Joint Multi-Cluster Needs Assessment: Iskushuban District Profile
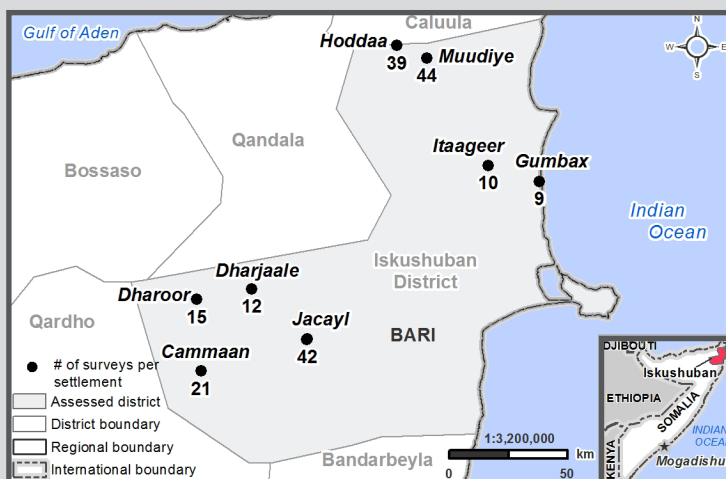
Bari Region, Somalia

August 2017

Background

The ongoing drought has contributed to a rapid deterioration of the humanitarian context in Somalia, with a predicted high risk of famine in 2017. In support of the humanitarian planning response, the Clusters and the Assessment Working Group developed the Joint Multi-Cluster Needs Assessment (JMCNA) with the support of REACH in order to assess needs and access to basic services in Somalia.

The Somalia population was sampled for statistical representativeness at the district level with a confidence level of 90% and a margin of error of +/- 10%, employing a cluster sampling approach using the Population Proportional to Size method with replacement. Data collection was conducted by AAHI, ACF, ACTED, ADESO, Aid Vision, CARE, DBG, DRC, Galmudug MoH, HINNA, INTERSOS, IOM, NRC, PAH, REACH, SADO, SCI, SHARDO and SI.
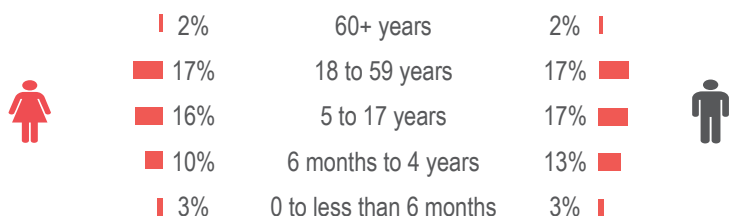
This factsheet presents an analysis of data collected in Iskushuban District between 17 July and 14 August 2017 as part of the JMCNA. In total, 153 households were surveyed across Iskushuban District.

Survey Locations

- # of surveys per settlement
- Assessed district
- District boundary
- Regional boundary
- International boundary

1:3,200,000

Demographics

Household composition, by gender and age:

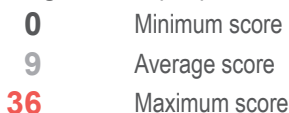|	Age	
2%	60+ years	2%
17%	18 to 59 years	17%
16%	5 to 17 years	17%
10%	6 months to 4 years	13%
3%	0 to less than 6 months	3%

2% of households reported that they are not from the community they currently reside in.

Food Security

Food Consumption Scores (FCS) of households:

- **20%** Acceptable
- **21%** Borderline
- **59%** Poor
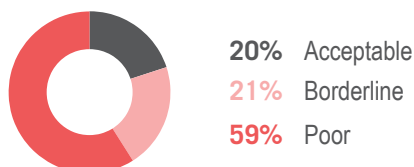
Coping Strategies Index (CSI) scores of households[3]:

0	Minimum score
9	Average score
36	Maximum score

Reported challenges experienced by households when attempting to access food over the past three months[2]:

Lack of resources to buy food	**71%**
Lack of food items available to purchase	**46%**
Lack of cooking utensils	**0%**
Lack of cooking fuel	**22%**
None of the above	**15%**
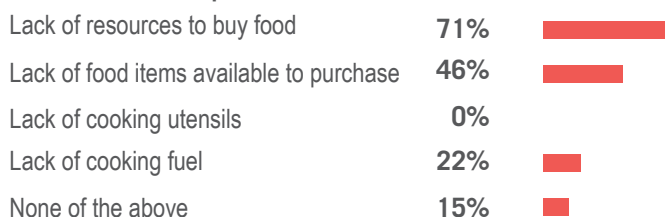
6.7 days on average that households' food stocks will reportedly last.

Vulnerabilities

% of households reporting the following members:

39%	Pregnant or lactating woman
12%	Sick child
12%	Disabled or chronically ill person
2%	Unaccompanied or separated child
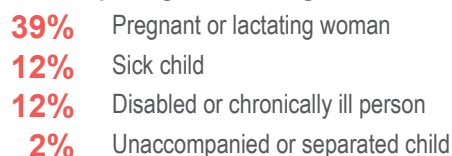
Priority Needs

Top 3 priority needs reported by households[1]:

1. Food / Healthcare / Water	**62%**
2. Education	**54%**
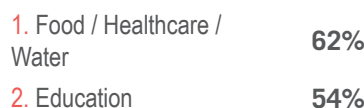
Nutrition

% of children under 5 in assessed households, by Mid-Upper Arm Circumference (MUAC) score:

- **26%** Normal
- **46%** At risk of malnutrition
- **25%** Moderately malnourished
- **3%** Severely malnourished

% of households reported access to the following nutrition services[2]:

Outpatient Therapeutic Programme / Targeted Supplementary Feeding Programme	**31%**
Infant and Young Child Feeding	**24%**
None	**22%**
Do not know	**11%**
Blanket Supplementary Feeding Programme	**6%**
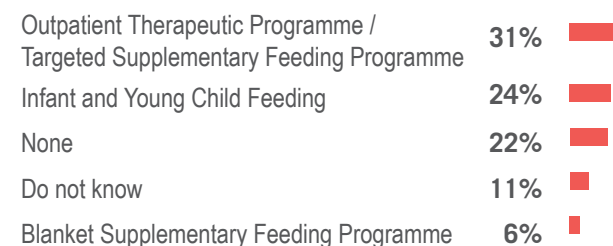
12% of households reported increased difficulty in accessing nutrition services compared to more than 3 months ago.

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Livelihoods

Top 3 primary support sources reported for the past year:

1. Day labour	**35%**
2. Humanitarian assistance	**14%**
3. Livestock produce (for sale)	**11%**

39% of households reported losing livestock in the last three months.

Health

Main health problems reported by households in the last month[1]:

1. Suspected malaria	**29%**
2. Acute watery diarrhoea	**20%**
3. Respiratory infection	**16%**

30% of households reported increased difficulty in accessing health services compared to more than three months ago.
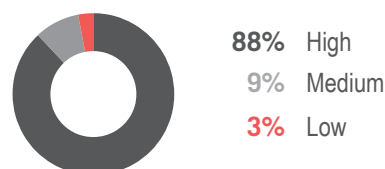
27 USD on average were reportedly spent by households on health care in the past month.

44% of households reported increased spending on health services compared to more than three months ago.

Education

18% of school-aged children (5-17 years) reportedly attend school.

Reported level of priority of education for households:

88%	High
9%	Medium
3%	Low

Communication

Top 3 preferred channels for receiving information reported[1]:

1. Radio	**51%**
2. Community meetings	**40%**
3. Telephone (voice)	**39%**

Top 3 reported information needs of households[2]:

1. Health advice and treatment	**69%**
2. Food	**68%**
3. Water	**49%**

Protection

1% of households reported that a household member has experienced violence, threats or intimidation in the past three months.

2% of households reported not being able to move freely in their community and surrounding area.

**0%** of households reported a theft from their shelter in the past three months.

Water, Sanitation & Hygiene (WASH)

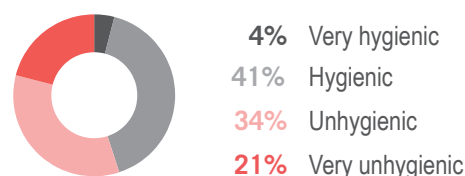**Main sources of drinking water reported by households[2]:**

1. Burkad	**56%**
2. Unprotected well	**10%**
3. Piped system	**8%**

22% of households reported a problem of either quantity or quality with their main water source.

Types of latrines reportedly accessible to households:

71%	Private
2%	Communal
27%	No access
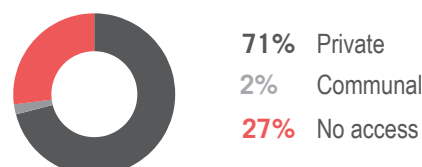
Reported hygiene status of latrines used by households[4]:

4%	Very hygienic
41%	Hygienic
34%	Unhygienic
21%	Very unhygienic

Shelter

Primary structural materials reportedly used for main shelter, by proportion of households:

1. Bricks	**58%**
2. Wood	**16%**
3. Stones	**14%**

Roof covering materials reportedly used for main shelter, by proportion of households:

1. Iron sheet	**74%**
2. Earth	**10%**
3. Plastic sheet	**7%**

7% of households reported damage to their shelter within the past three months.

5.6 people on average were reported per shelter.

Endnotes

1. Respondents could select up to 3 options.

2. Respondents could select multiple options.

3. Higher scores indicate a greater degree of food insecurity, with the maximum possible score being 56. For more information about the CSI, please visit: http://bit.ly/2vR37Ia

4 This question was only asked to respondents reporting access to a latrine.