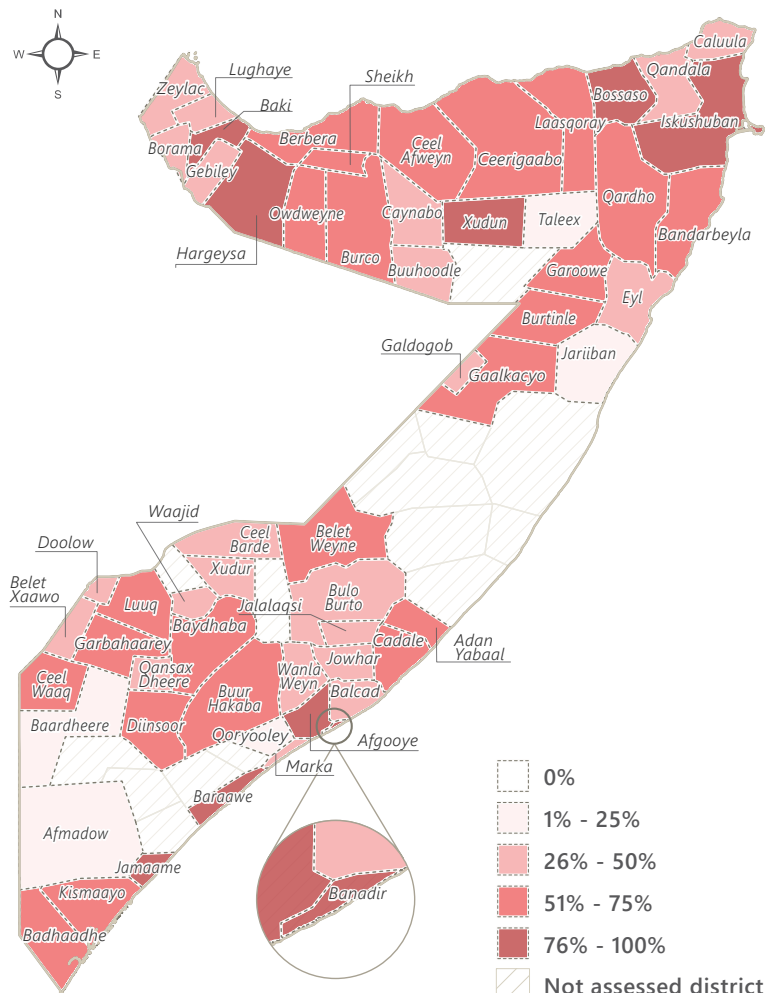# ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP) - MULTI-SECTOR NEEDS ASSESSMENT (MSNA) KEY FINDINGS

DECEMBER, 2023 I SOMALIA

KEY MESSAGES

- Approximately half of the assessed households reportedly received assistance, with no major difference between population groups. Those who did receive assistance were largely satisfied with the assistance received.

- Household priorities focused on essentials, with 67% identifying food as their top need, followed by drinking water, shelter, and healthcare.

- The main barrier to receiving humanitarian aid, reported by assessed households, was the lack of vital information on aid delivery schedules, dates, and entitlements.

- More than half (57%) of households demonstrated a clear understanding of how to ask questions, or make suggestions, or complaints regarding humanitarian aid or concerning the behavior/misconduct of aid workers.

% of assessed households which reportedly did not receive assistance in the 12 months prior to data collection, per district:

Legend:
- 0%
- 1% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%
- Not assessed district

CONTEXT & RATIONALE

Somalia grapples with a persistent and evolving humanitarian crisis characterized by continual conflict, climate-related challenges, and communicable disease outbreaks.[1] Accountability to Affected Populations (AAP) has been recognised as a strategic priority in Somalia to ensure an accountable and rights-based approach to response planning and to enhance the effectiveness and efficiency of aid. Multi- sector needs assessment (MSNA) indicators were aligned with the Community Engagement and Accountability (CEA) Task Force's strategy [2] and commitment to integrating AAP into humanitarian responses and empowering affected communities as active contributors to change. AAP mainstreaming is further underpinned by the Grand Bargain [3], which calls for the systematic participation of affected populations in decision-making that affects them. This factsheet highlights key findings related to AAP from the 2023 MSNA both quantitative and qualitative components.

ASSESSMENT OVERVIEW

The 2023 MSNA specifically aimed to inform the 2024 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) [4] by providing updated nation-wide, district-level, multi-sectoral analysis regarding the severity of needs in order to contribute to a more targeted, evidence-based response.

Specific objectives were:

• To provide a detailed overview of the current humanitarian needs and gaps of the crisis-affected population (by sector and across sectors) in Somalia, to inform on humanitarian needs and the severity of these humanitarian needs.

• To identify variations in need amongst population groups and geographical areas – including host community households, protracted IDP households and new IDP households at the district-level.

For more information, please refer to the Terms of Reference. [5.]

METHODOLOGY:

A total of 10,336 face-to-face household-level interviews were conducted across 59 accessible and semi-accessible districts, out of the 74 districts of Somalia. Data collection took place between June 11th and August 4th, 2023. Overall findings are to be considered indicative only.

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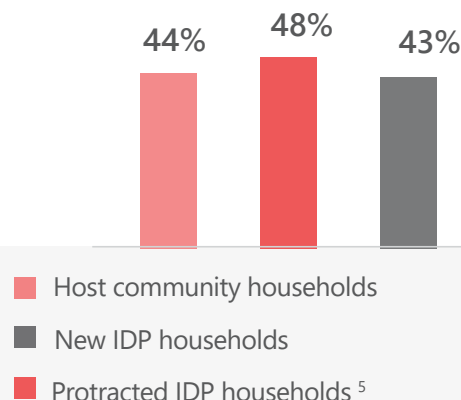
RECEPTION OF ASSISTANCE

45% of households received humanitarian assistance in the 12 months prior to data collection.

The proportion of HHs that reported receiving humanitarian assistance differed across districts. This geographical difference partially corresponds to the worst-affected by the consecutive failed rainy seasons, and classified to face crisis or higher levels of food insecurity (IPC 3) during the June - September period particularly in the northern districts. [6] This suggests that the worst affected areas got more assistance than others.

Findings show that the proportion of HHs receiving humanitarian assistance within the three population groups assessed seemed to be equivalent.

% of assessed households which reportedly received assistance in the 12 months prior to data collection per population group:

44%   48%   43%

- Host community households
- New IDP households
- Protracted IDP households [5]

SATISFACTION UPON RECEPTION

89%

of households were satisfied with the humanitarian assistance received

[Of those who received assistance]

Top three most commonly reported reasons for **dissatisfaction** with the humanitarian assistance received, by % of HHs:

*[Of those who received aid and were dissatisfied with assistance received] * n=485 out of 10336 HHs*

1. **Assistance received was insufficient (70%)**
2. **Assistance received was of poor quality (30%)**
3. **Did not receive the aid on time / delays in delivery of aid (24%)**

Satisfaction with humanitarian assistance differed slightly between population groups: 92% of host community households were satisfied with the assistance received, compared with 86% of protracted IDP households and 85% of new IDP households. Findings further suggest that quantity, followed by quality, were the drivers of dissatisfaction with the assistance received (rather than the type of assistance).

Participants in Focus Group Discussions (FGDs) disaggregated by population group and gender, similarly said that support services in humanitarian need existed, such as government-run welfare programs (referenced by host communities) and cash and food assistance from NGOs (referenced by protracted IDPs), although these reportedly did not adequately address needs.

NEEDS AND MODALITIES

Most commonly reported modalities of assistance that households would prefer to receive in the future: *

In-kind (food)	58%
In-kind (NFIs)	44%
Physical cash	37%
Cash via mobile money	37%
Services (e.g. healthcare, education, etc.)	15%
Construction / rehabilitation of infrastructure (water points, latrines, roads, etc.)	8%
Cash via bank transfer	6%

Top three **priority needs** (by % of households per type of most commonly reported priority need):

Food (or cash to buy food) (67%)   **Drinking Water (47%)**   **Healthcare & Shelter (42%)**

The most commonly self-reported priority needs were Food (or cash to buy food) (67%), followed by Drinking Water (47%) and Healthcare (42%), Shelter (42%). Relatedly, In-kind food assistance (58%) was the most commonly reported preferred modality for assistance followed by In-kind NFIs (44%) and physical cash or cash via mobile money (37%). Qualitative Individual Interviews with younger persons, older persons and people with disabilities, said that food assistance programs could offset the prohibitively high cost of food.

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

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DELIVERY OF ASSISTANCE

73%

of households were satisfied with humanitarian assistance workers' behaviour 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] n=2,326 out of 10336 HHs

1. Aid workers are not available when we need them (36%)
2. We were asked for favors or payment to receive assistance (20%)
3. Aid workers refused to put people on lists (18%)

The vast majority of households were satisfied with aid workers' behavior in the area. The lack of aid workers and inappropriate behavior by aid workers were the most commonly reported drivers behind dissatisfaction among households which were reportedly not satisfied with aid workers' behavior.
In addition, the physical absence of aid workers and distrust could also be a factor as was identified in the qualitative interviews. Interviewees, in individual interviews among younger persons, older persons and people with disabilities, said that the absence of non-governmental organization (NGO) staff was a barrier to utilising complaint and feedback mechanisms.
Relatedly, in Key Informant Interviews with organisations that work with minority clans, Key Informants (KIs) noted that a challenge in providing services accessible to minority clans was communities' distrust of organizations' beneficiary selection process. A KI who shared this last challenge also mentioned their organisation faced accusations of favouritism and nepotism by minority clans.

Regarding barriers more than half of the assessed households (62%) reported facing no barriers when accessing humanitarian aid in the 12 months prior to data collection. However, the main barriers to receiving humanitarian aid, reported by assessed households, was the lack of vital information on aid delivery schedules, dates, and entitlements (30%) and time, date and/or targeting criteria changed without notice/information (11%).
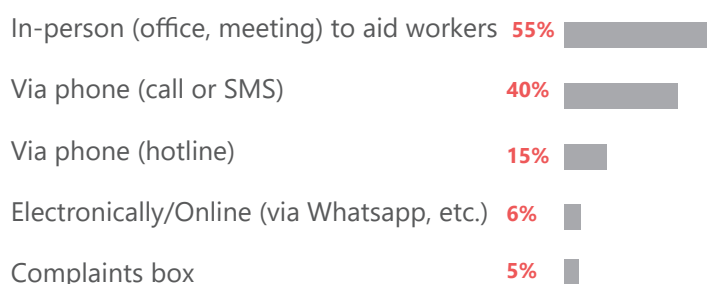
COMPLAINT FEEDBACK MECHANISM'S (CFM)

57%

of households knew how to ask a question or make a suggestion/complaint about the humanitarian aid or the bad behaviour/misconduct of aid workers

[Of those who received assistance]

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

In-person (office, meeting) to aid workers **55%**

Via phone (call or SMS) **40%**

Via phone (hotline) **15%**

Electronically/Online (via Whatsapp, etc.) **6%**

Complaints box **5%**

Findings suggest that minority groups may prefer different feedback mechanisms. Qualitative interviews with minority groups stated hotlines, feedback through camp leaders, monthly camp meetings, suggestion boxes were the complaint feedback mechanisms available for them and the two most preferred modalities were hotlines and sharing feedback through camp leaders. This differs from the overall quantitative findings - where In person and Via phone were the most commonly reported.

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

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METHODOLOGY OVERVIEW

REACH 2023 MSNA in Somalia aimed to achieve wide geographical coverage through in-person household surveys. Trained REACH enumerators conducted more than 10,330 household interviews in 59 accessible or semi accessible districts, with the support from partner organizations. The assessment was dewsigned to have representative quantitative findings. However, due to targets not being reached in some districts, overall findings should be considered indicative only.

The 2023 MSNA used probability sampling to achieve representative results across population groups and districts. This involved randomly selecting respondents with equal probability for each unit in the population. Sample size calculations for household surveys were based on probability theory to achieve the desired statistical precision. The process included stratified cluster sampling, where primary sampling units (PSUs) were randomly chosen within each stratum based on probability proportional to size (PPS). Subsequently, households were selected within the sampled sites, with the number determined by the frequency of PSU selection during the first stage of sampling. The combination of the MSNA, quantitative component and qualitative component ensures comprehensive coverage and provides a holistic understanding of the severity of assessed areas in Somalia. The data collection happened from June 11th to Aug 4th, 2023. The Terms of Reference and datasets [7-8] can be found here.

In addition to the quantitative component, a qualitative component was included to delve deeper into sensitive topics. Semi-structured questionnaires aimed to fill information gaps relating to protection challenges, access barriers to services, associated coping mechanisms and preferences around assistance, with a focus on understanding the experiences of population groups (based on displacement status), persons with disabilities, people from minority clans, older persons and younger individuals. See below table for the sampling.

Two FGDs (one male and one female) were conducted per population group in each district. KIIs were conducted with representatives from organisations working with (1) minority clans and (2) people with disabilities. IIs were conducted with individuals from three demographic groups: (1) people with disabilities, (2) older individuals and (3) younger persons. Separate, contextualised questionnaires for FGDs, KIIs and IIs were used.

After each KII or FGD, the field teams conducted a debriefing of the interview to provide timely feedback and clarification on the context of the interview, as well as any concerns related to data quality.

The first stage of analysis was conducted using data analysis grids for each population group, following a similar structure to the assessment tools in terms of discussion topics. An inductive approach was used for analysis.

Sampling of MSNA Qualitative component:

District	FGDs			KIIs		IIs			Total
	New IDPs	Protracted IDPS	Host community	Key Informants who work with people with disabilities	Key Informants who work with minority clans	People with disabilities	Older persons	Younger persons	
Afmadow	2	2	2	2	2	2	2	2	16
Banadir	2	2	2	2	2	2	2	2	16
Baidoa	2	2	2	2	2	2	2	2	16
Hargeisa	2	2	2	2	2	2	2	2	16
Total	8	8	8	8	8	8	8	8	64

END NOTES

[1] OCHA Somalia updates 2023

[2] Somalia national community engagement and accountability (CEA) strategy and action plan 2022-2024

[3] The Grand Bargain, launched during the WHS in Istanbul in May 2016, is a unique agreement between some of the largest donors and humanitarian organisations who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of the humanitarian action.

[4] MSNA Methodology Note 2023.

[5] The MSNA 2023 target population groups are host community population (non-displaced households) as in protracted IDPs are households residing in their current location of displacement for more than 12 months and New IDPs are households residing in their current location of displacement for 12 months or less.

[6] Somalia IPC Food security outlook June 2023

[7] Clean data-sets 2023 MSNA

[8] Results tables 2023 MSNA

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).

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