



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

UGANDA SELF-RELIANCE INDEX (UG-SRI) FOR REFUGEES AND HOST-COMMUNITIES



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FOREWORD

Uganda remains a beacon of hope and resilience in the global refugee protection landscape. The nation continues to uphold an inclusive and progressive refugee response that places human dignity, social protection, and shared development at its core. Guided by the 2006 Refugees Act and the Comprehensive Refugee Response Framework (CRRF), Uganda's model demonstrates that solidarity and compassion can coexist with national development priorities.

In light of the above, the Ministry of Gender, Labour and Social Development together with other partners developed the National Self-Reliance Measurement Framework for Refugees and Host Communities which acts as a tool to guide the humanitarian and development actors in the design of the interventions in refugee response.

Self-reliance and resilience have become priority outcomes of refugee support and response worldwide, with self-reliance being highlighted in the Global Compact on Refugees (GCR) in 2018 as one of its four key objectives of which the Government of Uganda committed to during the Global Refugee Forum in 2023 in Geneva. The development of the tool highlights Governments commitment towards supporting the refugees and host communities to be self-reliant in all aspects of life.

I take this opportunity to commend our partners, the Office of the Prime Minister, other Ministries, Departments and Agencies (MDAs), the UN family, Development Partners and other development and humanitarian actors for their steadfast collaboration and support. Together, we continue to promote a refugee response that is rights-based, gender-responsive, and aligned with Uganda's national development aspirations as outlined in the Fourth National Development Plan (NDPIV) 2025/2026- 2029/2030 and Vision 2040.

I wish to urge all the humanitarian and development partners to utilize this important tool and ensure that refugees and host communities are self-reliant with a principle of "leaving no one behind". Refugee response is one of the cross-cutting issues which have been mainstreamed in all the 18 Programs under the Fourth National Development Plan (NDPIV) 2025/2026- 2029/2030. The Framework provides a harmonized approach to tracking progress across critical sectors such as education, shelter, health, livelihoods, protection, social cohesion and WASH, among others. It strengthens the commitment of Government to generate data, measure results, and most importantly, respond to the most critical needs of refugees and host communities.

Together we can support refugees and host communities to have sustainable livelihoods for improved services, promote peaceful co-existence, build resilient institutions and investing in skills development to help communities better cope with shocks and stresses that come with becoming a refugee.



Betty Amongi Ongom (M.P.)

Minister of Gender, Labour and Social Development



ACKNOWLEDGMENTS

I am pleased to extend my appreciation to all those who participated in the process of developing the Uganda Self-Reliance Index (UG-SRI) for Refugees and Host Communities for their dedicated and valuable contribution. The process was highly consultative involving a cross-section of stakeholders at national and local Government level. Stakeholders were actively engaged and they shared their ideas, experiences and recommendations on how to implement the tool during the pretest exercise.

The Ministry constituted a Technical Working Group (TWG) comprising of representatives from Ministries, Departments, and Agencies (MDAs), UN Agencies, Development Partners, Civil Society Organizations, and other humanitarian partners. The TWG members dedicated their time, knowledge and skills to ensure that the tool came out as planned. I wish to commend them for a job well done in guiding the process and ensuring a quality output. Self-reliance and resilience are considered as one of Uganda's key thematic areas for the Global Refugee Forum (GRF) 2023 pledges.

We also acknowledge the significant effort invested in the comprehensive desk review and comparative analysis of existing self-reliance measurement frameworks. This review was critical in identifying commonalities, gaps, and divergences in indicators, and included frameworks developed by all the partners involved in the development process.

I also wish to commend the Jobs and Livelihood Integrated Response Plan National Steering Committee members and the Secretariat for their commitment towards the implementation of programs aimed at providing quality services to refugees and host communities. Setting up a Secretariat and ensuring it is functional has been very key in strengthening coordination with other stakeholders in development and humanitarian setting. The extra effort to build partnerships has led to several achievements including the tool developed to serve refugees and host communities.



Aggrey David Kibenge

**Permanent Secretary,
Ministry of Gender, Labour and Social
Development**



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1. INTRODUCTION

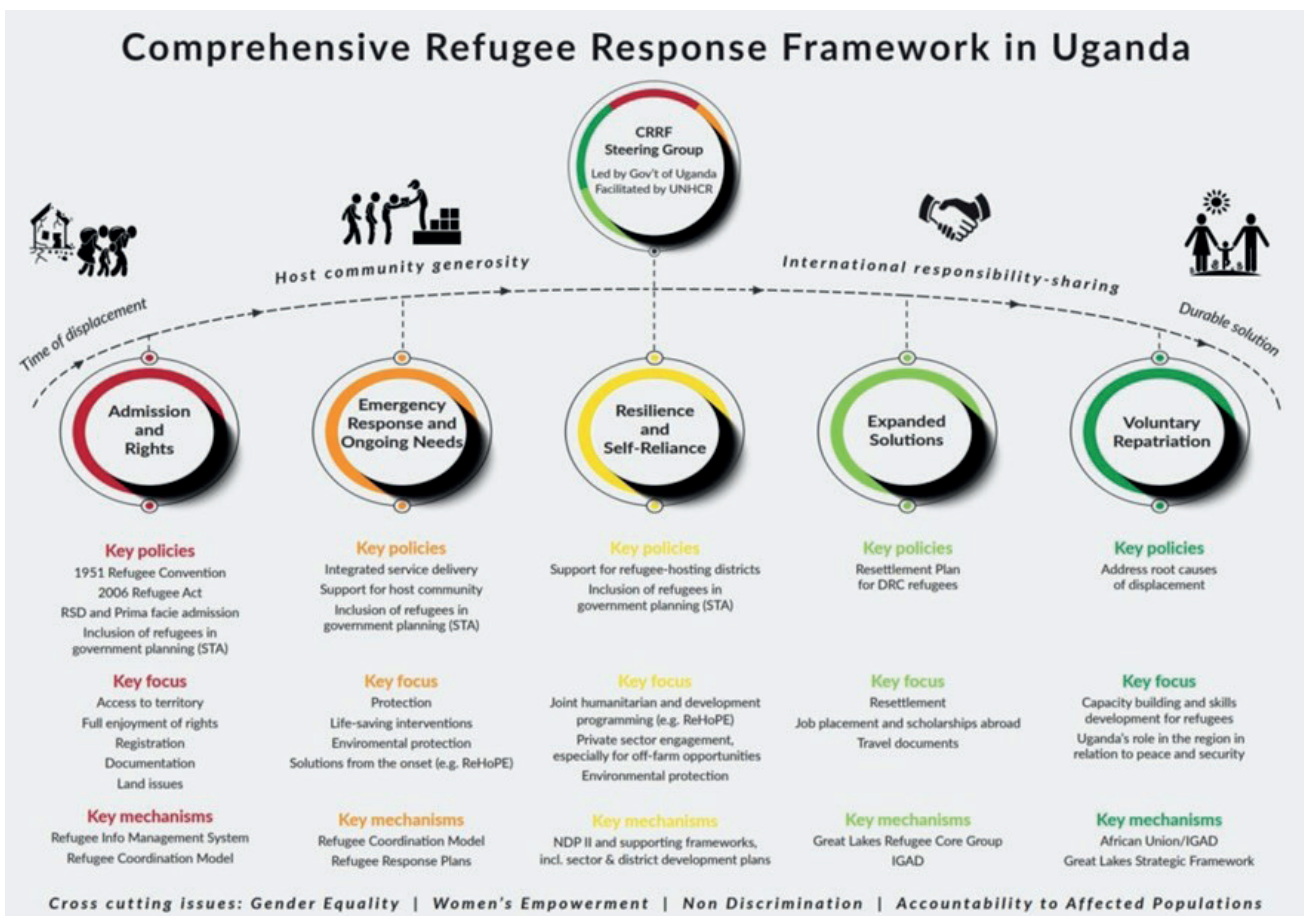
1.1. BACKGROUND

Self-reliance and resilience have become priority outcomes of refugee support worldwide, with self-reliance being highlighted in the Global Compact on Refugees (GCR) in 2018 as one of its four key objectives. The UNHCR defines self-reliance as the social and economic ability of an individual, a household or a community to meet its essential needs in a sustainable manner and with dignity. Self-reliance and resilience is the third pillar of the Comprehensive Refugee Response Framework (CRRF)¹ which provides the key entry point for development interventions, hence offering an opportunity for refugees and host communities to be self-reliant. This primarily consists of

sustainable livelihood interventions, enhanced service delivery and activities to promote peaceful co-existence, building resilient institutions and investing in skills development to help communities better cope with shocks and stresses.

Promotion of self-reliance is at the heart of the commitments by the Government of Uganda, humanitarian, and development partners and they play a critical role in supporting this pillar. The Refugee and Host Population Empowerment (ReHoPE) framework², the Settlement Transformation Agenda (STA I&II)³, the Jobs and Livelihoods Integrated Response

- 1 <https://opm.go.ug/comprehensive-refugee-response-framework-uganda/>
- 2 [ReHoPE](#)
- 3 [STA I and II](#)



Plan (JLIRP)⁴ and the Self-reliance Model (SRM)⁵ by World Food Programme (WFP) are some of the prime examples of delivering on this pillar. Most importantly, self-reliance and resilience are considered one of Uganda's key thematic areas for the Global Refugee Forum (GRF) 2023⁶. To better support refugees and host communities in fostering self-reliance, it is crucial to understand which factors comprise self-reliance and measure when refugee and host-community households have made progress and 'graduated' into it. To steer this

initiative, a self-reliance reference group was established in August 2023. The reference group was chaired by OPM (CRRF), the Ministry of Gender, Labour and Social Development and co-chaired by the World Food Programme (WFP). Membership of the reference group comprised Government, humanitarian and development partner technocrats who engaged holistic discussions to develop minimum standard indicators and tool for the measurement of refugee and host community self-reliance in Uganda.

4 <https://data.unhcr.org/en/documents/details/86601>

5 [WFP Uganda: The Self-Reliance Model - Uganda | ReliefWeb](#)

6 <https://reliefweb.int/report/uganda/global-refugee-forum-2023-pledges-government-uganda>

1.2. PROBLEM STATEMENT

Although self-reliance is being promoted as a critical assistance strategy for refugees and host communities in Uganda's refugee response, there have been limited attempts to rigorously measure the concept. Gaps still exist in terms of minimum standard indicators, measurement tools, methods, lack of systematic data, capacity, and funding. Recent conceptualizations of self-reliance extend beyond the unidimensional focus on economic stability at the individual level. Broader understandings of self-reliance among refugees now seek to encompass a range of domains contributing to the construct, including factors related to meeting basic needs and social capital (Seff et al., 2021).

The Refugee Self-Reliance Initiative (RSRI) developed the Self-Reliance Index (SRI)⁷ as an initial step towards comprehensively measuring self-reliance over time. Building on the SRI, humanitarian and development partners in Uganda designed various contextual and project-specific tools to assess the transition of refugees and host communities from relief assistance to

self-reliance, with limitations on comparability.

Nevertheless, there was a recognized need for a standardized, government-led measurement tool with minimum standards, to be universally adopted by all humanitarian and development partners supporting Uganda's refugee response. During the technical workstream and GRF roundtable discussions on Resilience and Self-reliance thematic area in 2023, partners unanimously recommended for the development of a standard definition and measurement of self-reliance for Uganda's refugee response. To achieve this, the Government of Uganda through the Ministry of Gender, Labour and Social Development pledged to lead the development of national minimum standard indicators for measuring self-reliance and resilience of refugees and host communities to measure partner commitments, and investments. This will contribute to building an evidence base on sustainable livelihoods and self-reliance in Uganda by improving the measurement and understanding of key drivers of self-reliance and resilience.

7 <https://www.refugeeselfreliance.org/sri>

1.3. OBJECTIVES OF THE STUDY

1.3.1. General objective

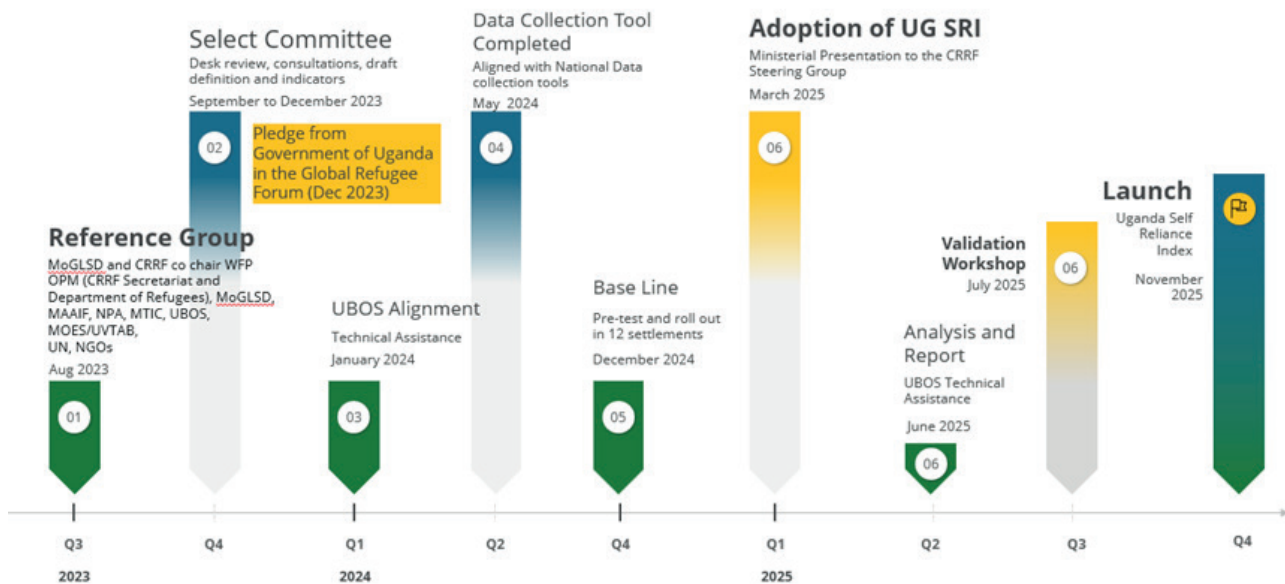
To enhance the understanding, coordination, measurement, and tracking of self-reliance among refugee and host community households in Uganda

1.3.2. Specific objectives

- a. To develop a standardized self-reliance measurement tool to track the progress of refugee and host community households towards self-reliance.
- b. To identify key barriers and enablers of self-reliance among refugee and host community households.
- c. To establish the standards for a unified monitoring and reporting of programmes and initiatives contributing to self-reliance in Uganda

1.4. DEVELOPMENT PROCESS OF THE SELF-RELIANCE MEASUREMENT FRAMEWORK

The Self-reliance measurement framework for refugees and host communities was developed through a structured, consultative, and inclusive process to meet the required time line. Figure 1.2 summarizes the main steps and activities involved.



Within the Jobs and Livelihoods Integrated Response Plan (JLIRP) lead by the MoGLSD

1.4.1. Formation of the Self-reliance Reference Group

In August 2023, the self-reliance reference group was established to lead the consultative development of minimum standard indicators for measuring the self-reliance of refugee and host community households. Chaired by the Ministry of Gender, Labour and Social Development (MoGLSD) and the CRRF Secretariat at the Office of the Prime Minister, with World Food Programme (WFP) as a co-chair, the group brought together a wide range of stakeholders. These included government ministries, departments and agencies (MDAs), UN agencies, development partners, and humanitarian organizations such as: OPM (CRRF Secretariat and Department of Refugees), MoGLSD, MAAIF, NPA, MTIC, UBOS, MOES/UVTAB, WFP, UNHCR, ILO, UNICEF, World Bank, AVSI Foundation, Trickle-Up, BRAC, World Vision, DRC, FRC, IRC, Village Enterprise, Mercy Corps, IPA, FAO, ZOA, JICA, Uthabiti USAID Activity, and RIL/U-LEARN.

1.4.2. Desk Review of Existing Measurement Frameworks

A comprehensive desk review and comparative analysis of existing self-reliance measurement frameworks was conducted. The objective was to identify commonalities, gaps, and divergences in indicators across various frameworks. They included those developed by the RSRI, BRAC, AVSI, Trickle-Up, IPA, FRC, DRC, Village Enterprise, World Vision, WFP and OPM (STA II Indicator Framework). The findings informed the development of harmonized indicators tailored to the Ugandan context.

1.4.3. Establishment of the Technical Committee

In September 2023, a technical committee was formed to draft the self-reliance indicators. This committee reviewed findings from the desk analysis and existing methodologies and produced a draft set of indicators. These were presented to the self-reliance reference group for review, validation, and approval in October and November 2023.

1.4.4. Stakeholder Consultations

A series of stakeholder consultations were conducted through meetings of the self-reliance reference group. These engagements provided a platform to validate the proposed indicators and ensure their relevance to both refugee and host community contexts. Stakeholders included representatives from government MDAs, UN agencies, and non-governmental organizations. Their contributions helped ensure that the indicators were comprehensive, context-appropriate, and aligned with national priorities. The result of these collective efforts is a set of dimensions and questions to inform a national self-reliance measurement framework to assess refugees and host communities. The framework includes the definitions of self-reliance dimensions, self-reliance indicators and specific basic questions to be utilized as a reference and minimum standard.

1.4.5. Development of Self-Reliance Indicators

On the request of the Ministry of Gender, Labour and Social Development and OPM (CRRF) and based on input from the self-reliance reference group, the Uganda Bureau of Statistics (UBOS) developed a set of self-reliance indicators that align with Uganda's statistical systems. These indicators offer a framework to assess progress in accordance with the definition of self-reliance adopted in Uganda, covering dimensions such as economic capacity, food security and nutrition, shelter, WASH, health, education, and social cohesion. This multi-dimensional approach aims to provide a comprehensive understanding of livelihood outcomes among both refugee and host-community households. A set of questions was selected for each dimension to account for varying monitoring and reporting capacities among organizations. These questions served as the foundation for indicators that ultimately informed the Uganda Self-Reliance Index. The process included pre-testing of tools, to verify understanding from the targeted population and testing functionality of the tool. To determine the scores, consultative and participatory exercises were carried out with key stakeholders from the livelihood

sector and community members. Insights gained through these engagements informed the statistical methods, resulting in the assignment of dimension-specific weights. In accordance with international standards set by the RSRI, UBOS has adjusted the thresholds of the Uganda Self-reliance Index to categorise households according to low, medium, and high levels of self-reliance, assigning a specific score to each household. This approach facilitates comparability across different countries.

1.4.6. Development of the Household Questionnaire

In line with the finalized indicators, a household questionnaire was developed to collect comprehensive data on self-reliance. The tool was designed to capture household-level insights across the various dimensions of the

framework. A pre-test of the questionnaire was conducted in Rwamwanja refugee settlement in October 2024 to assess its effectiveness, clarity, and reliability, paving the way for its rollout across all refugee settlements and host community households.

1.4.7. Baseline Settlement-wide Data Collection

In December 2024, the self-reliance measurement tool was rolled out across all refugee settlements and host community households to collect baseline data. This extensive exercise captured data from 2,405 households i.e., 1,400 refugee households and 1,005 host-community households. The data was analyzed and it helped in establishing critical thresholds and setting the foundation for the Uganda Self-Reliance Measurement Index (UG SRI).

1.5. SCOPE OF THE STUDY

1.5.1. Geographical scope

The study was conducted in all the 12 refugee hosting districts across Uganda, targeting both refugees and host-communities. The districts include: Yumbe, Adjumani, Obongi, Koboko, Terego, Madi-Okollo, Lamwo, Kiryandongo, Kikuube, Kyegegwa, Kamwenge and Isingiro. The inclusion of both refugee settlements and host-communities ensured a comprehensive analysis of self-reliance dynamics across different geographical contexts.

1.5.2. Content scope

The study focused on the development and application of a standardized self-reliance measurement tool to track the progress of refugee and host-community households towards or away from self-reliance. It covered key thematic domains including: household economic status and income sources, access to basic services (health, education, shelter, WASH), livelihood opportunities and barriers, food security, nutrition, social cohesion, key drivers and inhibitors of self-reliance. The study also included analysis of disaggregated data to identify household typologies that either advance or regress in self-reliance.

1.5.3. Time scope

The study spans the period from 2023 to 2024, covering the phases of tool development, baseline data collection, analysis, and reporting. The findings from this exercise forms the baseline for future longitudinal assessments of household movement along the self-reliance spectrum.





2. METHODOLOGY

2.1. INTRODUCTION

This chapter describes the methodology adopted in the design, implementation, and analysis of the Self-Reliance Index (SRI) study in Uganda. The chapter specifically details the study design, target population, sampling approach, data collection tools and procedures, data management and analysis, and ethical considerations. The methodology ensured that the evidence generated was representative, reliable, and applicable for informing self-reliance programming and policy decisions for both refugee and host-community households in Uganda.

2.2. STUDY DESIGN

The study adopted a cross-sectional survey design to assess the self-reliance status of households at a specific point in time. This design enabled the collection of quantitative data across multiple thematic domains of self-reliance using harmonized indicators. The design was appropriate for establishing a baseline against which future progress can be measured.

2.3. STUDY POPULATION

The study population consisted of refugee and host-community households living within the 12 major refugee-hosting districts in Uganda. Refugee households included those residing within officially designated settlements. Urban refugee households in districts like Kampala were not covered in the study. On the other hand, host-community households were selected from communities within the same districts.

2.4. SAMPLE SIZE DETERMINATION

A total of 2,920 households were sampled, comprising 1,560 refugee households and 1,360 host-community households. The sample size was determined using Cochran's formula, adjusted for design effect and anticipated non-response. The sample was proportionally allocated across settlements and host areas based on population size to ensure representativeness.

2.5. SAMPLING TECHNIQUES AND PROCEDURE

A stratified multi-stage sampling approach was used. The first stage, all 12 refugee-hosting districts were included in the frame for selection. The districts were grouped into two strata (Western and Northern). The Western strata included the districts of Kirindongo, Kikuube, Kyegegwa, Rwamwanja and Isingiro. On the other hand, the Northern strata comprised the districts of Lamwo, Adjumani, Obongi, Yumbe, Koboko, Terego and Madi Okollo. Within each district, a subframe of refugee and host community households was created. Enumeration Areas (EAs) were randomly selected using probability proportional to size from each substratum within the district. At the household level, systematic random sampling was used to select 10 households within each Enumeration Area, ensuring an unbiased representation of both host and refugee populations.









2.6. DATA COLLECTION METHODS

Data was collected through face-to-face household interviews conducted by trained enumerators. Tablets were used to digitally collect data from the sampled households using a structured questionnaire programmed survey solution application. This was deemed critical to improve the accuracy of the information collected and speed up processing. Interviews were conducted in the local languages of the respondents, and where necessary, interpreters were used, especially in refugee households.

2.7. DATA COLLECTION INSTRUMENTS

The main instrument was a structured household questionnaire aligned with the National Self-Reliance Measurement Framework. It captured data across 7 core domains: Economic Capacity, Food Security and Nutrition, Health, Education, Shelter, WASH, and Social Cohesion. The tool was pre-tested in Rwamwanja and refined based on feedback from field teams.

Table 2.1: Summary of Questionnaire

Section	Description	Type of Analysis based on relevant information collected
Section A 	Household information and informed consent	# of households per settlement, type of population (refugees or host communities), length of stay. Based on the information by members: Gender, age, disability, household size
Section A 	Health	Health needs and access
Section A 	Education	School age children: attendance, reasons for not attendance Formal or non-formal education from members 18 years and above
Section B 	Shelter Characteristics	Housing situation, ownership, rent (frequency, payment amount, frequency), number of rooms
Section C 	Water, Sanitation and Hygiene	Source, distance, defecation structures, hand washing facilities
Section D 	Social Cohesion	Savings, networks or support system, safety, membership and active participation.
Section E 	Economic Capacity	Main sources of income, debt or credit (amount), ownership of agricultural assets, livestock, expenditures and consumption (food, non food),
Section F 	Food Security and Nutrition	Frequency of consumption, acquisition, coping strategies (consumption and livelihoods)

2.8. DATA QUALITY CONTROL

Quality assurance measures included rigorous enumerator training, supervision by field coordinators, and real-time monitoring via a central dashboard. Skip patterns and validation checks were embedded in the data collection software. Reliability was enhanced through standardization of measurement tools, while face validity was ensured via expert review and a comprehensive pre-test conducted in the Rwamwanja settlement.








2.9. PROCEDURE OF DATA COLLECTION

Data collection was conducted over a four-week period in December 2024. Enumerators visited sampled households, obtained informed consent, and administered the questionnaire. The completed interviews for the day were sent to UBOS server daily. Real-time monitoring enabled prompt troubleshooting and ensured completeness and accuracy.

2.10. DATA ANALYSIS, PROCESSING AND MANAGEMENT

Data cleaning, analysis, and computation of the Self-Reliance Index was done in STATA version 18. The analysis was done in line with the agreed tabulation plan. Each domain score was standardized and weighted (see table 4), then aggregated to create a composite index scaled from 0 to 100. Households were then classified into three categories: Low (0–40), Moderate (41–70), and High (71–100) self-reliance. Descriptive statistics and cross-tabulations were performed to compare SRI scores across household types, regions, and other characteristics.

Table 2.2: Resulting Ranking of the Essential Needs Dimensions

Rank	Domain
1	 Economic Capacity
2	 Food Security and Nutrition
3	 Health
4	 Shelter
5	 Water, Sanitation and Hygiene
6	 Education
7	 Social Cohesion

2.11. ETHICAL CONSIDERATIONS

Enumerators were trained on research ethics and confidentiality. Informed consent was sought from all participants before data collection. Participation was voluntary, and no identifying personal information was collected or shared.

2.12. ASSUMPTIONS AND LIMITATIONS OF THE STUDY

It was assumed that respondents provided accurate and honest responses.

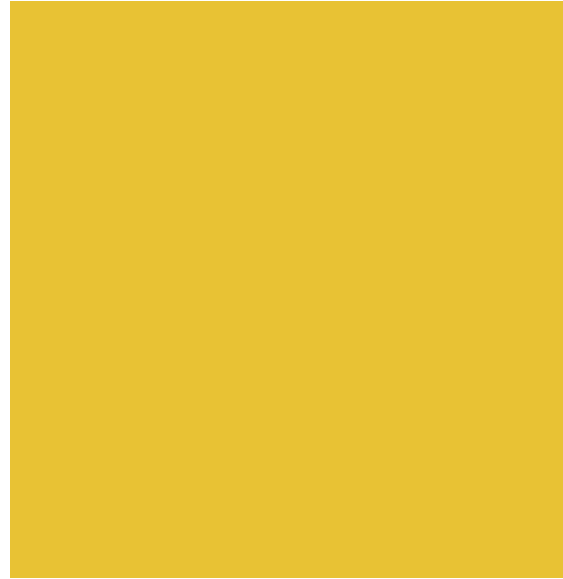
Limitations may include:

- a. Potentials recall bias by respondents.
- b. Regional variations in interpretation of questions, and challenges in accessing some hard-to-reach areas.
- c. Bias introduced by the season for data collection (December 2024), which could affect results on access to services, consumption patterns and quality, and copings strategies.
- d. Due to time and budget constraints, the results are representative of the type of population and not by settlement.
- e. The data collection was conducted before the funding reduction from the government of United States, and the analysis is not reflective of the changes and potential impact in the households to cover essential needs.

Data quality control procedures minimized most of these limitations, allowing for generalizable and actionable findings.

2.13. USE OF THE INDEX, FREQUENCY OF REVIEW AND REFINEMENT

- a. The data presented in this report serves as a base line.
- b. The Government of Uganda will annually collect the data for the Index. The index may also be included in annual assessments like the Food Security and Nutritional Assessment (FSNA).
- c. All organizations involved in livelihood programmes that promote self-reliance should monitor progress using the same tools and methods, at least twice annually, to assess contributions toward self-reliance.
- d. The information regarding SRI should be presented disaggregated by sex of head of household, length of stay (refugees only), households with a member living with a disability, age of head of household, and household size.
- e. The Self-reliance Reference Group will review the index every two years from its launch, ensuring it is based on evidence. Updates to the index may include breaking down information by settlement and population type using a step-by-step approach.



3. ANALYSIS AND PRESENTATION OF FINDINGS

3.1. INTRODUCTION

This chapter presents and interprets data from the Self-Reliance Measurement Survey conducted among refugee and host-community households in Uganda. The findings are organized according to the primary domains of the Self-Reliance Index (as weighted), and the analysis employs both descriptive and comparative methods to illustrate differences by population type, household head sex, disability status, and geographic region. Seven dimensions of essential needs were prioritized and measured at household level: (i) Economic Capacity, (ii) Food Security and Nutrition, (iii) Shelter, (iv) WASH, (v) health, (vi) education, and (vii) social cohesion.

3.2. RESPONSE RATE

A total of 2,920 refugee and host community households were sampled to be interviewed of which 2,679 were successfully interviewed. This translates to response rate of 91.7%. There was a higher response rate among host community households (94.0%) compared to refugee households (89.7%) as shown in table 3.1.

Table 3. 1: Response Rate

Category	Sampled	Interviewed	Response rate
Host	1,360	1,279	94.0
Refugee	1,560	1,400	89.7
Total	2,920	2,679	91.7

Source: Primary data, 2024

3.3. ECONOMIC CAPACITY DOMAIN



key findings

Economic capacity of households

23% of households had expenditure equal to or above the Minimum Expenditure Basket (MEB) for essential items.

56% of households had debt or credit to pay for essential needs.

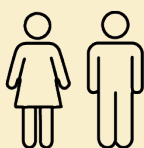
75% of households had a member employed on regular income.



Type of Population. Refugee-headed households are more likely to experience lower economic self-reliance (31%) compared to host community (21%). Host households consistently demonstrate greater economic stability, with higher employment, more stable and diversified income sources, better access to credit, and higher savings rates. Refugee households face more barriers to employment, diversified income sources credit, and savings, making them more economically vulnerable and less resilient to shocks.



Regions. Low economic self-reliance affects 33% of northern households, three times higher than the 10% in the Western region. Significant regional disparities exist in household economic self-reliance across Uganda. The Western region (59%) demonstrates markedly higher self-reliance compared to the Northern region (36%), revealing a 23-percentage point gap. Economic vulnerability is lower in the Western region, where only 1 in 10 households are classified as having low self-reliance, versus 3 in 10 in the Northern region.



Sex of head of household. Female-headed households are more likely to experience lower economic self-reliance (31%) compared to male-headed households (24%). Male-headed households consistently demonstrate greater economic stability, with higher employment, more stable and diversified income sources, better access to credit, and higher savings rates. Female-headed households face more barriers to stable employment and diversified income sources, credit, and savings, making them more economically vulnerable and less resilient to shocks.



Characteristics Related to Household Structure. Smaller or single-member households exhibit a significantly higher rate of low self-reliance (58%). Disability status does not significantly affect economic self-reliance. Over 40% of households, regardless of disability presence, demonstrate high self-reliance, and fewer than 30% are classified as low. Age of the household is a notable factor. Households led by individuals under 64 years show higher self-reliance (over 40%), while those headed by individuals 65 years or older report lower self-reliance (36%) and higher vulnerability (39%).

3.3.1. Introduction

This section presents findings on the economic capacity of refugee and host-community households in Uganda, based on five core elements:

- a. Employment status
- b. Main sources of income
- c. Access to credit and debt repayment
- d. Household savings practices and
- e. Ability to meet the Minimum Expenditure Basket (MEB)⁸

These indicators (table 3.2) reflect the economic resilience and financial autonomy of households, providing insight into their ability to generate income, manage resources, and absorb financial shocks.

Table 3.2: Summary of economic capacity indicators

Essential Need	Purpose	Indicators
Economic capacity	To determine the Household capacity to meet essential needs	i. Percentage of households with total monthly expenditure above the minimum expenditure basket (MEB) threshold.
		ii. Percentage of Households that have at least one household member employed
		iii. Percentage of households that have debt or credit to repay to cover essential needs
		iv. Percentage of households that have savings

The Minimum Expenditure Basket (MEB) is defined as the set of goods and services that a household requires to meet its essential needs on a regular or seasonal basis, along with the associated cost⁹. Essential, or basic, needs refer to the goods and services necessary for households to survive and maintain minimum living standards, without having to resort to negative coping mechanisms or compromising health, dignity, and vital livelihood assets¹⁰. The MEB

establishes a monetary threshold that reflects the cost of these essential goods, utilities, services, and resources. Conceptually, it is equivalent to a poverty line and typically represents the cost needed to meet essential needs for one month. Households whose expenditures fall below the MEB are considered unable to meet their essential needs. In Uganda within the Cash Working Group (CWG), the MEB is estimated and monitored monthly¹¹.

8 [Calculating the Minimum Expenditure Basket: A Guide to Best Practice - World | ReliefWeb](#)

9 This builds on the definition in UNHCR et al, 2015

10 Definition of basic needs. See CaLP glossary.

11 [Uganda Market Price Monitoring](#)

3.3.2. Household Income Sources

Data was collected from refugee and host-community households on their reliable sources of income and the nature of those income sources. The findings showed that the most common source of income among households was food crop production and sales

(39%), followed by casual agricultural labour (20%) and petty trading (6%). Other formal or semi-formal sources of income, such as salaried work (3%), skilled labour (4%), remittances (2%) and gifts/begging (1%), were far less common (Table 3.3).

Table 3.3: Main sources of income by sex and household type (%)

Income Source	Sex of Household		Household Type		
	Male Headed	Female Headed	Host	Refugee	Total
Food Crop Production/Sales	46.5	28.7	51.4	25.6	38.9
Casual Labour (Agriculture)	19.6	19.7	7.5	24.6	19.6
Petty Trading (Tea, Kiosk, Handicraft)	2.8	10.8	7.2	5.3	6.2
Sale of Food Assistance	2.7	5.4	0.1	6.3	3.8
Skilled Labour (Masonry, Tailoring, etc.)	3.6	2.0	6.5	4.6	3.6
Cash/Food Assistance (Humanitarian)	3.0	3.5	0.1	6.3	3.2
Salaried Work	3.6	2.0	6.5	4.6	2.9
Remittances	0.4	3.9	20.0	2.4	1.9
Gifts/Begging	0.5	0.5	0.1	1.0	0.5

Source: Primary data, 2024

A gender-disaggregated analysis revealed that male-headed households had Food crop production/sales as the main sources of income (47%) and it is nearly double compared to female-headed households (29%). By contrast,

female-headed households showed higher reliance on petty trading (10.8%), sale of food assistance (5.4%) and remittances (3.9%) compared to their male counterparts (2.8%, 2.7% and 0.4% respectively).

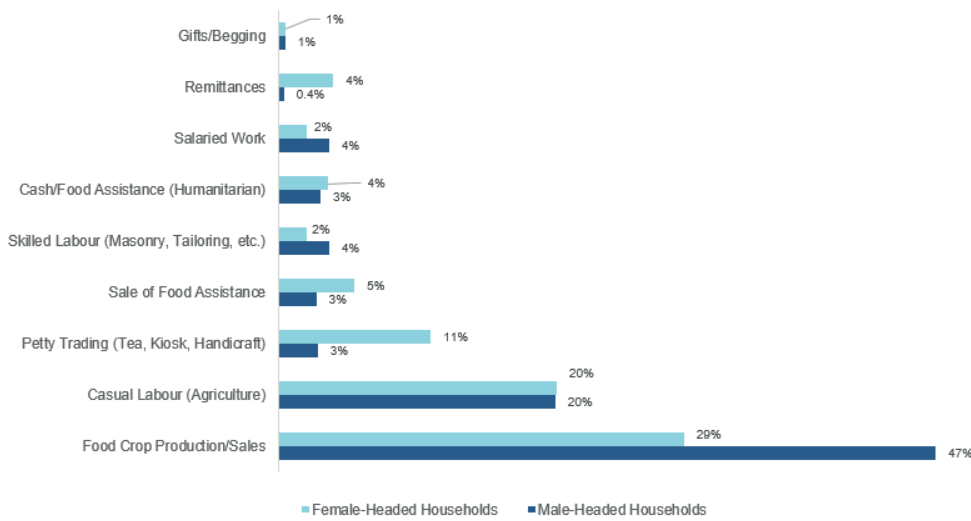


Figure 3.1: Most frequently reported sources of income by sex of head of household

Comparing household categories, one in every two host-community households (51%) reported food crop production and sales as their main source of income compared to one in every four refugee households (26%). On the

contrary, 20 percent of host-community households depended on remittances, while only two percent of refugee households reported remittances as their main income source.

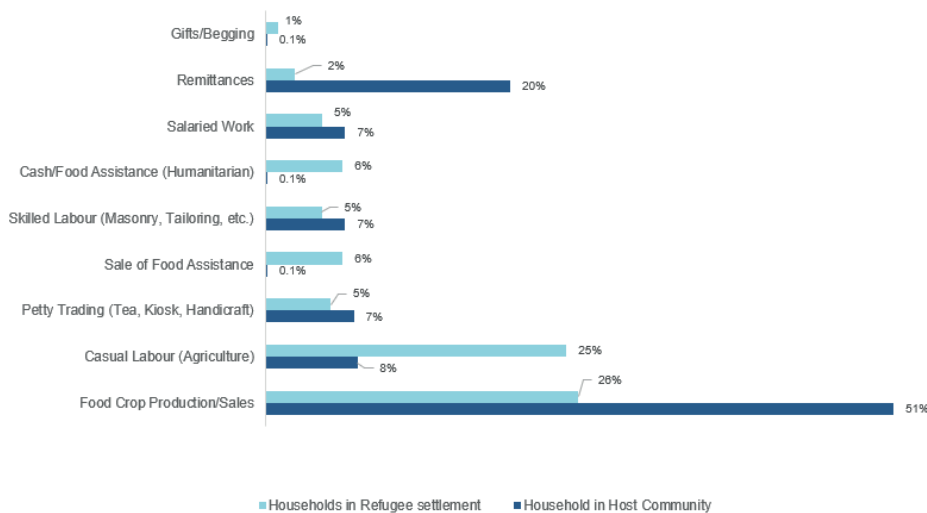


Figure 3.2: Most frequently reported sources of income by host or refugees headed household

3.3.3. Employment Status of Household Members

The survey question captures data from the respondent if the household has a member that owns a business or is currently employed. The nature of employment is defined by a member working to generate an income for at least an hour, and the activities could be related

to casual labour, casual, part-time, odd jobs, making things to sell, offering services for pay. The table 3.4 presents the employment status of household members by sex of household head, household type, and disability status.

Analysis by sex of the household head showed that among male-headed households, 65 percent had at least one employed member, while 35 percent had none. In female-headed households, 52 percent had an employed member and 48 percent had none. Breakdown by household category revealed that 70 percent of host-community households had an employed member compared to 53 percent of

refugee households; 31 percent of host-community households and 47 percent of refugee households had no employed member. Regarding disability status, 58 percent of households with a member living with a disability had an employed member and 42 percent had none, whereas 62 percent of households without a disability had an employed member and 38 percent had none.

Table 3.4: Percentage of households by employment status of household members and selected characteristics

Characteristics	Percentage of Households		
	Have at least one Employed Member	Without Any Employed Member	Total
Sex of Head of Household			
Male-Headed Households	65%	35%	100%
Female-Headed Households	52%	48%	100%
Type of population			
Host Community	70%	30%	100%
Refugee Households	53%	47%	100%
Disability status			
Households with Disability	58%	42%	100%
Households without Disability	62%	38%	100%

Source: Primary data, 2024

3.3.4. Household Expenditure

Having adequate income is critical for households' financial security which in essence makes it possible to acquire the necessities of the household. The survey collected information on household expenditures as a proxy for income to assess the household's economic capacity. The Minimum Expenditure Basket (MEB) is one such criteria of comparing the household expenditures with the Minimum basket needed for the household's basic needs. This study adopted a MEB of UGX. 680,000. Households whose overall expenditure falls

below the MEB are financially insecure using this criterion otherwise they are financially secure. Table 3.5 shows that 23 percent of the households have expenditure equal to or above the Minimum Expenditure Basket. The households thus have the financial means to afford the basic necessities of their households. Male headed households, those in the western region, host community households and those whose head have no disability have expenditures equal to or more than the MEB.

Table 3.5: Percentage of households with total monthly expenditure above the minimum expenditure basket (MEB) threshold.

Background variables	Expenditure less than MEB		Expenditure above MEB	
	Number	%	Number	%
Sex of head				
Male	1,099	78.0	310	22.0
Female	929	86.4	146	13.6
Region				
Western	3,194	72.2	1,228	27.8
Northern	7,712	79.5	1,983	20.5
Length of stay in Uganda				
less than 5 years	744	85.5	126	14.5
5years or more	5,759	86.4	904	13.6
Household category				
Host Community	4,372	66.7	2,181	33.3
Refugee Household	6,534	86.4	1,030	13.6
Household size				
1 person	142	97.3	4	2.7
2-4 persons	2,152	87.2	317	12.8
5+	8,612	74.9	2,890	25.1
Disability status				
No disability	9,367	76.8	2,836	23.2
Have disability	1,539	80.4	375	19.6
Age in completed years				
0-17yrs	5,848	77.6	1,692	22.4
18-64	4,667	76.9	1,399	23.1
65+	331	76.3	103	23.7
Overall	10,846	77.3	3,194	22.7

Source: Primary data, 2024

3.3.5. Access to Credit and Debt Repayment Capacity

When analyzing the percentage of households that borrowed credit and their repayment patterns by sex of household head and household type, result shows overall, 31.7% of households borrowed credit, 68.4% repaid on time, and 31.6% experienced repayment delays or failures.

Table 3.6: Percentage of households with access to credit and debt repayment

Parameter	Percentage of households
Borrowed Money	32
Repaid the Borrowed Money on Time	68
Failed/Delayed Repayment of Borrowed Money	32

Source: Primary data, 2024

Analysis by sex of the head of households showed, that among male-headed households, 35 percent borrowed credit compared to 26 percent of female-headed households. Of those who borrowed, 70 percent of male-headed households and 66 percent of female-headed households repaid on time. Failed or delayed repayment was reported at 30% of male-headed and 34% of female-headed households.

Table 3.7: Percentage of households with access to credit and debt repayment by sex of the head of household

Parameter	Sex of Head of Household	
	Male-Headed Households	Female-Headed Households
Access to Credit (Borrowed Money)	35%	26%
Repaid the Borrowed Money on Time	70%	66%
Failed/Delayed Repayment Borrowed Money	30%	34%

Source: Primary data, 2024

By type of population, 37 percent of host-community households and 27 percent of refugee households took credit, while 72 percent of host-community households and 64 percent of refugee households repaid on time and by 28% of host-community and 36% of refugee households.

Table 3.8: Percentage of households with access to credit and debt repayment by host and refugees headed households

Parameter	Type of Population	
	Host-Community	Refugees
Access to Credit (Borrowed Money)	37%	27%
Repaid the Borrowed Money On Time	72%	64%
Failed/Delayed Repayment Borrowed Money	28%	36%

Source: Primary data, 2024

3.3.6. Household Savings Practices

Overall, 67 percent of households reported having savings, while 33 percent did not. By sex of household head, 71 percent of male-headed households had savings compared to 62 percent of female-headed households (Figure 3.3). By household category, 74 percent of host-community households had savings, whereas 60 percent of refugee households reported having savings (Figure 3.4).

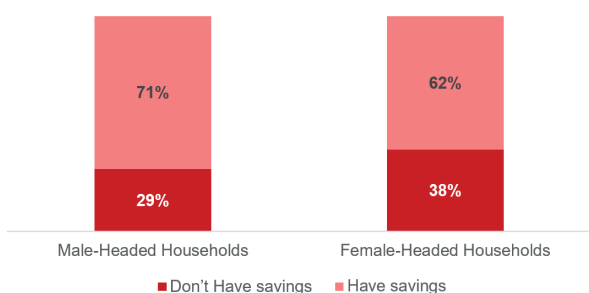


Figure 3.3: Savings status households by sex of the household heads (%)

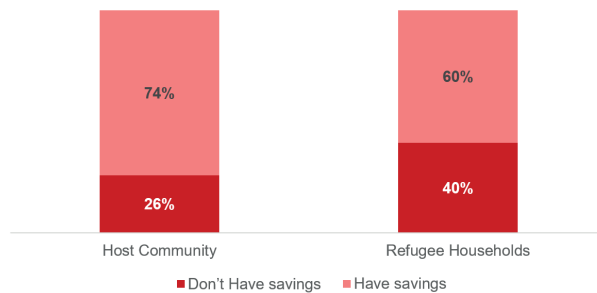


Figure 3.4: Savings status households by category of household (%)



3.3.7. Performance of Households on the Economic Capacity Domain

The results in Table 3.9 shows that overall, 43 percent of the households in Uganda have a high level of self-reliance in the area of Economic capacity, 31 percent have moderate self-reliance and the remaining proportion have low level of self-reliance. By household

type, host community households are likely to be highly self-reliant (49%) compared to refugee households (39%). Male headed household are more highly self-reliant in the domain of economic capacity compared to female headed households (46% and 39% respectively).

Table 3.9: Economic Capacity of households by selected background variables (%)

Background characteristics	Economic Capacity Index		
	Low	Moderate	High
Household Category:			
Host Community	20.7	30.6	48.7
Refugee Household	30.5	30.9	38.6
Sex of head			
Male	24.2	30.1	45.8
Female	31.0	29.6	39.4
Length of stay In Uganda			
Less Than 5 Years	46.4	31.3	22.3
5Years or more	28.2	30.9	40.9
Region			
Western	10.0	31.4	58.6
Northern	33.3	30.5	36.3
Household size			
1 Person	57.5	23.3	19.2
2 - 4	35.0	28.8	36.2
5+	23.6	31.3	45.1
Disability status			
Don't have	25.8	30.8	43.4
Have	26.8	30.7	42.5
Age of head in years			
0 -17Yrs	24.5	31.3	44.2
18 - 64	26.7	30.4	42.9
65+	38.9	24.9	36.2

Source: Primary data, 2024

A notable disparity exists in self-reliance related to economic capacity levels between households within host communities and those residing in refugee settlements. Data indicates that 49% of households in host communities demonstrate self-reliance, whereas only 39% of households in refugee settlements achieve similar status. Additionally, three out of ten households in host communities are classified as having low self-reliance, while this figure stands at two out of ten for households in refugee settlements.

Analysis of self-reliance levels based on the sex of the head of household reveals significant differences in economic capacity. Male-headed households are more likely to achieve high self-reliance, with 46% falling into this category. In contrast, only 39% of female-headed households demonstrate high self-reliance. Low self-reliance is also more prevalent among female-headed households, accounting for 31% of these households. For host communities overall, the proportion of households with low self-reliance stands at 24%.

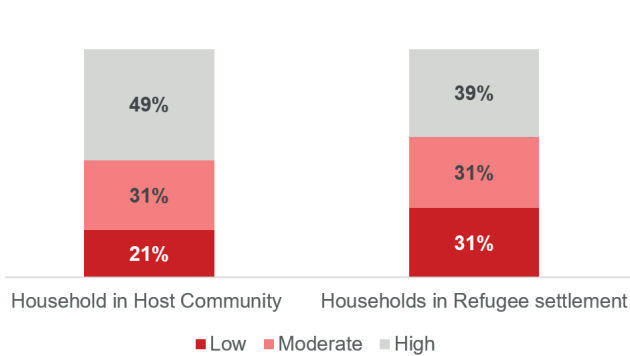


Figure 3.5: Economic Capacity Domain by host and refugees headed households

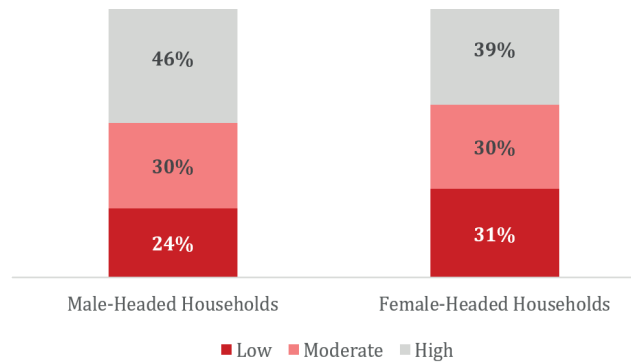


Figure 3.6: Economic capacity domain by sex of head of household

These findings highlight the economic challenges faced by female-headed households and underscore the need for targeted support to improve their economic resilience.

Comparing regions reveals substantial differences in economic self-reliance among households. In the Western region (including Kiryandongo, Kikuube, Kyegegwa, Rwamwanja, and Isingiro) (59%), the level of self-reliance is notably higher than in the Northern region (comprising Lamwo, Adjumani, Obongi, Yumbe, Koboko, Terego, and Madi Okollo) (36%). There is a 23-percentage point gap in self-reliance between households in these regions. Households in the Western region tend to experience lower rates of economic vulnerability, with only one out of every ten households classified as having low self-reliance. In contrast, economic vulnerability is more pronounced in the Northern region, where three out of every ten households are considered to have low self-reliance in terms of economic capacity.

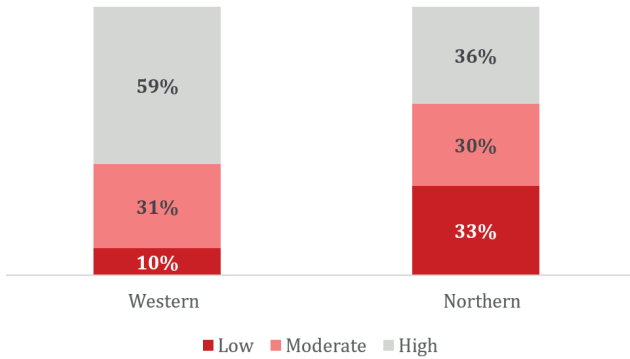


Figure 3. 7: Economic capacity domain by region

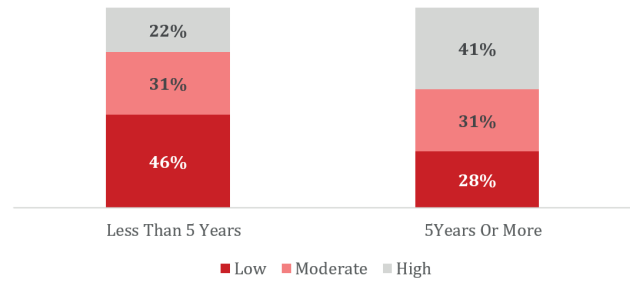


Figure 3. 8: Economic capacity domain length of stay (refugee households only)

An increase in household size is typically associated with a higher proportion of households demonstrating substantial self-reliance in terms of economic capacity. This trend may be attributed to factors such as the dependency ratio or specific household needs. Notably, single-member households exhibit a rate of low self-reliance (58%) that is more than twice that observed in households comprising five or more members (24%). Among refugee households in Uganda, 46% of those with less than five years of residence demonstrate lower levels of self-reliance, compared to 28% for households with five years or more. Conversely, 41% of households residing in Uganda for at least five years exhibit higher self-reliance, nearly double the proportion observed among those with less than five years (22%).

There are no significant differences in economic self-reliance between households with and without members with disabilities. Over 40% of households have high self-reliance, while less than 30% have low self-reliance.

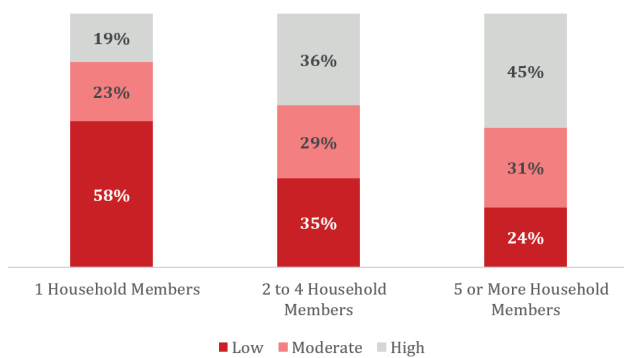


Figure 3. 9: Economic capacity domain by household size

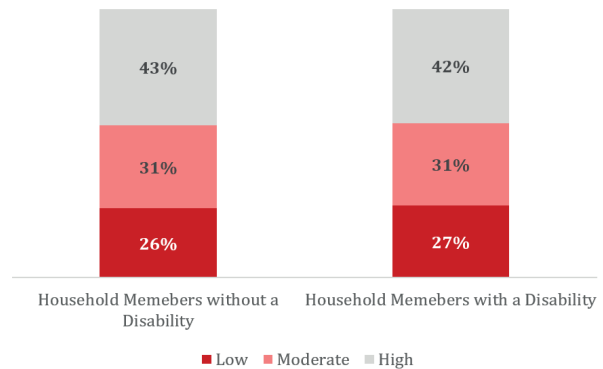


Figure 3. 10: Economic capacity domain by disability conditions

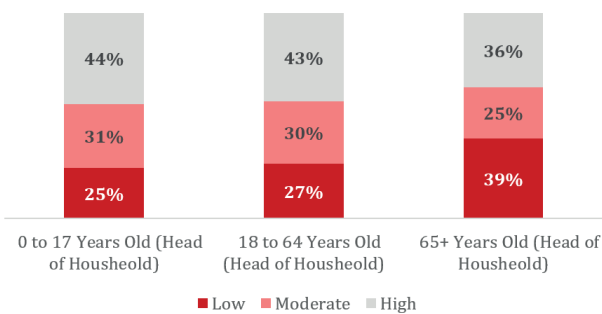


Figure 3. 11: Economic capacity domain by age of head of household

When comparing the age of the head of household, those led by individuals under 64 years demonstrate greater economic self-reliance (over 40%) compared to households headed by persons aged 65 years or older (36%). Additionally, the proportion of households with low economic self-reliance is notably higher among those led by individuals aged 65 or above (39%), compared to head with age 0 to 17 years (25%) and head with ages between 18 and 64 years (27%).

3.3.8. Key Highlights on Economic Capacity Index

Type of Population



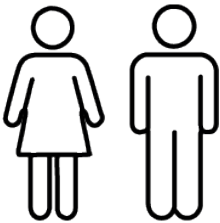
Refugee-headed households are more likely to experience lower economic self-reliance (31%) compared to host community (21%). Host-community households consistently demonstrate greater economic stability, with higher employment, more stable and diversified income sources, better access to credit, and higher savings rates. Refugee households face more barriers to employment, diversified income sources credit, and savings, making them more economically vulnerable and less resilient to shocks.

Regions



Low economic self-reliance affects 33% of northern households, three times higher than the 10% in the Western region. Significant regional disparities exist in household economic self-reliance across Uganda. The Western region (59%) demonstrates markedly higher self-reliance compared to the Northern region (36%), revealing a 23-percentage point gap. Economic vulnerability is lower in the Western region, where only 1 in 10 households are classified as having low self-reliance, versus 3 in 10 in the Northern region.

Sex of head of household



Female-headed households are more likely to experience lower economic self-reliance (31%) compared to male-headed households (24%). Male-headed households consistently demonstrate greater economic stability, with higher employment, more stable and diversified income sources, better access to credit, and higher savings rates. Female-headed households face more barriers to stable employment and diversified income sources, credit, and savings, making them more economically vulnerable and less resilient to shocks.

Characteristics related to household structure.



Smaller or single-member households exhibit a significantly higher rate of low self-reliance (58%). Disability status does not significantly affect economic self-reliance. Over 40% of households, regardless of disability presence, demonstrate high self-reliance, and fewer than 30% are classified as low. Age of the household is a notable factor. Households led by individuals under 64 years show higher self-reliance (over 40%), while those headed by individuals 65 years or older report lower self-reliance (36%) and higher vulnerability

(39%).



key findings

Food and Nutrition Security

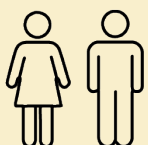
No group is fully self-reliant in Food Security and Nutrition. All population groups, including both refugees and host communities, fall short of complete self-reliance regarding Food Security and Nutrition.



Type of Population. Host communities are more likely to be self-reliant to Food Security and Nutrition than refugees. Host-community households have a higher rate of moderate self-reliance (63%) compared to refugee households (59%), indicating greater Food Security and Nutrition among host communities. This difference may be influenced by factors such as seasonality, external aid, and price fluctuations.



Regions. Northern households show low self-reliance, highlighting regional gaps. In the Western region, 68% of households have moderate Food Security and Nutrition and 32% have low Food Security and Nutrition. In the Northern region, only 58% have moderate Food Security and Nutrition, while 42% fall into the low self-reliance to Food Security and Nutrition category.



Sex of head of household. Male-headed households are less likely to be self-reliant in Food Security and Nutrition than female-headed households. Among male-headed households, 64% have moderate Food Security and Nutrition, while 36% experience low Food Security and Nutrition. For female-headed households, only 50% have moderate Food Security and Nutrition, with the other half experiencing low Food Security and Nutrition.



Characteristics Related to Household Structure. Among refugee households, those residing in Uganda for five years or more have a higher rate of moderate Food Security and Nutrition (59%) compared to those with less than five years' stay (54%). Single-member households are more vulnerable, with 51% reporting low self-reliance and only 49% achieving moderate self-reliance.

Households with two or more members generally show moderate self-reliance rates above 60%. Households with at least one disabled member have slightly greater self-reliance in Food Security and Nutrition (36% low self-reliance) compared to those without a disabled member (39% low self-reliance).

Both child-headed and elderly-headed households display similar levels of low self-reliance (39%) and moderate self-reliance (61%) in Food Security and Nutrition.

3.4. FOOD AND NUTRITION SECURITY DOMAIN

3.4.1. Introduction

This section presents findings on the Food Security and Nutrition conditions of refugee and host-community households in Uganda, based on Three core elements:

- a. Food Consumption Score
- b. Consumption-based Coping Strategies
- c. Livelihood-based Coping Strategies.

The set of elements helps to understand the Food Security and Nutrition and essential needs of the refugees and host communities, as follows:

- i. Food Consumption Score presents a snapshot of current reality of the household and their ability to eat well in terms of diversity, quality and frequency of food consumption¹².
- ii. The food consumption-based coping strategies assess how a household is currently facing the difficulties of not having enough resources to afford food¹³.
- iii. The Livelihood coping strategies¹⁴ helps to understand the long-term actions adopted by households due to the lack of resources (food, cash, else) to meet essential needs (shelter, education, health, food).

12 [1. Food Consumption Score \(FCS\).pdf](#)

13 [3. Consumption-based Coping Strategy Index \(Average\) \(rCSI\).pdf./](#)

14 [5. Livelihood Coping Strategies for Essential Needs \(LCS-EN\).pdf](#)

Table 3. 10: Summary of Food and Nutrition security indicators

Essential Need	Purpose	Indicators
Food and Nutrition Security	To determine whether the household is eating sufficiently, and to understand the strategies adopted to meet the food needs	Food Consumption Score a. Percentage of households with poor food consumption score b. Percentage of households with borderline food consumption score c. Percentage of households with acceptable food consumption score
		Consumption-based Coping Strategy Index (Average) (rCSI) Percentage of households not applying negative livelihood coping strategies to cover essential needs.

3.4.2. Food Consumption Score (FCS)

By December 2024, data showed that 66% of households had Acceptable food consumption, while 28% were borderline and 6% were classified as poor. This means 34% of households did not have sufficient food, combining those in poor and borderline groups. The trends seen in these indicators can be influenced by things like seasonal changes, receiving outside assistance, or shifts in food prices. Additionally, even among households with good food consumption, many may still use coping strategies to maintain the quality, amount, and regularity of their meals due to their economic circumstances.

The prevalence of inadequate food consumption is higher among female-headed households (40%) compared to male-headed households (27%), with a notable disparity observed in rates of poor food consumption, affecting more the female-headed households (Table 3.11). The analysis by region shows how households in western regions have a lower inadequate food consumption (29%) compared to households in the norther region (36%) (Table 3.11). Refugee households in settlements face greater challenges maintaining a nutritious diet, as 46% experience inadequate food consumption

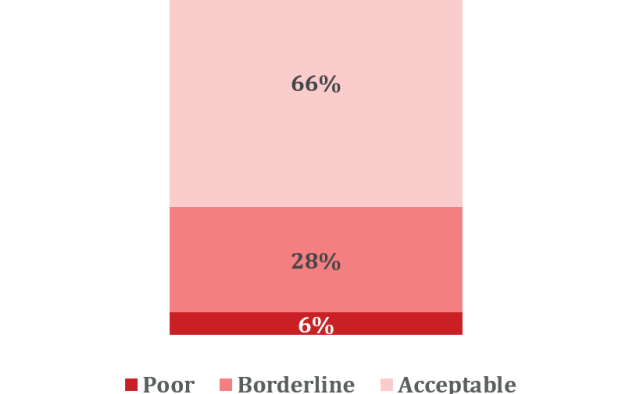


Figure 3.12: Overall results for food consumption score overall results

compared to just 19% of host community households. Additionally, the proportion of refugee households with poor food consumption is 6% higher than that of host community households (Table 3.11). Households with at least one person with a disability have a poor food consumption rate of 10%, which is higher than the 6% seen in households without disabled members. Likewise, 41% of these households face inadequate food consumption, while only 33% of households without a disabled member do. Differences in household size and dependency ratio may help explain this gap.

Characteristics	Categories of Food consumption			Total
	Poor	Borderline	Acceptable	
Sex of Head of Household				
Male-Headed Households	7%	20%	73%	100%
Female-Headed Households	11%	29%	60%	100%
Region				
Western	5%	24%	71%	100%
Northern	7%	29%	64%	100%
Type of Population				
Host Community	3%	16%	81%	100%
Refugee Households	9%	37%	54%	100%
Disability status				
Households without Disability	6%	27%	67%	100%
Households with Disability	10%	31%	59%	100%

Source: Primary data, 2024

As shown in Figure 3.13, refugees who have lived in Uganda for less than five years’ experience higher rates of inadequate food consumption at 55% and poor food consumption at 15%. In contrast, households that have been in Uganda for five years or more report lower levels, with 45% experiencing inadequate food consumption and 8% facing poor food consumption.

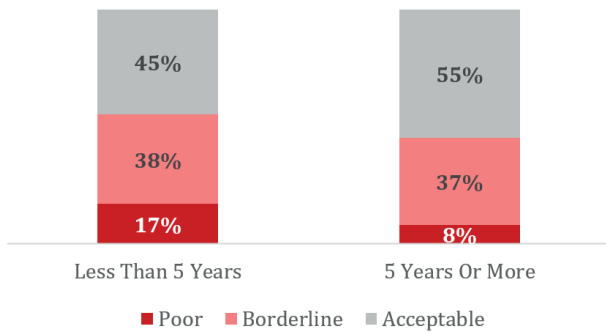


Figure 3. 13: Food consumption score by length of stay in Uganda

3.4.3. Consumption Based Coping Strategy Index (rCSI)

The Reduced Coping Strategy Index (rCSI) measures the frequency and severity of behaviors households adopt when facing food shortages in the past seven days. It captures short-term, consumption-related coping mechanisms, providing a behavioral dimension of food insecurity that complements the FCS. Whereas the FCS measures what a household eats, the rCSI measures what households do when they don't have enough to eat. Some the actions of households include relying on less preferred/ less expensive food, borrowing food or rely on help from friends/relatives, restricting consumption by adults so children can eat or reducing the number of meals per day.

The frequency of adoption of a strategy is multiplied by the severity weight to obtain a

weighted score which is summed for all strategies to get the overall score for the household.

The overall average households Coping scores are grouped into low (0-15), medium (16-40) and High (41+). Higher scores indicate greater reliance on coping and thus higher food insecurity. The results in Table 3.12 show that 61 percent of the households adopted low coping strategy which indicates that they are food secure. Thirty five percent adopted medium Coping (moderately food insecure) and the remaining 4 percent had high coping strategy implying they are severely food insecure. Similar to the case with the FCS approach, male headed households, western region households, refugee households that stayed in Uganda for over 5 ears were food secure.

Table 3.12: Consumption based coping strategy index

Background variables	Low coping	Medium coping	High coping
	%	%	%
Sex of Head of Household			
Male	65.4	32	2.6
Female	55.8	38.7	5.5
Region			
Western	63.2	34.2	2.6
Northern	60.4	35.2	4.4
Length of stay in Uganda			
less than 5 years	40.5	51.5	8.0
5 years or more	49.6	44.3	6.1
Household category			
Host community	76.1	23.0	0.9
Refugee households	48.5	45.2	6.3
Household size			
1 person	73.6	22.2	4.2
2 - 4 persons	70.7	25.0	4.3
5+	59.1	37.2	3.7
Disability status			
No disability	62.5	33.7	3.8
Have disability	53.4	42.5	4.0
Age in completed years			
0 - 17 yrs	58.8	37.3	3.9
18 - 64	63.8	32.8	3.4
65+	69.4	25.8	4.9
Overall	61.3	35.0	3.7

Source: Primary data, 2024

3.4.4. Negative Livelihood Coping Strategies

The Livelihood Coping Strategies (LCSI) measure longer-term or asset-based coping mechanisms households use when they face prolonged food insecurity. Unlike the rCSI, which reflects immediate consumption adjustments, the LCSI captures erosive or irreversible actions that affect future livelihood

capacity. It assesses the severity of household stress based on whether households employ stress, crisis, or emergency coping strategies. The most common coping strategies adopted by households is shown in the Table 3.13.

Table 3.13: Typology of coping strategies

Coping Level	Typical Strategies	Implication
Stress	Selling non-productive assets, spending savings, borrowing money, reducing essential non-food expenditure	Temporary reduction in resilience
Crisis	Selling productive assets (e.g., livestock, tools), withdrawing children from school to save costs, reducing expenditures on health or education, engaging in high risk or exploitative labor	Reduced livelihood capacity
Emergency	Begging, early marriage, illegal activities (eg. theft, prostitution), selling land or shelter assets	Severe erosion of self-reliance

Source: Primary data, 2024

Negative or erosive coping strategies are those that provide short-term relief but reduce future productivity, asset holdings, or social capital (e.g., selling breeding animals, skipping meals, withdrawing children from school). In essence, negative coping strategies erode households’ future capacity to meet basic needs, compromise well-being, or undermine long-term resilience. The

adoption of negative coping strategies is therefore both a symptom and a measure of stress and food insecurity, often used as a proxy indicator of reduced self-reliance. The results show, 51 percent of the households did not adopt any coping strategy, 31 percent adopted stress, 12 percent crisis and 6 percent emergency coping strategies respectively.

Table 3.14: Household coping strategies

	No coping strategies %	Stress coping strategies %	Crisis coping strategies %	Emergency coping strategies %
Sex of household head				
Male	56.6	26.5	10.1	6.8
Female	51	28.6	11.7	8.7
Region				
Western	51.7	33.0	8.5	6.9
Northern	50.6	29.5	14.3	5.6
Length of stay in Uganda			8.0	
less than 5 years	51.3	32.0	3.4	13.3
5years or more	46.0	34.1	12.4	7.4
Household category:				
Host Community	55.9	26.7	13.7	3.6
Refugee household	46.6	33.9	11.4	8.1
Household size				
1 person	61.6	26	2.7	9.6
2-4 persons	56.9	27.9	7.3	7.9
5+	49.5	31.2	13.7	5.6
Disability status				
No disability	52.0	30.3	12.5	5.3
Have disability	44.4	32.5	12.4	10.7
Age in completed years				
0-17yrs	50.7	31.3	12.4	5.7
18-64	51.0	30.2	12.4	6.3
65+	51.8	28.3	11.5	8.3
Overall	50.9	30.7	12.4	6.0

Source: Primary data, 2024

3.4.5. Performance of households on the Food and Nutrition security Domain

Overall, none of the population groups are completely self-reliant when it comes to Food Security and Nutrition. The data indicates that among these groups, host-community households have a slightly higher rate of moderate self-reliance (63%) than refugee households (59%). This implies that host community members tend to be more self-reliant regarding Food Security and Nutrition than refugees. Factors such as seasonality, external aid, and changes in prices may have affected these outcomes.

When results were separated by the sex of the household head, it was found that 64 percent of male-headed households had moderate Food Security and Nutrition, while the other 36 percent experienced low Food Security and Nutrition. Conversely, half of female-headed households were classified as having medium Food Security and Nutrition, with the remaining half having low Food Security and Nutrition. as shown in figure 3.15. Male headed households are less likely

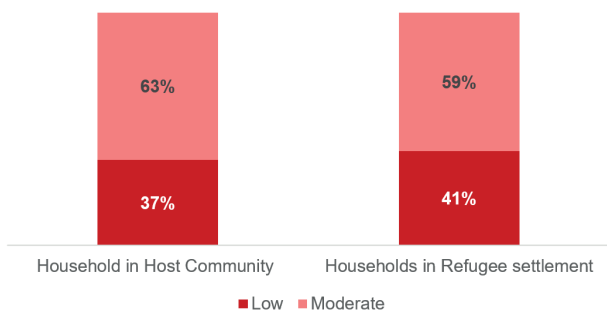


Figure 3.14: Food and Nutrition Security index by household category

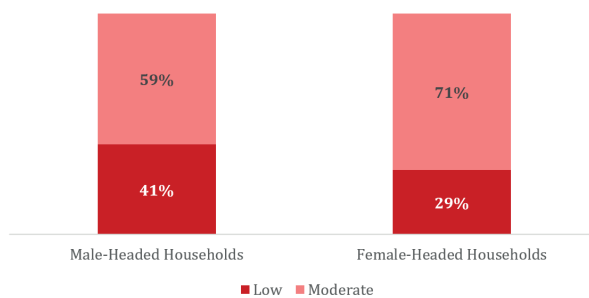


Figure 3.15: Food and Nutrition security Index by sex of household head

to be self-reliant in terms of Food Security and Nutrition than female headed households.

Regionally, the data in figure 3.16 showed that In the Western region, 32 percent of households were classified as having low Food Security and Nutrition and 68 percent had moderate Food Security and Nutrition. In the Northern region, 42 percent of households were in the low Food Security and Nutrition category and 58 percent were in the moderate Food Security and Nutrition

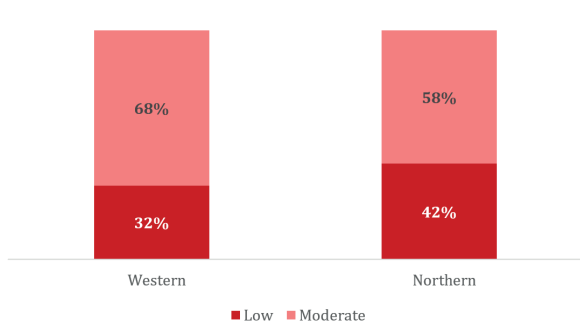


Figure 3.16: Food and Nutrition Security index by region

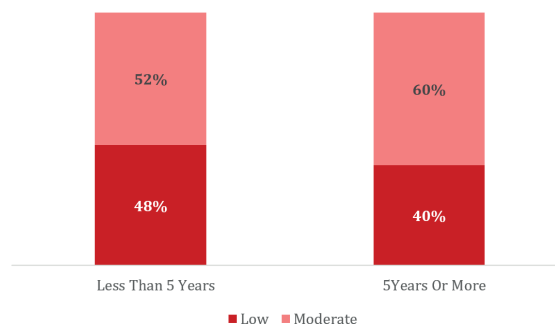


Figure 3.17: Food and Nutrition Security index by length of stay (refugee households only)

category.

Self-reliance for Food Security and Nutrition is generally high across households of all sizes. Single-member households, however, are notably affected, with 51% reporting low self-reliance and 49% indicating moderate self-reliance. In contrast, households with two or more members demonstrate moderate self-reliance levels above 60%.

A breakdown by years of stay, shows that 59 percent of refugee households residing in the country for five years or more had a moderate Food Security and Nutrition index compare to 54 percent that stayed for less than 5 years as shown in figure 3.17.

Households that include at least one member with a disability demonstrate marginally greater self-reliance in terms of Food Security and Nutrition than those without a disabled member. Specifically, 36% of households with a disabled member experience low self-reliance regarding Food Security and Nutrition, compared to 39% among households without a disabled member.

The degree of self-reliance regarding Food and Nutrition Security is comparable across households, regardless of the age of the head of household. Both child-headed and elderly-headed households demonstrate similar levels of low self-reliance (39%) and moderate self-reliance (61%).

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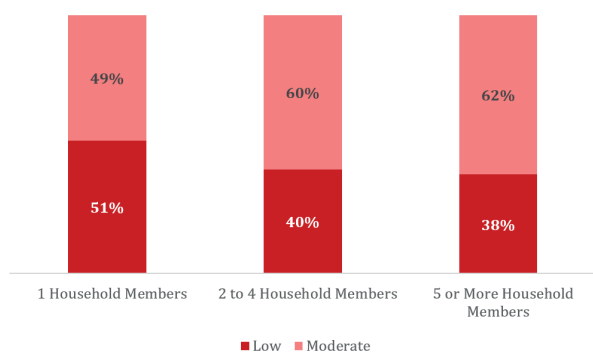


Figure 3.18: Food and Nutrition Security index by household size

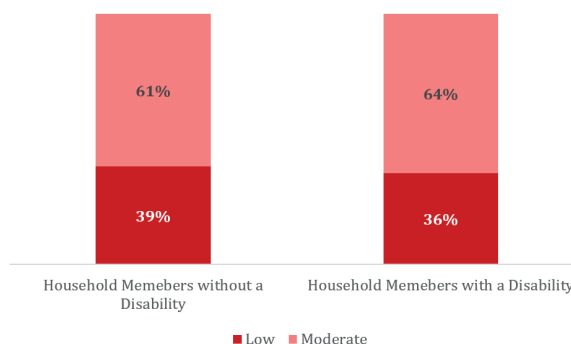


Figure 3.19: Food and Nutrition Security index by disability conditions

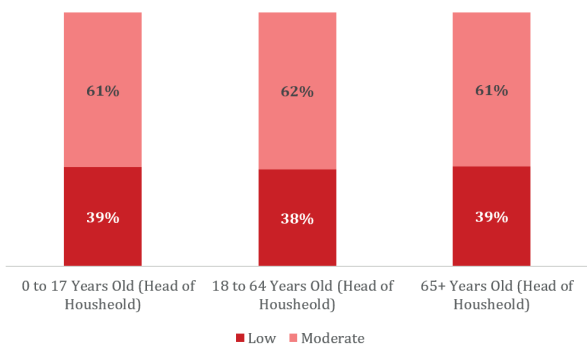


Figure 3.20: Food and Nutrition Security index by age of head of household

3.4.6. Key Highlights on Food and Nutrition Security Index

No group is fully self-reliant in Food and Nutrition Security. All population groups, including both refugees and host communities, fall short of complete self-reliance regarding Food Security and Nutrition.

Type of Population.



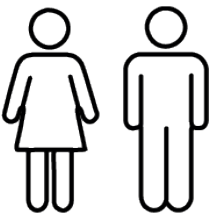
Host communities are more likely to be self-reliant to Food Security and Nutrition than refugees. Host-community households have a higher rate of moderate self-reliance (63%) compared to refugee households (59%), indicating greater Food Security and Nutrition among host communities. This difference may be influenced by factors such as seasonality, external aid, and price fluctuations.

Regions.



Northern households show low self-reliance, highlighting regional gaps. In the Western region, 68% of households have moderate Food Security and Nutrition and 32% have low Food Security and Nutrition. In the Northern region, only 58% have moderate Food Security and Nutrition, while 42% fall into the low self-reliance to Food Security and Nutrition category.

Sex of head of household.



Male-headed households are less likely to be self-reliant in Food Security and Nutrition than female-headed households. Among male-headed households, 64% have moderate Food Security and Nutrition, while 36% experience low Food Security and Nutrition. For female-headed households, only 50% have moderate Food Security and Nutrition, with the other half experiencing low Food Security and Nutrition.

Characteristics related to household structure.



Among refugee households, those residing in Uganda for five years or more have a higher rate of moderate Food Security and Nutrition (59%) compared to those with less than five years' stay (54%). Single-member households are more vulnerable, with 51% reporting low self-reliance and only 49% achieving moderate self-reliance. Households with two or more members generally show moderate self-reliance rates above 60%. Households with at least one disabled member have slightly greater self-reliance in Food Security and Nutrition (36% low self-reliance) compared to those without a disabled member (39% low self-reliance). Both child-headed and elderly-headed households display similar levels of low self-reliance (39%) and moderate self-reliance (61%) in Food and Nutrition Security.



3.5. HEALTH DOMAIN



key findings Health



Morbidity in the population

29% had a sick person that needed healthcare.



Healthcare access

Of the households whose members needed healthcare, 90% accessed healthcare.

Healthcare care access was higher for refugee households (91%) compared to host community households (88%).

Households in the western region had higher healthcare care access (92%) compared to those in the northern region (88%).

The most cited reasons for not accessing healthcare was drugs not been available (41%).



Performance of households in health

Overall, 72% of the households were highly self-reliant in health dimension

3.5.1. Introduction

Information was collected from respondents on recent illness or injury, need for health facility services, access to those services, and barriers to access of health care services among refugee and host-community households. This section will thus discuss the findings from

refugee and host-community households in regard to recent illness or injury, need for health facility services, access to those services, and barriers to access. The section will further discuss the health index and its contribution to the Uganda Self-reliance Index (UG-SRI).

Table 3.15: Summary of the health domain indicators

Essential need	Purpose	Indicator
Health	To determine whether the household is able to access the health care when needed	Percentage of Households that were able to access health care at the last time they needed it.

3.5.2. Incidence of illness or injury among household members

The findings (Table 3.16) show that, illness or injury among household members was more common in female-headed households (48.4%) compared to male-headed ones (41.3%). Refugee households (31.1%) reported more illness or injury than host communities (27.4%). Regionally, Western households

(35.7%) experienced more cases than those in the North (26.3%).

Single-member households reported the highest incidence of sickness or illness at 39.2%. Households led by individuals aged 65 years and older demonstrated particular vulnerability, with an incidence rate of 40.6%. Additionally, households headed by persons with disabilities experienced a higher rate (41.0%) compared to those without disabilities (27.4%).

Table 3.16: Incidence of injury or illness among household members by sex of head of household, type of population, and region (%)

Characteristics	Household member suffered from illness or injury?		
	Yes	No	Total
Sex of Head of Household			
Male-Headed Households	41.3%	58.7%	100%
Female-Headed Households	48.4%	51.6%	100%
Type of Population			
Host Community	27.1%	72.9%	100%
Refugee Households	31.1%	68.9%	100%
Region			
Western	35.7%	64.3%	100%
Northern	26.3%	73.7%	100%

Source: Primary data, 2024



Table 3.17: Incidence of injury or illness among household members by household size, disability and age group (%)

Characteristics	Household member suffered from illness or injury?		
	Yes	No	Total
Household size			
1 Person	39.2%	60.8%	100%
2 to 4	35.7%	64.3%	100%
5+	27.7%	72.3%	100%
Disability status			
Households without Disability	27.4%	72.6%	100%
Households with Disability	41.0%	59.0%	100%
Age group of head of Household			
0-17Yrs	29.0%	71%	100%
18-64	28.7%	71.3%	100%
65+	40.6%	59.4%	100%

Source: Primary data, 2024

3.5.3. Health care needs for the sick household members

Data was collected from refugee and host-community households to assess whether members that were sick required health facility services, disaggregated by key demographic and social characteristics (Table 3.18). Analysis by sex of household head showed that, 88 percent of male-headed households

and 90 percent of female-headed households reported that members required health facility services. Regionally, 90 percent of households in the Northern region and 93 percent in the Western region reported members needed health services.

Table 3.18: Percentage of households who members reported needing health facility services by sex of head of household, type of population and region

Characteristics	Health Care Needed from A Health Facility		
	Yes	No	Total
Sex of Head of Household			
Male-Headed Households	87.5%	12.5%	100%
Female-Headed Households	90.1%	9.9%	100%
Type of Population			
Host Community	91.0%	9.0%	100%
Refugee Households	91.2%	8.8%	100%
Region			
Western	92.6%	7.4%	100%
Northern	90.2%	9.8%	100%

Source: Primary data, 2024

3.5.4. Household access to health care

Overall, 90 percent of households reported that members accessed health care when they were sick/ill. By sex of the household head, 85 percent of female-headed households accessed health care compared to 79 percent of male-headed households. Regarding disability status, 90 percent of households with non-disabled heads accessed health care compared to

86 percent of households with disabled heads. By household category, 91 percent of refugee households accessed health care compared to 88 percent of host community households. Regionally, 92 percent of households in the Western region accessed health care compared to 88 percent of households in the Northern region.

Table 3.19: Percentage of household's whose members accessed health care when sick/ill by selected characteristics (%)

Characteristics	Percentage that accessed health care		
	Yes	No	Total
Sex of Head of Household			
Male-Headed Households	78.5	21.5	100
Female-Headed Households	84.8	15.2	100
Region			
Western	92.3	7.7	100
Northern	87.9	12.1	100
Household Category			
Host Community	87.5	12.5	100
Refugee Households	91.2	8.8	100
Household size			
1 Person	84.9	15.1	100
2-4	90.7	9.3	100
5+	89.4	10.6	100
Disability status of head			
No	90.4	9.6	100
Yes	86.1	13.9	100
Age group of head			
0-17Yrs	90.6	9.4	100
18-64	88.4	11.6	100
65+	88.8	11.2	100

Source: Primary data, 2024

3.5.5. Reasons for not seeking health care

An analysis of the reasons for not seeking healthcare among refugee and host-community households across Uganda reveals systemic and intersecting challenges that undermine health service utilization, a critical dimension of self-reliance. The most frequently reported barrier was the unavailability of drugs, cited by over 41% of respondents in both the Western and Northern regions. This constraint was particularly high among refugee households (47%) compared to host community households (37%). The lack of essential medicines

reflects persistent supply chain inefficiencies and erodes confidence in public healthcare services, discouraging timely health-seeking behavior.

These findings are consistent with national trends identified in the Health Sector Development Plan II (2020/21–2024/25), which highlights drug stock-outs, staffing shortages, and access-related inequities as persistent barriers to equitable healthcare delivery in refugee-hosting districts.

Table 3. 20: Reasons for not seeking healthcare by selected characteristics (%)

Reason for not seeking healthcare	Region		Status of household		Disability status		Age group of the head		
	Western	Northern	Host	Refugee	No	Yes	0-17	18-64	65+
Illness is mild	8.8	5.7	6.7	6.0	7.6	4.0	7.4	5.0	8.3
Facility is too far	5.5	10.3	10.5	8.2	7.6	12.6	9.7	8.3	16.7
Hard to get to facility	5.5	5.4	5.3	5.6	3.1	9.9	3.4	6.2	12.5
Too dangerous to go	0.0	0.3	0.5	0.0	0.0	0.7	0.0	0.4	0.0
Available facilities are costly	11.0	4.6	9.1	3.0	4.8	7.9	3.4	6.7	16.7
No qualified staff present	1.1	0.6	0.0	1.3	0.0	2.0	0.6	0.8	0.0
Staff attitude not good	1.1	1.1	1.4	0.9	0.3	2.6	0.0	2.1	0.0
Too busy/Long waiting time	2.2	3.7	3.8	3.0	3.1	4.0	1.7	5.0	0.0
Facility inaccessible	2.2	0.0	0.5	0.4	0.3	0.7	0.6	0.4	0.0
Facility is closed	1.1	2.3	1.4	2.6	2.4	1.3	2.3	2.1	0.0
Facility is destroyed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drugs not available	41.8	42.5	37.3	46.8	47.4	32.5	46.0	40.8	29.2
Had medicine/drugs at home	9.9	8.8	11.5	6.9	13.1	1.3	13.1	7.1	0.0
Used herbs/Home remedies	2.2	5.1	5.7	3.4	4.5	4.6	2.8	6.2	0.0
Lack of money/funds for consultation	7.7	9.7	6.2	12.0	5.8	15.9	9.1	8.8	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Primary data, 2024

3.5.6. Performance of Households on the Health Domain

More than seven in every ten (72%) of the sampled households are self-reliant in the domain of health and the remaining 28 percent have low level of self-reliance. Both host community and refugee households report substantial levels of health-related self-reliance.

The self-reliance rate among host community households stands at 34%, which is nine percentage points higher than the 25% observed among households in refugee settlements.

Table 3.21: Performance of households in domain of health index (%)

Background characteristics	Health Index	
	Low	High
Household Category		
Host Community	33.7	66.3
Refugee Household	24.7	75.3
Sex of head		
Male	39.9	60.1
Female	27.5	72.5
Length of stay In Uganda		
Less Than 5 Years	21.6	78.4
5 Years or more	25.0	75.0
Region		
Western	20.5	79.5
Northern	32.7	67.3
Household size		
1 Person	63.7	36.3
2-4	38.6	61.4
5+	26.3	73.7
Disability status		
Don't have	30.7	69.3
Have	16.8	83.2
Age of head in years		
0-17Yrs	26.6	73.4
18-64	31.0	69.0
65+	27.0	73.0
Overall	28.5	71.5

Source: Primary data, 2024

Male-headed households report a higher proportion of low self-reliance regarding health-related matters (40%) compared to female-headed households (27%). Overall, seven out of ten female-headed households demonstrate high self-reliance, while this figure is six out of ten among male-headed households.

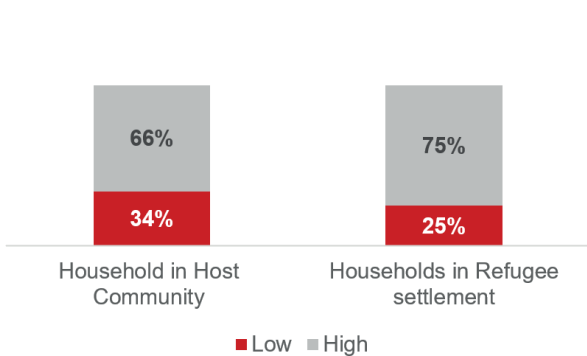


Figure 3. 21: Health index by household category



Figure 3. 22: Health Index by sex of head of household

In the Northern region, 33% of households have the lowest level of self-reliance, in contrast to the Western region, where 8 out of every 10 households are self-reliant when it comes to health.

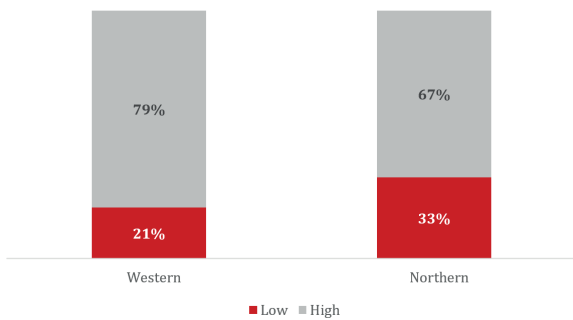


Figure 3. 23: Health index by region

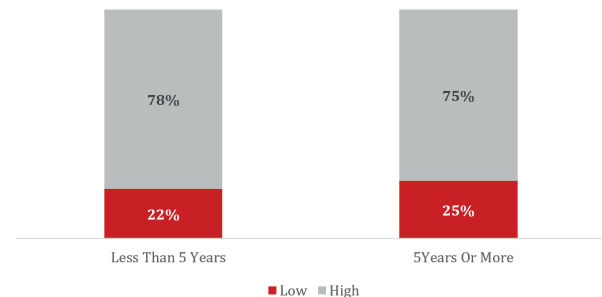


Figure 3. 24: Health index by length of stay (refugee households only)

The proportion of households with low health-related self-reliance is similar regardless of how long they have lived in Uganda. Specifically, 25% of households that have been in Uganda for more than five years show low self-reliance in health matters, which is only a 2-percentage point difference compared to those who have stayed for a shorter period (22%).

Household size plays a significant role in health-related self-reliance. Among single-member households, 64% report low self-reliance, compared to 39% for households with two to four members, and 26% for those with five or more members.

Households without a member with a disability show a higher rate of self-reliance (31%) than those with a disabled member (17%).

Health-related self-reliance demonstrates a similar impact across households, regardless of the age of the household head. Both child-headed households and those headed by older adults experience low self-reliance at the same rate, each accounting for 27%. Households with heads aged 18 to 64 years report a slightly, yet significantly, higher rate of low self-reliance (31%).

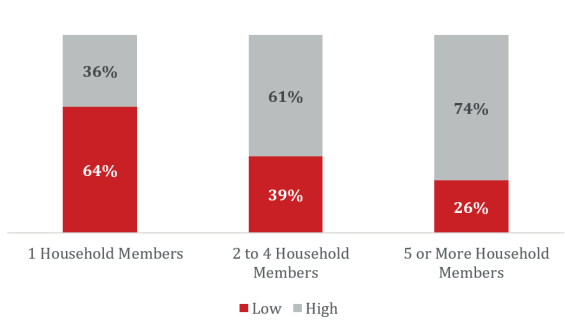


Figure 3.25: Health index by household size

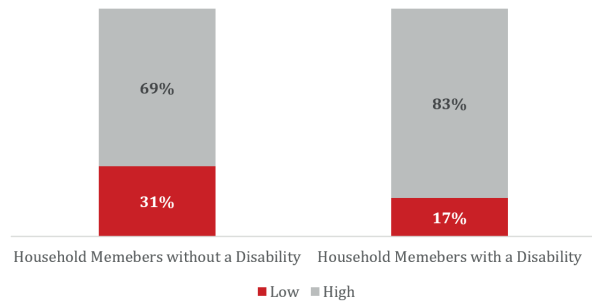


Figure 3.26: Health Index by disability conditions

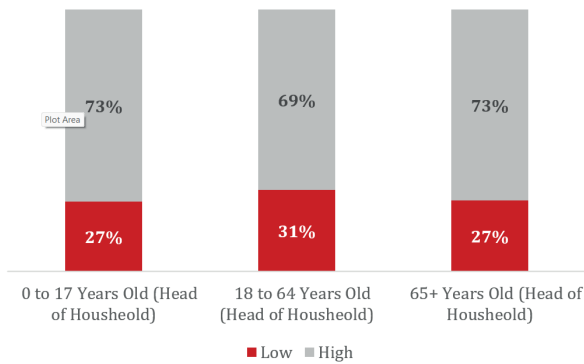


Figure 3.27: Health Index by age of head of household



3.5.7. Key Highlights on Health Index

Type of population.



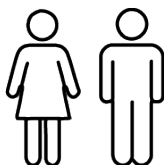
Host Communities Show Greater Health Self-Reliance. Host community households demonstrate a notably higher level of health-related self-reliance (34%) compared to refugee households (25%), indicating stronger access or utilization of health services among host populations.

Regions.



Regional Disparities Are Significant, and more challenging for households in the Northern region. There is a stark contrast between regions in the Northern region: 33% of households report the lowest self-reliance. Western region: 80% of households are self-reliant. This highlights the need for targeted health interventions in the Northern region.

Sex of head of household.



Female-Headed Households Are More Self-Reliant. Female-headed households outperform male-headed ones in health self-reliance. While 70% of female-headed households are highly self-reliant, only 60% of male-headed households reach the same level. This suggests that female-led households may be associated with more proactive health management.

Characteristics related to household structure.



Duration of Stay Has Minimal Impact. Among refugee households, the length of stay in Uganda has little influence on health self-reliance. The difference between those residing for more than five years (25%) and those for less (22%) is marginal, suggesting that time alone does not improve health autonomy. Larger Households Are More Self-Reliant Self-reliance improves with household size, single-member households: 64% report low self-reliance, households with five or more members only 26% report low self-reliance. This may reflect shared responsibilities or better support systems in larger households. Almost double of households without a disabled member (31%) compared to those with a disabled member (17%). Age of Household Head have similar levels across age groups like child-headed and older adult-headed households with 27% low self-reliance, compared to adults aged 18–64: slightly higher at 31%.

3.6. SHELTER DOMAIN



key findings Shelter Domain



Rent

2% of households that live in rented houses were unable to pay rent for 2 or more times within 3 months.

Refugee households defaulted on rent payment more than host community households (2% and 1% respectively).

Higher proportion of households in the western region were unable to pay rent consistently (4%) compared to the northern region (1%).



Crowding

78% of households were crowded.

Western region had more crowded households compared to northern region (80% and 77% respectively)



Shelter domain

Only 1% of households were highly self-reliant in shelter

3.6.1. Introduction

Information was collected from respondents to assess the shelter conditions of refugee and host-community households in Uganda. This section presents findings from four core indicators that form the Shelter Household Index, mainly: type of housing, ability to pay rent, reasons for rent payment difficulties, and household crowding levels. These indicators reflect the physical living conditions and housing security of households and the survey explored the nature and materials of the dwelling structures occupied by households. It further assessed whether households were required to pay rent and, if so, whether

they were able to meet rent obligations. Among those who faced rent challenges, the reasons for delayed or failed payments were documented to understand financial and environmental constraints. Additionally, the study evaluated household crowding levels measured by persons per sleeping space to determine adequacy in terms of shelter space and privacy. Together, these indicators provide an integral to identifying households housing situation. While no composite shelter index score was computed, the disaggregated indicators contribute critical data for programming in line with the Uganda Self-Reliance Index (UG-SRI).

Table 3.22: Summary of indicators for the shelter domain

Essential need	Purpose	Indicators
Shelter	To determine the adequacy of a household's housing facility	i. Percentage of Households that rent and have not been able to pay rent 2 to 3 times in the last 3 months
		ii. Percentage of households without crowding
		iii. Percentage of households not applying negative livelihood coping strategies to cover essential needs.

3.6.2. Type of housing

Data was collected to assess the type of housing among households, disaggregated by sex of the household head, household category, region, and length of stay in Uganda (Table 3.23). A higher proportion of male-headed households lived in permanent houses (43%) compared to female-headed households (36%).

By household category, 46 percent of host community households lived in permanent housing compared to 29 percent for refugee households. Regionally, 31 percent of households in the Northern region lived in permanent housing compared to 49 percent of households in the Western region.

Table 3. 23: Households by type of housing by sex of head of household, type of population, and region (%)

Characteristics	Type of housing		Total
	Temporary	Permanent	
Sex of Head of Household			
Male-Headed Households	57%	43%	100%
Female-Headed Households	64%	36%	100%
Type of Population			
Host Community	51%	49%	100%
Refugee Households	69%	31%	100%
Region			
Western	54%	46%	100%
Northern	71%	29%	100%

Source: Primary data, 2024

Households with less than five years in Uganda are more likely to live in temporary housing (80%), with only 20% in permanent structures. For those residing five years or more, the proportion in temporary housing decreases to 70%, while permanent housing rises to 30%. Single-person households predominantly occupy temporary housing (77%), with just 23% in permanent dwellings. Households with two to four members show a shift, with 66% in temporary and 34% in permanent housing. Larger households (five or more members) have the highest proportion in permanent housing (37%), though the majority (63%) still reside

in temporary structures. Among households without a member with a disability, 62% live in temporary and 38% in permanent housing. Households with a member with a disability are more likely to be in temporary housing (69%), with 31% in permanent accommodation. Households headed by individuals aged 0–17 years have 64% in temporary and 37% in permanent housing. Those headed by adults aged 18–64 years show a similar pattern: 62% temporary, 38% permanent. Households led by persons aged 65 and above are more likely to be in temporary housing (70%), with only 30% in permanent dwellings.

Table 3. 24: Households by type of housing by length of stay, household size, disability status, and age of head of the household

Characteristics	Type of housing		Total
	Temporary	Permanent	
Length of stay in Uganda			
Less Than 5 Years	80%	20%	100%
5 Years or More	70%	30%	100%
Household size			
1 Person	77%	23%	100%
2 to 4	66%	34%	100%
5+	63%	37%	100%
Disability status			
Households without Disability	62%	38%	100%
Households with Disability	69%	31%	100%
Age group of head of Household			
0-17Yrs	64%	37%	100%
18-64	62%	38%	100%
65+	70%	30%	100%

Source: Primary data, 2024

3.6.3. Rent Payment Status

The survey assessed whether households were required to pay rent for the shelter they occupied. This indicator provides insight into housing affordability, tenure security, and economic pressure on vulnerable households. Data was collected to assess whether households pay rent, disaggregated by sex of the household head, region, household category, and length of stay in Uganda (Table 3.28). Higher proportion of households reported pay rent in western region (79%) compared to the northern region (57%).

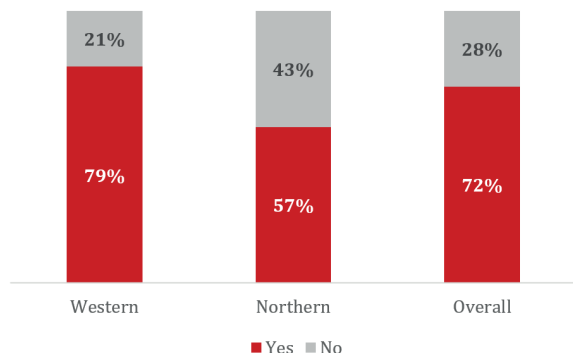


Figure 3.28: Percentage of households paying rent by region

3.6.4. Ability to Pay Rent Consistently

Households that reported they are paying rent were further profiled for ability to pay rent consistently, disaggregated by key characteristics (Table 3.25). Consistency was measured in terms of ability to pay rent without missing a month over a period of 3 months. There is no significant difference between female or male headed households, in both cases there

is no ability to pay rent consistently. Regarding household category, there was basically no difference between host community and refugee households in ability to pay rent consistently. Regionally, 99 percent of households in the Northern region were unable to pay rent consistently compared to 96 percent in the Western region.

Table 3. 25: Percentage of households with ability to pay rent by head of household, region and type of population

Characteristics	Ability to pay Rent consistently		Total
	Yes	No	
Sex of Head of Household			
Male-Headed Households	1%	99%	100%
Female-Headed Households	2%	98%	100%
Type of Population			
Host Community	4%	96%	100%
Refugee Households	1%	99%	100%
Region			
Western	1%	99%	100%
Northern	2%	98%	100%

Source: Primary data, 2024

Only 2% of refugee households, regardless of whether they have stayed less than five years or five years or more, are able to pay rent consistently. The overwhelming majority (98%) are unable to do so. Among single-person households, just 1% can pay rent consistently, while 99% cannot. For households with two to four members, 2% can pay rent consistently, compared to 98% who are not. In households of five or more, 2% can pay rent consistently, with 99% unable to do so. Households without a member with a disability show a 2% ability

to pay rent consistently, while 99% cannot. Households with a member with a disability have a similar pattern: 2% can pay rent consistently, and 98% cannot. Households headed by individuals aged 0–17 years: 2% can pay rent consistently, 98% cannot. Households headed by adults aged 18–64 years: 1% can pay rent consistently, 99% cannot. Households headed by those aged 65 and above: none are able to pay rent consistently; 100% are unable to do so.

Table 3. 26: Percentage of households ability to pay rent by length of stay, household size, disability status, and age of head of the household

Characteristics	Ability to pay Rent consistently		
	Yes	No	Total
Length of stay in Uganda			
Less Than 5 Years	2%	98%	100%
5 Years Or More	2%	98%	100%
Household size			
1 Person	1%	99%	100%
2 to 4	2%	98%	100%
5+	2%	99%	100%
Disability status			
Households without Disability	2%	99%	100%
Households with Disability	2%	98%	100%
Age group of head of Household			
0-17Yrs	2%	98%	100%
18-64	1%	99%	100%
65+	0%	100%	100%

Source: Primary data, 2024



3.6.5. Crowding Conditions in Households

The survey assessed whether the rooms occupied by households were considered not crowded. This indicator helps understand the adequacy of shelter space and identifies households that may be at risk of overcrowding. A room was considered crowded if more than 3 people 10 years or older occupied that room. There is a similar result between male

and female headed households, as above 80% report living in crowded conditions. By household category, 79 percent of host community households and 77 percent of refugee households lived in crowded conditions. Regionally, 80 percent of households in the Western region and 77 percent in the Northern region experienced crowding.

Table 3. 27: Percentage of households status of crowding by head of household, region and type of population

Characteristics	Status of crowding		Total
	Not crowded	Crowded	
Sex of Head of Household			
Male-Headed Households	19%	81%	100%
Female-Headed Households	18%	82%	100%
Type of Population			
Host Community	20%	80%	100%
Refugee Households	23%	77%	100%
Region			
Western	21%	79%	100%
Northern	23%	77%	100%

Source: Primary data, 2024

Among households with less than five years in Uganda, 38% are not crowded, while 62% experience crowding. For those residing five years or more, only 21% are not crowded, with a significant 79% living in crowded conditions. Both households with and without a member with a disability show identical patterns: 22% are not crowded, and 78% are crowded. Households

headed by individuals aged 0–17 years: 25% are not crowded, 75% are crowded. Those headed by adults aged 18–64 years: 19% are not crowded, 81% are crowded. Households headed by people aged 65 and above have the lowest proportion not crowded (12%), with 89% experiencing crowding.

Table 3. 28: Percentage of household's status of crowding by length of stay, household size, disability status, and age of head of the household

Characteristics	Status of crowding		Total
	Not crowded	Crowded	
Length of stay in Uganda			
Less Than 5 Years	38%	62%	100%
5 Years or More	21%	79%	100%
Disability status			
Households without Disability	22%	78%	100%
Households with Disability	22%	78%	100%
Age group of head of Household			
0-17Yrs	25%	75%	100%
18-64	19%	81%	100%
65+	12%	89%	100%

Source: Primary data, 2024

3.6.6. Performance of households in the Shelter Domain

Overall, no self-reliant group was identified based on shelter-related factors. Households in both host communities and refugee settlements displayed similar patterns: a majority showed moderate self-reliance (over 75%), while more than 20% had low self-reliance. Only 1% of households in both cases reported shelter-related self-reliance.

Female-headed households exhibit 78% moderate self-reliance regarding shelter, with 21% demonstrating low self-reliance. This low self-reliance rate is six percentage points higher than that of male-headed households, which stands at 15%. Conversely, male-headed households show a greater proportion—85%—with moderate self-reliance in this area.

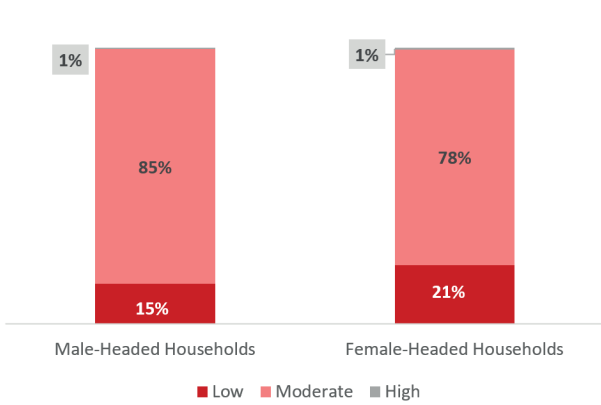


Figure 3.30: Shelter index by sex of head of household

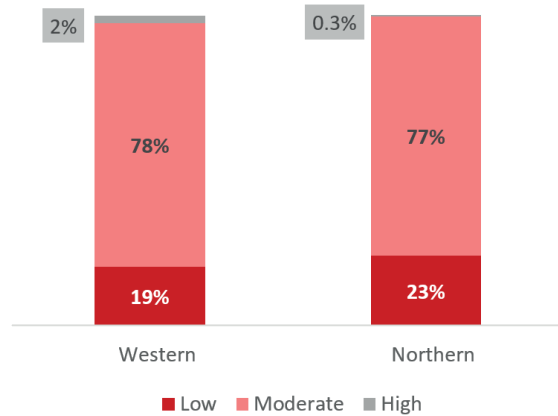


Figure 3.31: Shelter index by region

In the Western region, 2% of households are self-reliant regarding shelter conditions, which is above average. In contrast, just 0.3% of households in the Northern region are self-reliant. The key difference between these regions lies in their low levels of self-reliance: 19% of households in the Western region have low self-reliance, while in the Northern region, this figure rises to 23%.

Households with a length of stay of less than five years exhibit notable shelter conditions deprivation, with 38% of low self-reliance, compared to 20% among households residing for more than five years. Most households with more than 5 years living in Uganda (78%) are moderately self-reliant in the Shelter domain. Households, regardless of disability status, mostly show moderate self-reliance (78%), with 21% exhibiting low self-reliance and no significant difference between groups.

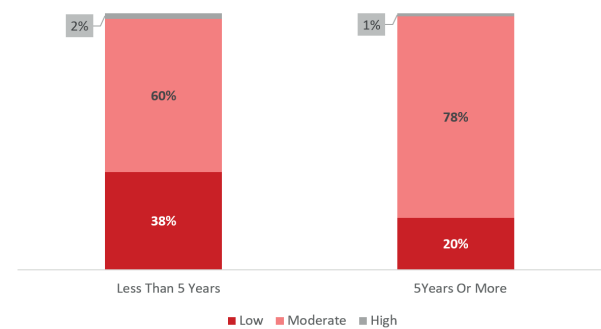


Figure 3.32: Shelter index by length of stay (refugee households only)

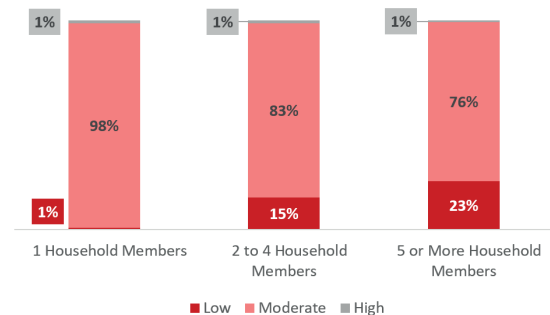


Figure 3.33: Shelter index by household size

Households headed by children have a low level of shelter-related self-reliance in 25% of cases. This proportion decreases to 18% for households led by youth or adults, and to 12% for those headed by the elderly. In general, all three groups have a significant percentage of households that are moderately self-reliant.

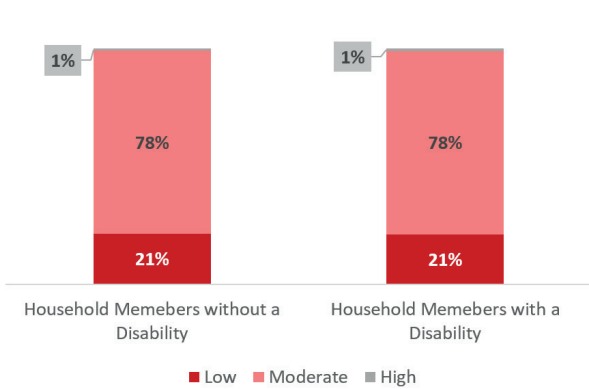


Figure 3.34: Shelter index by disability conditions

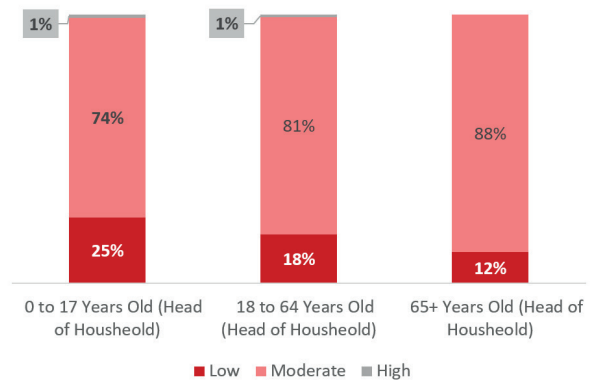


Figure 3.35: Shelter index by age of head of household



3.6.7. Key Highlights of Shelter Index



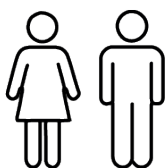
Type of Population.

No household group—whether in host communities or refugee settlements—achieved full self-reliance in shelter. The majority (over 75%) of households demonstrated moderate self-reliance, while more than 20% fell into the low self-reliance category. Only 1% of households reported being fully self-reliant in shelter-related aspects.



Regions.

Shelter domain regional disparities are significant, and more challenging for households in the Northern region. The Western region recorded the highest proportion of self-reliant households (2%), while the Northern region had the lowest (0.3%). Low self-reliance was more prevalent in the Northern region (23%) compared to the Western region (19%), highlighting regional inequalities in shelter conditions.



Sex of head of household.

Female-headed households facing greater shelter-related vulnerabilities. Female-headed households showed 78% moderate and 21% low self-reliance. Male-headed households performed slightly better, with 85% moderate and 15% low self-reliance.



Characteristics Related to Household Structure.

Refugee households residing in Uganda for less than five years exhibited significantly higher shelter-related deprivation, with 38% showing low self-reliance. In contrast, those with a stay of over five years had a lower rate of low self-reliance (20%) and a higher rate of moderate self-reliance (78%). Larger households (5 or more members) had the highest rate of low self-reliance at 23%, compared to 15% for households with 2–4 members. Single-member households were the most stable, with 98% showing moderate self-reliance and only 1% reporting low self-reliance. There was no significant difference in shelter self-reliance between households with and without members with disabilities. Across both groups, 78% were moderately self-reliant and 21% had low self-reliance. Child-headed households were the most vulnerable, with 25% experiencing low self-reliance. Youth- and adult-headed households had a lower rate (18%), while elderly-headed households fared best, with only 12% reporting low self-reliance. All three groups maintained a majority in the moderate self-reliance category.

3.7. WATER, HYGIENE AND SANITATION (WASH)



key findings Water, Hygiene and Sanitation (WASH)



Clean Water

86% of households had access to clean water.

Clean water access was higher for host community households (93%) compared to refugee households (91%).

Clean water access was higher for households in the northern region (95%) compared to the western region (83%).



Sanitation

93% of households use toilets for defecation

Toilet use was higher for households in the western region (94%) compared to the northern region (90%).

Toilet use was higher for refugee households (94%) compared to host community households (82%).



Handwashing

24% of households had a handwashing station.

More households in the western region (28%) had handwashing stations compared to the northern region (23%).

Higher handwashing stations were reported among refugee households (21%) compared to host community households (9%).



Overall WASH

80% of the households scored moderately in the domain of WASH with less than 1 percent of the households highly self-reliant in this domain.

3.7.1. Introduction

The WASH domain focused on four key issues: improved water source, improved sanitation, ownership of a hand washing station and distance to water sources. The four factors are relevant to self-reliance as follows: Improved Water Source Access to safe and reliable water reduces the risk of waterborne diseases, improves health, and saves time. As a result, healthy individuals are more productive and can engage in education, livelihoods, and community activities thus reducing dependency on external health services and emergency water trucking. Improved sanitation prevents the spread of diseases like cholera, typhoid, and diarrhea which promotes dignity and safety, especially for women and girls, reduced health-care costs and absenteeism from work or school due to illness and encourages community-led maintenance and infrastructure development. Ownership of a handwashing station is one of the most effective ways to prevent disease transmission and is a demonstration of behavioral change and personal responsibility for health. Often a sign of awareness and

prioritization of health at the household level. Distance to water sources disproportionately affect women and children, who often bear the burden of water collection especially among rural communities. Shorter distances free up time for education, income-generating activities, and childcare, reduces physical strain and exposure to risks (e.g., gender-based violence).

Long distances often result with households utilizing the closest water source even when it is not safe. In Summary the WASH indicators are not just about infrastructure, they are enablers of autonomy, dignity, and resilience. When communities have control over their water and sanitation needs, they are better positioned to transition from aid dependency to sustainable development. The Self Reliance Index considers as minimum standard three indicators to assess access to clean water and sanitation. The indicators are related to collection of water from protected/treated water sources, the use of toilets/latrines, and the use of a hand washing station with soap and water.

Table 3. 29: Summary of WASH indicators

Essential need	Purpose	Indicators
WASH	To determine whether the household has access to clean water and sanitation.	i. Percentage of households collecting water from protected/ treated water sources ii. Percentage of households defecating in a toilet/latrine iii. Percentage of households with a hand washing station with soap and water

3.7.2. Water situation in refugee and host-communities

Data was collected from households to assess access to clean water, disaggregated by sex of the household head, length of stay in Uganda, region, and household category. The findings in Table 3.30 show that by sex of household head, more female-headed households (92%) have access to clean water compared to male headed

(71%). By household category, 91 percent of refugee households accessed clean water compared to 91 percent of host community households. Regionally, 83 percent of households in the Western region accessed clean water compared to 95 percent in the Northern region.

Table 3. 30: Percentage of households with access to clean water by head of household, region and type of population

Characteristics	Access to Clean Water		
	No	Yes	Total
Sex of Head of Household			
Male-Headed Households	29%	71%	100%
Female-Headed Households	8%	92%	100%
Type of Population			
Host Community	17%	83%	100%
Refugee Households	5%	95%	100%
Region			
Western	7%	93%	100%
Northern	10%	91%	100%

Source: Primary data, 2024

Among refugee households in Uganda, 91% of those residing for five years or more accessed clean water, compared to 80% of newer arrivals. Only 8% of single-member households lacked access. Households with

disabled members (14%) had similar access rates to those without (16%). Child- (15%) and youth-headed (14%) households faced slightly more barriers than elder-headed ones (11%).

Table 3. 31: Percentage of households with access to clean water by length of stay, household size, disability status, and age of head of the household

Characteristics	Access to clean water		
	No	Yes	Total
Length of stay in Uganda			
Less Than 5 Years	21%	80%	100%
5 Years Or More	9%	91%	100%
Household size			
1 Person	8%	92%	100%
2 to 4	14%	86%	100%
5+	15%	85%	100%
Disability status			
Households without Disability	14%	86%	100%
Households with Disability	16%	84%	100%
Age group of head of Household			
0-17Yrs	15%	85%	100%
18-64	14%	86%	100%
65+	11%	89%	100%

Source: Primary data, 2024

3.7.3. Sanitation situation in the refugee and host-community households

The findings from the survey show that 53.6% of the households overall reported having access to clean latrines, while 46.4% did not. Disaggregating the results by population group reveals that refugee households reported slightly higher access to clean latrines (53.6%) compared to host community households (46.4%). This finding is somewhat consistent with previous studies conducted in refugee settlements in Uganda. For instance, the UNHCR

WASH Assessment (2023) indicated that about 52% of refugee households in northern Uganda had access to clean latrines, though disparities existed between different settlements. Similarly, the Uganda Bureau of Statistics (UBOS) and UNICEF Multiple Indicator Cluster Survey (MICS) 2019/2020 reported national access to basic sanitation services at 59%, with rural areas generally reporting lower access.

3.7.4.3.7 Access to Clean Latrines by Selected Characteristics

Data was collected from households to assess access to latrines, disaggregated by sex of the household head, length of stay in Uganda, region, and household category. The results in Table 3.32 More male-headed households have access to clean latrines (96%) compared to female-headed households (91%).

By household category, 94 percent of refugee households accessed latrines compared to 82 percent for host community households. By region, 90 percent of households in the Northern region accessed latrines compared to 94 percent in the Western region.

