converging patterns and key differences highlighted to provide a consolidated overview aligned with the objectives of this lesson-learned exercise.

As 2025 was a transition period for most country teams due to funding issues, there was significant turnover in many contexts. This led to some loss of knowledge related to specific research cycles, such as ABA cycles in Syria and Yemen. Although some information was collected during data collection, lessons-learned consultations were not conducted with certain research teams due to staff turnover.

An additional internal methodological note has been prepared with more detailed reflections on methodological challenges, which can be shared upon request.

Definition of the HESPER Scale Module

The Humanitarian Emergency Settings Perceived Needs Scale (HESPER) is a multi-sectoral tool that provides quantitative assessments of perceived needs based directly on the views

of those affected by a crisis.⁷ It aims to provide “a quick, scientifically robust way of assessing the perceived serious needs of people affected by large-scale humanitarian emergencies, such as war, conflict, or major natural disaster. Perceived needs are needs which are felt or expressed by people themselves and are problem areas with which they would like help.”⁸ By identifying self-perceived needs, the tool helps identify the challenges of affected populations.

The Hesper scale consists of twenty-six questions covering physical, psychological, and social needs. Ratings are made by interviewers in a face-to-face interview with affected persons by defining whether each of the twenty-six questions is perceived by respondents to be a ‘serious problem’ (unmet need) or ‘no serious problem’ (no need).

Example Below:

Items list and question	Rating
<p>1. Drinking water Do you have a serious problem because you do not have enough water that is safe for drinking or cooking?</p>	<p>0 = no serious problem 1 = serious problem 9 = does not know / not applicable / declines to answer</p>
<p>2. Food Do you have a serious problem with food? For example, because you do not have enough food, or good enough food, or because you are not able to cook food.</p>	

See Annex 1 for the full list of the Individual level Hesper scale and items.

An open-ended question is also included, allowing the respondent to identify any other serious needs not covered by the twenty-six core questions. At the end of the interview, respondents are asked to rank their three most serious needs to prioritise the most acute problems. Although the HESPER Scale assesses a wide range of social, psychological, and physical problem areas, it does not answer whether or how to offer help. It aims to identify serious, widely perceived problems in a population that should then be assessed and addressed in more detail.

⁷ The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale, p.11.

⁸ The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale, p.8

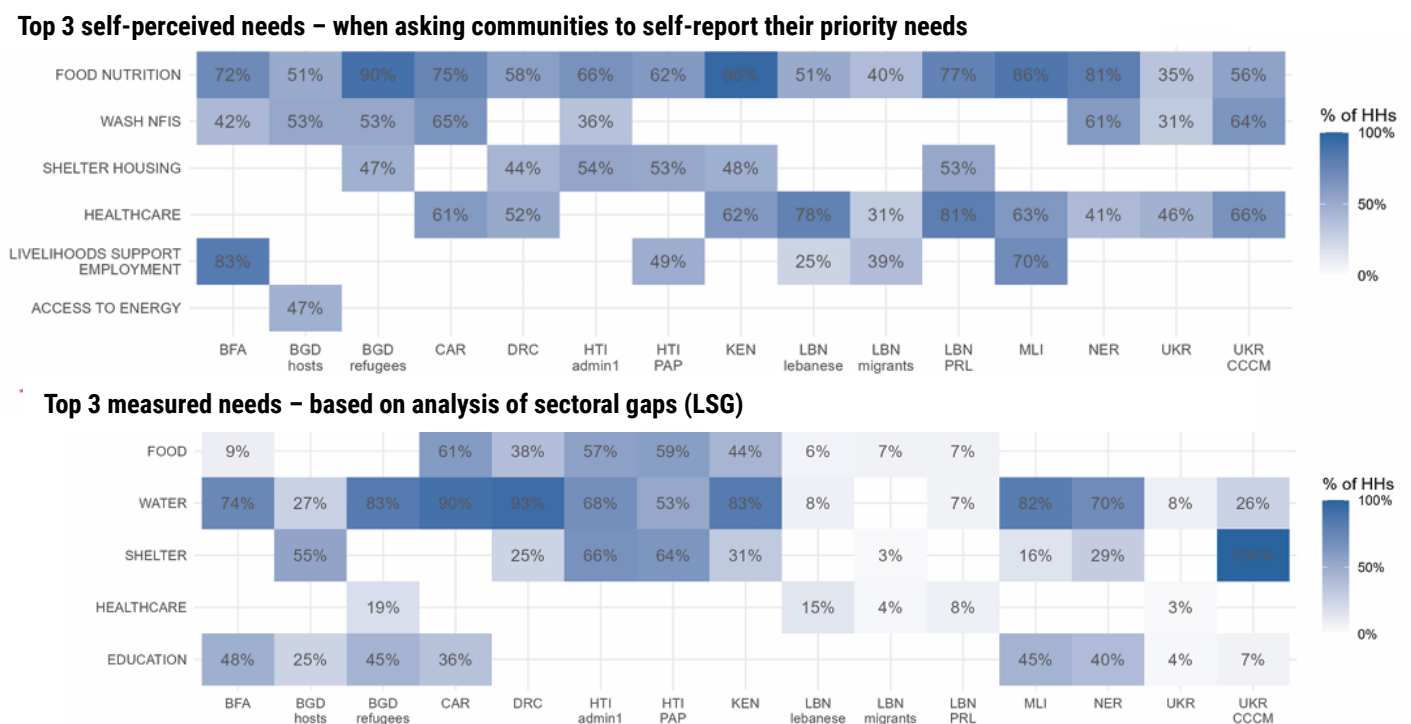
2. Lessons learned from using the HESPER across research projects

2.1 Piloting a self-perceived priorities module in a crisis-wide assessment

A growing reflection around self-perceived needs since 2023

In 2024 and 2025, the HESPER Scale was incorporated as an ad hoc module across several MSNA project cycles, providing an opportunity to analyse perceptions of needs among affected populations at the crisis level. However, this initiative began before, with a comparative analysis of existing indicators in the 2023 MSNA. Indeed, as part of a cross-crisis analysis conducted in 2023, this study compared the prevalence of sectoral gaps⁹ with the needs that affected populations perceived as priorities across 10 countries, revealing significant differences. Across most crises, communities perceived health and food security as the most urgent needs. In contrast, measured sectoral gaps highlighted a broader range of needs, often split between WASH, food, shelter, healthcare, and education.

Figure 1. Comparison of Top 3 Self-Perceived and Measured Needs (MSNA 2023)



⁹ MSNA indicators, as part of the Multi-Sector Needs Index, are combined to form sectoral composite indicators called Living Standard Gap (LSG) or Sectoral Composites. This analysis involves integrating indicator-level data across the various dimensions of each sectoral framework. Some sectors, like Shelter & Non-Food Items (SNFI), have multiple dimensions, while others, such as Food Security and Education, only have one. For sectors with multiple dimensions, the highest severity score is used; for those with a single dimension, the assigned severity is used directly in the composite. For more information, please consult [the MSNA cross-crisis Composite methodological note \(2023\)](#).

For instance, while education is frequently identified as a sectoral gap, especially in the Sahel region (Burkina Faso, Niger, Mali), affected populations rarely cite it among their top three self-perceived needs. In Mali, communities have emphasized livelihood support and employment as key household priorities.

Building on these reflections and to further explore how communities perceive and prioritise their needs, it was decided to include a household-level version of the HESPER scale component in the 2024 MSNA questionnaire in Mali and the DRC as a pilot. The HESPER module was later incorporated into the 2025 MSNA tool for Lebanon, Burkina Faso, and Mali. For the two pilot rounds, all key dimensions and questions from the original individual tool were retained in the pilot included in the MSNA tool.

Key findings from the 2024 MSNA HESPER pilot and its comparison with “measured” needs.

In Mali and the DRC for 2024 MSNA, notable disparities emerged between Multi-Sector Needs Index (MSNI) results¹⁰, which reflect measured needs, and HESPER findings, which capture self-perceived needs. In Mali, MSNA data identified education (45%), WASH (28%), and non-food items (21%) as the three sectors with the largest sectoral gaps.

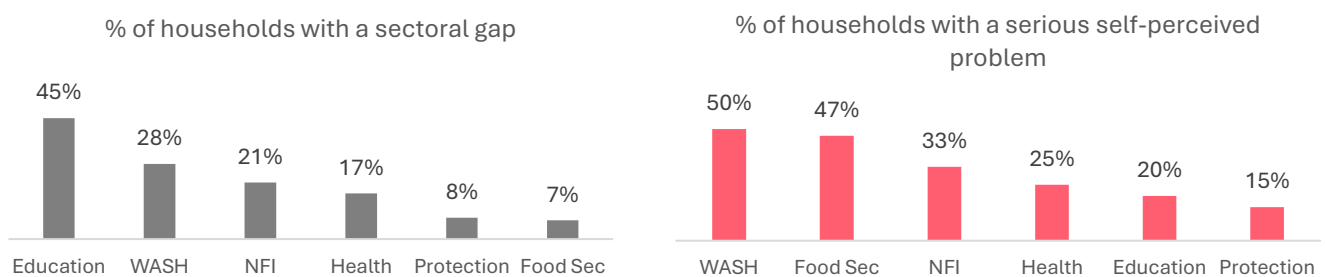


Figure 2. Comparison of Households Perceived Serious Problems (right) vs. Households with Sectoral Gaps in Mali (left) (MSNA, 2024)

However, when asked about their most serious problems, households reported different priorities: WASH (50%), food security (47%), and non-food items (33%). Similar dynamics have been observed in DRC, where significant disparities were found between measured and perceived needs. While the 2024 MSNI analysis identifies non-food items (91%), food security (51%), WASH (48%), and Education (44%) as the most common severe sectoral gaps, affected populations mentioned livelihood (77%), WASH (76%), and protection (75%) as some of the most serious problems they face.

¹⁰ Following the sectoral definitions of humanitarian need, and often in collaboration with global clusters, IMPACT has developed an independent analytical framework - the Multi-Sector Needs Index (MSNI) - that aims to easily identify the severity and complexity of crises. Similar to the JIAF, the framework follows an ordinal scale composed of five levels ranging from 1 (no needs/minimal needs) to 4+ (extreme needs). The process involves, first, determining the level of households' sectoral needs (see previous footnote on LSG), and then, merging the Sectoral Composites into the overarching MSNI. For more information, please consult [the MSNA cross-crisis Composite methodological note \(2023\)](#).

Beyond sectoral issues, a large proportion of the population in Mali in 2024 has highlighted, through the HESPER, concerns that are often cross-cutting or deprioritised in humanitarian analysis. Well-being (55%) and AAP-related issues (25%) emerged as major problems affecting household and community functioning. A similar pattern was observed in the DRC, where well-being issues, specifically linked to excessive alcohol consumption and harmful drug use, were reported as serious problems by 54% of households surveyed.

Lesson Learned - HESPER as a tool for complementary analysis of needs, and not to be opposed to measured needs approaches.

The 2024 pilots highlight important differences between findings from the HESPER module and those from other analytical approaches, such as the MSNI. While both analyses consistently highlighted key sectors such as health and WASH, other areas, notably livelihoods, were less prominent in sectoral gaps identified by the MSNI approach. **This divergence underscores the value of using both perceived and measured data sources to develop a more comprehensive understanding of needs and priorities in crisis contexts.** This comparison should be treated as a starting point for reflection rather than a stand-alone analytical conclusion. However, a clear explanation of the findings and methodological approach is required to avoid misinterpretation, particularly by external audiences.

Both approaches also carry inherent limitations. Perception-based data may be viewed as less precise or more subjective, while sectoral gap analysis relies on predefined standards that may not fully reflect lived experiences. Recognizing these limitations is essential to responsible interpretation. **When used carefully, such comparisons can support strategic discussions with partners on why certain needs may be prioritised differently by affected populations, and how contextual, social, or experiential factors shape these perceptions.**

Overall, the key lesson is not whether one approach is superior, but how they complement each other. While the standardized measurement approach aims to provide an intersectoral overview of needs based on standardized thresholds, HESPER offers a people-centred perspective grounded in how affected populations understand and prioritise challenges. Even if HESPER does not measure severity in the same way and is more sensitive to contextual factors, it provides a valuable opportunity to deepen analysis and better understand how needs are experienced and framed within specific contexts.

2.2 ZOOM-IN / MALI - The HESPER tool as an opportunity to reflect on how needs are measured by standardized multisectoral tools.

Beyond serving as a tool for understanding how affected populations articulate and prioritise their needs, the HESPER module also offers an opportunity to reflect on how research organizations, such as IMPACT Initiatives, **conceptualize and measure needs, particularly within large-scale assessments such as the MSNA**. Through participatory qualitative discussions, affected populations can review and compare findings from both the HESPER and MSNI approaches, providing feedback and concrete suggestions that can inform broader reflections on tool design. **This allows for better alignment with lived experiences while remaining consistent with sectoral standards**. However, such reflections must be interpreted in their specific context and cannot automatically translate into general adjustments to global resources unless similar insights emerge consistently across multiple crises.

IMPACT Initiatives conducted an exploratory qualitative study in February 2025 in Mali to better understand how affected populations aligned with the different approaches used in the MSNA cycle to analyse their needs. **The analysis revealed that most participants found the HESPER-based chart more accurate in reflecting their understanding of their population's needs, largely because it highlighted their sector of focus more prominently than the MSNI analysis**. Participants' perceptions of need partially diverged from MSNI measurements: while some aligned well, others required far more nuance than current tools allow.

Despite these divergences, the exercise showed some core alignment between the needs expressed by affected populations and MSNA's standardized sectoral approach. **For most sectors, food security, shelter, and WASH, participants referenced the same core dimensions captured in MSNA**. However, there were still some gaps between the MSNI approach and community perceptions. For example, respondents stressed the importance of assessing availability during critical periods such as the dry season, rather than relying solely on conditions at the time of data collection. They also highlighted psychological needs tied to sectoral gaps, such as stress related to rent, overcrowding, or landlord tensions, none of which are routinely integrated into MSNA. **Furthermore, critical areas such as livelihoods and mental health remained largely absent from MSNA core analysis, despite being central concerns for participants**.

Overall, the findings, in the context of Mali, highlight the overlap between the lived experiences of affected populations and the sectoral framing of MSNA, while underscoring the need for more contextually sensitive, temporally nuanced, and gender-responsive assessment approaches. While this analysis is based on consultations in one country, additional research could help refine reflections and feedback on existing tools.

2.3 Is the HESPER reliable for assessing self-perceived needs in hard-to-reach areas?

The HESPER scale approach has demonstrated its ability to generate some valuable insights when used in household surveys, such as the MSNA, across several contexts. However, household data collection is sometimes costly or infeasible, particularly in hard-to-reach areas. As other data collection approaches, such as engaging key informant networks, are often considered alternatives, **it is strategic to assess how the self-perceived needs of affected communities can also be assessed through these methods.** However, the indirect nature of the hard-to-reach approaches, such as area-of-knowledge (AoK) approaches, in which KIs report on entire communities rather than their own households, naturally limits the accuracy of some granular, defined household-level needs.

Following internal reflections, a set of questions, adapted from HESPER but not fully aligned, was developed to assess whether indicators of self-perceived needs could provide complementary information to support the identification of needs in hard-to-reach areas. The HESPER-influenced module was implemented in South Sudan as part of a broader validation study of the AoK methodology. While most indicators from the HESPER standardized module were integrated, some were removed due to contextual sensitivities or research design choices.

Key Findings from the South Sudan pilot

Initial findings from the HESPER set of indicators showed strong consistency between key informants reporting on the same settlement. In the pilot, two KIs were interviewed per settlement, and, in most cases, they agreed on the seriousness of the challenges described in the HESPER module. Some variation was observed depending on the type of question.

Factual questions that require little judgement (e.g., “Most people use the health facility in this settlement”) tended to generate higher agreement, while questions involving a degree of interpretation or ambiguity (e.g., whether people primarily use a neighbouring settlement’s facility or one located farther away) showed greater divergence.¹¹

Additionally, **clear correlations emerged between the perceived severity of problems in a given sector and the corresponding “objective” indicators in the same tool.**

¹¹ The influence of specific demographic variables, such as the KI’s role or gender, on reported information could not be investigated. Given that limited diversity among KIs is frequently cited as a core limitation of the AoK approach across several contexts, additional research would be needed to better understand how demographic characteristics shape the self-perceived needs reported through the AoK method.

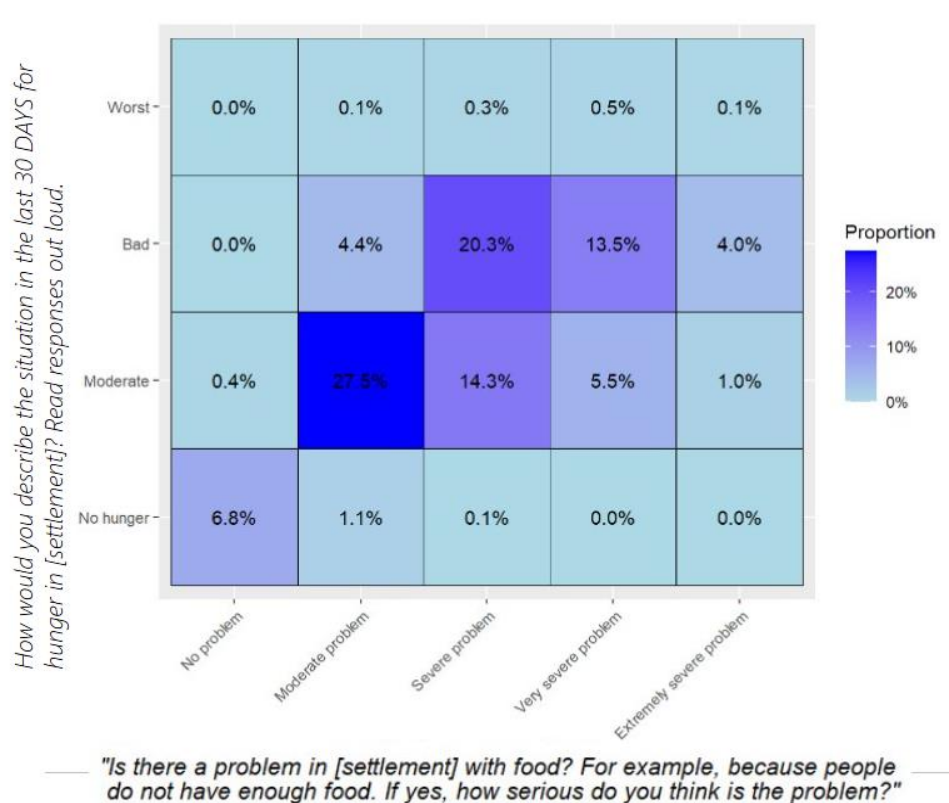


Figure 3. HSM HESPER Validation Study – Intra-KI correlation of perceived hunger and food perception

For example, settlements where KIs report more severe food-related problems also tend to show higher levels of reported food access barriers, perceived hunger, and reliance on coping strategies, suggesting that the perceived-needs questions capture patterns that align with broader sectoral conditions. However, it varies between sectors. For example, WASH perception indicators correlate somewhat less with technical indicators, potentially due to limited knowledge of the existing WASH system or information on specific WASH topics.

The analyses conducted so far are based on internal validation, meaning the indicators have not yet been compared to an external data source. This introduces two possible limitations: KIs may overlook specific issues when reporting on their community due to various factors, especially for mental health or protection issues, and some KIs may systematically overstate both objective needs and the perceived severity of sectoral problems, such as food or WASH issues. These dynamics could influence both the consistency of responses across KIs and the observed correlations with sector-specific hard-to-reach indicator sections.

Lesson Learned – Collecting data about self-perceived needs in hard-to-reach areas with HESPER is promising, with some key limitations.

Following the pilot in South Sudan, the results suggest that community-level perceived-needs questions can provide useful, actionable insights, particularly when collecting data in hard-to-reach areas where more detailed measurement of needs may be difficult.

Perception questions help provide a holistic picture of needs.

Using KIs allowed research teams to capture additional information that may be difficult to obtain through traditional sectoral KI tools. For example, the food dimension of the HESPER module (“Is there a problem in the settlement with food?”) allows KIs to summarize multiple aspects of food security into one severity assessment, including food availability, dietary diversity, hunger, malnutrition risks, and coping strategies. However, because HESPER questions are broad, it can be difficult to fully understand the reasons behind KI ratings. **This shows the importance of triangulating these findings with other KI questions to better understand what is driving these findings.** However, in sectors where needs can be measured through a small number of factual indicators (such as school attendance), direct measurement may remain more reliable than perception-based severity scoring alone.

Subjectivity is a limitation, but also a strength.

While perception-based questions may appear more subjective than standard sector indicators, many KI questions already rely on respondent judgment. For example, identifying barriers to healthcare or education already requires respondents to interpret their situation and prioritise challenges. **Perception-based questions, therefore, do not introduce subjectivity as something new but rather make it more explicit.**

This subjectivity can also be valuable. **KI responses often reflect locally grounded perspectives on what constitutes severity and prevalence, which can strengthen contextual understanding of needs.**

At the same time, perception data should be interpreted carefully. Limited awareness of certain issues (for example, the health risks linked to open defecation) may influence how severity is perceived and may lead to some needs being underestimated. This reinforces the importance of combining perception data with other technical indicators.

3. Lessons learned from implementing the HESPER Scale for each stage of the research cycle

3.1 Design

Overall, teams consistently reported that existing guidance and tools¹² were generally sufficient to support country-level implementation. In some contexts, formal HESPER guidance was not yet available at the time of data collection; however, existing resources from WHO and other partners¹³ were deemed adequate to inform the design of an initial methodological approach and to support implementation. However, several problems were encountered by country teams at the design phase of the project:

Tool Length

Despite the availability and clarity of existing resources, most country teams reported challenges related to tool implementation. **A recurring concern was the HESPER module's overall length.** While this was not considered problematic for standalone HESPER assessments or smaller-scale exercises, such as ABA in Syria or Yemen, it became a significant constraint when integrated into more comprehensive tools, such as the MSNA. In these cases, teams opted to maintain the standard module across countries but noted a higher risk of respondent fatigue, which could have affected data quality.

Missing Dimensions

Beyond length, several teams noted that the standard tool was difficult to adapt to certain contexts and did not fully capture some of the needs identified by affected populations or enumerator teams:

- For example, in **Yemen**, respondents frequently cited scorpions and snakes as major community challenges. This led to internal discussions on whether such concerns should be integrated under existing categories (for example, shelter) or analysed as a standalone issue. At the end of the design process, it was decided to integrate this issue into the shelter component of the HESPER module to align with the tool's standardized structure. However, this specific concern was described in greater detail in the subsequent analysis. It was considered by the country team to be a good middle-ground option between standardization and contextualization inputs.
- The research team in **Moldova** highlights that while the HESPER module covers a broad range of challenges, **it does not adequately capture access constraints and service barriers, including physical and economic barriers.** Beyond access-related

¹² At this stage of the research process, the following guidance was shared with the country teams: (1) technical guidance on the implementation of the HESPER module across key research projects, and (2) an ODK or Kobo standardised version of the household-level tool.

¹³ World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization, p.7.

issues, country teams, particularly in the Middle East, reported that several core dimensions were missing from the standardized tool. Examples raised by teams in **Syria and Yemen** included the lack of questions on transportation, energy, livelihood opportunities, and social services. In all the mentioned contexts, the tools have been adapted during the design phase to address contextual challenges identified by the research team.

Lesson Learned – Balancing contextualization and standardization.

While the HESPER Scale Tool is broadly adaptable across humanitarian contexts, its application indicates that it aligns more strongly with contexts where humanitarian needs are primarily driven by acute deficits in basic services and livelihoods. In comparison, the tool appears to capture needs less effectively in contexts marked by protracted crises, more diversified service systems, and energy-dependent economies, including parts of West Asia. **This suggests that a more context-sensitive approach may be required to reflect the diversity of operational environments without increasing the tool's length or complexity.**

Beyond an increased push for a context-sensitive approach that reflects a wider range of challenges and issues across contexts, **additional reflections are needed to develop a lighter approach to the tool when integrated into broader multisectoral assessments, to reduce the risk of survey fatigue among respondents.**

3.2 Enumerator Training and Data Collection

As a new module, it was usually well understood by enumerator teams during the training phase. In several contexts, it was an opportunity to discuss translation issues and to adapt the tool to contextual sensitivities. However, some concerns were raised during training, while others emerged later during data collection.

Context Sensitivities

Several country teams reported the need to remove or adapt certain items considered sensitive in specific contexts. Indicators related to drug and alcohol use were removed in countries such as **Yemen, Syria, and Lebanon**, following concerns raised during enumerator training by the research team. Similarly, questions related to violence against women were often rephrased to avoid directly asking households about personal experiences, in line with contextual sensitivities and ethical considerations flagged during the review of the tool as part of the enumerator training.

Other questions related to feelings of distress and respect were also considered too sensitive to ask directly in several contexts, and enumerators offered recommendations to rephrase them indirectly to avoid issues when asked of the respondent. For example, in some contexts, it was rephrased to be asked at the community/neighbourhood level

rather than the household level, to avoid the risk of re-traumatization or discomfort for respondents.

Translation issues during data collection

When using any standardized tool, country teams were required to translate the HESPER module into multiple languages, typically during the research design or enumerator training phases. In **Yemen**, despite initial translation efforts, a significant issue emerged during data collection. **The existing Arabic translation developed by WHO and King's College was considered poorly aligned with the Yemeni context, particularly in its translation of the term "problems" as "dangerous."** This wording, used in the tool, caused discomfort among respondents in southern Yemen, who perceived it as overly strong and alarmist.

Similar comments were shared from **Mali**, where asking about any strong overall concerns related to food was considered a sensitive topic and could be difficult to admit in some areas, compared with other FSL indicators that break these concerns down into various components linked to food insecurity.

Lesson Learned – The enumerator training as a key step in adapting the HESPER Scale to local sensitivities.

Across pilot countries, enumerator training was consistently identified as a crucial milestone to ensure that a standardized tool, such as the HESPER scale module, aligns with local sensitivities. Because several topics may be considered sensitive in certain contexts, **collecting feedback from staff and enumerators during training helps identify questions that could cause distress or discomfort for respondents.** This process supports the IMPACT Do No Harm approach by reducing the risk of negative experiences for respondents.

Enumerator training should be regarded as a critical test before launching data collection. **However, pilot rounds across countries also revealed structural issues with the adapted HESPER tool that training alone cannot resolve. These included translation inaccuracies and question phrasing that could cause discomfort among respondents.**

To prevent similar challenges in future implementations, it is essential to integrate careful review of translations and question wording into the initial design process. This includes systematically reviewing existing translations, gathering feedback from respondents and data collection teams during piloting, and involving staff with contextual and linguistic expertise to validate key concepts and indicators. Additionally, a review of the standardized module is required at the global level to take into account key considerations flagged by country teams, to improve the tool's readability without causing a negative experience for the respondent.

3.3 Data Analysis

While processing the HESPER dataset was not considered a major challenge by most country teams, several lessons emerged from the analytical process.

Categorization of challenges

One of the key strengths of the HESPER analytical approach is its flexibility in grouping items into meaningful categories. HESPER items can be regrouped in multiple ways, such as by sector, physical versus non-physical dimensions, or household-level versus community-level issues, to help illustrate potential drivers of self-reported needs. This type of categorization allows research teams to move beyond item-level results and provides a clearer overview of how serious problems cluster around broader thematic or structural types of need, supporting more strategic interpretation of self-perceived needs.

Example of categorization of HESPER items

Section Wide	Section	Area of well-being	Sector/Theme	Question
physical	Physical	basic_need	wash	Drinking water
physical	physical	basic_need	fsl	Food
physical	physical	basic_need	snfi	Place to live in
physical	physical	basic_need	wash	Toilets
physical	physical	basic_need	wash	Keeping clean men
physical	physical	basic_need	wash	Keeping clean women
physical	physical	basic_need	snfi	Clothes, shoes, bedding, or blankets
livelihood	livelihood	agency	livelihood	Income or livelihood
physical	physical	basic_need	health	Physical health
physical	physical	basic_need	health	Health care men
physical	physical	basic_need	health	Health care men women
non_physical	well_being	well_being	protection	Distress
non_physical	protection	safety_security	protection	Safety
non_physical	well_being	basic_need	education	Education for your children

While country teams acknowledged the range of existing options for categorizing needs and challenges expressed by affected populations, they also highlighted several difficulties in applying these approaches in practice.

For certain items related to food, livelihoods, and cash, teams found it difficult to define distinct and meaningful categories that accurately reflected both the affected populations lived realities and the way humanitarian responses are structured. Similar challenges were reported for water-related issues in West Asia, where access to water was often perceived as part of broader service access rather than a standalone category, unlike in other contexts where it is typically treated as a distinct sector. As a result of these challenges, various category structures were implemented by country teams, depending on factors such as the target audience, the main goal of the analysis, and the overall structure of the research project. For example, specific categories related to infrastructure were developed for HESPER

analysis as part of area-based projects, such as in Syria, to address information gaps on programmatic partners, while in Mali, specific categories were developed to ensure as much alignment as possible with the sectoral categories of the MSNA sectoral severity measurement approach. **Indeed, in contexts where teams sought to compare self-perceived needs with measured needs, aligning HESPER items with sectoral categories proved challenging.** While some categories, such as food or water, were relatively straightforward to map, teams struggled to develop equivalent categories for protection-related or cross-sectoral issues, which are captured in greater detail in the HESPER framework but are less easily reflected within sectoral gaps, such as well-being. While sectoral categories of self-perceived needs were being designed, the research team provided clear methodological explanations to the targeted audience and held ad hoc meetings to delve into the specifics, gaps, and alignment of the comparative exercise.

“So what?” – Understanding drivers of needs and challenges

Since the first pilot in Moldova, it has consistently been highlighted that the HESPER module alone provides only a descriptive overview of needs and challenges prioritised by affected populations, without explaining their drivers or impacts. Additional research, consultation, or data triangulation is therefore required to better understand the underlying drivers of these expressed priorities. For example, the HESPER module on its own does not explain why certain priorities, such as food or protection, are ranked higher than others, including well-being or access to water.

Lesson Learned – From descriptive results to meaningful interpretation.

Overall, HESPER provides a valuable entry point for understanding self-perceived needs, but its analytical value depends on how results are structured and interpreted. **A key strength of the HESPER approach lies in its analytical flexibility, including the categorization of self-perceived needs.** This supports a more strategic interpretation of self-perceived needs and can help highlight potential drivers of vulnerability.

However, applying these categorizations in practice is not always straightforward. Country teams reported difficulties in defining categories that both reflect how affected populations experience their needs and align with the way humanitarian responses are structured. Additional challenges emerged when attempting to align HESPER findings with sector-based analytical frameworks. While some needs can be easily mapped (e.g., food, water), others, particularly protection or well-being, do not fit neatly into standard sectoral categories. **This limits direct comparability and requires careful interpretation when integrating HESPER into broader analytical frameworks. Crucially, HESPER findings remain inherently descriptive.** They capture what affected populations identify as their most serious problems, but do not explain why these issues are prioritised or how they relate to underlying drivers and outcomes.

To move from description to actionable insight, findings should be carefully categorized, contextually interpreted, and systematically triangulated with complementary data sources to unpack the drivers behind reported priorities.

3.4 Advocacy and Programmatic Use of the HESPER

The HESPER MSNA module and the HPC process – A useful analysis for a “people-centred” approach?

Like other MSNA sub-modules, the HESPER module can inform core stages of the HPC process, from the HPC workshop through to contributions to the AAP section of the HNRP.

Although HESPER has been implemented in only a limited number of countries as part of the MSNA, visibility on how it has been used in HPC discussions remains limited.

Nevertheless, some feedback and operational experiences have been shared by country teams, including in Mali.

Beyond its use for comparing sectoral gaps and self-perceived needs, several country teams have used the HESPER module to provide an initial overview of needs to key actors while the final MSNA analysis was still underway. Due to its relatively rapid analytical process, HESPER proved useful for early engagement with strategic stakeholders, including donors and ICCG members, by highlighting key challenges and concerns expressed by affected populations. Additionally, comparisons between self-perceived needs and those measured using other analytical frameworks have sparked discussions at ICCG meetings and HPC workshops across different contexts.

While this approach offers only a partial picture of crisis-level needs, starting the HPC cycle with a presentation of self-perceived needs was considered a useful choice, helping to frame early strategic discussions ahead of more comprehensive analytical outputs.

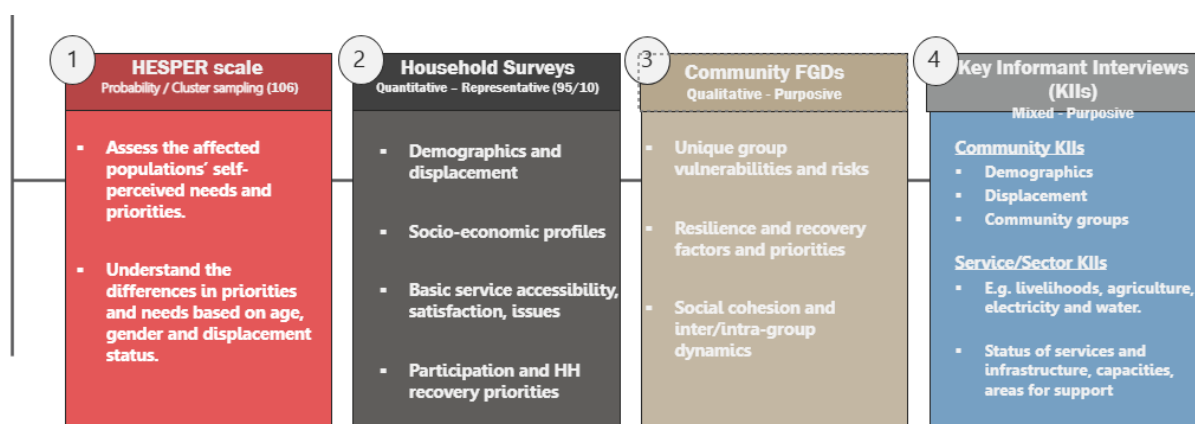
Self-perceived needs assessment as a key opportunity for strategic dialogue with programmatic partners

As part of the initial piloting phase of the HESPER module, there has been interest in piloting it within Area-Based Assessments (ABAs), particularly in **Syria** and **Yemen**. Integrating the HESPER module into the ABA tool was considered a strategic decision by the interviewed country teams, enabling them to adopt a people-centred approach throughout the research cycle.

Depending on the project or consortium linked to the targeted ABA project, the HESPER tool was viewed as an additional opportunity to directly share the priorities and challenges expressed by affected populations with implementing partners.¹⁴ In Syria, the HESPER module was implemented as a standalone assessment conducted prior to the broader ABA, with the primary objective to identify key issues as perceived by affected

¹⁴ Because of structural changes within the Yemen mission after the 2025 funding cuts, it was challenging to determine how implementing partners in the targeted areas actually used the data collected by the HESPER modules.

populations, which were then explored in greater depth during subsequent household survey phases.



Methodological Approach of the ABA Implementation in Deir Ez-Zor, Syria (May 2025)

Compared with more conventional research approaches, this use of the HESPER module enabled affected communities to directly shape the focus of subsequent assessment stages. As shown in Figure 8, challenges related to livelihoods (e.g., unemployment, income, and food), electricity, water, and the way aid is provided were the most serious problems reported by the surveyed households.

Sector	HESPER Item	Total serious problem
Electricity	Electricity	113 (98%)
Livelihood	Income or livelihood	111 (97%)
Livelihood	Employment	111 (97%)
Livelihood	Food	101 (88%)
Healthcare	Healthcare	88 (77%)
WASH	Drinking water	83 (72%)
AAP	The way aid is provided	78 (68%)
Education	Education for your children	78 (68%)

Most serious problems mentioned by respondents, per HESPER category ("sector") and HESPER items - ABA Deir Ez-Zor, Syria (May 2025)

Following the presentation of the findings to external stakeholders and consortium members, the top priorities expressed by respondents were identified as core categories to be taken into account in designing the next steps of the research cycle, including the HH survey and consultations with key informants. Additionally, the identified areas of focus were recommended for consideration by partners as they implement their multisectoral programmatic approach, including the rehabilitation of public and social infrastructure. As the project is still ongoing and has been compounded by recent staff turnover, it has been difficult to assess the impact of the methodological process for now.

However, implementing the ABA module as the first milestone of a research cycle has given the research team and other implementing partners an opportunity to incorporate affected communities' perspectives early in the project. Subsequently, it

also reduces potential pre-existing assumptions that often influence the design and prioritization of needs assessments in humanitarian contexts.

Lesson Learned – Using HESPER to strengthen People-Centred approaches.

Early experiences with the HESPER module suggest **it can play a valuable role in supporting more people-centred decision-making processes, particularly in the early stages of analysis and strategic discussions.** Although its systematic application varies across countries, country-level use (such as in Mali, Syria, and Yemen) reveals two key benefits.

First, HESPER's quick analysis provides teams with an early overview of perceived needs, even before the detailed analysis of measured needs is completed. This facilitates early contact with key stakeholders, such as donors and ICCGs, enabling initial HPC discussions to reflect community priorities. **Presenting self-perceived needs at the start of the HPC process has helped reframe strategic dialogue.** While not comprehensive, this approach provides an accessible entry point for discussions and can challenge or complement more technical analyses, prompting reflection on differences between measured and perceived needs.

Second, the integration of HESPER into Area-Based Assessments (ABAs), as piloted in contexts such as Deir Ez-Zor (Syria), further illustrates its potential. **When used at the outset of a research cycle, HESPER enables affected populations to directly shape the focus of subsequent data collection.** In this case, findings on key issues (e.g., livelihoods, basic services, and aid delivery) informed both the design of household surveys and partner engagement, reducing reliance on predefined assumptions.

Using HESPER early in the decision-making process or research cycle can strengthen relevance and accountability by anchoring analysis and programmatic discussions in communities' own prioritization of needs. However, it should be positioned as a complementary, not standalone, input, providing an initial, partial lens that requires triangulation with more comprehensive analytical frameworks.

4. Reflections – What did we learn overall?

One of the initial drivers for implementing the HESPER Scale in IMPACT Initiatives' research cycle was to better understand how needs are perceived, understood, and prioritised by affected communities. From early exploratory analysis in Somalia¹⁵ to cross-crisis comparisons of AAP indicators from the 2023 MSNA, consultations with affected communities have highlighted disparities between some of the humanitarian sector's established approaches to measuring needs and how communities articulate their most pressing challenges. These findings raise questions about how we assess, for example, needs related to safety, resilience, or well-being.

Rather than positioning the HESPER Scale as a tool to validate whether community priorities align with predefined, top-down categories of need, from existing analytical frameworks, **this report argues that recent assessments using HESPER can inform existing discussions on understanding and prioritizing needs within the humanitarian sector. In this sense, HESPER functions less as a confirmation tool and more as a potential driver of organizational and sector-wide reflections on how needs are defined, measured, and prioritised.**

Is there a hierarchy of needs according to affected populations?

A key strength of the HESPER Scale is that it enables affected communities to express the degree to which a wide range of issues affect their households and communities, and to prioritise these concerns relative to one another. While these rankings should be interpreted with caution and not directly equated with other needs-based analytical approaches, they offer valuable insights into how people prioritise challenges in crisis contexts where humanitarian assistance is available.

In most contexts, some of the most frequently reported concerns are those that pose a direct risk to survival. In Mali in 2025, for example, lack of food, shelter, and access to safe drinking water were among the most commonly cited challenges, reflecting patterns also observed in the 2024 DRC MSNA. This suggests that households are acutely concerned about challenges that threaten their ability to remain healthy and alive, aligning with existing analytical approaches centred on acute needs and drivers of excess mortality.

However, HESPER findings also demonstrate that community prioritization does not reflect a fixed hierarchy of needs. While households consistently identify life-threatening challenges as urgent, they also emphasize the underlying, systemic challenges that shape their ability to address these needs. Challenges that can be considered contributing factors or linked to systemic vulnerabilities will be treated as urgent, alongside other challenges defined as acute needs by specific analytical frameworks. For instance, in 2025, although access to food was identified as the primary challenge by 43% of respondents in Mali, 21% identified the lack of

¹⁵ IMPACT Initiatives, 2023, *Perceptions of need: how do we make sense of competing evidence?* [Link](#)

income as the most important challenge and consistently ranked it among the top priorities across households. Similar patterns have been observed across HESPER modules implemented in different contexts. In Syria, electricity shortages, income, and employment are widely considered the most serious concerns, while in the DRC in 2024, livelihoods and protection-related challenges were also prioritised.

Qualitative follow-up discussions in Mali further illustrate how communities conceptualise needs in relational and interconnected ways. Respondents repeatedly highlighted that acute or “lifesaving” needs are inseparable from broader structural constraints, particularly the lack of income, safety, and livelihood opportunities. Livelihood challenges were described as cross-cutting, with participants emphasising that having a stable source of income, coupled with adequate infrastructures would enable them to independently address many other needs. Rising living costs and insufficient income were identified as key drivers of households’ inability to meet essential needs, including food, health, education, and other necessities. As one respondent noted:

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

These findings are consistent with consultations conducted by other organizations. Ground Truth Solutions’ analysis¹⁶ shows that even during acute crises, affected populations increasingly prioritise support that enables longer-term recovery and autonomy. In Ukraine, respondents emphasized the importance of rebuilding infrastructure/services and investing in skills and livelihoods, while in Burkina Faso, communities expressed a desire for agricultural and livelihood support to help them regain self-sufficiency.

Beyond a binary vision or classification of needs

Findings from the HESPER module highlight strong interconnections between needs linked to the risk of loss of life and those related to socio-economic conditions, individual capabilities, and access to essential services. Communities often perceive survival as contingent on broader social and economic conditions rather than **as isolated issues independent of structural drivers**. These findings suggest potential limits to the observed tendency to narrow the humanitarian understanding of what «lifesaving» needs and response activities could entail.

Holistic frameworks grounded in well-being¹⁷ or rights-based perspectives similarly emphasise the interconnected nature of needs and caution against rigid hierarchies between them. By allowing HESPER items to be categorized from multiple analytical angles, including

¹⁶ Ground Truth Solutions, 2025, *What crisis affected communities need from a humanitarian reset - A guide based on two years of conversations with people on the front lines of crisis*, [Link](#)

¹⁷ Williamson and Robinson, 2006, *Psychosocial interventions, or integrated programming for well-being?* [Link](#)

humanitarian sectors, types of needs, and well-being dimensions, the tool demonstrates the value of a more nuanced, community-grounded approach to need prioritization. Although designed as a light-touch instrument, ad hoc analyses of HESPER findings in Yemen have begun to explore these multidimensional perspectives.¹⁸

The HESPER tool has an opportunity to build a more nuanced picture of needs.

Overall, the HESPER tool has contributed to a more nuanced understanding of how affected populations perceive needs and challenges. Moving beyond siloed, sector-based approaches, it has helped highlight how households connect different needs, identify common drivers, and articulate pathways to alleviate priority challenges. In doing so, HESPER offers not only an analytical contribution, but also a basis for rethinking how needs might be conceptualized and interconnected within humanitarian needs analysis. As reflected in consultations with country teams, HESPER findings have not challenged existing approaches to measuring needs.

It has mostly sparked reflections at the country level on how needs are understood and prioritised by affected populations, and to what extent they might vary from, or align with, conceptions of needs shared by humanitarian coordination structures. By providing space for different perspectives on needs in crisis contexts, it has supported key partners in reflecting on a more nuanced, interconnected approach to needs, as well as the drivers and aggravating factors associated with them.

However, as the HESPER was still in piloting phases, follow-up actions points are needed to improve the HESPER methodology, better support country teams in their discussions with country-level actors as well as guide external partners in incorporate more effectively these findings in strategic decision-making processes, especially in a shrinking sector focusing more on resource prioritisations and efficiency than pushing concretely for a stronger people-centred agenda. Additional exploratory research is needed to better understand the underlying dynamics that shape affected populations' perceptions of their needs.

¹⁸ Impact Initiatives, December 2024, *Meeting Needs by Understanding Affected Population's Perceptions in Time of Crisis*, [Link](#)

5. Conclusion

Originally developed by WHO as an individual-level tool, the HESPER module has been progressively adapted by IMPACT Initiatives into a flexible instrument used across flagship research cycles. It now serves multiple functions as a component of large-scale household surveys such as the MSNA, a tool within hard-to-reach methodologies, and an entry point for area-based assessments. Across these applications, HESPER has demonstrated clear added value alongside important limitations.

Within the MSNA, HESPER has proven useful for informing early-stage discussions during the HPC process. By highlighting how affected populations perceive their needs and where these diverge from standardized measures, it has helped reframe dialogue with donors and coordination platforms. However, integration remains challenging within already extensive questionnaires, and further work is needed to strengthen the analysis and communication around a holistic analysis of needs, including findings around measured and perceived needs. In hard-to-reach contexts, early evidence suggests that HESPER can provide a coherent and high-level overview of needs through key informants, broadly aligning with findings from sectoral approaches. At the same time, the reliance on perception requires further validation to better understand its robustness and limitations in these settings. In area-based approaches, HESPER has shown strong potential as a people-centred entry point. When used at the start of a research cycle, it enables affected communities to shape subsequent data collection and inform engagement with partners. In some cases, this has influenced programmatic orientations at the area level. However, its concrete added value for programming outcomes still requires further documentation.

A key lesson across contexts is that HESPER performs best as a flexible, adaptive tool rather than a rigid, standardized module. While maintaining a core set of comparable indicators remains important, allowing country teams to tailor items to context-specific realities is critical for both analytical relevance and operational uptake. Greater flexibility may also help address concerns around tool length and increase buy-in across missions.

Overall, HESPER's strategic value lies in its ability to systematically capture self-perceived needs and bring affected populations' perspectives into analysis and decision-making processes. Used appropriately, it complements existing analytical frameworks by providing a distinct people-centred lens. Its impact, however, depends on careful integration, contextual adaptation, and consistent triangulation with other data sources.

Based on these reflections, IMPACT Initiatives will continue, in the forthcoming years, to refine and use the HESPER Scale to deepen understanding of community-defined priorities and to test its applications across research cycles and crisis settings. In addition, IMPACT will strengthen its use as a powerful advocacy opportunity to promote more nuanced, people-centred analysis that informs both strategic discussions and operational decision-making.

Appendix 1: HESPER – Individual level tool

Rating:

0 = no serious problem **1 = serious problem**

9 = does not know / not applicable / declines to answer

I am going to ask you about the **serious problems** that you may **currently** be experiencing. We are interested in finding out what you think – a serious problem is a problem that **you** consider serious. There are no right or wrong answers. I am going to ask you about your serious problems first.

<p>1. Drinking water Do you have a serious problem because you do not have enough water that is safe for drinking or cooking?</p>	
<p>2. food Do you have a serious problem with food? For example, because you do not have enough food, or good enough food, or because you are not able to cook food.</p>	
<p>3. Place to live in Do you have a serious problem because you do not have a suitable place to live in?</p>	
<p>4. Toilets Do you have a serious problem because you do not have easy and safe access to a clean toilet?</p>	
<p>5. Keeping clean <i>For men:</i> Do you have a serious problem because in your situation it is difficult to keep clean? For example, because you do not have enough soap, water or a suitable place to wash. <i>For women:</i> Do you have a serious problem because in your situation it is difficult to keep clean? For example, because you do not have enough soap, sanitary materials, water or a suitable place to wash.</p>	
<p>6. Clothes, shoes, bedding or blankets Do you have a serious problem because you do not have enough, or good enough, clothes, shoes, bedding or blankets?</p>	
<p>7. Income or livelihood Do you have a serious problem because you do not have enough income, money or resources to live?</p>	
<p>8. Physical health Do you have a serious problem with your physical health? For example, because you have a physical illness, injury or disability.</p>	
<p>9. Health care <i>For men:</i> Do you have a serious problem because you are not able to get adequate health care for yourself? For example, treatment or medicines. <i>For women:</i> Do you have a serious problem because you are not able to get adequate health care for yourself? For example, treatment or medicines, or health care during pregnancy or childbirth.</p>	

<p>10. Distress Do you have a serious problem because you feel very distressed? For example, very upset, sad, worried, scared, or angry.</p>	
<p>11. Safety Do you have a serious problem because you or your family are not safe or protected where you live now? For example, because of conflict, violence or crime in your community, city or village.</p>	
<p>12. Education for your children Do you have a serious problem because your children are not in school, or are not getting a good enough education?</p>	
<p>13. Care for family members Do you have a serious problem because in your situation it is difficult to care for family members who live with you? For example, young children in your family, or family members who are elderly, physically or mentally issues, or disabled.</p>	
<p>14. Support from others Do you have a serious problem because you are not getting enough support from people in your community? For example, emotional support or practical help.</p>	
<p>15. Separation from family members Do you have a serious problem because you are separated from family members?</p>	
<p>16. Being displaced from home Do you have a serious problem because you have been displaced from your home country, city or village?</p>	
<p>17. Information For displaced people: Do you have a serious problem because you do not have enough information? For example, because you do not have enough information about the aid that is available; or because you do not have enough information about what is happening in your home country or hometown. For non-displaced people: Do you have a serious problem because you do not have enough information? For example, because you do not have enough information about the aid that is available.</p>	
<p>18. The way aid is provided Do you have a serious problem because of inadequate aid? For example, because you do not have fair access to the aid that is available, or because aid agencies are working on their own without involvement from people in your community.</p>	
<p>19. Respect Do you have a serious problem because you do not feel respected or you feel humiliated? For example, because of the situation you are living in, or because of the way people treat you</p>	
<p>20. Moving between places</p>	

Do you have a serious problem because you are not able to move between places? For example, going to another village or town	
21. Too much free time Do you have a serious problem because you have too much free time in the day?	
The last few questions refer to people in your community*, so please think about members of your community when answering these questions	
22. Law and justice in your community Is there a serious problem in your community because of an inadequate system for law and justice, or because people do not know enough about their legal rights?	
23. Safety or protection from violence for women in your community Is there a serious problem for women in your community because of physical or sexual violence towards them, either in the community or in their homes?	
24. Alcohol or drug use in your community Is there a serious problem in your community because people drink a lot of alcohol or use harmful drugs?	
25. Mental health issue in your community Is there a serious problem in your community because people have a mental health issue?	
26. Care for people in your community who are on their own Is there a serious problem in your community because there is not enough care for people who are on their own? For example, care for unaccompanied children, widows or elderly people, or unaccompanied people who have a physical or mental health issues, or	

<p>Other Serious Problems:</p> <p>Do you have any other serious problems that I have not yet asked you about? Write down the person's answers.</p> <p>27.</p> <p>28.</p> <p>29.</p>
<p>Priority ratings for serious problems:</p> <p>Read out the titles of all questions you have rated as '1', as well as any other serious problems listed above. Write down the person's answers (write down the number and title of the questions).</p> <ol style="list-style-type: none"> 1. Out of these problems, which one is the most serious problem? 2. Which one is the second most serious problem? 3. Which one is the third most serious problem?