# FACTSHEET

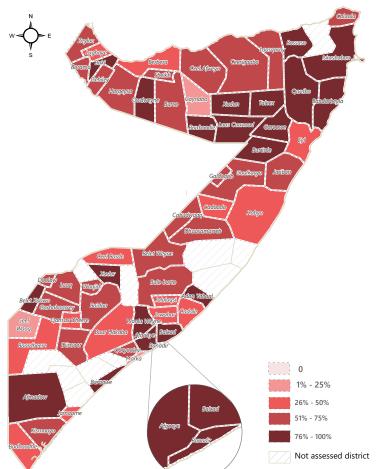
# ACCOUNTABILITY TO AFFECTED POPULATIONS-(AAP) KEY FINDINGS FROM THE MULTI-SECTOR NEEDS ASSESSMENT (MSNA) 2024

October 2024 | Somalia

#### **Key Messages**

- Access to food and drinking water could be a critical challenge for many households. The most commonly reported challenges that households reported were the lack of sufficient quantity/ quality of food (57%) followed by the lack of access to safe drinking water (43%). IDP households may be particularly vulnerable, with more than half (64%) reporting food scarcity as their most significant challenge households were facing during the time of the data collection.
- Humanitarian support remained limited for many households, and may affect access to essential basic needs. 73% of households did not receive humanitarian assistance in the 12 months prior to data collection. Limited availability of aid may force households in need to migrate in search of assistance, as 16% of IDP households reported lack of humanitarian assistance as a primary reason for their displacement.
- Most households may not understand what constitutes sexual exploitation and abuse (SEA) or improper behavior by aid workers, as 73% of households reported that they were not aware of what constituted SEA or improper behavior by aid workers.

% of households that reportedly did not receive humanitarian assistance in the 12 months prior to data collection, by district:



#### \* Cover photo credit: This photo was taken in Kismaayo district by REACH enumerators during MSNA 2024 data collection.

#### **Context & Rational**

Somalia faces a protracted and dynamic humanitarian crisis, including conflict, climate-related shocks, and disease outbreaks.<sup>1</sup> Limited access to resources, combined with severe drought and recent flooding, further exacerbate the risk of diseases like measles, cholera, and acute watery diarrhea (AWD).<sup>2</sup> The previous drought, followed by periods with little to no rain and flooding, continue to drive humanitarian need. Integrated Food Security Phase Classification (IPC) projects an estimated 1.6 million cases of children aged 6 to 59 months are expected to experience acute malnutrition between August 2024 and July 2025.<sup>3</sup> Additionally, La Niña, a climate pattern that possibly brings drier-than-average conditions to Somalia, is likely to worsen food insecurity in the late months of 2024.4 The factsheet presents key findings about AAP from the 2024 MSNA. It aligns with the Somalia Community Engagement and Advocacy (CEA) Task Force's strategy and action plan 2022-2024 to integrate AAP into humanitarian aid and involving affected communities as active contributors and drivers of change.<sup>5</sup>

#### **Assessment Overview**

The 2024 MSNA aimed to inform the 2025 Humanitarian Needs and Response Plan (HNRP) and the IPC as one of the data sources by providing nation-wide, district-level and multi-sectoral analysis in order to contribute to a more targeted, evidence-based response.

#### **Methodology:**

A total of 12,233 face-to-face householdlevel interviews were conducted across 64 accessible and semi-accessible districts of Somalia. Data collection took place from June 4th to July 18th, 2024. Findings are representative based on the statistical parameters of 90% confidence level and 10% margin of error.



### **RECEPTION OF ASSISTANCE**

73%

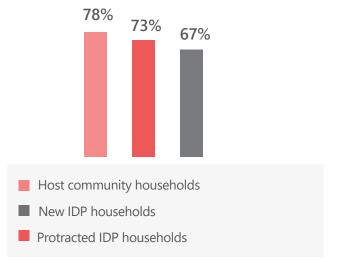
of households did not receive humanitarian assistance in the 12 months prior to data collection.

Almost three quarters (73%) of households reportedly did not receive humanitarian assistance in the 12 months prior to data collection in 2024, while that figure was 56% in the 2023 MSNA data.<sup>6+</sup> In 2024, Almost all households in Adan Yabaal (99%), Afgooye (93%) and Baraawe (93%) reported that no humanitarian assistance had been received. The rise in households reporting has coincided with the overall reduction in the population classified as in need of humanitarian aid, which dropped from 8.7 million in 2023 to 6.9 million for 2024 HNRP.<sup>7</sup> This comes at a time when ongoing conflicts, climatic shocks, and health crises continue to exacerbate the situation in Somalia.

HOUSEHOLD PRIORITY CHALLENGES

# 97%

of households reported experiencing challenges during the month prior to data collection. % of households that reportedly did not receive assistance in the 12 months prior to data collection per population group:



The most commonly reported **challenges** experienced by households in the month prior to data collection were:\*

- 1. Lack of access to sufficient quantity or quality of food (57%)
- 2. Lack of access to enough safe drinking water (43%)
- 3. Lack of a suitable living space (32%)
- 4. Lack of easy and safe access to a clean toilet (22%)

More than half (57%) of households identified food as a challenge, with displaced households reporting this need more (64% of new IDP households, 65% of protracted IDP households) compared to host community households (50%). Data from the Somalia Protection and Return Monitoring Network (PRMN) similarly highlighted over half of displaced persons reported food as their primary need upon arrival (62%).<sup>8</sup> The second most commonly reported top challenge, lack of access to enough safe drinking water, parallels with MSNA findings regarding Water Sanitation and Hygiene (WASH) on water sufficiency. Over half of households (61%) reported that there was not as much water to drink as they would like in their household.<sup>9</sup> Similarly, 61% of households reported using at least one negative coping strategy to meet water needs.

#### **PRIORITY NEEDS AND MODALITIES**

Most commonly reported modalities of assistance that households would prefer to receive:\*

| In-kind (food)                         | 68% |
|--|-----|
| Cash via mobile money                  | 38% |
| Physical cash                          | 33% |
| In-kind (hygiene and personal items)   | 25% |
| Services (healthcare, education, etc.) | 17% |
| Cash via prepaid cards                 | 12% |
| Cash via bank transfer                 | 11% |

Top three **priority support** that households would like to receive from humanitarian actors:\*



The most commonly self-reported priority support that households would like to receive from humanitarian actors in order to help manage their challenges was Food (78%), followed by Healthcare (48%) and Shelter (46%). Relatedly, in-kind food assistance (68%) was the most commonly reported preferred modality for assistance followed by cash via mobile money (38%) and physical cash (33%). Mobile money is considered one of the most widely used tools for financial transactions, as reported by the National Economic Council of Somalia.<sup>10</sup> However, the preference for cash via mobile may be associated with the flexibility of Multi-Purpose Cash Assistance (MPCA), which allows recipients to use funds for various essential needs, such as food, healthcare, and education.

REACH more effective

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

+ Comparison should be considered indicative only as the methodology changed since the 2023 MSNA

#### **DELIVERY OF ASSISTANCE**



of households were satisfied with humanitarian assistance workers' behavior in the area. Top three most reported reasons for **dissatisfaction** with the behavior of aid workers' in the area:

[Of those who were dissatisfied with aid workers' behavior]

- 1. Aid workers are not available when we need them (38%)
- 2. Aid workers refused to put people on lists (30%)
- 3. Aid workers only put friends and family on lists (21%)

The majority of households were reportedly satisfied with aid workers' behavior in the area (63%). However, Balanballe (81%) and Afmadow (78%) were the districts with the highest reported proportions of dissatisfaction in their area. The lack of aid workers' availability when needed was the most commonly reported reason for dissatisfaction among households which were reportedly not satisfied with aid workers' behavior (38%). The second most commonly reported issue was humanitarian workers refusing to put people on lists (30%). This may be linked to the awareness-raising efforts or mobilization strategies used by humanitarian organizations to inform recipients about the aid distribution process and selection criteria.<sup>11</sup>

The third most commonly reported issue, aid workers only put friends and family on lists (21%), could suggest that nepotism persists and could reflect broader systemic issues across Somalia's humanitarian assistance infrastructure.<sup>12</sup> Aid workers putting friends and family on lists may be more prevalent in Banadir among new IDPs (29% of the 43% who reported not being satisfied). Similarly, The New Humanitarian reported on the role of gatekeepers in Mogadishu's IDP camps, and noted that individuals linked to local clans influenced beneficiary lists.<sup>13</sup> Such practices may undermine the integrity of aid efforts and contribute to the exclusion of vulnerable groups who may need assistance.

#### **PROTECTION SEXUAL EXPLOITATION AND ABUSE (PSEA)**

Proportion of households aware of what **constituted sexual exploitation and abuse or improper behavior** by aid workers:



Most households may not understand what constitutes sexual exploitation and abuse (SEA) or improper behavior by aid workers, as 73% of households reported that they were not aware of what constituted SEA or improper behavior by aid workers. This limited understanding could stem from cultural and social norms in Somalia, as discussions about SEA may be taboo or stigmatized, and result in reduced public awareness about these issues.<sup>14</sup>

# **COMPLAINT FEEDBACK MECANISM (CFM)**

Top three challenges faced by households in providing feedback or complaints (reported by 13% of those who reported being consulted on aid preferences in the 30 days prior to data collection):

| The feedback/complaint desk/<br>point is too far | 13% |
|--|-----|
| Long queue/waiting time at the feedback point    | 9%  |
| Don't know how to read/write                     | 7%  |

Preferred method to give **feedback to aid agencies** about the humanitarian aid they received or the bad behavior/misconduct of aid workers:

| Face-to-face with aid worker53%               |  |
|---|--|
| Face-to-face with member of the community 43% |  |
| Phone call 39%                                |  |
| Complaints and suggestions box 13%            |  |
| SMS 11%                                       |  |

Most households preferred using face-to-face communication regarding bad behavior/misconduct of aid workers, with more than half reporting face-to-face with an aid worker as the preferred method to report bad behavior (53%). The second most commonly reported was similarly face-to-face with a member of the community (48%).

REACH Informing more effective humanitarian acti

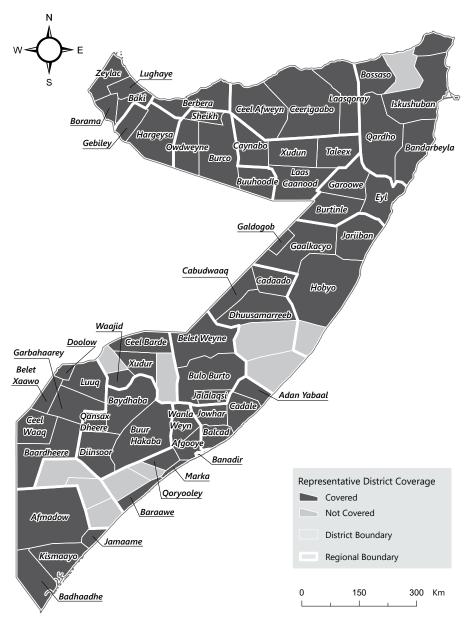


#### **Methodology Overview**

The 2024 MSNA is designed to achieve comprehensive geographical coverage across Somalia, with the objective of collecting representative findings per population group, at the district level and at the livelihood zone level. The data is representative with a confidence level of 90% and margin of error of 10%.

Using households as the primary unit of measurement, the assessment aimed to directly collect information on households' needs and priorities across various sectors and locations. In the nation's 64 accessible districts and within all 19 livelihood zones, data collection was implemented through in-person quantitative household interviews conducted by trained REACH enumerators. A total of 12,233 surveys were collected with cluster sampling methodology. However, in locations where accessibility was a challenge, particularly in remote or rural areas, REACH was relied on partner organizations in order to conduct in-person household surveys. This collaborative effort aims to ensure broad coverage and reduce potential bias based on urbanrural disparities. Data collection occurred from June 4th 2024 to July 18th, 2024. you can find more information from the research terms of reference here.

Geographic coverage of the 2024 Somalia MSNA:



#### **End Notes**

1 <u>Somalia Humanitarian Needs and Response</u> <u>Plan</u>. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). 2 UNICEF Somalia. <u>Cholera Response August</u>

2024. August 2024.

3 IPC. Somalia: <u>Acute Food Insecurity and Acute</u> <u>Malnutrition Analysis</u>, January - June 2024. 15 Feb. 2024.

4 IGAD Climate Prediction and Applications Centre (ICPAC). <u>GHACOF67 Technical Statement.</u> <u>September 2023</u>

5 Somalia <u>Community engagement and</u> accountability strategy and action plan 2022 -2024

6 Multi-sector Needs Assessment (MSNA) 2024 results table.

7 <u>Somalia Humanitarian Needs and Response</u> <u>Plan</u>. United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

8 Somalia <u>Protection and Return Monitoring</u> <u>Network</u> (PRMN). UNHCR, 2024.

9 Multi-sector Needs Assessment (MSNA) 2024 results table.

10 National Economic Council of Somalia. <u>Access</u> to Finance and Financial Inclusion in Somalia. April 2023

11 Rift Valley Institute <u>Somali Capacities to</u> <u>Respond to Crisis are Changing; How are</u> <u>Humanitarian Actors Responding</u>. Oct 2023 12 ibid

13 Parker, Ben. "<u>Aid Theft in Somalia Is Not What</u> <u>You Think: Extortion, Not What You Think</u>." The New Humanitarian, 28 Sept 2023.

14 Global protection cluster, <u>Somalia protection</u> <u>analysis</u> 28 Sept 2022.

#### **Our Donors:**

Funded by European Union Humanitarian Aid





## **ABOUT REACH**

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

