Detailed Site Assessment (DSA)

March 2021

Baidoa district, Bay region, Somalia

SOMALIA

CONTEXT

The protracted humanitarian crisis in Somalia is multi-layered and complex. Limited development coupled with recuring climatic shocks, such as drought and riverine-/flash-flooding give rise to high levels of need among affected populations, while insecurity and conflict severely hinder access to humanitarian actors. The majority of internally displaced persons (IDPs) reside in overcrowded shelters in densely populated urban areas, further increasing their exposure to the risks and impact of COVID-19.

The Detailed Site Assessment (DSA) was initiated in coordination with the Camp Coordination and Camp Management (CCCM) Cluster in order to provide the humanitarian community with up-to-date information on the location of IDP sites, the conditions and capacity of the sites, and an estimate of the severity of humanitarian needs of residents. Data collection for the current round of the DSA took place from December 2020 to March 2021 and assessed **2,363 IDP settlements** in 61 districts across Somalia.

METHODOLOGY

Findings are based on key informant (KI) interviews with purposefully sampled KIs who reported on the settlement level. Interviews were conducted by REACH in accessible locations. Targeted areas within districts were determined based on a secondary data review, which drew on previous assessments conducted on IDP populations. After identifying target areas, REACH located IDP settlements by contacting the lowest level of governance[1].

The methodology for the fourth round of the DSA was developed in close consultation with clusters and partner organisations and updated to improve the quality and reliability of data collected regarding IDP settlement locations, estimated size of resident populations, and the severity of humanitarin needs. The severity scale goes from 1 to 4+ and the severity phases are none/minimal, stress, severe, extreme and extreme+. For the list of indicators and the severity score calculations, see page 4 of this factsheet. All findings presented on this factsheet relate to the % of sites with a given response, and should be considered indicative, rather than representative, of the humanitarian situation in assessed sites.

To provide a local, context-specific overview and allow more targeted responses, this factsheet presents a summary of findings of assessed settlements in Baidoa district only.

Assessment information

520 assessed sites hosting

51,736 households*

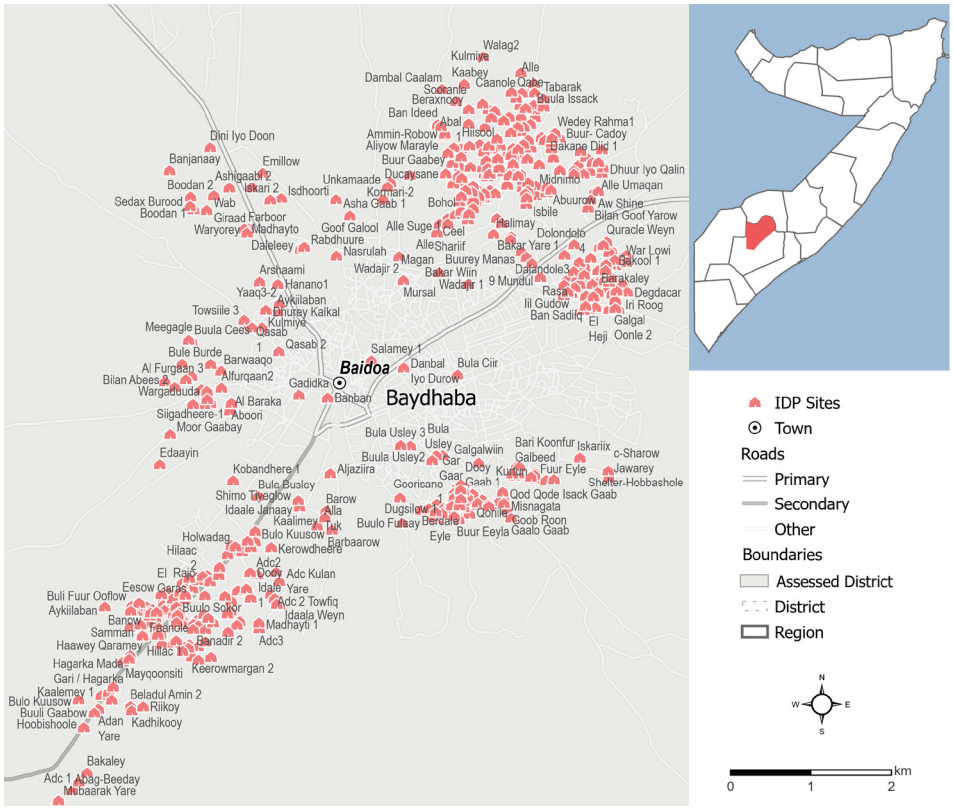
303,517 individuals*

Displacement

Total number of IDP individuals* arriving into a new settlement in the past 3 months	**6,977**
Total number of IDP individuals* departing from an old settlement in the past 3 months	**1,402**

*This is an estimated number

ASSESSMENT COVERAGE MAP



[1]District Office, Mayor's Office, etc.

Summary of severity score*

Clusters	Severity Score	Severity phase
Food Security & Livelihoods	3	Severe
Nutrition	3	Severe
Health	4	Extreme
Protection	4	Extreme
Shelter & Non-Food Items	2	Stress
Education	3	Severe
Water, Sanitation & Hygiene	4	Extreme

For the list of indicators and the severity score calculations, see page 4 on this factsheet.

*The analysis methodology was adjusted between 2020 and 2021 in order to align with other multi-sectoral assessments carried out by REACH and other partners. This included adapting the ranking system. Therefore, the results for 2021 cannot be compared directly with the previous years, but can be useful to show the differences between the sectors and districts.

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FOOD SECURITY & LIVELIHOODS (FSL)

% of sites per FSL severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
49%	9%	38%	4%	0%

Proportion of sites with no access to food markets: 12%

Proportion of sites where the nearest market is more than 60 minutes away on foot: 9%

Three most commonly reported primary sources of food[2]:

Market purchases	82%
Household production	7%
Food assistance from NGO	7%

Most commonly reported strategies used by people in the settlement to cope with a lack of food[2,4]:

Borrowing food	64%
Collecting firewood for cash	60%
Asking non-relatives for food	40%

Proportion of sites where the population was reportedly not able to access enough food in the month prior to data collection: 49%

NUTRITION

% of sites per nutrition severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
10%	20%	68%	0%	1%

Proportion of sites with no access to nutrition services: 24%

Proportion of sites where the nearest nutrition facility is more than 60 minutes away on foot: 11%

Proportion of sites where the following nutrition items had been received in the 3 months prior to data collection[2,3]:

Therapeutic & Supplementary Food	56%
Therapeutic milk products	30%
Super Cereal Plus	29%

Proportion of sites by most common barriers to accessing nutrition services[2,3]:

Treatment center is too far	77%
Cost is too high	73%
No access to qualified staff	42%

HEALTH

% of sites per health severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
0%	5%	23%	72%	0%

Proportion of sites with no access to healthcare facilities: 6%

Proportion of sites where KIs reported no women are able to access skilled personnel while giving birth: 15%

Proportion of sites by type of health services reportedly available in the site[2,3]:

Basic primary healthcare	80%
Vaccinations	52%
Child healthcare	51%

Proportion of sites by type of health facilities available in the site[2,3]:

Mobile clinic	52%
First aid post	51%
Pharmacy	47%

EDUCATION

% of sites per education severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
1%	33%	66%	0%	0%

Proportion of sites reportedly having no access to learning facilities: 9%

Proportion of sites where the nearest education facility is more than 60 minutes away on foot: 4%

Reported type of learning facilities available at sites[2,3]:

Primary	76%
Quoranic	73%
Secondary	25%

Most commonly reported barriers accessing education for girls[2]:

Distance to school	79%
School fees	70%
Child helping at home / farm	46%

Most commonly reported barriers accessing education for boys[2]:

Distance to school	81%
School fees	73%
Security concerns of child travelling	39%

[2]Respondents could select multiple options. *Applies to all questions with reference '2'.*
[3]This relates to most common responses. *Applies to all questions with reference'3'.*
[4]The findings related a subset of 206 sites where KIs reported not having access to enough food.

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PROTECTION

% of sites per protection severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
6%	12%	19%	64%	0%

Proportion of sites reportedly having no child friendly spaces: 46%

Proportion of sites reportedly having no designated spaces where women and girls can gather: 38%

Proportion of sites where restrictions on movement during the day were reported: 12%

Proportion of sites by types of safety and security incidents that reportedly happened in the site in the 3 months prior to data collection[2,3,5]:

Gender based violence	28%
Incidents due to UXO	24%
Taxation by non-government actors	22%

Proportion of sites by reported locations where safety and security incidents typically occur[2,3,6]:

In shelters	56%
When leaving IDP site	54%
On the way or at the NFI markets	37%

SHELTER & NON-FOOD ITEMS

% of sites per nutrition severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
76%	23%	0%	0%	0%

Proportion of sites reportedly having no access to markets selling NFIs: 13%

Three most commonly reported types of NFIs available at markets[2,7]:

Clothes	76%
Soap	69%
Jerry cans or buckets	58%

Proportion of sites where KIs reported fires occurred in the sites in the 3 months prior to data collection: 19%

Proportion of sites where KIs reported floods occurred in the sites in the 12 months prior to data collection: 33%

Most commonly reported types of shelters at sites[2,8]:

Buul	98%
Shelter constructed using shelter kit	37%
Tent	18%

WATER, SANITATION & HYGIENE (WASH)

% of sites per WASH severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
2%	9%	45%	43%	0%

Water

Proportion of sites where the nearest functioning water source is more than 60 minutes away on foot: 5%

Three most commonly reported primary sources of water[2,4,9]:

Protected well with hand pump	21%
Protected well without hand pump	17%
Water kiosk (humanitarian)	16%

Proportion of sites by reported methods used to treat water[2,3]:

Chlorine tablets/aquatabs	74%
Boiling	55%
Cloth filter	17%

Sanitation:

Proportion of sites where the nearest functional latrine is more than 60 minutes away on foot: 0%

Proportion of sites by reported strategies for disposing of solid waste[2,3]:

Burning	70%
Burial if in designated areas far from houses	15%
In open	11%

Hygiene:

Top three groups reportedly facing impediments in accessing latrines[2,10]:

Elders (Persons aged 60 and more)	75%
Children	72%
Persons with disabilities	70%

Proportion of sites where the population reportedly received hygiene support in the 3 months prior to data collection: 18%

[5] Incidents due to UXO ("Unexploded ordnance (UXO) is any sort of military ammunition or explosive ordnance which has failed to function as intended")
[6] The findings related a subset of 375 sites where KIs reported incidents occurred in the sites in past 3 months prior to the data collection
[7] The findings related a subset of 453 sites where KIs reported having access to NFI markets.
[8] Corrugated Iron Sheets.
[9] The findings related a subset of 451 sites where KIs reported presence of water sources at the sites.
[10] The findings related a subset of 377 sites where KIs reported having access to functioning latrines or bathing facilities.

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Accountability to Affected Populations (AAP)

Proportion of sites by sources of information reportedly used to receive information about humanitarian services[2,3]:

Radio	89%
Community leaders	60%
Friends / Neighborhood / Family	55%

Three most common sources of information for persons with disabilities[2]:

Friends / Neighborhood / Family	75%
Radio	69%
Community leaders	62%

Proportion of sites by problems reportedly experienced during the delivery of humanitarian assistance[2,3]:

Not enough for all entitled	61%
Some population groups not receiving aid	45%
Assistance was physically too heavy or	41%

Proportion of sites where KIs reported people have access to a feedback mechanism: 46%

COVID-19 Knowledge, Attitude, and Practices (KAP)

Proportion of sites where most people reportedly think of COVID-19 as an important issue:

Yes	74%
No	26%
Do not know	0%

Proportion of sites by reported actions taken by most people to prevent the spread of COVID-19[2,3]:

Stopping physical contact	63%
Keeping distance from people	61%
Regular handwashing	60%

Average of reported estimate proportions of households per site with access to functioning hand-washing facilities with water and soap:

0 - 25%	26 - 50%	51 - 75%	76 - 100%
74%	24%	3%	0%

Camp Coordination and Camp Management

Proportion of sites by reported type of site management[2,3]:

International NGO	51%
Residents	39%
Local NGO	32%

Proportion of sites by committees reportedly available in the site: settlements[2,3]:

Camp management committee	87%
Women committee	84%
Residents committee	82%

Proportion of sites where KIs reported that women are present in committees: 100%

SEVERITY SCORE CALCULATION

The severity scores for a given sector is produced by aggregating unmet needs indicators per sector. For this round of the DSA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each site is assigned a deprivation score according to its deprivations in the component indicators. The deprivation score of each site is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each site 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 site is considered to have a particular gap or not is determined in advance for each indicator. The DSA IV 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 KI 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 site, once data had been collected;
4) Calculated the severity score for each site, 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 site;
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 sector;
d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators.

The indicators for each cluster were selected in coordination with all the clusters. In total 53 indicators were selected to assess the severity of needs across 7 clusters.

Note: The indicators for CCCM and Accountability to Affected Population (AAP) are not part of the severity calculations across the sectors. Hence, the CCCM and AAP sections in this factsheet do not present the severity scores.

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7. IOM-CCM
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For a more detailed overview of the methodology and a comprehensive list of all the composite indicators that were used, you can access the terms of reference (ToR) here. The indicators and their respective thresholds are included in the annex section of the ToR, page 56-78.

About REACH:

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

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