

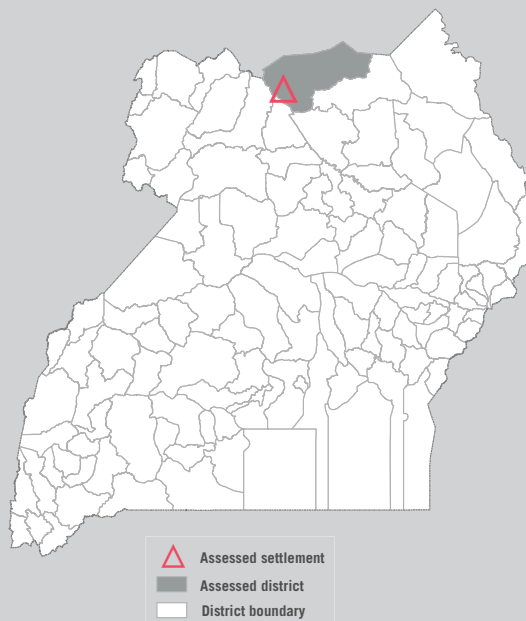
Background & Methodology

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.

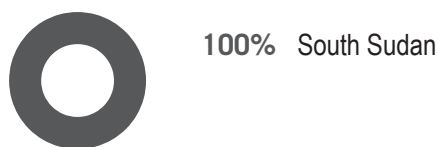
A total of 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

104 HHs were interviewed in Palabek Settlement between 31 May and 14 June 2018.



Demographics

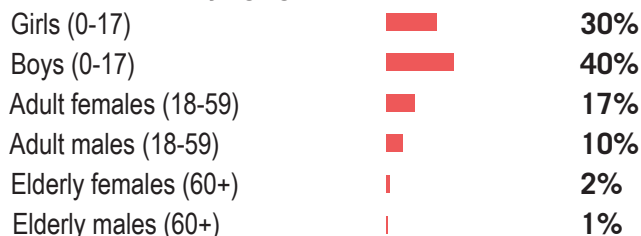
% of assessed HHs by area of origin:



% of HHs that have lived in the settlement for:

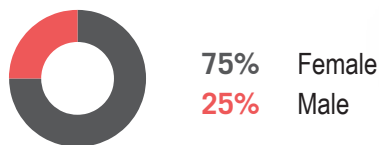


% of individuals by age group:



Average HH size:² 6.1 members

Gender distribution of the head of the HHs:



Top 3 sectors with most reported HH needs:³



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

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

3) Respondents could select multiple options.

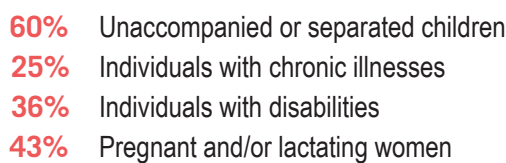
4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

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

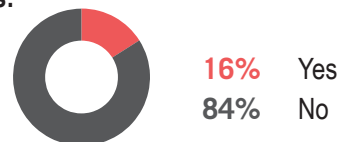
Protection

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

% of HHs with at least one vulnerable member:

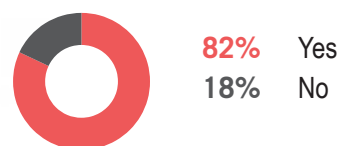


% of HHs reporting at least one member with psychological distress:



59% of the HHs with at least one member with psychological distress were unable to receive psychological care.

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



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



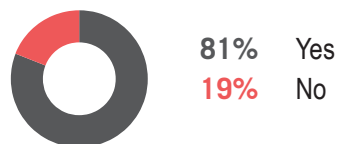
59% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

Livelihoods & Environment

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

Selling natural resource		63%
Agriculture		58%
Small business		51%

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






Of the assessed HHs with access to agricultural land, **81%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

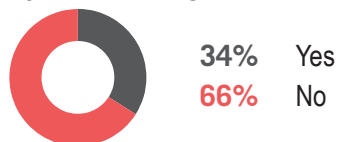
Free through OPM		94%
Rents the land		4%
Free access		2%

5% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

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

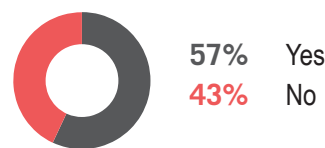
Sold assistance items received		50%
Support from friends/relatives		37%
Borrowed money		32%

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



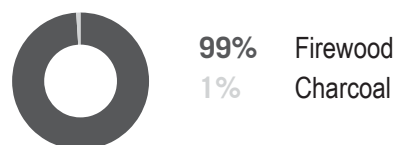
16% of the assessed HHs have members that have ever received vocational training.

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



65% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

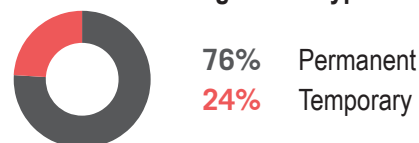
% of HHs reporting the following primary fuel sources:



38% of the assessed HHs reported having an improved cooking stove.³

Shelter & NFIs


% of HHs with the following shelter types:⁴



% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains		59%
Flooding in past 1 year		42%

Top 3 reported NFI priorities:¹

Mosquito nets		69%
Bedding (e.g. mats)		58%
Kitchen tools		48%

1) Respondents could select up to three options.

2) Respondents could select multiple options.


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

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



Health & Nutrition

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

Diarrhoea		48%
Malaria		39%
Respiratory infection		21%

Of the HHs that reported having a member with health issues in the past year, **51%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available		73%
Unqualified staff		33%
Lack of transport		31%

Of the HHs with children:²

- 86%** reported they had been vaccinated against polio.
- 64%** reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets: 2.2

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

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

1) Respondents could select multiple options.

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

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

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

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

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

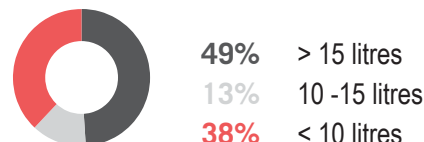


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

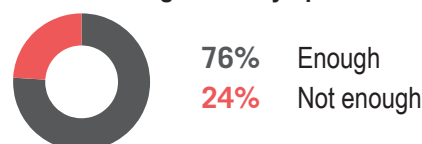
Borehole		94%
Public tap		6%
Household connection		0%

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






Average litre of water/person/day: 16 litres

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



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

Use less water for drinking		64%
Use less water for bathing		60%
Fetch from further point		40%

% of HHs reporting challenges to collecting water:

Distance		10%
Queuing		40%
Queuing and distance		17%
None		33%

24% of the HHs do not have access to a functioning HH latrine.

59% of the HHs did not have soap in the HH during data collection.

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

Soap is too expensive		52%
Waiting for next distribution		30%
Prefer a substitute		16%

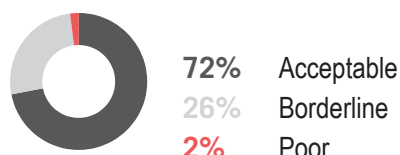
Food Assistance

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

Food distribution		82%
Bought with cash		7%
Gifts from family and friends		5%

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

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

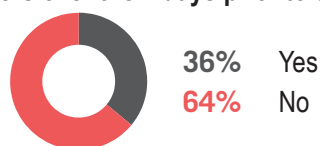


HH average Food Consumption Score: **45**

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	53%	80%	73%	20%
Borderline	40%	16%	27%	60%
Poor	7%	4%	0%	20%

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






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

Reduce number of meals / day		68%
Limit meal size		46%
Buy cheaper food		48%
Debt/Borrowing		20%
Skip days of eating		11%
Only children eat		3%
Exchanged food for different food		7%
None		4%






Education

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

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




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

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

	Boys	Girls
ECD		34%
Primary		62%
Secondary		3%
Other ³		2%
Not enrolled		14%

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

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

Early marriage		32%
Lack of space/overcrowding		21%
Distance		16%

1) Respondents could select multiple options.

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

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