Roughly 90% of households in all three countries were found to have unmet needs; most commonly, households had unmet WASH and health needs (Burkina Faso), unmet protection needs (Mali), and unmet WASH and education needs (Niger).

Widespread needs with higher levels of severity in conflict-affected areas

- Unmet food security, shelter and protection needs were particularly prevalent among households in the border regions of the three countries, as well as in southern Niger.
- These needs were likely driven among others by conflict-related challenges in access to basic goods and services, production shortfalls and increased prices.\(^1\)
- Unmet WASH, education and health needs were more widespread across the countries. However, extreme unmet WASH and health needs were also particularly prevalent in the border regions of the three countries. These needs may have likely already been widespread prior to the conflict, while having been intensified in conflict-affected areas.\(^1\)

High prevalence of IDP households facing extreme unmet needs

- While the proportion of households with unmet needs was generally high, notably higher proportions of IDP than non-displaced households in Burkina Faso and Niger were found to have extreme unmet needs.
- Extreme unmet needs appeared to largely be driven by extreme unmet WASH (across all population groups), shelter (among IDPs, returnees and refugees) and to a lesser degree food security needs (among IDPs).

MULTI-SECTOR NEEDS ASSESSMENT (MSNA) OVERVIEW

OVER THE LAST DECADE, the Central Sahel has been affected by a humanitarian crisis as a result of violence related to organized crime and non-state armed groups, communal tensions, and high levels of poverty, all of which challenge access to basic goods and services. This has caused widespread displacement. By the end of February 2022, 2,244,661 individuals had been displaced, including 2,058,769 internally displaced persons (IDPs) and 185,892 refugees. Of the displaced population, 71% lived in Burkina Faso, 16% lived in Mali, 9% in Niger and 3% in Mauritania.¹ These population movements have led to the emergence of displacement sites, as well as increased pressure on community infrastructures and natural resources in the hosting communities.²

Against this background, and in order to support humanitarian decision-making in the three countries, in 2021, REACH conducted three multi-sector needs assessments (MSNAs) in Burkina Faso, Mali and Niger. The assessments were designed and implemented in collaboration with coordination bodies and partners in-country with the primary objective of identifying the magnitude and severity of needs across sectors, geographical areas and population groups.

Methodology. Primary data for all three assessments was collected nationwide at the household level between June and August 2021. In Niger, population groups and areas were sampled using probability sampling methodologies. All data was collected in-person; however, inaccessible areas were excluded from the assessment. Nevertheless, results for Niger are representative at a 95% confidence level and with a 10% margin of error of each population group at the department level. In Burkina Faso and Mali, (probabilistic) cluster sampling was applied for non-displaced populations in accessible areas, while (non-probabilistic) quota sampling was applied for IDPs as well as non-displaced populations in inaccessible areas. Data was collected in-person in accessible areas and remotely over the phone in inaccessible areas. Results for IDPs as well as for non-displaced populations in inaccessible areas are indicative only, while results for non-displaced populations are representative at a 90% confidence level and with a 10% margin of error per stratum (town, province, region) and population group in Burkina Faso, and at a 95% confidence level and with a 10% margin of error per stratum (cercle, region, district) and population group in Mali. Further information on all three assessments can be found on the REACH Resource Centre pages for Burkina Faso, Mali and Niger.

THIS BRIEF presents the key findings of the three MSNAs conducted in 2021 in Burkina Faso, Mali and Niger. When interpreting the results, the following should be considered:

- The estimation of the proportion of households with unmet sectoral needs (‘Living Standard Gaps’) as well as any unmet need across sectors (‘Multi-Sector Needs Index’) was based on the same analytical framework for all three countries. Due to potentially different conceptualizations of need between countries, results may not be directly comparable. They can, however, provide a picture of trends across the assessed area.

- No testing for statistically significant differences in outcomes between population groups or geographical areas was conducted. As such, large differences are highlighted throughout this brief. In the absence of further testing, they have to be interpreted with caution.

MULTI-SECTOR NEEDS INDEX (MSNI): CRISIS-LEVEL SEVERITY

The MSNI is a composite indicator, designed to measure the overall severity of humanitarian needs of a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites for each country, in accordance with the REACH MSNA Analytical Framework Guidance, can be found on the dedicated country pages on the REACH Resource Centre linked above.

HOUSEHOLDS IN NEED BY GEOGRAPHICAL AREA

ACROSS ALL THREE COUNTRIES, around 90% of households were found to have unmet needs, with roughly 40% to 50% of households having been found to have extreme unmet needs. While this is indicative of a generally severe humanitarian situation, the severity of need differed by area and population group. Households with extreme unmet needs were particularly concentrated in the border regions of the three countries, i.e. in eastern Mali, eastern Burkina Faso, as well as western and southern Niger. Moreover, both in Burkina Faso and in Niger, the proportion of households with extreme unmet needs was notably higher among IDPs than among non-displaced households.

MSNI SEVERITY PHASE BY POPULATION GROUP

1 All percentages are rounded and may therefore not always add up to 100%.
More than 70% of households in Burkina Faso and Niger were found to have unmet WASH needs, with higher proportions among IDP than among non-displaced households. In Mali, 48% of all households were found to have unmet WASH needs.

84% of IDP households in Niger were found to have unmet shelter needs, with 38% having been found to have extreme unmet shelter needs. In Burkina Faso, this was 72% and 54%, respectively, of IDP households.

**Most common needs profiles:** Needs profiles among households varied. However, across all areas and population groups, most commonly, households in Mali were found to have unmet protection needs. In Burkina Faso, households most commonly had unmet WASH and health needs, while in Niger, the most common needs profile was households simultaneously having unmet WASH and education needs.

However, needs differed by area and population group.

Some needs were particularly prevalent in the border regions of the three countries, while others were more widespread:

- **Unmet food security,** as well as **unmet shelter needs,** and to some degree **unmet protection needs** were particularly prevalent among households in the border regions of the three countries and in southern Niger.

- **Unmet WASH and education needs,** on the other hand, were **more widespread** across the entire countries, as were **unmet health needs** in particular in Burkina Faso.

- However, the highest prevalence of households with **extreme unmet WASH and health needs** was also found in the border regions of the three countries.

These results may be indicative of conflict in the border regions being one of the main drivers of unmet food security, shelter and protection needs, linked among others to conflict-related production shortfalls and food access barriers, as well as high proportions of IDPs staying in emergency shelters.

High levels of WASH, education and health needs may have pre-existed the conflict in many areas, but may have been **intensified** as a result of increased pressure on existing infrastructures, challenges in maintenance and closure of facilities, as well as enhanced access barriers, in particular among IDP households.

Some notable **differences** were found in the magnitude and severity of need **between IDPs and non-displaced populations:**

- Across all three countries, **unmet food security needs** were notably more prevalent among IDP than among non-displaced households, as were **unmet shelter needs.**

- For all other sectors, the prevalence of households with unmet needs tended to be similar across population groups. Only unmet WASH needs may have potentially been slightly more prevalent among IDPs in Burkina Faso and Niger, as compared to other population groups. Moreover, unmet education needs were found to be more prevalent among IDPs in Burkina Faso than among non-displaced population groups.

As such, specific kinds of unmet needs also appeared to have been driving the higher prevalence of extreme unmet needs found among IDPs, compared to other population groups, in Burkina Faso and Niger:

- Specifically, a considerably higher proportion of IDP than non-displaced households in both Burkina Faso and Niger were found to have extreme unmet shelter needs.

- Moreover, in Burkina Faso, extreme unmet food security needs were more prevalent among IDPs than among non-displaced populations.

### Most common needs profile, by country:

<table>
<thead>
<tr>
<th></th>
<th>WASH</th>
<th>Food Security</th>
<th>Shelter</th>
<th>Protection</th>
<th>Health</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso (13%)(^1)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mali (8%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Niger (15%)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

\(^1\) The figures noted in brackets in this table reflect the percentage of households with the most prevalent needs profile for each country.

WATER, SANITATION AND HYGIENE (WASH)

Percentage of households with unmet WASH needs (severity score of 3 or higher):

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of households with unmet WASH needs (severity score of 3 or higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>48%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>76%</td>
</tr>
<tr>
<td>Niger</td>
<td>73%</td>
</tr>
</tbody>
</table>

Percentage of households with extreme unmet WASH needs (severity score of 4 or higher):

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of households with extreme unmet WASH needs (severity score of 4 or higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>22%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>24%</td>
</tr>
<tr>
<td>Niger</td>
<td>40%</td>
</tr>
</tbody>
</table>

ACROSS ALL THREE COUNTRIES, results indicate a lack of sanitation infrastructure as one of the drivers of WASH needs nationwide. Rates of open defecation were found to be low, ranging from 19% and 20%, respectively, of households reportedly primarily having practiced open defecation in Mali and Burkina Faso to 34% of households having reported so in Niger. In this context, the main problems reported in relation to sanitation facilities were a lack of facilities in Burkina Faso (as reported by 56% of households), and facilities not having been clean (44%) or not having been gender-segregated (32%) in Mali (in Niger, problems related to sanitation facilities were not assessed). At the sub-national level, the highest rates of open defecation of largely above 50% were reported among IDP households in southern and western Niger, and non-displaced households in eastern Mali, as well as among IDP households in central Burkina Faso, likely being one of the drivers of the more severe outcomes among these groups.

While at the national level, the majority of households reportedly used improved drinking water sources, water access also remains a challenge. Long waiting times at water points, an insufficient number of water points, and the distance to water points were the main barriers reported related to a lack of water in all three countries. Only 59% of IPD and 77% of non-displaced households in Burkina Faso, and 73% of all households in Mali, reported having access to sufficient drinking water.

While WASH infrastructure may have already been weak across the region pre-conflict, displacement put an additional strain on existing infrastructures in hosting areas, likely contributing to the greater severity of need in these areas. Moreover, conflict is posing a challenge to maintenance. It is further likely that severe unmet WASH needs are a factor contributing to increased rates of malnutrition, morbidity and mortality observed in some of these areas.  

1 REACH, Aperçu - WSC Light, Burkina Faso, Février 2022 (Geneva, 2022); REACH, Aperçu - WSC Light, Mali, Février 2022 (Geneva, 2022).
BETWEEN ONE FOURTH and half the households were found to have unmet food security needs. The prevalence as well as the severity of unmet food security needs was particularly high among IDPs. For instance, less than half of the IDP households (46%) in Burkina Faso were found to have an acceptable food consumption score (compared to roughly three fourths of non-displaced households with an acceptable food consumption score), while 25% and 1%, respectively, were found to have experienced moderate or severe hunger (based on the Household Hunger Scale). Moreover, more than 60% of IDP households were found to have a moderate or high reduced Coping Strategies Index (rCSI). At the same time, though, the proportion of non-displaced households with a crisis- or emergency-level Livelihood Coping Strategies Index (LCSI) was at 32%, higher than the equivalent proportion of IDP households (16%). This may be indicative of also non-displaced households to some degree meeting their needs only through the adoption of coping strategies, while those strategies may not always be available to IDP households.

At the sub-national level, the prevalence of households with unmet food security needs was found to be highest in the border regions of the three countries. In Burkina Faso, more than half of the households were found to have unmet food security needs in the regions of Sahel (78%), Est (62%), Centre-Ouest (59%), Nord (55%), Centre-Est (54%) and Plateau-Central (50%). At the same time, among IDPs, between 70% and 90% of households in these areas were found to have unmet food security needs, and with the exception of Centre-Est, roughly one third were found to have extreme unmet food security needs. Lastly, also in areas with a generally lower prevalence of unmet food security needs, the proportion of IDP households with unmet food security needs ranged from 40% to 70%.

Similarly, in Mali, the largest proportions of households with unmet food security needs were found in Gao (62%) and Ménaka (57%). In Niger, they were found in Tillabéri (48%), Tahoua (39%) and Diffa (38%), also with notably higher proportions among IDPs and refugees than among non-displaced households. In addition, 86% of IDP households in Maradi and 54% of IDP households in Niamey were found to have unmet food security needs despite the generally lower proportions of households with unmet food security needs in these areas.

These results are generally in line with other food security analyses indicating the most severe levels of food insecurity in northeastern Burkina Faso, eastern Mali, as well as Tillabéri, Tahoua, Diffa and Maradi in Niger. However, food insecurity has been deteriorating with an increasing number of people projected to be food insecure during the coming lean season in all three countries. The main drivers include a deteriorating security situation that is negatively impacting both food production and market functioning, below-average production levels, a premature depletion of self-produced food stocks and earlier market dependence, with at the same time atypical increases in staple food prices, and declining incomes. As a result, food access is reduced among poor households in general and among IDPs that are already largely reliant on food aid in particular, with the worst affected areas being the most conflict-affected ones with limited humanitarian access.
SHELTER AND PROTECTION

Percentage of households with unmet shelter needs (severity score of 3 or higher):

<table>
<thead>
<tr>
<th>Country</th>
<th>0%</th>
<th>2%</th>
<th>18%</th>
<th>36%</th>
<th>43%</th>
<th>5%</th>
<th>11%</th>
<th>14%</th>
<th>13%</th>
<th>58%</th>
<th>1%</th>
<th>6%</th>
<th>18%</th>
<th>11%</th>
<th>64%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>0%</td>
<td>2%</td>
<td>18%</td>
<td>36%</td>
<td>43%</td>
<td>5%</td>
<td>11%</td>
<td>14%</td>
<td>13%</td>
<td>58%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>2%</td>
<td>18%</td>
<td>36%</td>
<td>43%</td>
<td>5%</td>
<td>11%</td>
<td>14%</td>
<td>13%</td>
<td>58%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>31%</td>
<td>13%</td>
<td>17%</td>
<td>59%</td>
<td>5%</td>
<td>13%</td>
<td>14%</td>
<td>13%</td>
<td>58%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UNMET SHELTER NEEDS were found to be particularly high among IDP, refugee and returnee households. In Burkina Faso, 72% of IDP households were found to have unmet shelter needs, as were 84% of IDP, 80% of refugee and 70% of returnee households in Niger, and 40% of IDP households in Mali, compared to 20% to 30% of non-displaced households across the three countries.

Moreover, alongside unmet WASH needs, unmet shelter needs appeared to be the main driver of overall extreme unmet needs, particularly among IDP, refugee and returnee households.

In the northeastern regions of Burkina Faso, the proportions of households with unmet shelter needs were as high as 80%, and the proportion of IDP households with extreme unmet shelter needs reached up to 69% in Centre Nord. In Mali, the proportion of IDP households with unmet shelter needs was as high as 82% in Bamako, while generally being high in Kidal (67% of all households), Timbuktu (54%), and Ménaka (33%). In Niger, roughly 70% to 95% of IDP, refugee and returnee households were found to have unmet shelter needs in Diffa, Niamey, Maradi, Tahoua and Tillabéry.

These needs were largely driven by households living in emergency / non-durable or damaged shelters. For instance, in Burkina Faso, only roughly half of the IDP households (52%) reported living in a constructed house, compared to almost all non-displaced households (98%), and 26% of IDP households reportedly living in a house reported their house to be damaged.

Protection needs are difficult to assess at the household level. Nevertheless, **results are indicative of unmet protection needs**, with, for instance, up to 95% of households worrying about their security in eastern Mali.
HEALTH AND EDUCATION

Percentage of households with unmet health needs (severity score of 3 or higher):

- **Mali**: 30%
- **Burkina Faso**: 68%
- **Niger**: 39%

Percentage of households with unmet education needs (severity score of 3 or higher):

- **Mali**: 55%
- **Burkina Faso**: 42%
- **Niger**: 56%

**Nutrition outcomes** have reportedly deteriorated across West Africa, and in particular in the Central Sahel and the Liptako Gourma border region between Mali, Burkina Faso and Niger as a result of the deteriorating security situation, the closure of several health centres and the disruption of health and nutrition services. In November 2021, acute malnutrition had reached Emergency (CH Phase 4) levels in parts of Timbuktu, Koulikoro, Kayes and Segou in Mali, as well as in Diffa, Niger. In Burkina Faso, the IPC acute malnutrition analysis conducted in November 2021 indicated Emergency (IPC Phase 4) in five provinces in the northeast and Crisis (IPC Phase 3) in most other provinces.

In combination with the high prevalence and severity of WASH needs, widespread unmet health needs, often driven by barriers towards accessing health care may be among the drivers of deteriorating nutrition (and potentially health) outcomes. For instance, across all three countries, medicines and consultations being too expensive were reported as barriers towards accessing health care by at least a third of the population in most areas and often by higher proportions among IDPs as compared to non-displaced households.

Thence, unmet health needs were generally widespread, with the highest prevalence of extreme unmet health needs having been found in Burkina Faso and Mali in the border regions of the three countries.

Similarly, unmet education needs driven by high proportions of children not attending school, were widespread. For instance, in Niger, 59% of households reported at least one school-aged (6-17) child as not regularly attending school, as not attending school, as did the majority of households in most parts of Mali with the exception of Bamako, Kayes, Koulikouro and Sikasso.

In Burkina Faso, reported school attendance was notably lower among IDP households than among non-displaced households. In Niger, this tended to only be the case in the more conflict-affected regions of Diffa, Maradi, Tahoua and Tillabéri, with roughly 60% to 80% of IDP households having reported at least one boy or girl aged 6-12 or 13-17 child as not having attended school, compared to 35% to 55% of non-IDP households. In Mali, on the other hand, roughly between 60% and 90% of households reported at least one school-aged child as not having attended school in the more conflict-affected regions of Gao, Kidal, Menaka and Timbuktu irrespective of population group, while in most other regions, with the exception of Bamako and Mopti, the proportion of IDP households having reported at least one school-aged child as not having attended school was notably higher than that of non-displaced households.

In sum, education needs may have been pre-existing across the three countries, while potentially having been intensified in conflict-affected areas and among IDP households.

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About REACH: REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).