

Multi-Sectoral Needs Assessment (MSNA): IDPs and Affected Communities

October 2025 | Somalia

KEY MESSAGES

- At the time of data collection, households reported insufficient amounts of food and drinking water as their greatest challenges. Since then, drought¹ conditions have deepened across many parts of Somalia, further straining access to food and water while increasing pressure on livelihoods and eroding household coping capacities.²
- Alongside climate shocks, conflict continued to drive displacement. Newly displaced households, often fleeing hostilities and drought, faced compounding vulnerabilities, including inadequate shelter conditions and greater barriers to accessing schools, marketplaces, water points, and health facilities.
- Amid funding constraints and a narrowed scope of humanitarian programming,³ as well as persistent insecurity, unstable access to services, and a lack of economic opportunities, longer-term recovery remained elusive as households prioritised support that could help secure basic necessities like food, healthcare, and shelter.

CONTEXT & RATIONALE

Somalia faces a protracted humanitarian crisis driven by conflict, recurrent climate shocks, and disease outbreaks. The failure of successive rainy seasons significantly reduced access to water, food, and livelihood opportunities, and prompted a national drought emergency declaration by November 2025. Meanwhile, sustained high levels of conflict across Somalia throughout 2025 continued to drive displacement and constrain humanitarian access, compounding vulnerabilities and limiting service delivery. These overlapping shocks eroded household coping capacity and increased vulnerability among newly displaced and affected populations. Limited resources, insecurity, and poor service coverage continue to hinder people’s ability to meet basic needs. The 2025 Multi-Sectoral Needs Assessment addresses critical information gaps by generating comparable district-level evidence on the severity of needs, as well as access to services, supporting informed decision-making and coordinated humanitarian planning.

ASSESSMENT OVERVIEW

The 2025 MSNA provided a comprehensive picture of humanitarian needs in Somalia at the district level in order to inform the 2026 Humanitarian Needs and Response Plan (HNRP).⁴ The assessment delivered up-to-date, multi-sectoral data on the severity and distribution of needs, informing strategic decision-making and enabling stakeholders to design evidence-based interventions that target the most critical gaps. It focuses on newly displaced IDPs* (displaced for less than three years at the time of data collection) and affected populations** (host communities and longer-term IDPs), capturing variations across population groups and over one third of Somalia’s 90 districts. By identifying sectoral and cross-sectoral needs, the MSNA supports the strategic planning and prioritisation process coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

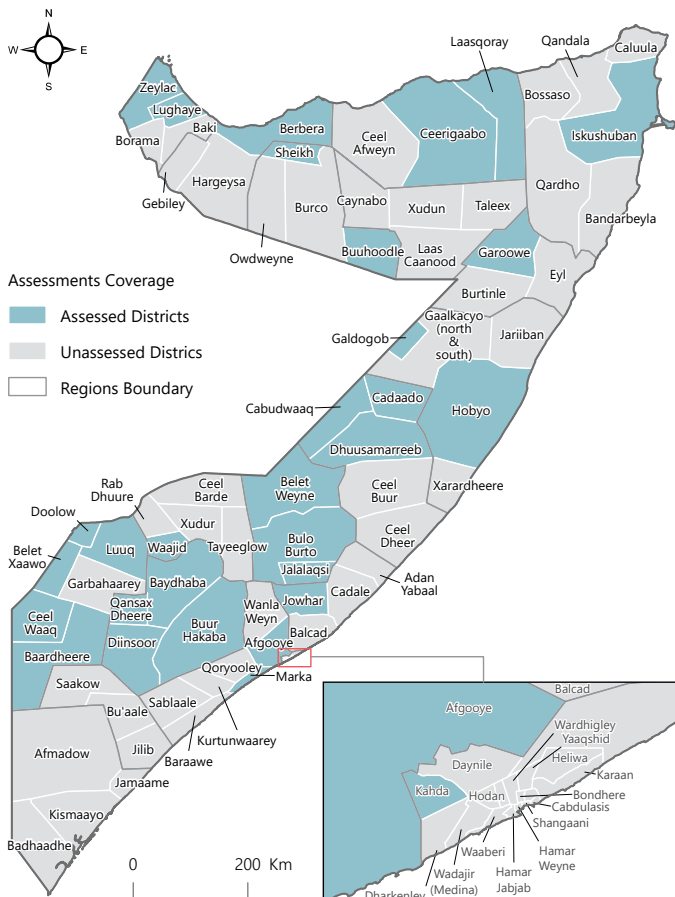
Methodology:

A total of 6,988 face-to-face interviews were conducted with newly displaced IDPs and affected populations in 33 priority districts from 20 September to 15 October 2025. Two-stage random sampling ensured district-level representativeness for accessible areas at a 90% confidence level and 10% margin of error, with at least four households interviewed per selected site. Inaccessible locations were replaced with a prepared backup list. For more information, please refer to the methodology overview on page ten.

*New IDPs refers to households who have recently fled their homes due to conflict, violence, disasters, or other crises within three years prior to data collection, representing the most recent displacement caseload and often facing heightened vulnerability.

**Affected population refers to host communities, displaced households who have returned to their communities, and longer term IDPs whose lives, wellbeing, or access to essential services have been disrupted by a crisis.

ASSESSMENT COVERAGE

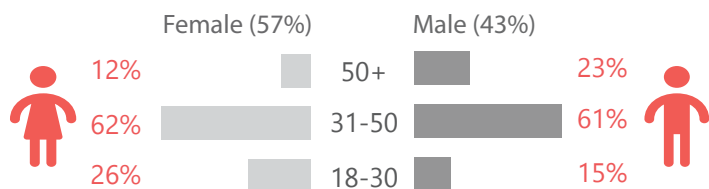


DEMOGRAPHICS

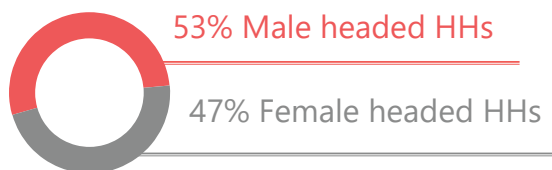
Household Information

5.7 Average people living in one household (including the respondent)

Age and gender distribution of respondents:

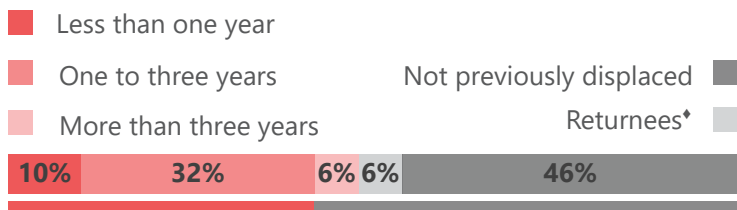


% of households by head of household gender:



% of households by displacement status:*

Displaced for:



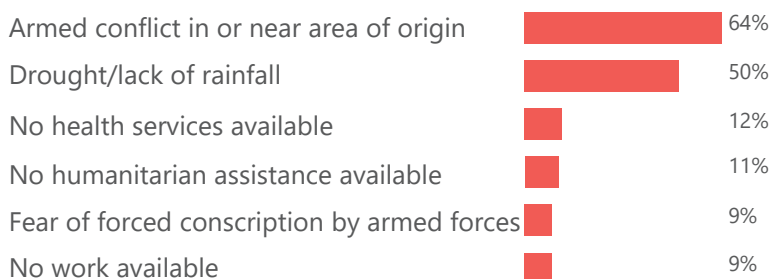
New IDPs (48%)

Affected populations (52%)

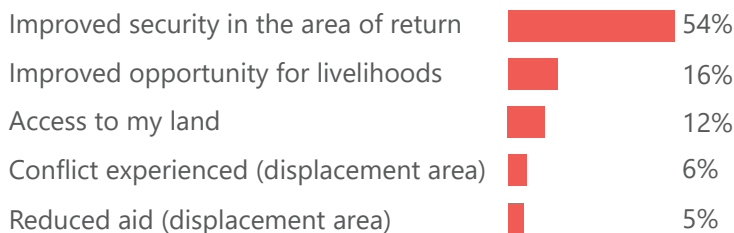
DISPLACEMENT

Armed conflict was the primary reason for displacement among new IDP households (64%), followed by drought (50%), though respondents also cited other issues forcing their movements, including a lack of services and opportunities in their place of origin (see table, below). Over half (51%) of newly displaced households originated from just five districts: Qoryooley, Afgooye, Baydhaba, Marka, and Luuq. Pull factors that led households to choose their current location included safety from conflict and access to water, shelter, healthcare, and food, as well as the availability of income opportunities.

% of newly displaced households, by reasons to flee**

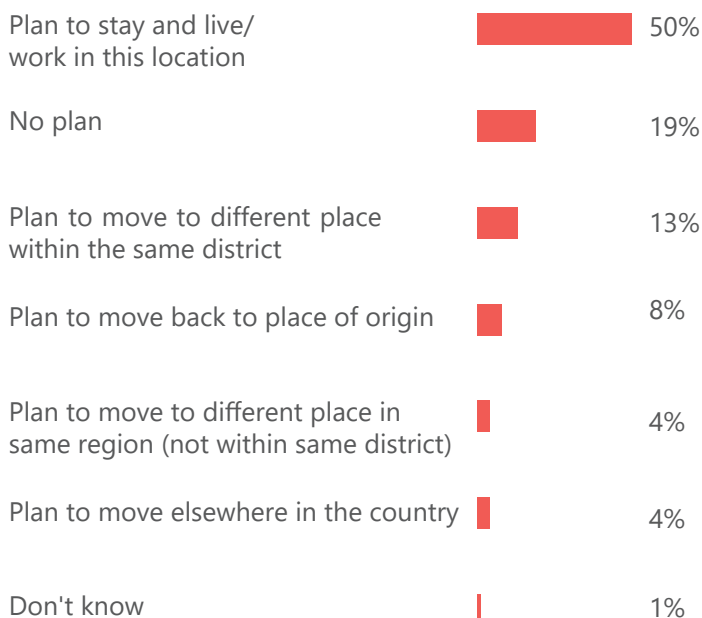


% of returnee households, by main reason for returning to their place of origin*



New IDP households had been displaced twice on average, with 72% having reported displacement lasting one to three years, and 28% less than a year. Half of surveyed new IDP households (50%) planned to stay in place over the following six months, while those who indicated movement intentions (30%) largely sought to make short-range movements.

% of displaced households, by current movement intentions over the next six months*

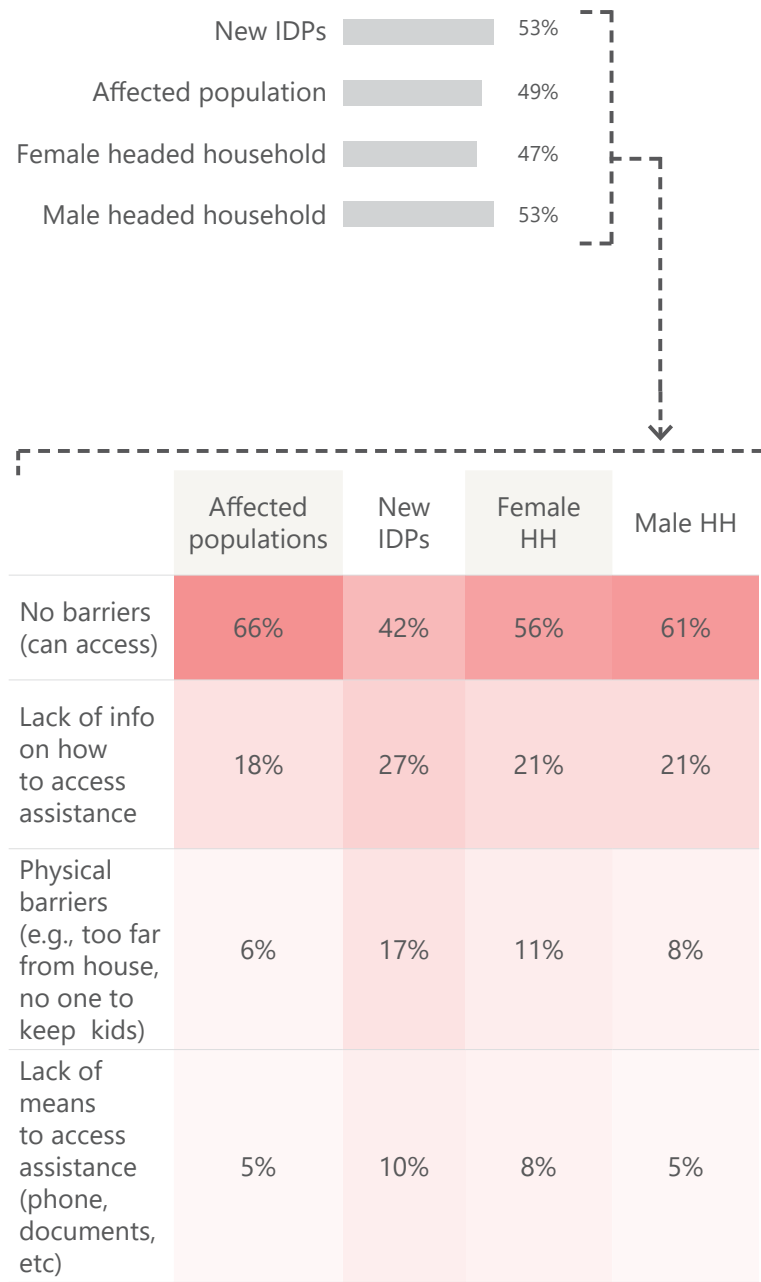


ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Respondents reported on the most significant challenges facing their household, most frequently mentioning insufficient amounts of food (63%) and safe drinking water (39%), as well as a lack of a suitable living space (31%). Reflecting the severity of food insecurity, households' most common type of preferred support was food (79%), followed by healthcare (51%) and shelter (38%). While half of households (50%) reported having received humanitarian assistance in the 12 months prior to data collection, respondents experienced several barriers to accessing aid, including physical barriers and a lack of information on how to receive this aid.

** Responses could be more than 100% as it was a select multiple question.
 ♦Households who were previously displaced but had returned to their settlement of origin by the time of data collection.

% of households who received aid in the 12 months prior to data collection, by population group and reported barriers to receiving aid:



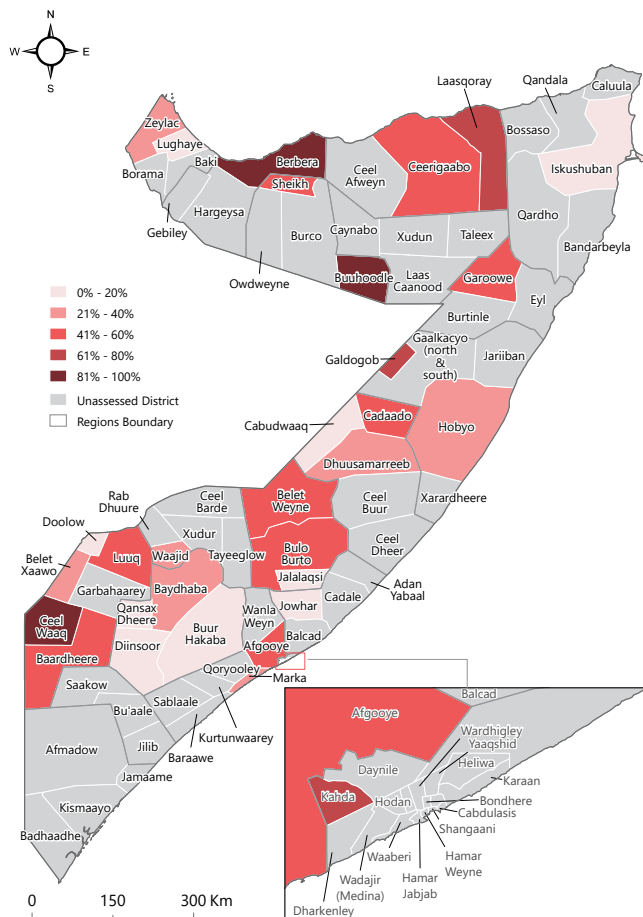
% of households having reported priority needs by most commonly reported preferred modalities* of assistance:**



% of households by most commonly reported preferred type of support:**

	Overall (both populations)	Affected Populations	New IDPs
Food	79%	75%	89%
Healthcare	51%	48%	60%
Shelter/housing	38%	32%	51%
Nutrition (e.g. infant formula, nutrition supplements)	26%	26%	25%
Drinking water	13%	13%	13%
Livelihoods support/employment	12%	14%	8%

% of households which reportedly did not receive aid in the 12 months prior to data collection, per district:

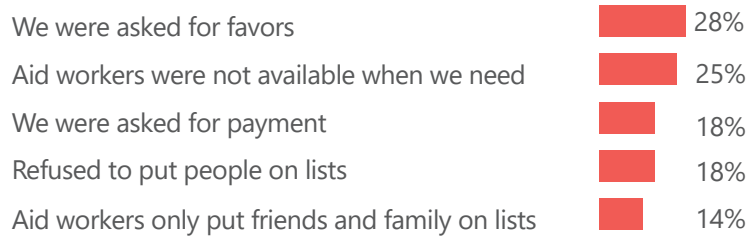


** Responses could be more than 100% as it was a select multiple question.
 *Response options for this indicator were consolidated into three modalities: cash assistance (including physical cash, mobile money, bank transfers, and cash via prepaid cards), in-kind assistance (food and essential hygiene/personal items), and services (e.g., healthcare, education, and infrastructure construction or rehabilitation).

Delivery of assistance

Respondents reported on challenges around accountability, responsiveness, and community engagement that affected their experience of aid delivery. Only 17% of households said they were consulted about the aid they would receive, of whom most (72%) believed their opinions were not taken into account. While 72% of households were satisfied with aid workers' behaviour in their area, 26% were reportedly dissatisfied with their conduct, often citing the following reasons:

% of households not satisfied with aid workers' behaviour in their area, by reason:*



Complaint and feedback mechanisms (CFM)

While most households (72%) did not provide feedback or make complaints about humanitarian assistance in the 30 days prior to data collection because they did not feel the need, 9% of households did engage with feedback mechanisms during the same period. Among this latter group, barriers to reporting concerns were largely practical in nature: most frequently, the complaint desk or feedback point was deemed too far away (24%) or as having long queues and waiting times (22%), though some respondents said they were physically unable to access the feedback point (13%) or were unable to read or write (7%), impacting their ability to submit concerns.

Households largely wanted to give feedback to aid agencies face-to-face – either at help desks (42%), through community leaders (38%), or directly to NGO staff (32%) – though some respondents also preferred phone calls (22%). A few households (5%) were reportedly unaware of available feedback mechanisms.

Sexual exploitation and abuse (SEA)

Most households (77%) had not received information stating that humanitarian aid is free and also covering prohibited conduct of aid workers (including on SEA and other improper conduct), though 22% had received such information, largely through radio broadcasts (43%), community engagement through focus group discussions (27%), posters (23%), and information from authorities (21%). While 17% of respondents were aware of incidents involving aid worker conduct, only 7% of all households knew of confidential means for reporting this information. Some respondents (29%) were willing to report on such incidents, though the majority (68%) were not, often because of fear of negative consequences for reporting (33%) or feelings of shame and stigma associated with the incident and/or reporting on it (30%).

PROTECTION

Considering the surveyed population, where IDP households were defined as those residing in the site for a maximum of three years prior to data collection (September-October 2025), a large majority of households (92%) reported that they had not been forced to flee again in the previous three months. Most households (90%) also reported that none of their members had engaged in risky activities due to economic pressures, and very few mentioned cases of kidnapping (6%) or persecution (6%).

Furthermore, the majority of households (89%) reported no presence of violence in their communities. Consistent with this perception, during the three months preceding data collection, nearly half of households (45%) indicated that there had been no changes in threats or safety concerns affecting their mobility or access to public spaces. However, despite this apparent stability and the low reported incidence of violence or direct threats, the same proportion of households (45%) reported feeling unsafe when moving around their community. Household concerns about threats present in their community affected their access to services (see table, below).

% of households reporting difficulties in accessing services due to the presence of protection threats in the community in the last 3 months:**

	Overall	Affected Populations	New IDPs
Healthcare Access	33%	34%	33%
Education Access	23%	21%	27%
Access to civil	14%	13%	14%

12% of households reported problems going to work.

10% of households faced difficulties visiting their family members due to threats in their communities.

A lack of awareness regarding the availability of services, such as psychological support, recreational activities, and reproductive health services for women and girls, was reported by more than one third of households (36%). Among newly-arrived IDP households, this proportion was even higher, reaching half of them (50%).

* The total (%) falls short of 100% because of the chosen top or main reported issues/items

** Responses could be more than 100% as it was a select multiple question.

Child protection

8% of households reported having a child (<18 years old) not currently living in the household, where the main reason was due to marriage (39%). Respondents listed several barriers to accessing child protection services (see table, below).

% of households by most commonly reported barriers in accessing child protection services:*

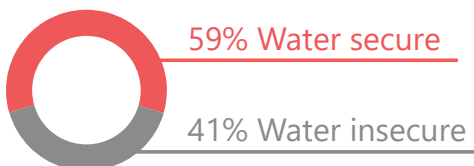
	Overall	Affected Populations	New IDPs
They didn't know that services are available	65%	65%	64%
Parents didn't allow their children	16%	14%	21%
Difficulties to reach services	8%	9%	6%
Child was busy with HH chores, shame/stigma	6%	6%	5%

WATER, SANITATION, and HYGIENE

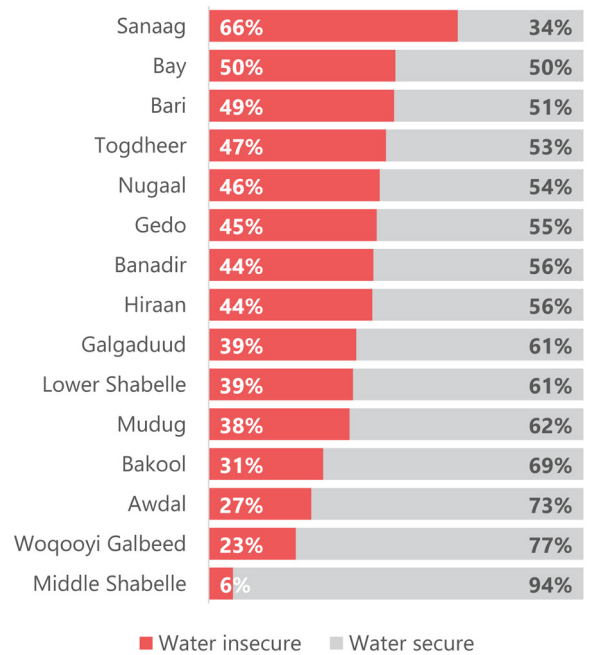
Water

More than half of households (52%) reported insufficient drinking water availability at least once in the four weeks prior to data collection, and many households (41%) were deemed water-insecure according to the household water insecurity experiences scale (HWISE-4). A notable proportion of households (18%) relied on unimproved water sources that do not meet recognised safety standards, exposing them to potential health risks; furthermore, 35% of households perceived issues with the quality of their drinking water, and 17% reported that a household member experienced symptoms like diarrhoea or vomiting in the past month after drinking water. Regarding accessibility, more than one third of respondents (35%) reported difficulties accessing water, though this rose to 46% of newly displaced households, often because water points were too far away or water was too expensive for the household to afford.

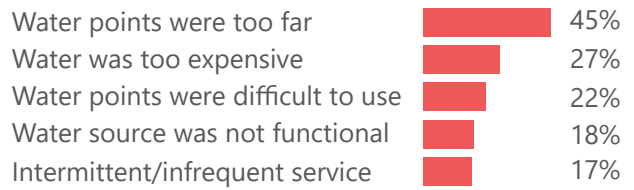
% of households according to Water Insecurity Experiences Scale (HWISE-4) categories:5



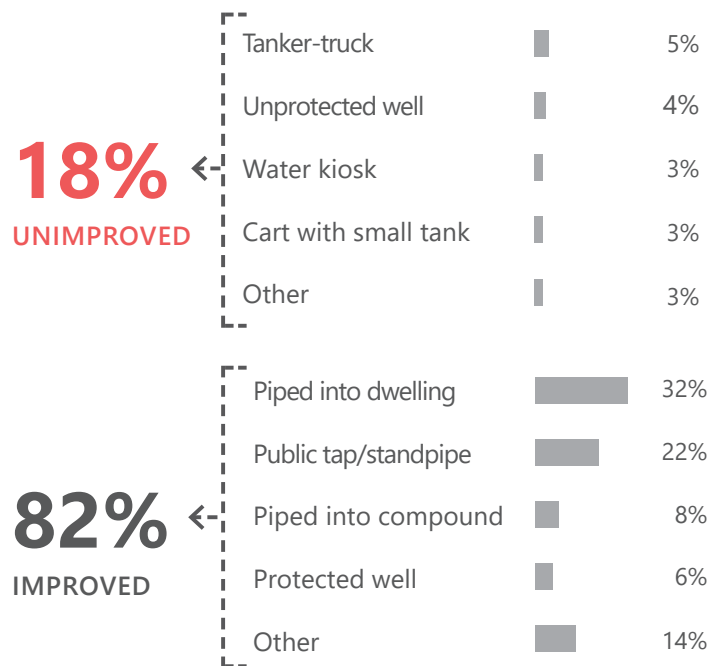
% of households according to household water insecurity experiences scale (HWISE-4), by region:



% of households by most common problems accessing water:



% of households found to be using "improved" and "unimproved" water sources:



* The total (%) falls short of 100% because of the chosen top or main reported issues/items

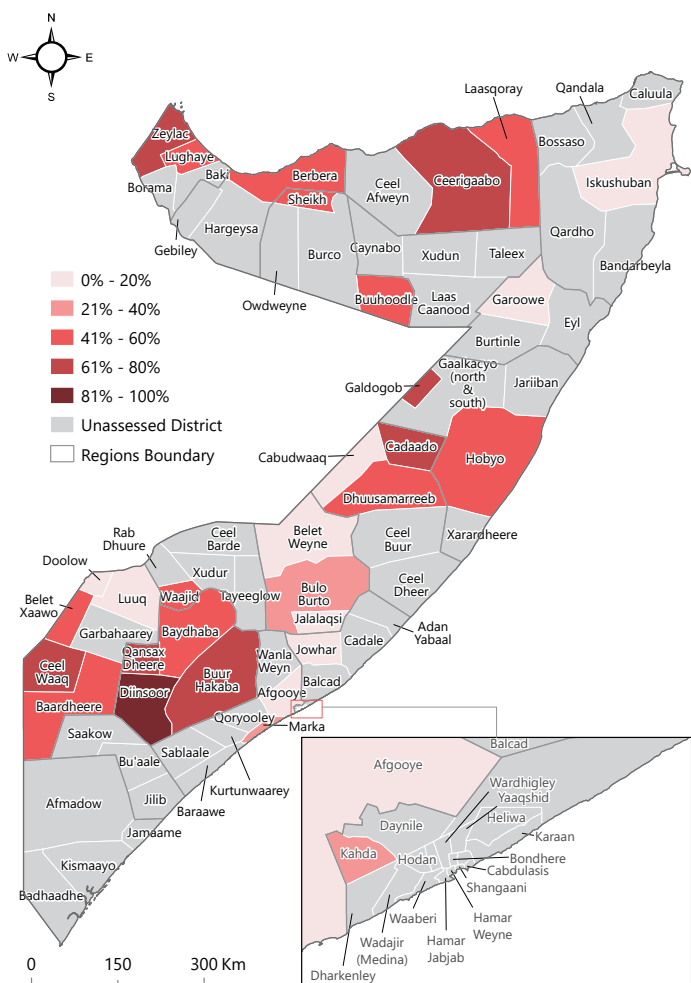
66% of households reported having to pay to access water from their main water source; of those, 24% said prices increased in the month prior to data collection.

Sanitation

Approximately one third of households (34%) did not have access to improved sanitation facilities and often used facilities that may fall below minimum sanitary standards. Certain types of toilets were noticeably more common among IDPs, including dry pit latrines, whereas flushed systems were more common among affected populations.

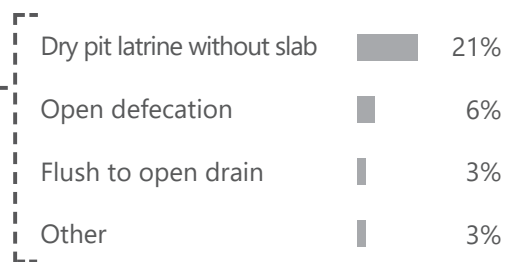
Many households (40%) reportedly shared their toilet facilities with others who are not members of their households, which was much higher among IDPs (73%) than affected populations (26%); among the surveyed population sharing their facilities, an average of five households shared the same toilet.

% of households found to be using "unimproved" sanitation facilities at the time of data collection, per district:

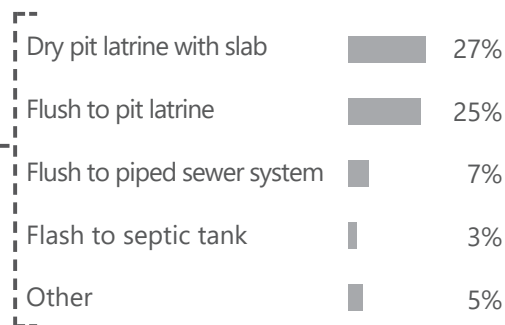


% of households found to be using "improved" and "unimproved" sanitation facilities:

34%
UNIMPROVED



66%
IMPROVED

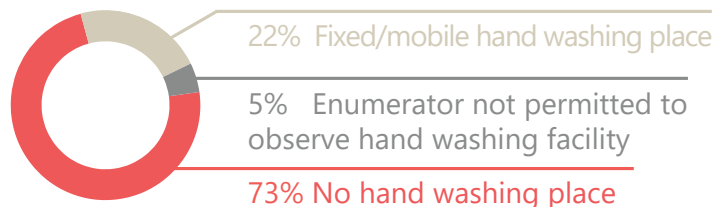


Hygiene

Most households (73%) did not have a hand-washing facility in their dwelling or yard or on their plot of land, which was even more prevalent among newly displaced households (83%) compared to other affected populations (69%).

At the time of data collection, a majority of respondents (62%) did not have water available at the place where household members most often washed their hands, and approximately half (52%) reported that they did not have soap or detergent for washing hands in their household.

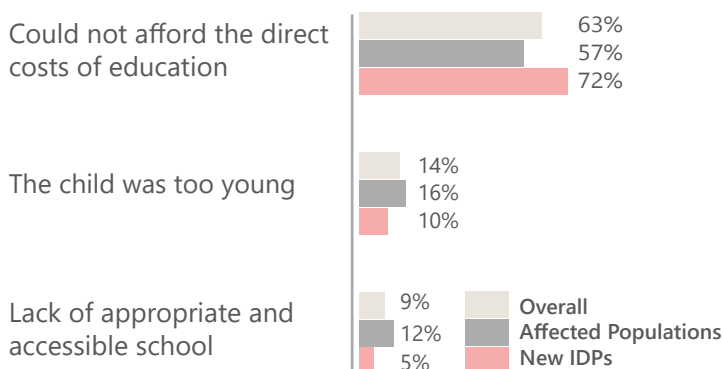
% of households reporting availability of hand-washing facility in their dwelling/yard/plot:



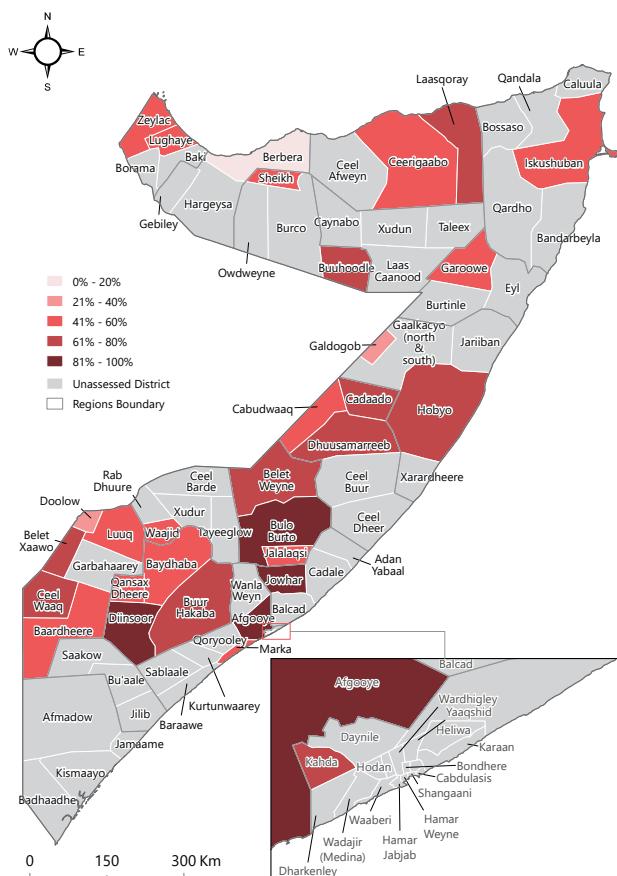
EDUCATION

Education access remains significantly constrained for newly displaced IDPs and affected populations. Among households with school-aged children (children aged 5 to 18), only 38% reported a child attending school or early childhood education during the previous academic year, while the remainder (62%) indicated that their children were not attending any type of education. This was even more acute among new IDP households, 80% of whom reported that their children did not attend any schooling during the previous year. At the individual level, 40% of school-aged girls and 39% of school-aged boys in the sample attended school or early childhood education during the previous year.

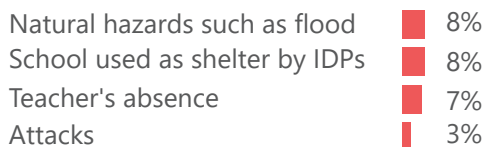
% of households with school-aged children who reportedly did not attend any form of formal education during the 2024-2025 school year, by reason:*



% of households with school-aged children who reportedly did not attend any form of formal education during the 2024-2025 school year, by district:



% of households reporting events that disrupted education during the 2024–2025 school year:



HEALTH

Households reported several barriers to accessing healthcare, including related to a lack of nearby health facilities, affordability, and the availability of specific treatments or timely services; many of these issues were particularly pressing for IDP households (see table, below). Over one third (38%) of respondents reported that a household member needed to access healthcare in the three months prior to data collection, though of these, almost half (47%) were not able to obtain healthcare when they felt it was needed.

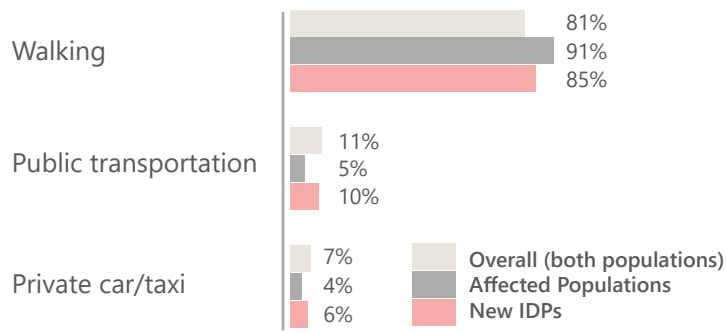
% of households reporting barriers to accessing health care:*

	Overall	Affected Populations	New IDPs
No barriers	37%	40%	28%
No functional health facility nearby	34%	30%	42%
Could not afford cost of consultation	17%	16%	20%
Specific medicine, treatment or service was unavailable	17%	16%	19%
Long waiting time for the service	15%	12%	22%
Could not afford cost of treatment	14%	14%	12%

38 minutes on average for a household member to walk to the nearest health facility.

* The total (%) falls short of 100% because of the chosen top or main reported issues/items

% of households by most common means of travel to nearest health facility:



SHELTER AND NON FOOD ITEMS (NFIs)

Most households reported living in their own shelters, though many of the types of shelters, such as non-enclosed buildings and makeshift shelters, are often vulnerable to climatic hazards like temperature and precipitation.

% of households by most commonly reported shelter situations:*

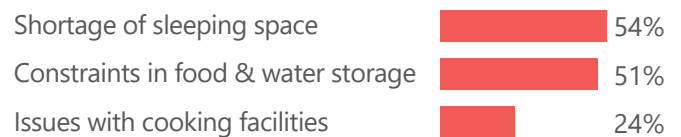
	Overall	Affected Populations	New IDPs
Individual shelter (for this household only)	71%	78%	55%
Hosted by friends/relatives	13%	9%	22%
Collective center	7%	6%	10%
Hosting at least one other household in own home	5%	5%	6%
No shelter (sleeping in the open)	4%	2%	7%

% of households by most commonly reported type of shelter:*

	Overall	Affected Populations	New IDPs
Unfinished/non-enclosed building	30%	32%	25%
Solid/finished house	21%	29%	1%
Makeshift shelter	19%	14%	33%
Tent	18%	9%	40%
Solid/finished apartment	12%	16%	0%

While roughly one third of households (34%) reported no damage to their dwelling, others reported different extents of damage: issues with roofs ranging from minor damage like cracks or openings (33%) to major damage with risk of collapse (22%), as well as damage to windows/doors, floors, and walls (all 15-17%). A small number of respondents (6%) feared the total collapse of their shelter. Aside from damage, households reported other issues, including a lack of privacy inside their shelter (33%) and thermal discomfort (24%), alongside several functional limitations.

% of households reporting functional limitations of their dwelling:*



Regarding households' NFI/shelter priorities, respondents most frequently mentioned needing mosquito nets (56%), blankets (54%), sleeping mats (44%), solar lamps (28%), and jerricans (26%); these needs closely reflected respondent reporting on essential NFIs their household was missing.

Among the 8% of surveyed households who believed they were at risk of eviction, respondents mentioned several threats of eviction: some were threatened with an official order (29%) or received unofficial threats (15%), while others did not receive direct threats but indicated that they lived in conditions putting them at risk of eviction (12%), such as being on land without a lease agreement.

* The total (%) falls short of 100% because of the chosen top or main reported issues/items

CASH AND MARKETS

In the month prior to data collection, the majority of households (67%) relied on casual or daily labour as a source of income, though this figure was considerably higher among newly displaced households (86%) than affected populations (59%). Other sources mentioned somewhat less frequently included salaried work (15%), income from the household's own production (agriculture, livestock, fishing, home manufacture, etc.) (9%), humanitarian assistance (9%), income from the household's own businesses or trade (6%), and remittances (5%). Only 3% of households reported not receiving any monetary income during this period.

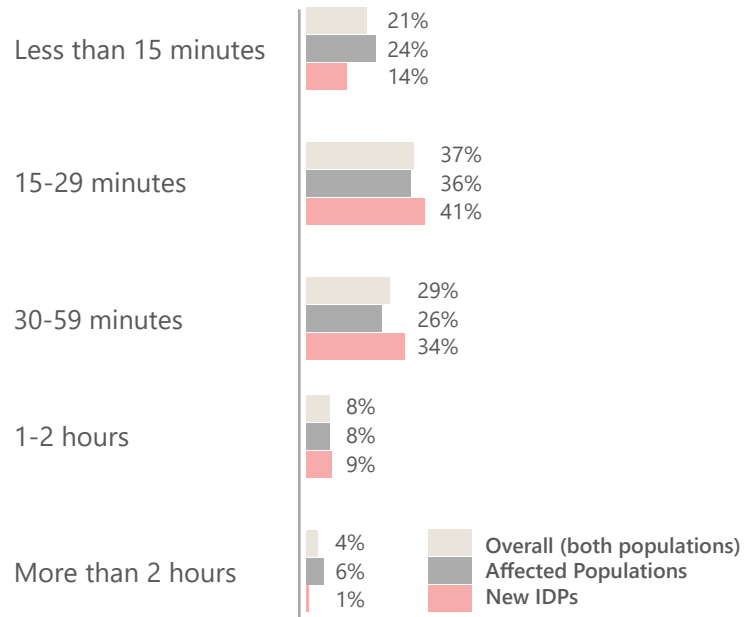
Household expenditures over the same recall period were primarily focused on basic goods and expenses including food, water, and regular household items (see table, below).

% of households by most common expenditures in the 30 days prior to data collection:**

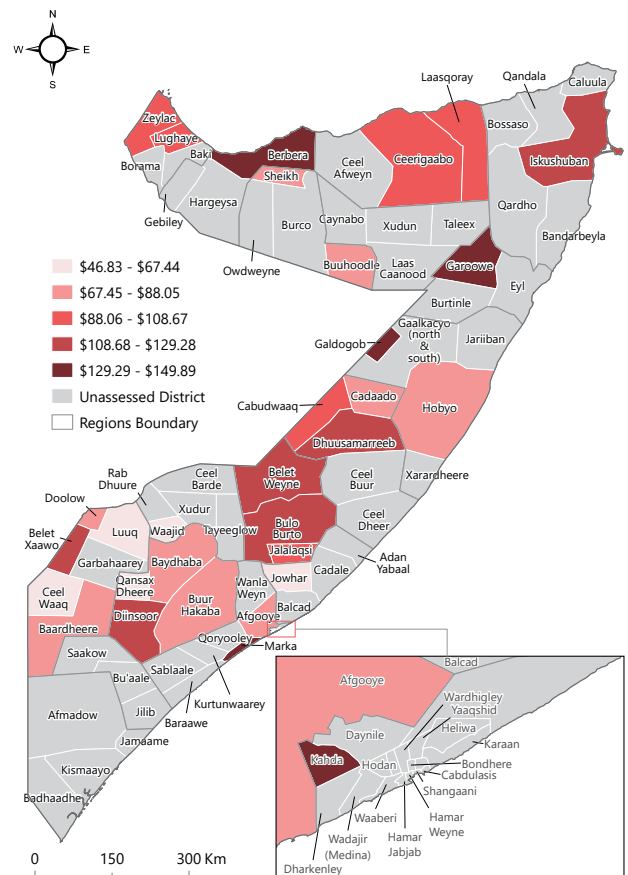
	Overall	Affected Populations	New IDPs
Food items	75%	70%	87%
Water	39%	38%	43%
Non-food household items	29%	25%	38%
Communications (phone airtime, internet costs, etc.)	17%	13%	26%
Rent for shelter and/or land	13%	17%	3%

Several marketplace accessibility barriers were reported, including that some items were too expensive (48%) or not available (28%), and that marketplaces are too far away (27%); 17% of respondents also reported that transportation to the marketplace is too expensive. Few households considered insecurity as a barrier: only 2% reported danger while travelling to and from the marketplace, and 1% reported danger at the marketplace.

% of households by time on foot to the nearest operational marketplace:



Average household income in USD over the 30 days prior to data collection:



** Responses could be more than 100% as it was a select multiple question.

METHODOLOGY OVERVIEW

The 2025 MSNA employed a household survey tool developed by REACH through an iterative consultation process with cluster partners and OCHA. The household served as the primary unit of analysis, enabling detailed understanding of needs and vulnerabilities at the community level. All data were collected through in-person interviews conducted by trained enumerators using KOBO Collect to ensure methodological rigour and maintain high data quality. For IDP sites, December 2024 data from the International Organisation for Migration (IOM) Displacement Tracking Matrix (DTM) was used.

To ensure representativity across districts and key population groups, the MSNA applied a probability-based sampling approach. This ensured that each unit in the target population had a known and non-zero chance of selection, allowing results to be generalised to wider populations. Sample sizes were calculated using established probability theory to meet a 90% confidence level with 10% margin of error, and a 10% buffer, in order to support robust comparison across geographic and demographic strata.

A stratified cluster sampling design was used in all accessible areas within the selected districts. During

the first stage, Primary Sampling Units, consisting of clusters (defined as villages or IDP camps), were selected randomly with probability proportional to population size, giving locations with larger populations a greater likelihood of selection. In the second stage, four households within each selected unit were randomly selected.

Data collection was conducted between 20 September and 15 October 2025, during which a total of 6,326 face-to-face household interviews were completed with newly displaced IDPs and affected populations across 33 districts. Teams used GPS-guided movement plans to reach sampled locations, and inaccessible sites were systematically replaced in accordance with predefined protocols. Daily data quality checks were carried out throughout the data collection period.

To ensure the results accurately reflected population distributions, weights were applied by district and population group prior to analysis. The final dataset met desired precision levels, ensuring statistical representativeness of accessible areas in the districts included in the assessment. For further explanation of the assessment's methodology, see the Terms of Reference.⁶

ENDNOTES:

1. OCHA, [Drought Emergency Situation Report Number 3](#) (February 2026).
2. IPC, [Somalia Acute Food Insecurity and Acute Malnutrition Analysis](#) (February 2026).
3. OCHA, [Somalia 2026 Humanitarian Needs and Response Plan](#) (January 2026); [Somalia: The Cost of Inaction](#) (July 2025).
4. This MSNA data was submitted in October 2025 to inform the Joint and Intersectoral Analysis Framework (JIAF) process and underpin the humanitarian needs analysis presented in OCHA's Humanitarian Needs and Response Plan (HNRP). This round of MSNA data collection prioritised sectors not covered by the Integrated Food Security Phase Classification (IPC); data on food security, livelihoods, and nutrition indicators was collected in a past round of data collection (July 2025).
5. Northwestern University, [The Water Insecurity Experiences \(WISE\) Scales: A Manual for Implementation and Analysis of People's Experiences with Water](#) (June 2025).
6. REACH Initiative, [MSNA Terms of Reference](#) (June 2025).

ABOUT REACH

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

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