INTRODUCTION

The number of internally displaced people (IDP) in Somalia has been increasing for the last several years. Currently, 2.6 million IDPs live in 2,000 sites across Somalia, the majority of whom were found to be in need of humanitarian assistance and protection.[1]

For over a decade, the town has been divided into four quarters: Isaac, Garsoor, Wadajir, and Horumar. The northern part of town is under control of the Puntland state while southern Galkacyo is administered by the Galmudug state. In this assessment neither households (HHs) or markets are reported disaggregated between Galkacyo North and South.[2]

In Somalia, Galkacyo is considered one of the areas with high concentration of IDPs and high acute malnutrition rates.[3] The town also has one of the highest numbers of IDPs in need of water, sanitation, and hygiene (WASH) support.[4] The town is an important regional hub for commerce between southern and central Somalia, the Somali region of Ethiopia and the port of Bossaso.[5] In addition, the outbreak of COVID-19 and the subsequent measures are likely to negatively impact the access to livelihoods of already-vulnerable people, further aggravating their humanitarian needs.

Within this context, REACH conducted a market feasibility study in Galkacyo, in consultation with the Somalia Cash Working Group (CWG), aiming at understanding IDP HH needs and preferences in relation to the host community (HC), as well as vendor capacity in the main markets in Galkacyo. Through assessing HHs' market needs and preferences and vendor expansion capacities, the assessment aims to support cash actors in Galkacyo to make evidence-based decisions related to the viability of cash and voucher assistance (CVA) and market based programming (MBP).

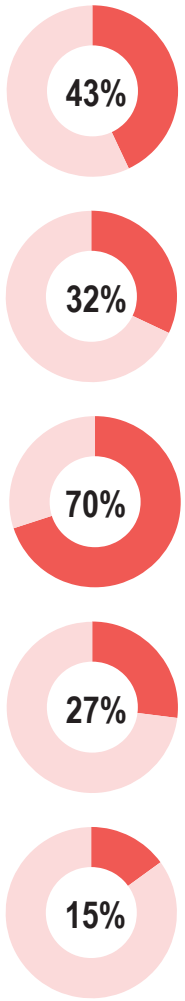
Household findings are based on surveys with **126 IDP HHs and 109 HC HHs**, representative with a 95% confidence level and a 10% margin of error. Findings relating to a subset of this sample might have a lower confidence level and a wider margin of error.. Market findings are based on **93 structured key informant interviews with market vendors**, and are indicative only. For a detailed overview of the methodology, please refer to page 3.

KEY FINDINGS

DEMAND

- About a third of IDP HHs (34%) reported having arrived in their current settlement more than five years prior to the time of data collection. Only 3% of all IDP HHs surveyed reported having arrived in their current settlement less than two years prior to the time of data collection (Figure 2). It is unclear if the elevated length[6] of stay suggests a difficulty to relocate or lack of interest in relocating.
- Relatively more interviewed IDP HHs reported unmet needs in access to food, latrines, and shelter, while fewer reported unmet needs in education, nutrition, and healthcare when compared with HC HHs that were interviewed (Figure 3).
- Findings suggest that assuming debt was a common practice for both IDP and HC HHs. However, HC HHs seemed to have access to higher amounts of credit than IDP HHs (Figure 11).
- While 43% of IDP HHs reported believing that they will not be able to repay their debts, only 26% of HC HHs reported the same. Among the main reasons reported by HHs for assuming debts (Figure 11) one of the main differences between assessed IDP and HC HHs was the acquisition of education-related debt.
- All assessed IDP HHs were asked which type of assistance presents their HH with the best value. Cash (79%) was the most commonly reported type by far. Among those who reported a preference for cash (n=99), the main reasons reported were more freedom to purchase preferred items (91%), ability to save money for times of greater need (27%), and ease to carry (23%).
- A smaller percentage of female respondents from IDP HHs reported being satisfied with how their preferences were included when deciding about HH expenditure, than male respondents from IDP HHs (Figure 14).

Figure 1: Key findings



Among IDP HHs reporting having debts, 43% reported believing that they will not be able to repay their debts.

32% of vendors reported not having access to any sources of credit to conduct business.

70% of vendors reported facing financial issues.

Among IDP HHs preferring cash assistance (79%), 27% reported that the ability to save money for times of greater needs was among their main reasons for preferring cash.

15% of female respondents reported never being satisfied with how their preferences were included when deciding about IDP HH expenditure, compared to 3% of male respondents.

SUPPLY

- Nearly one third of vendors interviewed (32%) reported not having access to any sources of credit to conduct business (Figure 18), which may limit their capacity to scale up and respond to disruptions. At the same time, the other 68% of vendors reported having access to at least one source of credit, including banks (15%) and family in Galkacyo (14%).
- The majority of vendors interviewed (70%) reported facing financial issues, such as low purchasing power (20% of all vendors) and limited cash (18%).
- Vendors most commonly reported shortages for meat, charcoal, cement, vegetables, sugar, and cowpeas.

SOMALIA
CWG CASH WORKING GROUP

SOMALIA - Galkacyo

Market Feasibility Study

For humanitarian purposes only
Production date : 24 AUG 2020

Assessed market
Household surveyed (Host)
Household surveyed (IDP)
Waterbody
Roads

Data sources:
Assessment data: REACH (2020)
Roads: OpenStreetmap Contributors

Coordinate System:GCS WGS 1984

Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates or donors mentioned on this map.

File: REACH_SOM_Map_Galkacyo_STM_Market_assessment_24AUG2020_A4.pdf
Contact: somalia@reach-initiative.org

Funded by
USAID FROM THE AMERICAN PEOPLE

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

METHODOLOGY

The study applied a quantitative methodology entailing primary data collection through household surveys and individual interviews with vendors. Data was collected by REACH enumerators between 11 and 17 August 2020. The surveys and majority of the interviews were conducted face-to-face, following the necessary precautions related to COVID-19.

For questions where respondents were able to choose more than one answer, the total of percentages for all options may exceed 100%. Figures reported in Somali shillings (SOS) have been converted to USD at an estimated market rate of 1 USD = 25,000 SOS.

HOUSEHOLD SURVEYS

Household (HH) surveys targeted internally displaced person (IDP) HHs and host community (HC) HHs (see Map 1). IDP HHs were selected purposively, based on settlement and population data from both OCHA and REACH Detailed Site Assessment[7] (DSA).

A total of 126 IDP HHs and 109 HC HHs were surveyed in this assessment. Surveys were answered by the head of household (HoHH), and in case of their absence, by someone else able to report on behalf of the household. The majority of the surveyed IDP HHs were women aged 18-59 (72%), followed by men within the same age range (27%) and women older than 60 (1%). Among HC HHs, the majority of respondents were women aged 18-59 (72%), followed by men within the same age range (22%), women older than 60 (6%), and men within the same age range (1%).

Samples for both IDP and HC HHs were drawn randomly, and are representative with a 95% confidence level and a 10% margin of error. Findings relating to a subset of this sample might have a lower confidence level and a wider margin of error.

IDP HHs are defined by the HH status, exclusive to those residing in IDP settlements identified on the latest Detailed Sites Assessment in collaboration with CCCM. Limiting established IDP settlements excludes possible households that self-identify as internally displaced people whose living arrangements are similar to the host community. This choice is motivated by a shortage of detailed knowledge concerning IDPs living outside settlements

KEY INFORMANT INTERVIEWS

Individual vendor interviews targeted mostly retailers (81%) and wholesalers selling food items, hygiene items, and other non-food items that inform the Somalia Minimum Expenditure Basket (MEB). Given the protective measures to prevent the spread of COVID-19, enumerators spent only a few hours in the markets and findings should be considered indicative only.

A total of 93 vendors were purposively selected from six markets: Galkacyo North Central Market, Astaan Hobyo, Central Galkacyo South Market, Barwaaqo Market, Xero Dayax Market, and Darawishta market (see Map 1). These markets were selected based on their location, size, and accessibility. Enumerators targeted medium to large accessible markets in key areas across the city.

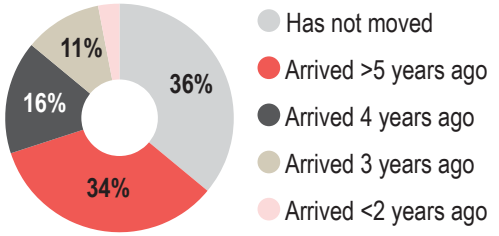
HOUSEHOLDS

DISPLACEMENT PATTERNS

When asked about the date they arrived in the settlement where they currently live, a considerable percentage of IDP HHs (36%) reported having always lived in the same place. Compared to other locations previously assessed,[8] this percentage is relatively high. This is likely due to the fact that many IDP HHs in Galkacyo have settled in their current location decades ago, with some HH members having been born in Galkacyo into IDP families that have never moved out of the IDP settlements.

About a third of IDP HHs (34%) reported having arrived in their current settlement more than five years prior to the time of data collection. Another 16% of IDP HHs reported having arrived four years prior to data collection, and 11% reported three years. Only 3% of all IDP HHs surveyed reported having arrived in their current settlement less than two years prior to data collection (Figure 2). It is unclear if the elevated number[9] suggests a difficulty to relocate or lack of interest in relocating.

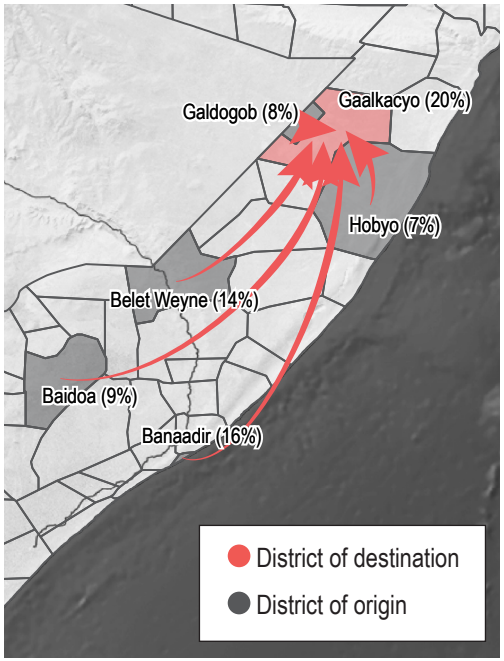
Figure 2: % of IDP HHs reporting having arrived in their current location at different time frames



The most commonly reported regions of origin were Mudug (36%), Hiraan (18%), Banaadir (16%), and Bay (13%). In terms of districts, the largest number of IDPs reported to have arrived from Galkacyo (20%), Belet Weyne (14%), and Baidoa (9%).

The two most commonly reported push factors by IDP HHs were droughts (46%) and conflict (40%), followed by the lack of livelihood opportunities (26%) and lack of food (25%). These findings are in line with the recurrent droughts recorded in Mudug in the past few years.[10] Conversely, the availability of livelihood opportunities (65%), absence of conflict (49%), presence of food aid (36%), health services (36%), and educational services (25%) were the most commonly reported pull factors by IDP HHs.

Map 2: Most commonly reported districts of origin, for IDP HHs reporting having arrived in Galkacyo less than five years prior to data collection



NEEDS

When asked to rank their top three unmet needs in the three months prior to data collection, more than two-thirds (68%) of the IDP HHs and more than half (52%) of the HC HHs reported food as their main unmet need. Shelter comes second for IDP HHs, while healthcare and education come next for both IDP and HC HHs (Figure 3). The prevalence of shelter needs reported by IDP HHs could be linked to frequent eviction threats.[11]

Relatively more IDP HHs reported unmet needs in access to food, latrines, and shelter, while fewer reported unmet needs in education, nutrition, and healthcare when compared with HC HHs (Figure 3). T

ACCESS TO KEY ITEMS

The vast majority (91%) of the HC HHs reported primarily using markets to access key food items and non-food items (NFI), compared to 71% of the IDP HHs. Concurrently, around one quarter of the IDP HHs (23%) reported primarily relying on humanitarian aid, compared to 4% of the HC HHs. Only a few HHs reported subsistence farming or fishing as their primary sources of access to key items.

Among the main markets identified in this assessment, 63% of both IDP and HC HHs reported mainly buying items at the Galkacyo North Central Market. The Galkacyo South Central Market was reported by 25% of IDP HHs and 17% of HC HHs, followed by the Xero Dayax Market reported by 7% of IDP HHs and 13% of HC HHs.

However, IDP and HC HHs reported different modes of transport to access to markets. The majority of IDP HHs reported using buses (57%), walking (22%) or using cars (18%), while HC HHs reported mostly walking (50%) and using buses (42%). Concurrently, most IDP HHs (47%) reported taking between 31 and 60 minutes to reach the market, while the majority of HC HHs (66%) reported taking between 10 and 30 minutes in transportation (Figure 4).

Findings thus suggest that HC HHS take less time to access markets and more commonly access their markets walking. This might be due to the fact that HC HHs generally are located more centrally and closer to the main markets than IDP HHs, who are more often living in settlements on the outskirts of the city.

HC HHs reported visiting the market place more often on average than IDP HHs (Figure 5), which might be due to the considerable differences in reported time spent to reach the market place, in turn potentially suggesting a spatial inequality in access to markets between HC and IDP HHs.

Indeed, 67% of IDP HHs the market was too far, compared to 42% of HC HHs. Expensive transportation was reportedly a barrier for 20% of IDP HHs, compared to 12% of HC HHs. More than twice as many IDP HHs (20%) reported having nobody to look after children or elderly so they could go to the market, compared to 9% of HC HHs.

BARRIERS

While a similar percentage of IDP and HC HHs seemed to be affected by barriers at the market (87% and 89%, respectively), more IDP HHs (94%) were reportedly affected by barriers accessing the market than HC HHs (78%). These challenges might be reflected in previously highlighted indicators, such as transportation methods, travel duration, and frequency of market visits.

Among the most commonly reported barriers at the market, nearly half of both IDP (44%) and HC (42%) HHs reported items being too expensive. A higher percentage of interviewed IDP HHs (44%) reported not having means of payment (e.g. no cash, vendors not accepting vouchers, or alternative forms of payment) than HC HHs (28%). A higher percentage of HC HHs reported poor quality of items (26%), or certain items being unavailable (22%).

Finally, a similar percentage of IDP and HC HHs reported facing insecurity travelling to and from the market (7% for both), and violence against women (8% and 5%, respectively).

Figure 3: Most commonly unmet needs reported by HC and IDP HHs

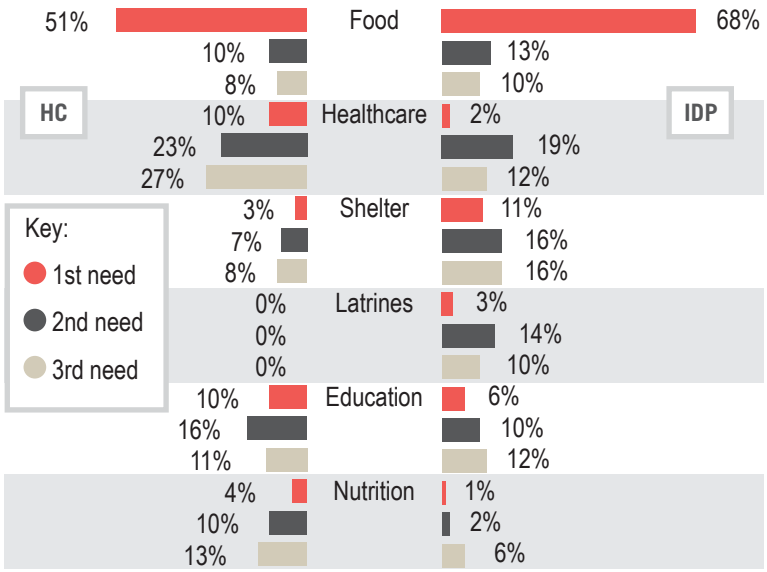
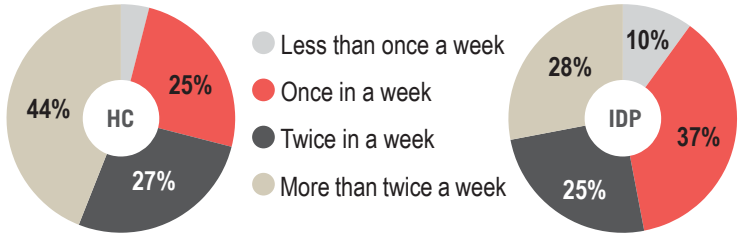


Figure 4: Reported time spent in transportation to the market

Figure 5: Reported frequency of visits to the market



AFFORDABILITY

When asked whether, in the three months prior to data collection, their HH had been unable to purchase any of the assessed items due to financial constraints, IDP and HC HHs reported similar items. At the top of the list for both strata were meat, sugar, vegetables, rice, and charcoal. However, a higher percentage of IDP HHs reported not being able to purchase these items than HC HHs (Figure 6).

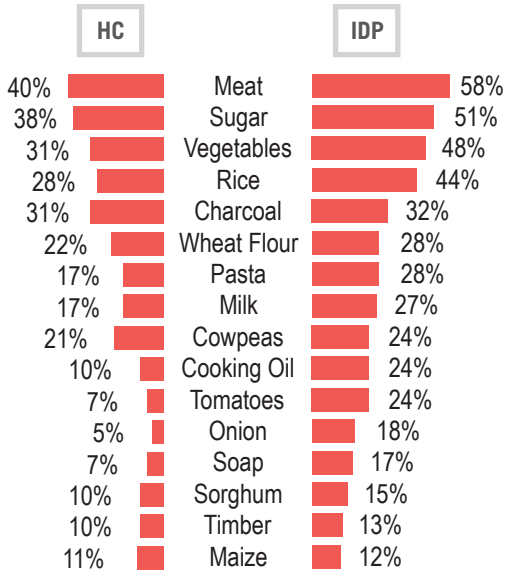
The items listed in Figure 6 are all items reported by more than 10% of IDP HHs. None of the items listed in figure 6 were reportedly less affordable for HC HHs than for IDP HHs.

AVAILABILITY

Considering the average of reported availability among all items assessed, items were reported to be usually available between 25 and all days of the month by nearly half of both IDP (44%) and HC (48%) HHs. Considering that both strata reported primarily using the same markets (see "Access to key items"), it is expected that these percentages are similar. For both strata, 18% of HHs reported items being available more than half of the time, and 12% reported items being available less than half of the time (Figure 7). A smaller percentage reported items being available only rarely (14% IDP, 11% HC HHs), while the minority reported items not being available at all (9% IDP, 6% HC HHs).

Looking at specific items, bottled water was by far the item most commonly reported to be available between 25 and all days of the month (90% IDP, 92% HC HHs). Conversely, water treatments was the item most commonly reported to be unavailable in the market (34% IDP, 27% HC HHs). Vegetables were reported by IDP HHs to be available most of the time (30%), followed by less than half of the month (29%), while for HC HHs vegetables were reported to be available most of the time (39%), followed by more than half of the month (33%).

Figure 6: % of HHs reporting not being able to purchase the following main items due to financial constraints, in the three months prior to data collection



Focusing on the reported changes in availability of key items, when compared to the month prior to data collection (figure 8), approximately half of both IDP and HC HHs reported not having experienced any changes in the availability of the assessed items (on average). While IDP HHs seem to be divided between a slight increase in availability (16%) and a slight decrease (17%), a higher percentage of HC HHs reported a slight decrease (23%) than a slight increase in availability (13%).

PRICE CHANGE

Averaging all assessed items, prices had seemingly remained the same during the month prior to data collection according to nearly two fifths of both IDP and HC HHs (39% and 37%, respectively). Nearly the same proportion of HHs reported prices to have slightly increased (27% IDP, 33% HC HHs), and still a considerable amount of HHs reported prices to have increased significantly (18% IDP, 10% HC HHs).

The specific items for which IDP HHs commonly reported having perceived significant price increases during the month prior to data collection (Figure 8) were vegetables (43% of IDP HHs), meat (43%), milk (33%), cowpeas (32%), and rice (21%). Many of these items were also reported by a considerable percentage of both IDP and HC HHs to be unaffordable in the three months prior to data collection (Figure 6). Nearly half of HHs reported a slight increase in the price of soap (44% IDP, 45% HC HHs).

Overall, a higher percentage of both IDP and HC HHs reported not being aware of the availability and/or price changes of key WASH items, such as bleach and water treatment, when compared to other items assessed (see Figures 7-9). This could suggest that such items were not regularly purchased by HHs. Finally, it is possible that the question was not well understood, and/or that some HHs adjusted their answers based on an expectation of financial assistance.

LIVELIHOODS

When asked about the three main sources of livelihood in the 12 months prior to data collection virtually all IDP HHs (96%) and two thirds of HC HHs (68%) reported daily labor as one of their households' main livelihoods sources (Figure 10).

Humanitarian aid was reported by a considerable percentage of IDP HHs, either as in-kind (49%), cash (26%), or voucher (24%). Among HC HHs, on the other hand, the proportion of HHs reportedly relying on any type of humanitarian aid was much lower, barely in the double digits (Figure 10). Conversely, a higher percentage of HC HHs reported owning a business (56%) or receiving remittances (38%) as one of their main sources of livelihood. Among IDP HHs, the reported percentages for these two sources were 10% and 7% respectively.

About one quarter of IDP HHs (25%) reported having only one source of livelihood, while only 9% of HC HHs reported the same. Another 29% of IDP HHs reported not having a third source of livelihood, a similar percentage to HC HHs (34%).

Among IDP HHs, findings suggest that in 63% of HHs adult females have contributed to the income in the three months prior to data collection, compared to 53% of HHs where adult males have contributed. The situation seems to be the inverse for HC HHs, with adult females (in 42% of HHs) contributing to the income in less HHs than adult males (83%).

DEBT

The dependency on daily labor puts IDP HHs under high job insecurity. Assuming debts with market vendors and with relatives was reportedly a common practice, among both IDP and HC HHs.

The majority of both IDP (88%) and HC (93%) HHs reported having taken on debts with market vendors in the three months prior to data collection. Among those HHs reporting having assumed a debt, the most commonly reported (and also maximum) amount of debt assumed by HHs with

Figure 7: % of HHs reporting perceived market availability (days per month) of key items

	25-30 days per month		16-24 days per month		6-15 days per month		1-5 days per month		0 days per month		Don't know	
Strata	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC
Average across items	44%	48%	18%	18%	12%	12%	13%	10%	7%	5%	4%	7%
Bleach	36%	28%	10%	12%	2%	8%	5%	9%	17%	7%	28%	33%
Cowpeas	40%	48%	20%	22%	14%	11%	20%	15%	6%	1%	0%	4%
Jerry Can	52%	49%	13%	9%	3%	5%	16%	16%	11%	6%	5%	15%
Meat	37%	45%	15%	19%	13%	15%	33%	21%	2%	0%	0%	0%
Mhm	40%	53%	17%	19%	10%	12%	19%	5%	6%	3%	8%	8%
Milk	40%	50%	27%	20%	22%	28%	11%	2%	0%	0%	0%	0%
Rice	50%	54%	26%	26%	13%	8%	10%	12%	1%	0%	0%	0%
Soap	43%	50%	13%	7%	16%	20%	13%	12%	13%	11%	1%	0%
Sorghum	42%	54%	23%	17%	19%	16%	10%	3%	5%	6%	1%	5%
Timber	39%	39%	18%	14%	6%	7%	10%	11%	12%	6%	9%	22%
Vegetable Oil	52%	50%	21%	24%	13%	17%	13%	9%	1%	1%	0%	0%
Vegetables	30%	39%	21%	33%	29%	10%	16%	12%	2%	6%	2%	1%
Water	90%	92%	8%	8%	2%	0%	0%	0%	0%	0%	0%	0%
Water Treatment	19%	20%	14%	14%	9%	15%	10%	12%	34%	27%	10%	12%
Wheat Flour	48%	54%	29%	25%	10%	8%	13%	12%	0%	0%	0%	1%

Figure 8: % of HHs reporting perceived change in availability of key items, compared with the month prior to data collection

	Increased significantly		Increased slightly		No change		Decreased slightly		Decreased significantly		Don't know	
Strata	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC
Average across items	8%	2%	16%	13%	43%	45%	17%	23%	8%	7%	7%	10%
Bleach	1%	1%	12%	13%	33%	24%	11%	17%	6%	2%	34%	41%
Cowpeas	13%	2%	15%	13%	42%	37%	18%	31%	11%	11%	0%	6%
Jerry Can	6%	2%	9%	7%	58%	58%	10%	7%	7%	6%	8%	17%
Meat	15%	1%	16%	15%	25%	28%	29%	42%	16%	12%	0%	1%
Mhm	1%	2%	13%	7%	61%	65%	8%	13%	6%	2%	10%	11%
Milk	8%	1%	21%	15%	38%	30%	25%	50%	9%	4%	0%	1%
Rice	10%	2%	19%	16%	47%	50%	17%	21%	6%	11%	0%	0%
Soap	13%	7%	21%	14%	37%	46%	16%	18%	11%	12%	2%	3%
Sorghum	3%	0%	29%	16%	41%	53%	17%	13%	8%	6%	2%	12%
Timber	8%	3%	11%	9%	37%	33%	14%	17%	9%	12%	14%	24%
Vegetable Oil	6%	0%	21%	17%	50%	51%	19%	26%	3%	3%	1%	3%
Vegetables	21%	4%	13%	17%	15%	12%	37%	56%	13%	11%	1%	1%
Water	2%	0%	10%	12%	79%	86%	7%	2%	2%	0%	1%	0%
Water Treatment	2%	0%	12%	7%	39%	46%	10%	18%	10%	6%	25%	20%
Wheat Flour	10%	0%	21%	17%	46%	49%	19%	20%	3%	10%	0%	4%

Figure 9: % of HHs reporting perceived price change of key items, compared with month prior to data collection

	Increased significantly		Increased slightly		No change		Decreased slightly		Decreased significantly		Don't know	
Strata	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC	IDP	HC
Average across items	18%	10%	27%	33%	38%	37%	1%	3%	8%	8%	6%	9%
Bleach	4%	13%	16%	21%	32%	20%	0%	2%	10%	3%	35%	38%
Cowpeas	32%	17%	32%	31%	29%	31%	0%	4%	7%	11%	0%	6%
Jerry Can	11%	6%	10%	15%	58%	52%	1%	2%	10%	6%	10%	17%
Meat	43%	27%	31%	42%	16%	17%	0%	3%	10%	12%	0%	0%
Mhm	2%	0%	24%	31%	53%	53%	1%	1%	6%	5%	12%	10%
Milk	33%	18%	27%	48%	29%	21%	4%	10%	6%	3%	0%	0%
Rice	21%	6%	29%	41%	41%	40%	2%	1%	7%	12%	0%	0%
Soap	15%	6%	44%	45%	32%	37%	1%	0%	6%	11%	2%	2%
Sorghum	13%	4%	35%	32%	37%	41%	5%	4%	9%	9%	2%	10%
Timber	17%	11%	22%	24%	30%	34%	1%	1%	10%	6%	12%	22%
Vegetable Oil	16%	10%	33%	35%	45%	42%	2%	8%	3%	4%	0%	1%
Vegetables	43%	27%	37%	48%	13%	9%	1%	1%	6%	15%	1%	1%
Water	2%	0%	14%	14%	75%	84%	2%	0%	6%	2%	1%	0%
Water Treatment	4%	3%	20%	28%	40%	38%	0%	2%	10%	8%	23%	20%
Wheat Flour	15%	6%	29%	37%	46%	42%	1%	3%	10%	11%	0%	1%

* Menstrual Hygiene Management (more commonly, "sanitary pads")

Figure 10: Most commonly reported first, second, and third livelihoods sources

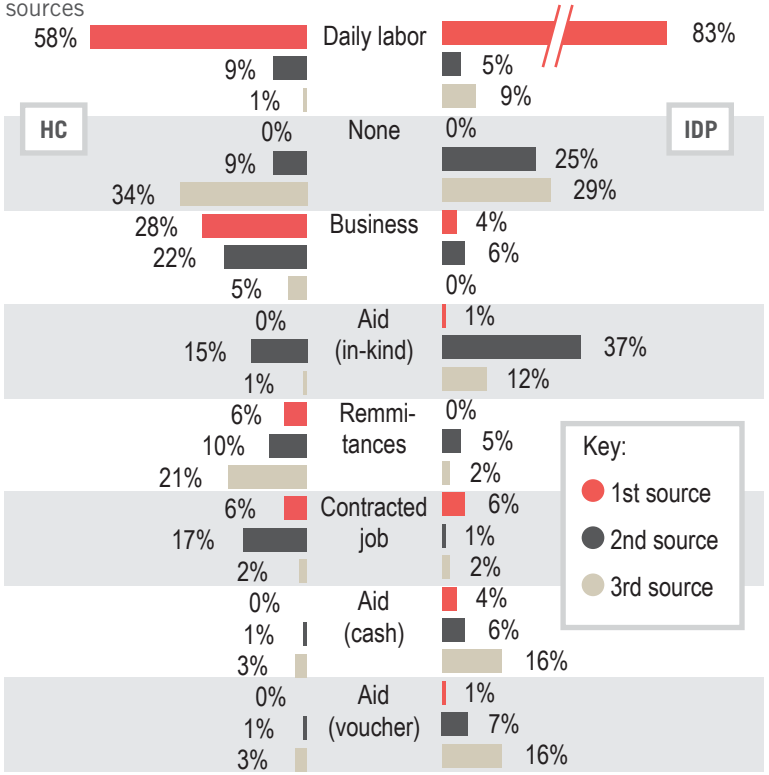


Figure 11: Reported amount of debt in USD (if any) at the market and with friends and family

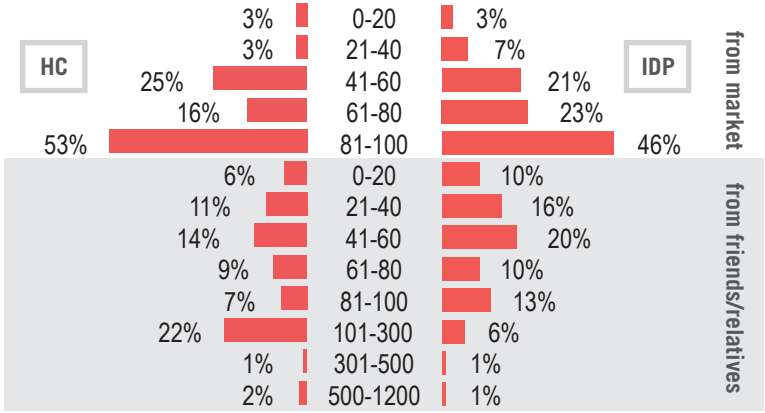
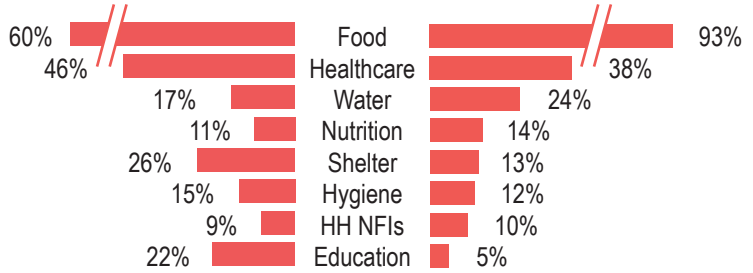


Figure 12: Of HHs reporting having debts, the most commonly reported reasons for assuming debt



market vendors was 100 USD (23% IDP, 35% HC HHs), although the reported amounts of debt vary considerably.

Assuming debts with relatives was seemingly slightly less common than with market vendors, being reported by 75% and 72% of all IDP and HC HHs assessed, respectively. Among those, the reported amounts of debt vary considerably. The median value for IDP HHs was 55 USD, with 50% of all reported values being between 35-85 USD. Among HC HHs, the median value was 80 USD, with 50% of all reported values being between 47-180 USD.

These findings suggest that assuming debt is a common practice, not significantly particular to one or another stratum. One difference, however, was that HC HHs seem to have access to higher amounts of credit than IDP HHs (Figure 11).

Another important factor is the reported expectation to be able to repay such debts in the 12 months following data collection. While 43% of IDP HHs with debts reported believing that they will not be able to repay their debts, only 26% of indebted HC HHs reported the same. Household debt at the market is an important factor limiting vendors' access to liquidity and capacity to increase supply if needed, particularly aggravated by the low probability of repayment.

Among the HHs which have reported assuming a debt in the three months prior to data collection, the most commonly reported reasons by IDP HHs for assuming debts with either market vendors or relatives (Figure 12) were food (93%), healthcare (38%), water (24%), nutrition services (14%), shelter (13%), hygiene (12%), and household NFIs (10%). Among HC HHs, the most commonly reported reasons were related to food (84%), healthcare (46%), shelter (26%), and education (22%).

Such reasons have some resonance with the top needs reported (Figure 3), including the difference between the percentage of IDP and HC HHs reporting unmet needs in education.

FINANCIAL SERVICE PROVIDERS

When asked about whether they used any financial service providers (FSP) in the three months prior to data collection, nearly half of IDP HHs (48%) and almost a third of HC HHs (28%) reported not having used any. Among all HHs interviewed, the most commonly reported FSP was mobile money operators, respectively by 38% of IDP and 52% of HC HHs. This apparent difference between HC and IDP HHs in terms of accessing mobile money operators might be partially due to inequalities in access to mobile phones and/or SIM cards, following the common requirement to provide personal documentation to register.[12]

Banks were reported only by HC HHs (21%) and other FSPs such as microfinance institutions (MFI), village savings and loan associations (VSLA), and savings and credit cooperative organizations (SACCO) were barely mentioned by both IDP and HC HHs.

The time spent in transportation to reach an FSP seems to follow a similar pattern as observed in transportation time to the market (Figure 4), with IDP HHs reportedly taking longer, on average, than HC HHs. Among all HHs surveyed, the majority of both IDP (74%) and HC HHs (72%) reported facing no barriers to access FSPs. Among the HHs which have reported having faced barriers to access FSPs, the most commonly reported barriers were expensive transportation (6% IDP, 4% HC HHs) and insecurity traveling to and from the FSP (2% IDP, 6% HC HHs). What these numbers suggest

is that at least some HHs have no access to FSPs, despite not reporting facing any barriers to access such FSPs.

AID

When asked whether any HH member had received any kind of humanitarian assistance (in their current location) in the 12 months prior to data collection, 49% of IDP and 31% of HC HHs reported having received assistance. Based on the assumption that IDP HHs are relatively more vulnerable than HC HHs in the assessed areas, the following section focuses on the IDP HHs[13] that reported having received aid.

Among the IDP HHs receiving humanitarian assistance, cash (70%) was the most prevalent type, followed by in-kind (62%), training (11%), voucher (10%), and services (2%). Among those reportedly receiving cash (n=44), mobile money was the cash modality most commonly reported (45%), followed by currency (32%), prepaid card (18%), and bank transfer (2%).

Among the IDP HHs who had reportedly received aid in the 12-month period leading to data collection, the majority (68%) reported they were satisfied with the aid received. The remaining 32% suggested that the assistance received was not enough to meet their needs. This could be linked to the length of assistance received. All recipients of cash assistance (n=44) reported feeling safe while accessing cash assistance. Among recipients of mobile money (n=20), the majority reported not having difficulties receiving and/or using mobile money. The most commonly reported issues by the remaining 15% were difficulty to use (67%) and issues with (33%) SIM cards.

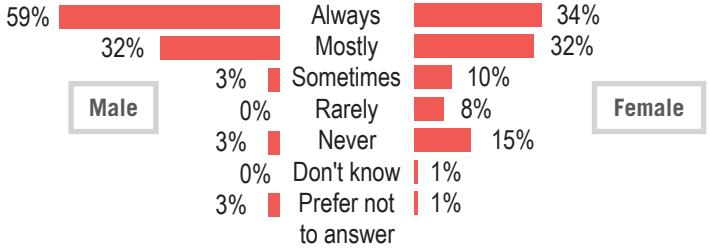
Figure 13: Among HHs reportedly accessing FSPs, reported approximate time spent in transportation to access FSPs

Among IDP HHs that had reportedly received cash or voucher assistance (n=49), 22% reported having received aid for one month in the 12-month period leading to data collection. About a third (34%) reported having received aid for two months, while 22% reported having received aid for three months. The remaining reported having received aid for 4 months (7%), 5 months (8%), 6-8 months (7%).

All IDP HHs (n=126) were asked which type of assistance would present their household with the best value. Cash (79%) was the most commonly reported type by far, followed by voucher (10%), in-kind (4%), and services (1%). The remaining 7% preferred not to answer of reported not knowing.

Among those who reported a preference for cash (n=99), the most commonly reported reasons were more freedom to purchase preferred items (91%), ability to save money for times of greater need (27%), and ease to carry (23%). Among those who reported a preference for voucher (n=12), the most commonly reported reasons were less security risks (4 HHs) and unstable prices at the market (3 HHs). Among those who reported a preference for in-kind (n=5), the most commonly reported reasons were inability to access market (2 HHs) and currency instability (1 HH).

Figure 14: % of IDP respondents reporting being satisfied with their participation in HH expenditure decision-making, disaggregated by gender



PROTECTION

Decision-making on IDP HH expenditure seems to relatively balanced between women and men, as IDP HHs reported both women (56%) and men (44%) to be the main decision-maker. Overall, two fifths of IDP HHs (40%) reported being "always" satisfied with how their preferences were included when deciding about IDP HH expenditure. About one third (32%) reported being "mostly" satisfied, followed by "never" satisfied (12%), and "sometimes" satisfied (8%).

Disaggregated by gender, however, findings suggest a considerable difference between male and female respondents (Figure 14). A smaller percentage of female respondents reported being always satisfied with how their preferences were included when deciding about IDP HH expenditure.

Considering that more than one individual from the same IDP HH might have received aid in the 12-month period leading to data collection, aid was reportedly most commonly received by females aged between 18-59 years old (67% of IDP HHs receiving aid, n=62), followed by males between 18-59 years old (44%).

Among IDP HHs reporting having received humanitarian aid in the 12 months prior to data collection (n=62), the majority reported not having perceived any change in household tensions (60%), while 17% reported a slight increase in intra-household tensions (10% reported preferring not to answer, and 4% reportedly did not know). Among those HHs who did report a change in tensions (n=32), about half (52%) preferred not to specify the nature of the tension, and nearly one-third (28%) reported not knowing the nature of the tension, while 10% reported spousal conflict and another 8% reported disagreements over the use of resources.

Between male respondents (n=34, regardless of marital status), 18% reported that they would only feel comfortable with their spouse having a mobile phone while 53% reported that they would feel comfortable with them having both a mobile phone and a bank account. Among female respondents (n=92, regardless of marital status), 37% reported thinking their spouse would be comfortable with them having a mobile phone while 26% reported thinking that their spouse would be comfortable with them having both. This could indicate that, despite the majority of men being comfortable with mobile phones, delivering aid in the form of mobile cash to women in some IDP HHs could contribute to escalating tensions.

VENDORS

INFRASTRUCTURE

The most commonly reported infrastructure types of vendors' shops were solid buildings (71%) and makeshift stalls with improvised roofs (20%), while 9% of vendors reported selling their items in the open air. More than half (59%) of the vendors interviewed reported paying a local authority fee. Other types of business-related fees that vendors reportedly pay were rent for their shop (38%), rent for extra storage space (26%), market administrative fees (18%), and traders association fees (8%). Only 5% reported not paying any fees at all.

For those vendors who reportedly paid fees, the median reported value of the monthly cost of running the shop was 50 USD, with half of the vendors (interquartile range) paying between 20 to 90 USD per month. The highest reported monthly price was 100 USD. Nearly half of vendors reportedly serve between 1 and 25 customers per week (47%), while other vendors reported serving between 26-50 (32%), 51-100 (19%), or more than 100 (1%).The majority of these vendors reported usually being open for either 7 days (40%) or 6 days (57%) per week.

ITEMS SOLD

Figure 15 summarizes the total number of interviewed vendors selling each item included in this assessment. Even though this data is not representative, it might still be useful for the interpretation of indicators related to item availability and supply.

Food imports such as sugar (49 vendors), rice (44), and tea leaves (43) were the most commonly reported to be sold. Local crops and fresh produce,

Figure 15: Number of vendors selling each item included in this assessment

	Item	n	Item	n
Food	Cowpeas	37	Sorghum	26
	Maize	31	Sugar	49
	Meat	8	Tea Leaves	43
	Milk (Powder)	33	Tomatoes	27
	Onions	17	Vegetable Oil	26
	Pasta	36	Vegetables	35
	Rice	44	Wheat Flour	42
	Salt	28		
WASH	Bleach	11	Soap (Body)	28
	Detergent	18	Water	26
	MHM	13	Water Treat.	7
	Sanitizer	13		
NFI	Batteries	19	Iron Sheet	12
	Blankets	18	Jerry Cans	14
	Buckets	24	Mosquito Nets	20
	Building Nails	14	Plastic Sheet	14
	Cement	10	Sleeping Mats	17
	Charcoal	21	Timber	17
	Cooking Uten.	19	Torch	30
	Firewood	7	Wooden Pole	14

such as onions (17), sorghum (26), and tomatoes (27) seemed to be less widely available. Meat was reportedly only sold by 8 vendors. Although these numbers may suggest the general availability of these items, vendors were selected purposively. Therefore, these numbers are only indicative and can only be used to compare further indicators.

When asked about which items did they usually sell the most, a higher proportion of food vendors reported sugar (41 vendors, or 84% of vendors reportedly selling this item), rice (32 vendors, 73%), and wheat flour (22 vendors, 52%). Among vendors selling WASH items, the most commonly reported items were bottled water (14 vendors, 54%) and soap (8, 29%). Among vendors selling NFIs, the most commonly reported items was charcoal (13, 62%).

While the majority of vendors interviewed (74%) reported not offering home delivery, some vendors reported offering home delivery of food items (11%), and/or water (10%). The remaining 5% preferred not to answer or reported not knowing.

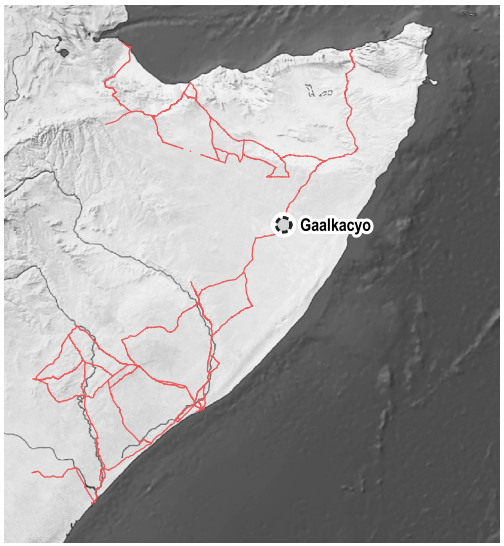
SUPPLY

Vendors most commonly reported stocking once per week (37%), followed by twice per week (23%), less than once per week (20%) or more than twice (19%). Expectedly, vendors reportedly selling vegetables, which generally have a shorter shelf life than other assessed items, commonly reported slightly higher restocking frequencies than the overall vendor sample.

More than half of vendors reported having either two (36%) or three (27%) suppliers. Less vendors reported having one (7%), four (15%), five (12%), six (1%), or nine (1%) suppliers. The overall relatively low number of suppliers[14] per vendor might indicate a general vulnerability of vendors to disruptions in the supply chain.

When asked which supply sources they used, vendors most commonly reported working with suppliers who were wholesalers working from the same market (46%), which suggests that a supply chain disruption is likely to simultaneously impact multiple vendors in the same market, limiting the potential for markets to be used to respond as a local

Map 3: Assessed location and main domestic roads



support during supply chain disruptions, as many vendors might be impacted by the same disruption. However, 45% also reported buying from a supplier from another city, a percentage considerably higher than reported in market feasibility studies in other locations[15]. Local producers/farmers, as well as wholesalers from other parts of Galkacyo, were also relatively frequently reported suppliers, reported by 28% and 26% of vendors respectively; this could suggest at least some market resilience to supply chain disruptions.

Most vendors reported using a hired vehicle to transport their stock (71%), while others reported having the supplier delivering items directly (16%). A smaller percentage reported using professional transportation services (9%), or using their own vehicle (3%).

SHORTAGES

More than half of vendors interviewed (54%) reported having faced shortage of at least one item that they normally sell in the weeks prior to data collection.

Among the items assessed, vendors most commonly reported having experienced shortages of sugar, vegetables, charcoal, cowpeas, rice, maize, tomatoes, and wheat flour. Factoring in the fact that not all vendors sell all items (see figure 16), the items that were relatively more commonly reported facing shortages were meat, charcoal, cement, vegetables, sugar, and cowpeas.

Of all vendors reporting shortages (n=50), vendors most commonly reported shortages were due to closed roads (36% of vendors), shortage on the supplier side (29%), and/or limited funds (39%).

Figure 16: Number of vendors reportedly selling the following items reporting having experienced shortages in the two weeks prior to data collection

	Item	n	Item	n
Food	Cowpeas	8/37	Sorghum	2/26
	Maize	5/31	Sugar	13/49
	Meat	3/8	Tea Leaves	1/43
	Milk (Powder)	4/33	Tomatoes	5/27
	Onions	1/17	Vegetable Oil	1/26
	Pasta	4/36	Vegetables	13/35
	Rice	8/44	Wheat Flour	5/42
	Salt	1/28		
WASH	Bleach	1/11	Water	3/26
	Soap (Body)	2/28		
NFI	Buckets	1/24	Firewood	1/7
	Cement	3/10	Torch	1/30
	Charcoal	8/21		

ABILITY TO MEET DEMAND

Figure 17 illustrates the number of vendors who reported expecting being able to increase their supply of each item that they reported selling. As an example, 8 of the 37 vendors who usually sell cowpeas believe they would be able to increase their supply of cowpeas. The proportional findings in figure 17 suggest that firewood, salt, tea leaves, plastic sheets, wooden poles, blankets, and sorghum were items that vendors more commonly expected being unable to increase supply of.

Figure 17: Number of vendors reporting being able to increase supply, by item sold

	Item	n	Item	n
Food	Cowpeas	8/37	Sorghum	3/26
	Maize	5/31	Sugar	38/49
	Meat	5/8	Tea Leaves	3/43
	Milk (Powder)	12/33	Tomatoes	8/27
	Onions	5/17	Vegetable Oil	4/26
	Pasta	11/36	Vegetables	16/35
	Rice	24/44	Wheat Flour	20/42
	Salt	2/28		
WASH	Bleach	5/11	Soap (Body)	5/28
	Detergent	5/18	Water	6/26
	MHM	2/13	Water Treat.	2/7
	Sanitizer	3/13		
NFI	Batteries	3/19	Iron Sheet	2/12
	Blankets	2/18	Jerry Cans	0/14
	Buckets	4/24	Mosquito Nets	3/20
	Building Nails	4/14	Plastic Sheet	1/14
	Cement	2/10	Sleeping Mats	3/17
	Charcoal	10/21	Timber	6/17
	Cooking Uten.	6/19	Torch	8/30
	Firewood	0/7	Wooden Pole	1/14

The most commonly reported strategies to increase supply were buying larger quantities from their supplier (46%) and/or restocking more often (35%). Other reported strategies to increase stock were buying from other suppliers (26%) and/or buying on credit (16%). Conversely, among the main reasons reportedly keeping vendors from increase the stock of particular items were not having enough space to stock more stock safely (44%), suppliers having limited supply (23%), lack of capital to scale up (16%), and/or lack of vehicles to transport larger quantities of the products (15%).

CREDIT

Nearly one third of vendors interviewed (32%) reported not having access to any sources of credit to conduct business (Figure 18), which may limit their capacity to scale up and respond to disruptions.

Among those who do have access, reported sources include bank loans (15%), borrowing from friends and family in Galkacyo (14%), borrowing from friends and family from another location (12%), loans from savings and credit cooperative organizations (SACCOs, 11%), loans from members of the community (9%), loans from microfinance organizations (6%), loans from informal savings groups such as vendor associations (5%) and/or hawalas (4%).

On the other hand, the majority of interviewed vendors (75%) reported having offered credit to customers in the 30 days prior to data collection themselves (Figure 19).

Figure 18: % of vendors reportedly able to access different sources of credit

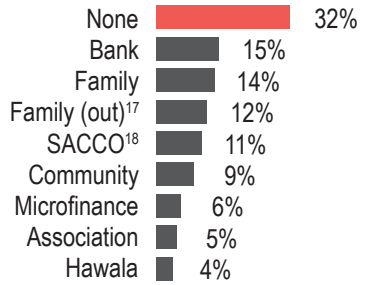
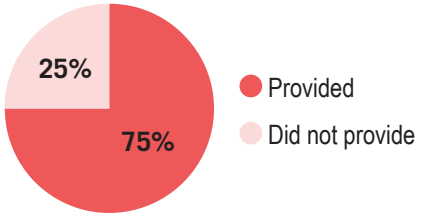


Figure 19: % of vendors reporting having provided credit to any of their customers, in the 30 days prior to data collection



60 USD is the median maximum amount that vendors reported allowing in credit for a single customer.

350 USD is the median reported estimated value of credit that vendors had offered to customers and were still expecting to be paid back.

BARRIERS

The majority of vendors interviewed (70%) reported facing financial issues, such as low purchasing power (20% of all vendors) and limited cash (18%). Other, less frequently reported issues were banks either offering limited loans (12%), banks being closed (11%), banks having limed cash (8%), and/or hawalas[16] having limited cash (9%) or hawalas being closed (8%).

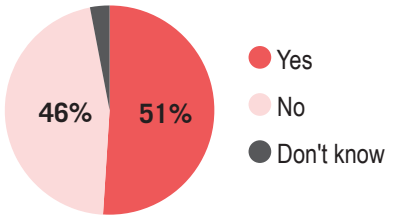
The relatively high proportion of vendors reportedly having financial issues might be associated with the limited access to sources of credit reported, and the reported dependency on family or friends for credit. While SACCOs were reportedly accessed for credit (see 'Credit'), it is possible that vendors were not widely familiar with other sources of credit that could alleviate their financial issues. Other possibilities are that vendors were aware of but for other reasons either unable to access these sources of credit or unwilling to commit to credit.

Beyond financial barriers, vendors might encounter other types of barriers when conducting their business in Somalia: transportation from suppliers to the shop, security issues at the shop/market, and non-security issues at the shop/market. More than half of vendors interviewed in Galkacyo reported facing non-security (60%) and transportation related barriers (58%), while about a third reported facing security barriers (34%).

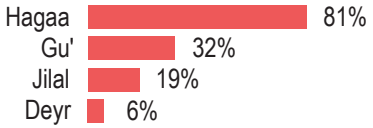
Among all vendors interviewed, the most commonly reported transportation barriers were poor quality of roads (19%), cargo theft (13%), and/or roads affected by floods (13%). The most commonly reported non-security barriers were supplier being out of stock (14%), supplier having limited supply (12%), expiration of commodities (9%), and/or contamination by pests or rodents (9%). The most commonly reported security barriers were theft (15%), bombing (8%), and popular tension (6%).

Figure 20: % of vendors reporting facing each type of barrier

Figure 21 : % of vendors reporting facing greater supply issues in a particular season



Of those, particular seasons[19] in which they reported facing greater supply issues



Finally, about half of vendors interviewed (51%) reported facing greater supply issues in a particular season (Figure 21). Vendors who reportedly faced seasonality-related supply issues most commonly reported facing issues replenishing their supply in Hagaa (81%), followed by Gu' (32%), Jilal (19%), and Deyr (6%).

BARTER

Only a small percentage of vendors interviewed reported that customers had tried to sell them items received from humanitarian aid (14%), such as sugar, cowpeas, and wheat flour; the majority of whom (69%) reported having accepted the barter.

ENDNOTES

1. OCHA. Somalia Humanitarian Response Plan (HRP) 2020 (p.5). January 2020
2. FSNAU. Somalia: Livelihood Baseline Profile - Galkayo Urban. October 2010.
3. OCHA. HRP 2020 (p.60). January 2020
4. OCHA. Humanitarian Needs Overview 2020 (p.60). December 2019
5. FSNAU. Somalia: Livelihood Baseline Profile - Galkayo Urban. October 2010.
6. Compared to previous assessments conducted in other locations, a larger percentage of IDP HHs is Galkacyo reported having always lived in the same place.
7. CCCM Somalia. Detailed Site Assessment (DSA) January 2019
8. REACH. Market Feasibility Studies 2019-2020.
9. See note #6.
10. Shelter Cluster. Mudug overview. Last access Sep 28th, 2020
11. For at least the past five years, the number of evictions have more than doubled, from an average of 10,000 individuals evicted each month in 2015 to about 25,000 in 2018; OCHA. Somalia Humanitarian Response Plan – Revised (p.9). July 2018
12. Ministry of Labour and Social Affairs (MoLSA). Somalia Social Protection Policy. March 2019
13. Identified in this assessment based on pre-identified OCHA settlements and the shelter conditions.
14. Joint Market Monitoring Initiative (JMMI). Factsheet Booklet. August 2020
15. REACH. Market Feasibility Studies 2019-2020.
16. Money transfer system whereby money is paid to an operator in one location who then directs a counterpart in another location to pay the final recipient.
17. Family residing outside of the location assessed.
18. Savings and Credit Cooperative Organization (SACCO)
19. Seasons are referred to using their names in Somali, as they are normally referred to in other publications. A rough equivalence with the seasons in the northern hemisphere would be Hagaa (summer), Deyr (autumn), Jilal (winter), and Gu' (spring). The two rainy seasons are Deyr and Gu'. More info here.

ABOUT REACH

REACH 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's Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website at www.reach-initiative.org, contact us directly at geneva@reach-initiative.org, or follow us on Twitter at @REACH_info.