

Multi-Sector Needs Assessment: District 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.

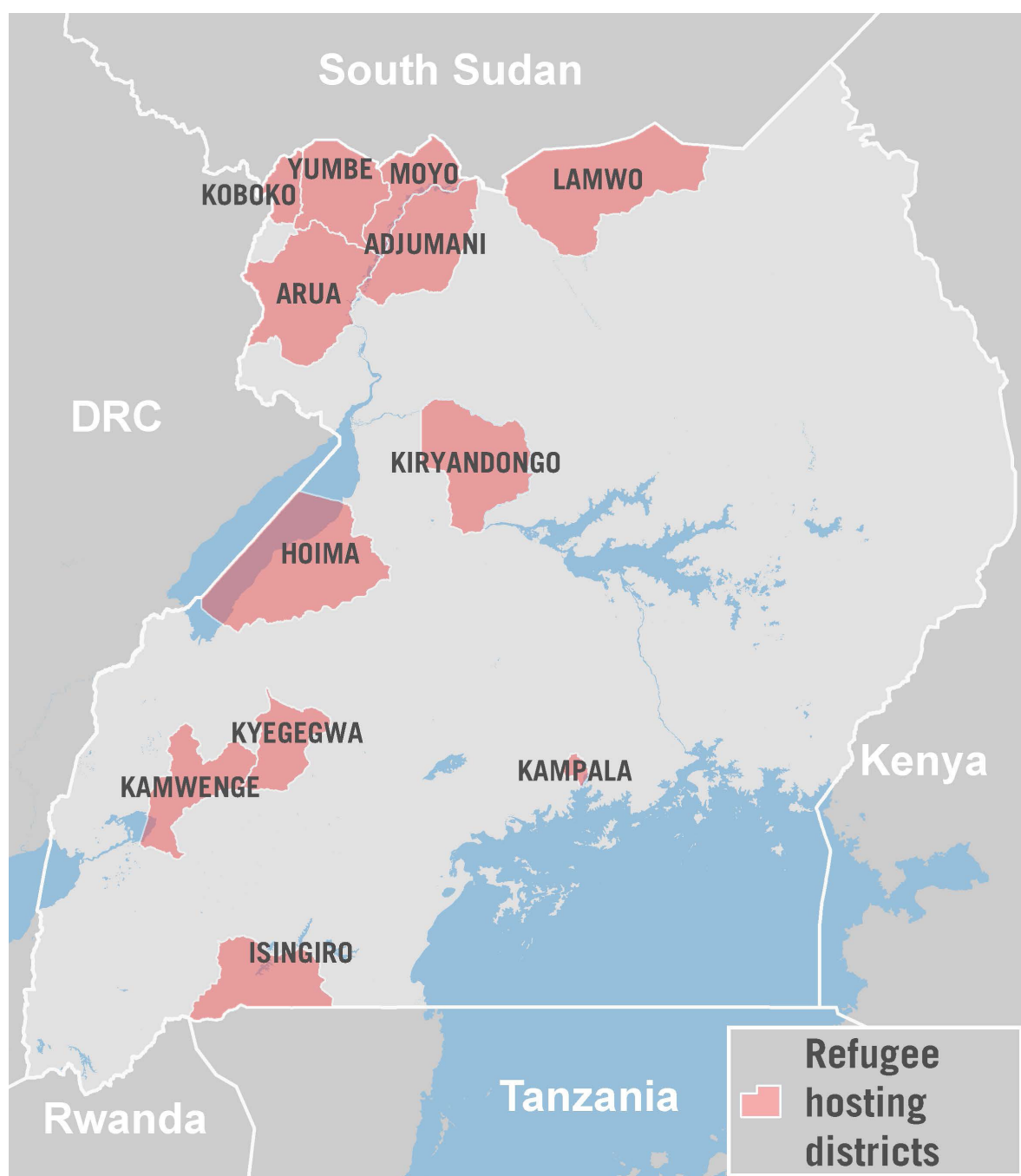
With over 1 million refugees in Uganda¹, humanitarian needs across the country are significant with little capacity for actors to clearly map the landscape of needs across refugee and host communities alike. UNHCR, with support from REACH, conducted a Multi-Sector Needs Assessment with the aim to address 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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REACH

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

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 Uganda¹, 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.

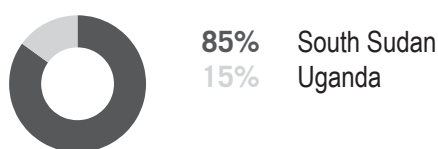
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

1,545 surveys were conducted in Adjumani District between 24 April and 9 June 2018.



Demographics

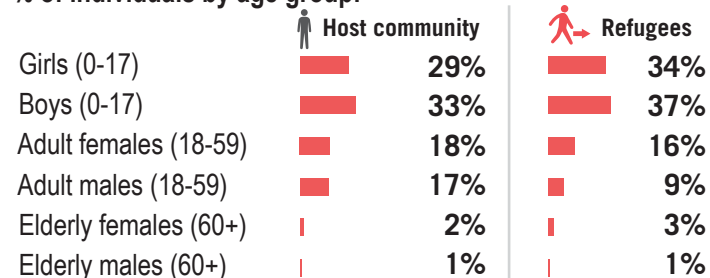
% of assessed HHs by area of origin:



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

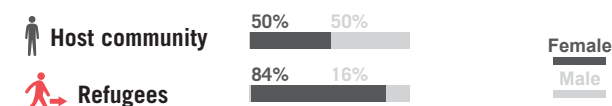


% of individuals by age group:

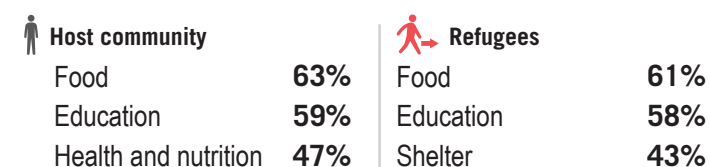


Average HH size:² 7.6 members (Host community), 7.6 members (Refugees)

Gender distribution of the head of the HHs:



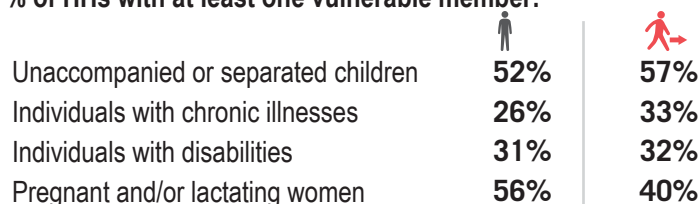
Top 3 sectors with most reported HH needs:³



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:



97% of the refugee HHs reported being registered in a settlement in the district.⁴

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



50% of the host community HHs and **51%** 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:



24% of the host community HHs and **46%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community	Refugees
Agriculture 87%	Remittances 34%
Casual labour 39%	Small business 30%
Selling natural resource 39%	Casual labour 26%

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



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

Host community	Refugees
Owns the land 96%	Free through OPM 69%
Free access 3%	Free access 15%
Rents the land 1%	Rents the land 13%

72% of refugee HHs and **21%** 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

3% of refugee HHs and **1%** of host community HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

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

Host community	Refugees
Lack of tools 67%	Lack of tools 43%
Lack of seeds 33%	Lack of seeds 32%
Poor cultivating season 33%	Poor cultivating season 33%

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

Host community	Refugees
Spent savings 56%	Sold assistance 41%
Borrowed money 42%	Spent savings 27%
Sold assets 26%	Borrowed money 25%

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



23% of refugee HHs and **69%** 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	89%	87%
Charcoal	11%	12%

73% of refugee HHs and **69%** of host community HHs reported having an improved cook stove.²



Education

5% of refugee HHs with school-aged children and **12%** 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	Gender	Age	Gender
3 - 5	36%	3 - 5	12%
6 - 12	4%	6 - 12	2%
13 - 18	9%	13 - 18	4%

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

	Host community	Refugees
ECD	13%	21%
Primary	67%	68%
Secondary	9%	6%
Other ³	0%	0%
Not enrolled	12%	5%

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

Host community	Refugees
High costs 51%	The child is too young 43%
The school is too far 29%	High costs 28%
The child is too young 27%	New arrival 7%

Of the HHs that reported cost as a barrier to accessing education, **98%** of refugee households mentioned **tuition** while **100%** of the host community HHs reported **tuition** 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	63%	Malaria	70%
Diarrhoea	26%	Diarrhoea	23%
Respiratory infection	14%	Respiratory infection	19%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **38%** of refugee HHs and **52%** 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	61%	No medicine available	57%
Distance	38%	High cost of medicine	23%
High cost of medicine	32%	Distance	22%

6% 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 community	Refugees
Counselling on infant and young child feeding	98%	96%
Iron and folic acid supplements or micro-nutrient supplements	92%	91%
At least 2 doses of fansidar ³	88%	89%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	98%	95%
Measles vaccination	76%	78%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
5.6	3.5

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.

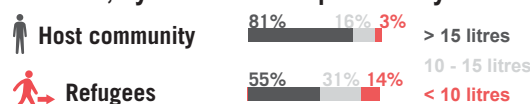


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	89%	Borehole	78%
Public tap	5%	Public tap	21%
Surface water	4%	Surface water	1%

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













Average litres of water/person/day is **18** for refugee HHs and **21** for the host community HHs.

73% of refugee HHs and **80%** 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	78%	Use less for bathing	55%
Use less for bathing	24%	Fetch from further point	54%
Use non-drinking water	2%	Use less for drinking	9%

% of HHs reported challenges to collecting water:

	 Host community	 Refugees
Distance	 20%	 6%
Queuing	 13%	 30%
Distance and queuing	 10%	 13%
None	 57%	 50%

% of HHs with access to a functioning HH latrine:



35% of the refugee HHs and **21%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	45%	Soap is too expensive	84%
Other	24%	They prefer a substitute	10%
Market is too far away	16%	Waiting for distribution	3%

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

Food Assistance

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

Host community		Refugees	
Own production	62%	Food distribution	70%
Bought with cash	38%	Bought with cash	25%
		Own production	2%

The refugee HHs that had been living in the settlement for less than one year relied less on humanitarian aid (65%) than refugee HHs that had lived there for one year or more (71%).¹

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



HH average food consumption score:

Host community	51	Refugees	46
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% of HHs FCS by time spent in the settlement:¹

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	74%	76%	80%	83%
Borderline	26%	24%	19%	16%
Poor	0%	0%	1%	1%

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

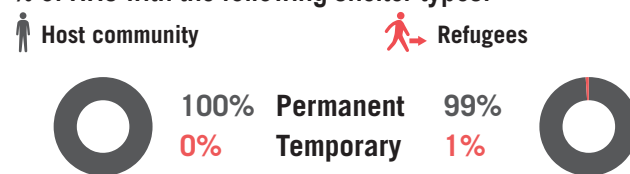


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	22%	51%
Limit meal size	22%	40%
Buy cheaper food	47%	35%
Debt/Borrowing	5%	16%
Skip days of eating	3%	5%
Only children eat	0%	5%
Exchange food	6%	8%
None	28%	10%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



15% of the host community HHs and 16% 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	76%
Water storage	60%
Kitchen tools	48%

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.

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Multi-Sector Needs Assessment: Arua District

Uganda, August, 2018

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 Uganda¹, 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.

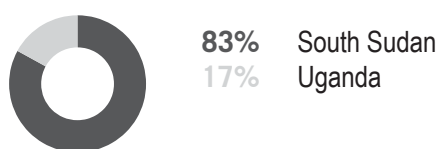
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

1,295 surveys were conducted in Arua District between 9 April and 26 May 2018.



Demographics

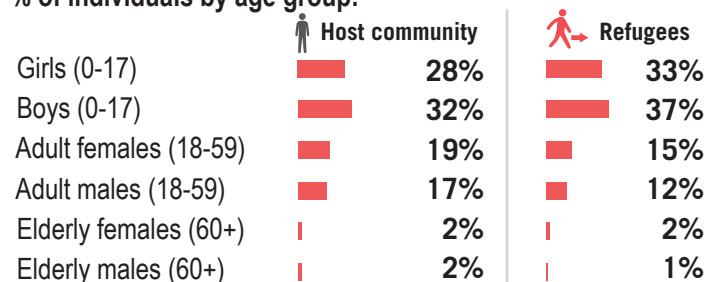
% of assessed HHs by area of origin:



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

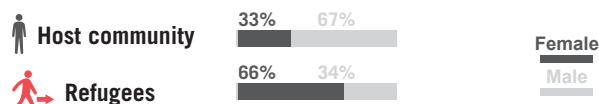


% of individuals by age group:

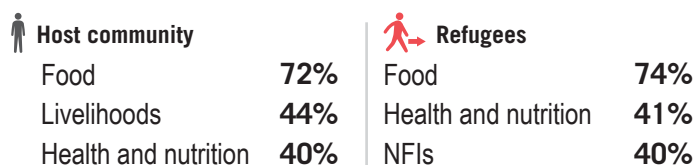


Average HH size:² 7.8 members (Host community) and 7.6 members (Refugees)

Gender distribution of the head of the HHs:



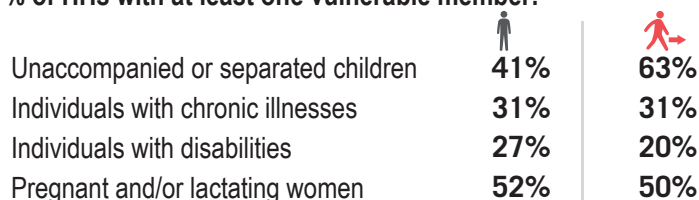
Top 3 sectors with most reported HH needs:³



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

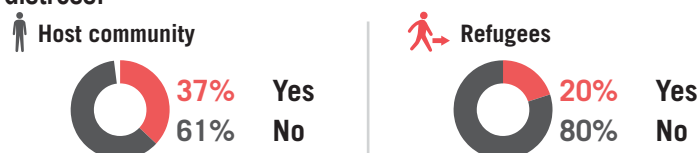
Protection

% of HHs with at least one vulnerable member:



97% of the refugee HHs reported being registered in a settlement in the district.⁴

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



76% of the host community HHs and **53%** 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:



52% of the host community HHs and **39%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community		Refugees	
Agriculture	80%	None	31%
Casual labour	46%	Agriculture	27%
Small business	33%	Small business	19%

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



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

Host community		Refugees	
Owns the land	90%	Free through OPM	88%
Rents the land	5%	Free access	6%
Free access	4%	Rents the land	3%

78% of refugee HHs and 56% 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

19% of refugee HHs and 5% 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	100%	Lack of seeds	37%
Lack of tools	30%	Lack of tools	35%
Poor cultivating season	20%	Poor cultivating season	23%

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

Host community		Refugees	
Spent savings	48%	Sold assistance	54%
Reduced spending	29%	Humanitarian aid	17%
Sold assets	21%	Spent savings	16%

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



49% of refugee HHs and 44% 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	96%	98%
Charcoal	4%	2%

29% of refugee HHs and 6% of host community HHs reported having an improved cook stove.²



Education

4% of refugee HHs with school-aged children and 25% 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	
Male	Female	Age	Male	Female
57%	45%	3 - 5	9%	10%
12%	14%	6 - 12	3%	3%
22%	32%	13 - 18	5%	7%

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

	Host community	Refugees
ECD	2%	21%
Primary	67%	67%
Secondary	5%	6%
Other ³	3%	0%
Not enrolled	25%	4%

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	44%	The child is too young	31%
The child is too young	26%	No reason	20%
The school is too far	17%	High costs	16%

Of the HHs that reported cost as a barrier to accessing education, 54% of refugee households mentioned **school uniform** while 91% of the host community HHs reported **school uniform** as the most commonly reported cost barrier.

1) Respondents could select multiple options.

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

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



Health & Nutrition

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

Host community		Refugees	
Malaria	37%	Malaria	48%
Diarrhoea	24%	Diarrhoea	28%
Skin disease	17%	Skin	14%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **65%** of refugee HHs and **72%** of host community reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:²

Host community		Refugees	
High cost of treatment	40%	No medicine available	53%
No medicine available	36%	Distance	26%
Distance	32%	No treatment offered	17%

15% 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 community	Refugees
Counselling on infant and young child feeding	61%	88%
Iron and folic acid supplements or micro-nutrient supplements	47%	83%
At least 2 doses of fansidar ³	46%	81%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	91%	80%
Measles vaccination	51%	53%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
4.9	2.1

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.

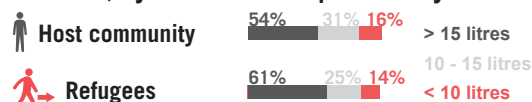


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	34%	Public tap	44%
Protected spring	24%	Water trucking	22%
Unprotected spring	17%	Protected rainwater tank	22%

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



Average litres of water/person/day is **19** for refugee HHs and **20** for the host community HHs.

66% of refugee HHs and **67%** 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	51%	Use less for bathing	62%
Use less for bathing	49%	Fetch from further point	55%
Use less for drinking	28%	Use less for drinking	12%

% of HHs reported challenges to collecting water:

Host community		Refugees	
Distance	13%		5%
Queuing	25%		41%
Distance and queuing	23%		20%
None	39%		34%

% of HHs with access to a functioning HH latrine:



61% of the refugee HHs and **35%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	68%	They prefer a substitute	42%
Soap isn't necessary	12%	Soap is too expensive	35%
They prefer a substitute	9%	Waiting for distribution	17%

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

Food Assistance

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

Host community		Refugees	
Own production	50%	Food distribution	93%
Bought with cash	47%	Bought with cash	3%
Gifts from family/friends	2%	Gifts from family/friends	1%

The refugee HHs that had been living in the settlement for less than one year relied less on humanitarian aid (92%) than refugee HHs that had lived there for one year or more (94%).¹

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



HH average food consumption score:

Host community	53	Refugees	43
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% of HHs FCS by time spent in the settlement:¹

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	83%	66%	87%	92%
Borderline	17%	24%	11%	8%
Poor	0%	10%	2%	0%

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

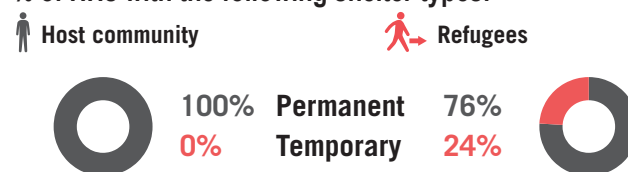


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	39%	55%
Limit meal size	52%	42%
Buy cheaper food	32%	10%
Debt/Borrowing	6%	18%
Skip days of eating	15%	14%
Only children eat	11%	6%
Exchange food	3%	11%
None	14%	7%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:





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



21% of the host community HHs and 21% 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	73%	Bedding	73%
Water storage	50%	Mosquito nets	54%
Kitchen tools	49%	Water storage	51%

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.

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Multi-Sector Needs Assessment: Hoima District

Uganda, August, 2018

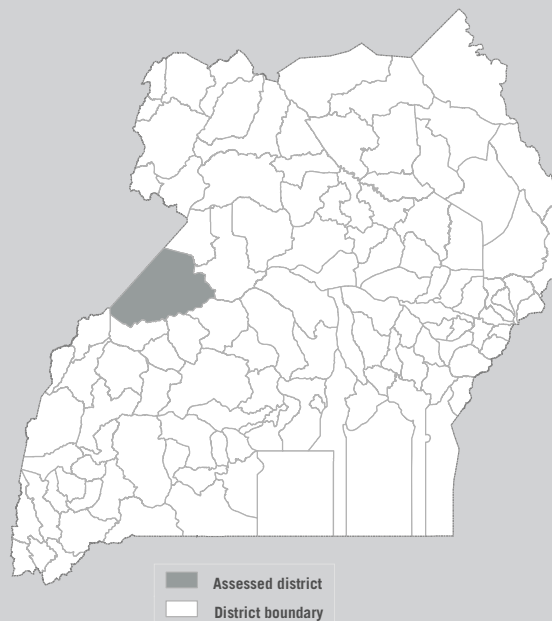
Background & Methodology

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 Uganda¹, 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.

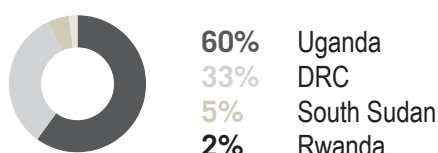
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

326 surveys were conducted in Hoima District between 18 May and 8 June 2018.



Demographics

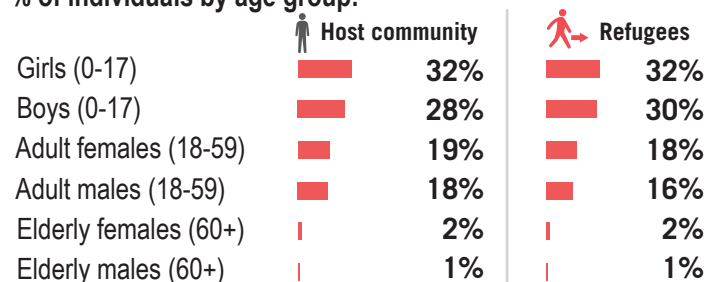
% of assessed HHs by area of origin:



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

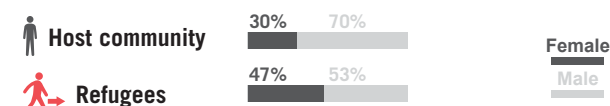


% of individuals by age group:

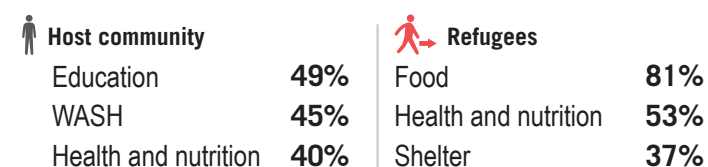


Average HH size:² 6.4 members (Host community) and 5.5 members (Refugees)

Gender distribution of the head of the HHs:



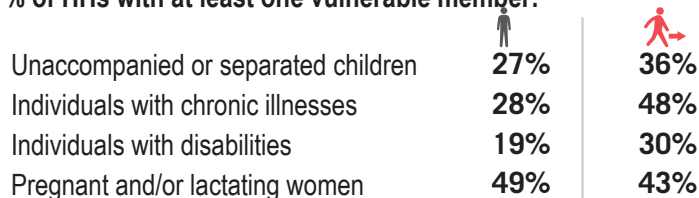
Top 3 sectors with most reported HH needs:³



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:



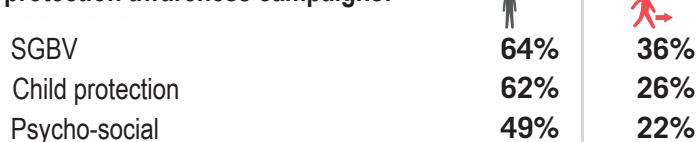
98% of the refugee HHs reported being registered in a settlement in the district.⁴

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



68% of the host community HHs and **52%** 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:



36% of the host community HHs and **30%** 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.

- OPM RIMS statistics, June 2018, Uganda Comprehensive Refugee Response Portal.
- 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.
- Respondents could select multiple options.
- Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community		Refugees	
Agriculture	66%	Agriculture	68%
Fishing	14%	Casual labour	16%
Small business	13%	Livestock/None	10%

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



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

Host community		Refugees	
Owns the land	64%	Free through OPM	90%
Rents the land	28%	Rents the land	3%
Free access	7%	Free access	3%

72% of refugee HHs and 34% 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

2% of refugee HHs and 3% 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	
Not a regular activity	40%	Land is inaccessible	50%
Lack of seeds	20%	Other	50%
Land is inaccessible	20%		%

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

Host community		Refugees	
None	36%	Humanitarian aid	42%
Spent savings	29%	Sold assets	15%
Borrowed money	20%	Spent savings	14%

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



37% of refugee HHs and 42% 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	93%	90%
Charcoal	7%	10%

26% of refugee HHs and 22% of host community HHs reported having an improved cook stove.²



Education

33% of refugee HHs with school-aged children and 24% 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	
Host community	Refugees	Age	Host community	Refugees
49%	48%	3 - 5	42%	36%
5%	11%	6 - 12	6%	12%
25%	38%	13 - 18	24%	26%

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

	Host community	Refugees
ECD	14%	8%
Primary	52%	67%
Secondary	11%	5%
Other ³	1%	0%
Not enrolled	24%	33%

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

Host community		Refugees	
The child is too young	48%	The child is too young	42%
High costs	34%	High costs	23%
Early marriage	10%	Children must work in the HH	12%

Of the HHs that reported cost as a barrier to accessing education, 89% of refugee households mentioned **books** while 100% of the host community HHs reported **books** 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	28%	Malaria	58%
Diarrhoea	24%	Diarrhoea	32%
Skin disease	18%	Rapid weight loss	22%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **54%** of refugee HHs and **40%** of host community reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:²

Host community		Refugees	
High cost of treatment	35%	No medicine available	54%
No medicine available	32%	High cost of medicine	20%
High cost of medicine	29%	Distance	17%

13% 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 community	Refugees
Counselling on infant and young child feeding	62%	78%
Iron and folic acid supplements or micro-nutrient supplements	58%	69%
At least 2 doses of fansidar ³	58%	67%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	94%	82%
Measles vaccination	59%	44%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
4.2	1.1

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.

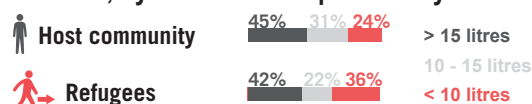


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Surface water	38%	Borehole	56%
Borehole	18%	Protected rainwater tank	18%
Unprotected well	13%	Public tap	8%

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



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

63% of refugee HHs and **80%** 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	
Use less for bathing	49%	Use less for bathing	59%
Fetch from further point	32%	Fetch from further point	30%
None	12%	None	15%

% of HHs reported challenges to collecting water:

Host community		Refugees	
Distance	26%	Distance	10%
Queuing	14%	Queuing	42%
Distance and queuing	10%	Distance and queuing	21%
None	50%	None	26%

% of HHs with access to a functioning HH latrine:



50% of the refugee HHs and **14%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	52%	Soap is too expensive	67%
Soap isn't necessary	38%	Waiting for distribution	22%
Other	7%	Soap isn't necessary	5%

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

Food Assistance

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

Host community		Refugees	
Own production	59%	Bought with cash	42%
Bought with cash	38%	Own production	26%
Local food charity	1%	Food distribution	22%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (50%) than refugee HHs that had lived there for one year or more (17%).¹

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



HH average food consumption score:

Host community	63	Refugees	47
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% of HHs FCS by time spent in the settlement:¹

	<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:

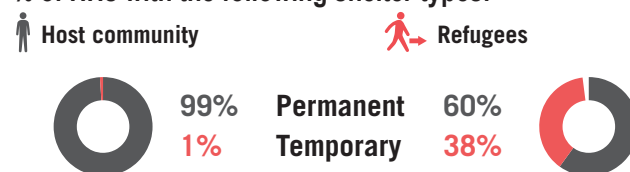


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	16%	27%
Limit meal size	25%	35%
Buy cheaper food	10%	28%
Debt/Borrowing	3%	6%
Skip days of eating	2%	7%
Only children eat	2%	6%
Exchange food	0%	7%
None	52%	10%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



15% of the host community HHs and 19% 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	67%	Bedding	81%
Water storage	47%	Mosquito nets	49%
Kitchen tools	36%	Kitchen tools	49%

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.

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Multi-Sector Needs Assessment: Isingiro District

Uganda, August, 2018

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 Uganda¹, 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.

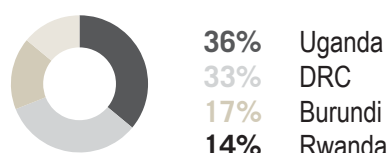
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

591 surveys were conducted in Isingiro District between 24 May and 15 June 2018.



Demographics

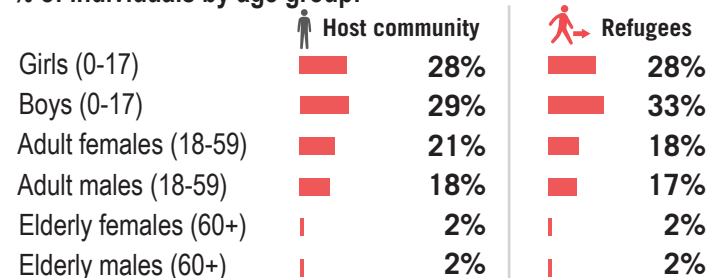
% of assessed HHs by area of origin:



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

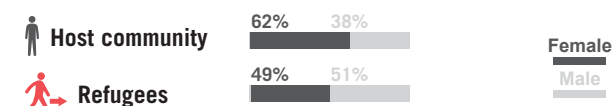


% of individuals by age group:

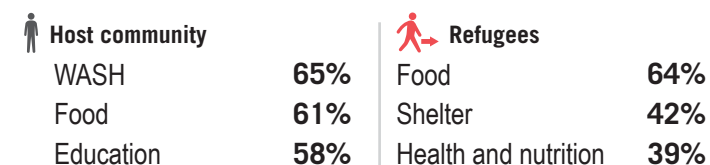


Average HH size:² Host community: 6.1 members, Refugees: 5.6 members

Gender distribution of the head of the HHs:



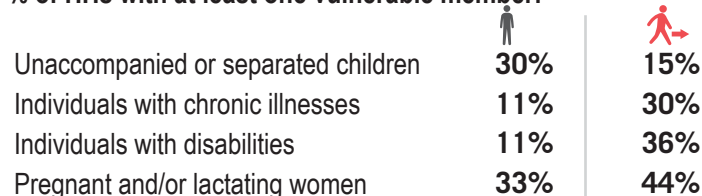
Top 3 sectors with most reported HH needs:³



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:



91% of the refugee HHs reported being registered in a settlement in the district.⁴

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



38% of the host community HHs and **34%** 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:



46% of the host community HHs and **30%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

Livelihoods & Environment

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

Host community		Refugees	
Agriculture	91%	Agriculture	72%
Casual labour	41%	Casual labour	65%
Small business	38%	Small business	23%

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



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

Host community		Refugees	
Owens the land	73%	Free through OPM	74%
Rents the land	26%	Rents the land	20%
Free access	0%	Owens the land	4%

76% of refugee HHs and 48% 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

6% of refugee HHs and 4% 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 tools	71%	Lack of fertilizer	33%
Lack of seeds	57%	Poor cultivating season	27%
Land is inaccessible	43%	Lack of tools/seeds	22%

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

Host community		Refugees	
Spent savings	43%	Humanitarian aid	67%
Borrowed money	41%	Support from friends	34%
Support from friends	23%	Borrowed money	32%

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



36% of refugee HHs and 48% 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	85%	83%
Charcoal	13%	17%

27% of refugee HHs and 22% of host community HHs reported having an improved cook stove.²

Education

26% of refugee HHs with school-aged children and 8% 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		
12%	22%	3 - 5	49%	51%
4%	1%	6 - 12	14%	15%
10%	10%	13 - 18	28%	36%

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

	Host community	Refugees
ECD	21%	12%
Primary	58%	59%
Secondary	10%	5%
Other ³	4%	0%
Not enrolled	8%	26%

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	47%	High costs	48%
The child is too young	41%	The child is too young	43%
Poor conditions	9%	Children must work outside the HH	14%

Of the HHs that reported cost as a barrier to accessing education, 86% of refugee households mentioned **tuition** while 100% of the host community HHs reported **tuition** 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	
Diarrhoea	31%	Malaria	42%
Malaria	30%	Diarrhoea	24%
Respiratory infection	9%	Stress	19%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **58%** of refugee HHs and **43%** 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	46%	No medicine available	62%
Distance	37%	High cost of medicine	30%
High cost of medicine	28%	Unqualified staff	24%

20% 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 community	Refugees
Counselling on infant and young child feeding	92%	92%
Iron and folic acid supplements or micro-nutrient supplements	87%	77%
At least 2 doses of fansidar ³	72%	69%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	97%	97%
Measles vaccination	78%	67%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
5	2.2

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.

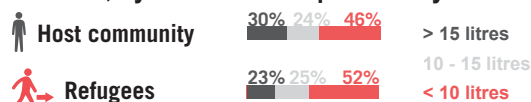


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Surface water	28%	Public tap	64%
Protected rainwater tank	20%	Surface water	15%
Unprotected well	15%	Borehole	14%

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





Average litres of water/person/day is **12** for refugee HHs and **14** for the host community HHs.

28% of refugee HHs and **33%** 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	
Use less for bathing	53%	Fetch from further point	68%
Fetch from further point	51%	Use less for bathing	54%
Purchase more water	20%	Drink water reserved for other purposes	32%

% of HHs reported challenges to collecting water:

	 Host community	 Refugees
Distance	<div><div></div></div> 54%	<div><div></div></div> 17%
Queuing	<div><div></div></div> 4%	<div><div></div></div> 44%
Distance and queuing	<div><div></div></div> 10%	<div><div></div></div> 21%
None	<div><div></div></div> 32%	<div><div></div></div> 18%

% of HHs with access to a functioning HH latrine:



37% of the refugee HHs and **21%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	55%	Soap is too expensive	68%
Soap isn't necessary	39%	Waiting for distribution	16%
They prefer a substitute	5%	Soap isn't necessary	13%

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

Food Assistance

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

Host community		Refugees	
Own production	77%	Own production	35%
Bought with cash	21%	Bought with cash	33%
		Food distribution	18%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (22%) than refugee HHs that had lived there for one year or more (17%).¹

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



HH average food consumption score:

Host community	63	Refugees	50
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% of HHs FCS by time spent in the settlement:¹

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	100%	100%	73%	89%
Borderline	0%	0%	23%	9%
Poor	0%	0%	4%	2%

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

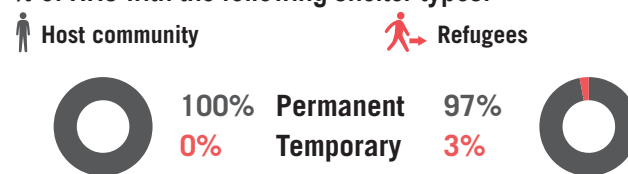


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	34%	53%
Limit meal size	22%	52%
Buy cheaper food	34%	45%
Debt/Borrowing	7%	18%
Skip days of eating	0%	14%
Only children eat	1%	9%
Exchange food	7%	8%
None	35%	7%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



9% of the host community HHs and 20% 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	72%
Water storage	67%
Kitchen tools	67%

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.

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Multi-Sector Needs Assessment: Kamwenge District

Uganda, August, 2018

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 Uganda¹, 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.

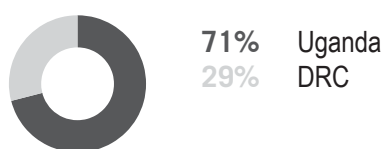
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

322 surveys were conducted in Kamwenge District between 5 May and 19 May 2018.



Demographics

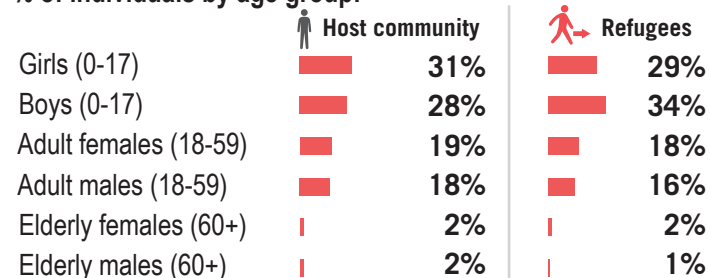
% of assessed HHs by area of origin:



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

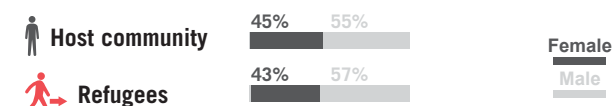


% of individuals by age group:

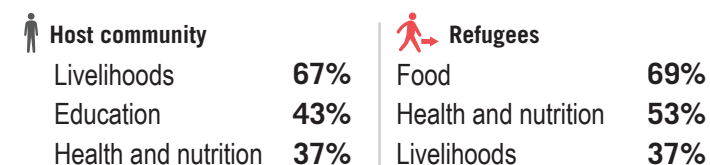


Average HH size:² 5.9 members (Host community) and 5.8 members (Refugees)

Gender distribution of the head of the HHs:



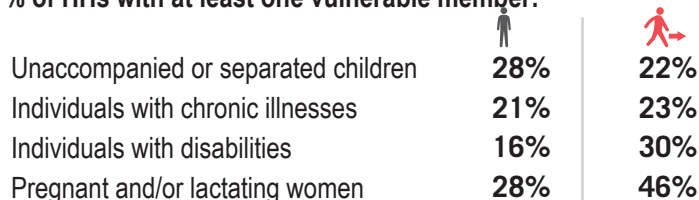
Top 3 sectors with most reported HH needs:³



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

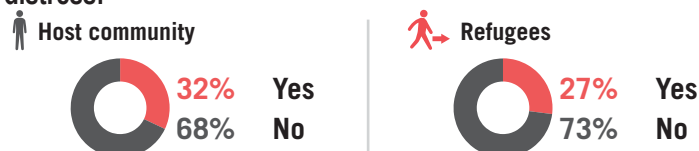
Protection

% of HHs with at least one vulnerable member:



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:



49% of the host community HHs and **48%** 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:



31% of the host community HHs and **61%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community		Refugees	
Agriculture	92%	Agriculture	78%
Casual labour	28%	Casual labour	39%
Livestock	27%	Livestock	13%

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



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

Host community		Refugees	
Owens the land	66%	Free through OPM	93%
Rents the land	30%	Rents the land	5%
Free access	4%	Owens the land	1%

57% 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

12% of refugee HHs and 0% 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	
N/A		Poor cultivating season	30%
		Land is inaccessible	30%
		Lack of fertilizer	10%

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

Host community		Refugees	
Sold assets	27%	Humanitarian aid	61%
Spent savings	27%	Borrowed money	41%
Spent savings	27%	Spent savings	25%

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



22% of refugee HHs and 38% 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	95%	90%
Charcoal	5%	10%

38% of refugee HHs and 21% of host community HHs reported having an improved cook stove.²



Education

32% of refugee HHs with school-aged children and 11% of host community HHs with school-aged children have at least one child not enrolled in school.

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

Host community		Age	Refugees	
24%	25%	3 - 5	64%	56%
4%	3%	6 - 12	7%	27%
14%	19%	13 - 18	33%	33%

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

	Host community	Refugees
ECD	16%	10%
Primary	61%	54%
Secondary	12%	3%
Other ³	0%	1%
Not enrolled	11%	32%

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

Host community		Refugees	
The child is too young	45%	High costs	56%
High costs	43%	The child is too young	35%
The school is too far	11%	The school is too far	17%

Of the HHs that reported cost as a barrier to accessing education, 81% of refugee households mentioned **books** while 100% of the host community HHs reported **books** 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	37%	Malaria	55%
Diarrhoea	20%	Diarrhoea	35%
Skin disease	12%	Skin	20%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **55%** of refugee HHs and **51%** 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	52%	No medicine available	51%
High cost of medicine	46%	High cost of medicine	51%
High cost of treatment	41%	High cost of treatment	23%

13% 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 community	Refugees
Counselling on infant and young child feeding	82%	72%
Iron and folic acid supplements or micro-nutrient supplements	74%	91%
At least 2 doses of fansidar ³	78%	77%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	97%	90%
Measles vaccination	72%	65%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
4.9	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.

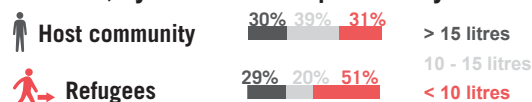


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	28%	Borehole	74%
Unprotected well	26%	Public tap	11%
Surface water	17%	Surface water	6%

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



Average litres of water/person/day is **12** for refugee HHs and **14** for the host community HHs.

53% of refugee HHs and **81%** 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	
Use less for bathing	57%	Use less for bathing	55%
Fetch from further point	45%	Fetch from further point	43%
Purchase more water	16%	Use less for drinking	11%

% of HHs reported challenges to collecting water:

	Host community	Refugees
Distance	35%	5%
Queuing	19%	18%
Distance and queuing	11%	18%
None	35%	58%

% of HHs with access to a functioning HH latrine:



43% of the refugee HHs and **24%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	70%	Soap is too expensive	72%
Soap isn't necessary	22%	Waiting for distribution	15%
They prefer a substitute	6%	They prefer a substitute	5%

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



Food Assistance

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

Host community		Refugees	
Own production	80%	Food distribution	39%
Bought with cash	17%	Bought with cash	16%
Gifts from family/friends	2%	Own production	12%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (67%) than refugee HHs that had lived there for one year or more (35%).¹

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



HH average food consumption score:

Host community	55	Refugees	42
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% of HHs FCS by time spent in the settlement:¹

	<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:



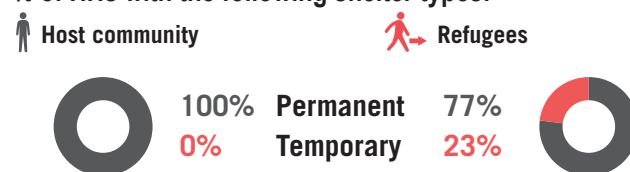
% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	22%	55%
Limit meal size	21%	32%
Buy cheaper food	30%	37%
Debt/Borrowing	4%	16%
Skip days of eating	0%	12%
Only children eat	0%	15%
Exchange food	2%	2%
None	35%	4%



Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



10% of the host community HHs and 33% 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	
Water storage	66%	Bedding	80%
Bedding	62%	Mosquito nets	71%
Kitchen tools	49%	Water storage	52%

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.

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

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 Uganda¹, 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.

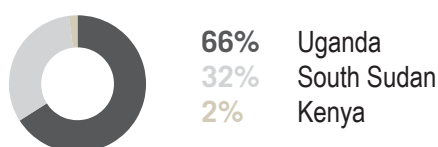
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

357 surveys were conducted in Kiryandongo District between 24 April and 11 May 2018.



Demographics

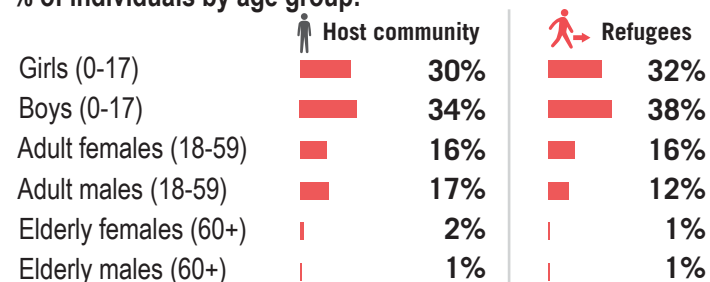
% of assessed HHs by area of origin:



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

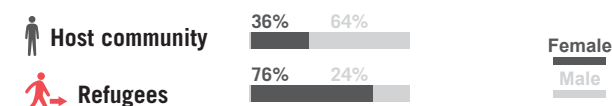


% of individuals by age group:

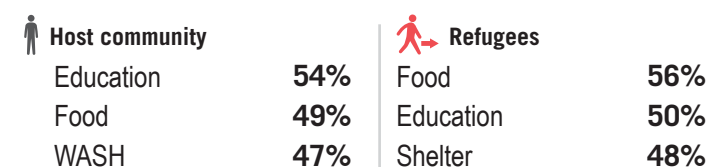


Average HH size:² 8.5 members (Host community), 9.3 members (Refugees)

Gender distribution of the head of the HHs:



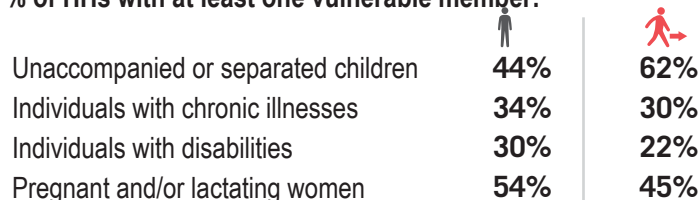
Top 3 sectors with most reported HH needs:³



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:



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:



58% of the host community HHs and **77%** 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:



61% of the host community HHs and **33%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community		Refugees	
Agriculture	96%	Agriculture	69%
Small business	16%	Casual labour	32%
Casual labour	15%	Small business	20%

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



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

Host community		Refugees	
Owns the land	73%	Free through OPM	88%
Rents the land	21%	Owns the land	10%
Free access	5%	Free access	2%

52% of refugee HHs and 31% 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

7% of refugee HHs and 2% 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	
Land is inaccessible	25%	Lack of seeds	67%
Other	75%	Poor cultivating season	33%
		Lack of tools	33%

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

Host community		Refugees	
Spent savings	48%	Support from friends	32%
Sold assets	27%	Humanitarian aid	29%
Borrowed money	21%	Sold assistance	28%

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



43% of refugee HHs and 55% of host community HHs reported that they faced challenges accessing markets in the 30 days prior to data collection.

% of HHs that reporting the following primary fuel sources:

	Host community	Refugees
Firewood	99%	78%
Charcoal	1%	22%

24% of refugee HHs and 11% of host community HHs reported having an improved cook stove.²



Education

5% of refugee HHs with school-aged children and 20% 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	
Male	Female	Age	Male	Female
44%	33%	3 - 5	8%	4%
9%	7%	6 - 12	1%	6%
24%	35%	13 - 18	9%	13%

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

	Host community	Refugees
ECD	15%	13%
Primary	52%	64%
Secondary	12%	18%
Other ³	0%	0%
Not enrolled	20%	5%

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

Host community		Refugees	
High costs	43%	High costs	68%
The school is too far	30%	Lack of space	11%
The child is too young	25%	Children must work outside the HH	5%

Of the HHs that reported cost as a barrier to accessing education, 69% of refugee households mentioned **books** while 96% of the host community HHs reported **books** 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	52%	Malaria	56%
Diarrhoea	39%	Diarrhoea	41%
Skin disease	21%	Skin	29%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **67%** of refugee HHs and **69%** 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	47%	No medicine available	47%
High cost of treatment	34%	High cost of medicine	33%
Distance	26%	Language barrier	29%

29% 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 community	Refugees
Counselling on infant and young child feeding	73%	83%
Iron and folic acid supplements or micro-nutrient supplements	64%	52%
At least 2 doses of fansidar ³	71%	63%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	96%	83%
Measles vaccination	79%	46%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
5.5	1.3

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.

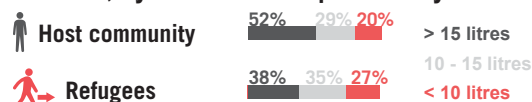


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	81%	Borehole	71%
Surface water	10%	Public tap	26%
Protected well	4%	Protected well	1%

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



Average litres of water/person/day is **16** for refugee HHs and **17** for the host community HHs.

31% of refugee HHs and **64%** 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	51%	Use less for bathing	70%
Use less for bathing	45%	Fetch from further point	54%
Purchase more water	12%	Purchase more water	15%

% of HHs reported challenges to collecting water:

	Host community	Refugees
Distance	17%	4%
Queuing	34%	31%
Distance and queuing	33%	56%
None	16%	8%

% of HHs with access to a functioning HH latrine:



49% of the refugee HHs and **23%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	67%	Soap is too expensive	86%
They prefer a substitute	15%	Waiting for distribution	5%
Soap isn't necessary	9%	They prefer a substitute	3%

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

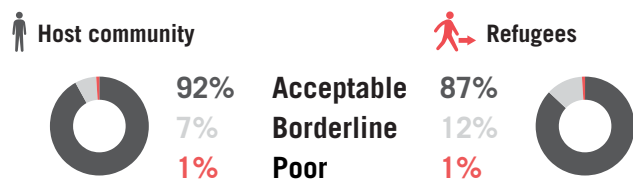
Food Assistance

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

Host community		Refugees	
Own production	75%	Food distribution	71%
Bought with cash	23%	Own production	20%
Gifts from family/friends	1%	Bought with cash	4%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (100%) than refugee HHs that had lived there for one year or more (70%).¹

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



HH average food consumption score:

Host community	63	Refugees	51
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% of HHs FCS by time spent in the settlement:¹

	<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:

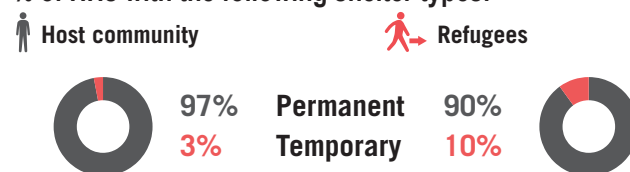


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	16%	50%
Limit meal size	33%	38%
Buy cheaper food	31%	25%
Debt/Borrowing	4%	11%
Skip days of eating	2%	18%
Only children eat	3%	13%
Exchange food	1%	3%
None	29%	9%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



19% 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	66%	Water storage	61%
Water storage	55%	Bedding	61%
Kitchen tools	43%	Kitchen tools	53%

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

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

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

For more information on this profile please contact:

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Multi-Sector Needs Assessment: Koboko District

Uganda, August, 2018

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 Uganda¹, humanitarian needs across the country are significant with little capacity for actors to clearly map the landscape of needs across refugee and host communities alike. UNHCR, with support from REACH, conducted a Multi-Sector Needs Assessment with the aim to address this information gap by providing evidence-based analysis to inform the Refugee Response Plan (RRP) for 2019-2020.

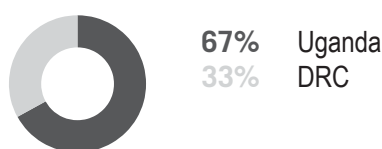
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

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



Demographics

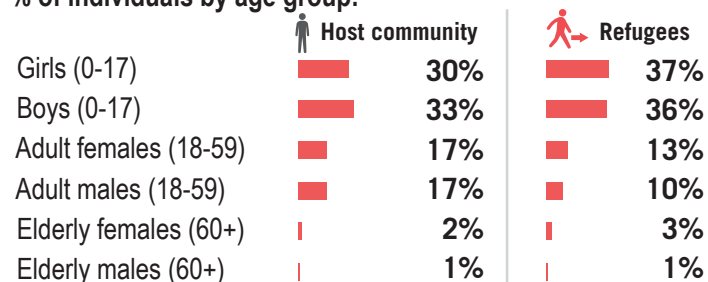
% of assessed HHs by area of origin:



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

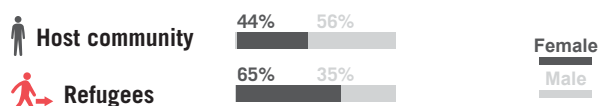


% of individuals by age group:

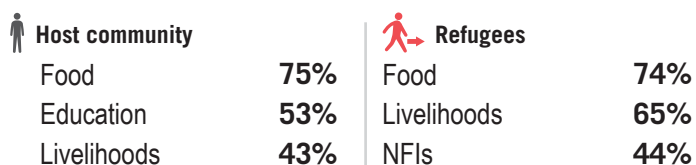


Average HH size:² 8.7 members (Host community) and 7 members (Refugees)

Gender distribution of the head of the HHs:



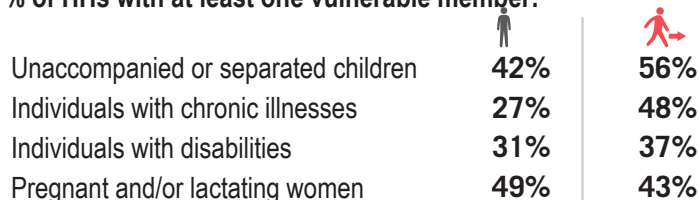
Top 3 sectors with most reported HH needs:³



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:



100% of the refugee HHs reported being registered in a settlement in the district.⁴

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



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

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



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

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

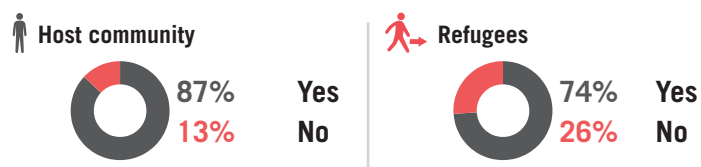
4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

Livelihoods & Environment

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

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

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



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

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

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

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

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

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

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

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

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



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

% of HHs that reporting the following primary fuel sources:

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

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

Education

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

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

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

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

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

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

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

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

1) Respondents could select multiple options.

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

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



Health & Nutrition

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

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

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

Top 3 reported challenges in accessing health care:²

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

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

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

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

Of the HHs with children, % reporting:⁴

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

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
6.1	3.9

1) Respondents could select multiple options.

2) The question was asked to HHs that had sought health care treatment in the past year.

3) Fansidar is used to prevent and treat malaria. It can be used for pregnant women with less risks to the mother and fetus.

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

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

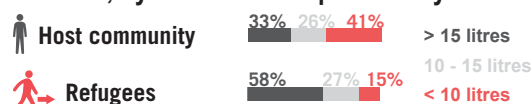


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

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

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



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

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

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

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

% of HHs reported challenges to collecting water:

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

% of HHs with access to a functioning HH latrine:



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

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

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

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

Food Assistance

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

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

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

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



HH average food consumption score:

Host community	53	Refugees	54
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% of HHs FCS by time spent in the settlement:¹

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

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

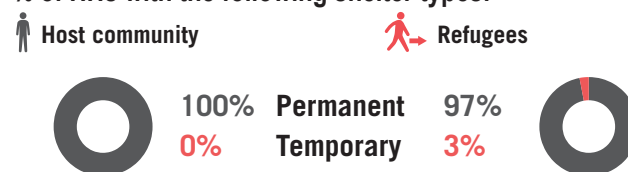


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

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

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



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

Top 3 most commonly reported NFI priorities:

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

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

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

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

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

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 Uganda¹, 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.

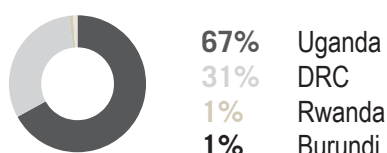
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

339 surveys were conducted in Kyegegwa District between 5 June and 19 June 2018.



Demographics

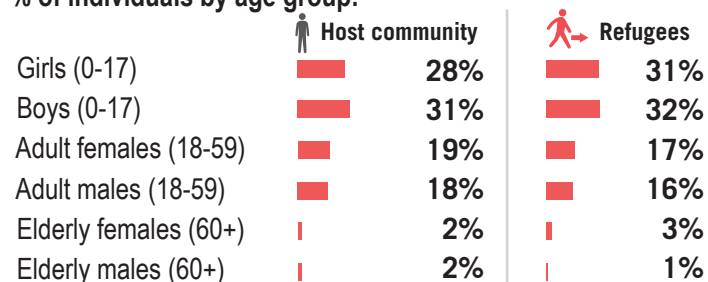
% of assessed HHs by area of origin:



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

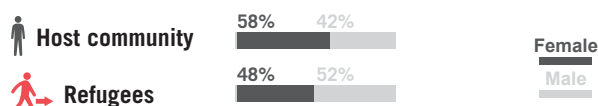


% of individuals by age group:

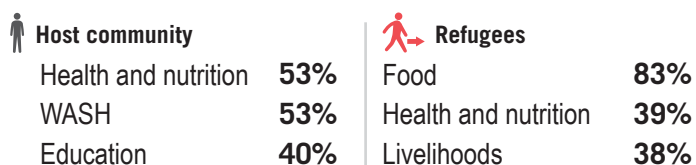


Average HH size:² 6.6 members (Host community) 4.9 members (Refugees)

Gender distribution of the head of the HHs:



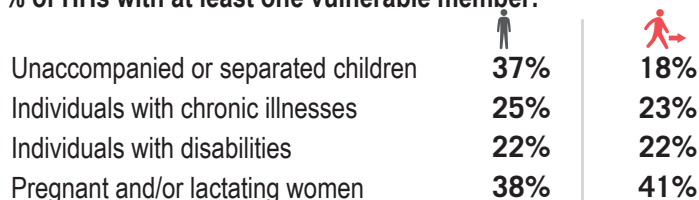
Top 3 sectors with most reported HH needs:³



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:



96% of the refugee HHs reported being registered in a settlement in the district.⁴

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



45% of the host community HHs and **83%** 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:



40% of the host community HHs and **66%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).



Livelihoods & Environment

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

Host community		Refugees	
Agriculture	94%	Agriculture	39%
Livestock	28%	Casual labour	39%
Casual labour	24%	Remittances	22%

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



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

Host community		Refugees	
Owns the land	70%	Free through OPM	87%
Rents the land	26%	Owns the land	9%
Free access	3%	Rents the land	4%

75% of refugee HHs and 24% 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

19% of refugee HHs and 2% 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	
Not a regular activity	50%	Lack of seeds	56%
Poor cultivating season	25%	Lack of tools/fertilizer	11%
Other	25%	Poor cultivating season and insecurity	11%

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

Host community		Refugees	
Spent savings	54%	Humanitarian aid	38%
Sold assets	44%	None	20%
Borrowed money	19%	Support from friends	18%

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



36% of refugee HHs and 59% 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	99%	87%
Charcoal	1%	13%

31% of refugee HHs and 23% of host community HHs reported having an improved cook stove.²



Education

46% 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	
Male	Female	Age	Male	Female
26%	24%	3 - 5	62%	57%
10%	10%	6 - 12	28%	41%
16%	15%	13 - 18	48%	50%

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

	Host community	Refugees
ECD	17%	7%
Primary	55%	44%
Secondary	12%	3%
Other ³	0%	1%
Not enrolled	15%	46%

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	42%	High costs	51%
The child is too young	28%	The child is too young	37%
The school is too far	26%	New arrival	16%

Of the HHs that reported cost as a barrier to accessing education, 83% of refugee households mentioned **tuition** while 83% of the host community HHs reported **tuition** 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	37%	Malaria	46%
Stress	20%	Diarrhoea	19%
Diarrhoea	17%	Rapid weight loss	19%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **53%** 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	
High cost of treatment	54%	No medicine available	28%
High cost of medicine	28%	Unqualified staff	28%
No medicine available	26%	Distance	24%

7% 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 community	Refugees
Counselling on infant and young child feeding	57%	56%
Iron and folic acid supplements or micro-nutrient supplements	32%	62%
At least 2 doses of fansidar ³	40%	62%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	96%	78%
Measles vaccination	83%	43%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
4.5	0.9

1) Respondents could select multiple options.

2) The question was asked to HHs that had sought health care treatment in the past year.

3) Fansidar is used to prevent and treat malaria. It can be used for pregnant women with less risks to the mother and fetus.

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

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

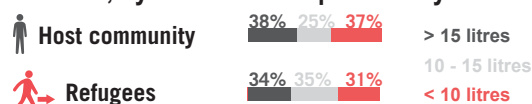


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Unprotected well	53%	Borehole	59%
Borehole	22%	Protected rainwater tank	15%
Surface water	7%	Public tap	10%

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





Average litres of water/person/day is **14** for refugee HHs and **16** for the host community HHs.

83% of refugee HHs and **90%** 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	67%	Fetch from further point	47%
Use less for bathing	25%	Use less for bathing	32%
Use less for drinking	12%	Use less for drinking	11%

% of HHs reported challenges to collecting water:

	 Host community	 Refugees
Distance	<div><div></div></div> 36%	<div><div></div></div> 26%
Queuing	<div><div></div></div> 9%	<div><div></div></div> 17%
Distance and queuing	<div><div></div></div> 18%	<div><div></div></div> 17%
None	<div><div></div></div> 37%	<div><div></div></div> 39%

% of HHs with access to a functioning HH latrine:



42% of the refugee HHs and **14%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	53%	Soap is too expensive	61%
They prefer a substitute	19%	Waiting for distribution	17%
Soap isn't necessary	16%	Soap isn't necessary	11%

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

Food Assistance

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

Host community		Refugees	
Own production	89%	Food distribution	39%
Bought with cash	9%	Bought with cash	37%
Local food charity	2%	Own production	15%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (71%) than refugee HHs that had lived there for one year or more (4%).¹

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



HH average food consumption score:

Host community	60	Refugees	39
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% of HHs FCS by time spent in the settlement:¹

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	60%	67%	71%	87%
Borderline	32%	0%	29%	11%
Poor	8%	33%	0%	2%

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

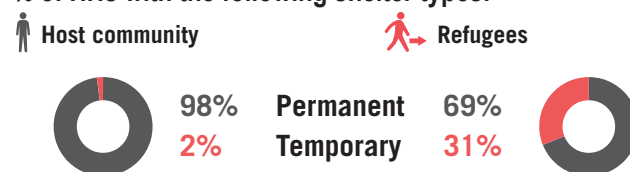


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	24%	27%
Limit meal size	31%	43%
Buy cheaper food	58%	35%
Debt/Borrowing	5%	6%
Skip days of eating	0%	11%
Only children eat	2%	7%
Exchange food	3%	4%
None	6%	7%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



7% of the host community HHs and 16% of the refugee HHs reported that their shelter experienced flooding in the year prior to data collection.

Top 3 most commonly reported NFI priorities:

Host community		Refugees	
Bedding	69%	Bedding	72%
Water storage	55%	Mosquito nets	53%
Kitchen tools	34%	Kitchen tools	41%

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.

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

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 Uganda¹, 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.

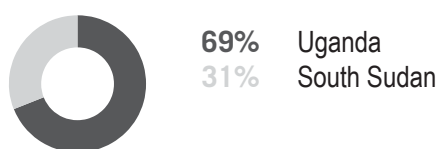
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

337 surveys were conducted in Lamwo District between 29 May and 14 June 2018.



Demographics

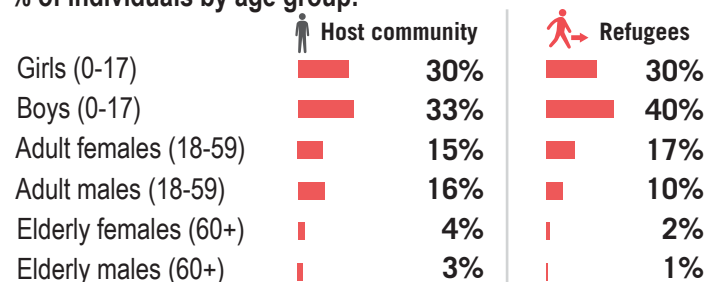
% of assessed HHs by area of origin:



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

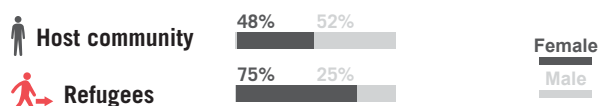


% of individuals by age group:

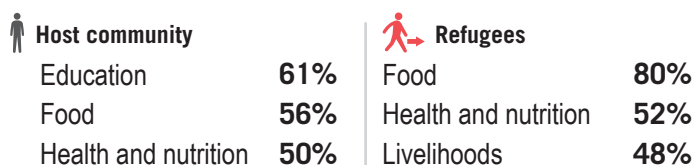


Average HH size:² Host community: 8.5 members; Refugees: 6.1 members

Gender distribution of the head of the HHs:



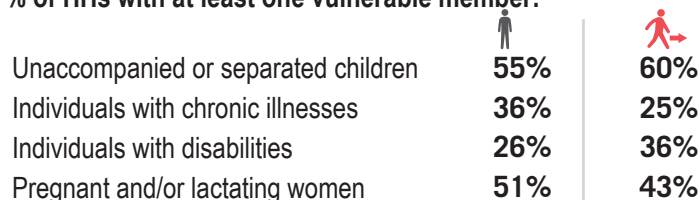
Top 3 sectors with most reported HH needs:³



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:



100% of the refugee HHs reported being registered in a settlement in the district.⁴

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



50% of the host community HHs and **59%** 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:



57% of the host community HHs and **59%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

Livelihoods & Environment

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

Host community		Refugees	
Agriculture	96%	Selling natural resource	63%
Casual labour	55%	Agriculture	58%
Small business	38%	Small business	51%

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



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

Host community		Refugees	
Owns the land	93%	Free through OPM	94%
Free access	4%	Rents the land	4%
Rents the land	2%	Free access	2%

81% of refugee HHs and 25% 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

5% of refugee HHs and 7% 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 tools	80%	Lack of seeds	100%
Lack of seeds	40%	Lack of tools	75%
Poor cultivating season	13%	Land is inaccessible	25%

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

Host community		Refugees	
Spent savings	52%	Sold assistance	50%
Sold assets	28%	Support from friends	37%
Borrowed money	26%	Borrowed money	32%

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



65% of refugee HHs and 69% 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	97%	99%
Charcoal	3%	1%

38% of refugee HHs and 22% of host community HHs reported having an improved cook stove.²

Education

9% of refugee HHs with school-aged children and 18% 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		
52%	46%	3 - 5	11%	12%
9%	9%	6 - 12	6%	11%
18%	16%	13 - 18	11%	13%

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

	Host community	Refugees
ECD	8%	24%
Primary	62%	64%
Secondary	9%	3%
Other ³	1%	0%
Not enrolled	18%	9%

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	68%	The child is too young	42%
The child is too young	32%	Early marriage	32%
The school is too far	22%	Lack of space	21%

Of the HHs that reported cost as a barrier to accessing education, 93% of the host community HHs reported 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	55%	Diarrhoea	48%
Diarrhoea	36%	Malaria	39%
Skin disease	15%	Respiratory infection	21%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **51%** of refugee HHs and **59%** 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	60%	No medicine available	73%
High cost of medicine	41%	Unqualified staff	33%
Distance	33%	Distance	31%

27% 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 community	Refugees
Counselling on infant and young child feeding	81%	91%
Iron and folic acid supplements or micro-nutrient supplements	71%	87%
At least 2 doses of fansidar ³	73%	73%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	94%	86%
Measles vaccination	74%	64%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
5	2.2

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.

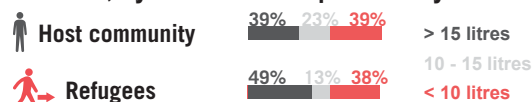


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	89%	Borehole	94%
Surface water	7%	Public tap	6%
Protected spring	1%	Household connection	0%

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



Average litres of water/person/day is **16** for refugee HHs and **17** for the host community HHs.

76% of refugee HHs and **60%** 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	
Use less for bathing	42%	Use less for drinking	64%
Fetch from further point	33%	Use less for bathing	60%
Use less for drinking	20%	Fetch from further point	40%

% of HHs reported challenges to collecting water:

	Host community	Refugees
Distance	33%	10%
Queuing	33%	40%
Distance and queuing	20%	17%
None	14%	33%

% of HHs with access to a functioning HH latrine:



59% of the refugee HHs and **25%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	64%	Soap is too expensive	52%
Market is too far away	17%	Waiting for distribution	30%
Soap isn't necessary	14%	They prefer a substitute	16%

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

Food Assistance

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

Host community		Refugees	
Own production	71%	Food distribution	82%
Bought with cash	24%	Bought with cash	7%
Gifts from family/friends	1%	Gifts from family/friends	5%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (85%) than refugee HHs that had lived there for one year or more (80%).¹

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



HH average food consumption score:

Host community	50	Refugees	45
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% of HHs FCS by time spent in the settlement:¹

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	53%	80%	73%	76%
Borderline	40%	16%	27%	13%
Poor	7%	4%	0%	11%

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

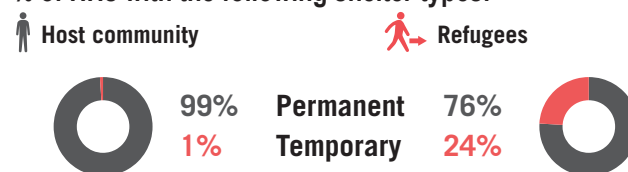


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	43%	68%
Limit meal size	30%	46%
Buy cheaper food	35%	48%
Debt/Borrowing	3%	20%
Skip days of eating	4%	11%
Only children eat	8%	3%
Exchange food	3%	7%
None	7%	4%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



13% of the host community HHs and 42% 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	66%	Mosquito nets	69%
Kitchen tools	61%	Bedding	58%
Water storage	60%	Kitchen tools	48%

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.

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

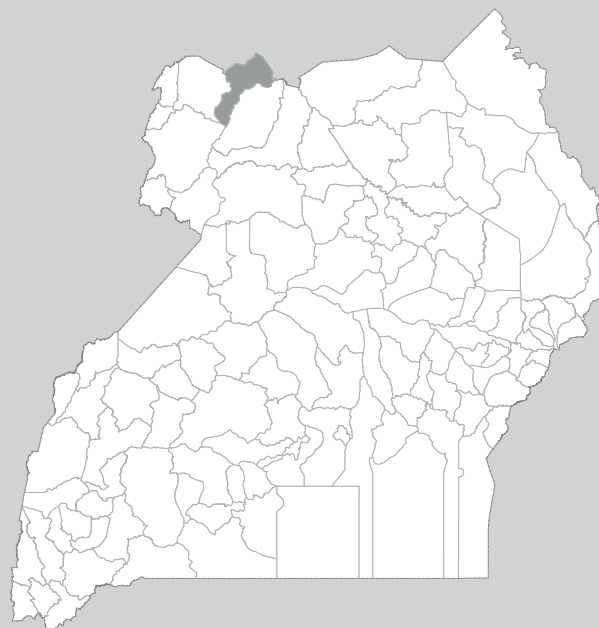
Background & Methodology

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 Uganda¹, 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.

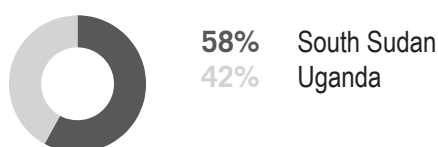
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

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



Demographics

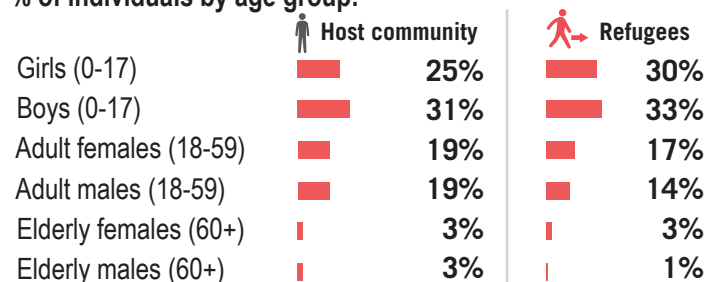
% of assessed HHs by area of origin:



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

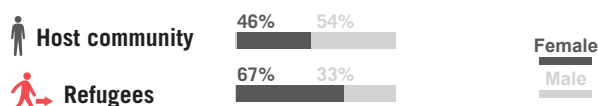


% of individuals by age group:

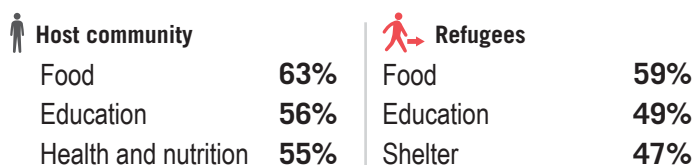


Average HH size:² 8.2 members (Host community) | 6.3 members (Refugees)

Gender distribution of the head of the HHs:



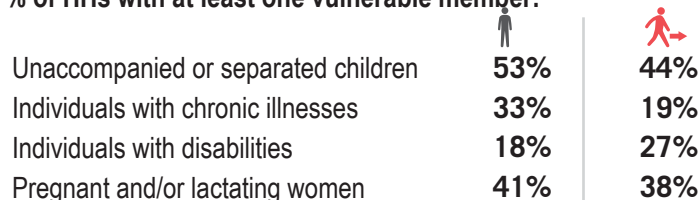
Top 3 sectors with most reported HH needs:³



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

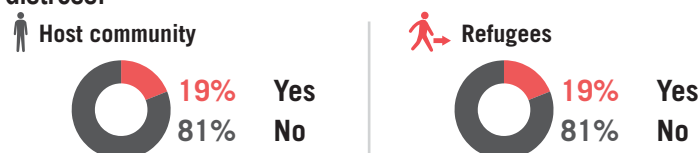
Protection

% of HHs with at least one vulnerable member:



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:



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:



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.

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).



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:



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:



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	Male	Female	Male	Female
3 - 5	44%	44%	6%	5%
6 - 12	6%	4%	1%	1%
13 - 18	6%	14%	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 community	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:



Average number of HH members sleeping under nets:

Host community	Refugees
6.5	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.

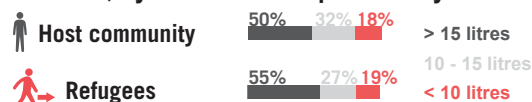


Water, Sanitation & Hygiene

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:



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%	Distance	13%
Queuing	18%	Queuing	36%
Distance and queuing	30%	Distance and queuing	22%
None	25%	None	29%

% of HHs with access to a functioning HH latrine:



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

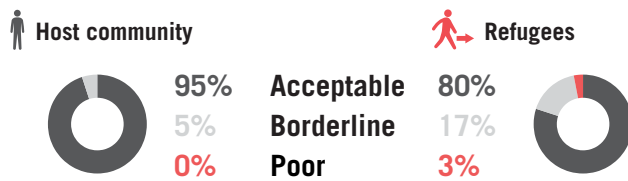
Food Assistance

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



HH average food consumption score:

Host community	56	Refugees	46
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% 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:

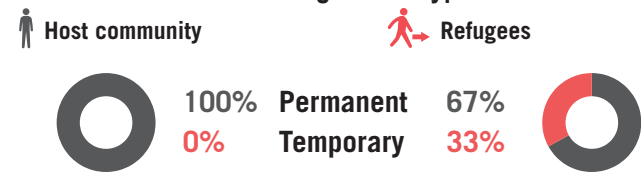


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	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



% of HHs that reported owning their shelter:



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



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.

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

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 Uganda¹, 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.

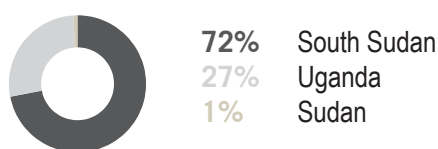
A total of 6,809 household (HH) level surveys were conducted across all 30 refugee settlements and 11 refugee hosting districts. Households were randomly sampled with a confidence level of 95% and 10% margin of error and generalisable at the settlement level for refugees and at the district level for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

763 surveys were conducted in Yumbe District between 9 April and 21 June 2018.



Demographics

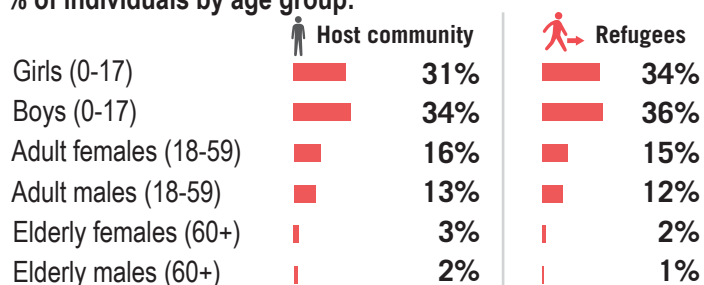
% of assessed HHs by area of origin:



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

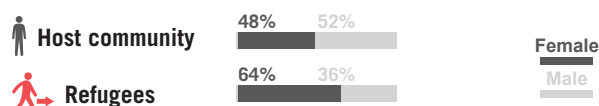


% of individuals by age group:

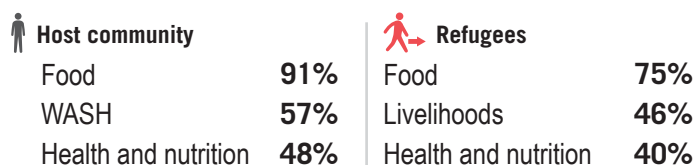


Average HH size:² 10 members (Host community) 6.9 members (Refugees)

Gender distribution of the head of the HHs:



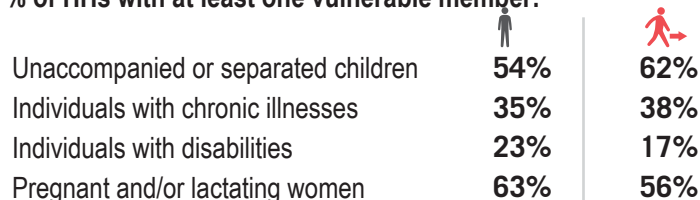
Top 3 sectors with most reported HH needs:³



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:



99% of the refugee HHs reported being registered in a settlement in the district.⁴

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



68% of the host community HHs and **34%** 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:



77% of the host community HHs and **38%** of the refugee HHs with at least one woman or girl of reproductive age reported that one or more women in the HH could not access sanitary pads.

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

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

Livelihoods & Environment

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

Host community		Refugees	
Agriculture	85%	Agriculture	35%
Casual labour	62%	Casual labour	24%
Small business	41%	Selling natural resource	23%

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



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

Host community		Refugees	
Owens the land	86%	Free through OPM	91%
Rents the land	8%	Free access	6%
Free access	4%	Owens the land	2%

73% of refugee HHs and 42% 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

11% of refugee HHs and 2% of host community HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

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

Host community		Refugees	
Lack of seeds	50%	Lack of seeds	53%
Land is inaccessible	25%	Lack of tools	45%
Lack of tools	25%	Poor cultivating season	33%

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

Host community		Refugees	
Sold assets	51%	Sold assistance	47%
Spent savings	34%	Borrowed money	20%
Support from friends	30%	Support from friends	17%

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



48% of refugee HHs and 57% 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	95%	97%
Charcoal	4%	3%

54% of refugee HHs and 6% of host community HHs reported having an improved cook stove.²

Education

2% of refugee HHs with school-aged children and 22% 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	Gender	Age	Gender
3 - 5	34%	2%	5%
6 - 12	11%	2%	2%
13 - 18	26%	2%	1%

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

	Host community	Refugees
ECD	3%	25%
Primary	68%	64%
Secondary	7%	9%
Other ³	0%	0%
Not enrolled	22%	2%

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	28%
The child is too young	22%
The school is too far	19%

Of the HHs that reported cost as a barrier to accessing education, 67% of refugee households mentioned **books** while 91% of the host community HHs reported **books** 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	
Diarrhoea	34%	Malaria	46%
Malaria	31%	Diarrhoea	36%
Skin disease	13%	Skin	16%

Of the HHs that reported having a member with health issues in the past year and sought treatment, **52%** of refugee HHs and **65%** of host community reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:²

Host community		Refugees	
High cost of medicine	67%	No medicine available	53%
High cost of treatment	51%	Language barrier	25%
No medicine available	46%	High cost of medicine	17%

25% 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 community	Refugees
Counselling on infant and young child feeding	67%	88%
Iron and folic acid supplements or micro-nutrient supplements	80%	80%
At least 2 doses of fansidar ³	74%	77%

Of the HHs with children, % reporting:⁴

	Host community	Refugees
Polio vaccination	94%	87%
Measles vaccination	77%	60%

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets:

Host community	Refugees
7.4	1.4

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.

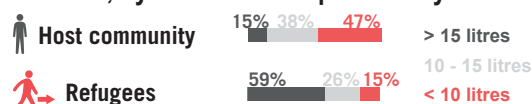


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

Host community		Refugees	
Borehole	67%	Public tap	61%
Surface water	21%	Borehole	23%
Unprotected well	9%	Protected rainwater tank	15%

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













Average litres of water/person/day is **20** for refugee HHs and **12** for the host community HHs.

56% of refugee HHs and **42%** 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	
Use less for bathing	72%	Use less for bathing	54%
Fetch from further point	46%	Fetch from further point	47%
Use less for drinking	13%	Use less for drinking	30%

% of HHs reported challenges to collecting water:

	 Host community	 Refugees
Distance	 17%	 8%
Queuing	 20%	 38%
Distance and queuing	 32%	 27%
None	 31%	 27%

% of HHs with access to a functioning HH latrine:



52% of the refugee HHs and **36%** of the host community HH did not have soap during data collection.

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

Host community		Refugees	
Soap is too expensive	46%	Soap is too expensive	45%
They prefer a substitute	25%	Waiting for distribution	33%
Soap isn't necessary	22%	They prefer a substitute	16%

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

Food Assistance

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

Host community		Refugees	
Own production	61%	Food distribution	87%
Bought with cash	38%	Bought with cash	5%
Gifts from family/friends	1%	Local food charity	2%

The refugee HHs that had been living in the settlement for less than one year relied more on humanitarian aid (94%) than refugee HHs that had lived there for one year or more (86%).¹

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



HH average food consumption score:

Host community	47	Refugees	48
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% of HHs FCS by time spent in the settlement:¹

	<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:

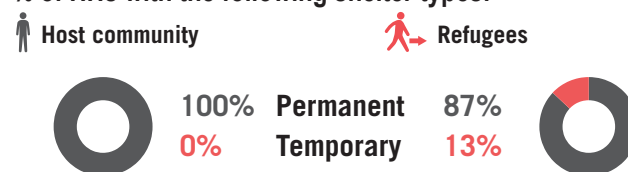


% of HHs reported using food coping strategies during the 7 days prior to the data collection:

	Host community	Refugees
Reduce # meals / day	44%	70%
Limit meal size	40%	57%
Buy cheaper food	45%	18%
Debt/Borrowing	7%	9%
Skip days of eating	8%	8%
Only children eat	5%	16%
Exchange food	4%	7%
None	14%	1%

Shelter & NFIs

% of HHs with the following shelter types:³



% of HHs that reported owning their shelter:



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



5% of the host community HHs and 28% 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	82%
Water storage	64%
Kitchen tools	52%

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.

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