SOMALIA

Joint Multi-Cluster Needs Assessment (JMCNA)

Round IV

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OCHA

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Enumerator and respondent, during JMCNA data collection, © REACH

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The year 2020 was marred by a convergence of adverse, compounding shocks in Somalia, leading to a significant socio-economic toll for a population that has faced exacerbated hardship in previous years. Beginning in 2019, the country experienced two, overlapping locust swarms, which inflicted a high cost on farmers and herders and further imperiled food security and nutrition. The *Gu* rains, occurring from April to June, while helping to recharge depleted water reserves, also led to flooding across the country, damaging critical infrastructure and displacing hundreds of thousands of Somalis. In addition, COVID-19 was detected in Somalia in March, and although the impacts of the virus and the preventative measures remain largely unknown as the pandemic is still unfolding, the situation has likely created additional stresses for households in their ability to meet livelihoods, education, food security, and other needs. The crises of 2020 descended on a country still recovering from the hardships of previous years, most notably years of drought and chronic insecurity, bringing adversities that further stretched coping strategies of some and exhausted those of others. The effects of COVID served to disrupt the existing humanitarian response, and, by limiting the reach of crucial assistance, was expected to deepen or expand existing needs, while simultaneously creating new ones.

Against this backdrop of overlapping shocks and shifting humanitarian need, the Office for the Coordination for Humanitarian Affairs (OCHA), the Somalia Assessment Working Group (AWG), and the Inter Cluster Coordination Group (ICCG) and the Information Management Working Group (IMWG), conducted the fourth Joint Multi-Cluster Needs Assessment (JMCNA) in Somalia, with support from REACH. The JMCNA is a nation-wide, household-level assessment, to inform the strategic planning and prioritization of humanitarian response by contributing data and evidence to the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

The JMCNA was conducted across 17 of 18 regions and 59 of 74 districts. The population of interest included locales identified as IDP or non-IDP sites, as well as displaced and non-displaced persons. To ensure safety and mitigate the risks of inadvertently spreading COVID-19, all data was collected remotely, through telephone calls by REACH and partner enumerators, with samples developed through contact information from the previous two JMCNAs (i.e. 2018 and 2019). As a result, findings are not generalizable to the overall population of interest with a known level of precision, but can rather be considered indicative of their situation and experiences. Data was collected from June 13 – August 6, 2020 and the final sample constituted 9,974 households. This timeframe, which included the aftermath of the *Gu* rains, the closure of schools, and the pivoting of humanitarian response, captures a period where households in Somalia were likely facing sweeping adversities and deepening needs.

Key Findings

The JMCNA assessed virtually all households in Somalia to be in need, to varying degrees. Half of all assessed households (50%) were found to be in extreme need[1], while 24% were assessed to have extreme, potentially catastrophic, needs[2]. The high rate of extreme needs was found to be primarily driven by unmet needs in the sectors of water, sanitation and hygiene (WASH), shelter and non-food items (SNFI), and food security. Assessed households in IDP sites found to generally be more likely to have extreme unmet needs than those residing in non-IDP sites. In Southwest State (SWS), as many as 90% of assessed households faced extreme or extreme, potentially catastrophic, unmet needs, followed by Banadir (82%). Extreme needs in SWS were driven primarily by food insecurity, while those in Banadir were driven primarily by the SNFI sector. The highest rate of extreme, potentially catastrophic needs, was observed in Hirshabelle (33% of households) and Banadir (28%). In Hirshabelle, the rate of extreme, potentially catastrophic, needs was driven primarily by the WASH sector, while those in Banadir were distributed across various sectors.

Findings suggest that sectoral needs were commonly overlapping and co-occurring; 97% of households were experiencing living standard gaps (LSGs) (i.e. unmet needs) across multiple sectors. The most common combination of overlapping needs was nutrition, SNFI, WASH, and education. Importantly, 40% of households were

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[1] Indicating they received a living standard gap (LSG) score of 4, according to the REACH MSNI framework, adapted from draft Joint Inter-Agency Sectoral Analysis Framework (JIAF).For more information, please see the Methodology section.
[2] Indicating they received a score of 4+, according to the MSNI framework.

found to be in extreme need across multiple sectors. Assessed households in IDP sites were more often found to have extreme needs across multiple sectors than assessed households in non-IDP sites.

Coping mechanisms are means of preserving living standards through negative or unsustainable behaviors, the latter of which may serve to presage future needs. Of the 60% of households who did not experience food security needs, 93% were relying on capacity gaps, defined as negative or unsustainable coping mechanisms to meet needs, which included reducing meals, restricting consumption, or borrowing food.[3] Similar strategies were observed among households with unmet needs in the WASH sector. Specifically, among the 10% of households who did not have a WASH LSG, 59% were relying on at least one coping mechanism. Among those using a coping mechanism, the most commonly reported were those related to a lack of sanitation facilities (73%), behaviors which included open defecation. Fewer households reported relying on strategies to adapt to a lack of hygiene products (46%), such as reducing their consumption, or strategies to adapt to a lack of water (38%), such as consuming surface water.

Households in South West State (SWS) have been particularly affected by the crises and shocks of the previous years, principally drought, insecurity, and flooding. SWS was found to have the highest proportion of assessed households (39%) facing extreme food security needs, almost double the national rate (21%). Across the state, among those households with extreme unmet needs in food security, needs were primarily driven by a dependency on friends/family or government and humanitarian agencies as their primary source of food. In SWS overall, 56% of households were found to have an LSG in food security, the highest of any state. Further, among the 44% of households in SWS not relying on tenuous sources of food, 89% were relying on a negative consumption-based coping mechanism. Damage and disruption to infrastructure caused by recent flooding and conflict, along with disruption to humanitarian and government operations caused by COVID, has the potential to further degrade existing living standards and deepen food security, nutrition, and health needs in the future.

Education is another sector that has been disrupted by recent events, chiefly school closures implemented to stem the spread of COVID-19. At the time of data collection, 36% of households with school-aged children reported at least one child had stopped attending school since the start of COVID-19. Despite efforts by the government and other authorities to promote remote learning, only 4% of those households reported their children had continued learning since leaving school. Significantly, drop-out rates are not universally distributed; households in Puntland (53%), Galmudug (48%), and Somaliland (47%) more commonly reported this than assessed households in other states. Further, households with children who stopped in-person attendance after COVID reported barriers beyond school closure as reasons children have stopped attending; 51% in SWS also identified a lack of transportation and 31% in Jubaland identified parents preferring their children stay home. At the time of this report's writing, schools have since re-opened across Somalia. However, findings suggest that there are underlying factors impacting enrollment that go beyond the increases in school dropout associated with COVID-19. Indeed, among the households who identified barriers to boys' (79%) and girls' (79%) education, the most commonly cited barrier was the cost of education (e.g. school fees). This factor – among others – will need to be further explored and understood in order to address chronic education issues and support sustainable and inclusive education programming.

Conclusions

2020 has been an unprecedented year in many ways for Somalia, compromising the livelihoods and aspirations of a people who have endured acute disadvantage from multiple shocks in previous years. The findings of the JMCNA have indicated that households across Somalia are likely to be experiencing living standard gaps across various sectors, suggesting a wide-spread inability to meet basic needs. Though findings indicate that need is near-total, there are important sectors that warrant greater attention. Household needs appeared greatest in the WASH, SNFI, and nutrition sectors and seem to commonly co-occur across these sectors and others as well. In SWS, Banadir, and Hirshabelle, assessed households in IDP sites were generally found to more commonly face extreme needs than their counterparts in non-IDP sites. Findings highlighted that food security was particularly precarious in SWS and suggested that the apparent dual impact of COVID-19 and underlying factors on children's education might signal a potential longer-term degradation of resilience and adverse effects on inter-generational upward mobility if existing barriers in this sector endure.

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[3] As measured by the reduced Coping Strategies Index (rCSI).

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Unfortunately, this report is not written in a moment of optimism, where it can be asserted that the worst has passed and the time has come to pick up the pieces and survey a new world. Rather, COVID-19 and its economic affects will likely persist well into 2021, and will likely be joined by new locust swarms[4] and the consequences of the recent below average *Deyr* rains[5]. In this context, where households' needs have started high, informal safety nets from remittances have been eroded by COVID[6], and an El Niño season threatens a poor forecast for the Gu rain, more attention will have to be devoted to an appropriate and adequate humanitarian response in a time of increasingly challenging operating environment and limited resources, to prevent excess mortality.

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[4] UN News. "Desert Locust 're-invasion' threatens millions across Horn of Africa." 16 December 2020.
[5] Famine Early Warning Systems Network (FEWS Net). "Deyr rainfall season ends, with most of Somalia receiving little to no rainfall in mid-December." 24 December 2020.
[6] Mohamed Said Samantar. "The economic impact of Covid-19 on Somalia." November 2020.

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List of Acronyms

ACF	Action Contre la Faim
ACTED	Agence d'Aide à la coopération technique et au développement
ARC	American Refugee Committee
AS	Al Shabab
AWG	Somalia Assessment Working Group
CG	Capacity Gap
CPRP	Somalia Country Preparedness and Response Plan
DAP	Data Analysis Plan
DRC	Danish Refugee Council
GBV	Gender-based violence
HIPS	The Heritage Institute for Policy Studies
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Persons
IMWG	Information Management Working Group
ICCG	Inter Cluster Coordination Group
JIAF	Joint Inter-Agency Analysis Framework
JMCNA	Joint Multi-Cluster Needs Assessment
KAP	Knowledge, attitudes, and practices
LSG	Living Standard Gap
MSNI	Multi-Sector Needs Index
NFI	Non-food item
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PII	Personally identifiable information
rCSI	Reduced Coping Strategies Index
RDD	Random-digit dialling
READO	Rural Education and Agriculture Development Organization
SADO	Social-Life and Agricultural Development Organization
SCI	Save the Children International
SDR	Secondary Data Review
SIF	Secours Islamique France
SNFI	Shelter and non-food items
SWS	Southwest State
UN	United Nations
UNDP	United Nations Development Program
WASH	Water, sanitation, and hygiene
WVI	World Vision International

Geographical Classifications

State	Highest form of governance below the national level
Region	Form of governance beneath the state level
District	Form of governance beneath the region level

List of Figures, Tables and Maps

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INTRODUCTION

In 2020, Somalia endured a confluence of adverse, compounding shocks, which imposed significant tolls on a population already living under the strain from stresses of previous years. Already at the start of the year, Somalia was experiencing high rates of poverty – more than half of the country was estimated to be below the poverty line – as well as diminished agro-pastoral production, protracted displacement for significant segments of the population, and adverse political developments, such as insecurity created by ongoing armed group activity and friction between federal and regional authorities.[7] While some actors pointed to auspicious signs for the coming year[8], such as the anticipated parliamentary and presidential elections[9], hopes for improved humanitarian outcomes and elevated quality of life were challenged by several crises that unfolded in the succeeding months. Chief among these were the return of desert locust swarms, flooding from seasonal rains, and the spread of COVID-19.

In 2020, Somalia experienced two, overlapping locust swarms, the first of which lasted from June 2019 to January 2020 and the second from November 2019 to February 2020. A March 2020 rapid needs assessment estimated that 55% of farming land and 50% of grazing land had been affected by the swarms[10], a cause of concern in a country where, among the rural population, 50% of households are pursuing agro-pastoral livelihoods and the other 50% nomadic pastoral ones.[11] In February 2020, the government of Somalia declared a national emergency in reaction to the locust swarms, recognizing the severe threat to food security. By July 2020, it was estimated that as a result of locusts, along with other pests and flooding, the *Gu* season harvest could be as much as 15 – 25 percent lower than the long-term average from 2016-2019.[12] The possible effects of **diminished food production** were already being observed, as a 13 percent increase in new monthly admissions of acutely malnourished children was observed between January and March 2020.[13] Further, the ability of authorities in Somalia to respond to the potential crisis was hampered by security-related issues and restrictions created by the COVID pandemic.[14]

Somalia experienced an above-average rainfall from the *Gu* rains, which occurred from April to June, producing mixed effects for the population. The rains were vital for recharging subsurface water and relieving the existing water deficit, and were also attributed to improved harvest outcomes, the latter of which were especially critical in light of agricultural destruction by locusts. However, the heavy rains also contributed to significant flash and riverine flooding, beginning in April. The floods affected an estimated 919,000 people, 411,905 among whom were displaced, while others experienced acute watery diarrhea or cholera.[15]

Perhaps the most consequential development for humanitarian needs was the COVID-19 outbreak. The first case of COVID-19 was detected in Mogadishu on March 16 and, by July 2020, there were 3,006 reported cases across the country.[16] The threat of COVID to public health in Somalia is particularly grave when accounting for the **limited capacity of the healthcare sector and the densely populated IDP camps and other settlements across the country**. Beyond the threats of public health, the indirect consequences of the pandemic have been acute. Movement restrictions, including prohibitions on commercial flights, have constricted the national and local economy, leading to greater stresses in earning livelihoods for households, especially among daily-wage laborers.[17] In March, the government announced the closure of schools across Somalia, leaving as many as **1.1 million children out of school** and, despite efforts to encourage remote learning by radio, Internet and other means, often **without access to education and sufficient nutrition**.[18] Due to the effects of COVID-19 and the preventative

[7] United Nations Office for the Coordination of Humanitarian Affairs (OCHA). "2020 Humanitarian Needs Overview: Somalia." December 2019.
[8] Ibid.
[9] United Nations. "Somalia's 2020 Elections Will Be Historic Milestone on Long Journey Back to Security, Stability, Special Representative Tells Security Council." 24 February 2020.
[10] Agency for Technical Cooperation and Development (ACTED). "Desert Locust Outbreak Needs Assessment" March 2020.
[11] The World Bank. "Somalia – Water for Agro-Pastoral Productivity and Resilience (P167826)". 3 June 2019.
[12] OCHA. "Humanitarian Response Plan: Somalia: HRP Revision – COVID-19." July 2020.
[13] Ibid.
[14] Philip Kleinfeld, "COVID-19 hampers response as 'perfect storm' of locusts builds in East Africa." The New Humanitarian. 28 April 2020.
[15] Food and Agriculture Organization of the United Nations (FAO). "Gu 2020 Rainfall Performance (March to June 2020)." 22 July 2020.
[16] OCHA. "Humanitarian Response Plan: Somalia: HRP Revision – COVID-19." July 2020.
[17] The World Bank. "Somalia Economic Update, June 2020: Impact of COVID-19 – Policies to Manage the Crisis and Strengthen Economic Recovery." June 2020.
[18] Ibid.

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measures, foreign remittances may have fallen as much as 15% in 2020[19], a resource that an estimated 40% of households rely on to support their income[20]

Finally, the threat from armed groups remained persistent. The group known as Al Shabab (AS) maintains an influential presence in south and central Somalia. In many locations, AS has established a parallel administration to the recognized government of Somalia, extract taxes from the population, recruit additional members, and mount attacks against government (federal and regional) forces, international forces (e.g. the African Union Mission in Somalia (AMISOM)), other armed groups, and civilians.[21] The fourth quarter of 2020 saw the second highest number of violent incidents recorded since Q3 2017, with a 13% rise in incidents overall from 2019. Armed clashes involving AS have noticeably increased from Q3 to Q4 in 2020, with a late increase in assassination attempts towards the end of the year as AS have started to target elders who are involved in the electoral process.[22] The political atmosphere and its effects were also influenced by developments in plans to hold presidential and parliamentary elections in 2020 and tensions surrounding the election were observed to be a potential contributor to violence.[23]

The developments described above are both causes and aggravators of displacement across Somalia. **Between January and October 2019, 665,000 people were displaced, including 363,000 in the month of October alone, largely as a result of flooding.**[24] By the beginning of 2020, there were 2.6 million IDPs in Somalia, the vast majority of whom are likely to face humanitarian needs.[25] Displacement by its nature uproots households from their communities, dislocating them from networks of existing connections and support, forcing them to reconstruct such networks in new, often unfamiliar contexts. IDPs often face heightened challenges to livelihoods, services, support networks, and other elements necessary to maintain adequate standards of living. One of the most pernicious threats to displaced households is eviction, which forces them to undergo the process of displacement again, often with little warning or means to prepare. Between January and October 2019, there were an estimated 220,000 forced evictions of displaced people, an average of 11,000 per month.[26]

The natural and human-created circumstances and shocks described above are some of the most significant contributors to household needs and vulnerability across Somalia. Further, as intimated in the narrative, the course of these events are not linear or predictable; rather, their character can change rapidly, through the reaching of new political compacts, changes in rainfall patterns, locust breeding, or the transmission of COVID. These twin realities – the intensity of Somalia's current needs and the unpredictable trajectory of major shocks and drivers of vulnerability – necessitates both short- and long-term humanitarian and development-oriented interventions informed by evidence. Reflecting this, the Office of Coordination for Humanitarian Affairs (OCHA), the Somalia Assessment Working Group (AWG), and the Inter Cluster Coordination Group (ICCG) and the Information Management Working Group (IMWG), conducted the fourth Joint Multi-Cluster Needs Assessment (JMCNA) in Somalia, with support from REACH.

The JMCNA is a nation-wide assessment, conducted at the household-level, that aims to provide a crisis-wide snapshot of humanitarian needs, allowing demographic and geographic comparisons, address information gaps in cross-cutting needs, and promote understanding of co-occurrence of needs across sector. In so doing, the assessment serves to inform strategic planning and the prioritization of humanitarian responses. The ultimate goal is to inform partners at the strategic level and to contribute data and evidence to the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

The following report presents the results of the assessment. It begins with a description of the data collection process and the methodology used to analyze the results. The report then describes relevant contextual information, serving to elucidate the primary events and developments that influenced the lives of households in Somalia in advance and during the time of data collection. The succeeding section is devoted to presenting the key inter-sectoral findings, before continuing to a more detailed discussion on sub-sets of key concern and intra-sector results. The penultimate section is devoted to presenting key findings on the accountability of the humanitarian

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[19] Mohamed, Said Samantar, "The economic impact of COVID-19 on Somalia" November 2020
[20] Rift Valley Institute, "Remittance transfers to Somalia Keeping the lifeline open" 2013
[21] The Heritage Institute for Policy Studies (HIPS). "State of Somalia Report." 2020.
[22] INSO, "Q4 Quarterly Report" January 2021
[23] International Crisis Group. "Staving off Violence around Somalia's Elections." 10 November 2020.
[24] OCHA. "2020 Humanitarian Needs Overview: Somalia." December 2019.
[25] Ibid.
[26] Ibid.

community to the affected population and the effect of COVID-19 on households. A concluding section summarizes the core information and findings from the preceding sections.

METHODOLOGY

Specific objectives and research questions

The JMCNA's goal is to inform partners at the strategic level and contribute nation-wide, district-level, inter- and multi-sectoral analysis of the severity of needs and vulnerabilities of households across Somalia. The current assessment is guided by the following research questions:

- What are the main household needs and priorities (sectoral and multi-sectoral) in Somalia?
  - What proportion of households have moderate and severe needs within and across sectors? Where are they located?
  - What do their survival, emergency, and livelihood problems consist of?
  - What is the level of household access to basic services? Are any groups excluded from accessing basic services?
  - Which population groups are the most vulnerable? Which are the main factors exacerbating or mitigating their needs?
  - What protection concerns currently affect population groups in Somalia? How do they intersect with other needs?
  - What knowledge, attitudes, and practices surrounding COVID-19 are currently held by population groups in Somalia?
- How do the answers to the aforementioned questions vary according to district and region, urban or rural areas, and displaced and non-displaced population groups?

Secondary data review

To assist in the development of research questions, inform the sampling framework, and provide contextual information for the development of indicators and classification of household severity, a secondary data review (SDR) was completed by REACH. Sources reviewed included resources by the United Nations (UN) and non-governmental organizations (NGOs), and consisted of reports, assessments, documents, updates, articles, among others.

Coverage and scope

The 2020 JMCNA is a national-level assessment. It was conducted across 17 out of 18 districts and in 59 out of 74 districts. The population of interest included locales identified as IDP or non-IDP sites, as well as displaced and non-displaced persons, who may not necessarily be residing in an area corresponding with their displacement status. Thus, **the assessment disaggregates on the basis of households residing in IDP sites and households residing in non-IDP sites, rather than the self-reported displacement status.** Findings can be aggregated at the national, state, region, and district level, as well as households in IDP and non-IDP sites at each area level.

Households were asked a variety of questions assessing their household's experiences across several key sectors, including household demographics, displacement trends, pre-existing vulnerabilities, living standards, and aid/support dynamics. Households' needs were assessed in the following sectors: education; health; nutrition; food security; water, sanitation, and hygiene (WASH); shelter and non-food items (SNFI); and protection. The household surveys also collected data on negative coping strategies employed in response to adverse conditions. Finally, the survey assessed the knowledge, attitudes, and practices (KAP) of households relative to the COVID-19 outbreak, including sources of information and actions taken to prevent contracting the virus.

Map 1: Assessed households in IDP and non-IDP settlements
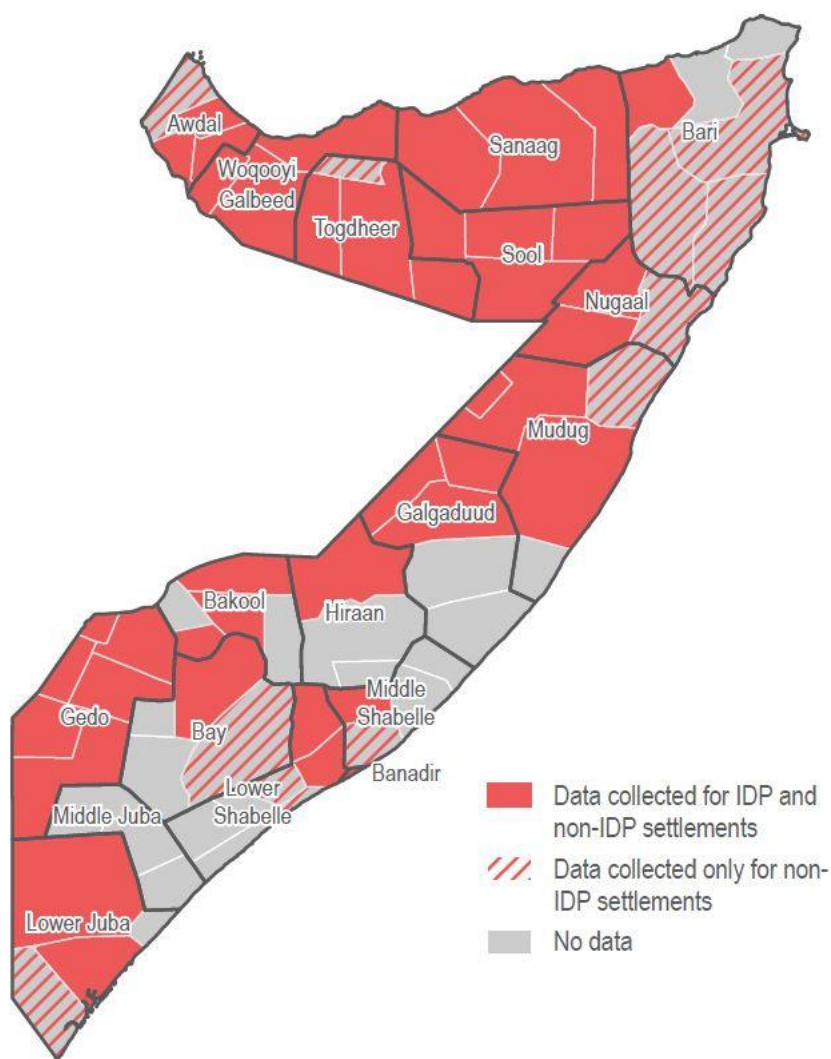
Sampling strategy

Reflecting the risks and obstacles associated with in-person data collection during COVID-19, the survey employed a non-probability quota sampling approach. Quotas for the present assessment were identical to those used in the 2019 JMCNA (per population group and district), providing the required sample sizes proportional to the populations of interest per district. For demographic and security reasons, REACH opted to not use random-digit dialing (RDD) in developing the JMCNA sample framework. Instead, the sample for the present JMCNA was developed through phone lists from the 2018 and 2019 JMCNAs.[27] Snowball sampling methods were also employed, whereby participants provided the contact information of potential future participants.

In total, **9,974 households (covered by 72% of female respondents and 28% of male respondents) were included in the assessment** after data cleaning, out of the 14,267 households that had been assessed for the JMCNA in between June 13 – August 6, 2020. Households not included in the final dataset were discarded for sampling errors and data quality issues. **Among the included households, 1,469 households in IDP sites reported being displaced (IDP households in IDP sites) and 372 households in non-IDP sites reported being displaced (IDP households in non-IDP sites). There were 172 returnee households and 76 were refugees[28].**

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[27] These respondents had previously given their consent to be re-contacted.

[28] The refugees and returnees were not included in the final sample because initially they weren't considered as part of the main sample. Basically the sample was targeting IDPs and Non-IDPs (HC) who're not returnees or refugees, so that led to exclude them from the final sample.

Data collection was conducted by six field officers, overseeing 263 enumerators. Among these enumerators, 137 were REACH enumerators, while the other 126 staff of partners ACF, ACTED, ARC, CARE, Concern Worldwide, DRC, Islamic Relief, Mercy Corps, NRC, Oxfam, READO, SADO, SCI, SIF and WVI.

Data protection and data cleaning

REACH Field Officers served as focal points for data collection, coordination, cleaning, and reported to REACH Assessment Officers. At the end of each day, data was uploaded from smartphones to the Kobo Collect server. Subsequently, a REACH Database Officer downloaded the data and removed all personally-identifiable information (PII). Only REACH Field Officers retained the raw data, principally the contact information of respondents that allowed for follow-up calls and data checks performed during data cleaning. Any data that was determined to include PII was deleted at the conclusion of data cleaning.

Field Officers were responsible for conducting daily data cleaning of surveys and followed the protocols delineated in the Standard Operating Procedures (SOPs). Any changes made were noted in the data cleaning log. Cleaned data and accompanying cleaning logs were sent to REACH Assessment Officers on a daily basis, who proceeded to review and verify changes. These were relayed back to Field Officers and incorporated in daily briefings for enumerator teams. As a last step, the dataset was weighted according to population size in each district and, during aggregation, at the regional and national level to counter any biasing of results. Data cleaning SOPs followed by REACH officers can be found in Annex 6.

Analytical framework

Data analysis was conducted according to the draft JIAF, which had been sufficiently adapted for the Somalia context. To estimate the severity of household needs in each sector, **the Living Standard Gap (LSG)** methodology was adopted. An LSG is a sectoral indication of need consisting of aggregated unmet needs indicators per sector according to a five-point scale (1 "minimal" – 4+ "extreme"), which were chosen in collaboration with cluster partners. Scores of 3 or above automatically classified the household as having an LSG for the given sector. In addition to LSGs, REACH also assessed **Capacity Gaps (CGs)** faced by households, which signal whether a household is maintaining a standard of living through the use of negative and unsustainable coping strategies to overcome gaps in their living standards and meeting basic needs. Households with one or more sectoral LSGs were classified as having multi-sectoral needs.

Households' highest severity score across all the sectors was recorded as their **overall Multi-Sectoral Needs Index (MSNI) score.** The MSNI is a **tool to estimate the overall severity of need,** (expressed on a scale from 1 – 4+). A score of 1 represents minimal needs, 2 represents stress, 3 severe needs, and 4 extreme needs. The standard draft JIAF traditionally assigns scores between 1 and 5, with the latter representing catastrophic need, defined as heightened levels of mortality, grave human rights violations, and widespread morbidity. Reflecting the character of the JMCNA, REACH is not able to classify households as 5, as such classifications are more appropriate at the area-level than at the household-level, and can only be established through the triangulation of several external sources. Reflecting these methodological circumstances, REACH developed the 4+ score, indicating a household is facing particularly grave threats, of a more severe character than those classified as 4.

The MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has a very severe LSG in just one sector or co-occurring severe LSGs across multiple sectors, their final MSNI score will be the same. While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude and severity between households.

A full list of the definitions of analytical constructs employed in the analysis of data for the present JMCNA is included below:

- **LSG:** signifies an unmet need in a given sector, where the LSG severity score is 3 or higher
- **CG**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Pre-existing vulnerabilities (PEV)**: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity**: signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no need) to 4 (extreme needs)/4+ (extreme+ needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.
- **MSNI**: a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to [4/4+]), based on the highest severity of sectoral LSG severity scores identified in each household.

Dissemination of findings

Following analysis of results, REACH presented its preliminary findings to cluster and operational partners in a series of bi and trilateral workshops. The workshop served to present the key sectoral and inter-sectoral messages and solicit the perspectives and contextual knowledge of partners. Comments and feedback were later integrated in the final report, as appropriate.

Ethical considerations

All enumerators were trained on the Code of Conduct, which delineated and explained standards and responsibilities. Specific topics covered: receiving informed consent, Do No Harm, prohibition on creating relationships (sexual), ensuring and protecting confidentiality, and means for reporting misconduct. The survey questionnaire was translated by multiple Field Officers, each of whom was assigned a separate section. These sections were then reviewed by the larger team, with particular attention paid to accuracy of translation as well as implications and connotations of word choice.

Limitations

The principal limitations faced by the assessment related to restrictions and adaptations caused by COVID-19. As discussed above, restrictions on movement and gatherings, as well as concerns for public health, precluded the possibility of in-person, statistically representative data collection and prompted REACH to shift to a remote methodology with purposive sampling. Further, as the sampling framework was built through existing contact lists from the two previous JMCNAs, as opposed to RDD, this added further bias. While last year's MSNA drew on a representative sample (95% confidence level) allowing for generalizable findings at the district level, the COVID-19 preventative measures have limited our ability to carry out the representative sampling methods laid out in the Terms of Reference. As a result, findings of the 2020 JMCNA are not representative with a known level of confidence. However, an identical sampling framework from the 2019 JMCNA was used to approach some degree of representativeness.

Adopting a telephone-driven data collection approach further limited the sub-set of potential households to those that owned a cell phone and were in an area with sufficient service. Instances where numbers had been deactivated since last year's data collection, or no longer belonged to the intended participant created additional challenges. Further, in other instances, respondents who were living in one district in 2018 or 2019 were found to be living in different districts in 2020, requiring enumerators to call additional potential participants or, if interviews were incorrectly conducted, discard the survey in data cleaning. To account for these challenges, adequate buffers were built into the final sampling framework.

The sampling frame relied on sites that were designated as IDP or non-IDP sites, as opposed to the self-reported displacement status of households. In certain instances, displacement status and status of site do not match; of the 5,770 households in non-IDP sites, 381 reported themselves to be IDPs, while of the 4,692 households in IDP sites, 163 reported they were not IDPs. As a result, the succeeding sections of the report evaluates and compares needs and vulnerabilities of population groups across sites, not displacement character. This reflects the understanding that households living together in certain sites are likely to have similar needs and vulnerabilities, irrespective of their displacement status. Finally, the sampling framework did not account for refugee or returnee populations, though households from these groups were included in the data collection.

Consistent with previous assessments, the current JMCNA did not include questions considered excessively sensitive, such as clan affiliation.[29] Questions on protection were also limited to closed-ended responses, which did not allow for further discussion on topics recognized to have a high potential for under-reporting. That surveys were conducted over the phone, as opposed to in-person, also limited the ability of enumerators to develop as strong a rapport with respondents and allay the concerns that might produce guarded responses or those that were not fully truthful. Enumerators were trained on best practices to establish trust as a means of mitigating possible occurrences. Related to this, in many instances, interviews with female respondents were conducted by male enumerators, which may have created an atmosphere of unease and underreporting, especially when assessing certain indicators, such as the existence of gender-based violence (GBV) in communities. However, it is believed that the fact that many respondents had previously participated the 2018 and 2019 JMCNA surveys may also have contributed to greater feelings of comfort and trust during interviews.

The JMCNA analysis will not provide a detailed sectoral analysis in food security as there are better datasets and analysis available through the IPC process.[30]

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[29] While this JMCNA did not seek to ascertain clan affiliation REACH will be working with the protection sector and other partners in 2021 to understand whether questions on clan affiliation can be included as part of the next round.
[30] The IPC analysis can be found at this link https://www.fsnau.org/ipc/ipc-map

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Intersectoral Findings

MSNI Scores

Overall, virtually all households (> 99%) were found to have multi-sectoral needs (i.e. an MSNI score of 3 or higher). Half of assessed households (50%) had extreme multi-sectoral needs (i.e. had an MSNI score of 4), and a further **24% were found to have extreme needs that might be catastrophic** (i.e. received a score of 4+). The high rates of extreme needs were driven primarily by the presence of LSGs in WASH, SNFI, and food security.

Education does not appear as a sector in this section because the education MSNI score has been limited to 3. This is in correspondence with global guidelines developed by REACH.

Figure 1: Frequency of 4 and 4+ scores across sectors, among households with extreme multi-sectoral needs (MSNI scores of 4 and 4+)

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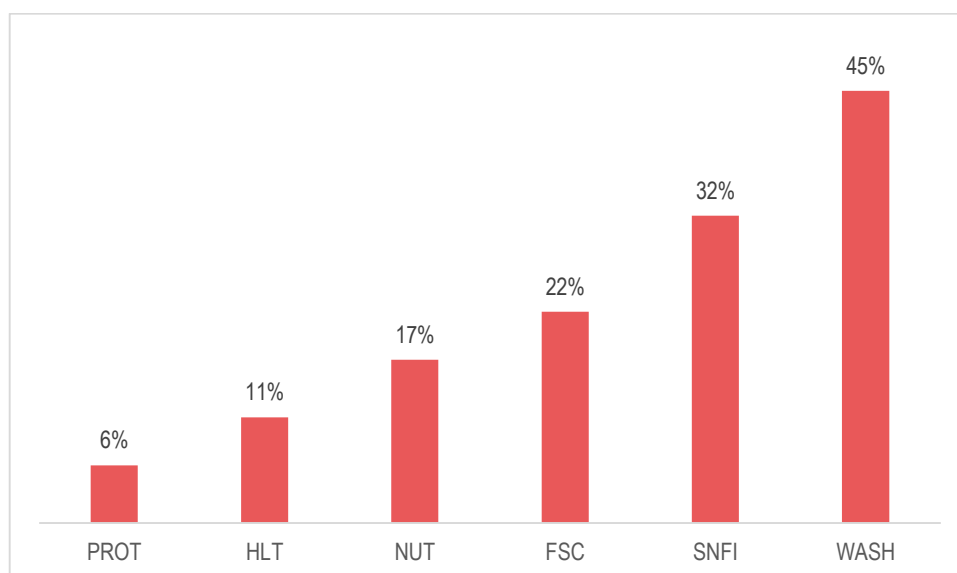
Map 2: Distribution of MSNI Scores by District

MSNI Score of 3

MSNI Score of 4

MSNI Score of 4+
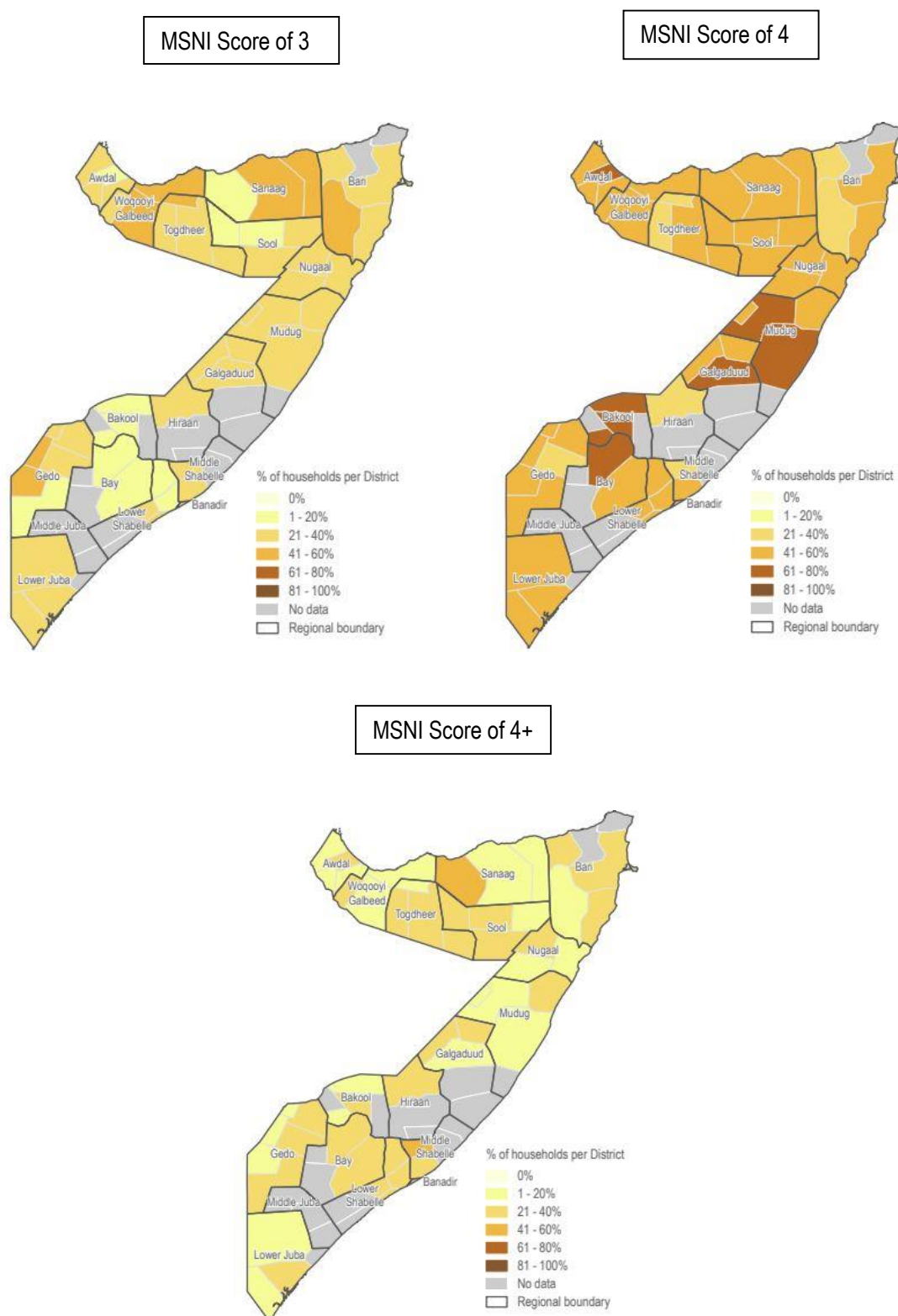
On the national level, findings suggest that virtually all households in both IDP and non-IDP sites had multi-sectoral needs. However, the distribution of severity was not uniform; roughly one-third of households in non-IDP sites (32%) had severe multi-sectoral needs (i.e. received a score of 3), compared to only 9% of those in IDP sites. In contrast, 63% of households in IDP sites had extreme multi-sectoral needs, compared to 45% in non-IDP sites. **The highest rates of extreme and extreme, potentially catastrophic, multi-sectoral needs were observed in SWS (90%), where as many as nine-in-ten households received scores of 4 or 4+, followed by Banadir (82%).** The highest

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rates of extreme, potentially catastrophic, needs were observed in Hirshabelle (33% of households), Banadir (28%), Jubaland (26%) Puntland (25%) and SWS (24%).

Co-Occurring Needs

When assessing the co-occurrence of needs, findings suggest a complex humanitarian situation in which many households are experiencing an intersection of unmet needs across multiple sectors. The majority (97%) of households were found to have needs across multiple sectors. Overall, **65% of households had LSGs in 4 or more sectors and 36% had LSGs in 5 sectors or more.** Significantly, 40% of households were found to have extreme needs across multiple sectors. Comparatively, findings suggest that households residing in IDP sites were more likely to have extreme needs across multiple sectors; **60% of households in IDP sites had extreme needs across multiple sectors, compared to 32% of households in non-IDP sites**, including 28% with extreme needs across 3 or more sectors (compared to only 11% of households in non-IDP sites).

The most common combination of co-occurring needs was a combination of LSGs in nutrition, SNFI, WASH, and education, which was experienced by 12% of households.

Figure 2: Most common combinations of needs, by proportion of households with unmet needs
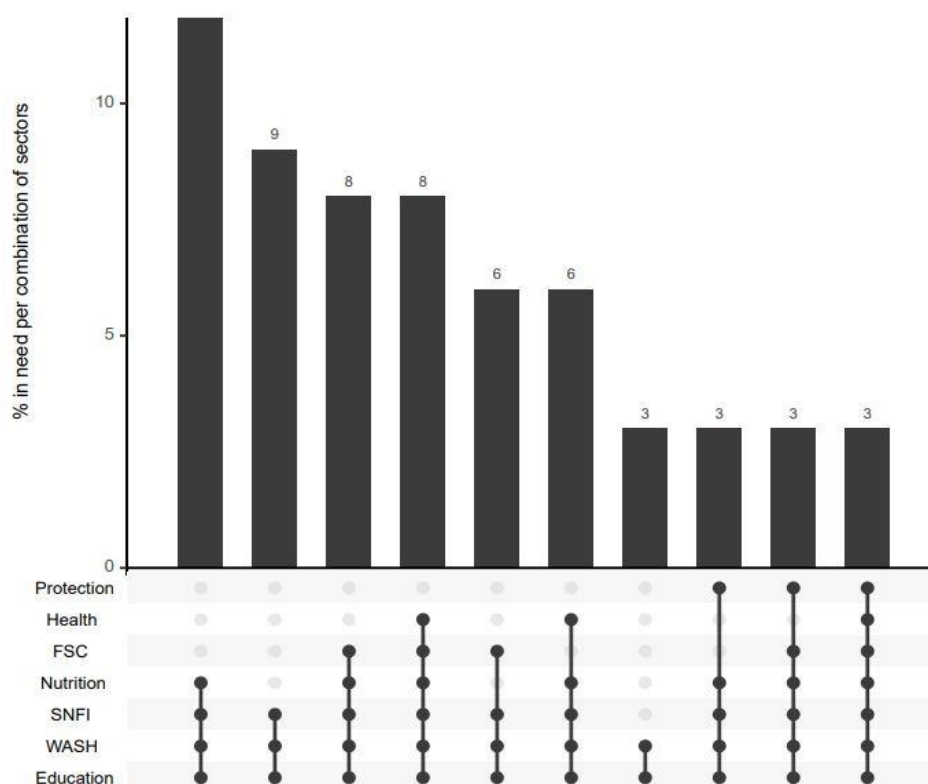
Significant variation was observed when assessing overlapping needs of households across states. **In SWS, 86% of households with multi-sectoral needs had co-occurring LSGs in 4 or more sectors, followed by those in Jubaland (73%) and Banadir (70%).** In contrast, approximately half of households in Somaliland (49%) had overlapping LSGs in 4 or more sectors. In fact, the majority of households in SWS had overlapping LSGs in 5 or more sectors. When assessing overlapping extreme needs, similar trends are observed. **A majority of households in SWS (59%) and Banadir (51%) had overlapping extreme needs (i.e. they received a score of 4 across 2 or more sectors),** compared to 27% of households in Somaliland and 32% in Puntland.

Capacity Gaps

In addition to the LSGs, the analysis took into account those households who may not have had unmet needs at the time of data collection (i.e. did not have an LSG score of 3 or higher), but who may be at risk of facing needs in

the future as they are maintaining their living circumstances by relying on unsustainable, erosive coping mechanisms (i.e. have a capacity gap (CG)).

Findings suggest that there were no households that **did not** have a need in any given sector, indicating that many households had already depleted their coping strategies at the time of data collection. However, within individual sectors, to varying degrees, households who were not assessed to be in need were commonly identified as having relied on at least one coping mechanism to meet their needs. These findings may imply that, if not for relying on an unsustainable or negative strategy, these households would likely face more extreme needs. Due to the erosive nature of coping capacities, this finding might signal a future deterioration of the resilience of these households, making them more vulnerable to fall in more extreme categories of need.

Overall, 10% of households were assessed not to have an LSG in the WASH sector, among whom 59% were relying on at least one coping mechanism. Strategies to adapt to a lack of sanitation facilities, such as open defecation, were the most commonly identified coping mechanisms, with 73% of households without a WASH LSG reporting such behaviors. A further 46% reported relying on coping mechanisms to adapt to a lack of hygiene products, including reducing consumption of hygiene items, and 38% reported relying on a strategy to adapt to a lack of water, such as consuming surface water.

Assessed households without WASH LSGs in IDP sites seemed to be more likely to be relying on coping mechanisms than those in non-IDP sites, largely due to a higher rate of coping mechanisms to adapt to a lack of hygiene items. In Jubaland, as many as 91% of households without a WASH LSG reported relying on WASH-based coping mechanisms, followed by those in SWS (78%) and Somaliland (61%). In contrast, in Puntland, only one-third (34%) of households without a WASH LSG were relying on such coping mechanisms. The elevated rates of coping mechanisms observed in Jubaland were driven primarily by a higher use of coping mechanisms to adapt to a lack of water and lack of hygiene items.

Pre-Existing Vulnerabilities

Underlying, pre-existing vulnerabilities can influence the degree of shock, as well as the exposure, vulnerability, or capacity, which could subsequently exacerbate the impact of a crisis on those that are affected by vulnerabilities.

There are some key indicators that indicate drivers of elevated vulnerability among households. Chief among these appeared to be the reliance on tenuous sources of income and food. **Overall, 60% of households were found to rely on unsustainable sources of income, such as humanitarian assistance (16% of households overall).** Particularly in SWS (33%) and Galmudug (29%), a considerable proportion of households reported being dependent on humanitarian assistance.

Generally, while most households were found to rely on stable sources of food (89%), **11% reported being dependent solely on friends/family or humanitarian or government assistance as their primary source of food**. Similar to reliance on unstable sources of income described above, the highest rates of reliance on precarious sources of food were observed in SWS (38%) and Galmudug (29%). Findings suggest that households in IDP sites were more likely to be dependent on unstable sources of income and food than households residing in non-IDP sites.

Only 15% of households reported facing discrimination accessing services or products on account of demographic characteristics (e.g. age, disability, or heritage) in the year prior to data collection. Households in SWS (20%) most commonly reported such occurrences. Assessed households in IDP sites (19%) more commonly reported facing discrimination in service access than assessed households in non-IDP sites (13%), which may reflect the challenge for displaced persons to rebuild social connections in locations they have been displaced to. In particular, among households who had reported facing discrimination when accessing services, the majority (63%) reported that they had faced discrimination when accessing healthcare services, followed by education (59%), food (51%), and water (40%).

Furthermore, the demographic circumstances of households may also indicate increased or unique needs in various sectors. Across households with different primary income earners, little variation is observed in the existence of LSGs. Households with elderly females as the primary earner were slightly more likely to have unmet needs in the health and WASH sectors. Households with females as the primary income earner (adult or elderly) were also slightly more likely to have unmet needs in food security.

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However, greater variation was observed when measuring LSGs among displaced households, according to primary cause of displacement. Households who identified conflict-related factors[31] were more likely to have LSGs in the education, food security, WASH, and the protection and child sectors. These households, along with those who identified obstacles to living standards or needs[32] as their primary reason for displacement, also had the highest rates of unmet needs in the SNFI sector. Absence of identification documentation[33] also appears to predict increased needs in certain sectors, with households reporting only some or none of their members have documentation exhibiting higher rates of unmet needs in health, nutrition, and food security.

Table 1: Presence of LSGs according to breadwinner of household, cause of displacement, and possession of documentation

	EDU	HLT	NUT	FSC	WASH	SNFI	PROT
Primary income earner[34]							
Adult male (n = 5803)	89%	22%	63%	36%	90%	82%	14%
Adult female (n = 3343)	93%	23%	65%	45%	91%	87%	19%
Elderly male (n = 463)	93%	29%	67%	41%	90%	87%	16%
Elderly female (n = 344)	92%	35%	62%	45%	96%	83%	17%
Primary cause of displacement							
Conflict-related factors (n = 724)	95%	20%	65%	52%	94%	96%	18%
Obstacles to living standards/needs (n = 256)	91%	27%	68%	39%	88%	96%	4%
Natural disasters[35] (n = 783)	88%	25%	63%	42%	86%	90%	5%
Tension with others[36] (n = 119)	87%	14%	53%	44%	82%	94%	10%
Documentation							
All members have documentation[37] (n = 1,332)	89%	18%	49%	31%	90%	12%	89%
Some or no members have documentation (n = 7,569)	91%	24%	66%	40%	90%	16%	91%

Subsets of Particular Concern

Households in SWS and the Effects of Drought and Conflict

SWS is regarded as one of the most adversely affected states from the 2016-2018 drought, with recovery of livelihoods and living standards viewed as one of the most important humanitarian priorities.[38] In addition, ongoing conflict has further driven needs and insecurities for households across the state. Findings reflect that **in SWS, drought and conflict might have negatively impacted the well-being of households, as 39% were found to have extreme unmet needs in food security, nearly double the national rate (21%).** In Bakool region, even half (50%) of assessed households faced extreme needs.

Severe and extreme unmet needs (i.e. LSGs of 3 or higher) in food security in the region were driven primarily by a high proportion of households reporting relying on tenuous sources of food, such as assistance from humanitarian or government providers or friends and family. Across the state, 56% of

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[31] Households who identified: Actual conflict or fear of conflict in community, or surrounding area, or personal threats, Conflict in surrounding area, but not in my community, Fear of conflict in community, Arrival of armed groups, Withdrawal of armed groups/security forces.
[32] Households who identified: Lack of livelihood opportunities/job, Lack of health services, Lack of education services, Lack of water (not drought related), Lack of food (not drought related).
[33] Documentation defined as passport and valid national ID.
[34] Some households identified male or female children (< 18 years old) as the primary income earner. However, as the size of these subsets was so small (n < 10 in all instances) they were excluded from the table.
[35] Households who identified: Drought, Flooding, COVID – 19 policies (lock-down, curfew, lack of public transport, closure of business ordered, etc.), Livestock disease outbreak/livestock death.
[36] Household who identified: Pressure from authorities or local communities, Pressure from host communities, Eviction, Personal Threats.
[37] Includes households who reported having documents in their possession and having documents, but not in their possession
[38] United Nations Development Program (UNDP). "Toward Drought Recovery and Resilience. The Somalia Drought Impact & Needs Assessment and Recovery & Resilience Framework." December 2017.

households were assessed to be experiencing an LSG in food security, among whom 68% identified the most tenuous sources of food as their primary source. Extreme unmet needs (i.e. an LSG of 4) appeared to be particularly pronounced among households in IDP sites, where nearly half (46%) were assessed to have extreme unmet needs in food security. Access to food in this region is threatened by the relative isolation of markets, in turn driven by damage to infrastructure due to flooding as well as road closures, blockages, and insecurity from armed groups.[39] These factors limit the volume of food items available while also raising costs, which can price out economically vulnerable families.[40] Further, these existing stresses have been compounded by restrictions on movement and travel implemented to prevent the spread of COVID.[41]

In SWS, drought seems to remain a powerful factor in the behavior of households. Among households who had been displaced (17%), 52% identified drought as the primary factor (31%) or secondary factor (21%), making drought the most commonly reported reason for displacement when assessing both primary and secondary causes for displacement. Further, among households with members who have lost their employment in the three months prior to data collection, 26% identified drought as the cause. These findings indicate that, while the worst stages of the past years' drought may be over, with SWS experiencing low to moderate rains in the month of May 2020. [42], households in the state are still experiencing insufficient water availability, as well as the negative secondary consequences of the 2016-2018 drought. The legacy of the long period of drought is likely reflected in the high rates of food insecurity among households across the state, as it has impaired the ability to produce food and the purchasing power necessary to acquire it.

Education Needs in Time of COVID-19

The outbreak of COVID-19 and the resulting closure of schools from March to August has had a negative effect on those students who were regularly attending school.[43] JMCNA data, collected from July to August, captures education circumstances during this period. **Among households with school-aged children (87% of all households), 36% reported that at least one of their children had stopped attending school since the outbreak of COVID-19.**

The most commonly reported reason was school closures. This reflects to closure of formal schools in the country, while the Quranic learning facilities which sometimes are integrated with other subjects notably remained operational during the pandemic. The re-opening of schools varied in all states as majority of their schools have opened earlier than the other. Some schools in Somaliland were open in the first week of August, and Puntland schools opened in early days of September. However, the schools under the Federal Government of Somalia (FGS) especially those in SWS, Banadir, Galmudug, Jubbaland and Hirshabelle had resumed learning during second week of August. In addition, the education ministries in Somaliland and Puntland facilitated remote learning for schools attended by grade 8 and 12 students. According to feedback from the Education Cluster, virtual learning platforms such as Zoom, Skype, WhatsApp, Google Classroom, and television have been used in Somaliland and Puntland to ensure continuity of teaching and a means to administer exams during lockdown. The FGS, however, decided against remote learning since the academic year was considered nearly complete and only 15% of required study was outstanding for grade 8 and 12 students. For learners unable to take their scheduled exams due to school closures, results from previous mid-term exams were used as a proxy. Though Puntland and Somaliland have attempted to enact remote learning responses, there are concerns that such measures (such as instruction by TV or radio) may not be sufficient to cover all students.[44] These concerns are reflected by JMCNA data; **only 4% of households with children who had stopped attending school in-person as a result of COVID reported their children have been continuing their education remotely.**

It is important to emphasize that these circumstances are not distributed evenly across the country. **Specifically, the majority of households with school-aged children in Puntland (53%) reported that at least one child had stopped attending school after the outbreak of COVID-19**, followed by those in Galmudug (48%) and Somaliland (47%). Households in IDP sites more commonly reported children had stopped attending than households in non-IDP sites. Across all states, school closures were the most commonly reported reason for

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[39] REACH Initiatives. "Joint Market Monitoring Initiative: Factsheet Booklet: August 2020." August 2020.

[40] Findings reflect information provided by REACH Field Officers active in SWS.

[41] OCHA. "Somalia: Update 3 – Overview of COVID – 19 Directives." 2 May 2020.

[42] Somalia_Rainfall_Forecast_21052020

[43] Save the Children. "COVID-19: School Closures Put Decades of Gains for Somalia Children at Risk." 13 July 2020.

[44] Ibid.

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children not attending school since the start of the pandemic. However, important variations were observed in the frequencies of these reasons. **In SWS, 51% of households with children who had stopped attending school also reported that their children stopped attending because they lacked transportation, as did 39% in Banadir and 36% in Jubaland.** Further, among the same subset households in Jubaland, 31% reported children had stopped attending because parents were staying home. These additional factors hint at a complex education situation that might need a multi-faceted approach in successful re-enrolment of out-of-school children.

Table 2: Most commonly reported reasons why children have stopped attending school since the COVID-19, by % of households with school-aged children reporting children have stopped attending school per assessed state

Reason	Somaliland (n=1518)	Jubaland (n=633)	Banadir (n=124)	Galmudug (n=482)	Hirshabelle (n=68)	SWS (n=272)	Puntland (n=368)
Schools have closed	94%	87%	73%	91%	76%	77%	86%
Schools are open, but lack teachers	3%	11%	11%	3%	11%	13%	3%
Lack of transport because of COVID-19	9%	36%	39%	13%	23%	51%	10%
Parents prefer children stay home	10%	31%	12%	20%	16%	18%	13%
Child want to stay home	3%	16%	15%	7%	18%	15%	5%

When addressing the topic of resuming education in re-opened schools, 79% of households with school-aged children reported barriers to boys' education, along with 79% who reported barriers to girls' education. **The most commonly reported barrier facing both boys' (39%) and girls' (40%) access to education was the cost of school (including fees and materials).** As the economy has likely contracted as a result of COVID-19, reflecting the effects of the virus and preventive measures, it is plausible that both the scale and acuity of these needs might have increased.[45] Likely reflecting these challenges, financial support, in terms of payment of school fees (66%), cash for school supplies (56%), cash for transportation (34%), and cash for children's food (20%), was the most commonly reported preference for support among households with school-aged children.[46]

Sectors with Elevated LSGs

Overall, 90% of households were found to have an LSG in the WASH sector, including 45% who were experiencing extreme (30%) or extreme, potentially catastrophic, needs (15%). Further, 84% of households were found to have an LSG in SNFI and 91% of households were found to have education needs. This was followed by nutrition (63%), food security (40%), health (23%), and protection (19%).

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[45] United Nations (UN). "Somalia Country Preparedness and Response Plan (CPRP): COVID-19." V2. August 2020.
[46] When asked about preferred modalities of support, households were allowed to select multiple responses, leading to totals of more than 100%.

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Figure 3: Proportion of households per LSG severity score per sector

Sector	1	2	3	4	4+
WASH		7%	45%	30%	15%
SNFI		16%	52%	29%	
NUT		34%	46%	17%	
FSC	54%	6%	18%	21%	
EDU	8%		91%		
HLT	70%	7%	13%	5%	5%
PROT	22%	62%	10%	4%	

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 4+
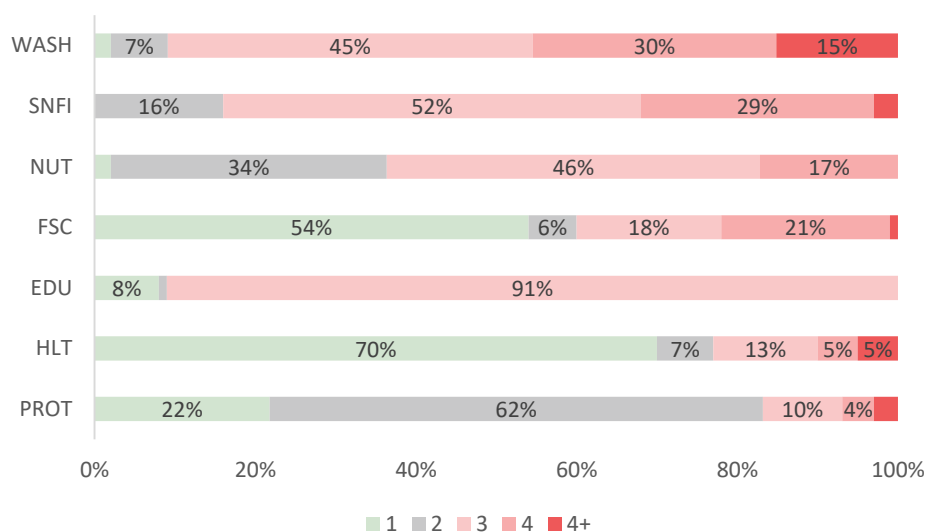
The WASH Sector

Overall, 90% of assessed households were found to have WASH-related needs (i.e. an LSG in WASH), including 30% with an extreme LSG score and 15% with an extreme, potentially catastrophic score. LSG scores of 4+ were driven primarily by households reporting their drinking water to be surface water (6%) and households that reported that their access to water was impaired due to security concerns (12%). Surface water consumption was most commonly reported in Jubaland; danger as a barrier to water access in Hirshabelle, Puntland, and Banadir.

Unmet needs in WASH appeared to be largely driven by households being unable to access functional and improved sanitation facilities (65%); 12% of households even reported not having access to any latrines at all. In the past years, Somalia's WASH infrastructure has suffered significant deterioration. Flooding in 2019 and 2020 badly damaged existing water and sanitation infrastructure, while also contaminating existing clean water sources.[47] Heightened rates of cholera in 2020, relative to 2019, have been attributed to the lack of safe water.[48] Further, the outbreak of COVID-19 has hampered existing efforts to improve and rehabilitate WASH infrastructure, by causing a shift of resources to virus prevention measures and also inhibiting the import of necessary materials and obstructing travel.[49]

Findings suggest that barriers in accessing water and sanitation also drive high rates of reliance on coping mechanisms. Among all assessed households, **59% were found to be engaging in negative coping mechanisms to adjust to insufficient access to water, while 79% relied on strategies to adapt to insufficient sanitation access.** More specifically, 22% of households reported they were relying on surface water for drinking and 4% reported sending their children to fetch water. In adapting to insufficient sanitation access, households were also resorting to extreme coping strategies, such as defecating in the open (22%) or in a plastic bag (6%). Reliance on extreme strategies to cope with insufficient access to water were observed in Hirshabelle, Jubaland, and SWS. Regarding strategies to adapt to insufficient sanitation access, the most extreme strategies, such as open defecation or defecating in a plastic bag, were observed in Hirshabelle and Somaliland.

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[47] The World Bank. "Somalia 2019 Floods Impact and Needs Assessment." February 2020.
[48] Wash Cluster – Somalia. "Somalia Wash Cluster Dashboard: 30 June 2020." 30 June 2020.
[49] OCHA. "Humanitarian Response Plan: Somalia: HRP Revision – COVID-19." July 2020.

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The upkeep of good hygiene and sufficient access to water and sanitation services is essential to preventing the spread of COVID-19. The outbreak of COVID forced activities by the WASH Cluster to pivot to those directed at managing the virus, such as risk management and infection prevention control, access to handwashing facilities with soap, and supply of soap in health care and public spaces.

JMCNA data adds further context to the needs of households across Somalia in these critical dimensions. **Three-quarters (75%) of households reported facing barriers in accessing handwashing facilities**. A further 46% reported having **no access to soap** in their home, particularly assessed households in IDP sites (54%).

While households reported changing their behaviors to prevent contracting or spreading COVID, regular hand-washing did not appear to be common, with only 23% of households reporting having adopted the practice.

The Shelter and NFI Sector

Overall, 84% of households were found to have an LSG in SNFI, including 32% who were found to have an extreme (29%) or a potentially catastrophic unmet need related to SNFI (3%). LSG scores of 4+ were driven by households reporting not having any shelter at all, and were instead sleeping in the open. Extreme needs (i.e. scores of 4) among households with SNFI LSGs were driven primarily by households who reported living in makeshift shelters or buuls in IDP sites (20%). Findings suggest that shelter needs were further driven by households living in damaged shelters, which was reported by a majority (51%) of households with unmet SNFI needs, including 4% who reported their shelter to have been so severely damaged that it had become uninhabitable. For some households with an LSG in SNFI, their needs appeared to be primarily driven by limited access to vital household NFIs. **In particular, 90% of households with an SNFI LSG reported having access to only 2 – 5 items (out of a list of 28) [50], including 17% who reported access to only one item.**

The highest rates of households with SNFI needs were found in Banadir (95%), Hirshabelle (92%), and SWS (90%). Extreme needs in access to safe and healthy enclosures were elevated in Banadir, primarily driven by the 43% of households who reported living in makeshift shelters or buuls in IDP camps. When assessing access to NFIs, the greatest rates of households who reported access to only one item were observed in Hirshabelle (26% of those with an SNFI LSG), Puntland (25%), and Banadir (23%). Overall, 88% of households in Banadir and 86% in Hirshabelle were assessed to be in need primarily due to their reported access to critical NFIs.

When it comes to the SNFI sector, similarly to the food security sector, there were considerable differences found among households in IDP sites and those living in non-IDP sites in terms of needs; 96% of households in IDP sites had an LSG in SNFI compared to 79% of households in non-IDP sites. This difference might be partly due to the much higher proportion of households in sites reportedly living in makeshift shelters or buuls (62%, compared to 1% of households in non-IDP sites).

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[50] The 28 items included: Bedding items, winter blankets, mattresses / sleeping mats, cooking utensils, cooking fuel, water containers, jerry can, torches, solar lamps, solar panels, generators, batteries, clothing, winter clothing, shoes, winter shoes, winter heaters, heating fuel, disposable diapers, sanitary pads, soap, washing powder, cleaning liquid (for house), detergent (for dishes), hygiene kits, hand sanitizer, face masks, disposable gloves, and mosquito nets.

> Box 3: Shelter Needs in Time of COVID
>
> COVID-19 continues to threaten households across IDP sites, since **overcrowding and congested living conditions that are characteristic in these sites create a conducive atmosphere for transmission of the virus**. By July 2020, the Shelter Cluster had identified 237 IDP sites, hosting over 98,000 households, as being at high-risk of COVID transmission, adding that decongestion is crucial to mitigate transmission risks.
>
> According to JMCNA findings, among households with shelters (97%), **12% were found to be living in crowded conditions, indicating by a shelter density of 2 or higher**. Finding indicate that households in IDP sites were slightly more commonly living in crowded conditions than households in non-IDP sites. In addition, among the same subset of households living in shelters, 14% reported a lack of ventilation as an enclosure issue in their current shelter.
>
> 1. Shelter Cluster: "Somalia. Somalia Fact Sheet: June 2020." June 2020.

The Nutrition Sector

Overall, among assessed households with children[51], 64% were found to have an LSG in nutrition. The rates of unmet need were driven largely by the rate of households who reported facing barriers in accessing nutrition services or treatment. Specifically, 71% faced barriers to accessing services or treatment that included difficulties in enrolling, or excessive distance, while 17% faced more prohibitive barriers, such as insecurity in traveling or inaccessibility to persons with disabilities or of a certain heritage. Costs were also reported as a barrier to accessing services, despite all nutrition services delivered by the Nutrition cluster partners, both curative and preventative, are being provided for free and without any cost to the beneficiary. This reported cost barrier could refer to the travel cost required to access these services. Across other indicators, such as the rate of households with children that were reportedly ill at the time of data collection or not eating normally, households did not report the same degree of need.

The proportion of households with nutrition needs appeared to not be distributed evenly across states. In SWS, 77% of households with children were assessed to have an LSG in nutrition, followed by 72% in Jubaland, and 69% in Galmudug, while 51% of households in Somaliland were assessed to have an LSG. Across all states, approximately nine-in-ten households with a nutrition LSG reported their nearest nutrition center was within an hour's walking distance.

COVID-19 in Somalia: Vulnerabilities and Behaviors

The first case of COVID-19 in Somalia was announced in March 2020. In response to the outbreak, government departments and development partners have initiated robust messages initiatives to promote behavioral changes linked to COVID-19 and to provide communities with adequate tools to avoid the spread of the virus and respond effectively. However, at the time of writing, the situation remained critical as more displaced people continued to arrive in settlements, due to flooding, impacts of locust infestation and recurrent conflicts. All the while, Somalia's health infrastructure is considered generally ill-equipped to handle the pandemic, scoring only 6/100 on the 2016 Health Preparedness Index.[52] Further, the cholera outbreak that began in 2017 has placed additional strains on the healthcare system.[53]

Households across Somalia are vulnerable to contracting COVID-19 to varying degrees. As noted previously, the vast majority of households, especially in IDP sites, are living in dense conditions, with limited access to hand-washing facilities, making them more susceptible to contracting the virus. **In addition, 29% of households had at**

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[51] The subset size for assessed households with children is 9,748
[52] OCHA. "Humanitarian Response Plan: Somalia: HRP Revision – COVID-19." July 2020.
[53] World Health Organization (WHO) Regional Office for the Eastern Mediterranean. "Outbreak update – Cholera in Somalia, 2 August 2020." 2 August 2020.

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least one member who was over 60 years old with a chronic illness, a factor that places them at elevated risk for contracting the virus. While, 94% of households reported living within one hour's walking distance of a healthcare facility, around half of households (51%) reported facing barriers in accessing healthcare. The most commonly reported barrier in accessing healthcare was the prohibitive cost of services, reported by 38% of all assessed households.

To gauge the populations' knowledge, attitude, and practices (KAP) related to the virus, the JMCNA included a section on COVID-19 KAP. **The most commonly reported behaviors to prevent contracting COVID-19 were avoiding physical contact with others (48%), keeping distance from others (42%), and reducing movement outside the house (37%).** Only 23% reported regular hand washing and only 15% reported wearing a mask. Among the subset of households who reported taking no action in the light of COVID-19 – 12% of all households – the most common reason was a belief COVID-19 was not prevalent in their area (59%). However, 11% of that group reported not complying to the preventative measures because they were lacking the financial resources to do so.

JMCNA data suggests that measures adopted to combat COVID-19 may contribute to negative consequences for households. Overall, 5% of households reported that at least one household member had lost their employment in the three months prior to data collection. Among this subset, 73% identified COVID measures as the cause of unemployment, the highest of any factors by a significant margin (the second most common reason was drought [18%]). This finding underscores the dilemma faced by all countries in addressing the pandemic, chiefly how to protect public health without excessively or irreparably harming the welfare of households.

Accountability to Affected Populations (AAP)

Actors attempting to support households in need in Somalia faced an uncertain operating environment and overlapping existing and new crises. At the beginning of 2020, millions of people in Somalia were experiencing humanitarian needs, a result of drought, flooding, locusts, insecurity, among other factors. The arrival of COVID-19 served to both deepen existing needs and create new ones; as well as restrict the operating space for relevant actors to respond and provide assistance.

Among all assessed households, 89% reported not having faced any barriers in accessing aid in the month prior to data collection[54]. Households in Puntland (22%) and Galmudug (19%) were more likely than those in other states to report having faced barriers. The most common barrier to receiving aid, as reported by all households, was a lack of information (73%). However, 12% reported exclusion by camp managers or gatekeepers as a barrier, along with 17% who identified insecurity, either on routes to aid distribution points (11%) or at the site itself (6%). As many as one-quarter of households in Puntland (26%) identified exclusion by gatekeepers, while households in Galmudug were more likely to identify insecurity.

Overall, only 13% of households reported having received any type of aid in the 30 days prior to data collection. The majority of these households reported being satisfied with the aid received (84%)[55]. However, only 57% of the same households reported knowing how to use feedback and complaint mechanisms. The most preferred means of giving feedback were face-to-face at home with aid workers (59%) or through phone calls (53%). Future aid elements, including disbursement and channels for feedback, will be affected by circumstances among the intended population. Relevant among these are the high rates of mobile phone use – 93% of all households reported having at least one member with a mobile phone – and literacy – only 42% of households reported having at least one member who can read and write with no or some difficulty.

Households who had reportedly received aid in the 30 days prior to data collection were asked what their most preferred types of assistance would be, to which they most commonly answered food (65%), followed by mobile money (49%), physical cash (47%) and NFIs (42%). When assessing priority needs among all households, shelter and housing support (53%) were the most commonly reported priority needs, followed by food (38%).

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[54] Reference to the explanation provided in the limitations section, there was no possibility to conduct a gender disaggregated sample in Somalia in 2020 without endangering the population because of COVID. The data collection was necessary take place in July and August in order to meet with timelines of the HNO and HRP and there therefore due to the COVID risks we were unable to conduct face to face research.
[55] Reflects household who reported being either very satisfied (52%) or satisfied (32%).

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CONCLUSION

Virtually all households in Somalia were found to be experiencing multi-sectoral needs; half of whom (50%) were assessed to have extreme unmet needs. Unmet needs in WASH, SNFI, and food security emerged as the primary drivers of multi-sectoral needs. Further, findings suggest that sectoral needs are generally co-occurring; 97% of all households had LSGs in more than one sector and 40% had extreme needs in more than one sector. The most common combination of overlapping LSGs was nutrition, SNFI, WASH, and education. Extreme needs, and overlapping extreme needs, were present in the highest rates in SWS and Banadir states.

Coping mechanisms often represent negative or unsustainable behaviors, adopted in response to deteriorating living standards, which may forecast the emergence of future needs. Findings highlighted that, in addition to having living standard gaps, households were also commonly employing coping mechanisms across several sectors. Of the 60% of households who were not experiencing food security needs, 97% were relying on coping mechanisms, including reducing meals and consumption. Among the 10% of households not experiencing an LSG WASH at the time of data collection, 59% were relying on coping mechanisms, such as drinking surface water and open defecation. Strategies to adapt to a lack of access to sanitation facilities were most common among these households.

In SWS, a state that has been affected in the past year by drought, flooding, and insecurity, 39% of assessed households were found to have extreme food security needs, almost double the national rate. Across the state, 56% of households were assessed to have a food security LSG, the highest rate of any state. Among households experiencing an LSG, 68% were relying on the most tenuous sources of food, identified as family/friends or assistance by government or humanitarian actors. Further, among the 60% of households who did not have unmet food security needs, 93% were relying on coping mechanisms to meet food needs.

JMCNA findings indicated that education in Somalia has been significantly disrupted as a result of COVID-19. At the time of data collection, 36% of households with school-aged children reported at least one child had stopped attending school since the start of COVID-19. Further, only 4% of households indicated that their children have continued their learning remotely. The rates of households with children who stopped attending school were particularly high in Puntland (53%), Galmudug (48%) and Somaliland (47%). In addition, reasons children have stopped attending appeared to not only be limited to school closures, but also included a lack of transportation, commonly reported in SWS, and parents preferring their children stay home, observed at high rates in Jubaland.

The findings of the fourth JMCNA reflect a Somalia weathering the consequences of the previous years' crises, while simultaneously shouldering the shocks of 2020. The potential effects of the COVID-19 outbreak, direct and indirect, are indicated across multiple sectors and sections and the consequences for health, education, livelihoods and beyond will define the future for households and the response of humanitarian actors. The full effects of the virus' presence in Somalia likely remains among the most important information gap to be addressed. This includes an understanding of how needs have been materially altered and to what extent future resilience has eroded, but also involves understanding the priorities and the form and character the humanitarian response will need to assume, both while the current operating space remains constricted as well as when these restrictions begin to ease.

Annex 1: Links to documentation and data

JMCNA 2020 Terms of Reference:

https://www.impact-repository.org/document/reach/6fd6c4b9/REACH_SOM_JMCNA_ToR_July2020public_to-share.pdf

JMCNA 2020 Dataset:

https://www.impact-repository.org/document/reach/8900a507/REACH_SOM_JMCNA_Dataset_level1_NOV2020-1.xlsx

JMCNA 2020 Dashboard:

https://reach-info.org/som/jmcna2020/

JMCNA Regional Factsheets:

TBC

JMCNA 2019 Data and Publications:[56]

https://www.reachresourcecentre.info/country/somalia/cycle/709/#cycle-709

JMCNA 2018 Data and Publications:

https://www.reachresourcecentre.info/country/somalia/cycle/1193/#cycle-1193

JMCNA 2017 Data and Publications:

https://www.reachresourcecentre.info/country/somalia/cycle/1184/#cycle-1184

Annex 2: Assessed Settlements

District	Population size	Population strata	Sample size
afgooye	3163	idp	114
Afgooye	24753	hc	116
Afmadow	16432	hc	79
afmadow	1755	idp	136
baardheere	690	idp	72
Baardheere	71520	hc	79
Badhan	1979	idp	76
Badhan	428	hc	68
baidoa	47873	idp	102
Baidoa	137600	hc	90
Baki	17620	hc	144
Balcad	29562	hc	79
Bandarbayla	1535	hc	151

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[56] The JMCNA findings are not directly comparable to the previous round of JMCNA as there have been some necessary changes to the sampling strategy and data collection to prevent the spread and contraction of COVID-19. As a consequence, comparability with 2019 findings is limited and can only be considered as indicative of broader trends.

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Belet Xaawo	12891	hc	136
belet_weyne	7426	idp	129
belet_xaawo	1270	idp	75
Beletweyne	12866	hc	172
berbera	1370	idp	75
Berbera	71070	hc	80
borama	2998	idp	78
Borama	241593	hc	144
bossaso	10008	idp	136
Bossaso	35751	hc	79
burco	13318	idp	79
Burco	312664	hc	134
burtinle	967	idp	80
Burtinle	4197	hc	78
buuhoodle	3440	idp	126
Buuhoodle	15808	hc	79
Buur Hakaba	15431	hc	180
cabudwaaq	3735	idp	140
Cabudwaaq	159552	hc	79
cadaado	870	idp	79
Cadaado	40647	hc	79
caynabo	5736	idp	78
Caynabo	27237	hc	151
Ceel Afweyn	34446	hc	80
Ceel Barde	13062	hc	124
Ceel Waaq	18331	hc	79
ceel_afweyn	2942	idp	78
ceel_barde	601	idp	77
ceel_waaq	50	idp	34
ceerigaabo	1877	idp	76
Ceerigaabo	17000	hc	175
Daynile	46634	hc	79
Dharkenley	39825	hc	79
dhuusamarreeb	1688	idp	83
Dhuusamarreeb	81863	hc	79
doolow	9884	idp	79
Doolow	21039	hc	79
Eyl	5858	hc	138
gaalkacyo north	17397	idp	111
gaalkacyo north	84759	hc	80
gaalkacyo south	10341	idp	115
gaalkacyo south	68045	hc	79
galdogob	1970	idp	83

Galdogob	35000	hc	86
garbahaarey	280	idp	64
Garbahaarey	21972	hc	79
garowe	6518	idp	120
Garowe	13532	hc	79
gebiley	1440	idp	75
Gebiley	72464	hc	126
hargeysa	20170	idp	120
Hargeysa	639142	hc	131
hobyo	267	idp	69
Hobyo	19304	hc	128
Hodan	10859	hc	79
Iskushuban	9675	hc	158
Jariiban	7766	hc	81
jowhar	1686	idp	115
Jowhar	194000	hc	120
Kahda	39326	hc	79
kismayo	9843	idp	116
Kismayo	38187	hc	104
Laas Caanood	75217	hc	79
laas_caanood	7542	idp	138
Laasqoray	45907	hc	82
lughaye	3000	idp	78
Lughaye	36880	hc	126
luuq	5497	idp	78
Luuq	19000	hc	93
Marka	73212	hc	82
Mataban	6665	hc	132
mogadishu_daynile	69411	idp	123
mogadishu_dharkenley	4365	idp	142
mogadishu_hodan	7502	idp	134
mogadishu_kahda	49770	idp	117
other	4303	idp	135
other	89780	hc	79
owdweyne	290	idp	70
Owdweyne	34905	hc	115
protra	5571	idp	118
Qardho	11362	hc	79
Qoryooley	30084	hc	142
Sheikh	30989	hc	154
taleex	670	idp	72
Taleex	6767	hc	78
Waajid	5205	hc	78

waajid	1679	idp	83
Wanla Weyn	8126	hc	144
wanla_weyn	1350	idp	82
xudun	2445	idp	143
Xudun	6712	hc	78
Xudur	38768	hc	79
xudur	166	idp	62
Zeylac	21000	hc	104
Badhaadhe	8680	hc	79

Annex 3: Survey Questions and Response Options for Primary Data Collected

Question type	Survey response options
General Information	
Hi my name is _____ and I work for _____. We are currently conducting a survey on household needs and would like to ask you some questions about your current access to food, income generating activities, health and WASH access, protection services, and humanitarian aid. You may remember last year completing a similar survey with one of our data collectors at your home. Due to COVID-19 restrictions, this year we are doing the survey over the phone. The survey will take 30 minutes to complete. The information you provide will be used to inform the humanitarian response plan in the country. Any information you provide will be kept strictly confidential and anonymous. You will not receive any benefits or services for completing the survey but we hope that you do participate as your views are very important to better inform the humanitarian response. The survey is voluntary and you can choose not to answer any question and/or quit at any point. Do you have any questions? Do you agree to participate in this survey?	select_one Yes No
in which region does your household reside?	select_one region
In which district does your household reside?	select_one district
Does your household reside in an IDP settlement?	select_one Yes No
What is the name of your village/settlement/IDP site?	select_one _settlements
What is the gender of the respondent?	select_one Male Female
What is the age of the respondent?	select_one Age 15-17 Age 18-40 Age 41-59 Age 60 or more
What is the age and gender of the main income-earner of the household?	select_one Adult male (aged 60 +) Adult female (aged 60 +) Adult male (aged 18 to 59) Adult female (aged 18 to 59) Male child (aged 14-17) Female child (aged 14-17) Male child (aged 13 or below) Female child (aged 13 or below)

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What is the age and gender of the person who decides on household expenditure?	select_one Adult male (aged 60 +) Adult female (aged 60 +) Adult male (aged 18 to 59) Adult female (aged 18 to 59) Male child (aged 14-17) Female child (aged 14-17) Male child (aged 13 or below) Female child (aged 13 or below)
How many people live in your household?	Enter numerical value
How many people are in the following categories:(Read categories to respondents)_ Males 0 months - 5 years Females 0 months - 5 years Males 6-12 years Females 6-12 years Males 13-15 years Females 13-15 years Males 16-17 years Females 16-17 years Males 18-40 years Females 18-40 years Males 41-59 years Females 41-59 years Males 60 or older Females 60 or older	Enter numerical value
Did you include yourself in the household count?	select_one Yes No
Are there any female household members who have given birth in the past 6 months or who are currently pregnant?	select_one Yes No
Are there any members in the household suffering from chronic disease (any illness which lasts 3 months or longer such as asthma, diabetes, arthritis, heart diseases, cancer, HIV/AIDS)?	select_one Yes No
If yes; could you give the age and gender of the person(s)?	select_multiple Adult male (aged 60 +) Adult female (aged 60 +) Adult male (aged 18 to 59) Adult female (aged 18 to 59) Male child (aged 14-17) Female child (aged 14-17) Male child (aged 13 or below) Female child (aged 13 or below)
Pre-Existing Vulnerabilities	
Does anybody in your household have difficulty seeing, even if wearing glasses, OR have difficulty hearing, even if using a hearing aid, OR have difficulty walking or climbing steps, OR have difficulty remembering or concentrating, OR have difficulty (with self-care such as) washing all over or dressing OR have difficulty communicating, (for example understanding or being understood by others)?	select_one Yes No Don't know
If yes; could you give the age and gender of the person(s)?	select_multiple Adult male (aged 60 +) Adult female (aged 60 +) Adult male (aged 18 to 59) Adult female (aged 18 to 59) Male child (aged 14-17) Female child (aged 14-17) Male child (aged 13 or below) Female child (aged 13 or below)

Do all household members currently have a passport and/or valid national ID, at this time?_Read response options to respondent except "Do not know"_	select_one Yes, in our possession Yes, we all have IDs but they are not in our possession No, some HH members are missing IDs No, all HH members are missing IDs
What was the average monthly household income (including remittances) in US dollars in the past 3 months/90 days?	Enter numerical value
What was the average household debt in US dollars in the past 3 months/90 days?	Enter numerical value
What were your household's main sources of income/household financial support in the past 12 months/1 year?_(Read out response options to respondent)_	select_multiple Cash Crop Farming Cash Fishing Daily Labour Livestock Production Business Subsistence Farming Or Fishing Contracted Job Remittances Humanitarian Assistance Sale Of Humanitarian Assistance Rent Of Land None
How many members of the household are currently engaged in renumerated work?	Enter numerical value
How many members of the household lost their employment in the past 3 months/90 days?	Enter numerical value
What was the main reason for the loss of employment?_(Read out response options to respondent)_	select_multiple Flooding Drought Conflict Displacement Locusts Covid-19 policies (lock-down, curfew, lack of public transport, closure of business ordered, etc.) Termination of contract Ill-health Other (specify)
For how long do members of your household have to travel to reach the nearest operational marketplace or grocery store?	select_one 1. Less than 15 minutes 2. 15-29 minutes 3. 30-59 minutes 4. 1-2 hours 5. More than 2 hours 6. Don't know 7. Prefer not to answer
How do they get there?	select_one Walking Car Bus Moto Cart Other
Have you always lived in this village/settlement? (NOT moved from another location in Somalia due to events such as flood, drought or conflict)?	select_one Yes No
Are you a Somali who has moved from another location in Somalia?	select_one Yes No

Are you a Somali returning to Somalia from another country?	select_one Yes No
Are you a person of another nationality who has travelled from another country?	select_one Yes No
Are you currently hosting any people who are not usually members of this household and who share resources, such as food and water, with you?	select_one Yes No
How many people, NOT from your household, are you hosting?	Enter numerical value
What is your district of origin?	select_one district
When did you leave your area of origin?	date
When did you arrive at the current location? (answer cannot be longer than previous answer)	date
In total, how many locations have you lived in since leaving your area of origin?	Enter numerical value
Which are the two main reasons for why you left your previous location?	Select multiple Actual conflict or fear of conflict in community, or surrounding area, or personal threats Conflict in surrounding area, but not in my community Fear of conflict in community Arrival of armed groups Withdrawal of armed groups/ security forces Personal threats Flooding Lack of livelihood opportunities/job Lack of health services Lack of education services Drought Covid-19 of COVID-19 policies (lock-down, curfew, lack of public transport, closure of business ordered, etc.) Lack of water (not drought related) Lack of food (not drought related) Livestock disease outbreak/livestock death Pressure from authorities or local communities Pressure from host communities Eviction None I don't know or don't want to answer
Which are the two main reasons for why you chose to come to this location?	Select multiple No conflict Availability of work/ income opportunities Presence of health services Presence of education services Presence of food distribution/food aid Presence of shelter Presence of water Presence of cash distribution To join family/community None I don't know or don't want to answer
Do you intend to remain and settle in this location permanently?	select_one Yes, will settle here Will move elsewhere in this city Will move elsewhere in Somalia Will return to the previous country of refuge

	Will move to another country I don't know if I want to move
When will you move to your intended destination?	select_one In the next week In the next month In the next three months In the next six months More than six months from now
Which District do you intend to move to?	select_one district
Education	
How many of the adults in your household (19+) have completed the following education levels? Hint: Enter the number of adults by highest level of education completed. Tertiary degree (university degree, for e.g. bachelor, master, or PhD) Vocational degree (training on specific craft or job, for e.g. IT, electrician, carpenter, mechanic, cooking, sewing, etc.) Secondary high school Secondary middle school Primary school No degree	Enter numerical value
For the current school year (2019-2020), how many school-aged children in the household were attending school regularly (at least 4 days per week) BEFORE the Covid-19 outbreak (date)? # boys aged 6-12 are enrolled in school # girls aged 6-12 are enrolled in school # boys aged 13-17 are enrolled school # girls aged 13-17 are enrolled in school	Enter numerical value
How long does it take the students to get to school?	select_one Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h Don't know
How did they get to school?	select_one Walking Car Bus Moto Cart Other
Which types of education facilities do school-aged children attend?	select_multiple None Primary school for boys Primary school for girls Primary mixed school for boys and girls Secondary school for boys Secondary school for girls Secondary mixed school for boys and girls Quranic school for boys Quranic school for girls NGO mobile school Basic writing and numeracy classes for boys Basic writing and numeracy classes for girls Don't know
How many school-aged children (boys and girls aged 6-17) in the household stopped attending school since the outbreak (including those who have since returned)?	Enter numerical value

If children stopped attending school since the outbreak, what were the main reasons? (Select up to 3)	select_multiple Schools have closed Schools are open but lack willing teachers Lack transportation to schools due to Covid-19 Parents prefer that children stay home Children want to stay home Other (specify) Not sure / prefer not to answer
Prior to the Covid-19 outbreak, how many school-aged children (boys and girls aged 5-12 years old) in the household dropped out of school during the current school year (2019-2020)? Enter 0 if none. Dropped out = child attended school at the beginning of the year (or end of the previous school year) but stopped attending at some point since then.	Enter numerical value
How many of the school-aged children (boys and girls aged 6-17) in the household (who were previously attending school) have been following or trying to follow their school curriculum remotely since leaving school?	Enter numerical value
If yes, how?_(Read out response options to respondent)_	select_multiple Online live classes with teachers (video / audio) Radio classes Television classes Audio/Mp3 classes Learning app on phone/tablet Online materials School textbooks Reading books Additional paper-based learning materials Other (specify)
Do school-aged children in the household have access to the following learning materials?_(Read response options to the respondent)_	select_multiple Basic writing materials (pen, paper, notebook) School textbooks Other paper-based learning materials Reading materials (storybooks, magazines) Radio Computer / tablet with internet Smartphone with internet None of the above Not sure
What are the top three barriers, if any, that boys and girls in the household face to accessing education?_(Read out response options to respondent)_	select_multiple No barriers (cannot select with any other option) Schools closed (for any reason) No schools present Schools overcrowded Security concerns of child travelling or being at school Distance to school too far / lack transportation School fees and/or cost of materials recently or continuous movement to different locations, newly arrived at location and have yet to enrol/register unable to enrol school due to discrimination poor performance/dismissed Inability to register or enrol children in the school (Lack of documentation to enrol child Children cannot physically go to the school (Disability (of child), traumatization (of child), school is too far away, no transport available to bring to school, no fuel available to bring to

	school, child ill, disabled or unhealthy, child is too young) School and classes are overcrowded Lack of staff to run the school (Lack of teachers, lack of skilled/trained teachers, lack of gender appropriate teachers/staff) School is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.) WASH facilities are in poor conditions WASH facilities are not separated by gender The curriculum and teaching are not adapted for children (curriculum is not appropriate; language is not appropriate) Children are busy working or supporting the household Parental refusal to send children to school Lack of interest of children in education Other (specify) Not sure
If available, what type of support would help your child with attending school or participating in regular learning activities? [Do not read options to respondent]_(Select up to 3)_	select_multiple No support needed / wanted Payment of school fees Cash for school supplies/equipment (bags, pencils, books, uniforms) Cash for transportation to school Cash for children's food Cash to offset opportunity cost of child working Direct provision of school supplies/equipment (bags, pencils, books, uniforms) Direct provision of transportation Direct provision of water and food for children Healthcare at school Provision of alternative learning curriculum Assistance for children with disabilities Assistance for children of minority groups Other (specify) Not sure
If available, what types of support would most help your children with home-based learning?	select_multiple No support needed / wanted Cash Basic writing materials (pen, paper, notebook) School textbooks Other paper-based learning materials Online classes Radio Mp3 Computer / tablet Other (specify) Not sure
Health	
In the last two weeks, did any household member have any of the following illnesses or injuries?_(Read response options to the respondent)_	select_multiple No illness Yes, diarrhea Yes, fever Yes, cough with fast or difficult breathing Yes, skin infections Yes, eye infections Yes, wounds and injuries Don't know

If yes, could you specify the age and gender of the person? Males 0 months - 5 years Females 0 months - 5 years Males 6-12 years Females 6-12 years Males 13-15 years Females 13-15 years Males 16-17 years Females 16-17 years Males 18-40 years Females 18-40 years Males 41-59 years Females 41-59 years Males 60 or older Females 60 or older	Enter numerical value
Were you or your household members able to access healthcare in response to any illness or injury in the last 6 months?	select_one No, did not seek any advice or treatment No Yes
If yes, where did you seek advice or treatment?	select_multiple Government hospital Government health center Government health post Community health worker Mobile / outreach clinic Other public medical (specify) Private hospital / clinic Private physician Private pharmacy Community health worker Mobile clinic Other private medical (specify) Relative / friend Shop / market / street Traditional practitioner Other (specify) Don't know
Where have women in the family given birth in the past year?	select_one No birth in the past year Respondent's home Other home Government hospital Government clinic Health center Government health post Other public health facility (specify) Private hospital Private clinic Private maternity home Other private health facility (specify) Don't know
Who assisted with the delivery?	select_one Doctor Nurse / midwife Other health professional (specify) Traditional birth attendant Community health worker Relative / friend h Other (specify)

	No one
	Don't know
Are there any unvaccinated children in the household?	select_one Yes No Don't know
Why have children not been vaccinated? (Select up to 3)_(Read out response options to respondent)_	select_multiple No issues Have not tried to access medical services Cost of services and/or medicine was too high Did not get access to qualified health staff at the health facility Problems with civil documents Public health clinic did not provide referral Public health clinic not open The treatment center was too far away/Transportation constraints Medical staff refused treatment without any excuse No medicine available at health facility/pharmacy No treatment available for my disease at the health facility Health services inaccessible to people with disabilities
How long does it take you to reach the nearest healthcare facility?	select_one Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h Don't know
How do you get there?	select_one Walking Car Bus Moto Cart Other
How much does your household spend per month on healthcare in US Dollars?	Enter numerical value
Have you or anyone in your household had access to a mobile health team (doctors, nurses, NGO) in the past 6 months?	select_one Yes No Don't know
What difficulties, if any, are encountered when attempting to access health services or treatment?_(Read out response options to respondents)_	select_multiple No issues Have not tried to access medical services Cost of services and/or medicine was too high Did not get access to qualified health staff at the health facility Problems with civil documents Public health clinic did not provide referral Public health clinic not open The treatment center was too far away/Transportation constraints Medical staff refused treatment without any excuse No medicine available at health facility/pharmacy

	No treatment available for my disease at the health facility Health services inaccessible to people with disabilities
If available, what would be the main type of support you would require for healthcare or accessing healthcare facilities? (select up to 3) [Do not read response options]	select_multiple Don't want support Cash for doctor's fees Cash for medicines Direct provision (Medicines) Transport to facilities More qualified healthcare workers at facilities More qualified healthcare workers for home-visits Increased access for physically disabled persons Increased services for mentally disabled persons Increased services for addictions and consumption of khat Other – specify Infrastructure provision (More healthcare facilities, Near healthcare facilities) Increased access for minority groups/clans Increased services for pregnant or lactating women
Nutrition	
Are you worried about the health of your child/any of your children?	select_one Yes No
Is your child unusually sleepy, not feeling well, vomiting everything, or had any loss ofconsciousness or seizures? If yes, has it been going on for more than 7 days?	select_one Yes, for 7 or more days Yes, for less than 7 days No
If your child is currently sick or has a fever, has it been going on for more than 7 days?	select_one Yes, for 7 or more days Yes, for less than 7 days No
Do you think your child is too thin or is becoming thinner than before?	select_one Yes No
Is your child still feeding or eating normally? If no, has this been for 2 days or more?	select_one eating
If no, has this been going on for 2 days or more?	select_one Yes No
Has your child previously been identified as malnourished or admitted to a nutrition treatmentprogramme?	select_one Yes No
Have you or anyone in your household received a visit from a mobile nutrition team to assess for malnutrition in the past 6 months?	select_one Yes No
Are there any children enrolled in a nutritional centre or therapeutic feeding centre since the past 6 months?	select_one Yes No
Have you been able to access the nearest nutritional centre or therapeutic feeding centre when needed?	select_one Yes No No, not needed
How long does it take you to reach the nearest nutritional centre or therapeutic feeding centre?	select_one Walking

	Car Bus Moto Cart Other
How do you get there?	select_one Walking Car Bus Moto Cart Other
What difficulties, if any, are encountered when attempting to access nutrition services or treatment?_(Select up to 3. Read out response options to respondent)_	select_multiple Unaware that services are available, Unaware that supplements are available, Difficulty in enrolling children in programmes, Facilities too far to travel to, Prohibitive costs, Insecurity in travelling to and from centres, Inaccessible to disabled persons, Inaccessible to minority groups/clans, Facilities not staffed or staff not present, Not enough female/male service providers for female/male claimants, None, If other specify (enter text)
WASH	
What is the main source of water used by your household for drinking?_(Read out response options to respondent)_	select_one Public tap/standpipe Handpumps/boreholes Protected well Unprotected well Water seller/kiosks Piped connection to house (or neighbor's house) Protected spring Unprotected spring Rain water collection Bottled water, water sachets Tanker trucks Surface water (lake, pond, dam, river) Other (please specify) Don't know
Does your household currently have enough water to meet the following needs?_(Read response options to the respondent)_	select_multiple Drinking Cooking Personal hygiene (washing or bathing) Other domestic purposes (cleaning house, floor, etc.) Not enough water to meet any of the above needs Don't know
How long does it take to go to your main water source, fetch water, and return (including queuing at the water source)?_(Read out response options to respondent)_	select_one Water on premises Less than 5 min to fetch and return Between 5 and 15 min to fetch and return Between 16 and 30 min to fetch and return More than 31min to fetch and return Don't know

Does your household have problems related to access to water? If yes, which ones?_(Read out response options to respondent)_	select_multiple No problem Water points are too far Water points are difficult to reach (especially for people with disabilities) Fetching water is a dangerous activity Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to the water points Insufficient number of water points / waiting time at water points; Water points are not functioning or close Water is not available at the market Water is too expensive Not enough container to store the water Don't like taste / quality of water Other (please list) Don't know
How much does your household spend per month on water in US Dollars?	Enter numerical value
How does your household adapt to lack of water?_(Read out response options to respondent)_	select_multiple The HH does not have any issue; Rely on less preferred (unimproved/untreated) water sources for drinking water; Rely on surface water for drinking water; Rely on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing; Rely on surface water for other purposes such as cooking and washing; Fetch water at a source further than the usual one; Send children to fetch water; Fetch water at a source that could be dangerous; Spend money (or credit) on water that should otherwise be used for other purposes; Reduce drinking water consumption (drink less); Reduce water consumption for other purposes (bathe less, etc.); Other (please list); Don't know
What kind of sanitation facility (latrine/toilet) does your household usually use?_(Read out response options to respondent)_	select_one Flush or pour/flush toilet Pit latrine without a slab or platform Pit latrine with a slab and platform Open hole Pit VIP toilet None of the above, open defecation Other (specify) Don't know
Do you share this sanitation facility with other households?	select_one Yes No Don't know
If yes, how many households use this sanitation facility (latrine/toilet)?	Enter numerical value
Does your latrine have any of the following features?_(Read response options to the respondent)_	select_multiple Walls that protect privacy Lock to close door Inside light

	Outside light Marked separated facilities between women and men (for shared or communal facilities) Close to dwelling (less than 50m) Access for persons with disabilities Soap and washbasin at latrine
How does your household dispose of solid household waste, faeces (or faeces of children)?	select_one Household or communal covered pit Burial if in designated areas far from houses and water sources In open Burning (near or far from home)
Do you have problems related to sanitation facilities (latrines/toilets)? If yes, which ones?_(Read out response options to respondent)_	select_multiple No problem Lack of sanitation facilities (latrines/toilets) / facilities too crowded Sanitation facilities (latrines/toilets) are not functioning or full Sanitation facilities (latrines/toilets) are unclean/unhygienic Sanitation facilities (latrines/toilets) are not private (no locks/door/walls/lighting etc.) Sanitation facilities (latrines/toilets) are not segregated between men and women Sanitation facilities (latrines/toilets) are too far Sanitation facilities (latrines/toilets) are difficult to reach (especially for people with disabilities) Going to the sanitation facilities (latrines/toilets) is dangerous Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to sanitation facilities (latrines/toilets) Other (specify) Don't know
How do you adapt to issues related to sanitation facilities (latrines/toilets)?_(Read out response options)_	select_multiple The HH does not have any issue; Rely on less preferred (unhygienic/unimproved) sanitation facilities (latrines/toilets) Rely on communal sanitation facilities (latrines/toilets) Defecate in a plastic bag Defecate in the open Going to sanitation facilities (latrines/toilets) further than the usual one Going to sanitation facilities (latrines/toilets) in a dangerous place Going to sanitation facilities (latrines/toilets) at night Other (specify); Don't know
Do you have any soap in your household?	select_one Yes No Don't know
What kind of handwashing facility do your household members usually use to wash their hands? A jandwashing facility refers to a fixed or mobile device designed to contain, transport or regulate the flow of water to facilitate handwashing. They include sinks with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing	select_one No specific handwashing device (no device at all or only pouring device or simple basin/bucket, with no taps) Sink with tap water Buckets with taps

	Tippy tap Other (specify) Don't know

How does your household adapt to issues related to lack of access to hygiene items?_(Read out response options to respondent)_	select_multiple
	The HH does not have any issue
	 Rely on less preferred types of NFI
	 Rely on soap substitutes (sand or other rubbing agents for soap, clothing for diapers, etc.)
	 Buying NFI at a market place further than the usual one
	  Buying NFI at a market place in a dangerous place
	  Borrow NFI from a friend or relative
	  Spend money (or credit) on NFI that should otherwise be used for other purposes
	  Reduce NFI consumption for personal hygiene
	  Reduce NFI consumption for other purposes (cleaning dishes, laundry, etc.)
	  Don't know

Do you (or and female household members) have problems related to menstrual materials? If yes, which ones?_(Read out response options to respondent)_	select_multiple No problems No supplies available to purchase Cannot afford to purchase supplies Other (specify)
At what times do you and other household members wash your hands?_(Read out response options to respondent)_	select_multiple Never Before serving food Before eating Before feeding baby (including breastfeeding) after defecating or urinating Before cooking or preparing food Before/after caring for someone who is sick After coughing, sneezing, or blowing your nose Other
Shelter & NFI	
How many shelters does the household occupy in this location?_(enter 0 if none or open air)_	Enter numerical value
What type of shelter does the household live in?_(Read response options to respondent)_	select_one Buul Timer and plastic sheet with CGI roof CGI sheet wall and CGI roof Mud and stick wall and CGI roof Stone/brick wall and CGI roof Brick and concrete house (solid, finished house or apartment) Unfinished / non-enclosed building Stick wall and thatch roof Collective shelter Tent Makeshift shelter None (sleeping in open) Other (specify) Not sure
Does the shelter have any of the following enclosure issues?_(Read out options to respondents)_	select_multiple Lack of insulation from cold Leaks during light rain Leaks during heavy rain

	Limited ventilation (less than 0.5m2 ventilation in each room including kitchen) Presence of dirt or debris (removable) Presence of dirt or debris (non-removable) None of the above Not sure
Does the shelter currently have any of the following damage or defects?_(Read out options to respondents)_	select_multiple Opening or cracks in roof Roof partially collapsed Broken or cracked windows Exterior doors broken / unable to shut properly Exterior doors or windows missing Large cracks / openings in most walls Some cracks in some walls Some walls fully collapsed Damaged floors Severe structural damage and unsafe for living Total structural collapse Foundation damaged or shifted Gas, water or sewage system damaged Electricity supply line damaged and not functional Other (specify) None of the above Not sure / prefer not to say
Why were you not able to repair the damages or defects to the shelter?	select_multiple Lack of money Lack of materials Unavailability of skilled labour Other (specify)
In total, how many rooms are there in use in ALL the shelters occupied by your household? Total (match sum of below) Bedrooms / sleeping areas Living rooms / common areas Kitchens Bathroom / toilets Other (please specify)	Enter numerical value
Do you have any of the following issues inside your shelter?_(Read out response options to respondent)_	select_multiple Lack of bathing facilities Bathing facilities are unsafe Lack of access to cooking facilities Cooking facilities are unsafe Lack of lighting inside the shelter Lack of lighting around the shelter Lack of privacy inside the shelter (no partitions, doors) Lack of space inside shelter (min 21m2 per hh) Unable to lock home securely Theft Other security incidents Fire Poor construction or materials (risk of collapse) Other (specify) None of the above Not sure / prefer not to say
Where do household members cook food?_(Read out response options to respondent)_	select_one In kitchen In shelter (no separate kitchen) Open air

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	Other (specify)
What is the occupancy arrangement in your current dwelling?_(Read out response options to respondent)_	select_one Ownership Rented Hosted without rent (by family, friends, institution) No occupancy agreement / squatting Other (specify) Not sure / prefer not to say
Do you have formal written documentation to prove your occupancy arrangement (e.g. written rental agreement, ownership papers)?	select_one Yes No Don't know Prefer not to answer
How much rent do you pay per month for your accomodation?	Enter numerical value
Do you currently have any of the following problems related to housing, land and property?_(Read out response options to respondent)_	select_multiple Disputed ownership Property unlawfully occupied by others (secondary occupation) Disputes about rent (including payment) between landlord and tenant Rules and processes on housing and land not clear Inheritance issues Lack or loss of housing land tenancy or ownership documents Looting of private property Threat of eviction/harassment by landlord or others Other (specify) None of the above Not sure / prefer not to say
Does the household currently have access to the following NFIs?_(Read out response options to respondent)_	select_multiple Winter blankets Mattresses / sleeping mats Cooking utensils Cooking fuel Water containers Jerry can Torches Solar lamps Solar panels Generators Batteries Clothing Winter clothing Shoes Winter shoes Winter heaters Heating fuel Disposable diapers Sanitary pads Soap Washing powder Cleaning liquid (for house) Detergent (for dishes) Hygiene kits Hand sanitiser Face masks Disposable gloves

	Mosquito Nets
Are any of the items NOT available at your local market?_(Read out response options to respondent)_	select_multiple Bedding items Winter blankets Mattresses / sleeping mats Cooking utensils Cooking fuel Water containers Jerry can Torches Solar lamps Solar panels Generators Batteries Clothing Winter clothing Shoes Winter shoes Winter heaters Heating fuel Disposable diapers Sanitary pads Soap Washing powder Cleaning liquid (for house) Detergent (for dishes) Hygiene kits Hand sanitiser Face masks Disposable gloves Mosquito Nets
What are your top 3 priority NFI needs?_(Select up to 3. Read out response options to respondent)_	select_multiple Bedding items Winter blankets Mattresses / sleeping mats Cooking utensils Cooking fuel Water containers Jerry can Torches Solar lamps Solar panels Generators Batteries Clothing Winter clothing Shoes Winter shoes Winter heaters Heating fuel Disposable diapers Sanitary pads Soap Washing powder Cleaning liquid (for house) Detergent (for dishes) Hygiene kits Hand sanitiser Face masks Disposable gloves

	Mosquito Nets
Protection	
In the last 30 days, did any children in your HH (age added) engage in employment outside of the home?	select_one Yes No Don't know Prefer not to answer
If yes, how many boys and how many girls? Enter the number of boy(s) and girls(s) engaged in labor	Enter numerical value
Do you have any other child, son or daughter under 18 years not living in the HH?	select_one Yes No Don't know
If yes, how many boys and girls?	Enter numerical value
We would like to understand why those children are not living under your roof. I read you a list of possibilities, let me know how many children currently under 18 years old fall in each category:_(Read response options to respondent)_ Married and left the house Left the house to seek employment Left the house to study Left the house to engage with the army or armed groups Kidnapped/abducted Missing (left and no news) Arbitrarily detained	Enter numerical value
In the last 30 days, have any members of your HH faced restrictions when moving around your neighbourhood/block/camp, from one camp to another camp, or from one district to another district?_(Read out response options to respondent)_	select_multiple Yes, within the block or camp Yes, between blocks or camps Yes, between districts No 3. Don't know 4. Haven't tried to move around
If yes, did the HH members face any of the following restrictions while travelling or attempting to travel to or from any area?_(Read response options to the respondent)_	select_multiple 1. No, no restrictions 2. Yes, road closures 3. Yes, COVID-related lockdown 4. Yes, Other government-imposed lockdown 5. Yes, fear for safety and/or security 6. Yes, did not have appropriate documentation for travel 7. Yes, unable to afford travel 8. Yes, discrimination because of my displacement status 9. Yes, because of other discrimination 10. Yes, other (Specify)
Are there any areas in your community where boys or men / girls or women do not feel safe?	select_one Yes No Don't know Prefer not to answer
Where do boys and men / girls or women not feel safe?_(Read out response options to respondent)_	select_multiple In shelters When leaving settlement/town On the way to markets At Water points At Latrines Bathing areas Markets Schools Health centres

	Nutrition/feeding centres Humanitarian aid distribution points Choose not to answer Other - specify
Have any HH members been affected by a safety or security incident in the last 30 days?	select_one Yes No Don't know Prefer not to answer
Is yes, how many men/women/boys/girls in the HH were affected? Men Boys Girls Women	Enter numerical value
Has your household property or possessions been damaged or stolen in the last 30 days?	select_one Yes No Don't know Prefer not to answer
Is there a child-friendly space in your community where children can meet and play with or without supervision (for e.g. a park, gym, playground, etc.)?	select_one Yes No Don't know
Are there any medical, legal, or social services for children in your community or area of residence?	select_one Yes No Don't know
Are you aware of any GBV-related incidents against anybody your community in the last 30 days?	select_one Yes No Don't know Prefer not to answer
Are you aware of any medical, legal, psychosocial services available in case of an attack of sexual or gender based violence?	select_one Yes No Don't know
Has anyone in the household made use of SGBV medical, legal, or psychosocial services in the past 6 months?	select_one Yes No Don't know Prefer not to answer
Food Security and Livelihoods	
What are the main sources of food for the household?_(Read out response options to respondent)_	select_multiple Purchased at market Own cultivation Own livestock Fishing Foraging Hunting Bartering Reliant on family or friends Reliant on humanitarian/NGO assistance Reliant on government assistance Other – specify
How much does your household spend per month in US Dollars on food?	Enter numerical value
J01. In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food?	select_one Yes No

J01.1 How often did this happen in the past [4 weeks/30 days]?_(Read response options to the respondent)_	select_one 1 = rarely (1-2) 2 = sometimes (3-10) 3 = often (10+ times)
J02. In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry because there was not enough food?	select_one Yes No
J02.1 How often did this happen in the past [4 weeks/30 days]?_(Read response options to the respondent)_	select_one 1 = rarely (1-2) 2 = sometimes (3-10) 3 = often (10+ times)
J03. In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food?	select_one Yes No
J03.1 How often did this happen in the past [4 weeks/30 days]?_(Read response options to respondent)_	select_one 1 = rarely (1-2) 2 = sometimes (3-10) 3 = often (10+ times)
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to rely on less preferred and less expensive food?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to limit portion sizes at meals?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to restrict consumption by adults in order for small children to eat?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to reduce number of meals eaten in a day?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to borrow food or rely on help from friends or relatives?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to give less food than normal to elderly household members?	Enter numerical value
In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to give less food than normal to adult women in the household?	Enter numerical value
AAP	
What type(s) of phone(s) do members of your household own?_(Read out response options to respondents)_	select_multiple Basic phone (Calls, SMS, mobile money, no Internet access) Feature phone (basic internet access, some preinstalled apps, no app store, physical keyboard) Smartphone (touchscreen, app store, advanced internet access) None
Is there at least one person in the household who can read and write, in any language?_(Read response options to respondent)_	select_one Yes, without difficulties Yes – some difficulty Yes – a lot of difficulty No
Has your household received humanitarian aid in the past 30 days?	select_one Yes No
What is your household's preferred means of receiving information about humanitarian aid distribution?_(Read out response options to respondent)_	select_one Do not need information

	Phone call SMS Social media (Twitter, Facebook, etc.) Whatsapp or other mobile phone based platform Television Newspapers Magazines Billboards/ posters/ leaflets Loud speakers Film or theatre In person face-to-face Other
If you have received aid in the last 30 days, was your household satisfied with the aid you received?_(Read out response options to respondent)_	select_one Very satisfied Satisfied Unsatisfied Very unsatisfied
Did your household face any barriers in accessing humanitarian aid in the past 30 days?	select_one Yes No
[Of those who faced barriers] What barriers did you face?	select_multiple Lack of information Physically unable to access points of aid distribution Insecurity on route to points of aid distribution Insecurity at site of aid distribution Exclusion by camp managers/gatekeepers Other
Do you and other members of your household trust aid workers to act in your interest and with respect?	select_one Yes No
Do you or other household members know how to make a suggestion or complaint about the humanitarian assistance you receive?	select_one Yes No
How would your household prefer to give feedback to aid agencies about the aid (quality, quantity and/ or appropriateness) you are receiving?_(Read response options to respondent)_	select_multiple 1) Face to face at home with aid worker 2) Face to face in office or other venue with aid worker 3) Face to face with member of the community 4) Phone call 6) SMS 7) E-mail 8) Letter 9) Social media (e.g. Twitter or Facebook 10) Complaints/ suggestions box 11) Other 11)Not aware of feedback mechanism
If your household were to receive humanitarian assistance in the future, what type of assistance would you prefer to receive?_(Read response options to respondent)_	select_multiple 1. Do not want to receive humanitarian assistance 2. In-kind (food 3. In-kind (NFIs 4. Physical cash 5. Cash via bank transfer 6. Cash via prepaid cards 7. Cash via mobile money 8. Vouchers 9. Services (e.g. healthcare, education, etc. 10. Other (please specify

	11. Don't know 12. Prefer not to answer
What are the top three priority needs of your household?_(Read response options to respondent)_	note
First priority Second Priority Third Priority	select_one Shelter / housing Food Healthcare Seeds or other agricultural inputs Livelihoods support / employment Drinking water Hygiene NFIs (e.g. soap, sanitary pads Need to repay debt Education for children under 18 Psychosocial support None Other
What do you think is the main area in which the UN should engage more in/continue to support?_(Read response options to respondent)_	select_one Support to participation in local and national elections Social cohesion initiatives (NEEDS DEFINITION/CLARIFICATION OF TERM) Provision of basic services such as WASH, Education, Health, Housing Support Nutrition and Food Security Programmes Support reproductive health and GBV Support to business creation and income generating activities Support to trainings and skill development programmes Facilitate access to cash and credit Facilitate access to legal counselling, courts, legal redress Enhanced rights protections and physical safety for marginalised and vulnerable groups Please mention any other
What do you think is the main area in which the UN should discontinue its support?_(Read response options to respondent)_	select_one Support to participation in local and national elections Social cohesion initiatives (NEEDS DEFINITION/CLARIFICATION OF TERM) Provision of basic services such as WASH, Education, Health, Housing Support Nutrition and Food Security Programmes Support reproductive health and GBV Support to business creation and income generating activities Support to trainings and skill development programmes Facilitate access to cash and credit Facilitate access to legal counselling, courts, legal redress Enhanced rights protections and physical safety for marginalised and vulnerable groups Please mention any other
Covid	
Which source do you most trust to give you reliable information COVID-19?_(Do not read options to respondent, select all that apply)_	select_multiple None

	Settlement leaders Religious leaders Health worker at health facility Traditional / local healer Not sure Other (specify
How would your household prefer to receive information on Covid-19?_(Read out response options to respondent)_	select_multiple Word of mouth (family, friends, neighbours, colleagues SMS / messaging application (Whatsapp, Telegram, Signal etc Social media (Facebook, Instagram etc Internet sites Radio / television Newspapers settlement centre At religious centre (mosque Door-to-door campaign Information campaign in public place Megaphone public announcements Posters Other (specify
Since you heard about COVID-19, have you and your household members taken any action to prevent yourselves from getting COVID-19?_(Read out response options to respondent)_	select_multiple No, no action taken (cannot select with any other option Not leaving the house at all Reducing movement outside the house Stopping handshakes or physical contact Keeping distance from people Avoiding public places and gatherings Avoiding public transport Wearing a face mask Wearing gloves Washing hands more regularly Keeping surfaces clean Praying to god Staying away from animals Other (specify) Not sure
If no, why have you not taken action to prevent yourselves from getting COVID-19? _(Read response options to respondent and Select all that apply)_	select_multiple COVID-19 is not prevalent in the area Not at high-risk of getting COVID-19 Don't mind getting COVID-19 Don't think it is possible to prevent COVID-19 Don't know how to prevent COVID-19 Lack of financial resources Preventative measures not practical Other people are already taking measures Not the household responsibility to prevent COVID-19 Other (specify) Not sure
What are the signs and symptoms of someone with COVID-19? _(DO NOT read options to respondent. Select all that apply)_	select_multiple Fever Tiredness Coughing Sore throat Difficulty breathing Sneezing / runny nose Loss of taste / smell

	Headache Diarrhoea Rash Joint / muscle pain Vomiting Conjunctivitis (red eyes Hemorrhage / bleeding Other (specify) Not sure
What would you do if you think you or someone in your household has COVID-19? _(DO NOT read options to respondent. Select all that apply.)_	select_multiple Nothing, continue daily life as normal Stay home and do nothing / take no medicine Stay home and self-medicate Call emergency services Call dedicated COVID-19 number Speak to a religious leader Speak to a settlement leader Go to a pharmacy Go to a doctor's office or health centre Go to a hospital Go to a traditional / local healer Other (specify) Not sure
It is important to us that services and aid reach everyone according to their level of need. I am now going to ask you about some characteristics that sometimes have an impact on people's access to services and how they are treated by others.	note
Have any of the following factors affected your ability or that of your household member to access services or products, or has it affected the way that people have treated you or your household members in in the past year?_(Read response options to respondent)_	select_multiple Age: Being elderly (60+) Age: Being young (30-) Disability: Person living with a disability Heritage: A member of a minority or marginalised community None Prefer not to answer
If yes, please tell us which three areas of your life where how you or your family member have been treated or been able to access products and services has been most affected _(Read response options to respondent)_	select_multiple Security Health Education Water Food Cash Work Access to remedies Other (specify)

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Annex 4: Field Officer, Team Leader, and Enumerator Training

REACH Team Leader and Enumerator Training

Purpose of training

- Conduct a training of trainers and enumerators

- Understand the assessment so you can explain it to others

- Gain the necessary skills to carry out a household-level survey through a remote format

- Familiarize yourself with the sampling procedure for selecting numbers

- Familiarize yourself with the survey questions, definitions, and response options, skip-logic, constraints, etc.

- Gain understanding of the ethics and principles guiding this assessment

Data-collection time-line

07.07: Training of FO

08.07: Training of Enumerators; test of enumerators

09.07: Follow-up training of enumerators; Bug-fixes

10.07: Pilot test; bug-fixes

12.07: Start data-collection

22.07: End data-collection (tentative)

30.07: Preliminary clean data-set ready to be shared for validation

1) Working with REACH

All staff and enumerators must abide by the following principles

- **Do no harm.**

- Must **obtain consent and assent**.

- **Respect the rights** of respondents at all times.

- Always **create a conducive environment** in all interactions.

- Always **ensure confidentiality and sensitivity**.

- **Maintain personal and professional standards** during all engagements.

Ensure all enumerators are capable of repeating the code of conduct
Ensure all enumerators understand why the code of conduct is important

Enumerator code of conduct

All staff and enumerators must:

- **Never raise their voice** or shout at respondents
- **Never discriminate**.
- **Never attempt to create relationships** (sexual)
- **Never intimidate/humiliate**
- **Never place a respondent at risk of abuse, or expose them to insecurity**

- **No brokering/Aiding relationship**.
- **Never film or take selfies/videos/pictures**.
- **Never use language that is inappropriate**.
- **Never make promises**.
- **Never get contact numbers from respondents for personal benefits**.

Explain importance of principles, especially in terms of the work REACH does in informing humanitarian action, and given the remote data collection modalities

2) WHAT IS THE JOINT MULTI-CLUSTER NEEDS ASSESSMENT?

The JMCNA is:

- A national assessment covering the entire country, that seeks to..
- Capture the severity of needs at the district level, while focusing on..
- Displaced (IDP, refugees, returnees) and non-displaced persons (host- and non-host resident communities)..
- With the aim of asking the following questions:
    - What are the needs of the different population groups?
    - What do their survival, emergency, and livelihood problems consist?
    - What is the level of access to basic services?
    - Which groups are the most vulnerable?
    - How do these needs compare across geographical areas?

Enumerators should be able to explain the assessment to anyone who approaches them; in case someone needs clarification as to why they are being interviewed; the importance/usefulness of the JMCNA, and ultimately, why their input is valuable and so should stay on the line and contribute to the survey

Changes to the JMCNA 2020

The switch from face-to-face to remote data collection

Why change?
- The Covid-19 pandemic which currently claimed the lives of more than **500K**.
- It is preferable to arrange remote data collection rather than face- to-face interview in order to ensure we do no harm

How will this affect the work of enumerators?
- Enumerators will work from home to limit having people travel and come in contact with others and risk increasing the transmission of Covid-19
- Enumerators will report directly to their team leaders and FO
- Enumerator productivity and data quality will be closely monitored on a daily basis by FO (e.g. call-backs, confirmation, call-logs, screen-shots, etc.)
- Facilitate ease of work and data collection efficiency

Emphasize do no harm principle and risk of Covid-19
For enumerators who may have worked previously with REACH but also enumerators who are new – explain that remote data collection is inherently different from Face-to-face and that it requires additional skill and competence – and requires practice to be familiar with tool and managing a call
Finally, stress that because it is remote work; there will be enhanced control procedures in place and that their work productivity and efficiency will be closely monitored

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3) INTERVIEWING SKILLS

Make a good first impression
- When first approaching the respondent, do your best to make him/her feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting and then proceed with your introduction.

Always have a positive approach
- Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

Stress confidentiality of responses when necessary
- If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and that all information will be grouped together to write a report.

Summarise repeatedly why this is important for enumerators

Answer any questions from the respondent
- Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she was selected to be interviewed. Be direct and pleasant when you answer.

Show respect during data collection
Do not make any promises to respondents.

Probing questions
Examples of probes

FOR CLARITY/SPECIFICITY:
- Can you be more specific?
- Can you tell me more about that?
- What is your best estimate?
- What do you think?
- Which would be closer?
- Which answer comes closest to how you feel/ think?
- If you had to pick one answer, what would you choose?

FOR COMPLETENESS:
- Anything else?
- Tell me more.

OTHER PROBING TECHNIQUES:
- Repeat the question
- Echo their response
- Pause a second

Which option would you choose?

You: Did you visit hospital in the last one year?
They: Ohh I don't know
You: Okay.
You: Did you visit hospital in the last one year?
They: Ohh I don't know
You: From the rest of your answers, it doesn't look like you have so I'll fill in no.
You: Did you visit the hospital in the last year?
They: I don
You: I understand 1 year is a long time, but try to think if you were ever sick and needed medicine?
They: No I wasn't sick ever.
You: Okay, do you think now you can remember if you went to the hospital in the last year?

They: Yes, I think I never went to the hospital in the last year now.

- *Why the first option? What is the advantage? What is the disadvantage?*
- *Why <u>not</u> the second option?*
- *Why the third option? Why is it ok to pursue this?*

4) PHONE INTERVIEWS

General tips for phone interviews

- **SPEAKING :** Speak slowly and calmly into the microphone in order to be understood, speak clearly and do not chew gum or eat.
- **LISTENING :** Always turnoff all the background noise. Listen carefully to what is being said.
- **COURTESY :** Maintain a calm attitude throughout the conversation, end the calls with a polite comment such as "Good bye" or "Thank you".
- **CULTURAL :** Try to start your interview with the common Islamic greeting and introduce your self in a brief way.
- **TIME :** Make sure you brief the time that you will need to conduct the interview.

Interviewing over the phone

How to…
- Since in phone surveys, you cannot see the respondent it is important to understand that they are different from in-person surveys. In order for phone surveys to be successful, you have to explain carefully about yourself and create a rapport.
- Always be very polite and **explain to them the purpose of your call.**
- Make sure that the **connection is stable so that no information is lost or misheard**.
- Understand their language and try to respond to them in a language that is **comfortable** for them to create that rapport.
- Do not give them any extra information regarding any policy or anything else. **Always stick to your scripts and make sure you are not saying anything other than what has been told to you.**
- **You will need to hold the respondent's attention while managing the tablet and phone. This means that you need to familiarize yourself with the instrument as well as the hardware used for surveying to avoid unnecessary gaps between questions or modules.**
- **So, practice!**

Pre-data collection checklist

Before beginning data collection make sure of the following:

- You have a fully charged phone/tablet with the pre-installed correct version of the survey. If you are unsure about which version of the survey you should be using, please ask your team leader to clarify this
- You have a fully charged phone, loaded with enough airtime, and subscribed minutes to be able to reach all the participants you have to call in one day.
- Your headphones are working.
- You have a printed tracking sheet with the list of respondents you need to call that day. This list should have the Household ID and phone numbers
- You have the survey manual and protocol somewhere close to you, in case you need to refer to it for questions
- You have a notebook and pen
- You have a charging facility near you, i.e. an extension cable and charger
- Your tablet/phone has the correct date and time set
- You are in a quiet environment
- You have a water dispenser near you

REACH Informing more effective humanitarian action

Ensure enumerators are well prepared at the start of each day
Ensure that enumerators are aware of C-19 risk mitigation measures when visiting the office

Preliminary: Defining a household

What is a household?
- A group of persons who normally live and eat together
- A household is often a family living in the same house or compound and eating together, but can include extended relatives or non-related people
- One person who lives and eats on his or her own
- Several persons who are not related to each other. What matters is that they live together in the same house or compound and eat together.
- If a man has two or more wives and they and their children live and eat together, they form one household.
- If the wives and their children live and eat separately, they will form more than one household.
- If two or more groups of persons, each of which has its own separate eating and housekeeping arrangements, live in the same dwelling, treat them as separate households.
- If a household has a visitor staying with them for 3 months or longer, they are considered part of the household

Definition and examples of a household – Emphasize why this definition is important
Distinguish a household from a family as an example
Ensure enumerators know to communicate the shared understanding of the definition

When you call a household

- First start with Islamic greeting and proceed to introduce yourself
- Be clear and use simple language when explaining why you are calling them
- Inform the respondent how the organisation acquired their number; i.e. "your household was previously surveyed for the JMCNA 2018/2019, and we would like to…"
- Ask them if they have enough for the interview – it will take probably 20-25 minutes.
- Ensure that you get verbal consent in the form of some response such as "Yes, I agree".
- Ask household head or someone who is in charge or anyone who can speak on behalf of their household. Respondents should include men *and* women
- Ensure you are speaking with the correct person (not a child, not someone unable to speak on behalf of the household)
- The respondent must be someone 15 years or older
- Explain the objectives of the survey and the assessment clearly, precisely, and ensure all questions are answered before beginning
- Informal introduction: You need to introduce yourself before you can start asking to speak to the respondent. This is just a brief informal introduction. There will be a complete, formal explanation later – i.e. the consent form. BUT it is VERY important that you put whoever picks up the phone (or the respondent) at ease so that they are happy to cooperate further. The introduction will depend on the call attempt number you are making.
- Be respectful, patient, clear and answer all their questions confidently.

Test the consent note section
If the number by any chance is for a different person, then the enumerator needs to inquire whose is the owner of the phone number. Enumerators should enquire for another phone number where they can reach the respondent on the tracking sheet. If the person who responded does not know the respondent, then politely hang up the call and immediately inform your supervisor of this case.
Prepare standard responses for the questions above for enumerator training

- Why were we chosen for survey?
- How did you get my number?
- What is the purpose/use of the survey?
- Will I receive any benefits?
- How will you use our information?
- What kind of questions will you ask me?
- How long will this take?
- Do you work for the government?

Unavailable households

If you cannot reach a household
- Every attempt to reach the respondent will be captured in the enumerator tracking sheet
- This makes it easier to keep track of how many attempts have been made to reach each ID
- If the respondent can't be reached due to a number of reasons, e.g. the phone number is off, out of service, temporarily out of service, record that as the first attempt
- Subsequent attempts should be made after every 3 hour interval. Phone not reached should have at least 2 or 3 attempts in a day
- If you do not reach somebody in the morning, but do reach them in the afternoon the same day, then you should only submit one completed survey
- You must make in total 9 attempts when you cannot reach a phone number across several days. However, you must only submit attempts at the end of the day. So, if you make 3 attempts to call somebody on Day 1, 3 attempts on Day 3, and 3 attempts on Day 6, then you have completed 9 attempts.
- You must leave one day in between after every 3 attempts. This means if you call the participant on Monday 3 times, you should try that participant again on Wednesday and then Friday
- This means **each enumerator should maintain a dedicated call-back sheet which each FO must track daily**
- **If you make appointments/reschedule calls, ensure that you honour your commitment and be available at the scheduled time**

This will be revised and communicated

Potential problems

- Continuous distractions which interrupt the interview
- Attrition during the interview
- Unavailability of people
- Numbers switched off…
- Numbers available at different times of the day…
- Etc…
- **If you encounter one of the aforementioned problems (or any other), please ensure that it is communicated immediately to the FO in charge**

Examples

How would you respond…
- Suppose you dial a number and a young woman answers. You read the introduction to the survey and begin asking questions. After completing the first two questions of the survey, you hear a child crying in the background and the women says she needs to go. How should you respond?

- If there are continuous distractions coming from the respondents side, such as side-conversations, back-ground noise, interruption of network?
- What do you do when you call a respondent and the phone is turned off, the respondent is not picking, or the telephone has no network?
  - Protocol of attempts: You MUST attempt every phone number 9 times over the course of the week.
- The respondent says they are too busy to participate in the survey…
  - Ask the respondent for a time and day they will be less busy and make an appointment to conduct the survey at the time when they will be available.
- There is poor network connection during a call
  - Kindly request the respondent to provide an alternative number on a different network or ask very nicely for the respondent to move to a place with better network connection
- Respondent is only available after 5pm and /or before 8 am or over the weekends and public holidays
  - Make an appointment with the respondent and note this on the tracking sheet accordingly. Your supervisor will then plan on who's to make these calls after working hours.
- Language Barrier
  - Inform your supervisor and ask him/her whether there is someone in the team who speaks the language of the respondent. If the enumerator who speaks the same language as the respondent is available, they should conduct the survey at that time. If they are not available, then please make an appointment and the appropriate enumerator will call the respondent back at that time to conduct the interview.
- Refusal-Unwilling respondent or respondent who doesn't trust confidentiality of REACH
  - If the respondents declines the consents because they are worried about confidentiality, the enumerator should first assure the respondent about our confidentiality policy, explain the purpose of the study again and the huge importance of their participation.
  - They can reassure the respondent of the research work REACH does and give examples of how the JMCNA serves to better inform the humanitarian response
  - If this doesn't help and the respondent still refuses to participate, thank the respondent for their time and record the reason for their refusal on the survey form (modify tool to account for it)
- Not the right respondents
  - Ask for the head of the household or anybody able to speak on their behalf
  - Use alternative phone numbers provided on the tracking sheet to reach the respondent. If using the alternative number can reach the respondent, go ahead and complete the survey. Care must be taken not to complete the survey with the wrong respondent. If the alternative contact provided goes through and they know the respondent but they're not near him/her, make arrangements for them to send you the best number through which we can reach the respondent (this number does not even need to be the respondent's number in the case that the person picking up the phone does not know - it can even be the number of somebody that they think will know the number of the respondent).
- Phone hangs in the middle of the survey
  - Make follow-up attempts after reasonable intervals and try to complete the survey
- The Phone number is temporarily/completely out of Service
  - Follow call-back protocol

After calling households

At the end of interviews enumerators need to…

- Ensure all your tracking sheets are correctly filled for all attempted calls
- Ensure all your completed surveys are uploaded.

- Ensure to provide a summary to your supervisor of any issues that you faced that day. If you have any incomplete surveys, you should also provide an explanation of why this is.
- Ensure you have passed on the necessary information to your supervisor for any appointments that you made after working hours, so she can take appropriate action
- Return tablet/charger/phone/headset to the storage point for charging
- Your work place is clean for the following day (sanitize hands and devices frequently)

5) KOBO

KOBO Survey Tool

Types of responses
- Integer: a number response will be required
- Text: a free text entry, it will appear on the phone as a blank space for text input
- Multiple Choice: will display a list of multiple choices (**squares**), of which you can select more than one option
- Single Choice: will display a list of multiple choices (**circles**), of which you can select just one option
- Date: YYYY-MM (year-month)
- GPS: Gives you and records the exact location

Question parameters

- Constraints: Makes sure that the response is logical and not conflicting. For e.g. if you ask how many days in the last week it was raining, the response cannot be 8 days.
- Relevance: Makes sure only questions relevant to the respondent are asked
- Skip Logic: Sometimes you will only want a question to be asked of those people who meet certain conditions - i.e. you want to ask questions only if certain answers have been given to earlier questions. For e.g. questions on school-aged children attendance will only be shown if there are 1. school-aged children, and 2. school-aged children enrolled in school
- Required: Forces you to respond to the question to prevent blank answers

Annex 5: Data Cleaning SOP

These Standard Operating Procedures (SOPs) are based on the tool designed for JMCNA 2020, and builds on the requirements outlined in the IMPACT Data Cleaning Minimum Standards Checklist. It complements the Data Management SOP, which details roles and responsibilities during data processing.

Using Macro Enabled Tool for Data Cleaning:

Populating data into the macro enabled cleaning sheet:

Please keep in mind that daily updated raw dataset contains running log of all data kept in the server. So you'll need to filter manually the newly uploaded surveys into the consolidated cleaning sheet.

Follow these bellow steps to do this in an easy and effective way;

1. Familiarize yourself as many times as needed with the user manual part of the Macro cleaning workbook.
2. Open the raw dataset and the macro enabled spreadsheet.
3. Copy your raw data into the first tab of the macro called "raw_data".
4. Copy the uuid from your macro-cleaning tool.
5. Paste the uuid you copied from the cleaning tool at the bottom of the raw data
6. Then see the duplicates (Home - Conditional Formatting - Highlight Cells Rules - Duplicate Values).

7. Filter unique values (filter by color - non fill).
8. Copy the unique rows into your macro tool.

This will allow you to avoid errors of the macro in case of populating duplicating UUIDs.

IMPORTANT STEPS:

1. Delete interviews that took less than 15 minutes. For interviews that took longer than 40 minutes, seek clarification from the enumerator on why that is the case
2. General / overall:
   a. Needs harmonization of "other" answers.
   b. As a lessons learned: This should be done by FOs regularly, because doing it on a day-to-day basis, this won't take too long.
   Example: for [cash_health_other] many people say "more health centres" or "provision of ambulances in remote areas". Both of these are options in the pre-defined answer options. [settlement] = "other" - If we want to produce a map showing the respodents locations, we will need the "other" information as well.
3. Run all necessary data checks first, flagging the inconsistent or unexpected responses **and** outliers.
4. Go to Data Cleaning Tab and sort all entries by UUID (don`t forget to select "expand the selection" as you do the sorting).
5. Mark out the **records** (entire survey row) with **3+** flagged entries

 Flagged entries can be: **outliers** (that is values too high or too low from expected values) **or responses that are logically inconsistent**, (e.g no health access but the respondent reports spending money on health).

1. If any record (row) **has 3 checks** (outliers, conflicting values, inconsistent responses) **that cannot be checked (either through enumerator follow-up or callback to the respondent), the whole interview must be deleted! So enumerator and respondent follow-up and call-backs are critical!**
2. **Do further cleaning for the remaining entries as usual.**
3. At all times when changing the multiple_choice questions, **make sure that numeric values (0/1) are changed and logged accordingly.**

Pay attention to using proper spelling of the response options – keep the tool open to guide you. Otherwise, there is a risk that the analysis contains errors – the analysis script will recognize the response options **ONLY** the way they are spelled in the tool, e.g. it will read bought_cash but not 'bought cash' or 'bought with cash'.

Data checking:

Examples of checks that can be done using macro enabled tool. Please note that checks done using macro enabled tool are not exhaustive; **additional manual data checks are needed to ensure data quality. It is the duty of both AO and FO to conduct additional checks on a _daily_ basis.**

Type of Check	Columns Checked	Description
CHECK_duration CHECK_time	start end	Check if the time taken for interview is realistic: if the time taken for an interview is too short, it may point at data falsification. **Action**: - All interviews that took less than 15 minutes must be deleted. - Check the reason for data that took more than 45 minutes

CHECK_other	**All 'Other' columns**	**Check that data entered into 'Other' column is translated, logical, and consistent with the context.** **Action**: • If data entered into 'Other' column matches any of the potential survey responses, **re-classify that entry and log the change. If the entry cannot be reclassified, just translate.** • To be done by AO
CHECK_jmcna	Jmcna	There are some entries such as 1,001, etc. which are clearly not codes **Action**: Reach out to Database specialist
CHECK_hh_size	hh_size	Checks for outliers HH size (below 3; above 9) **Action:** 1. Flag the entry 2. Clarify with the enumerator to change the values if an immediate follow up is possible 3. If enumerator follow up is not possible, follow up with the respondent 4. If neither follow up is possible, delete the entries in the respective columns **males_0m_5y** **females_0m_5y** **males_6_12** **females_6_12** **males_13_15** **females_13_15** **males_16_17** **females_16_17** **males_18_40** **females_18_40** **males_41_59** **females_41_59** **males_60_over** **females_60_over** 5. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_avg_income	avg_income	Checks for **outliers** in the average household income Checks the plausibility of the avg_income in relation to other things like debt and income sources. **Action**: Confirm conflicts with other columns such as humanitarian_assistance and that the currency the respondent meant was in US $
CHECK_avg_debt	avg_debt	Checks for outliers in the average household debt **Action: Confirm conflicts with other columns such as humanitarian_assistance** and that the **currency the respondent meant was in US $**
CHECK_income_used	avg_income avg_debt	the subtotals of expenditure should not be higher than income and debt combined § Note: Some of the expenses are for the month of the interview while the income and debt is measured for the past 3 months. Calculations are checking this. **Action**: All the expenses in Shillings to be converted to dollar equivalent Any expenses that are more than income + debt to be flagged to enumerator

CHECK_income_src	income_src	*still under development - Checks the income_src column for any reported humanitarian assistance + other source of income and earnings are above $300 ($300 is an arbitrary number)
CHECK_hh_members_income	hh_members_income	This is flagged to be checked if the household income + debt is above 0 and there is no member of the family who earns an income. No one in the HH is newly unemployed and they do not depend on humanitarian assistance exclusively. **Action:** This may mean that the enumerator/ KI may have just responded for HH members with formal employment and not any other source of income generating activity e.g business/rent
CHECK_education_adult	education_adult	Checks that all the enrolled adults are the same number as the total number of adults in the HH. This ensures we have the education levels of all the adults in the HH **Action:** 1. Flag the entry 2. Clarify with the enumerator to change the values if an immediate follow up is possible 3. If enumerator follow up is not possible, follow up with the respondent 4. If neither follow up is possible, delete the entries in the respective columns **education_tertiary** **education_vocational** **education_high** **education_middle** **education_primary** **education_none** 1. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_enrolled_note	enrolled_note	Checks that the figure in enrolled_note is the same as the sum of all children enrolled *(enrolled_boys_6_12 , enrolled_girls_6_12, enrolled_boys_13_17, enrolled_girls_13_17, enrolled_total)* **Action:** 5. Flag the entry 6. Clarify with the enumerator to change the values if an immediate follow up is possible 7. If enumerator follow up is not possible, follow up with the respondent 8. If neither follow up is possible, delete the entries in the respective columns **enrolled_boys_6_12** **enrolled_girls_6_12** **enrolled_boys_13_17** **enrolled_girls_13_17** 9. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_enrolled_total	enrolled_total	Checks that the figure in enrolled_total is the same as the sum of all children enrolled *(enrolled_boys_6_12, enrolled_girls_6_12, enrolled_boys_13_17, enrolled_girls_13_17, enrolled_total)* **Action:** • Flag the entry • Clarify with the enumerator to change the values if an immediate follow up is possible • If enumerator follow up is not possible, follow up with the respondent • If neither follow up is possible, delete the entries in the respective columns **enrolled_boys_6_12** **enrolled_girls_6_12** **enrolled_boys_13_17** **enrolled_girls_13_17** 6. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_covid_enrollment	covid_enrollment	Check if the number of enrolled children are the same as the sum of all covid enrolled children by age *(covid_boys_6_12 + covid_girls_6_12 + covid_boys_13_17 + covid_girls_13_17)* **Action:** • Flag the entry • Clarify with the enumerator to change the values if an immediate follow up is possible • If enumerator follow up is not possible, follow up with the respondent • If neither follow up is possible, delete the entries in the respective columns **covid_boys_6_12** **covid_girls_6_12** **covid_boys_13_17** **covid_girls_13_17** 1. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_covid_enrollment_number	covid_enrollment_number	Checks that the number of children enrolled in covid is not more than the total enrolled children in the HH (enrollement_note) **Action:** 5. Flag the entry 6. Clarify with the enumerator to change the values if an immediate follow up is possible 7. If enumerator follow up is not possible, follow up with the respondent 8. If neither follow up is possible, delete the entries in the respective columns **enrolled_boys_6_12** **enrolled_girls_6_12**

		enrolled_boys_13_17 **enrolled_girls_13_17** 9. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_remote_education	remote_education	Checks that the column is the same as the total school-aged children attending school remotely per category
		(home_boys_6_12, home_girls_6_12, home_boys_13_17, home_girls_13_17)
		Action:
		10. Flag the entry
		
		11. Clarify with the enumerator to change the values if an immediate follow up is possible
		
		12. If enumerator follow up is not possible, follow up with the respondent
		
		13. If neither follow up is possible, delete the entries in the respective columns
		
		    home_boys_6_12
		    home_girls_6_12
		    home_boys_13_17
		    home_girls_13_17
		
		14. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_health_issues	health_issues	Checks that the number of HH members with health issues is not more than the total HH members
		Action:
		15. Flag the entry
		
		16. Clarify with the enumerator to change the values if an immediate follow up is possible
		
		17. If enumerator follow up is not possible, follow up with the respondent
		
		18. If neither follow up is possible, delete the entries in the respective columns
		
		    males_0m_5me
		    females_0m_5me
		    males_6_12me
		    females_6_12me
		    males_13_15e
		    females_13_15e
		    males_16_17e
		    females_16_17e
		    males_18_40e
		    females_18_40e
		    males_41_59e
		    females_41_59e
		    males_60_overe
		    females_60_overe
		
		19. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_health_time_check	health_time_check	Checks the answers where the responded said no health access and also gives a time to visit the health centre **Action:**

		20. Flag the entry
		21. Clarify with the enumerator to change the values in the **health_access** column to **"yes"** if an immediate follow up is possible
		22. If enumerator follow up is not possible, follow up with the respondent
		23. If neither follow up is possible, delete the entries in the column **health_time_check**
		24. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_health_cost	health_cost	Flagged if reported no health access in the last 6 months but still incurred a health expense **Action:** 25. Flag the entry
		26. Clarify with the enumerator to change the values in the **health_access** column to **"yes"** if an immediate follow up is possible
		27. If enumerator follow up is not possible, follow up with the respondent
		28. If neither follow up is possible, delete the entries in the column **health_cost**
		29. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_barriers_health	barriers_health	Flagged if the response to health access is NOT "yes" and reporting no barrier to accessing health facility. **Action:** 30. Flag the entry
		31. Clarify with the enumerator to change the values in the **health_access** column to **"yes"** if an immediate follow up is possible
		32. If enumerator follow up is not possible, follow up with the respondent
		33. If neither follow up is possible, delete the entries in the column **health_cost**
		34. Communicate to the enumerators to make sure the question is understood and asked properly Checks the respondents that did NOT answer "yes" to health_access and reporting NO barrier to accessing health. Might be true but it is important to be sure it is not a mistake
CHECK_on_water	on_water	Checks for water expenditure above $30 (outliers) **Action:** 35. Flag the entry.
		36. Clarify with the enumerator to change the values in the **on_water** column if an immediate follow up is possible. Convert the value to US$ equivalent if the value was recorded in $
		37. If enumerator follow up is not possible, follow up with the respondent
		38. If neither follow up is possible, delete the entries in the column **on_water**
		39. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_no_toilet	no_toilet	Outliers on the number of HHs sharing a toilet (above 2) **Action:** 40. Flag the entry. 41. Clarify with the enumerator to change the values in the **no_toilet** column if an immediate follow up is possible. The answer may be accurate but needs to understand that this was not a mistake. 42. If enumerator follow up is not possible, follow up with the respondent 43. If neither follow up is possible, delete the entries in the column **no_toilet** 44. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_hh_shelter	hh_shelter	Outliers less than 1 shelters and above 3 shelters (outliers). This is not expected given our sample frame **Action:** 45. Flag the entry. 46. Clarify with the enumerator to change the values in the column if an immediate follow up is possible. The answer may be accurate but needs to understand that this was not a mistake. 47. If enumerator follow up is not possible, follow up with the respondent 48. If neither follow up is possible, delete the entries in the column **hh_shelter** 49. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_sum_rooms	sum_rooms	Check that the total rooms are correct (bedrooms, living_rooms, kitchens, toilets, other)
		Action:
		50. Flag the entry
		
		51. Clarify with the enumerator to change the values if an immediate follow up is possible
		
		52. If enumerator follow up is not possible, follow up with the respondent
		
		53. If neither follow up is possible, delete the entries in the respective columns
		
		    bedrooms
		    living_rooms
		    kitchens
		    toilets
		    other
		54. Communicate to the enumerators to make sure the question is understood and asked properly

CHECK_rooms_total	rooms_total	Checks that the total number of shelters is more than the total number of rooms (5 shelters should have at least 5 rooms etc) **Action:** 55. Flag the entry 56. Clarify with the enumerator to change the values if an immediate follow up is possible 57. If enumerator follow up is not possible, follow up with the respondent

		58. If neither follow up is possible, delete the entries in the respective columns **bedrooms** **living_rooms** **kitchens** **toilets** **other** 59. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_hh_cook	hh_cook	Flagged if the HH has one or more kitchen and still cooks in the "open_air". Worth double checking although the choice to cook outside may be a matter of preference Outliers less than 1 shelters and above 3 shelters (outliers). This is not expected given our sample frame **Action:** 60. Flag the entry. 61. Clarify with the enumerator to change the values in the column if an immediate follow up is possible. The answer may be accurate but needs to understand that this was not a mistake. 62. If enumerator follow up is not possible, follow up with the respondent 63. If neither follow up is possible, delete the entries in the column **hh_cook** 64. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_note_acco modation	note_accomo dation	Checking outliers (above $50*) Maybe the currency used is not USD? **Action:** 65. Flag the entry. 66. Clarify with the enumerator to change the values in the column if an immediate follow up is possible. The answer may be accurate but needs to understand that this was not a mistake. 67. If enumerator follow up is not possible, follow up with the respondent 68. If neither follow up is possible, delete the entries in the column **hh_shelter** 69. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_nfi_access	nfi_access	Flagged if the number of shelters is 0
CHECK_nfi_market	nfi_market	Flagged if the number of shelters is 0
CHECK_shelter_su pport	shelter_suppo rt	Flagged if the number of shelters is 0
CHECK_child_labor _notes	child_labor_n otes	Checks if there are any reported child labour but the sum of boys_labor + girls_labor are the same number as child_labor_notes **Action:** 70. Flag the entry. 71. Clarify with the enumerator to change the values in the column if an immediate follow up is possib 72. If enumerator follow up is not possible, follow up with the respondent 73. If neither follow up is possible, delete the entries in the respective column

		boys_labor **girls_labor** 74. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_children_away	children_away	Flagged if the total number of children exceeding 6. Adds the number of children living away from the HH and the total number of children in the HH **Action:** 75. Flag the entry. 76. Clarify with the enumerator to change the values in the column if an immediate follow up is possible 77. If enumerator follow up is not possible, follow up with the respondent 78. If neither follow up is possible, delete the entries in the respective column **boys_labor** **girls_labor** 79. Communicate to the enumerators to make sure the question is understood and asked properly
CHECK_main_source_food	main_source_food	If the HH income is more than $200 but reliant on assistance. **Action:** 80. Flag the entry. 81. Clarify with the enumerator to change the values in the column if an immediate follow up is possib 82. If enumerator follow up is not possible, follow up with the respondent 83. If neither follow up is possible, delete the entries in the respective column **boys_labor** **girls_labor** 84. Communicate to the enumerators to make sure the question is understood and asked properly

NOTES ON DATA CHECKS DONE USING R SCRIPT

Treatment of logical inconsistencies.

85.   You can find a list of the inconsistency checks here.
86.   These checks were developed in R. The script is located here.

Key/Legend

	Delete entry	From initial check no reason to have the record
	check for misunderstanding	Check if the there was a misunderstanding in the question and cleaning process by the enumerator and Field officers
	Callback or delete survey	After call back delete survey due to further issues spotted
	delete or change indicator	Edit if possible sections of an entire indicator otherwise delete the entire variable – Possible a large portion of the dataset is unusable in the subsequent analysis
	used for indicators	

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Data deletions

Suggested way forward/ Criteria for data deletions;

Outliers:

<mark>FLAG</mark>:

If unresolved through call-backs AND there are no possible other indicators which provide a reasonable explanation of the outlier value

DELETE:

87. Entire survey if 3 or more outliers
88. Entire indicator if more than 20% of all surveys have an unresolved issue
89. Values for the affected surveys only if error in less than 5% of all surveys

Inconsistencies:

FLAG: If unresolved through call-backs AND there are no possible other indicators which provide a reasonable explanation of the outlier value

If unresolved through checking with FO/AO and understanding the source/type of error, re-code accordingly

DELETE:

90. Entire survey if 3 or more inconsistencies
91. Entire indicator if more than 20% of all surveys have an unresolved issue
92. Values for the affected surveys only if error in less than 5% of all surveys

Time: If survey is less than 15 minutes; FLAG: surveys longer than 1 hour for final check

For all deletions – we need to regularly compare the deletion log and update the survey tracker (with a deleted survey column and calculation) so we know by how much we did not meet targets and by which population group and district.

Priority Variables
To count how many unresolved inconsistencies/outliers remain for the priority checks.

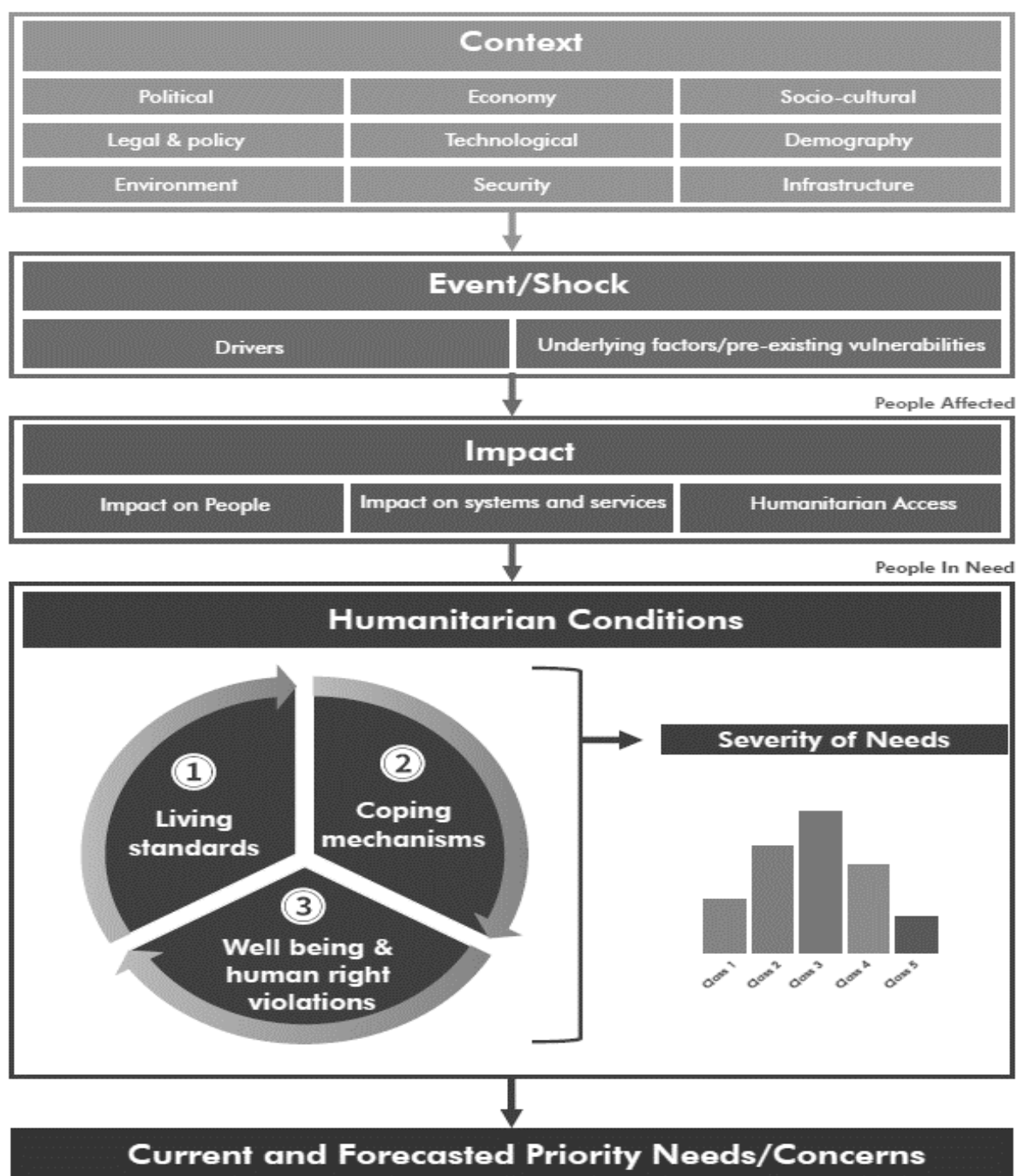A separate document will be sent with a list of all the priority variables

Annex 6: Partner Involvement

Parner agency	Contributed
ACF	yes
ACTED	yes
ARC	yes
CARE	yes
Concern Worldwide	yes
DRC	yes
Islamic Relief	yes
Mercy Corps	yes
NRC	yes
Oxfam	yes
READO	yes
SADO	yes
SCI	yes
SIF	yes
WVI	yes

Annex 7: Draft JIAF conceptualization of humanitarian needs

Overview of the draft JIAF Model

Annex 8: Criteria for Severity Classes

Severity	Description
1	Living standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the Legal framework.
	Ability to afford/meet essential all basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets).
	No or minimal/low risk of impact on well-being.

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2	Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods).
	Reduced quality or stressed social/basic services.
	Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms.
	Minimal impact on well-being (stressed physical/mental well-being) overall.
	Possibility of having some localized/targeted incidents of violence (including human rights violations).
3	Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services
	Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms.
	Degrading well-being. Physical and mental harm resulting in a loss of dignity.
4	Collapse of living standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies.
	Partial collapse of social/basic goods and services.
	Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.
	Widespread physical and mental harm (but still reversible). Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality
5	Total collapse of living standards.
	Total collapse of social/basic services.
	Near/Full exhaustion of coping options.
	Last resort coping mechanisms/exhausted.
	Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality.
	Widespread grave violations of human rights.

Annex 9: Identification of LSG and CG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using household-level data.**

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;

4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);

   a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the household;

   b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

   c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

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d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure X below;
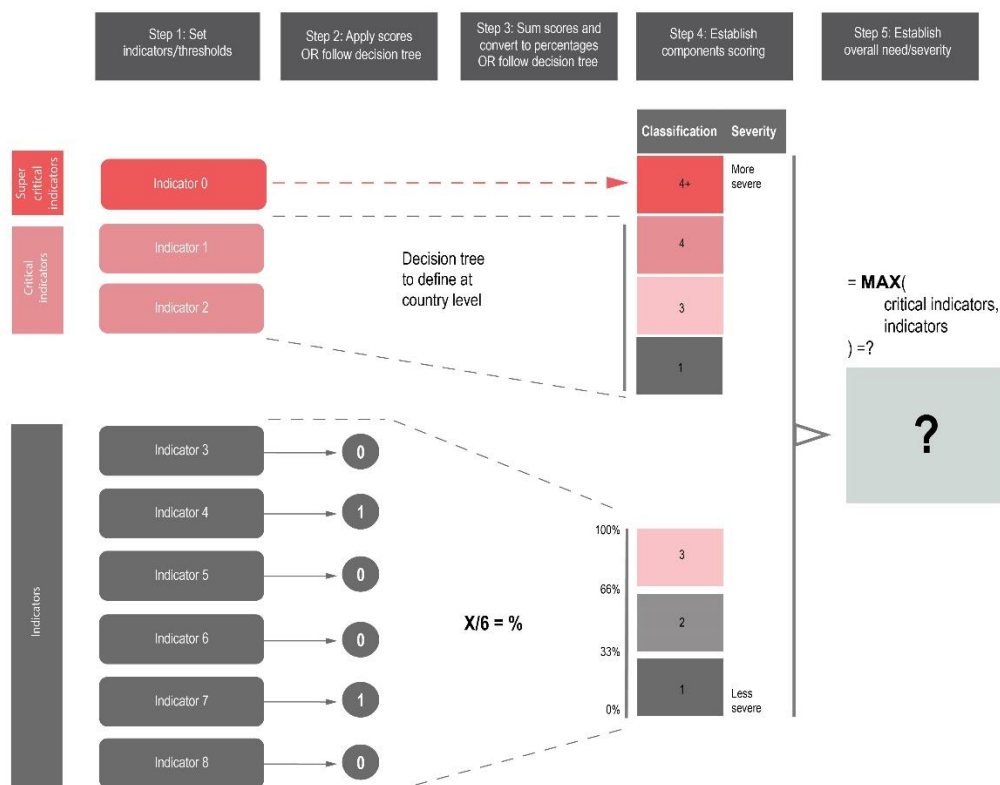
5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

6) Identified households that do not have a LSG but that do have a CG;

   a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

   b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

REACH's approach also integrated CGs into the determination of household needs across the various sectors. This approach was adopted as a household might be found to have a relatively low LSG score (i.e. not be in need), but only because it has been relying on negative and unsustainable coping strategies. As with non-core LSG indicators, REACH identified CG indicators and scored all answer choices in a binary fashion, with 0 indicating no coping strategy was used and 1 indicating the opposite. Any household scoring a 1 for at least one CG indicator in a sector was classified as having a capacity gap. Finally, REACH also performed calculations to determine which households were experiencing co-occurring LSGs across the various sectors.

Annex 10: Estimating Overall Severity of Needs

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

   1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in the annex 2.

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2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in Figure X below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 5: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	4	4	4	4	3	3	4
HH 2	2	2	4	2	1	1	4
HH 3	3	3	3	4+	2	1	4+
Etc.	2	3	1	1	2	1	3

Key limitation: regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households. To do that, additional analysis outputs have been produced, as shown on page 3.

Annex 11: Enumerator Training and Pilot Phase

Training Agenda
1) Introduction
2) Purpose of training
3) Brief about data collection timeline
4) Roles and responsibilities of the REACH team
5) Working with REACH
   a. Enumerator's Code of Conduct (CoC)
   b. Must adhere rules and commitments during, before and after the field data collection
   c. Intro to JMCNA
   d. Changes to the JMCNA 2020
6) Interview skills
   a. Probes and probing questions
   b. Summary of interviewing skills
7) Phone Interviews
   a. General tips for phone interviews
   b. Interviewing over the phone
   c. Pre-data collection checklist
   d. Preliminary: Defining a household
   e. Steps to take when you call a household
   f. Ways to deal with Unavailable households
   g. Potential problems during interview (real life examples)
8) After calling a household
9) KOBO

a. Survey Tool
        b. Question Parameters
    10) End of Training

Primary data was collected through the household survey. The tool was developed by REACH, through collaboration with humanitarian cluster partners and OCHA. In the interest of strategic planning, partners were also asked to identify the information gaps and other necessary data. Indicators were developed through this process and validated by cluster partners in advance of data collection. As closely as possible, indicators were developed to reflect the draft Joint Inter-Agency Sectoral Analysis Framework (JIAF), which serves to ensure a common and structured method for assessing the severity of needs across different humanitarian sectors.

Reflecting the restrictions and circumstances created by COVID-19, REACH held all trainings for field officers and enumerators remotely. Training for the eight Field Officers was conducted by REACH Assessment Officers and Senior Field Officers on July 7. Subsequently, field officers conducted trainings for enumerators on July 8 and 9. Pilot testing and bug fixing was carried out on July 9 and 10. The purpose of the training was to build understanding of the JMCNA, allowing trainees to explain the assessment to others. Topics covered also included the necessary skills to conduct a household-level survey through a remote format, familiarization with sampling procedures for selecting numbers, and familiarization with survey questions, definitions, response options, skip logic, constraints and other elements. The training also covered interviewing skills, among them the concept of informed consent, interviewing skills, effective listening, establishing trust and building a positive rapport, understanding ethical and culturally-sensitive issues and respecting the enumerator code of conduct.

The adoption of a remote data collection approach posed unique issues related to data quality control. REACH adopted several measures to ensure the quality of data collection, including supervision of enumerators by field coordinators. Appropriate measures to prevent spreading and contracting COVID-19, namely provision of protective equipment and regular cleaning of work spaces, were also adopted to ensure that the previous measures did not imperil the health of any staff members. Data was collected through ACTED and REACH phones, as well as the personal phones of enumerators, depending on the circumstances.

Annex 12: Data Analysis Plan

Critical indicators

Sector	Indicator	LSG Severity				
		None/Minimal	Stress	Severe	Extreme	Extreme ++
		1	2	3	4	4+
Education	% of HHs by most common barriers to accessing education faced by boys	No barriers OR Other	Recently or continuous movement to different locations, newly arrived at location and have yet to enrol/register OR poor performance/dismissed OR The curriculum and teaching are not adapted for children (curriculum is not appropriate;	Schools closed (for any reason) OR Schools overcrowded OR Distance to school too far / lack transportation OR School fees and/or cost of materials OR Inability to register or enrol children in the school (Lack of documentation to enrol child OR School and classes are overcrowded OR Lack of staff to run the	No schools present OR unable to enrol school due to discrimination OR Children cannot physically go to the school (Disability (of child), traumatization (of child), school is too far away, no transport available to bring to school, no fuel available to bring	-

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<table>

Sector	Indicator					
			language is not appropriate) OR Parental refusal to send children to school OR Lack of interest of children in education	school (Lack of teachers, lack of skilled/trained teachers, lack of gender appropriate teachers/staff) OR School is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.) OR WASH facilities are in poor conditions OR WASH facilities are not separated by gender	to school, child ill, disabled or unhealthy, child is too young) OR Children are busy working or supporting the household OR Security concerns of child travelling or being at school	
Education	% of HHs by most common barriers to accessing education faced by girls	No barriers OR Other	recently or continuous movement to different locations, newly arrived at location and have yet to enrol/register OR poor performance/dismissed OR The curriculum and teaching are not adapted for children (curriculum is not appropriate; language is not appropriate) OR Parental refusal to send children to school OR Lack of interest of children in education	Schools closed (for any reason) OR Schools overcrowded OR Distance to school too far / lack transportation OR School fees and/or cost of materials OR Inability to register or enrol children in the school (Lack of documentation to enrol child OR School and classes are overcrowded OR Lack of staff to run the school (Lack of teachers, lack of skilled/trained teachers, lack of gender appropriate teachers/staff) OR School is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.) OR WASH facilities are in poor conditions OR WASH facilities are not separated by gender	No schools present OR unable to enrol school due to discrimination OR Children cannot physically go to the school (Disability (of child), traumatization (of child), school is too far away, no transport available to bring to school, no fuel available to bring to school, child ill, disabled or unhealthy, child is too young OR Children are busy working or supporting the household OR Security concerns of child travelling or being at school	-
Health	% of HHs were at least one member was sick in the two weeks prior to data collection and taking more than 1 hour to reach the nearest healthcare facility by foot	No illness OR All other modes of transportation OR Time taken to HCF less than 1 hour by foot	-	-	Yes to any illness AND Time taken to HCF greater than 1 hour by foot	-
Health	% of women of reproductive age (15-49 years) with a live birth in the last two years who during the most recent live birth were attended at	Doctor OR Nurse / midwife OR Other health professional (specify) OR Traditional birth	-	Relative / friend OR Other (specify)	-	No one

</table>

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	least once by a skilled health personnel	attendant OR Community health worker			
Health	% of households that do not have access to a functional healthcare facility within 1-hour walking distance	Less than 1 hour walking OR All other modes of transport	-	-	More than 1 hour walking	-
Nutrition	% of HHs with children currently ill	No (to both questions)	-	Yes, for less than 7 days (to any)	Yes, for 7 or more days (to any)	-
Nutrition	% of HHs with children feeding or eating normally	Yes, eating and feeding normally	-	No, for less than two days	No, for three or more days	-
Nutrition	% of HHs with barriers to accessing nutrition services or treatment	None	Unaware that services are available OR Unaware that supplements are available OR Facilities not staffed or staff not present OR Not enough female/male service providers for female/male claimants,	Difficulty in enrolling children in programmes OR Facilities too far to travel to OR Prohibitive costs	Insecurity in travelling to and from centres OR Inaccessible to disabled persons OR Inaccessible to minority groups/clans	-
WASH	% of HHs having access to an improved water source	Improved water source AND time taken is less than 30 mins	-	Unimproved water source (except surface water) OR Collection time is more than 30 minutes	-	Water comes directly from rivers, lakes, ponds, etc.
WASH	% of HHs without access to a sufficient quantity of water for drinking	Sufficient water for drinking	-	-	Insufficient water for drinking	-
WASH	% of households without access to soap at home	Yes	-	No	-	-
WASH	% of HHs having access to a functional and improved sanitation facility	Access to an improved sanitation facility	-	Access to an unimproved sanitation facility OR Sanitation facility shared with more than 3 households	No latrine (open defecation)	-
WASH	% of HHs having a sanitation facility safe for all members to use	7 or more features available	-	6 or fewer features available	-	-
SNFI	% of HHs with access to a safe and healthy housing enclosure unit (1)	Stone OR Brick OR Normal house	CGI OR Mud OR Collective shelter OR Timer and plastic sheet with CGI roof OR CGI sheet wall and CGI roof If Buul outside an IDP Site	Unfinished OR Tent	Buul in an IDP Site OR Makeshift shelter	None (sleeping in open) OR (Shelter Type ="" AND No. of shelter = 0)

Sector	Indicator					
SNFI	% of HHs whose shelter solutions meet agreed technical and performance standards	Opening or cracks in roof, Broken or cracked windows, Some cracks in some walls, Damaged floors Foundation, damaged or shifted Gas, water or sewage system, damaged Electricity supply line, damaged and not functional and Other	-	Roof partially collapsed Exterior doors broken / unable to shut properly Exterior doors or windows missing Large cracks / openings in most walls Some walls fully collapsed Total structural collapse	Severe structural damage and unsafe for living	-
SNFI	% of HHs with access to vital Household NFIs (protracted crisis OR Sudden onset)	All items present	5-27 items present	2-5 items present	1 item present	-
Protection	% of HHs that have suffered incidents affecting HH members in the last 30 days (1)	No	-	Yes	-	-
Protection	% of HHs that have experienced movement restrictions in the last 30 days (1)	No	-	Yes, between districts	Yes, between blocks or camps	Yes, within the block or camp

Non-critical indicators

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
Education	% of HHs by type of educational facility used	Primary school for boys, Primary school for girls, Primary mixed school for boys and girls, Secondary school for boys, Secondary school for girls, Secondary mixed school for boys and girls, Quranic school for boys, Quranic school for girls, NGO mobile school, Basic writing and numeracy classes for boys Basic writing and numeracy classes for girls	None
Education	% of households taking more than 1 hour travel by foot to reach educational facilities	Less than 1 hour walking OR All other modes of transport	More than 1 hour walking
Education	% of school-aged children (who were previously attending school) continuing teaching and learning activities remotely (where schools are closed)	All	Some OR None
Health	% of HHs able to access care in the past six months	Yes OR No, did not seek any healthcare	No
Health	% of HHs identifying site of care	Private hospital / clinic OR Private physician OR Private pharmacy OR Other private medical (specify) OR Government hospital OR Government health center OR Government health post OR Other public medical (specify) OR Community health worker OR Mobile clinic	Relative / friend OR Shop / market / street OR Traditional practitioner OR Other (specify)
Health	% of HHs with unvaccinated children	No	Yes

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Sector	Indicator		
Health	% of HHs identifying reason children have not been vaccinated	No issues OR Have not tried to access medical services, Did not get access to qualified health staff at the health facility OR Public health clinic not open"	Cost of services and/or medicine was too high OR Problems with civil documents OR Public health clinic did not provide referral OR The treatment center was too far away/Transportation constraints OR No medicine available at health facility/pharmacy OR No treatment available for my disease at the health facility, Medical staff refused treatment without any excuse OR Health services inaccessible to people with disabilities"
Health	% of HHs with women who gave birth in a medical facility in the past year	Government hospital OR Government clinic OR Health center OR Government health post OR Other public health facility (specify) OR Private hospital OR Private clinic OR Private maternity home OR Other private health facility (specify)	Respondent's home OR Other home
Health	% of HHs with barriers to accessing health care	No issues OR Have not tried to access medical services, Did not get access to qualified health staff at the health facility OR Public health clinic not open	Cost of services and/or medicine was too high OR Problems with civil documents OR Public health clinic did not provide referral OR The treatment center was too far away/Transportation constraints OR No medicine available at health facility/pharmacy OR No treatment available for my disease at the health facility AND Medical staff refused treatment without any excuse OR Health services inaccessible to people with disabilities
Nutrition	% of HHs who perceive their children to be too thin	No	Yes
Nutrition	% of HHs with children enrolled in a nutritional centre or therapeutic feeding centre in the past 6 months?	No	Yes
Nutrition	% of HHs who require more than one hour to reach the nearest nutritional centre or therapeutic feeding centre	Less than 1 hour walking OR All other modes of transport	More than 1 hour walking
WASH	% of HHs without access to a sufficient quantity of water for cooking, bathing, washing or other domestic use	Sufficient water for all purposes, Insufficient water for other domestic purposes	Insufficient water for personal hygiene, Insufficient water for cooking

Sector	Indicator	Classification	
		Not in Need (0)	**In Need (1)**
WASH	% of HHs having a sanitation facility safe for all members to use	7 or more features available	6 or fewer features available
WASH	% of HHs having problems related to sanitation facilities access - by type of problem	No problem, Lack of sanitation facilities (latrines/toilets) / facilities too crowded Sanitation facilities (latrines/toilets) are unclean/unhygienic"	Sanitation facilities (latrines/toilets) are not functioning or full, Sanitation facilities (latrines/toilets) are too far, Sanitation facilities (latrines/toilets) are difficult to reach (especially for people with disabilities) Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to sanitation facilities (latrines/toilets) Sanitation facilities (latrines/toilets) are not private (no locks/door/walls/lighting etc.) Sanitation facilities (latrines/toilets) are not segregated between men and women, Going to the sanitation facilities (latrines/toilets) is dangerous
WASH	% of HHs disposing of waste in open	Covered pit OR Burial in designated areas	Burning (near or far from home) OR In open
WASH	% of HHs where female HH members of menstruating have problems related to menstrual material - by type of problem	No problems	No supplies available to purchase, Cannot afford to puchase supplies

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		SD≤1, 1<SD≤2	2<SD≤2.5, 2.5<SD
SNFI	% of households living in crowded shelter conditions	SD≤1, 1<SD≤2	2<SD≤2.5, 2.5<SD
SNFI	% of HHs with access to a safe and healthy housing enclosure unit (2)	None of the above, Leaks during light rain, Limited ventilation (less than 0.5m2 ventilation in each room including kitchen), Presence of dirt or debris (removable)	Leaks during heavy rain, Presence of dirt or debris (non-removable) Lack of insulation from cold
SNFI	% of HHs with access to a functional domestic living space	Other (specify) None of the above Unable to lock home securely	Lack of privacy inside the shelter (no partitions, doors), lack of space inside shelter (min 21m2 per hh), Cooking facilities are unsafe, Lack of lighting inside the shelter, Lack of lighting around the shelter, Bathing facilities are unsafe, Lack of bathing facilities, Lack of cooking facilities, Theft, Other security incidents, Fire, Poor construction or materials (risk of collapse)
SNFI	% of HHs by occupancy status	Ownership, Rented, Hosted without rent (by family, friends, institution)	No occupancy agreement / squatting, Other (specify)
SNFI	% of HHs with documentation proving occupancy status	Yes	No
SNFI	% of HHs with housing, land and property issues	Disputes about rent (including payment) between landlord and tenant Rules and processes on housing and land not clear Inheritance issues None	Lack or loss of housing land tenancy or ownership documents Looting of private property, Threat of eviction/harassment by landlord or others, Disputed ownership, Property unlawfully occupied by others (secondary occupation), Other
Protection	% of HHs with child-friendly spaces in their community	Yes	No
Protection	% of HHs with medical, legal, or social services for children available in their community	Yes	No
Protection	% of HHs reporting awareness of medical, legal, or psychological services to address incidents of GBV	Yes	No
Protection	% of HHs reporting areas in their community that girls or women do not feel safe	No	-
Protection	% of HHs reporting areas in their community that boys or men do not feel safe	No	-
Protection	% of HHs reporting awareness of GBV incidents in their community in the past 30 days	No	-