

CONTEXT

The humanitarian situation in Somalia has been worsened by a recent double climate disaster - drought in two thirds of the country and flooding in other areas - and the impact of political tensions, COVID-19 and the worst desert locust infestation in years.¹ The impacts of two consecutive below-average rainfall seasons on crop and livestock production are driving high food assistance needs in Somalia, where Crisis (IPC Phase 3) and Stressed (IPC Phase 2) levels of food insecurity are projected to remain widespread through to January 2022.² In addition to weather shocks, food availability and access are constrained by conflict in southern and central Somalia, uncertainty over the parliamentary and presidential elections, and rising staple cereal prices linked to low domestic production and high global food prices.³

The central and southern regions of Somalia are characterised by relatively high levels of needs, insecurity, and limited humanitarian access. Simultaneously, these regions host the largest proportion of internally displaced persons (IDPs); an estimated 1.4 million of the approximately 2.6 million IDPs in Somalia reside in this part of the country.⁴ The majority of IDPs settle in camps located around large urban centres. Security and logistical constraints limit the data available on population needs in these territories.

To help address these critical information gaps and to assist humanitarian planning in Somalia, REACH monitors needs in southern and central Somalia through the assessment of hard-to-reach areas. This assessment provides monthly data and analysis on the humanitarian situation in the settlements located in the 7 target regions of Bay, Bakool, Gedo, Middle Shabelle, Lower Shabelle, Middle Juba and Lower Juba.

METHODOLOGY

The Hard-to-Reach Areas assessment uses an Area of Knowledge (AoK) methodology, whereby the settlements are assessed by interviewing key informants (KIs) who have recently been displaced from the target settlements to IDP camps around Baidoa and Mogadishu.

The KIs must meet the selection criteria of either being displaced from their previous settlement less than one month prior to data collection, or having visited their previous settlement in the month prior to the data collection. Additionally, KIs are selected if they have stayed in the settlement on which they report for longer than one month. The minimum number of interviews required to report on each settlement is two. Responses of KIs are aggregated to the settlement level. For more details on this, see the methodology section on p. 9. For all data presented in this factsheet, the recall period is one month preceding data collection.

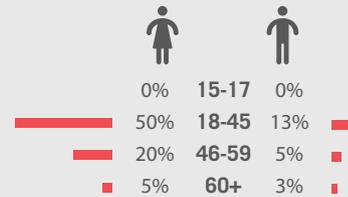
Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to improve humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These indicators, marked with **C19**, might help to estimate the potential impact of the pandemic, such as its impact on the level of access to information about the virus, potential barriers to services induced by the pandemic, as well as related risk perceptions. Importantly, observed changes of these variables might occur due to the cumulative effect of several co-existing factors that are not limited to or driven by health threats. **C19** indicators have to be viewed in consideration of the general limitations of the AoK methodology.

Findings are not representative; rather, they should be considered as **indicative** of the situation in assessed settlements. For more information on the aggregation of data, please see the dedicated information box on p.9. Unless specified otherwise, the findings in this factsheet are presented as a percentage of aggregated settlement-level responses.

1. [Somalia humanitarian bulletin - June 2021](#)
 2. [GIEWS Country Brief: Somalia 9-July-2021](#)
 3. [Below-average gu harvest and other shocks lead to Crisis \(IPC Phase 3\) outcomes July 2021](#)
 4. [UNHCR Operational Portal. Horn of Africa Somalia Situation](#)

KEY INFORMANT PROFILE

AGE AND GENDER DISTRIBUTION



Data collection timeline: **16 - 29 June**

Number of key informants: **431**

Number of assessed settlements: **97**

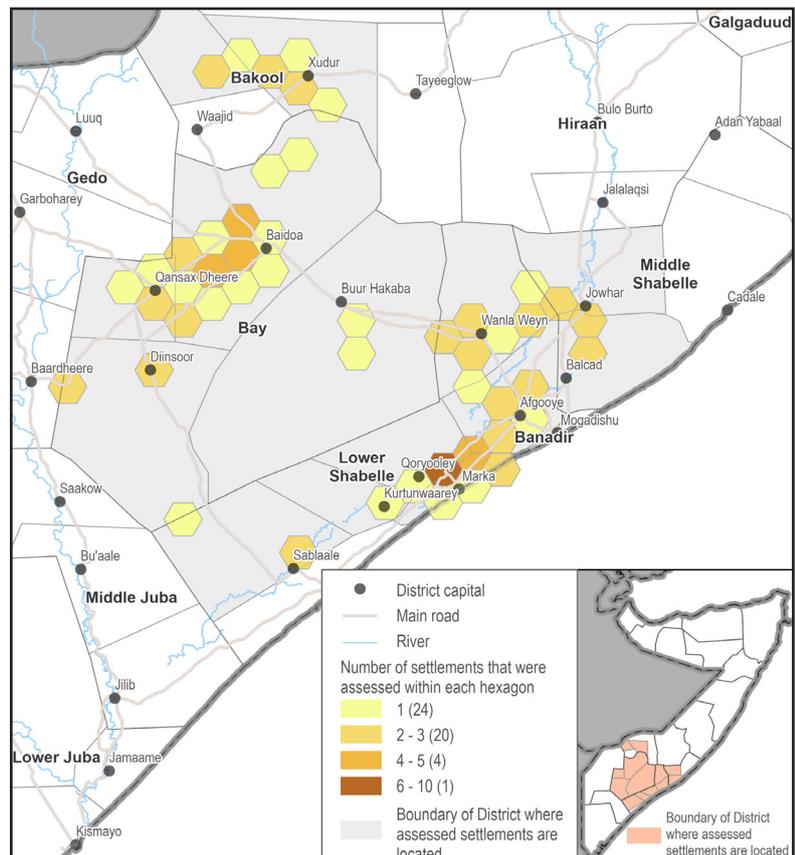
Proportion of KIs by duration of stay in the assessed settlement³



12% of KIs reported having visited the settlements on which they report in the month prior to data collection

Important notice about maps presented in this factsheet: all percentages can only serve as an indication of the situation in the settlements that have been assessed within particular hexagons. All outcomes depicted in the maps need to be viewed along with the number of settlements that have been assessed within each hexagon and should not be viewed as an indication of severity by themselves.

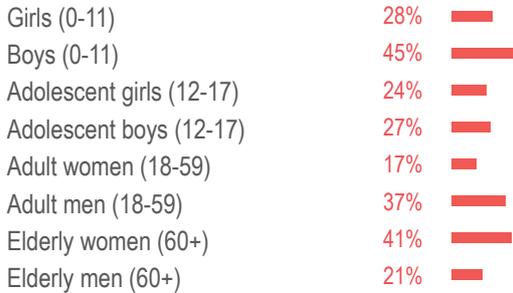
COVERAGE MAP



21% of KIs reported having left behind members of their household in the settlement where they stayed prior to displacement⁵

19% of those KIs reported that people with disabilities were among their household members who were left behind⁵

Household members, by gender and age, reported as left behind by KIs^{5,6}



% of assessed settlements where KIs reported presence of IDPs⁷



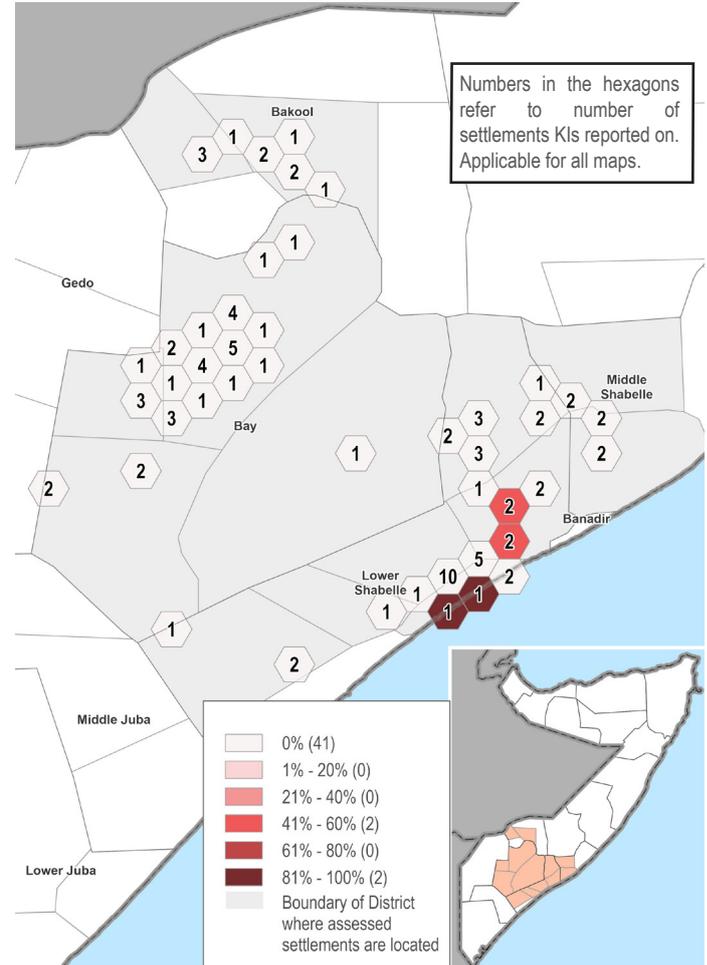
Reported ratio of IDPs to host community in assessed settlements where displaced people were reported⁸



Most commonly reported primary reason for population leaving the settlement of origin, by % of assessed settlements



% of assessed settlements where conflict was the most commonly reported primary reason for population leaving the settlement of origin



EDUCATION

Children from **97%** of settlements reportedly had access to education in the month preceding data collection

Most commonly reported types of education services that children from the assessed settlements were able to access⁶



Most commonly reported barriers to access education for girls from the assessed settlements⁹



Most commonly reported barriers to access education for boys from the assessed settlements¹⁰



Most commonly reported time to reach education facilities by foot, for assessed settlements in which most children reportedly had access to education services

Less than 30 minutes	30-60 minutes	1-3 hours	More than 3 hours	No consensus
51%	37%	3%	2%	7%

5. The data is presented as the percentage of total KI responses.

6. The respondents could choose more than one option, therefore the sum of responses may exceed 100%.

7. Unless specified otherwise, the percentages throughout the factsheet are presented for the total number of settlements that were assessed.

8. For the 25% of settlements where presence of IDPs was reported.

9. No barriers were reported in 8% of settlements, also there was no consensus in 35% of the settlements.

10. No barriers were reported in 8% of settlements, also there was no consensus in 23% of the settlements.



89% of the assessed settlements reportedly had access to a functional market in the month preceding data collection¹¹

Most commonly reported walking time to the functional market, by % of assessed settlements reporting access

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
54%	18%	23%	0%	0%	5%

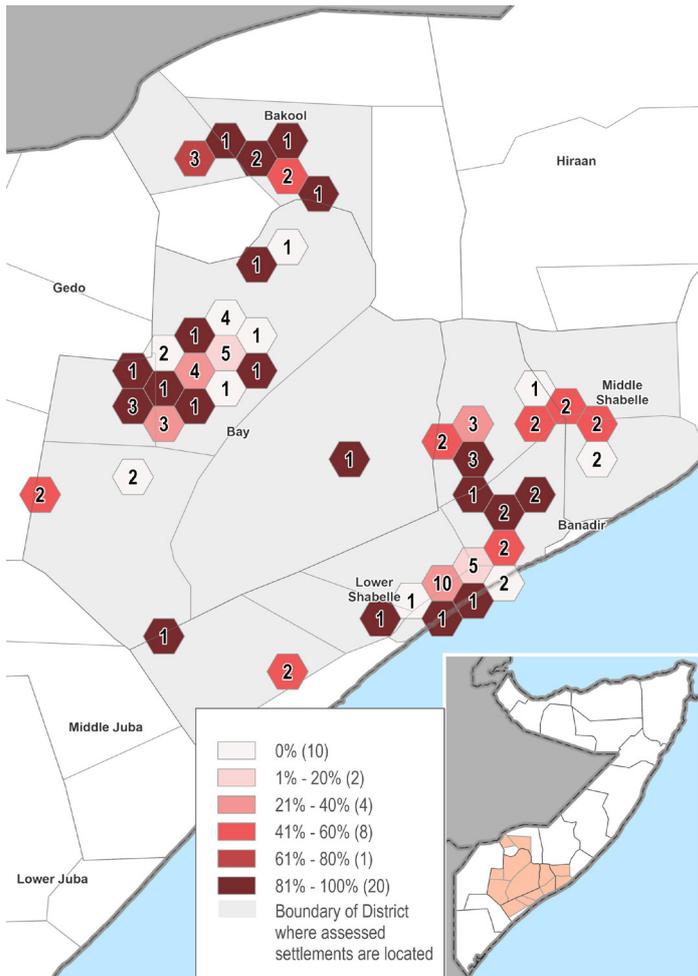
C19 Reported change of price for food compared to the previous month, by % of assessed settlements

Prices increased	82%	<div style="width: 82%;"></div>
Prices did not change	10%	<div style="width: 10%;"></div>
No consensus	7%	<div style="width: 7%;"></div>

Most commonly reported source of food, by % of assessed settlements⁶

Own production ¹²	78%	<div style="width: 78%;"></div>
Bought with cash	15%	<div style="width: 15%;"></div>
Given by someone	1%	<div style="width: 1%;"></div>

% of assessed settlements where KIIs reported that access to food had deteriorated in the month prior to data collection



KIIs from **39%** of assessed settlements reported people skipping two or more meals per day to cope with a lack of food

Most commonly reported reasons why people were not able to access enough food, by % of assessed settlements reporting population skipping two or more meals a day⁶

Security	53%	<div style="width: 53%;"></div>
Natural causes	45%	<div style="width: 45%;"></div>
Economic causes	42%	<div style="width: 42%;"></div>

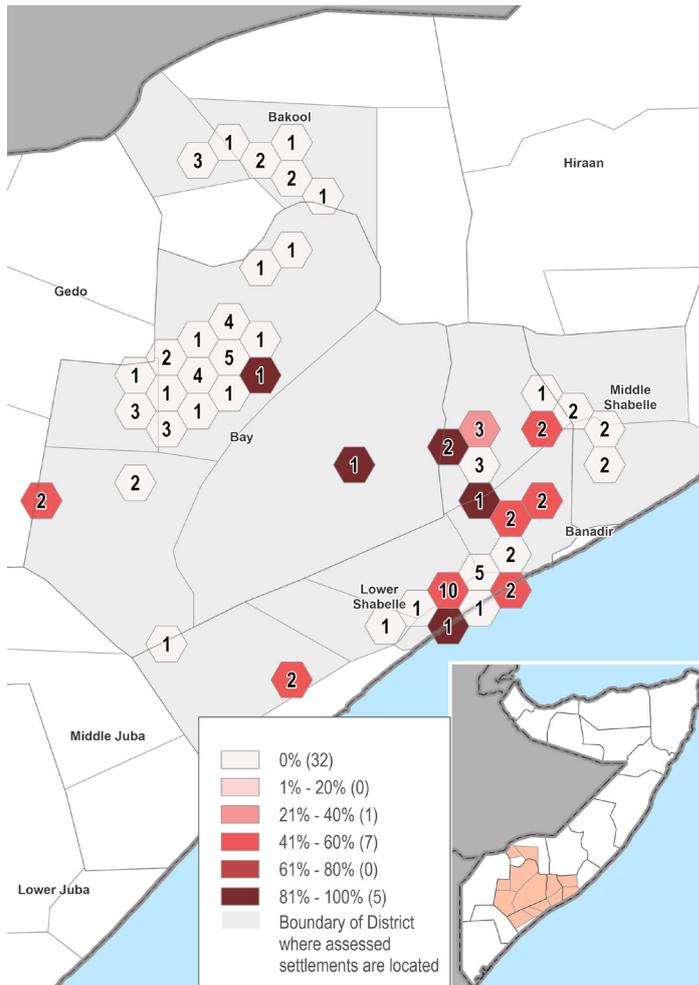
Most commonly reported strategies used to cope with lack of food in the settlement, by % of assessed settlements⁶

Borrow food from others	69%	<div style="width: 69%;"></div>
Limit portion sizes	61%	<div style="width: 61%;"></div>
Buy cheaper food	42%	<div style="width: 42%;"></div>

Most commonly reported livelihood source, by % of assessed settlements⁶

Farming	88%	<div style="width: 88%;"></div>
Livestock production	44%	<div style="width: 44%;"></div>
Daily wage labour	43%	<div style="width: 43%;"></div>

% of assessed settlements where KIIs reported that security reasons are a main challenge in accessing enough food



11. KIIs from 54% of assessed settlements reported access to a functional market at all times, 35% restricted access, and for 10% there was no consensus.

12. Own production includes cultivation and livestock production.

50% of assessed settlements reportedly had no access to any health services¹³

Most commonly reported types of health services available from the assessed settlements where access was reported⁶

Drugstore	79%	<div style="width: 79%;"></div>
Clinic	7%	<div style="width: 7%;"></div>
Individual practice	5%	<div style="width: 5%;"></div>

Most commonly reported barriers for accessing healthcare, by % of assessed settlements⁶

Cost of services	61%	<div style="width: 61%;"></div>
Distance	51%	<div style="width: 51%;"></div>
Absence of qualified personnel	28%	<div style="width: 28%;"></div>

Population groups most commonly reported as unable to access health services when needed, by % of assessed settlement where access was reported⁶

Women over 60	33%	<div style="width: 33%;"></div>
Men over 60	33%	<div style="width: 33%;"></div>

C19 Most commonly reported steps people from the assessed settlements were undertaking to protect themselves from COVID-19⁶

Wash hands with water	43%	<div style="width: 43%;"></div>
Pray	37%	<div style="width: 37%;"></div>
Wash hands with water and soap	25%	<div style="width: 25%;"></div>

C19 In 18% of assessed settlements, health workers reportedly provided basic health services within the settlement in the month prior to data collection^{14 15 16 17}

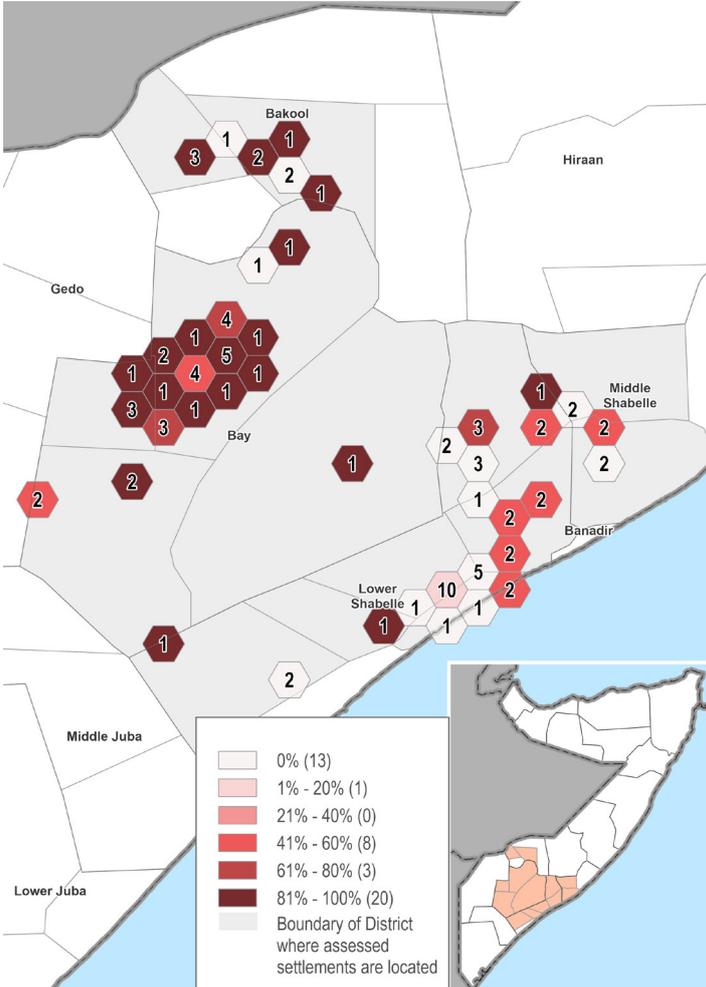
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

2 - 3 times a month	44%	<div style="width: 44%;"></div>
Once a week	44%	<div style="width: 44%;"></div>
Once a month	13%	<div style="width: 13%;"></div>

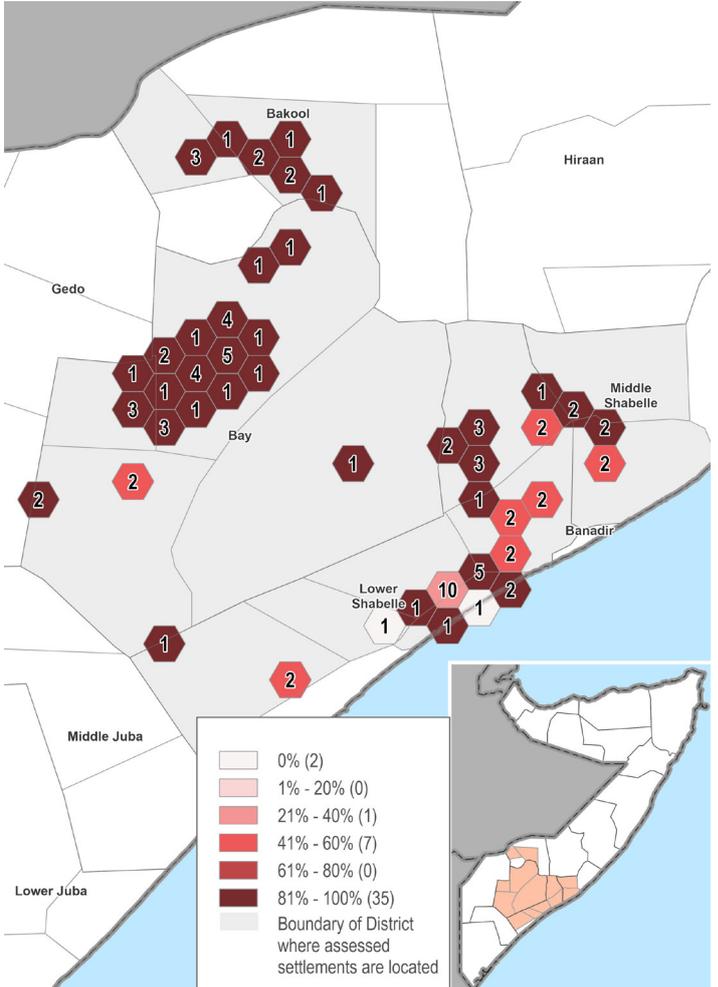
Most commonly reported health issues, by % of assessed settlements

Fever	25%	<div style="width: 25%;"></div>
Malaria	25%	<div style="width: 25%;"></div>
Diarrhoea	8%	<div style="width: 8%;"></div>

% of assessed settlements where KIs reported no access to any type of health services



% of assessed settlements where KIs reported that there had not been any health workers providing basic services in the last month^{14 15}



13. Access to any kind of health services was reported by KIs from 44% of assessed settlements, and for 6% there was no consensus.

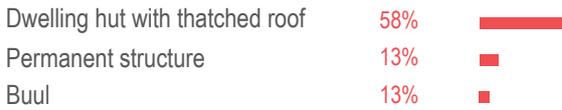
14. Healthcare workers include: community health worker, nurse, doctor or midwife.

15. Basic health services include examination, first aid and health education.

16. The health workers were not necessarily based in the assessed settlements.

17. KIs reported that health workers were not providing services in 79% of assessed settlements, and for 3% there was no consensus.

Most commonly reported shelter types, by % of assessed settlements

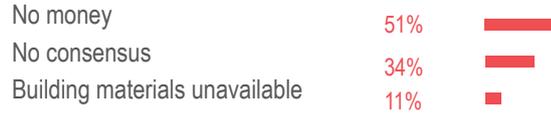


KIs from **43%** of assessed settlements reported that shelters were destroyed or seriously damaged in the month prior to data collection¹⁸

For those, the most commonly reported reasons why shelters were destroyed or seriously damaged were

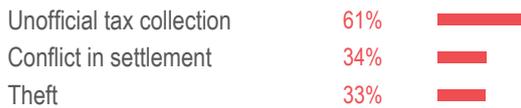


In **43%** of settlements where shelter damage had been reported, KIs reported that shelters had not yet been rebuilt. The most commonly reported reasons why were



KIs from **72%** of assessed settlements reported at least one protection incident had taken place in the month prior to data collection¹⁹

In those settlements, the most commonly reported types of protection incidents were⁶



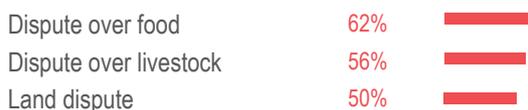
Most commonly reported location of protection incidents, by % of assessed settlements where KIs reported any protection incidents⁶



Groups most commonly reported as mediators in the event of conflict, by % of assessed settlements where protection incidents were reported⁶



Among **89%** of assessed settlements where KIs reported disputes within the settlement, the following causes were most commonly mentioned^{6 20}



78% of assessed settlements where KIs reported that people could not move around safely during the day (**32%**) reportedly relied on own production as the main source of food

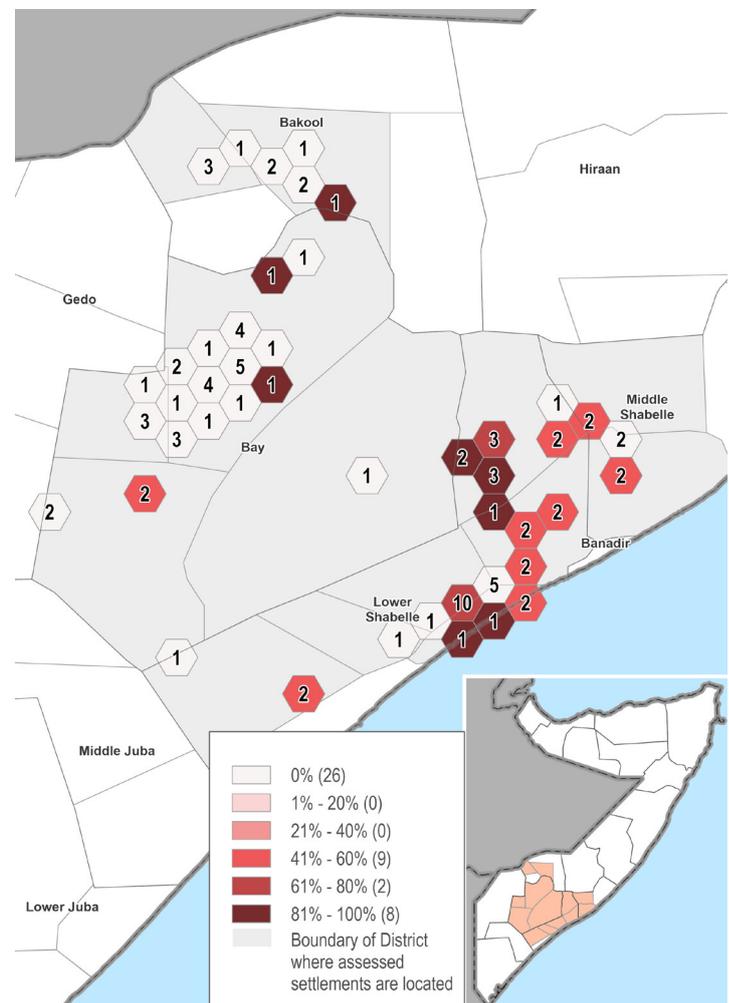
% of assessed settlements where KIs reported that people were able to leave and return safely



% of assessed settlements where KIs reported that people could not move around the settlement safely during the day



% of assessed settlements where KIs reported that people were not able to move safely around the settlement during the day



18. KIs in 49% of assessed settlements reported that no shelters were destroyed and for 8% there was no consensus.

19. No protection incidents were reported by KIs from 19% of assessed settlements, for 9% there was no consensus.

20. No disputes were reported by KIs from 7% of assessed settlements, and for 4% there was no consensus.

% of assessed settlements where KIs reported that children had gone missing in the month preceding data collection



% of assessed settlements where KIs reported the presence of unaccompanied children in the month preceding data collection

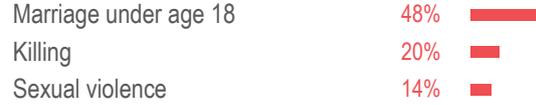


In 2 of the 3 settlements with reported presence of unaccompanied children, KIs reported that most unaccompanied children were living in a house

In 68% of assessed settlements KIs reported that no kind of special services for children were available^{21 22}

KIs from 52% of assessed settlements reported protection incidents had happened to women the month prior data collection²³

The most commonly reported types of protection incidents that happened to women were⁶

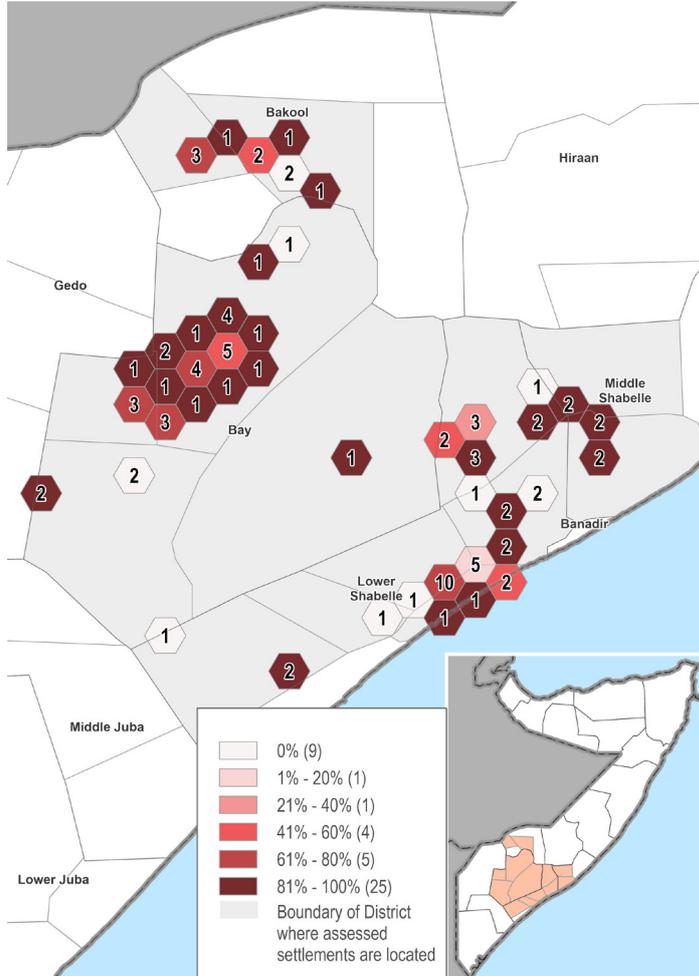


Places that women from the assessed settlements were reportedly avoiding for safety or security reasons⁶

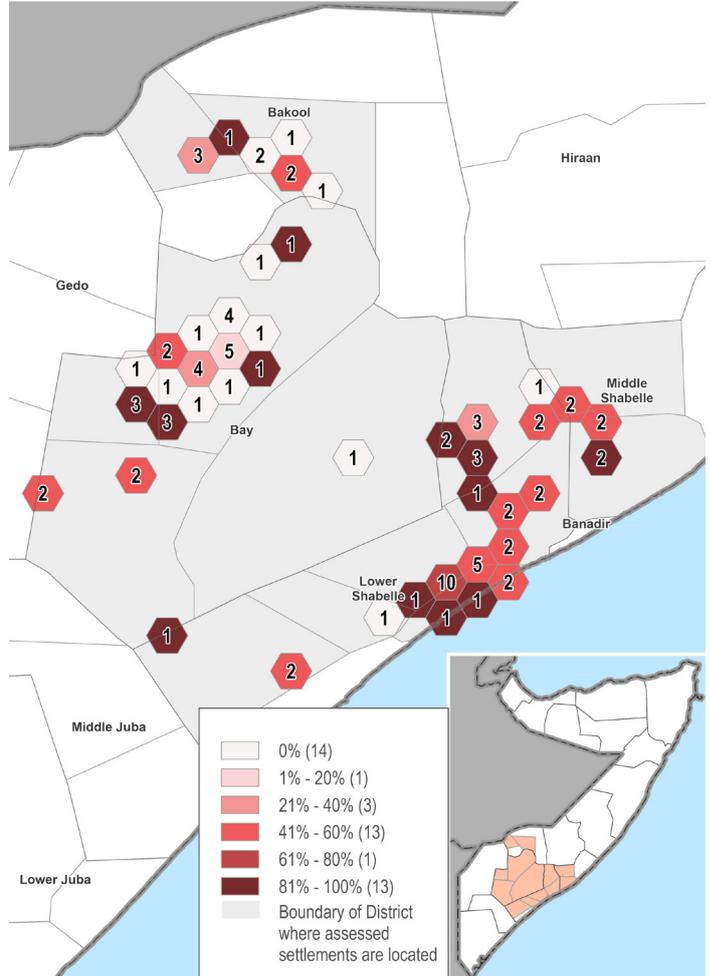


In 75% of assessed settlements KIs reported that protection services were not available to women from the settlement^{24 25}

% of assessed settlements where special services for children were reportedly not available²³



% of assessed settlements where protection incidents had reportedly taken place for women in the month preceding data collection



21. KIs from 22% of settlements were not aware of availability of services and for 10% of settlements there was no consensus.

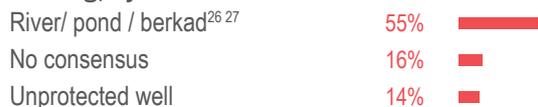
22. Services for children include: alternative care, psychosocial support, social workers, family tracing and referral services.

23. No protection incidents that happened to women were reported by KIs from 34% of assessed settlements, and for 14% there was no consensus.

24. KIs from 33% of assessed settlements reported that protection services for women were available and for 13% of assessed settlements there was no consensus.

25. Protection services for women include: psychosocial support, treatment of rape survivors, shelters and treatment for victims of GBV, legal support.

Most commonly reported source of water for drinking and cooking, by % of assessed settlements



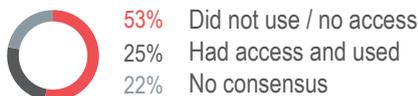
Average reported time of fetching water, including walking, waiting and return, by % assessed settlements

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
29%	32%	30%	1%	0%	8%

% of assessed settlements where people reportedly had insufficient access to water in the month preceding data collection



C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing



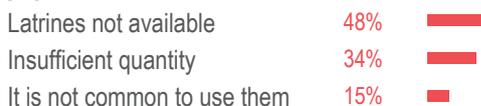
% of assessed settlements where water for drinking and cooking was reportedly available during the dry and rainy seasons



Estimated proportion of the population reportedly using latrines, by % of assessed settlements



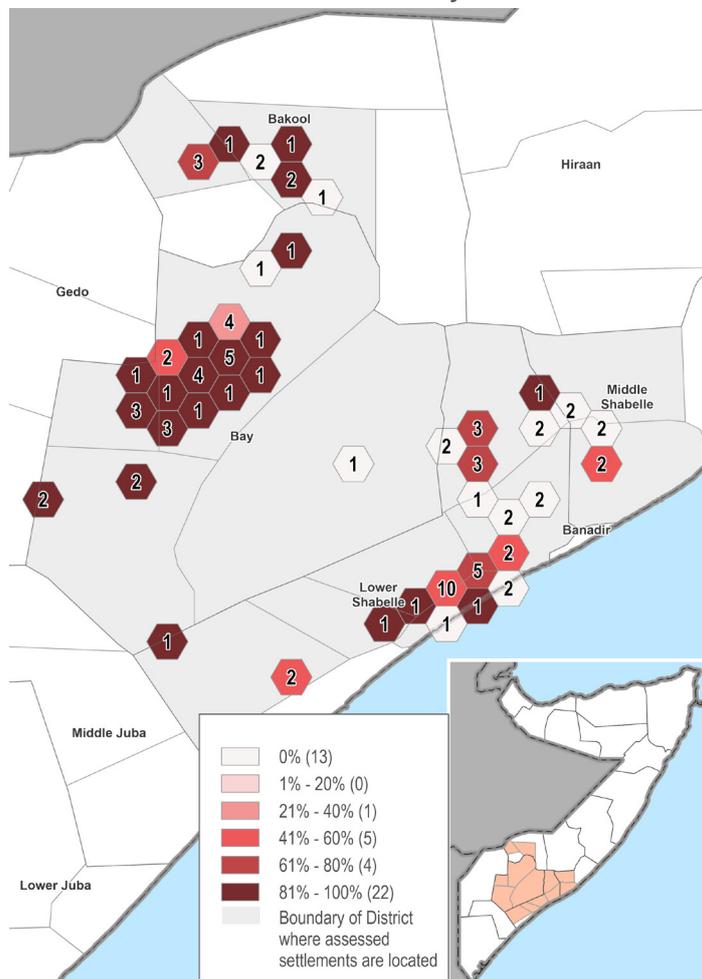
Most commonly reported barriers to using latrines, for % of assessed settlements where half or less of the population was estimated to use latrines



Most commonly reported strategy of disposing waste, by % of assessed settlements

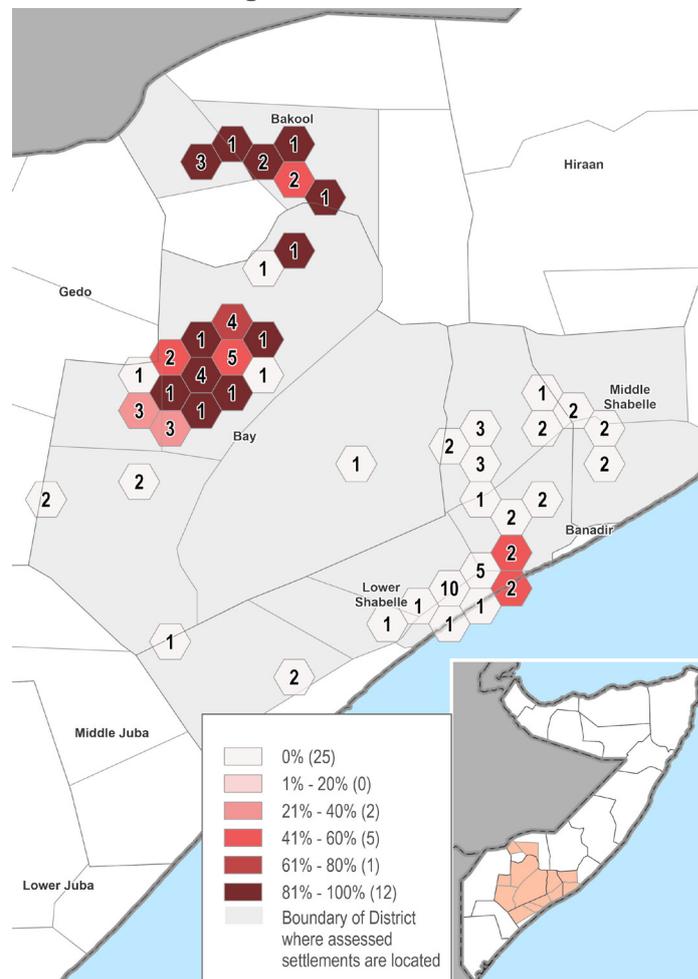


% of assessed settlements where people reportedly had insufficient access to water to meet daily needs



26. River, pond, berkad and unprotected well belong to unimproved water sources.

% of assessed settlements where fetching water reportedly takes one hour or longer



27. Berkad is a traditional open water storage.

C19 People in **25%** of assessed settlements had reportedly been receiving some information about COVID-19 in the month preceding data collection^{28 29}

C19 In those settlements where people had reportedly been receiving information about COVID-19, the most commonly reported information providers were⁶

Mobile network operator	76%	<div style="width: 76%;"></div>
Family or friends	50%	<div style="width: 50%;"></div>
Religious leaders	29%	<div style="width: 29%;"></div>
Local leaders	26%	<div style="width: 26%;"></div>
Media, TV	25%	<div style="width: 25%;"></div>

Most commonly reported sources of general information, by % of assessed settlements⁶

Radio	66%	<div style="width: 66%;"></div>
Phone calls	66%	<div style="width: 66%;"></div>
Face-to-face conversations	46%	<div style="width: 46%;"></div>

Most commonly reported providers of information to people, by % of assessed settlements

Family or friends	81%	<div style="width: 81%;"></div>
No consensus	9%	<div style="width: 9%;"></div>
Community religious leaders	8%	<div style="width: 8%;"></div>

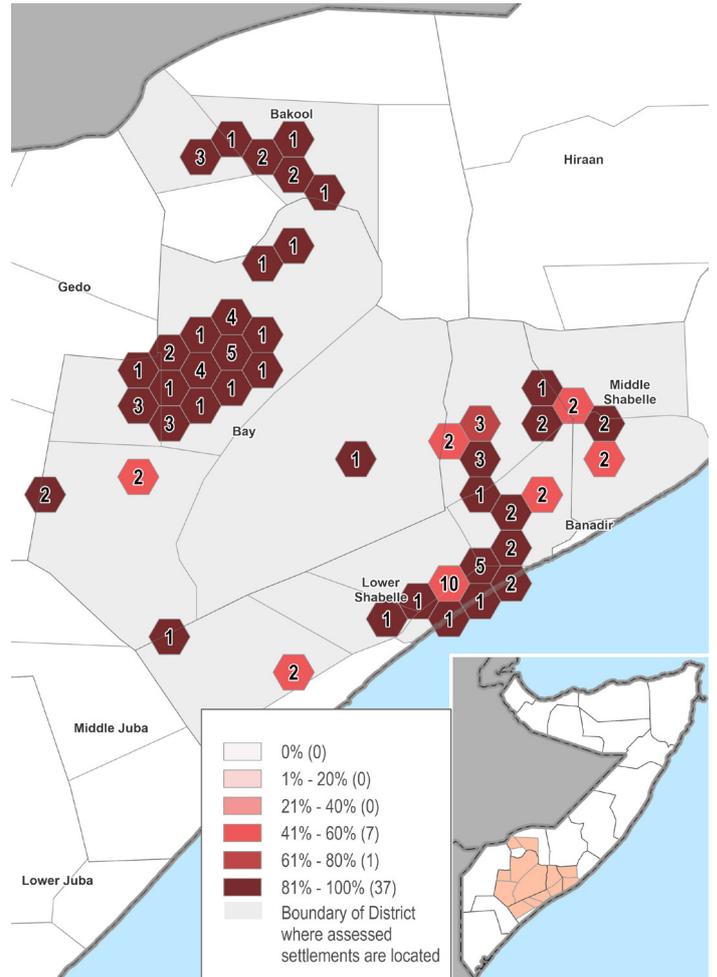
Most commonly reported main radio stations listened to by the population, by % of assessed settlements⁶

BBC Somalia	86%	<div style="width: 86%;"></div>
Voice of America	35%	<div style="width: 35%;"></div>
Radio Shabelle	10%	<div style="width: 10%;"></div>

Most commonly reported barriers to accessing information, by % of assessed settlements⁶

Lack of electricity	84%	<div style="width: 84%;"></div>
Lack of mobile signal	43%	<div style="width: 43%;"></div>
Lack of radio signal	28%	<div style="width: 28%;"></div>

% of assessed settlements where people were reportedly not able to access general information due to the lack of electricity



ACCESS AND HUMANITARIAN ASSISTANCE

% of assessed settlements where people were reportedly receiving information about available humanitarian assistance



72% No
14% Yes
14% No consensus

% of assessed settlements where KIs reported a main or a secondary road to the settlement



92% Yes
3% No
5% No consensus

% of assessed settlements where people were reportedly receiving humanitarian assistance



98% No
0% Yes
2% No consensus

28. The assessment does not include the questions that allow to evaluate the quality of information that is received by the population.

29. KIs from 70% of settlements reported that people had not been receiving information and for 5% of assessed settlements there was no consensus.



The assessment uses two main types of aggregation for the analysis:

KI level: these are indicators that are presented as a proportion of interviewed KIs and are reflective of the experience of particular households. KI level indicators are indicative of broad trends and therefore cannot be used to draw conclusions at the settlement level. This type of indicators is marked accordingly and clarification is provided in the footnotes.

Settlement level: most indicators presented in this factsheet use settlement level aggregation, unless specified otherwise. Mode aggregation is used, whereby “I don’t know” responses are dropped and then the most commonly reported response is taken for each settlement. Should several KIs from the same settlement provide different responses to the same question, the result is reported as “No consensus”.

Unless specified otherwise, the indicators used throughout the factsheet are aggregated to the settlement level. Aggregation to the hexagon level is used for the maps only and uses settlement level responses for further aggregation. Each hexagon contains a minimum of three settlements (assessed and not assessed). In cases of “No answer” among settlement-level responses, such settlements are dropped from the aggregation to the hexagon level and therefore not reflected in the percentages presented in the maps. In cases when all settlements within the hexagon are “No answer”, these settlements are not dropped, instead, such hexagons are presented as “No Data”.

Visualisations presented in this factsheet cannot be used to compare changes over time in the assessed areas. This is because hexagons presented on the maps contain more than three settlements, and each month the settlements that are assessed, as well as their number, may vary.

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. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org. Visit www.reach-initiative.org and follow us @REACH_info.

Feedback

We are devoted to improving our outputs, so that we can continue supporting our partners and all actors within the humanitarian response. Please share your feedback related to this Hard-to-Reach Assessment June 2021 Fact sheet using the following [link](#).

ABOUT REACH'S COVID-19 RESPONSE

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. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. Those who are already facing severe and extreme humanitarian needs risk being made even more vulnerable by the persisting pandemic. REACH is adapting existing and ongoing research cycles to monitor and inform the humanitarian community about the vulnerability caused by COVID-19 and its impact on affected populations.