

Humanitarian Situation Monitoring (HSM): Key Findings

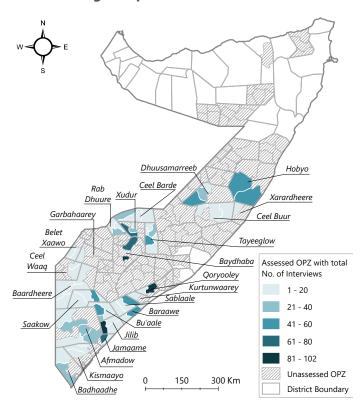
December 2024 | Somalia

KEY MESSAGES

- Food insecurity remains critical across monitored areas: Key informants in nearly all assessed settlements reported that food is insufficient or unavailable for most households. Most KIs also reported that the price of essential goods, particularly food and water, had increased in the three months prior to data collection, further limiting food availability and affordability.
- **Healthcare access is severely constrained**, particularly for persons with disabilities, and older persons. Over half of the assessed settlements reported that residents could not access healthcare, primarily due to long distances, service availability, and cost barriers.
- Water availability and quality are worsening: In more than a third of assessed settlements, clean water sources were either distant, insufficient, or contaminated. Access challenges are compounded by ongoing drought conditions and damage to water infrastructure.

73%

of assessed settlements where at least one in four households reportedly did not have enough food to eat.



Coverage Map, December 2024.

CONTEXT & RATIONALE

The humanitarian crisis in Somalia remains critical in 2024, with nearly 40% of the population in need of assistance due to the compounded impacts of the devastating 2022 drought and severe flooding from 2023 into 2024.¹ The floods caused widespread destruction of shelters, schools, and vital water and sanitation infrastructure,² fueling persistent cholera and acute watery diarrhea (AWD) outbreaks in multiple regions.³ This scenario has led to extensive displacement, further exacerbated by heightened insecurity, limiting access to essential services and aid for affected communities. Despite ongoing efforts, humanitarian access remains constrained due to security challenges, underscoring the urgent need for coordinated interventions to address the multifaceted challenges facing Somalia's vulnerable populations particularly residing in hard-to-reach areas.



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➢ LACK OF RAIN AND INSECURITY

Prolonged lack of rain and insecurity are driving displacement and could be driving humanitarian need for food, healthcare and drinking water. Prolonged lack of rain during the Gu and Deyr rain seasons was the most commonly reported shock in the year prior to data collection (77%), followed by conflict (65%). This aligns with FAO SWALIM post Gu and post Deyr reporting, which noted long dry spells during the rain seasons that disrupted crop growth and rainfall retention,⁴ and with INSO reporting of an increase of incidents in the final quarter of 2024.⁵ The Gu 2025 rainfall outlook shows a high likelihood of drier-than-normal conditions across almost all states and regions of Somalia, which could further deteriorate conditions in hard-to-reach areas and amplify the humanitarian needs already being reported.

% of assessed settlements where KIs reported prolonged lack of rain during the rain season (Gu or Deyr) as a shock in the year prior to data



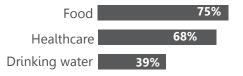
Displacement from hard-to-reach districts could be driven by a combination of inadequate rainfall, food shortages, and conflict or insecurity. Many KIs in the assessed settlements reported departures within the 30 days prior to data collection (73%). Lack of rain (63%), lack of sufficient food (62%) and conflict/insecurity (61%) were reportedly the drivers behind these displacements. This aligns with UNHCR PRMN report which indicates widespread displacement due to conflict and lack of rain.⁶

% of assessed settlements where some people reportedly had moved away in the 30 days prior to data collection.

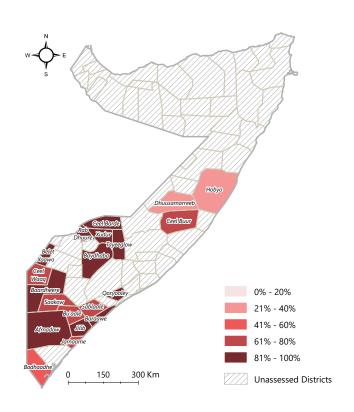


Prolonged lack of rain and conflict may have limited access to food, healthcare and drinking water. The most commonly reported priority needs were food (75%), followed by healthcare (68%) and drinking water (39%). The impacts of prolonged lack of rain could continue to drive humanitarian need in hard-to-reach pockets of Somalia, with drier than normal conditions forecasted across much of Somalia between March - May 2025.⁷ The finding suggest that there were individuals who wanted to leave but couldn't do so, primarily due to age and physical disabilities in many of the assessed settlements (72%). The population groups that were reported to want to move but be unable to do so across most settlements were the elderly women and men (67% each) and people with disabilities (60%). This could suggest that the most vulnerable individuals in hard-to-reach districts may face the greatest barriers in physically accessing support available in more accessible areas. The districts that reported the highest number of people wanting to leave but unable to do so were Bardhere, Buale, Afmadow, and Jilib.

Top three priority needs for most households in the assessed settlements, by % of assessed settlements^{*}



% of assessed settlements where prolonged lack of rain during rainy season had reportedly affected these settlement in the 12 months prior to data collection.



PRIORITY NEED- FOOD

Food was the most commonly reported priority need by KIs in the assessed hard-to-reach settlements (75%). KIs in most of the assessed settlements (82%) reported that at least one in four households did not have enough food to eat (82%). The districts that reported the highest number of households without enough food to eat were Jamaame, Jilib, Bardheere and Balet-haawa. The most commonly reported coping strategies for dealing with a lack of food include purchasing food with borrowed money (65%), borrowing food from another household (62%) and sending children to eat with another household (35%). Limited access to humanitarian assistance, livelihoods and markets could be the drivers behind food insecurity in hard-to-reach districts.

% of assessed settlements where at least one in four households reportedly did not have enough food to eat.

% of assessed settlements where KIs reported that some households in the settlement resorted to using the below strategies to cope with lack of food or money to buy food:*



Constrained market access could be driving a lack of food, and the high reporting of food as a priority need, in hard-toreach areas. KIs in more than half of the assessed settlements (52%) reported that access to the market was limited to some days, with 93% of these settlements indicating that the market was accessible only 1 to 4 days per week at the time of data collection. Key barriers to market access include caregiving responsibilities for children and the elderly (50%), restrictions imposed by families (48%), and limitations set by local or traditional authorities (25%). Reported increases in both food and water prices in hard-to-reach markets could exacerbate the influence of constrained market access, and also contribute to the high reporting of food and drinking water as priority needs. Most KIs reported that the price of food and water had increased in the three months prior to data collection (reported by 82% and 56% respectively). This aligns with reports from the WFP on rising food costs⁸ and the SNBS on increasing water prices⁹, both indicating an increase in essential commodity prices. The increases in food and water prices exacerbate existing vulnerabilities and is likely to contribute to increased food insecurity and reduced access to clean water.

% of assessed settlements where there was a functioning marketplace but access was limited to only some days at.

of those settlements where access to marketplace was limited to only four days a week or less.

Top three reported barriers to accessing marketplaces, by % of settlements.*

Nobody to look after children or elderly	50%
Family members restrict access	48%
Local traditional authorities restrict access	25%

% of assessed settlements where KIs reported increased food prices in the three months prior to data collection.

82%

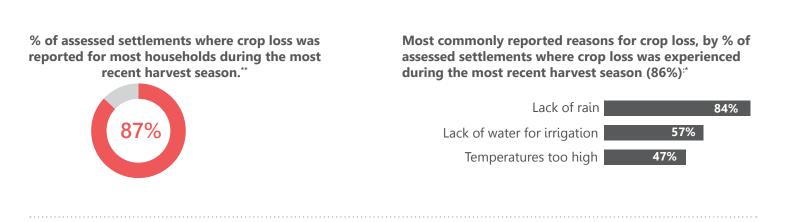
water prices in the three months prior to data collection.

% of assessed settlements where KIs reported increased



* KIs could select multiple answers, thus findings might exceed 100%.

Climate conditions, including lack of rain and high temperatures, appear to be constraining the primary livelihoods of agriculture and livestock in hard-to-reach settlements and could be contributing to less access to food in the assessed hard-to-reach areas. Key findings indicate that the main livelihoods of populations in hard-to-reach areas are farming and livestock herding (40% farming and livestock, 27% farming, 26% livestock). KIs in almost all assessed settlements reported crop losses during the recent harvest (86%). This aligns with the FAO January 2025 report, which highlighted significant crop losses in southern and central Somalia due to rainfall deficits, poor temporal and spatial distribution, and prolonged dry spells, which resulted in drought.¹⁰ The districts that reported the highest number of households planting crops during the most recent planting season and simultaneously experiencing the highest crop losses were Tiyeglow, Rab-dhuure, Baydhabo, Barawe, and Balet-Hawa. The Gu 2025 projection indicates below-normal rainfall and above-normal temperatures. These projections, combined with the ongoing hot and dry Jilal season and the poor temporal and spatial distribution of Deyr 2024 rains, could contribute to the lack of access to food in hard-to-reach areas and continue to drive the reportedly high need for food in these areas.¹¹



*** PRIORITY NEED- HEALTHCARE**

Healthcare was the second most commonly reported need by KIs in the assessed hard-to-reach areas (68%). Accessing healthcare services is a common challenge due to the absence of nearby healthcare facilities and lack of healthcare services. KIs in the majority of the assessed hard-to-reach settlements reported neither healthcare nor nutrition services had been provided in the 30 days prior to data collection (72%), and that the nearest functional health facility was more than 30 minutes away by the most common mode of transportation (73%). Barriers such as distant healthcare facilities (36%), unaffordable treatment costs (31%), and limited availability of medicine and services (25%) hindered access to essential medical care for these populations. This could lead to higher mortality rates in hard-to-reach districts, as limited access to healthcare and nutrition increases the risk of disease outbreaks and other health complications.¹² The healthcare constraints could specifically exacerbate the risk of cholera outbreak, as WHO reported the presence of a cholera outbreak in Somalia on January 2025.¹³

% of assessed settlements where neither healthcare nor nutrition services had been provided in the month before data collection.

% of assessed settlements where KIs reported that the nearest healthcare facility was more than 30 minutes away using the most common mode of transportation.



72%

* KIs could select multiple answers, thus findings might exceed 100%.

** Note: Crop loss estimates from KIs for most households during the recent harvest season are included in this finding, regardless of the reported level of crop loss.)

PRIORITY NEED- DRINKING WATER

Drinking water was the third most commonly reported priority need by KIs in the hard-to-reach areas (39%), and most KIs reported that households resorted to surface water sources for drinking (75%). This could be due to the reportedly constrained access to water (97%). Almost all KIs in the assessed hard-to-reach areas reported at least one barrier to accessing water (97%). The most commonly reported barriers to accessing water included: distant water points (52%), inaccessibility for people with disabilities (46%) and insufficient number of containers to store water (40%). Almost all households in the assessed settlements (97%) reportedly used negative coping strategies to deal with insufficient water supply. The most commonly reported strategies include fetching water from sources farther than usual (36%), relying on unimproved water sources for cooking and washing (36%), and using unimproved water sources for drinking (32%). Additionally, more than half of the assessed settlements reported increased water prices in the three months prior to data collection, exacerbating the challenges faced by households in securing sufficient water. High reliance on surface water for drinking could heighten the risk of disease outbreaks, particularly cholera and acute watery diarrhea (AWD).¹⁴ The spread of these diseases could be further exacerbated by the reported limited healthcare services in hard-to-reach areas. Additionally, restricted access to water may be partly due to the prolonged lack of rain and is expected to worsen with the below-normal rainfall and above-normal temperature projections for the Gu season (April–May 2025).

% of assessed settlements where KIs reported that some households used surface water for drinking at the time of data collection.

Top three most commonly reported main problem, if any, that households in the settlement faced when accessing water, by % of settlements.*

Water points are too far	52%
Inaccessibility to persons with a disability	46%
Not enough containers to store water	40%

% of assessed settlements where households reportedly rely on coping strategies due to a lack of water.







METHODOLOGY OVERVIEW

This assessment was based on an Area of Knowledge (AoK) methodology, which relies on key informant (KI) quantitative interviews to provide an indicative overview of hard-to-reach areas in Somalia. When possible, enumerators interviewed KIs who were living in hard-to-reach areas at the time of data collection by mobile phone. Where mobile phone interview was not possible, then face-to-face interviews were conducted in the accessible areas. Accessible areas included Internally Displaced Persons (IDP) sites and markets among others. The (KIs) were selected if they were members of the assessed settlement and were knowledgeable enough to report on the settlement with regards to basic services, markets, livelihoods, and sectoral needs. Data collection took place between 18 December 2024 and 31 December 2024. Respondents were identified via snowballing through the KIs interviewed. Data was collected at the settlement level, i.e., the questionnaire related to site-level humanitarian needs, not individual needs. A total of 1660 key informant interviews across 1660 settlements in operational zones categorized as Very Heavy Restrictions by the Access Working Group in 24 districts. One KII was conducted at each settlement. The analysis and findings in this brief are indicative and not statistically representative of the assessed districts. For more information, please see the <u>Methodology Note</u>.

ENDNOTES

Endnotes

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