

MSNA - Research Terms of Reference

Somalia Multi-sectoral Needs Assessment (MSNA) 2022

SOM2201

Somalia

June 2022

Version 1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Somalia		
Type of Emergency	<input checked="" type="checkbox"/> Natural disaster	<input checked="" type="checkbox"/> Conflict	<input type="checkbox"/> Other (<i>specify</i>)
Type of Crisis	<input type="checkbox"/> Sudden onset	<input type="checkbox"/> Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG)		
IMPACT Project Code	SOM2201		
Overall Research Timeframe (<i>from research design to final outputs / M&E</i>)	01/04/2022 to 31/01/2023		
Research Timeframe <i>Add planned deadlines</i>	1. Training of field officers – 12/05/2022 to 18/05/2022 Training of enumerators and pilot 12/06/2022- 29/06/2022 (in-person and remote training for some areas)	8. MSNI analysis sent for validation: 30/10/2022	
	2. Start collect data: 19/07/2022	9. Bulletin sent for validation: Bulletin Somalia: 15/11/2022 Bulletin Somaliland: 20/11/2022	
	3. Data collected: 11/09/2022	10. Bulletin published: Bulletin Somalia: 01/12/2022 Bulletin Somaliland: 05/12/2022	
	4. Data sent for validation: 25/09/2022	11. Final presentation: ICCG meeting: Dec/Jan 2023 – exact date TBD Information Management and Assessment Working Group (IMAWG): Dec/Jan. 2023 – exact date TBD	
	5. Data analysed: Preliminary results: 13/10/2022 MSNI: 30/10/2022	12. Results tables published: 07/10/2022	
	6. Preliminary presentation: HNO Deep Dive Workshop: 25/09/2022 to 30/09/2022 (TBD) State Level Presentations: 25/09/2022 to 30/09/2022 (TBD)	13. Accountability to Affected Populations (AAP) factsheet: Sent for validation: 15/11/2022 Published: 31/12/2022	

	7. MSNI DAP sent for validation: 30/08/2022	14. Hard-to-Reach (H2R) factsheets: Sent for validation: 31/11/2022 Published: 31/12/2022														
Humanitarian milestones <i>Specify what will the assessment inform and when</i> <i>e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;</i>	<table border="1"> <thead> <tr> <th>Milestone</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> HNO Joint Analysis Workshops</td> <td>25/09/2022 to 30/09/2022 (TBD)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Humanitarian Needs Overview (HNO) Sectoral Analysis Support</td> <td>November 2022</td> </tr> <tr> <td><input checked="" type="checkbox"/> Inter-cluster plan/strategy – People in Need calculations (technical support)</td> <td>October 2022</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cluster plan/strategy - People in Need calculations (technical support)</td> <td>October 2022</td> </tr> <tr> <td><input type="checkbox"/> NGO platform plan/strategy</td> <td>--/--/----</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify):</td> <td>--/--/----</td> </tr> </tbody> </table>	Milestone	Deadline	<input checked="" type="checkbox"/> HNO Joint Analysis Workshops	25/09/2022 to 30/09/2022 (TBD)	<input checked="" type="checkbox"/> Humanitarian Needs Overview (HNO) Sectoral Analysis Support	November 2022	<input checked="" type="checkbox"/> Inter-cluster plan/strategy – People in Need calculations (technical support)	October 2022	<input checked="" type="checkbox"/> Cluster plan/strategy - People in Need calculations (technical support)	October 2022	<input type="checkbox"/> NGO platform plan/strategy	--/--/----	<input type="checkbox"/> Other (Specify):	--/--/----	
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Detailed dissemination plan required	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No														
General Objective	To inform the 2023 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) in the context of ongoing climatic shocks (drought, floods, locust invasion) and protracted displacement crisis in Somalia by providing updated nation-wide, district-level, multi-sectoral analysis of the severity of needs among the crisis-affected population.															
Specific Objective(s)	<ul style="list-style-type: none"> 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 the Humanitarian Needs Overview and Humanitarian Response Plan for 2023; To understand the severity of needs of the assessed population, including living standard gaps², in cluster-specific, and inter-sectoral approaches; 															

¹ A detailed dissemination plan is available in [Annex 1: Dissemination plan](#)

² The MSNA will aim to calculate the proportion of affected population with living standard gaps – i.e. the proportion of respondents unable to meet their basic needs in one or more sectors. The full methodology can be found in [Annex 2: MSNI analysis](#).

	<ul style="list-style-type: none"> To identify variations in need amongst population groups and geographical areas in order to inform response prioritisation and strategic planning. 		
Research Questions	<ul style="list-style-type: none"> What are the main household humanitarian needs and priorities across Somalia? What are the patterns and causes of migration flows among Somali communities within the country? What are the push and pull factors that affected the displacement decisions of the populations surveyed across Somalia? What are the sectoral humanitarian needs of crisis-affected populations, regarding pre-existing vulnerabilities, crisis impact, and social status? What are the main combinations of overlapping needs, by assessed populations groups? What is the level of household access to basic services such as education, health, shelter, and water? To what extent do households rely on negative coping mechanisms to meet their basic needs, such as food and water, sanitation and hygiene? Are certain marginalized population groups excluded from access to basic services? What forms of communication, information and involvement relating to humanitarian assistance are preferred among the vulnerable groups and displaced populations surveyed? What is the impact of the ongoing drought on households' needs? To what extent does the severity of humanitarian needs differ by assessed districts and population groups? 		
Geographic Coverage	According to the OCHA access list, REACH field knowledge and level of access for previous assessments, 20 districts out of the 74 in Somalia present high access constraints or are considered inaccessible. ³ Hence, REACH will aim at conducting in-person data collection for the 54 accessible districts and implement the Hard-to-Reach approach in the 20 districts presenting access constraints.		
Secondary data sources	See section 3.3 Secondary Data Review		
Population(s)	<input checked="" type="checkbox"/> Internally Displaced Persons (IDPs) in and out of formal⁴	<input checked="" type="checkbox"/> Internally Displaced Persons (IDPs) in and out of informal⁵	
<i>Select all that apply</i>	<input type="checkbox"/> IDPs in host communities	<input type="checkbox"/> IDPs [Other, Specify]	
	<input type="checkbox"/> Refugees in camp	<input type="checkbox"/> Refugees in informal sites	
	<input type="checkbox"/> Refugees in host communities	<input type="checkbox"/> Refugees [Other, Specify]	
	<input type="checkbox"/> Host communities	<input checked="" type="checkbox"/> Non displaced communities	
Structured questionnaire (Quantitative)	<input checked="" type="checkbox"/> Probability sampling	<input checked="" type="checkbox"/> Non - Probability sampling	
Data collection level:	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	

³ The final number of assessed districts will depend on the accessibility of the area by the time of data collection. The initial sampling will be elaborated based on the OCHA access list and REACH teams' field knowledge but is subject to change by the time of data collection. In addition, REACH teams' movements will depend on ACTED's security clearance at the time of data collection.

⁴ According to the 2017 CCCM Cluster settlement typology, "there are no planned settlements at present despite some settlements receiving assistance such as shelter, WASH facilities and have the appearance of being organized. There also some settlements where shelter and other infrastructure has been provided to assist in the integration into local communities, however these areas should not be considered planned settlements". In absence of further guidance since 2017, REACH will still consider open the possibility to assess households living in formal/planned sites.

⁵ Internally Displaced Persons (IDPs) in Somalia are defined as "Persons or groups of persons who have been forced or obliged to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, clan-based or other forms of generalized violence and insecurity, violations of human rights of natural or human-made disasters, and who have not crossed an internationally recognized state border", Policy Framework of Displacement within Somalia (2014) Ministry of Interior. See key definition in section ["3.2 Population of Interest"](#).

	<input checked="" type="checkbox"/> Settlement (for Hard-to-Reach areas)	<input type="checkbox"/> Other (specify): _____
Probability Sampling <i>MSNA Household survey</i>	Sampling method: <input type="checkbox"/> Random sampling <input checked="" type="checkbox"/> Cluster sampling The sampling is stratified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes what are the stratifications: - Geographic: 54 accessible districts - Population groups: HHs living in old sites; HHs living in new sites; HHs living in villages (non-IDP settlements) - What is the Primary sampling unit (PSU): Settlement level If cluster sampling, what is the minimum cluster size? 6 Sampling frame: Do you have the population number at PSU level for all population groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Selection: Probability Proportional to Size (PPS) : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Selection of PSUs with replacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aimed precision at stratification level: 90 % level of confidence 10 +/- % margin of error Buffer: 15% Total sample size: 12,327 Resampling: Do you have a reserve list of PSUs / households in case of inaccessible area ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Data collection method: <input checked="" type="checkbox"/> Face to face <input type="checkbox"/> Remote data collection
Non-Probability Sampling <i>MSNA through the Hard-to-Reach approach</i>	Sampling method: <input type="checkbox"/> Quota sampling <input checked="" type="checkbox"/> Purposive <input checked="" type="checkbox"/> Snowballing The sampling is stratified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes what are the stratifications: - Geographic: _____ - Population groups: _____ - Other: _____	If quota sampling, what characteristics will be used as quota?: _____ _____ Data collection method <input checked="" type="checkbox"/> Face to face <input type="checkbox"/> Remote data collection
Semi-structured questionnaire (Qualitative)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Semi-structured data collection tool (s) #2 <i>Hard-to-Reach assessment</i>	Sampling method: <input checked="" type="checkbox"/> Purposive	Data collection method <input checked="" type="checkbox"/> Key informant interviews: 3,000

	<input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> Individual interview (Target #):_ _ _ _ X Focus group discussion: 20 <input type="checkbox"/> [Other, Specify] (Target #):_ _ _ _												
Questionnaire design	Mandatory indicators All the mandatory indicators from the 2022 MSNA indicator bank , have been included without alteration: <input type="checkbox"/> Yes X No See Annex 3: Modification to the core indicator	XLSform for mandatory indicators The kobo questionnaire provided for the mandatory indicators was used without alteration: X Yes <input type="checkbox"/> No See Annex 4: Modification to the ODK / KoBo questionnaire												
Data management platform(s)	X IMPACT – Kobo <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> UNHCR												
Expected output type(s)	<table border="1"> <tr> <td>X MSNA Bulletin: 2 (Somalia and Somaliland)</td><td><input type="checkbox"/> Report #: _ _</td><td><input type="checkbox"/> Profile #: _ _</td></tr> <tr> <td>X Presentation (Preliminary findings): 7 State Level Presentations</td><td>X Presentation (Final) #: 1</td><td>X Factsheets: 6 1 AAP Factsheet 5 regional factsheets for Hard-to-Reach areas (TBD)</td></tr> <tr> <td>X Interactive dashboard: 1</td><td><input type="checkbox"/> Webmap #: _ _</td><td>X Maps: TBD</td></tr> <tr> <td colspan="3"><input type="checkbox"/> [Other, Specify] #: _ _</td></tr> </table>	X MSNA Bulletin: 2 (Somalia and Somaliland)	<input type="checkbox"/> Report #: _ _	<input type="checkbox"/> Profile #: _ _	X Presentation (Preliminary findings): 7 State Level Presentations	X Presentation (Final) #: 1	X Factsheets: 6 1 AAP Factsheet 5 regional factsheets for Hard-to-Reach areas (TBD)	X Interactive dashboard: 1	<input type="checkbox"/> Webmap #: _ _	X Maps: TBD	<input type="checkbox"/> [Other, Specify] #: _ _			
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Visibility <i>Specify which logos should be on outputs</i>	REACH Donor: BHA, ECHO Coordination Framework: OCHA Partners: TBD													

2. Rationale

2.1 Background

Protracted conflicts, climate change resultant shocks, and communicable disease outbreaks in Somalia continued to deteriorate the humanitarian situation and accordingly increase the number of people in need of humanitarian assistance. According to the 2022 Humanitarian Situation Overview (HNO),⁶ a total of 7.7 million people were found to be in severe need of assistance, compared to 5.9 million in 2021. In 2022, this situation is foreseen to deteriorate due to extreme drought conditions. As of March 2022, at least 4.5 million people have been affected by extreme drought in Somalia.⁷ In addition, between January and February 2022, an estimated 416 million people have been displaced due to the drought, 2.5 times more than during the same period of the severe 2017 drought.⁸ The drought situation is already negatively impacting agriculture and livestock (loss of crops and pasture), and inducing high levels of fire, and water shortages.⁹ In particular, the Gedo, Middle Juba, Lower Juba, Mudug, Galmudug, Bari and Nugaal regions are facing extreme drought conditions.¹⁰ Moreover, cases of water diseases (watery diarrhoea) and dehydration have been reported and are expected to rise due to lack of access to safe drinking water.¹¹ According to the March to May 2022 seasonal forecast issued by the Climate Prediction and Application Centre (ICPAC), average to above average rainfall amounts (*Gu* rains) are anticipated in Somalia and the Ethiopian highlands which are flowing in the Juba and Shabelle rivers in Somalia.¹² Even if the *Gu* rains arrive in April, a rise in river levels could trigger floods due to open riverbank points and weak river embankments.¹³

Alongside these climate shocks, political tensions remain in Somalia. Initially scheduled to happen before the four-year term of President Mohamed Abdullahi Mohamed expired in February 2021, presidential elections were postponed by two years. As a result, demonstrations were held across Somalia¹⁴ in 2021 which occasionally led to violence between government security forces and opposition supporters.¹⁵ In addition, “this political turbulence has negatively affected the government’s response to the Al Shabaab insurgency”. According to the Armed Conflict Location and Event Data (ACLED) project, in 2021 a total of 2,046 violent events¹⁶ have been caused by rebel forces (armed clashes, explosions, and violence against civilians).¹⁷

Thus, in regard to this complex and protracted crisis, up-to-date and reliable information is needed to allow humanitarian partners to provide an evidence-based response to target most affected regions and population groups. In addition, information gaps remain in inaccessible districts, mainly rural areas, due to insecurity. To this end, REACH will implement the sixth Multi-Sector Needs Assessment (MSNA – previously named Joint Multi-Cluster Needs Assessment, JMCNA) in Somalia to provide a representative needs assessment to inform the response planning. This approach will be complemented by the Area of Knowledge (AoK) methodology in order to capture the needs of inaccessible or hard-to-reach areas. The MSNA will seek to address information gaps by

⁶ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [Somalia Humanitarian Needs Overview](#), 2022

⁷ OCHA, [2022 Drought Impact snapshot](#), March 2022.

⁸ Ibid.

⁹ Food and Agriculture Organisation (FAO), Somalia Water and Land Management Information Project (SWALIM), [Combined Drought Index](#), February 2022.

¹⁰ FAO, SWALIM, [Somalia Drought update](#), March 2022.

¹¹ OCHA, [2022 Drought Impact snapshot](#), March 2022.

¹² FAO, SWALIM, [Somalia Drought update](#), March 2022.

¹³ OCHA, [2022 Drought Impact snapshot](#), March 2022.

¹⁴ The Armed Conflict Location and Event Data project (ACLED), [A Turbulent Run-up to Elections in Somalia](#), April 2021

¹⁵ Reuters, [Somali government forces, opposition clash in Mogadishu over election protest](#), February 2021.

¹⁶ ACLED, [Dashboard](#), January to December 2021.

¹⁷ “Rebel groups are defined as political organizations whose goal is to counter an established national governing regime by violent acts”, ACLED, [Codebook](#), 2019.

ensuring that the severity of needs relevant to each cluster is assessed in a way that enables comparison across geographical areas and population groups. Moreover, the MSNA will address the information gaps in cross-cutting needs at the household (HH) level and facilitate the understanding of the co-occurrence of different sectoral needs.

2.2 Intended impact

The REACH MSNA will build on the previous cycle of needs assessments, as well as existing assessments by other data providers. The ultimate goal of the research is to inform partners at the strategic level and as such is timed to be completed in advance of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan process (HRP), scheduled to be released in October and December 2022, respectively. By doing so, the MSNA will improve the understanding of the current situation to inform both ongoing or planned humanitarian conducted interventions and strategic decision-making processes, including funding allocations.

3. Methodology

3.1 Methodology overview

The assessment will follow a quantitative methodology and consist first of a secondary data review (SDR). This desk review will bring together existing non-government organisations (NGOs) and United Nations (UN) reports and assessments, academic articles, security updates, and clusters' factsheets to provide the contextual background upon which the research cycle will be framed. Secondary data is also used to draw the sample frames for the targeted population groups.

Then, primary data will be collected through a HH survey, implemented over 8 weeks between June and July 2022. Unlike the two previous rounds of MSNAs (previously named Joint Multi-Cluster Needs assessment – JMCNA) in 2019 and 2020,¹⁸ this year's HH survey will be administered *via* in-person interviews. The assessment tool and indicators will be designed through an iterative process, in consultation with OCHA Inter-Cluster Coordination Unit (ICCU) and the Information Management and Assessment Working Group (IMAWG). In addition, REACH will engage with all clusters coordinators, through the Inter-Cluster Coordination Group (ICCG) meetings as well as bilateral discussions. Cluster coordinators will then have the opportunity to consult humanitarian partners involved in their sector. Finally, government authorities will be informed about the assessment and REACH will collect their feedback about the priority needs of information at the national and regional levels. REACH will remain available for additional presentations on the MSNA methodology, at all stages of the research, as deemed relevant by OCHA and the clusters.

The results emanating from the SDR and the HH survey will be interpreted jointly through the OCHA HNO Joint Analysis workshops. In addition, REACH will support the calculation of sectoral and inter-sectoral People in Need (PiN) figures. Alongside informing the HPC, REACH will produce an internal analysis of the MSNA data (a five-page bulletin presenting the overall severity of humanitarian needs).

Certain areas of Somalia/Somaliland remain inaccessible to enumerators and field staff mainly due to security concerns. Partnering with local NGOs currently active in the area will be considered an option to overcome this limitation. In addition, REACH will consider the implementation of its Hard to Reach (H2R) approach as a second mitigation measure for districts presenting high access constraints. The H2R assessment currently implemented in South-Central districts of Somalia will be extended to all inaccessible districts for the implementation of the

¹⁸ JMCNA 2019 and 2020 were implemented through remote phone data collection, in order to mitigate the risks of COVID-19 spread across the country.

MSNA. Although the H2R uses a different methodology,¹⁹ core indicators will be aligned with the MSNA in order to provide information that will help paint a broader picture of population needs in hard-to-reach areas. The qualitative component of the H2R approach will remain; additional focus group discussion (FGD) will be conducted to allow a more in-depth understanding of the situation in hard-to-reach areas. The FGD focus will be defined following a thorough engagement of REACH teams with partners. For instance, the May 2022 round of data collection was focused on climatic shocks' impacts on communities and their pre-existing vulnerabilities in face of these recurring events, based on the humanitarian collective appeal for more information regarding this issue. Specific factsheets for these districts will be published alongside MSNA products.

Critical hotspots will also be targeted and oversampled in two districts in South Somalia in order to provide information on the Risk of Excess Mortality (RoEM) in crisis-affected regions. Diinsoor and Beletweyne will be the two districts selected for Rapid RoEM Assessment. Indicators for oversampling will be limited to exclusively include FSL, nutrition and mortality indicators. Details on outcome indicators can be found in [Annex 9. RoEM brief](#).

3.2 Population of interest

The MSNA will aim to provide the wider coverage possible of the country. In fact, an estimated number of 54 districts will be assessed, including both urban and rural settlements, and both IDP settlements and non-IDP settlements. The geographic scope of the MSNA will be established to align with the OCHA's Access list²⁰. The table below list the districts presenting "high access constraints" or considered "inaccessible" by the OCHA Access Working Group. For each of these districts, REACH teams triangulated the access information with previous assessments ([Detailed Site Assessment \(DSA V\)](#), last in-person MSNA), and field team knowledge of the areas. All inaccessible districts, based on the above-described triangulation of information, will be covered thanks to the Hard-to-Reach approach, while all other districts will be considered accessible and covered by the in-person MSNA approach. The final sampling frame can be found in [Annex 5: 2022 Sampling frame](#).

¹⁹ The Hard-to-Reach Areas assessment uses an Area of Knowledge (AoK) methodology, whereby the settlements are assessed by interviewing key informants who have recently been displaced from the target settlements to IDP camps around Baidoa and Mogadishu. Target regions include non-accessible settlements in regions of the South-Central Somalia: Bakool, Bay, Gedo, Lower Juba, Lower Shabelle, Middle Juba and Middle Shabelle. Findings from this assessment should be considered as indicative only and are not representative of the whole population of the assessed regions.

²⁰ Available upon request.

Table 1 – List of districts presenting high access constraints or considered inaccessible and the associated data collection method suggested for MSNA 2022

State	Region	District	OCHA Access list	Covered in 2021 H2R?	Covered in JMCNA 2018	Covered in DSA 2021	REACH field team comments	Approach for 2022
Hirshabelle	Middle Shabelle	Adan Yabaal	inaccessible	Yes	No	No	inaccessible	H2R
Jubaland	Lower Juba	Badhaadhe	high access constraints	Yes	Yes	No	inaccessible	H2R
Hirshabelle	Middle Shabelle	Balcad	high access constraints	Yes	Yes	Yes	Accessible	MSNA – HH survey
Jubaland	Middle Juba	Bu'aale	inaccessible	Yes	No	No	inaccessible	H2R
Hirshabelle	Hiraan	Bulo Burto	high access constraints	No	No	No	inaccessible	H2R
SWS	Bay	Buur Hakaba	high access constraints	Yes	Yes	No	accessible	MSNA – HH survey
Hirshabelle	Middle Shabelle	Cadale	high access constraints	No	Yes	No	Accessible	MSNA – HH survey
Galmudug	Galgaduud	Ceel Buur	high access constraints	No	No	No	inaccessible	H2R
Galmudug	Galgaduud	Ceel Dheer	inaccessible	No	Yes	No	inaccessible	H2R
Jubaland	Gedo	Ceel Waaq	high access constraints	Yes	Yes	Yes	Accessible	MSNA – HH survey
Jubaland	Gedo	Garbahaarey	high access constraints	Yes	Yes	Yes	Accessible	MSNA – HH survey
Hirshabelle	Hiraan	Jalalaqsi	high access constraints	No	Yes	No	accessible	MSNA – HH survey
Jubaland	Lower Juba	Jamaame	high access constraints	Yes	No	No	inaccessible	H2R
Jubaland	Middle Juba	Jilib	inaccessible	Yes	No	No	inaccessible	H2R
SWS	Lower Shabelle	Kurtunwaarey	high access constraints	Yes	No	No	inaccessible	H2R
SL - PL disputed	Sanaag	Laasqoray	high access constraints	No	Yes	Yes	accessible	MSNA – HH survey
Puntland	Bari	Qandala	high access constraints	No	Yes	No	inaccessible	H2R
SWS	Bay	Qansax Dheere	high access constraints	Yes	Yes	Yes	accessible	H2R
SWS	Bakool	Rab Dhuure	inaccessible	Yes	No	No	inaccessible	H2R
Jubaland	Middle Juba	Saakow	inaccessible	Yes	No	No	inaccessible	H2R
SWS	Lower Shabelle	Sablaale	inaccessible	Yes	No	No	inaccessible	H2R
SWS	Bakool	Tayeeglow	inaccessible	Yes	No	No	inaccessible	H2R

SWS	Bakool	Waajid	high access constraints	Yes	Yes	Yes	inaccessible through road but accessible by air	MSNA – HH survey
Galmudug	Mudug	Xarardheere	inaccessible	No	No	No	inaccessible	H2R
SWS	Bakool	Xudur	high access constraints	No	Yes	Yes	inaccessible through road but accessible by air	MSNA – HH survey
Puntland	Bari	Bandarbayla	moderate access constraints	No	Yes	No	Accessible	MSNA – HH survey
SWS	Lower Shabelle	Baraawe	moderate access constraints	Yes	No	No	inaccessible through road but accessible by air	MSNA – HH survey
Somaliland	Woqooyi Galbeed	Berbera	low access constraints	No	Yes	No	Accessible	MSNA – HH survey
Puntland	Bari	Caluula	moderate access constraints	No	No	No	Inaccessible	H2R
Puntland	Nugaal	Eyl	low access constraints	No	Yes	No	Accessible	MSNA – HH survey
Somaliland	Woqooyi Galbeed	Gebiley	low access constraints	No	Yes	No	Accessible	MSNA – HH survey
Puntland	Bari	Iskushuban	moderate access constraints	No	Yes	No	Accessible	MSNA – HH survey
Galmudug	Mudug	Jariiban	moderate access constraints	No	Yes	No	Accessible	MSNA – HH survey
SWS	Lower Shabelle	Qoryooley	moderate access constraints	Yes	Yes	No	Inaccessible	H2R
Somaliland / Puntland	Sool	Taleex	moderate access constraints	No	Yes	No	Accessible	MSNA – HH survey
Somaliland	Awdal	Zeylac	low access constraints	No	Yes	No	Accessible	MSNA – HH survey
Banadir	Banadir	Huriwaa	high access constraints	Yes	No	Yes	inaccessible	H2R

For accessible districts, the household will be used as the unit of measurement as it is the most relevant for examining the severity of needs and vulnerabilities, and improves the coverage of the assessment. It will be administered by trained enumerators who will conduct data collection through in-person interviews. For inaccessible districts, the settlement will be used as the unit of measurement through the H2R approach.

Regarding population groups, the MSNA will target **populations living in both IDP and non-IDP settlements**. IDPs can be defined as *“persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border”*.²¹

In the context of Somalia, the country’s IDP policy clearly defines IDPs as the following:

- Persons or groups of persons who have been forced or obliged to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, clan-based or other forms of generalized violence and insecurity, violations of human rights of natural or human-made disasters, and who have not crossed an internationally recognized state border;
- Persons or groups of persons who are evicted from their settlement and who have not received an adequate housing and/or land alternative or appropriate compensation allowing them to restore their lives in a sustainable manner
- Pastoralists, who have lost access to their traditional nomadic living space through loss of livestock, loss of access to grazing and water points or markets, also qualify as internally displaced persons²²

For assessments informing the 2023 HPC, the IDP Working Group advises partners to consider IDP populations using the following scenario:

- Settlements are informal IDP settlements: areas where groups of housing units have been constructed on land that the occupations have no legal claim to, or occupy illegally; or an area where housing is not in compliance with current planning and building regulations;
- Settlements are scattered IDP settlements: Scattered shelters and/or settlements that are located within roughly a 37.5-meter radius (75-meter diameter) be classified as an IDP site (assuming that the population of these scattered shelters is of at least 15 HHs or 300 individuals).²³

Furthermore, the IDP Working Group recommended partners to refine the group of households living in IDP settlements, based on **length of displacement and site duration indicators**. Following this recommendation, REACH will establish a sampling frame based on the distinction of two sub-groups of IDP settlements:

- IDP settlements established for more than 18 months with no new arrivals:

²¹ UNHCR Emergency Handbook (2020) IDP Definition

²² Policy Framework of Displacement within Somalia (2014) Ministry of Interior

²³ IDP Settlement Criteria Guidelines, CCCM guidelines, 2021. The threshold of 15 HHs will be reviewed by the CCCM Cluster but as it was used for DSA V, the MSNA sample frame will align with this threshold. The next round of DSA should be adapted to reflect any change in the guidance.

- IDP settlements established for less than 18 months OR that welcomed new arrivals in the last 12 months.²⁴

The table 2 below summarizes the definition of each population group to be assessed during MSNA 2022.

Table 2 – Summary of targeted population groups for MSNA 2022

Population group		Definition	Population data source
Displaced populations living in IDP sites	Displaced populations living in newly established IDP sites or IDP sites with new arrivals	<i>Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, and now live in an IDP settlement that has been established for less than 18 months, or persons residing in an IDP settlement that has welcomed the majority of the residents less than 12 months ago.</i>	DSA V – using the indicator of “site_duration” and “% of settlements by the time when the majority of people arrived”
	Displaced populations living in IDP sites established for more than 18 months with no new arrivals	<i>Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, and now live in an IDP settlement that has been established for more than 18 months that did not welcome new arrivals in the last 12 months.</i>	DSA V – using the indicator of “site_duration” and “% of settlements by the time when the majority of people arrived”
Populations living out of sites	Residents; IDP populations living out of sites; Households hosting other households	<i>Populations living in non-IDP settlements.</i>	OCHA COD – 2019 DTM B2 Assessment

²⁴ The thresholds used have been adapted based on the DSA 2021 indicators. DSA data collection was implemented in November/December 2021, and MSNA 2022 data collection is planned to occur in June/July 2022; hence six months were added to the indicators’ recall period. For instance, IDP settlements established for more than 12 months in the DSA dataset were categorized as settlement established for more than 18 months for the MSNA, to be implemented six months after the DSA.

3.3 Primary Data Collection

Tool - Primary data will be collected by means of an HH-level survey designed with the participation of the humanitarian clusters. Cluster coordinators will be asked to outline information gaps and the type of data required to inform their strategic plans. Key indicators will be selected in consultation with clusters, and the OCHA ICCU. The proposed list of indicators will include indicators used in previous years' assessments (time series analysis), indicators defined at the global level (cross-crisis analysis), and country-specific indicators to fill information gaps. The indicators will be aligned, as much as possible, with the draft [Joint Inter-Sectoral Analysis Framework](#)²⁵ (JIAF) which will serve as a common and structured method for assessing the severity of needs across different clusters.

All the mandatory indicators from the [REACH 2022 MSNA indicator bank](#) have been included with minor alterations for specific sectors such as Education, Water Hygiene and Sanitation (WASH) (see [Annex 3: Modification to the core indicator](#)).

Key steps - The assessment will target a minimum of 54 accessible districts, out of a total of 74, in order to ensure representative coverage. Data collection will take place at the end of June, and will run until the last week of August 2022 (8 weeks in total). The MSNA will be implemented through in-person interviews, in all accessible districts. Where available, REACH will work with partner organisations to collect data in harder-to-reach areas. If no partner is available, REACH will implement its Hard-to-Reach approach to cover districts presenting high access constraints.

The field implementation of the MSNA will be supervised by the eight (8) permanent REACH FOs. The FOs will receive an MSNA-specific training at the beginning of May 2022, covering the review of the tool (including technical definitions and concepts) and data cleaning process (agenda and training materials available in ([Annex 7: Agenda and training](#))). During the week workshop, REACH will give the opportunity to clusters to present their sectoral section of the tool. FOs will then be re-deployed to their base to provide training to enumerators at the regional level. As much as possible, REACH will hire enumerators with prior experience with MSNA or other assessments conducted by REACH. REACH will administer a written test to all enumerators to ensure that they possess the required competencies to administer the household survey. Approximately 100 enumerators will be hired, across the country, in addition to 16 team leaders. Each team will be composed of 6 persons (i.e. 2 vehicles convoy for security reasons), including 1 team leader. A minimum of 7 training sessions will be conducted at the in June by FOs, in the following locations: Hargeisa, Sool and Sanaag, Garowe, Galkayo, Mogadishu, Baidoa, Kismayo. The 3 full days of training will aim to present, explain, and test the MSNA tool. FOs will also include sessions on ACTED administrative procedures, code of conduct, security rules, and COVID-19 prevention measures.

REACH Field officers shall review the targeted locations within each district for accessibility. In case of an inaccessible area, the Field Officers shall immediately communicate this to the data officers the affected settlements or villages and the data officers shall rerun the sampling for the district.

²⁵ "The main objective of the JIAF is to provide the country teams and humanitarian partners (International and national Non-Governmental Organizations, Government, Donors, UN agencies, experts, clusters/sectors, ICCG, etc.) with a common framework, tools and methods to conduct intersectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring." For further details on implementing the JIAF methodology, please refer to the [Joint Intersectoral Analysis Framework 2021 Humanitarian Programme Cycle](#).

Following this, data collection will commence. Households will be randomly selected according to the sampling framework, with the questionnaire being administered either to the head of the HH or anyone else able to speak on behalf of the household. The questionnaire will be coded on the Kobo tool and accessible to all enumerators on REACH data collection smartphones. Enumerators will begin the interview by introducing themselves and requesting the respondent's consent to proceed. As FOs won't be able to accompany all enumerators teams on the ground, they will identify Team Leaders in each team, to supervise the progress of data collection and ensure regular communication with their referral FO. Each day, enumerators, under the supervision of their team leader and/or of the FO, will upload the survey forms and de-brief the team leader and/or the FO of any issue encountered during data collection. The FOs and Assessment Officers (AOs) are responsible for data checking and cleaning procedures at the end of each day, and for communicating feedback to the enumerators and team leaders.

Incoming data will be monitored through a data collection tracking tool: each day REACH Field Officers will communicate with the data team the total number of surveys realised, per district. The coverage shall be monitored based on the targeted number of surveys per population groups. In case one site becomes inaccessible for whatever reason, the REACH data team shall rerun the district sampling for the affected district only and replace the sample for the affected district.

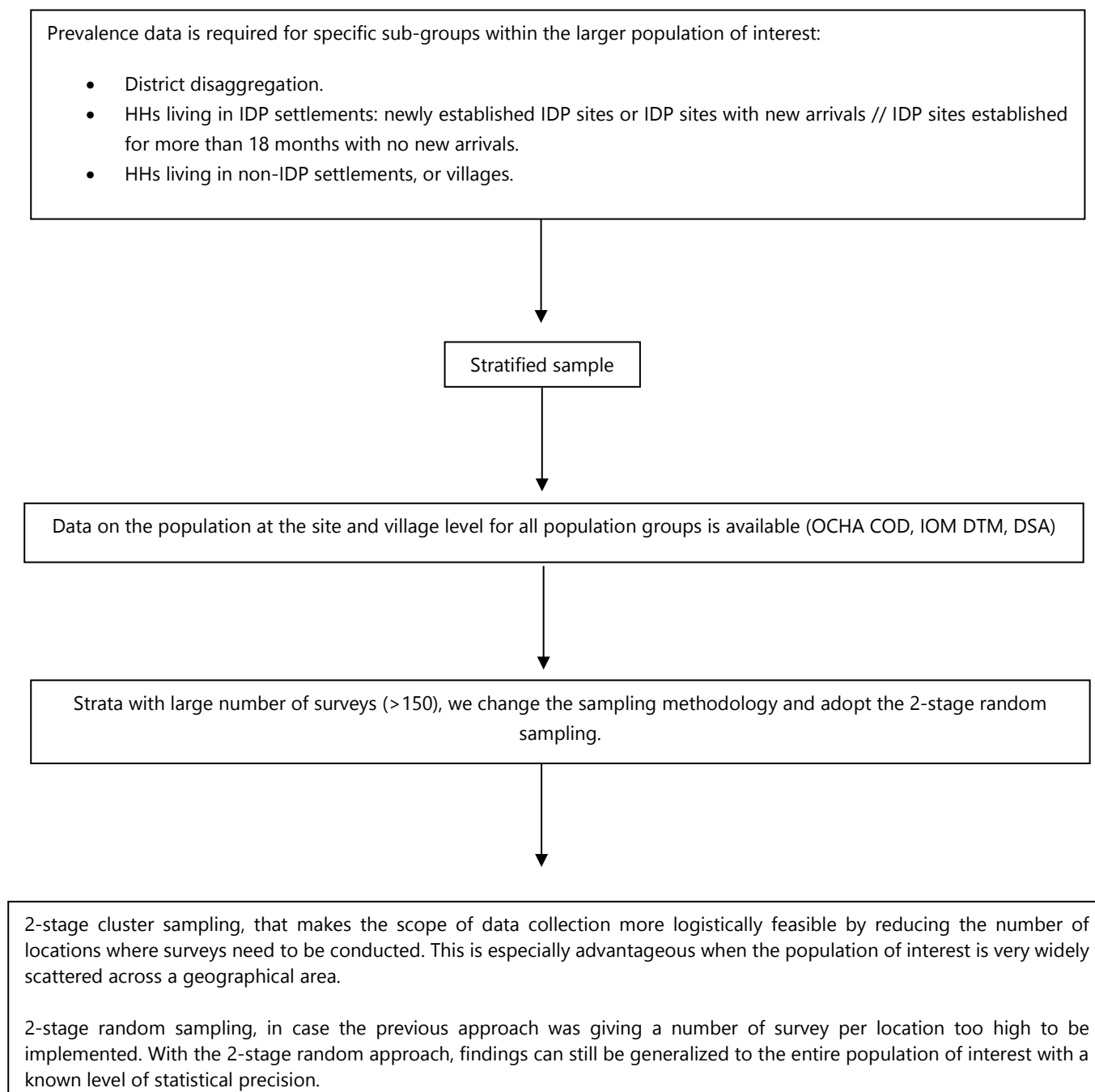
Sampling approach – The sampling approach to be implemented for MSNA 2022 is a probability sampling strategy, i.e. a *“sampling strategy in which a sample from a larger population is chosen in a manner that enables findings to be generalized to the larger population”*.

First, a stratified cluster sampling was applied. In the cluster sampling, first for each strata (district), a primary sampling unit (PSU) was randomly selected (settlement) with the selection based on probability proportional to size (PPS),²⁶ i.e. probability of selection inverse to the population size of the PSU. Then, the secondary sampling units (households) will be selected within the randomly sampled PSUs. The number of units to be targeted in each PSU (i.e., number of households) would be determined by the number of times the PSU is picked during first stage sampling.

Applying this method, for many districts (strata) the total number of surveys to be collect exceeded 150. In such cases, REACH repeated the sampling using a 2-stage random sampling to establish minimum sample sizes for each district and population group of interest (79), for implementation purposes.

²⁶ Probability proportional to size (PPS) is a method within sampling from a finite population in which a size measure is available for each population unit before sampling and where the probability of selecting a unit is proportional to its size. See also: Skinner, Chris J.; “Probability Proportion to Size (PPS) Sampling”; [Wiley Stats Ref: Statistics Reference Online](#) (August 2016).

The decision to use this specific type of sampling was based on the decision tree presented below:



To determine the sampling framework for the MSNA household surveys, the target population groups will be aggregated into the following groups:

1. HHs living in IDP settlements established more than 18 months ago²⁷ with no new arrivals in the past 12 months;
2. HHs living in IDP settlements established for less than 18 months or settlement that welcomed new arrivals in the last 12 months;

²⁷ The IDP Working Group recommendation put a threshold of 12 months based on DSA V data conducted in December 2021. Hence, by the time of MSNA data collection, it will be 18 months.

3. HHs living in villages (non-IDP settlements).

The sample frame can be found in [Annex 5: MSNA 2022 Sampling Summary](#).

The household surveys will be drawn to generate a 90% confidence level and 10% margin of error for each population group, at the district level. To account for any non-responses and deletions, a buffer of 15% is planned/included, for most population groups.

Two methods will be applied in selecting the locations to conduct the survey within the population of interest

Random GPS points

Random GPS points are generated on a map covering the population of interest. The distribution of GPS points is weighted based on population density within the area of interest.

For the MSNA 2022, the GPS points will be randomly distributed across settlements. The enumerator finds the location of a certain sample point using mobile device navigation tools such as maps.me and conducts an interview near that location. That practice ensures that all survey locations were selected in a random manner.

The main requirements to operationalize this method:

1. Accurate, up-to-date shape files for administrative boundaries are easily available
2. Reliable data indicating the distribution of the population and population density across the targeted area is easily available
3. Well-trained data collection teams that have the capacity to use maps.me or similar navigation software to locate sampled GPS points on the ground.

Random selection on site-systematic sampling

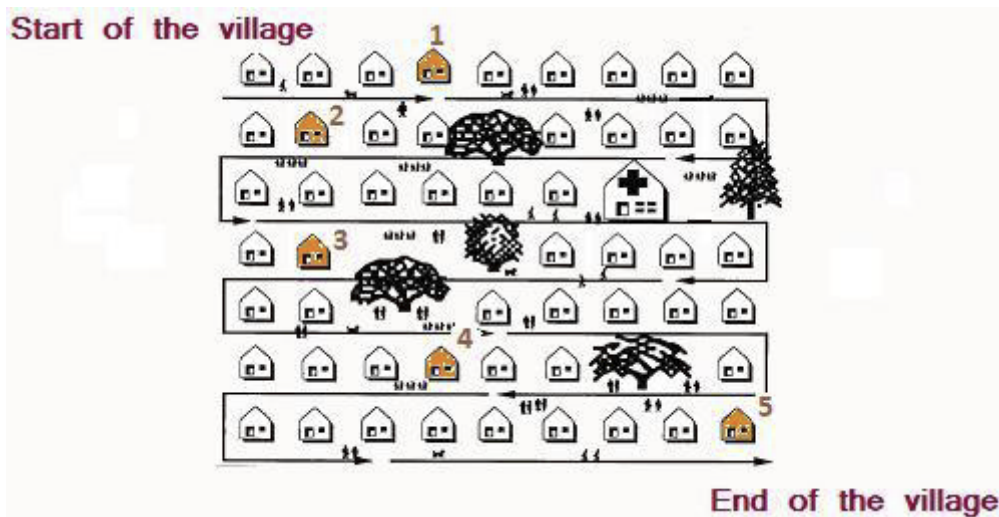
Villages and IDP sites where we do not have GPS points prior to start of the data collection will be sampled using this method. Systematic measures are taken on site to ensure that the entire radius of the target area is covered and all units within the boundary have a probability of being selected.

Main requirements:

1. Accurate understanding of the layout of the area to be targeted (for e.g. boundaries of sites/settlements)
2. Area is of a manageable size to implement systematic sampling; otherwise, it will need to be broken down into sub-areas (for e.g. camp blocks or city neighborhoods) to implement systematic sampling

Example of how this will be implemented:

- i. Calculate a threshold based on total population in location (let's say 60 households) / sample needed from the location (let's say 5): $60/5 = 12$
- ii. From the starting point of the location, select the first household randomly between 1 and 5
- iii. After the first household, interview every 12th household following a single direction in a clearly laid out route until the edge of the settlement has been reached.



3.4 Data Processing & Analysis

At the end of each day, the team leaders will ensure that the data is uploaded from the smartphones used by the enumerators to the Kobo Collect server. The REACH GIS and data specialist (GISS) will download all datasets for Spatial verification. This is the process of checking if the GPS coordinates collected are within a radius of 1000m from the target village or settlement. Records which do not meet the set threshold will be flagged to the FOs.

Once the data have been verified, the SDBO will remove sensitive information, and disaggregate the datasets by district. The field officers will check and clean the data and note any changes made in the change-log before sending the cleaned data to the REACH AOs. The AOs will check all data again and take note of any recommendations and/or any points for follow-up and will provide them to the field officers who will transmit the information to the team leaders and enumerators during their daily briefings. In addition to the daily data checks, the final dataset for each district will undergo a thorough cleaning, with any outstanding issues reported to field staff for feedback.

In order to standardize this process two tools will be used:

- Standard Operating Procedure (SOP) for data cleaning ([see Annex 8: Data Cleaning Standard Operating Procedures \(SOPs\)](#)) : a step-by-step guide for key data cleaning issues, including checking the time stamp of each survey, issues with skip logic, and outliers. The SOP will be developed based on the MSNA HH survey tool and [REACH's Data Cleaning Minimum Standards Checklist](#);
- REACH data analysis will be consisting of two main outputs:
 - The Results Tables: an analysis dataset, to be produced during the two-three weeks following the end of data collection. It will present the key findings for all assessed indicators, sorted by sector, geographic area and targeted population group. It will be executed with R and shared through the REACH resource centre as well as targeted mailing list. The purpose of this output is to inform the OCHA HNO joint analysis process, as soon as August 2022;
 - The State-Level Presentations, to be produced by September 2022. A total of seven presentations will be elaborated, presenting key findings at the State level, especially regarding vulnerabilities, access to basic services and level of humanitarian assistance. The presentations

will gather a wide range of stakeholders, allowing REACH to gather feedback and recommendations for further analysis.

- The multi-sectoral needs index (MSNI) analysis²⁸, to be produced in the two-three months following the end of data collection. It will be executed with R and analysed through a methodology developed by REACH at the global level, which is broadly aligned to the draft Joint Inter-Agency Analytical Framework (JIAF) framework, adapted to the Somali context. To estimate the magnitude and severity of households' needs, the Living Standard Gap (LSG) methodology will be adopted. An LSG is a sectoral indication of need consisting of aggregated unmet needs indicators per sector. Households with one or more sectoral LSGs will be classified as having multi-sectoral needs. In previous years, the aggregation method relied on the categorisation of each indicator on a binary scale: does ("1") /does not ("0") have a gap. In addition to these binary indicators, a subset of 'critical' indicators was also identified (scored according to a five-point scale, from 1 "minimal" to 4+ "extreme"), which by themselves could indicate a severe or very severe need within the household. For MSNA 2022, REACH will consult all clusters on the most appropriate analytical approach. The definition of the threshold to be used to determine whether a household should be considered to have a particular gap or not will also be determined together with the relevant sectors. For more details, see [Annex 2: MSNI analysis](#).

4 Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	No	<i>The tool includes some questions related to sensitive protection issues (security events and concerns, exclusion and marginalization). In order to mitigate the risk of putting the respondents in a stressful situation, REACH will train the enumerators on data collection ethics and require the</i>

²⁸ See [MSNA-2021-Analysis-guidance_20220429.pdf \(impact-repository.org\)](#)

		<i>Protection Cluster to provide a specific session during the training.</i>
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	<i>The MSNA survey will be conducted with the head of the household, who could potentially be a victim/survivor of protection incidents. In addition, REACH will not exclude any social group from data collection and as such will include minority/marginalized groups in the sample. REACH enumerators will be trained on data collection ethics, to ensure questions are asked in a non-intrusive, sensitive manner in order to mitigate any unintended harm.</i>
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

<i>Task Description</i>	<i>Responsible</i>	<i>Accountable</i>	<i>Consulted</i>	<i>Informed</i>
<i>Research design</i>	Assessment Officer (AO)	Research Manager (RM)	REACH data and GIS unit, REACH Country Coordination (CC), REACH Research Design and Data unit (RDD) in HQ, Cluster coordinators, OCHA ICCU, OCHA IMAWG, OCHA IDPWG	Government agencies, OCHA Field Coordination Units (FCUs)
<i>Supervising data collection</i>	FOs	Field Coordinator	Senior GIS/Data Manager, RM, CC	REACH HQ, ICCG, OCHA ICCU, OCHA IMAWG, IDPWG
<i>Data processing (checking, cleaning)</i>	FOs, Field Coordinator, Senior Data Base Officer (SDBO)	Senior GIS/Data Manager	RM, CC	REACH RDD, REACH HQ GIS

	Senior Data Base Officer (SDBO)	Senior GIS/Data Manager	RM CC REACH RDD	REACH RDD, REACH HQ GIS, ICCG, OCHA ICCU, OCHA IMAWG, IDPWG
<i>Data analysis</i>				
<i>Output production</i>	AO SDBO	RM	CC, REACH RDD, REACH Reporting unit	ICCG, OCHA ICCU, OCHA IMAWG, IDPWG
<i>Dissemination</i>	AO RM	RM	CC, REACH RDD, REACH Reporting unit	ICCG, OCHA ICCU, OCHA IMAWG, IDPWG
<i>Monitoring & Evaluation</i>	AO RM	RM	CC, REACH RDD	ICCG, OCHA ICCU, OCHA IMAWG, IDPWG
<i>Lessons learned</i>	AO FOs Field coordinator RM GIS/Data unit	AO	REACH RDD, All partners involved in the assessment	ICCG, OCHA ICCU, OCHA IMAWG, IDPWG

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

6. Data Analysis Plan - Questionnaire

Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses
Consent	<p>Hello my name is ____ and I work for _____. I am asking some questions to better understand what they think about services from international organisations. My questions are about the daily lives of the people we support, and include questions about the food, health, water, sanitation and safety services your household may receive. We would also like your thoughts on how UN agencies and their partners deliver aid and how you think we can improve these services and your participation.</p> <p>You may have been involved in answering a similar survey last year over the phone? This questionnaire will take 60-90 minutes to complete.</p> <p>The information you provide will be used to inform national planning by the UN and aid service providers. Any information you provide will be kept strictly confidential and anonymous - it will not affect directly any services you may or may not be receiving. You will not receive any benefits or services for completing the survey but we hope that you do participate as your views are very important to better inform the work we do.</p> <p>The survey is voluntary and you can choose not to answer any question and/or stop answering the questions at any point.</p> <p>Do you have any questions? Are you happy to answer questions freely in this survey?</p>	select one	Yes / No
	RESPONDENT INFORMATION		
Respondent_name	Please Enter the Name of the respondent	text	
Respondent_contact	Please Enter the Phone number of the respondent	text	
Respondent_gender	What is the gender of the respondent?	select_one	Female Male

Respondent_age	What is the age of the respondent?	select_one	18-40 years old; 41 to 59 years old; 60 years old and above
HH INFORMATION			
HH_region	In which region does your household reside currently?	select_one	List of regions
HH_district	In which district does your household reside currently?	select_one	List of districts
Head of Household profile	Are you a primary caregiver of any children currently living in the household?	select_one	Yes / No
Head of Household profile	What is the age and gender of the main income-earner of the household?	select_one	Female Male 18-40 years old; 41 to 59 years old; 60 years old and above
Head of Household profile	What is the age and gender of the person who decides on household expenditure?	select_one	Female Male 18-40 years old; 41 to 59 years old; 60 years old and above
Average HH_size	How many people currently live in your household?	Integer	Numerical question
Average HH_size	Among those who currently live in your household, how many people are in the following age and gender categories:	Integer	___ Males 0 months - 2 years ___ Females 0 months - 2 years ___ Males 3 years - 5 years ___ Females 3 years - 5 years ___ Males 6-11 years ___ Females 6-11 years ___ Males 12-17 years ___ Females 12-17 years ___ Males 18-40 years ___ Females 18-40 years ___ Males 41-59 years ___ Females 41-59 years ___ Males 60 or older ___ Females 60 or older
Household members	First Name		
Household members	What is the sex of \${name}?	select_one	1. Male 2. Female
Household members	What is the age in completed years for \${name}?	integer	Numeric
Age of children under 5 years of age	For children < 5 years, can you bring us \${name}'s vaccination record or birth certificate?	select_one	1. Yes 2. No

Age of children under 5 years of age	Do you know the day, month, and year of \${name}'s birth?	select_one	1. Yes 2. No
Age of children under 5 years of age	What is the date of birth for \${name}? Hint: If exact date not known, please estimate at least the month-year of birth as best as possible using the local events calendar.	integer	Numeric
% of HHs by main language spoken	What is the main language spoken in your household?	select_one	1. Standard / Northern Somali 2. Benaadir Somali 3. Maay Somali 4. English 5. Somali Sign Language 6. Don't know / Prefer not to answer 7. Other - please specify
% of HHs with at least one member belonging to a minority clan	Does anyone in your household belong to any minority clan (as included in the 0.5 within the 4.5 formula)?	select_one	1. Yes; 2. No; 3. Prefer not to answer
% of HHs with at least one member belonging to a minority clan	If yes, which of these is closest to their minority clan?	select_one	1. Awer -Boni; 2. Bantu (and variants sub-clans e.g. Makane); 3. Bajuni; 4. Banadiri; 5. Eyle; 6. Gabooye 7. Madhiban; 8. Tumaal; 9. Yibir; 10. Asharaf
WASHINGTON GROUP QUESTIONS			
% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Do you have difficulty seeing, even if wearing glasses? Would you say... [Read response categories]	select_one	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused; 8. Don't know
% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Do you have difficulty hearing, even if using a hearing aid(s)? Would you say... [Read response categories]	select_one	Same as above
% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Do you have difficulty walking or climbing steps? Would you say... [Read response categories]	select_one	Same as above

% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Do you have difficulty remembering or concentrating? Would you say... [Read response categories]	select_one	Same as above
% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Do you have difficulty with self-care, such as washing all over or dressing? Would you say... [Read response categories]	select_one	Same as above
% of adults with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Loop for all 18+ years old HH members] Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say... [Read response categories]	select_one	Same as above
HH VULNERABILITIES			
% of households, by primary and secondary income in the last 12 months/1 year	What was your household's primary source of income/household financial support in the past 12 months/1 year?	select_one	1. Casual labor; 2. Salaried work; 3. Business (owned); 4. Livestock sales; 5. Poultry / livestock products sales; 6. Farming or fishing products sales; 7. Money sent by family/relatives; 8. Other - specify
% of households, by primary and secondary income in the last 12 months/1 year	What was your household's secondary sources of income/household financial support in the past 12 months/1 year?	select_one	1. No secondary income; 2. Casual labor; 3. Salaried work; 4. Business (owned); 5. Livestock sales; 6. Poultry / livestock products sales; 7. Farming or fishing products sales; 8. Money sent by family/relatives; 9. Other - specify
Average HH income in the last 30 days	Over the past 30 days/month, what was your household's total cash income from all income sources in USD?	Integer	Numerical question

% of HHs by main item of expenditure	What was your household's main items of expenditure in the last 30 days?	select_multiple	1. Food items 2. Rent 3. Water (from all sources combined) 4. Non-food household items for regular purchase (hygiene items, lightbulbs, etc.) 5. Utilities (electricity or gas connections, etc.) 6. Fuel (for cooking, for vehicles, etc.) 7. School Fees / Education 8. Healthcare 9. Transportation 10. Communications (phone airtime, Internet costs, etc.) 11. Other (please specify)
% of households reporting decline in household income in the last 30 days	Has your household's monthly income changed in the past 30 days (compared to your usual income in the past)?	select_one	1. No; 2. Yes-income lower; 3. Yes - income higher.
% of households reporting decline in household income in the last 30 days, per reason	If lower income, what are the main reasons	select_multiple	1. Reduced employment opportunities 2. Reduced remittances (money received from abroad) 3. Displacement 4. Death or illness of family member 5. Don't know/ Prefer not to answer 6. Death of livestock or crop failure due to drought 7. Other - please specify
% of HH reporting having debt	Does your household currently have debt?	select_one	Yes / No
Average amount of HH debts	If yes, what is your household's current total amount of debt in USD?	Integer	Numerical question
% of HHs reporting challenges obtaining enough money to meet their basic need	Did your household face any challenges obtaining enough money to meet its needs over the last 30 days?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
[Of those] main reported challenges to obtain enough money to meet basic needs	If yes, why?	select_multiple	1. Lack of work opportunity 2. Salary or wages too low 3. Salary or wages not regularly paid 4. Unable to withdraw enough money from bank account 5. No currently functioning banks/financial institutions in my area 6. Other (please specify) 7. Don't know 8. Prefer not to answer
DISPLACEMENT			
% of IDP HH	Have the majority of the household members been forcibly displaced previously or have they always lived in this location?	select_one	Displaced Always lived here

% of IDP HH	{If selected 'displaced'} Is this (district in which you currently reside) your area of origin?	select_one	Yes / No
% of HHs in of IDPs in site vs. out of site	Does your household reside in an IDP settlement? Definition: at least 15 HHs or 300 individual displaced, living in a group of housing units	select_one	Yes / No
% of HHs living in vulnerable/less vulnerable IDP settlements	{If selected 'yes'} How long (years and months) has your household has been living in this district/village?	select_one	Less than 12 months More than 12 months
% of HHs living in vulnerable/less vulnerable IDP settlements	When was this settlement established?	select_one	1. Less than 18 months 2. More than 18 months 3. Don't know
% of HHs living in vulnerable/less vulnerable IDP settlements	What is the name of the village/settlement/IDP site?	text	Text
% of refugees	Are a majority of the HH members Somali citizens?	select_one	Yes / No
% of cross-border returnees	{If selected 'no' and have "Somali citizenship"} Did you move from another location in Somalia/Somaliland or from another country?	select_one	1. Another district of Somalia/Somaliland; 2. Another country;
% of refugees	{If selected 'no'} Where do you come from?	select_one	List of countries
% of cross-border returnees	{If selected 'another district'} In which district was the majority of your household residing before arriving in your current location?	select_one	List of districts
% of cross-border returnees	{If selected 'another country'} In which country was the majority of your household residing before arriving in your current location?	select_one	List of countries
% of protracted IDPs	{If Somali displaced HH} How many times has your household been forcibly displaced within Somalia, including your most recent displacement to your current location?	Integer	Numerical question

Main reported push factors	What factors affected this most recent displacement of the majority of your HH? Multiple options possible.	select_multiple	<ol style="list-style-type: none"> 1. Actual conflict in community/clan conflict; 2. Conflict in surrounding area, but not in my community; 3. Arrival of armed groups; 4. Political/electoral violence 5. Withdrawal of security forces; 6. Personal threats; 7. Socially/economically excluded from community 8. Flooding (riverine and flash flood); 9. Lack of livelihood means and opportunities; 10. Lack of services/assistance; 11. Drought (lack of food, water, livestock loss); 12. Eviction; 13. Land encroachment; 14. Fear of outbreaks; 15. Desert locust invasion; 16. Other - please specify 17. Don't know / Prefer not to answer
Main reported push factors	What is the single push factor that lead to your displacement?	select_one	List of chosen answers
Main reported pull factors	Which are the main reasons for why most people in your HH chose to come to your current location?	select_multiple	<ol style="list-style-type: none"> 1. No conflict; 2. Availability of work/ income opportunities; 3. Presence of health services; 4. Presence of education services; 4. Presence of food distribution/food aid; 6. Availability of local food (market/cultivation); 5. Presence of shelter; 6. Presence of water; 7. Presence of cash distribution; 8. Presence of physical protection actors; 9. Withdrawal of armed groups/ security forces; 10. To join family/community; 11. None; 12. I don't know or don't want to answer
% of HHs by movement intentions	What are the majority of your household's current movement intentions for the next six months?	select_one	<ol style="list-style-type: none"> 1. Remain in current location 2. Return to area of origin; 3. Move to another district in Somalia; 4. Move to another location out of Somalia; 5. Don't know; 6. Prefer not to answer
% of HHs by support needed for durable reintegration	If you do not intend to return to your area of origin, what are your household's main needs that would help your household reintegrate or live permanent in this area?	select_multiple	<ol style="list-style-type: none"> 1. I need nothing 2. I need secure land tenure 3. Secure livelihoods 4. Local Government documentations 5. I need the authorities to recognise my needs and provide support. 6. Enhanced safety and security 7. Don't know 8. Other - please specify
PROTECTION			

% of HH with at least one HH member without an ID document	Does every person in your household have an ID document (national ID and/or passport)? _This means you have it, it is valid, and it is stored in a secure place. _	select_one	1-Yes, every person in the household has a valid ID 2-No, at least one child do not have a valid ID 3- No, all the children in this HH do not have a valid ID 4- No, at least one adult do not have a valid ID 5- No, at least one child and one adult do not have a valid ID 6- No household member has a valid ID 7- Do not know
Most commonly reported type of ID available	What is the most common type of ID document in your household?	select_one	1. Passport 2. National ID 3. Birth certificate (for children) 4. None of the above
Most commonly reported reasons for not having an ID	For HH members who do not have an ID document, what are the reasons household members do not have an ID document?	select_multiple	1. Cost; 2. No need for an ID document; 3. Not available in current location; 4. Not eligible to have one 5. Lost/misplaced
% of HH that have experienced movement restrictions in the past 3 months	In the past 3 months, has anyone in your HH experienced any safety or security restrictions in their ability to move freely in your area?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HH that have experienced movement restrictions in the past 3 months	If yes, who in particular?	select_multiple	- Boys; - Girls; - Women; - Men
% of HH by type of safety or security concerns for boys reported	What do you think are the main safety and security concerns for girls in this area?	select_multiple	1. Being robbed 2. Being threatened with violence 3. Being kidnapped 4. Suffering from physical harassment or violence (not sexual) 5. Suffering from verbal harassment 6. Suffering from sexual harassment or violence 7. Discrimination or persecution (because of ethnicity, status, etc.) 8. Being killed 9. Mine/UXOs 10. Being detained 11. Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) 12. Being recruited by armed groups 13. Being forcibly married 14. Being injured/killed by an explosive hazard 15. Being sent abroad to find work 16. Female Genital Mutilation (FGM) 17. None of the above 18. Other (please specify) 19. Don't know/ Prefer not to answer

% of HH by type of safety or security concerns for girls reported	What do you think are the main safety and security concerns for boys in this area?	select_multi ple	Same as above - removal of FGM
% of HH by type of safety or security concerns for women reported	What do you think are the main safety and security concerns for women in this area?	select_multi ple	Same list as girls
% of HH by type of safety or security concerns for men reported	What do you think are the main safety and security concerns for men in this area?	select_multi ple	Same as above - removal of FGM
% of HHs without access to official law enforcement authorities and/or judiciary system	In the last 30 days, have you or anyone in your HHs/settlement been denied access to justice or fair compensation?	select_one	1. Yes – [no formal access to justice or compensation in my location/for my HH] 2. Yes and No – [no formal access to justice or compensation in my location/for my HH, but traditional/informal justice mechanisms available to resolve issues]; 3. No and Yes – [no access to traditional or informal justice mechanisms but access to formal justice or compensation mechanisms in my location/for my HH]; 4. No – [no issue linked to access to any justice mechanism arose]; 5. No – [full access to formal justice mechanisms and fair compensation].
CHILD PROTECTION			
% of HHs with at least one child (<18) not residing in the HH (1) % of girls / boys (one child <18) that have been separated from their parents or other typical adult caregivers	Does your HH have any child, son or daughter (<18 years) not currently living/residing in the HH?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs with at least one child (<18) not residing in the HH (1) % of girls / boys (one child <18) that have been separated from their parents or other typical adult caregivers	If yes, how many?	Integer	Numerical question ___ boys ___ girls

<p>% of HHs with at least one child (<18) not residing in the HH (1)</p> <p>% of girls / boys (one child <18) that have been separated from their parents or other typical adult caregivers</p>	<p>What is the reason for why your children/child are/is not living in the household?</p>	<p>select_multiple</p>	<p>1. Married and left the house 2. Living with relatives 2. Left the house to seek employment 3. Left the house to study 4. Left the house to engage with the army or armed groups 5. Kidnapped/abducted 6. Missing (left and no news) 7. Arbitrarily detained 8. Do not know 9. Prefer not to answer 10. Other - specify</p>
<p>% of boys/girls in early marriage, at the time of data collection</p>	<p>Does your HH have any child, son or daughter (<18 years) that is married?</p>	<p>select_one</p>	<p>1. Yes 2. No 3. Prefer not to answer</p>
<p>% of boys/girls in early marriage, at the time of data collection</p>	<p>If yes, how many?</p>	<p>Integer</p>	<p>Numerical question ___ boys ___ girls</p>
<p>Most commonly reported services accessible for child protection</p> <p>Access to/ Availability of core CP services per area</p>	<p>Which of the following services are available for children in your community?</p>	<p>select_multiple</p>	<p>1. Support when child is distressed, disturbed or upset. 2. Individual support to vulnerable children in your community affected by risks, injuries and violence. 3. A safe and accessible space where children in your community play to improve their wellbeing 4. Community-based child protection committees that support families and children 5. Support in the identification, documentation, registration, tracing and reunification for unaccompanied and separated children. 6. Support for children or families in referrals to the right services.</p>

Most commonly reported barriers to access child protection services	What are the barriers to access services for children mentioned in the previous question in your community?	select_multiple	<ol style="list-style-type: none"> 1. They don't know that services are available 2. Parents do not allow them 3. They are busy with HH chore, shame/stigma 4. Difficulties to reach 5. Always too many people/too long to wait 6. the quality of services is not good 7. Services are not accessible to children with disabilities/ UASCs 8. Feel discriminated against 9. Safety and security concerns (on the road) 10. Safety and security concerns (fear of reprisals) 11. Safety and privacy concern (do not trust the staff or trust that my information will be kept private) 12. Other concerns (risks of Covid-19 transmission for children in CFS) 13. Distance (lack of transportation/ cannot afford transportation) 14. Services are not always functional (opened half of the day or some days a week) 15. Lack of information on CP services (uncertain of what type of help is available and offered)
% of households reporting the presence of children engaged in child labor outside of the home in the past 30 days	In the last 30 days, did any children (<18) in your HH work in jobs outside of the home?	select_one	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / Prefer not to answer
Most commonly reported forms of child labour activities	If yes, what are the main activities they take part in during a regular day?	select_multiple	<ol style="list-style-type: none"> 1. Farming, including arranging harvested seeds and light cleaning 2. Herding livestock, including goats, sheep and camels. 3. Fishing, including cleaning fish 4. Construction 5. Producing garments and textiles 6. Domestic work 7. Street work, including shining shoes, washing cars, driving minibuses, selling khat/miraa 8. Others. please specify.
% of boys and girls engaged in any child labor outside of the home, in the last 30 days	If yes, how many boys and how many girls and what is their age group?	Integer	<p>Numerical question</p> <p>___ boys between 2-7 years</p> <p>___ girls between 2-7 years</p> <p>___ boys between 8-13 years</p> <p>___ girls between 8- 13 years</p> <p>___ boys between 14- 17 years</p> <p>___ girls between 14- 17 years</p>
% of HH where at least one member is reporting signs of	Has any member of your household suffered or showed signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme	select_one	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / Prefer not to answer

psychosocial distress (self-reported)	fatigue, being often tearful or extreme anxiety, in the last 30 days?		
% of HH where at least one boy is reporting signs of psychosocial distress (self-reported)	If yes, how many boys (<18) in your household showed those signs?	Integer	Numerical question
% of HH where at least one girl is reporting signs of psychosocial distress (self-reported)	If yes, how many girls (<18) in your household showed those signs?	Integer	Numerical question
% of HH where at least one member is reporting signs of psychosocial distress (self-reported)	If yes, how many adults (>=18) in your household showed those signs?	Integer	Numerical question
EXPLOSIVE HAZARDS			
% of HH being affected by explosive ordnance in the last 12 months	Has your household been affected by explosive ordnance (e.g. landmines, bombs, missiles, IEDs or other explosive weapons from conflict) in the last 12 months?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HH being affected by explosive ordnance in the last 12 months	If yes, how?	select_multiple	1. It has affected livelihoods opportunities 2. It has affected the ability of children to go to school 3. It has affected access to markets 4. It has affected access to health centers 5. It has affected freedom of movement 6. At least one household member has been injured or killed by an explosive ordnance 7. It has affected humanitarian Assistance 8. Other (please specify)
% of HHs benefiting from any kind of Mine Action Service	Has your household received Mine Action Services such as:	select_multiple	1. Explosive Ordnance Risk Education (Awareness) 2. Explosive Ordnance Reduction (removal of landmines and explosive remnants of war) 3. Victim Assistance (referral pathways, medical services for injuries sustained following an explosive ordnance accident, psychosocial support and rehabilitation following an explosive ordnance accident) 4. Don't know / Prefer not to answer 5. None of the above
Gender-based Violence (GbV)			
% of HHs with access to medical, legal and social services for women and girls	Which of the following services are available for girls and women in your community?	select_multiple	1. Mental health and psychosocial support services 2. Rape treatment and treatment of physical injuries due to violence against women (GbV) 3. Legal services and protection 4. Livelihoods services for women and girls in your community 5. None of the above 6. Don't know

% of HHs by most common barriers to accessing GBV services faced by women and girls	What are the main barriers to access these services?	select_multiple	1. Fear of being harrassed; 2. Long distance to services; 3. Lack of transportation; 4. Cost of services; 5. Sex of service provider; 6. Lack of time to seek services; 7. Shame and fear of stigmatization; 8. Have no knowledge of the availability of services; 9. Lack of services; 10. Lack of trust/confidence in service provider 11. Previous negative personal experience 12. Previous negative reports of similar services 13. Service not provided equally to all in my community 14. None of the above 15 . Others (please specify)
% of HHs with women and girls reporting lack of freedom to attend go about their duties/businessess	Can women and girls move freely inside your community to attend distributions, gather firewood, go to women/girl-friendly spaces, go to markets etc?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs with women and girls reporting lack of freedom to attend go about their duties/businessess	If no, why are women and girls unable to freely access these places?	select_multiple	1. Fear of harassment, 2. Long distance, 3. Fear of violence, 4. Lack of women and girl friendly spaces 5. Don't know 6. Prefer not to answer 7. Other - please specify
% of HH with girls/women avoiding areas because they feel unsafe there	Are there any areas in your location that girls/women avoid because they feel unsafe?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HH with girls/women avoiding areas because they feel unsafe there	If yes, what areas (or places) do girls/women avoid or feel unsafe about?	select_multiple	1. There are no areas that women and girls/ men and boys avoid because they feel unsafe 2. Latrines and bathing facilities 3. Markets 4. Distribution areas 5. Water points 6. Social/community areas 7. On their way to school 8. On their way to women community centers/health centers 9. In their homes 10. In public transportation 11. In the way to collect firewood 12. Don't know 13. Decline to answer

% of HH with boys/men avoiding areas because they feel unsafe there	Are there any areas in your location that boys/men avoid because they feel unsafe?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HH boys/men avoiding areas because they feel unsafe there	If yes, what areas (or places) do boys/men avoid or feel unsafe about?	select_multiple	1. There are no areas that women and girls/ men and boys avoid because they feel unsafe 2. Latrines and bathing facilities 3. Markets 4. Distribution areas 5. Water points 6. Social/community areas 7. On their way to school 8. On their way to women community centers/health centers 9. In their homes 10. In public transportation 11. In the way to collect firewood 12. Don't know 13. Decline to answer
Housing, Land and Property (HLP)			
% of HHs by occupancy status	What is the occupancy arrangement in your current dwelling?	select_one	1. Ownership 2. Rented 3. Hosted without rent (by family, friends, institution) 4. No occupancy agreement / squatting 5. Other (specify) 6. Don't know / prefer not to say
% of HHs with documentation proving occupancy status	Does your household have formal written documentation to prove your occupancy arrangement (e.g. written rental agreement, ownership papers)?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs reporting dispute over occupancy arrangement	Have you had a dispute on your occupancy arrangement in the past six months?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs reporting dispute over occupancy arrangement	If yes, what the dispute was about?	select_one	1. Encroachment dispute; 2. Boundary dispute; 3. Illegal occupation; 4. Land grabbing; 5. Multiple claims
% of HHs reporting dispute over occupancy arrangement	If yes, who were the main perpetrators or parties involved?	select_multiple	1. Private land owner 2. Business partner 3. Neighbours/communities 4. Relatives and friends 5. Politician 6. Government official 7. Local Authority 8. Other (please specify)

% of HHs with housing, land and property issues	Do you currently have any of the following problems related to housing, land and property?	select_multiple	1. Disputed ownership 2. Property unlawfully occupied by others (secondary occupation) 3. Disputes about rent (including payment) between landlord and tenant 4. Rules and processes on housing and land not clear 5. Inheritance issues 6. Lack or loss of housing land tenancy or ownership documents 7. Looting of private property 8. Threat of eviction/harassment by landlord or others 9. Other (specify) 10. None of the above
% of HHs reportedly feeling at risk of eviction	Do you think you are at risk of being evicted now or within six months?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
EDUCATION			
% of school-aged children enrolled in school for the 2021-2022 school year. NOTE: This includes any enrolment in education that is institutionalized and planned through public schools and recognised private schools.	For the 2021-2022 school year, how many school-aged children in the household were enrolled (registered) in formal school? Enter 0 if none NOTE: this does not mean going physically to school (as schools might have been partially closed), but that the child was registered/affiliated/'signed-up' with a school. NOTE: This includes enrolment in either full-time public schools or recognised private schools.	Integer	Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____
% of school-aged children attending school regularly (at least 4 days a week) in the 2021-2022 school year while schools were open, per age and sex group. NOTE: This includes any attendance of public schools and recognised private schools.	While schools were open in the current school year (2021-2022), how many school-aged children in the household were attending regularly (at least 4 days per week)? Enter 0 if none NOTE: Formal schools are defined as schools within a system of full-time education developed by public organisations and recognised private bodies.	Integer	Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____

% of children dropping out of school in the previous year	<p>[If number of children enrolled < number of school-aged children in the HH/ see indicator 1]</p> <p>How many school-aged children in the household dropped out of school in the previous year? Enter 0 if none.</p> <p>Dropped out = child was enrolled in a given grade at a given school in the 2020-2021 school year but is not enrolled in the current/2021-2022 school year</p>	Integer	<p>Girls 3-5 ____</p> <p>Boys 3-5 ____</p> <p>Girls 6-11 ____</p> <p>Boys 6-11 ____</p> <p>Girls 12-17 ____</p> <p>Boys 12-17 ____</p>
Main reason for the drop-out	<p>[If some children have dropped out]</p> <p>Please define the main reason(s) for the drop-out (Select all that apply)</p>	select_multiple	<ol style="list-style-type: none"> 1. Lack of schools in the community leading to drop out 2. Protection risks while commuting to school 3. Protection risks while at school 4. Child helping at home / farm 5. Child marriage 6. Disability 7. Drought 8. COVID-19 related school closures 9. Lack of interest from child in education 10. Lack of interest/priority from parents 11. Moved to another area 12. Not able to register or enrol child in the school 13. School and classes are overcrowded 14. Lack of staff to run the school 15. The school infrastructure is poor 16. Poor quality of education/teaching 17. The curriculum is not adapted for child 18. The teaching is not adapted for child 19. Child busy working or supporting the household (outside of home) 20. Lack of valid documentation 21. Schools did not provide remote learning frequently or at all 22. HH did not have necessary equipment (e.g. tablets) 23. Lack of connectivity/Internet-related barriers for remote learning 24. HH did not have regular electricity/power for remote learning 25. HH did not have regular electricity/power for remote learning 26. Other 27. Don't know 28. Decline to answer
% of HHs by most common barriers to accessing education faced by boys	<p>What are the top five barriers, if any, that boys in the household face to accessing education?</p>	select_multiple	<ol style="list-style-type: none"> 1. Door 2. Walls that protect privacy 3. Lock to close door 4. Inside light 5. Outside light 6. Marked separated facilities between women and men (for shared or communal facilities) 7. Close to dwelling (less than 50m) 8. Do not know

% of HHs by most common barriers to accessing education faced by girls	What are the top five barriers, if any, that girls in the household face to accessing education?	select_multiple	Same as above
% of households with school-aged children that have dropped out because drought related school closures	Were there any children enrolled in schools that closed due to drought during the past school year?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of households with school-aged children that have dropped out because of the impact of the drought on the HH	Were there any children enrolled in schools, that were withdrawn due to consequences of drought: such as inability to pay school fees, domestic or paid work, search of food etc.	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs by preferred education support modality	If available, what type of support would help your child with attending school or participating in regular learning activities? [Do not read options to respondent]	select_multiple	1. No support needed / wanted 2. Exemption from school fees 3. Cash for school supplies/equipment (bags, pencils, books, uniforms) 4. Cash for transportation to school 5. Cash for children's food 6. Cash to offset opportunity cost of child working 7. Direct provision of school supplies/equipment (bags, pencils, books, uniforms) 8. Direct provision of transportation 9. Direct provision of water for children 10. Direct provision of food for children 11. Livelihood support for parents 12. Healthcare at school 13. Provision of alternative learning curriculum 14. for children with disabilities 15. Assistance for children of minority groups 16. Other - please specify 17. Don't know
% of HHs by distance to the nearest school	How long does it usually take the children to get to school?	select_one	1. Less than 15 minutes 2. 15-29 minutes 3. 30-59 minutes 4. 1-2 hours 5. More than 2 hours 6. Don't know 7. Prefer not to answer
% of HHs by distance to the nearest school	How do the children usually get to school?	select_one	1. Walking 2. Car 3. Bus 4. Moto 5. Cart 6. Other - please specify

	WATER		
% of HHs by type of primary source of drinking water	What is the main source of water used by your household for drinking?	select_one	1. Piped connection to house (or neighbour's house) 2. Public tap/standpipe 3. Borehole or tubewell 4. Protected well 5. Unprotected well 6. Protected spring 7. Unprotected spring 8. Rainwater collection 9. Tanker-truck 10. Cart with small tank / drum 11. Water kiosk 12. Bottled water 13. Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 14. Other (please specify) 15. Don't know
% of HHs by time (minutes) taken to fetch water (round trip by walking, queuing and time needed to fetch water)	How long does it take to go to your main water source, fetch water, and return (including queuing at the water source)?	select_one	1. Water on premises 2. Less than 5 min to fetch and return 3. Between 5 and 15 min to fetch and return 4. Between 16 and 30 min to fetch and return 5. More than 30 min to fetch and return 6. Don't know
% of HHs reporting having enough water for drinking, cooking, bathing and washing	Does your household currently have enough water to meet the following needs? ___Drinking ___Cooking ___Personal hygiene (washing or bathing) ___Other domestic purposes (cleaning house, floor, etc.)	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs having problems related to access to water - by type of problems	Does your household have problems related to access to water?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer

% of HHs having problems related to access to water - by type of problems	If yes, which ones?	select_multiple	<ol style="list-style-type: none"> 1. Waterpoints are too far 2. People with disabilities cannot reach/access waterpoints 3. Safety concerns at main water points 4. Safety concerns traveling to main water points 5. Some groups (children, women, elderly, minority clans, etc.) do not have access to the waterpoints 6. Insufficient number of water points / long waiting time at water points; 7. Water points are not functioning or closed 8. Water is not available at the market 9. Water is too expensive 10. Not enough containers to store the water 11. Don't like taste / quality of water 12. Other - please list specify 13. Don't know
% of HHs engaging in coping mechanisms for water insufficiency - by types of coping mechanism	How does your household adapt to lack of water?	select_multiple	<ol style="list-style-type: none"> 1. The HH does not have any issue; 2. Rely on less preferred (unimproved/untreated) water sources for drinking water; 3. Rely on surface water for drinking water; 4. Rely on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing; 5. Rely on surface water for other purposes such as cooking and washing; 6. Fetch water at a source further than the usual one; 7. Send children to fetch water; 8. Fetch water at a source that could be dangerous; 9. Spend money (or credit) on water that should otherwise be used for other purposes; 10. Reduce drinking water consumption (drink less); 11. Reduce water consumption for other purposes (bathe less, etc.); 12. Other - please specify 13. Don't know
SANITATION			
% of HHs using a sanitation facility - by type of sanitation facility used	What kind of sanitation facility (latrine/toilet) does your household usually use?	select_one	<ol style="list-style-type: none"> 1. Flush or pour/flush toilet 2. Pit latrine without a slab or platform 3. Pit latrine with a slab and platform 4. Open hole 5. Pit/VIP toilet 6. None of the above, open defecation 7. Other (specify) 8. Don't know
% of HHs sharing sanitation facility - by number of HH per sanitation facility	(If applicable) Do you share this sanitation facility with other households?	select_one	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / Prefer not to answer

% of HHs sharing sanitation facility - by number of HH per sanitation facility	If yes, how many households use this sanitation facility (latrine/toilet)?	Integer	Numerical question
% of HHs having problems related to sanitation facilities access - by type of problem	Does your household have problems related to sanitation facilities (latrines/toilets)?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs having problems related to sanitation facilities access - by type of problem	If yes, which ones?	select_multiple	1. Lack of sanitation facilities (latrines/toilets) / facilities too crowded 2. Sanitation facilities (latrines/toilets) are not functioning or full 3. Sanitation facilities (latrines/toilets) are unclean/unhygienic 4. Sanitation facilities (latrines/toilets) are not private (no locks/door/walls/lighting etc.) 5. Sanitation facilities (latrines/toilets) are not segregated between men and women 6. Sanitation facilities (latrines/toilets) are too far 7. Sanitation facilities (latrines/toilets) are difficult to reach (especially for people with disabilities) 8. Going to the sanitation facilities (latrines/toilets) is dangerous 9. Some groups (children, women, elderly, minority clans, etc.) do not have access to sanitation facilities (latrines/toilets) 10. Persons with physical and/or sensory disabilities do not have access to sanitation facilities (latrines/toilets) 11. Other (specify) 12. Don't know
% of HHs with access to a sanitation facility safe for all members to use	Does your household have access to a sanitation facility with the following features	select_multiple	1. Door 2. Walls that protect privacy 3. Lock to close door 4. Inside light 5. Outside light 6. Marked separated facilities between women and men (for shared or communal facilities) 7. Close to dwelling (less than 50m) 8. Do not know
% of HHs engaging in coping mechanisms for sanitation access issues- by type of coping mechanism	How does your household adapt to issues related to sanitation facilities (latrines/toilets)?	select_multiple	1. The HH does not have any issue; 2. Rely on less preferred (unhygienic/unimproved) sanitation facilities (latrines/toilets); 3. Rely on communal sanitation facilities (latrines/toilets); 4. Defecate in a plastic bag; 5. Defecate in the open; 6. Going to sanitation facilities (latrines/toilets) further than the usual one; 7. Going to sanitation facilities (latrines/toilets) in a dangerous place; 8. Going to sanitation facilities (latrines/toilets) at night;

			9. Other (specify); 10. Don't know
	HYGIENE		
% of HHs with access to functioning handwashing facilities with water and soap available	Can you please show me where members of your household most often wash their hands? (Observe facility, water and soap)	select_one	1. Yes handwashing facility available with water and soap; 2. Yes handwashing facility available with only water; 3. Yes handwashing facility available with only soap; 4. No handwashing facility available
% of HHs with access to functioning handwashing facilities and using it	If handwashing facility is available, is it used by the majority of the HH?	select_one	Yes/No
% of HHs engaging in coping mechanisms for hygiene NFI access issues- by type of coping mechanism	How does your household adapt to issues related to hygiene items?	select_multiple	1. The HH does not have any issue; 2. Rely on less preferred types of NFI; 3. Rely on soap substitutes (sand or other rubbing agents for soap, clothing for diapers, etc.); 4. Buying NFI at a market place further than the usual one; 5. Buying NFI at a market place in a dangerous place; 6. Borrow NFI from a friend or relative ; 7. Spend money (or credit) on NFI that should otherwise be used for other purposes; 8. Reduce NFI consumption for personal hygiene; 9. Reduce NFI consumption for other purposes (cleaning dishes, laundry, etc.); 10.Other (specify); 11. Don't know

% of HHs where female HH members of menstruating have problems related to accessing menstrual material - by type of problem	Do you (and other female household members) have problems related to accessing menstrual materials? If yes, which ones?	select_multiple	1. No problem (cannot select with any other option); 2. Menstrual materials are too expensive; 3. Menstrual materials are not available at the market; 4. The market is too far away; Going to the market is dangerous; 5. The market is difficult to reach (especially for people with disabilities); 6. Some groups do not have access to the market; 7. Don't like quality of menstrual materials; 8. Other (specify); 9. Don't know
Shelter and Non-Food Items (SNFI)			
% of HHs without any shelter or living in inadequate shelter	How many shelters does the household occupy in this location (0 if open air)?	Integer	Numerical question
% of HHs without any shelter or living in inadequate shelter	{if >0}, What is the type of [shelter 1] your household live in? Loop for the number of shelter	select_one	1. Buul, Makeshift shelter made with wooden stick and plastic sheet or other salvaged or recycled materials, 2. Tent 3. Emergency Shelter 4. Plastic sheet wall and CGI roof shelter 5. CGI sheet wall and CGI roof shelter 6. Hybrid or transitional shelters 7. Mud and stick wall and CGI roof shelter 8. Stick wall and thatch roof shelter 9. Stone/brick wall and CGI roof 10. Apartment 11. Collective center (school, government building, factory, other non-residential building) 12. Other (specify) add the question 13. Don't know/Not sure/Prefer not to answer
Average number of household members per room	In total, how many rooms are there in use in this shelter?	Integer	Numerical
% of HHs by type of reported damage to the shelter	Does the shelter currently have any damage?	select_multiple	1. Damage to roof (cracks, openings, partial collapse) 2. Damage to windows and/or doors (missing, broken, unable to shut properly) 3. Damage to floors 4. Damage to walls 5. Total collapse or shelter too damaged and unsafe for living 6. None of the above (no damage) 7. Don't know / prefer not to say

% of HHs without any shelter or living in inadequate shelter	Apart from damages, what, if any, are the top three most common shelter issues that is faced by your household?	select_multiple	<ol style="list-style-type: none"> 1. Lack of insulation from cold 2. Leaks during rain 3. Limited ventilation (no air circulation unless main entrance is open) 4. Presence of waste materials or dirt 5. Unsafe (doors or windows missing, broken, unable to shut/lock properly, cracks in roof or walls) 6. Other security incidents (fire) 7. Lack of water supply 8. Total collapse or shelter too damaged for living 9. Lack of access to bathing facilities 10. Lack of access to cooking facilities 11. Lack of lighting inside or outside the shelter 12. Lack of privacy inside the shelter (no partitions, doors) 13. Lack of space inside shelter (min 21m2 per hh) 14. Other (specify) 15. None of the above 16. Don't know / prefer not to say
% of HHs living in a functional domestic space	What issues, if any, do members of your household face in terms of living conditions inside your shelter?	select_multiple	<ol style="list-style-type: none"> 1. At least one member of the household has to sleep outside or on the floor (insufficient space, insufficient sleeping mats/mattress) 2. Unable to cook and/or store food properly (cooking facilities are unsafe, insufficient cooking items) 3. Unable to store water properly (insufficient water containers) 4. Unable to adequately perform personal hygiene (lack of bathing facilities, bathing facilities unsafe, insufficient hygiene kits) 5. Does not feel protected in the Shelter (Unable to lock home securely, insufficient light inside or outside, overall sentiment) 6. Insufficient privacy (no partitions, doors) 7. Unable to keep warm or cool (no or dysfunctional temperature regulating devices, insufficient winter clothes) 8. None of the above 9. Don't know / prefer not to say
% of HHs by self-reported access to shelter in the next 6 months	Do you believe that you will have access to your current shelter in the next 6 months:	select_one	<ol style="list-style-type: none"> 1. Yes - no particular issue 2. No - because of heavy rains/ flash flooding; 3. No - because of conflict; 4. No - because of the drought;

% of HHs by type of shelter support needed	If available, what would be the main type of support you would require for your shelter?	select_one	1. Construction materials (durable) 2. Emergency shelter materials or shelter kits or plastic sheet Tent 3. Construction of Emergency shelter kits 4. Construction of Transitional shelter 5. Construction of durable shelter 6. Renovation of my shelter (Emergency, transitional, Durable) 7. Provision of land 8. No shelter assistance needed 9. Other
% of HHs with sufficient core NFI	Do you currently have the following items in your household in sufficient quantities?	select_multiple	1. Plastic sheet 2. Blanket 3. Sleeping mat 4. Kitchen set 5. Mosquito net 6. Solar lamp 7. Jerry cans
Average time to access the nearest NFI market	How long does it take you to reach the nearest market where construction materials or non-food items are available?	select_one	1. Less than 5 min 2. Between 5 and 15 min 3. Between 16 and 30 min 4. More than 31min 5. Don't know
% of HHs by type of NFI support needed	If available, what would be the main type of support you would require for non-food items?	select_one	1. Cash provision (Cash to buy NFI items) 2. Direct provision (NFI items)
HEALTH			
% of individuals with an unmet health care need	[Loop for all household members] During the last 3 months, did this person have a health problem and needed to access health care?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer

% of individuals with an unmet health care need	If yes, what was the health care need?	select_multiple	<ol style="list-style-type: none"> 1. Preventative consultation / check-up 2. Consultation or drugs for acute illness (fever, diarrhoea, cough, etc.) 3. Consultation or drugs for chronic illness (diabetes, hypertension, etc.) 4. Trauma care (injury, accident, conflict-related wounds) 5. Elective, non-life saving surgery 6. Emergency, life saving surgery 7. Ante-natal or post-natal services 8. Safe delivery services 9. Laboratory services 10. GBV services 11. MHPSS services 12. Vaccination services 13. Dental services 14. Vaccination services 15. Information about symptoms and home treatment 16. Other specialized services (to be contextualized by countries) 17. Other (specify) 18. Don't know / prefer not to answer
% of individuals with an unmet health care need	If yes, was this person able to obtain health care when they felt they needed it?	select_one	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / Prefer not to answer
% of households sought health care, by location	If anyone had a health problem in the last 3 months, where did they go to seek health care?	select_multiple	<ol style="list-style-type: none"> 1. Did not seek health care 2. Government hospital 3. Government health center 4. Government health post 5. Private hospital 6. Private clinic 7. Other private medical facility 8. NGO hospital 9. NGO clinic 10. Traditional healer or practitioner; 11. Traditional birth attendant 12. Pharmacy 13. Mobile clinic 14. Specify other 15. Don't know
% of HHs by self-reported barriers to accessing health care	<p>[If there was any unmet health care need] In the last three months, what barriers prevented your HH from accessing health care? [choose up to 3 most important]</p> <p>In the last three months, what barriers, if any, has your HH faced to access health care? Choose up to 3 most important.</p>	select_multiple	<ol style="list-style-type: none"> 1. No barriers faced 1. No functional health facility nearby; 2. Specific medicine, treatment or service needed unavailable; 3. Long waiting time for the service; 4. Could not afford cost of consultation; 5. Could not afford cost of treatment; 6. Could not afford transportation to health facility; 7. Health facility is too far away; 8. Disability prevents access to health facility; 9. No means of transport; 10. Not safe/insecurity at health facility; 11. Not safe/insecurity while travelling to health facility; 12. Did not receive correct medications;

			13. Not trained staff at health facility; 14. Not enough staff at health facility; 15. Wanted to wait and see if problem got better on its own; 16. Fear or distrust of health workers, examination or treatment; 17. Could not take time off work / from caring for children; 18. Language barriers or issues 19. Minority clan affiliation prevents access to health facility/denial to access 20. Other - please specify
% of HHs by self-reported barriers to accessing health care	Of these barriers, what was the most significant barrier experienced?	select_one	List of up to selected 3 barriers from previous question
% of HHs by self-reported barriers to accessing health care	[If no unmet health care needs reported] In the last three months, what barriers, if any, has your HH faced to access health care? [choose up to 3 most important]	select_multiple	1. No barriers faced 1. No functional health facility nearby; 2. Specific medicine, treatment or service needed unavailable; 3. Long waiting time for the service; 4. Could not afford cost of consultation; 5. Could not afford cost of treatment; 6. Could not afford transportation to health facility; 7. Health facility is too far away; 8. Disability prevents access to health facility; 9. No means of transport; 10. Not safe/insecurity at health facility; 11. Not safe/insecurity while travelling to health facility; 12. Did not receive correct medications; 13. Not trained staff at health facility; 14. Not enough staff at health facility; 15. Wanted to wait and see if problem got better on its own; 16. Fear or distrust of health workers, examination or treatment; 17. Could not take time off work / from caring for children; 18. Language barriers or issues 19. Minority clan affiliation prevents access to health facility/denial to access 20. Other - please specify
% of HHs by self-reported barriers to accessing health care	[if no unmet health care needs in the last recall period] What barriers, if any, do you think your household would experience if you needed to access health care? [choose up to 3 most important]	select_multiple	1. No barriers faced 1. No functional health facility nearby; 2. Specific medicine, treatment or service needed unavailable; 3. Long waiting time for the service; 4. Could not afford cost of consultation; 5. Could not afford cost of treatment; 6. Could not afford transportation to health facility;

			7. Health facility is too far away; 8. Disability prevents access to health facility; 9. No means of transport; 10. Not safe/insecurity at health facility; 11. Not safe/insecurity while travelling to health facility; 12. Did not receive correct medications; 13. Not trained staff at health facility; 14. Not enough staff at health facility; 15. Wanted to wait and see if problem got better on its own; 16. Fear or distrust of health workers, examination or treatment; 17. Could not take time off work / from caring for children; 18. Language barriers or issues 19. Minority clan affiliation prevents access to health facility/denial to access 20. Other - please specify
% of HHs by travel time to access primary healthcare facility	How long (in minutes) does it take anyone from your household to get to the nearest, functional health facility by your normal mode of transportation?	select_one	1. Less than 15 minutes 2. 15-29 minutes 3. 30-59 minutes 4. 1-2 hours 5. More than 2 hours 6. Don't know 7. Prefer not to answer
% of HHs by mode of travel to primary healthcare facility	What is the main way you travel to get to the nearest health facility?	select_one	1. Walking 2. Private car or taxi 3. Public transportation 4. Other 5. Don't know
% of HHs reporting that at least one child never received any vaccination	[Loop for ALL children] Does [child 1] ever received any vaccination?	select_one	Yes; No
% of HHs by self-reported barriers to accessing child vaccinations	If not, what were the main reasons? Please choose up to 3.	select_multiple	1. No nearby vaccination services available 2. No means to pay for transport to go to the nearest health facility with vaccination services 3. Don't believe children need vaccines, fear and distrust of vaccinations 4. Denial to vaccination services because of my HH's clan affiliation 5. Don't know / prefer not to answer 6. Other - please specify
% of HHs by self-reported barriers to accessing child vaccinations	Of the three barriers, which is the most important one?	select_one	[Select one from selected barriers to vaccination.]
% of women of reproductive age (15-49 years) with a live birth in the last two years	[Loop for all 15-49 women in the HH] Have any woman of child bearing age (15-49 years) in your household been pregnant in the last two years and completed that pregnancy?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer

% of women of reproductive age (15-49 years) with a live birth in the last two years whose most recent birth was in a health facility	[Loop for all 15-49 women who have been pregnant] Where did the woman give birth?	select_one	<ol style="list-style-type: none"> 1. Her home 2. Other Home 3. Government hospital 4. Government health center 5. Government health post 6. Other government medical facility 7. Private hospital 8. Private clinic 9. Other private medical facility 10. NGO hospital 11. NGO clinic 12. Other NGO medical facility 13. Other - please specify 14. Don't know
% of HHs by self-reported barriers to accessing safe delivery at a health facility	[Loop for all 15-49 women who have been pregnant] If the woman did not deliver at a health facility, what were the main reasons? Please choose up to 3.	select_multiple	<ol style="list-style-type: none"> 1. No functional health facility or maternity ward nearby 2. Cannot afford cost of transport, delivery or associated materials 3. No means of transportation at time of delivery 4. Low quality of delivery services at health facility or maternity ward 5. Preferred home birth 6. Made to feel unwelcome at facility 7. Don't know / prefer not to answer 8. Other - please specify
% of HHs by self-reported barriers to accessing safe delivery at a health facility	[Loop for all 15-49 women who have been pregnant] Of the three barriers, which is the most important one?	select_one	[Select one from selected barriers to delivering at a safe facility.]
% of women of reproductive age (15-49 years) who gave birth while attended by professional medical staff	[Loop for all 15-49 women who have been pregnant] Who assisted [woman_1] with the delivery?	select_one	<ol style="list-style-type: none"> 1. Doctor 2. Nurse 3. Midwife 4. Traditional birth attendant 5. Relative / friend 6. No one assisted 7. Other 8. Don't know
% of women of reproductive age (15-49 years) with a live birth in the last two years who during the pregnant of the most recent live birth were attended at least 4 times by any provider	[Loop for all 15-49 women who have been pregnant] If yes, did she/they see any health worker for antenatal care of this pregnancy?	select_one	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / Prefer not to answer
% of women of reproductive age (15-49 years) with a live birth in the last two years who during the pregnant of the most recent	[Loop for all 15-49 women who have been pregnant] If yes, how many antenatal visits were made for the last pregnancy?	integer	Numeric

live birth were attended at least 4 times by any provider			
% of women of reproductive age (15-49 years) with a live birth in the last two years who during the pregnant of the most recent live birth were attended at least 4 times by any provider	[Loop for all household members] Do they have a antenatal care card for their last pregnancy to confirm these visits? (if yes - ask to see the card)	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of women of reproductive age (15-49 years) with a live birth in the last two years who during the pregnant of the most recent live birth were attended at least 4 times by any provider	Confirm that you have seen the card	select_one	1. Yes 2. No
# of women of reproductive age (15-49 years) with a live birth in the last two years	Has \${woman_name} delivered since this year's Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
Most reported new born deaths	If so, what was the result of the delivery?	select_one	1. Born alive breathing 2. Born breathing now dead 3. Stillbirth
Breastfeeding support sought	What is \${woman_name}'s status ?	select_one	1. Not pregnant or breastfeeding 2. Pregnant 3. Breastfeeding 4. Pregnant and breastfeeding 5. Prefer not to say
Breastfeeding support sought	If breastfeeding, how old is the child?	select_one	1. <6 months of age 2. 6-23 months of age 3. 24+ months of age
Breastfeeding support sought	Is \${woman_name} currently enrolled in a nutrition program (BSFP) ?	select_one	1. Yes 2. No
% of HHs by type of health support needed	If available, what would be the main type of support you would require for healthcare or accessing healthcare facilities?	select_one	1. Don't want support 2. Cash for doctor's fees 3. Cash for medicines 4. Direct provision (Medicines) 5. Transport to facilities 6. More qualified healthcare workers at

			facilities 7. More qualified healthcare workers for home-visits 8. Increased access for physically disabled persons 9. Increased services for mentally disabled persons 10. Increased services for addictions and consumption of khat 11. Information about services, locations and clinic opening times 12. Infrastructure provision (More healthcare facilities, Near healthcare facilities) 13. Increased access for minority groups/clans 14. Increased services for pregnant or lactating women 15. Other – specify
# of HH leavers	Has anyone left your household since this year's Eid-al-Fitr (Friday, 21st April) and are not living in the current HH?	select_one	1. Yes 2. No
# of HH leavers	If yes, how many people have left your HH since this year's Eid-al-Fitr (Friday, 21st April) and are not living in the current HH?	integer	Numeric
# of HH leavers	First Name (leaver)		
# of HH leavers	What is the sex of \${name_left}?	select_one	1. Male 2. Female
# of HH leavers	What is the age in completed years for \${name_left}?	integer	Numeric
# of HH leavers	Do you know the day, month, and year of \${name_left}'s birth? Hint: If exact date not known, please estimate at least the month-year of birth as best as possible using the local events calendar.	select_one	1. Yes 2. No
# of HH leavers	Was \${name_left} born during or after Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
# of HH joiners	Was \${left person} present in the household on the Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
# of deaths per 10,000 people per day	Has anyone passed away in your household since this years' Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
# of deaths per 10,000 people per day	How many people in your household have died since this years' Eid-al-Fitr (Friday, 21st April)?	integer	Numeric
# of HH deaths	First Name (deceased)		
# of HH deaths	What is the sex of \${name_died}?	select_one	1. Male 2. Female

# of HH deaths	What is the age in completed years for \${name_died}?	integer	Numeric
# of HH deaths	What is the date of birth for \${name_died}?	date	Month-Year
	Hint: If exact date not known, please estimate at least the month-year of birth as best as possible using the local events calendar.		
# of HH joiners	Was \${name_died} present in the household on Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
Date of death	Could you please identify their date of death (month and year approximately)?	date	Month-Year
# of under-5 year old deaths per 10,000 under-5 children per day	Have any babies, infants or small children passed away since this years' Eid-al-Fitr (Friday, 21st April)?	select_one	1. Yes 2. No
Most reported causes of death	How did the HH member pass away?	select_one	1. Intentional violence; 2. Accident/trauma; 3. Natural disaster (drought, floods, cyclone, etc.); 4. Post-partum (0-42 days); 5. During pregnancy; 6. During delivery; 7. Acute disease (malaria, fever, COVID-19, measles, cholera, diarrhoea, etc.); 8. Chronic disease (cancer, heart disease, diabetes, stroke, etc.); 9. Other - please specify
Most reported places of death	Where did the HH member pass away?	select_one	1. Died here in the location of their household 2. Died while travelling between two places of residence 3. Died in the last place of residence 4. Other- please specify
Health support sought	Did \${name_died} seek health care in the 2 weeks before dying?	select_one	1. Yes 2. No
Health support sought	If so, place health care sought?	select_one	1. Health center 2. Hospital 3. Other (please specify) 4. I don't know; I prefer not to answer
Health support sought	If not, main reason for not seeking care in a health structure/facility?	select_one	1. Immediate death, 2. No money/consultation too expensive 3. Too sick to seek care 4. Not sick enough to seek care 5. Health facility too far away,

			6. Went to a traditional healer, 7. No time to go/too busy to go, 8. No trust in the health facility, 9. Safety issue, 10. Care was refused at the health center, 11. Other reason (specify) 12. Don't know
	NUTRITION		
% of HHs who received a visit from a mobile health team	Have you or anyone in your household received a visit from a mobile health and nutrition team to assess for malnutrition in the past 6 months?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs who received a visit from a mobile health team	If yes, what services have they received?	select_multiple	1. Nutrition screening and referral; 2. Nutrition Therapeutic/Supplemental treatment 3. IYCF counseling (Infant and Young Child Feeding) 4. Vitamin A supplements, MNP or deworming medication; 5. Other (Please specify)
% of HHs with at least one child enrolled in therapeutic/supplemental feeding program	[Loop for ALL children under 5] Are there any children enrolled in a nutritional centre or therapeutic feeding centre since the past 6 months?	select_one	1. Yes 2. No 3. Don't know / Prefer not to answer
% of HHs with at least one child enrolled in therapeutic/supplemental feeding program	[Loop for ALL children under 5] If yes, which type of nutrition service are children enrolled in?	select_multiple	1. Blanket Supplementary Feed Programme (BSFP) 2. Wet Feeding 3. Infant and young Child feeding (IYCF) 4. Micronutrient supplementation 5. Vitamin A; 6. Deworming 7. Do not know
% of HHs with infants less than 6 months by type of food	Does the household have an infant less than 6 months?	select_one	Yes/No
% of HHs with infants less than 6 months by type of food	If yes, what foods were fed to the infant less than 6 months in the last 24hrs	select_multiple	1. Breastmilk 2. Water 3. Cow's milk 4. Powder milk 5. Porridge 6. traditional meal 7. Plumpynut 8. CSB 9. Other specify
	FOOD SECURITY		

% of households experiencing a shock in the previous 3 months	Did your household experience any difficulties or shocks in the past 3 months?	select_multiple	1. No shocks affected my household 2. Loss of or reduced employment for any household member 3. Reduced income of any household member 4. Serious illness or accident resulting in injury for any household member 5. Death of a working adult household member 6. Unusually high food prices 7. Unusually high prices of fuel/transport and other non-food prices 8. Drought/irregular rains, prolonged dry spell 9. Unusually high level of crop pests and disease 10. Insecurity/violence/raiding/looting 11. Non-violent theft/criminals 12. Disease outbreak in the settlement 13. Too much rain, flooding 14. Livestock disease outbreak
% of households reporting a shock reduced the ability to get money or food	[For all shock selected] Did [First shock] reduce your household's ability to get money or food?		1 = yes; 0 = no
% of households reporting a shock caused hunger in the household	I01.1B Did the impact of [first shock] cause hunger in your household?		1 = yes; 0 = no
Household Hunger Scale	J01. In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food?	select_one	1 = Yes; 0 = No
Household Hunger Scale	J01.1 How often did this happen in the past [4 weeks/30 days]?	select_one	1 = rarely (1-2); 2 = sometimes (3-10); 3 = often (10+ times)
Household Hunger Scale	J02. In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry because there was not enough food?	select_one	1 = Yes; 0 = No
Household Hunger Scale	J02.1 How often did this happen in the past [4 weeks/30 days]?	select_one	1 = rarely (1-2); 2 = sometimes (3-10); 3 = often (10+ times)
Household Hunger Scale	J03. In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food?	select_one	1 = Yes; 0 = No
Household Hunger Scale	J03.1 How often did this happen in the past [4 weeks/30 days]?	select_one	1 = rarely (1-2); 2 = sometimes (3-10); 3 = often (10+ times)
Food Consumption Score	I04.a. In the last 7 days, on how many days did your household eat cereals, grains, roots and tubers, including wild roots?	Integer	From 0 to 7
Food Consumption Score	I05.a In the last 7 days, on how many days did your household eat any beans, legumes, pulses or nuts?	Integer	From 0 to 7

Food Consumption Score	I06.a In the last 7 days, on how many days did your household drink milk or eat other dairy products?	Integer	From 0 to 7
Food Consumption Score	I07.a In the last 7 days, on how many days did your household eat meat, fish, or eggs?	Integer	From 0 to 7
Food Consumption Score	I08.a In the last 7 days, on how many days did your household eat vegetables or leaves, including all wild vegetables and leaves?	Integer	From 0 to 7
Food Consumption Score	I09.a In the last 7 days, on how many days did your household eat fruit, including all wild fruits?	Integer	From 0 to 7
Food Consumption Score	I10.a In the last 7 days, on how many days did your household eat oil, fat, or butter?	Integer	From 0 to 7
Food Consumption Score	I11.a In the last 7 days, on how many days did your household eat sugar or sugary foods?	Integer	From 0 to 7
% of households owning livestock	P01. Does your household own any livestock or farm animals (even if they are not near your home or compound now)?	select_one	1 = yes; 0 = no
% of households that have lost livestock in previous 6 months	P01.1. How has the number of livestock owned changed in the previous 6 months?	select_one	1. large increase; 2. minor increase; 3. no change; 4. minor decrease; 5. large decrease
Most commonly reported reasons for livestock loss	P01.2. What was the main reason for a decrease in livestock?	select_multiple	Armed groups Intercommunal raiding Disease outbreak Sale or slaughter Lost in migration Flooding Drought Legal or court-ordered payments and fines Bride wealth payment Supporting other community members or family Other (specify)
Reduced Coping Strategies Index	During the last 7 days, were there days (and, if so, how many) when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?	Integer	From 0 to 7
Reduced Coping Strategies Index	During the last 7 days, were there days (and, if so, how many) when your household had to limit portion size of meals at meal times to cope with a lack of food or money to buy it?	Integer	From 0 to 7
Reduced Coping Strategies Index	During the last 7 days, were there days (and, if so, how many) when your household had to restrict consumption by adults in order for small children to eat to cope with a lack of food or money to buy it?	Integer	From 0 to 7

Reduced Coping Strategies Index	During the last 7 days, were there days (and, if so, how many) when your household had to reduce number of meals eaten in a day to cope with a lack of food or money to buy it?	Integer	From 0 to 7
Reduced Coping Strategies Index	During the last 7 days, were there days (and, if so, how many) when your household had to borrow food or rely on help from a relative or friend to cope with a lack of food or money to buy it?	Integer	From 0 to 7
% of HHs receiving food aid or cash assistance in the past month	Is your household registered to receive food aid or cash assistance?	select_one	1 = Yes; 0 = No
% of HHs receiving food aid or cash assistance in the past month	Has your household received food aid or cash assistance in the past 30 days?	select_one	1 = Yes; 0 = No
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Emergency question 1: In the last 30 days, did your household send members (or whole household) out to displacement camps to receive food aid because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Emergency question 2: In the last 30 days, did your household sell the last female animals because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Emergency question 3: In the last 30 days, did your household had to beg because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Crisis question 1: In the last 30 days, did your household consume seed stock meant for next season or harvest crops that are not yet ready because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Crisis question 2: In the last 30 days, did your household reduced expenses on health (including drugs) and education because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me

Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Crisis question 3: In the last 30 days, did your household withdraw children from school because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Stress question 1: In the last 30 days, did your household borrow food or get help from a friend or relative because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Stress question 2: In the last 30 days, did your household Purchase food with borrowed money because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Stress question 3: In the last 30 days, did your household send household members to eat with neighbors because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Livelihood Coping Strategy Index - LCSi (IPC/CH countries only)	Stress question 4: In the last 30 days, did your household sell more livestock than usual for this time of year because of a lack of food or money to buy food?		1. Yes; 2. No, had no need to use this coping strategy; 3. No, have already exhausted this coping strategy and cannot use it again; 4. Not applicable / This coping strategy is not available to me
Cash and Market			
% of HHs facing barriers to accessing basic food and non-food items	For how long do members of your household have to travel on foot to reach the nearest operational marketplace or grocery store?	select_one	1. Less than 15 mins 2. Less than 30 mins 3. Less than 1h 4. Less than 3h 5. More than 3h
% of HHs by mode of transportation to access the nearest market	Which mode of transport do members of your household usually use to reach the nearest operational marketplace or grocery store?	select_one	1. By foot 2. By Bus/Minibus 3. Taxi/Shared Taxi 4. Private vehicle 5. Tuktuk/Bajaj

% of HHs facing barriers to accessing basic food and non-food items	In the last 30 days, did anyone in your household face any physical or social barriers to consistently accessing marketplaces?	select_multiple	1. No, no barriers faced when accessing marketplace 2. Marketplace is too far away to access regularly 3. Transportation to marketplace is too expensive 4. Insecurity or danger travelling to and from marketplace 5. Insecurity or danger at marketplace 6. Market shutdowns or curfews make access impossible 7. Damage to marketplace 8. Damage to roads leading to marketplace 9. Nobody to look after children or elderly while visiting marketplace 10. Local or traditional authorities restrict access/travel 11. Other household members restrict access/travel 12. Other (please specify) 13. Don't know / Prefer not to answer
% of HHs facing barriers to accessing basic food and non-food items	In the last 30 days, did anyone in your household face any financial barriers to purchasing items they needed on the market?	select_multiple	1. No, no barriers faced when purchasing market items 2. Yes, some items are too expensive 3. Yes, some items are not available 4. Yes, no means of payment (e.g., not enough hard cash, vendors do not accept mobile money, etc.) 5. Other (please specify) 6. Don't know / Prefer not to answer
Accountability to Affected Populations			
% of HHs who received humanitarian aid in the past 30 days	Has your household received humanitarian aid in the past 30 days?	select_one	Yes / No
[Of those who did not receive aid] % of HHs who knew how to ask about	If you did not receive support but believed you should - were you aware of who to ask about the humanitarian aid delivered in your community ?	select_one	Yes / No

humanitarian aid delivery			
[Of those who received humanitarian aid] % of HHs reporting an active participation in decision making and monitoring for the aid received	If you have received aid, did you actively participate in the planning, decision making or monitoring of the humanitarian aid you received?	select_multiple	<ol style="list-style-type: none"> 1. Yes, I helped to determine and assess the communities needs 2. Yes, I helped to share information about the intervention with my community 3. Yes, I helped to decided who was targeted for aid / helped to design the targeting criteria 4. Yes, I helped to monitor the progress and quality of the aid response 5. No, I was not asked if I could participate in the aid planning, decision making or monitoring of progress 6. No, that is the role of the community leader 7. No, aid actors did not tell the community that they wanted us to engage or participate 8. Yes, I did participate, but others people I know were not asked to participate / were not included
[Of those who received humanitarian aid] % of HHs who were satisfied with the aid they received	If you have received humanitarian aid in the last 30 days, was your household satisfied with the aid you received?	select_one	Yes / No
[Of those who received humanitarian aid and were dissatisfied with humanitarian aid received] Most commonly reported reasons for dissatisfaction with the aid received	If you were not satisfied why were you not satisfied with the humanitarian aid received?	select_multiple	<ol style="list-style-type: none"> 1. Quality was not good enough 2. Quantity was not enough; 3. Did not receive the humanitarian aid on time/ delays in delivery of aid 4. Pregnant women/ people with disabilities / elderly of my HH were missed out of receiving aid 5. Waiting times too long 6. We were not asked about the type of humanitarian aid needed; 7. We received less than promised; 8. We were not informed of time / date of humanitarian aid distribution; 9. We were not asked about who and why should be included in targeting; 10. We had to walk too far for the distribution; 11. We were asked to share the humanitarian aid with leaders and others in the community 12. Other 13. Don't know / Prefer not to answer
% of HHs satisfied with humanitarian aid workers' behaviour in the area	Are you and other members of your household satisfied with the way humanitarian aid workers generally behave in your area?	select_one	Yes / No

% of HHs satisfied with humanitarian aid workers' behaviour in the area	If no, why?	select_multiple	<ol style="list-style-type: none"> 1. We felt discriminated against 2. We were asked for favors or payment to receive assistance 3. Workers refused to put people on lists; 4. Workers only put friends and family on lists; 5. Humanitarian aid workers are not available when we need them; 6. Other - please specify
% of HHs satisfied with humanitarian aid workers' behaviour in the area	If no, do you know how to report an issue related to a humanitarian aid worker behavior?	select_one	Yes / No
% of HHs who reported barriers to accessing humanitarian aid in the past 30 days	Did your household face any barriers in accessing humanitarian aid in the past 30 days? What barriers did you face?	select_multiple	<ol style="list-style-type: none"> 1. No problems faced 2. Lack of Information about aid delivery time / date / entitlements 3. Time/ date / targeting criteria changed with no notice 3. Physically unable to access points of humanitarian aid distribution 4. Insecurity on route to points of aid distribution 5. Insecurity at site of aid distribution 6. Exclusion by Camp Managers/Gatekeepers 7. Bribed or requested to do a favor 8. Don't know 9. Prefer not to answer 10. Other - please specify
% of HHs who reported denial or unequal access to humanitarian assistance	In the last 30 days have you or anyone in your HH experienced denial of or unequal access to humanitarian assistance in your settlement or home?	select_one	Yes / No / don't know
Most reported reasons for humanitarian aid denial	If yes, why was this the case?	select_multiple	<ol style="list-style-type: none"> 1. Age: Being elderly (60+) 2. Age: Being young (<30) 3. Disability: Person living with a disability 4. Minority Clan Affiliation (i.e. any group that falls within the 0.5 in the 4.5 formula is explicitly mentioned). These would include: Awer, Boni, Bantu (and variants sub-clans e.g. Makane), Bajuni, Banadiri, Eyle, Gabooye, Mahdiban, Tumaal and Yibir.) 5. Other Clan Affiliation: reasons associated with inter-clan dynamics not captured by previous option (e.g. a member of a major clan, one of the 4 in the 4.5 formula resident in an area controlled by a different clan) 6. Discrimination based on gender 7. Request for bribes or other favors (financial/sexual etc) by the gatekeeper, community leaders, or NGO workers. 8. Other - please specify 9. Prefers not to answer

Top three most commonly reported priority needs, by % of HHs per type of priority need reported	What are the priority needs of your household?	select_multiple	<ol style="list-style-type: none"> 1. Shelter / housing 2. Food or cash to buy food 3. Healthcare 4. Seeds or other agricultural inputs 5. Livelihoods support / employment 6. Drinking water 7. Hygiene NFIs (e.g. soap, sanitary pads) and sanitation services (e.g. latrines) 8. Need to repay debt 9. Education for children under 18 10. Psychosocial support (counseling, safe space, grief and trauma relief, listening, etc.); 12. Safe spaces for women/girls 11. Nutrition (feeding supplements, access to nutrition center, etc.) 12. Protection (security, feeling safe, support to address discrimination) 13. Information 14. None 15. Other - please specify
Most commonly reported modalities of assistance that HHs would prefer to receive in the future	If your household were to receive humanitarian assistance in the future, what type of assistance would you prefer to receive?	select_multiple	<ol style="list-style-type: none"> 1. Do not want to receive humanitarian assistance 2. In-kind (food) 3. In-kind (NFIs) 4. Physical cash 5. Cash via bank transfer 6. Cash via prepaid cards 7. Cash via mobile money 8. Vouchers 9. Provision of services (e.g. healthcare, education, etc.) 10. Other - please specify 11. Don't know 12. Prefer not to answer
% of HHs reporting trusting the governance structures to represent their interests	Do you believe that the governance structure established in your community represents your interests?	select_one	Yes / No / Prefer not to answer
% of HHs reporting being able to influence community-level decisions	Do you believe that you are able to influence or change community-level decisions?	select_one	Yes / No / Prefer not to answer

% of HHs reporting being able to influence community-level decisions	If no, why do you believe so?	select_multiple	<ol style="list-style-type: none"> 1. Age: Being elderly (60+) 2. Age: Being young (<30) 3. Disability: Person living with a disability 4. Minority Clan Affiliation (i.e. any group that falls within the 0.5 in the 4.5 formula is explicitly mentioned). These would include: Awer, Boni, Bantu (and variants sub-clans e.g. Makane), Bajuni, Banadiri, Eyle, Gabooye, Mahdiban, Tumaal and Yibir.) 5. Other Clan Affiliation: reasons associated with inter-clan dynamics not captured by previous option (e.g. a member of a major clan, one of the 4 in the 4.5 formula resident in an area controlled by a different clan) 6. Discrimination based on gender 7. Request for bribes or other favors by the gatekeeper, community leaders, or NGO workers. 8. Other (please specify) 9. Prefers not to answer
Information types needed, % households per information type	What type of information would your household like to receive from aid providers? _Please specify your top 3 priorities. _	select_multiple	<ol style="list-style-type: none"> 1. None 2. How to access humanitarian assistance 3. News on family and the situation in my area 4. How to make complaints or give feedback on assistance 5. How to return to my area 6. How to find services in my area that will allow me to remain here 7. Information about the weather; 8. Other; 9. Don't know/Prefer not to answer;
Preferred source of information to receive, % households per source	What are your household's preferred channels of communication / information?	select_multiple	<ol style="list-style-type: none"> 1. TV 2. Radio 3. Online 4. SMS/Mobile 5. Posters 6. Word of Mouth (from aid workers, leaders, local authorities) 7. Local organizations 8. Youth workers 9. Religious leaders
Most trusted locations to receive information	Where (the location) do you hear trusted information	select_multiple	<ol style="list-style-type: none"> 1. Tea shops; 2. Market place; 3. Water point; 4. Online 5. Clinics/MCH 6. Mosque; 7. Food distribution; 8. Community meeting; 9. Other - please specify
Households access to mobile network, % households per network coverage category	Does at least one member of your household have network coverage to use the mobile phone most days? For example in your home, work, school, or other place where you spend a lot of time.	select_one	<p>No coverage at all</p> <p>Voice and SMS coverage</p> <p>Voice, SMS and Internet (apps, websites, services such as WhatsApp, Facebook, and other similar) coverage</p>

% of HHs knowing and using complaint feedback mechanisms	Do you or other household members know how to ask a question or make a suggestion or complaint about the humanitarian assistance you receive?	select_one	Yes / No
% of HHs knowing and using complaint feedback mechanisms	Have you or other HH members previously made a suggestion or complaint about the humanitarian assistance you/your HH has received?	select_one	Yes / No
% of HHs knowing and using complaint feedback mechanisms	If yes, how satisfied were you about the outcome of the suggestion or complaint you/your HH member made?	select_multiple	1. Yes, a response was given and I am satisfied / action was taken and I am satisfied. 2. A response was given but I am not completely satisfied 3. Action was not taken but I understand why it is not possible at this time 4. Action was not taken and I disagree with the decision 5. I feel that my question /complaint was ignored and not taken seriously 6. I didn't hear back yet (and complaint was raised more than 2 weeks ago) 7. I didn't hear back (and complaint was raised more than 2 weeks ago)
% of HHs knowing and using complaint feedback mechanisms	How would your household prefer to give feedback to aid agencies about the aid you are receiving and bad behaviour/misconduct of aid workers?	select_multiple	1. In person (home, office, meeting) with aid workers 2. Electronically – whatsapp, facebook, email, social media 3. Phone (call, SMS or voice mail) 4. Complaints box

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		<input type="checkbox"/> Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		<input type="checkbox"/> Yes
		# of page clicks on x product from country newsletter, sending Blue, bit.ly	Country team		<input type="checkbox"/> Yes
		# of visits to x webmap/x dashboard	Country request to HQ		X Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	<i>OCHA HNO, HRP (including Drought Response Plan), All clusters' strategies (Protection, Shelter and Non-Food Items, Health, Education, WASH, Nutrition, AAP, CCCM).</i>
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	<i>Opened survey for REACH Somalia, throughout the year. The link is sent to partners when sharing any REACH product.</i>

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products				<p><i>In particular, REACH team will share the survey link after the release of MSNA bulletin, to at least 20 partners (clusters, OCHA, data collection partners, etc.)</i></p> <p><i>Logging of any form of feedback in the internal M&E framework (e-mails, comments during meetings, etc.)</i></p>
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (<i>providing resources, participating to presentations, etc.</i>)	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagem ent_log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

ANNEX 1: DISSEMINATION PLAN

Data analysis will be conducted according to the draft JIAF, which will be sufficiently adapted for the Somalia context. To estimate the magnitude and severity of households' needs, the Living Standard Gap (LSG) methodology will be adopted. An LSG is a sectoral indication of need consisting of aggregated unmet needs indicators per sector. Households with one or more sectoral LSGs will be classified as having multi-sectoral needs. For 2022 MSNA, the aggregation method will rely on the categorisation of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The thresholds to determine whether a household will be considered to have a particular gap or not will be determined by REACH teams based on extensive consultations with relevant sectors. In addition to these binary indicators, a subset of 'critical' indicators will also be identified (scored according to a five-point scale, from 1 "minimal" to 4+ "extreme"), which by themselves will indicate a severe or very severe need within the household.

The Multi-Sectoral Needs Index (MSNI) score will measure of the household's overall severity of humanitarian needs, based on the highest severity of sectoral LSG severity scores (both critical and non-critical) identified in each household. Regardless of whether a household will be found to have a very severe LSG in just one sector or co-occurring severe LSGs across multiple sectors, their final MSNI score will be the same. The MSNI will be expressed on a scale from 1 "minimal" to 4+ "extreme".²⁹ While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), an additional analysis should be done to understand such differences in magnitude and severity between households. Therefore, in addition to the MSNI, the MSNA outputs will include additional analysis on the overall proportion of households by the severity of needs, the overall proportion of households in need by types of needs (i.e. LSGs), the overall proportion of households in need by the total number of sectoral LSGs, and the most common needs profiles (combinations of LSGs).

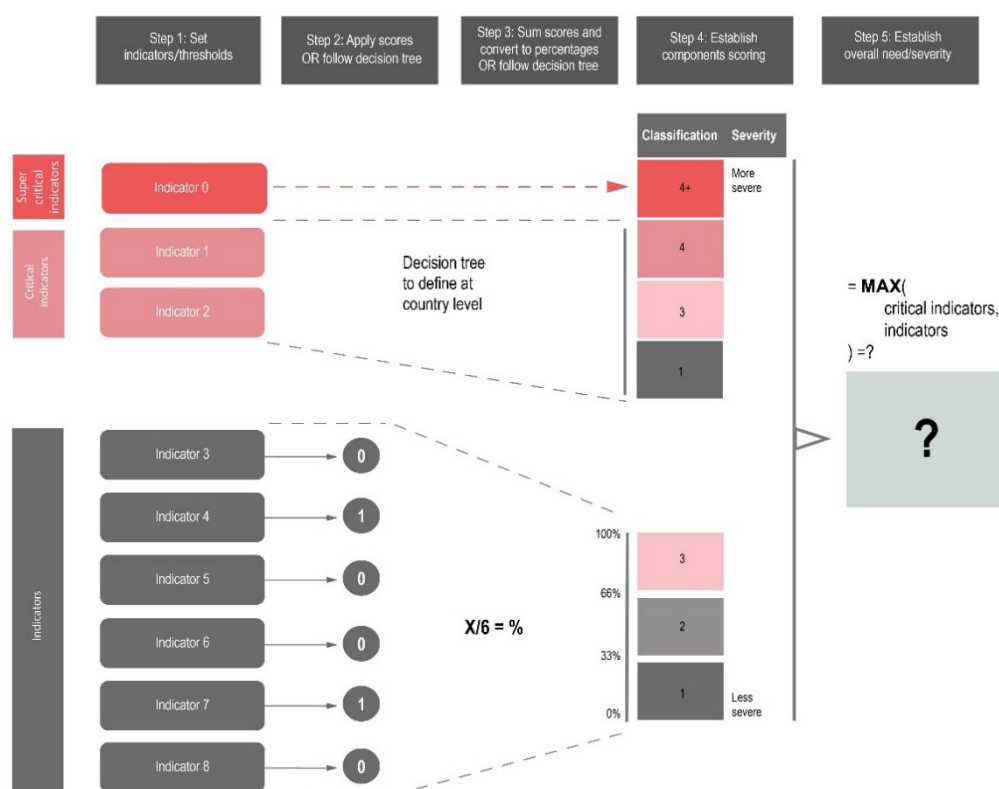
The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For 2022 MSNA, a simple aggregation methodology will be used, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household 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 household is considered to have a particular gap or not is determined in advance for each indicator. The section below outlines **guidance on how to produce the aggregation using household-level 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 household, once data had been collected;

²⁹ The standard draft JIAF traditionally assigns scores between 1 and 5, with the latter representing catastrophic need, defined as heightened levels of mortality, grave human rights violations, and widespread morbidity. Reflecting the character of the JMCNA, REACH was not able to classify households as 5, as such classifications are more appropriate at the area level than at the household-level and can only be established through the triangulation of several external sources. Reflecting these methodological circumstances, REACH developed the 4+ score, indicating a household is facing particularly grave threats, of a more severe character than those classified as 4.

- 4) Calculated the severity score for each household, 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 household;
 - 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 class;
 - d. the final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure X below;
- 5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;
- 6) Identified households that do not have a LSG but that do have a CG;
 - a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;
 - b. If any CG indicator has a score of 1, the household is categorised as having a CG;
- 7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure the best possible representativeness.

Figure 1: Identifying LSG per sector with the scoring approach – example



ANNEX 3: MODIFICATION TO THE CORE INDICATOR

#	Indicator	Question	Please explain what modifications were made?	Justification for the change?
9-10	% of HHs by most common barriers to accessing education faced by boys <i>Same for girls</i>	What are the top five barriers, if any, that boys in the household face to accessing education? <i>Same for girls</i>	List of answers adapted to the country context.	Communicated by HQ and in-country by the Education Cluster.
195	% of HHs by type of primary source of drinking water	What is the main source of water used by your household for drinking?	One option of the list deleted: "sachet water".	Sachet water does not exist in Somalia according to the WASH Cluster.
199	% of HHs using a sanitation facility - by type of sanitation facility used	What kind of sanitation facility (latrine/toilet) does your household usually use?	Three options of the list deleted: "Bucket toilet", "Plastic bag", and "Hanging toilet/latrine"	These options do not exist in Somalia according to the WASH Cluster.
203	% of HHs with access to functioning handwashing facilities with water and soap available	Can you please show me where members of your household most often wash their hands? (Observe facility, water, and soap)	One option deleted: "No permission to see handwashing facility"	Option deleted because seen as difficult to integrate in the analysis by the WASH Cluster.
217	% of households sought health care, by location	If anyone had a health problem in the last 3 months, where did they go to seek health care?	Two options were added: "Traditional birth attendant" and "Mobile clinic".	First option attended to make the distinction with a traditional healer. Second option added in order to be able to delete another question (non-core indicator)
182	% of HHs without any shelter or living in inadequate shelter	What is the type of shelter your household live in?	Options added: "solid/finished house" → "Brick and concrete house (solid, finished house or apartment)" Unfinished/unenclosed building → disaggregated into: <ul style="list-style-type: none"> ○ Buul, Timber and plastic sheet with CGI roof, ○ CGI sheet wall and CGI roof ○ Mud and stick wall and CGI roof ○ Stone/brick wall and CGI roof 	Changes were made last year – adapted to the Somali context.

			<ul style="list-style-type: none"> ○ Stick wall and thatch roof 	
183	% of HHs without any shelter or living in inadequate shelter	What, if any, are the top three most common shelter issues that households face by your household?	<p>Question changed for: Apart from damages, what, if any, are the top three most common shelter issues that is faced by your household?</p> <p>More options added:</p> <ol style="list-style-type: none"> 1. Lack of insulation from cold 2. Leaks during rain 3. Limited ventilation (no air circulation unless main entrance is open) 4. Presence of waste materials or dirt; 5. Unsafe (doors or windows missing, broken, unable to shut/lock properly, cracks in roof or walls) 6. Other security incidents (fire) 7. Lack of water supply 8. Total collapse or shelter too damaged for living 9. Lack of access to bathing facilities 10. Lack of access to cooking facilities 11. Lack of lighting inside or outside the shelter 12. Lack of privacy inside the shelter (no partitions, doors) 13. Lack of space inside shelter (min 21m2 per hh) 14. Other (specify) 15. None of the above 16. Don't know / prefer not to say 	Changes made to combine with another indicator and allow the removal of one indicator (non-core indicator) – agreed with the Cluster.

ANNEX 4: MODIFICATION TO THE ODK / KoBo QUESTIONNAIRE

Kobo Question Name	Question	Modification Made	Justification for the Change	Consulted HQ?
liv_stress_csi_1	Stress question 1: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_stress_csi_2	Stress question 2: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_stress_csi_3	Stress question 3: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_stress_csi_4	Stress question 4: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_crisis_csi_1	Crisis question 1: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_crisis_csi_2	Crisis question 2: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_crisis_csi_3	Crisis question 3: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_emerg_csi_1	Emergency question 1: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No
liv_emerg_csi_2	Emergency question 2: In the last 30 days, did your household [do X] due to a lack of resources to cover basic	Removed	all these questions are for country without IPC - so not our case	No

	needs (such as food, shelter, health, education, etc.)?			
liv_emerg_csi_3	Emergency question 3: In the last 30 days, did your household [do X] due to a lack of resources to cover basic needs (such as food, shelter, health, education, etc.)?	Removed	all these questions are for country without IPC - so not our case	No

ANNEX 5: MSNA 2022 SAMPLING SUMMARY

Stratification	# surveys	# Buffer	Confidence level	Error margin	Population	Sampling type
Abdulaziz	39	0.25	0.9	0.1	4297	Cluster sampling with size 1 = random sampling
Afgooye	79	0.15	0.9	0.1	40428	2 stages random - st1
Afmadow	79	0.15	0.9	0.1	22382	2 stages random - st1
Baardheere	79	0.15	0.9	0.1	30746	2 stages random - st1
Baidoa	79	0.15	0.9	0.1	137530	2 stages random - st1
Baki	130	0.15	0.9	0.1	13550	2 stages random - st1
Balcad	79	0.15	0.9	0.1	26676	2 stages random - st1
Bandarbeyla	138	0.15	0.9	0.1	13792	Cluster sampling
Baraawe	79	0.15	0.9	0.1	9095	2 stages random - st1
Belet Weyne	79	0.15	0.9	0.1	51257	2 stages random - st1
Belet Xaawo	79	0.15	0.9	0.1	16723	2 stages random - st1
Berbera	79	0.15	0.9	0.1	58551	2 stages random - st1
Boondheere	83	0.25	0.9	0.1	2444	Cluster sampling with size 1 = random sampling
Borama	127	0.15	0.9	0.1	110929	2 stages random - st1
Bossaso	144	0.15	0.9	0.1	92870	Cluster sampling
Burco	163	0.15	0.9	0.1	119896	2 stages random - st1
Burtinle	79	0.15	0.9	0.1	15140	2 stages random - st1
Buuhoodle	126	0.15	0.9	0.1	12480	Cluster sampling
Buur Hakaba	79	0.15	0.9	0.1	7877	2 stages random - st1
Cabudwaaq	132	0.15	0.9	0.1	33040	Cluster sampling
Cadaado	85	0.25	0.9	0.1	38785	Cluster sampling with size 1 = random sampling
Cadale	76	0.15	0.9	0.1	2107	2 stages random - st1
Caynabo	114	0.15	0.9	0.1	19543	Cluster sampling
Ceel Afweyn	79	0.15	0.9	0.1	41336	2 stages random - st1
Ceel Barde	79	0.15	0.9	0.1	15054	2 stages random - st1
Ceel Waaq	79	0.15	0.9	0.1	19502	2 stages random - st1
Ceerigaabo	78	0.15	0.9	0.1	5842	2 stages random - st1
Daynile	85	0.25	0.9	0.1	46859	Cluster sampling with size 1 = random sampling

Dharkenley	85	0.25	0.9	0.1	40045	Cluster sampling with size 1 = random sampling
Dhuusamarreeb	79	0.15	0.9	0.1	88533	2 stages random - st1
Diinsoor	78	0.15	0.9	0.1	4253	2 stages random - st1
Doolow	79	0.15	0.9	0.1	16865	2 stages random - st1
Eyl	78	0.15	0.9	0.1	5055	2 stages random - st1
gaalkacyo north	79	0.15	0.9	0.1	82229	2 stages random - st1
gaalkacyo south	79	0.15	0.9	0.1	67784	2 stages random - st1
Galdogob	79	0.15	0.9	0.1	15272	2 stages random - st1
Garbahaarey	79	0.15	0.9	0.1	30745	2 stages random - st1
Garowe	79	0.15	0.9	0.1	20933	2 stages random - st1
Gebiley	79	0.15	0.9	0.1	57595	2 stages random - st1
Hamar Jabjab	78	0.15	0.9	0.1	3380	2 stages random - st1
Hamar Weyne	83	0.25	0.9	0.1	1832	Cluster sampling with size 1 = random sampling
Hargeysa	79	0.15	0.9	0.1	360335	2 stages random - st1
Hawl Wadaag	85	0.25	0.9	0.1	9909	Cluster sampling with size 1 = random sampling
Hobyo	78	0.15	0.9	0.1	6755	2 stages random - st1
Hodan	85	0.25	0.9	0.1	38359	Cluster sampling with size 1 = random sampling
Iskushuban	144	0.15	0.9	0.1	26943	Cluster sampling
Jalalaqsi	84	0.25	0.9	0.1	4356	Cluster sampling with size 1 = random sampling
Jariiban	84	0.25	0.9	0.1	6460	Cluster sampling with size 1 = random sampling
Jowhar	144	0.15	0.9	0.1	76199	Cluster sampling
Kahda	85	0.25	0.9	0.1	64756	Cluster sampling with size 1 = random sampling
Karaan	85	0.25	0.9	0.1	39784	Cluster sampling with size 1 = random sampling
Kismayo	79	0.15	0.9	0.1	35500	2 stages random - st1
Laas Caanood	78	0.15	0.9	0.1	6352	2 stages random - st1
Laasqoray	79	0.15	0.9	0.1	44388	2 stages random - st1
Lughaye	79	0.15	0.9	0.1	28612	2 stages random - st1
Luuq	79	0.15	0.9	0.1	8280	2 stages random - st1
Marka	79	0.15	0.9	0.1	15196	2 stages random - st1
Owdweyne	162	0.15	0.9	0.1	20795	Cluster sampling
Qansax Dheere	132	0.15	0.9	0.1	59712	Cluster sampling
Qardho	79	0.15	0.9	0.1	29226	2 stages random - st1
Shangaani	82	0.25	0.9	0.1	1295	Cluster sampling with size 1 = random sampling
Sheikh	192	0.15	0.9	0.1	26526	Cluster sampling
Shibis	84	0.25	0.9	0.1	6237	Cluster sampling with size 1 = random sampling
Taleex	75	0.15	0.9	0.1	1315	2 stages random - st1

Waaberi	85	0.25	0.9	0.1	20357	Cluster sampling with size 1 = random sampling
Waajid	78	0.15	0.9	0.1	5741	2 stages random - st1
Wadajir	79	0.15	0.9	0.1	56220	2 stages random - st1
Wanla Weyn	78	0.15	0.9	0.1	6241	2 stages random - st1
Wardhigley	79	0.15	0.9	0.1	9477	2 stages random - st1
Xudun	79	0.15	0.9	0.1	7350	2 stages random - st1
Xudur	79	0.15	0.9	0.1	10746	2 stages random - st1
Yaaqshiid	49	0.25	0.9	0.1	90	Cluster sampling with size 1 = random sampling
Zeylac	79	0.15	0.9	0.1	17502	2 stages random - st1
Afgooye_protracted_IDP_sites	132	0.15	0.9	0.1	7078	Cluster sampling
Afmadow_protracted_IDP_sites	79	0.25	0.9	0.1	744	Cluster sampling with size 1 = random sampling
Afmadow_newly_displaced_IDP_sites	78	0.25	0.9	0.1	639	Cluster sampling with size 1 = random sampling
Baardheere_protracted_IDP_sites	83	0.25	0.9	0.1	2260	Cluster sampling with size 1 = random sampling
Baki_protracted_IDP_sites	72	0.25	0.9	0.1	326	Cluster sampling with size 1 = random sampling
Balcad_protracted_IDP_sites	77	0.25	0.9	0.1	575	Cluster sampling with size 1 = random sampling
Baidoa_protracted_IDP_sites	102	0.15	0.9	0.1	33141	Cluster sampling
Baidoa_new_IDP_sites	108	0.15	0.9	0.1	25010	Cluster sampling
Belet Weyne_newly_displaced_IDP_sites	114	0.15	0.9	0.1	14208	Cluster sampling
Belet Xaawo_protracted_IDP_sites	84	0.25	0.9	0.1	3325	Cluster sampling with size 1 = random sampling
Borama_protracted_IDP_sites	70	0.25	0.9	0.1	300	Cluster sampling with size 1 = random sampling
Bossaso_protracted_IDP_sites	120	0.15	0.9	0.1	15003	Cluster sampling
Bossaso_newly_displaced_IDP_sites	83	0.25	0.9	0.1	2390	Cluster sampling with size 1 = random sampling
Burco_newly_displaced_IDP_sites	73	0.25	0.9	0.1	380	Cluster sampling with size 1 = random sampling
Burtinle_protracted_IDP_sites	82	0.25	0.9	0.1	1508	Cluster sampling with size 1 = random sampling
Buuhoodle_protracted_IDP_sites	144	0.15	0.9	0.1	9117	Cluster sampling
Cabudwaaq_protracted_IDP_sites	82	0.25	0.9	0.1	1200	Cluster sampling with size 1 = random sampling
Cabudwaaq_newly_displaced_IDP_sites	132	0.15	0.9	0.1	8842	Cluster sampling
Cadaado_protracted_IDP_sites	83	0.25	0.9	0.1	2087	Cluster sampling with size 1 = random sampling
Cadaado_newly_displaced_IDP_sites	78	0.25	0.9	0.1	626	Cluster sampling with size 1 = random sampling
Ceel Afweyn_protracted_IDP_sites	82	0.25	0.9	0.1	1292	Cluster sampling with size 1 = random sampling
Ceel Barde_protracted_IDP_sites	60	0.25	0.9	0.1	160	Cluster sampling with size 1 = random sampling
Ceel Barde_newly_displaced_IDP_sites	65	0.25	0.9	0.1	220	Cluster sampling with size 1 = random sampling
Ceel Waaq_protracted_IDP_sites	67	0.25	0.9	0.1	225	Cluster sampling with size 1 = random sampling
Ceerigaabo_newly_displaced_IDP_sites	82	0.25	0.9	0.1	1500	Cluster sampling with size 1 = random sampling
Daynile_protracted_IDP_sites	108	0.15	0.9	0.1	38423	Cluster sampling
Daynile_newly_displaced_IDP_sites	102	0.15	0.9	0.1	77097	Cluster sampling

Dharkenley_newly_displaced_IDP_sites	43	0.25	0.9	0.1	65	Cluster sampling with size 1 = random sampling
Dhuusamarreeb_newly_displaced_IDP_sites	82	0.25	0.9	0.1	1349	Cluster sampling with size 1 = random sampling
Diinsoor_protracted_IDP_sites	79	0.25	0.9	0.1	816	Cluster sampling with size 1 = random sampling
Diinsoor_newly_displaced_IDP_sites	79	0.25	0.9	0.1	890	Cluster sampling with size 1 = random sampling
Doolow_protracted_IDP_sites	84	0.25	0.9	0.1	5050	Cluster sampling with size 1 = random sampling
Gaalkacyo_protracted_IDP_sites	114	0.15	0.9	0.1	21623	Cluster sampling
Gaalkacyo_newly_displaced_IDP_sites	80	0.25	0.9	0.1	1042	Cluster sampling with size 1 = random sampling
Galdogob_protracted_IDP_sites	82	0.25	0.9	0.1	1265	Cluster sampling with size 1 = random sampling
Garbahaarey_protracted_IDP_sites	80	0.25	0.9	0.1	1001	Cluster sampling with size 1 = random sampling
Garoowe_protracted_IDP_sites	114	0.15	0.9	0.1	7841	Cluster sampling
Hargeysa_protracted_IDP_sites	132	0.15	0.9	0.1	22135	Cluster sampling
Hobyo_protracted_IDP_sites	70	0.25	0.9	0.1	318	Cluster sampling with size 1 = random sampling
Hobyo_newly_displaced_IDP_sites	77	0.25	0.9	0.1	600	Cluster sampling with size 1 = random sampling
Jowhar_protracted_IDP_sites	83	0.25	0.9	0.1	1815	Cluster sampling with size 1 = random sampling
Jowhar_newly_displaced_IDP_sites	82	0.25	0.9	0.1	1561	Cluster sampling with size 1 = random sampling
Kahda_protracted_IDP_sites	108	0.15	0.9	0.1	56438	Cluster sampling
Kahda_newly_displaced_IDP_sites	102	0.15	0.9	0.1	65852	Cluster sampling
Kismaayo_protracted_IDP_sites	114	0.15	0.9	0.1	11829	Cluster sampling
Kismaayo_newly_displaced_IDP_sites	132	0.15	0.9	0.1	1275	Cluster sampling
Laasqoray_protracted_IDP_sites	144	0.15	0.9	0.1	1271	Cluster sampling
Lughaye_protracted_IDP_sites	64	0.25	0.9	0.1	200	Cluster sampling with size 1 = random sampling
Luuq_protracted_IDP_sites	77	0.25	0.9	0.1	602	Cluster sampling with size 1 = random sampling
Marka_protracted_IDP_sites	65	0.25	0.9	0.1	218	Cluster sampling with size 1 = random sampling
Marka_newly_displaced_IDP_sites	72	0.25	0.9	0.1	350	Cluster sampling with size 1 = random sampling
Owdweyne_protracted_IDP_sites	79	0.25	0.9	0.1	783	Cluster sampling with size 1 = random sampling
Qansax Dheere_newly_displaced_IDP_sites	82	0.25	0.9	0.1	1468	Cluster sampling with size 1 = random sampling
Qardho_newly_displaced_IDP_sites	72	0.25	0.9	0.1	335	Cluster sampling with size 1 = random sampling
Sheikh_protracted_IDP_sites	67	0.25	0.9	0.1	240	Cluster sampling with size 1 = random sampling
Waajid_protracted_IDP_sites	79	0.25	0.9	0.1	804	Cluster sampling with size 1 = random sampling
Wanla Weyn_protracted_IDP_sites	70	0.25	0.9	0.1	301	Cluster sampling with size 1 = random sampling
Wanla Weyn_newly_displaced_IDP_sites	68	0.25	0.9	0.1	245	Cluster sampling with size 1 = random sampling
Xudun_protracted_IDP_sites	32	0.25	0.9	0.1	37	Cluster sampling with size 1 = random sampling
Xudur_protracted_IDP_sites	70	0.25	0.9	0.1	300	Cluster sampling with size 1 = random sampling
Xudur_newly_displaced_IDP_sites	132	0.15	0.9	0.1	2404	Cluster sampling
Afgooye_newly_displaced_IDP_sites	76	0.15	0.9	0.1	2130	2 stages random - st1
Belet Weyne_protracted_IDP_sites	78	0.15	0.9	0.1	4348	2 stages random - st1

Burco_protracted_IDP_sites	79	0.15	0.9	0.1	25907	2 stages random - st1
Caynabo_protracted_IDP_sites	76	0.15	0.9	0.1	1699	2 stages random - st1
Ceerigaabo_protracted_IDP_sites	76	0.15	0.9	0.1	2593	2 stages random - st1
Dharkenley_protracted_IDP_sites	70	0.25	0.9	0.1	290	Cluster sampling with size 1 = random sampling
Dhuusamarreeb_protracted_IDP_sites	78	0.15	0.9	0.1	2965	2 stages random - st1
Laas Caanood_protracted_IDP_sites	78	0.15	0.9	0.1	3355	2 stages random - st1
Luuq_newly_displaced_IDP_sites	76	0.15	0.9	0.1	2618	2 stages random - st1
Qardho_protracted_IDP_sites	76	0.15	0.9	0.1	2555	2 stages random - st1

Oversampled sites for Risk of Excess Mortality

Stratification	X..surveys	X..units.to.assess	DESS	Effective.sample	X..buffer	Confidence.level	Error.margin	Population	Sampling.type
Belet Weyne	600	23	1.5	400	0	0.95	0.05	6334	Cluster sampling
Dinsoor	600	13	1.5	400	0.0017	0.95	0.05	3449	Cluster sampling

ANNEX 6: SECONDARY DATA REVIEW MATRIX (AS OF JUNE 2022)

Type of source	Topics	Purpose	Full reference (+ link if possible)	Comments - key findings/information gaps
Humanitarian	Inter-sectoral	Inform assessment methodology including sampling design	REACH I Detailed Site Assessment I 2021 https://www.reachresourcecentre.info/country/somalia/theme/camp/cycle/43025/?toip-group=data&toip=dataset-database#cycle-43025	Population figures for the 2 986 assessed sites in Somalia and Somaliland; Data collected in November-December 2021; Location of the sites; Key information on the sites' features (e.g duration of establishment, date of arrival of the majority of residents)
Humanitarian	Inter-sectoral	Inform assessment methodology including sampling design	International Organisation of Migration (IOM) Displacement Tracking Matrix Baseline Assessment I March 2021 https://displacement.iom.int/datasets/somalia-%E2%80%94-baseline-assessment-b2-%E2%80%94-round-1	A baseline assessment is a sub-component of mobility tracking. It aims to collect data on IDP, migrant or returnee population presence in a defined administrative area of the country. Round 1 - March 2021
Humanitarian	AAP	Inform questionnaire design	Inter-Agency Standing Committee (IASC) and REACH I Accountability to Affected Populations (AAP) related questions for multi-sector needs assessments (MSNAs) I June 2018 https://interagencystandingcommittee.org/iasc-task-team-accountability-affected-populations-and-protection-sexual-exploitation-and-abuse/reach-and-iasc-aap-psea-task-team-present-menu-aap-questions-needs-assessments	Questions related to: - Direct feedback from affected people: to inform a section in the Humanitarian Needs Overview (HNO) on people's views and perceptions about the response - Design the AAP systems: for communications strategies, inter-agency feedback mechanisms and participation strategies - Adaption of AAP systems - Language barriers

Humanitarian	Shelter	Key definitions	<p>UN Habitat I Metadata on SDGs Indicator 11.1.1 March 2018</p> <p>https://unhabitat.org/sites/default/files/2020/06/metadata_on_sdg_indicator_11.1.1.pdf</p>	<p>Sufficient living area /overcrowding: A dwelling unit provides sufficient living area for the household members if not more than three people share the same habitable room. Additional indicators of overcrowding have been proposed: area-level indicators such as average in-house living area per person or the number of households per area. Additionally, housing-unit level indicators such as the number of persons per bed or the number of under five children per room may also be viable. However, the number of persons per room has been shown to correlate with adverse health risks and is more commonly collected through household surveys.</p> <p>Structural quality/durability of dwellings: A house is considered as 'durable' if it is built on a non-hazardous location and has a permanent and adequate structure able to protect its inhabitants from the extremes of climatic conditions such as rain, heat, cold, and humidity. The following criteria are used to determine the structural quality/durability of dwellings: permanency of structure (permanent building material for the walls, roof and floor; compliance with building codes; the dwelling is not in a dilapidated state; the dwelling is not in need of major repair); and location of house (a location is considered non-hazardous if: the dwelling is not located on or near toxic waste; the dwelling is not located in a flood plain; the dwelling is not located on a steep slope; the dwelling is not located in a dangerous right of way: rail , highway, airport, power lines).</p> <p>Security of tenure: Secure tenure is the right of all individuals and groups to effective protection by the State against forced evictions. Security of tenure is understood as a set of relationships with respect to housing and land, established through statutory or customary law or informal or hybrid arrangements, that enables one to live in one's home with security, peace and dignity. People have secure tenure when: there is evidence of documentation that can be used as proof of secure tenure status; and, there is either de facto or perceived protection from forced evictions.</p>
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Humanitarian	WASH	Key definitions	<p>UN Habitat I Metadata on SDGs Indicator 11.1.1 I March 2018</p> <p>https://unhabitat.org/sites/default/files/2020/06/metadata_on_sdg_indicator_11.1.1.pdf</p>	<p>Access to improved water services: A household is considered to have access to improved drinking water if it has sufficient amount of water (20 litres/person/day) for family use, at an affordable price (less than 10% of the total household income) and available to household members without being subject to extreme effort (less than one hour a day for the minimum sufficient quantity), especially to women and children. An improved drinking water source is a facility that is protected from outside contamination, in particular from faecal matters' contamination. Improved drinking water sources include: piped water into dwelling, plot or yard; public tap/stand pipe serving no more than 5 households; protected spring; rainwater collection; bottled water (if secondary source is also improved); bore hole/tube well; and, protected dug well.</p> <p>Access to improved sanitation: A household is considered to have access to improved sanitation if an excreta disposal system, either in the form of a private toilet or a public toilet shared with a reasonable number of people, is available to household members. Such improved sanitation facilities, therefore, hygienically separates human waste from human contact. Improved facilities include: flush/pour-flush toilets or latrines connected to a sewer, septic tank or pit; ventilated improved pit latrine; pit latrine with a slab or covers the pit entirely; and, composting toilets/latrines.</p>
Humanitarian	WASH	Inform questionnaire design	<p>WHO/UNICEF I Core questions on water, sanitation and hygiene for household surveys I 2018</p> <p>https://washdata.org/sites/default/files/documents/reports/2019-03/JMP-2018-core-questions-for-household-surveys.pdf</p>	<p>Core questions for drinking water;</p> <p>Core questions for sanitation;</p> <p>Core question for hygiene.</p>
Humanitarian	Health	Inform questionnaire design	<p>World Health Organization (WHO) I Indicators for assessing infant and young child feeding practices I 2021</p> <p>https://www.who.int/publications/i/item/9789240018389</p>	<p>This document presents a set of new and updated indicators to assess infant and young child feeding (IYCF) practices at household level. In total, there are 17 recommended IYCF indicators in the 2021 edition.</p>

Humanitarian	Drought Food security	Aid understanding of context	Integrated Food Security Phase Classification (IPC) SOMALIA: IPC Food Security & Nutrition Snapshot I February 2022 https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/1_IPC_Somalia_Food_Security_Nutrition_Snapshot_2022JanJun.pdf	<p>2,3 million people (15% of the analysed population) experienced high levels of acute food insecurity (IPC Phase 3 or above) in January 2022.</p> <p>Main affected regions: Sool and Sanaag, Mudug and Galmudug, Middle and Lower Juba.</p> <p>The October-December 2021 Deyr season was characterized by a delayed start, early end, and erratic rainfall distribution. As a result, cumulative rainfall was 40 to 60 percent below average across most parts of southern, central and adjacent parts of northern Somalia. The poor rains led to crop failure in central Somalia and below-average Deyr crop production in southern and north-western Somalia.</p> <p>Some of the urban poor across Somalia also continue to face moderate to large food consumption gaps over the same period, partly due to a slowdown in economic activities in urban areas and the rising costs of food and other essential non-food items.</p>
Humanitarian	Desert Locust COVID-19	Aid understanding of context	Integrated Food Security Phase Classification (IPC) EAST & HORN OF AFRICA: IPC Food Security Phase Classification, Desert Locusts & COVID-19 19 May 2020 https://reliefweb.int/report/somalia/east-horn-africa-ipc-food-security-phase-classification-desert-locusts-covid-19-19	<p>According to FAO, in October 2019, locust swarms moved into central and southern Somalia. So far, the damage to pastoral land is limited to late-planted crops. Locust numbers have increased further from breeding that occurred as a result of recent rains on the coast and plateau in the northwest, and in central and southern areas from Garowe to the Kenyan border. As a result, hatching and numerous hopper bands have been expected during the forecast period. The exponential rise in the number of confirmed COVID-19 cases in Somalia continues to rise, making the country among the worst affected in the East and Horn of Africa region. From 26 April to 19 May, confirmed cases rose from 390 to over 1480, with 57 deaths. The new cases are largely caused by community transmission.</p> <p>Measures announced by authorities to contain the spread of COVID-19 have had a significant impact on the livelihoods of people. In March, Somalia experienced slight price increases on imported food items due to the partial disruption of the supply chain and panic buying in response to the pandemic.</p>

Humanitarian	Drought	Identify information gaps	Office for the Coordination of Humanitarian Affairs (OCHA) Somalia Drought Response Plan 2022 https://reliefweb.int/report/somalia/somalia-2022-drought-response-plan	<p>These humanitarian partners are scaling up responses in coordination with authorities through water trucking, borehole repair, cash and food and health assistance to meet urgent water and food needs, but are constrained by insufficient finance and access constraints in conflict-affected and hard-to-reach areas. Nine districts remain inaccessible in the drought-affected areas. Almost 900,000 people are estimated to live within territory controlled by Al-Shabaab (AS) and remain largely out of reach.</p> <p>The core of the strategy is to frontload the scale up of delivery of humanitarian assistance to those most in need. Specifically, there is a need for the immediate implementation of an integrated response of WASH, health, nutrition and food assistance in the hotspot locations. Cash-based assistance will be one of the main response modalities to the drought in Somalia.</p> <p>The newly established coordination architecture at the sub-national level (State Inter-Coordination Group (SICCG), Area Humanitarian Coordination Groups (AHCGs), regional and district level coordination structures) will help strengthen area-based coordination to ensure efficient and effective delivery of humanitarian assistance to drought-affected people.</p>
Humanitarian	Urbanization	Inform assessment methodology including sampling design	World Bank HDX Data https://data.humdata.org/dataset/75c5a3cb-a58e-461e-befe-09c376a77de8	<p>Population density - people per sq. km of land: 25.3 in Jan 2020 // 4.5 in Jan 1961</p> <p>Population in urban agglomerations of more than 1 million: 2.3 million in Jan 2020 // 93.9 K in Jan 1961.</p>
Humanitarian	Drought WASH	Aid understanding of context	WASH Cluster Somalia WASH Cluster Drought Response 2022 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/somalia_drought_update_january_2022_0.pdf	<p>In Jan 2022 - 3.2 million people affected by the drought</p> <p>In particular in South central regions of Somalia: Galmudug, South-West State, Banadir, Jubaland.</p>

Humanitarian	Drought Displacement	Aid understanding of context	<p>SOMALIA Drought Displacement Monitoring Dashboard Jan-Feb 2022 (OCHA, UNHCR, DTM)</p> <p>https://reliefweb.int/sites/reliefweb.int/files/resources/20222802_Somalia_Drought%20Displacement%20Monitoring%20Dashboard.pdf</p>	<p>The drought emergency has displaced more than 15,678 people between 30 January and 12 February. Banadir continues to be the area receiving the greatest number of Internally Displaced Persons (IDPs) (33 per cent). It is followed by Sool (23 per cent) and Togdheer (20 per cent), where no or minor movement was reported during the previous period.</p> <p>In January, movements increased by 245 per cent when compared to December 2021, with a total of 310,313 people displaced. So far, the observed displacements present different patterns when compared to the 2016/2017 drought. When compared to the same period in 2017, overall displacement levels in 2021 are higher. According to PRMN, 151,000 people were displaced between October 2016 and January 2017, compared to 456,000 people displaced between October 2021 and January 2022.</p> <p>In total, as of Feb 12th 2022, 568.3 K of IDPs displaced by the drought.</p>
Humanitarian	Drought Displacement	Aid understanding of context	<p>UN High Committee for Refugees (UNHCR) Protection and Return Monitoring Network (PRMN) Flash Alert #8</p>	<p>27,450 individuals displaced due to intensifying drought in Burco and Oodweyne districts, Togdheer region (Somaliland). Majority of the newly displaced are pastoralists. Some of them have settled in existing IDP settlements, while others have settled in the nearby villages in search of water, food and shelter.</p> <p>PRMN field monitors reported that most families are arriving on foot while others are arriving on rented trucks from remote villages.</p> <p>Most of the displaced are women, children and the elderly who have travelled on foot for long hours under harsh weather conditions and have had to experience fatigue, hunger and thirst. at least few people have reportedly been killed and several others injured as result of fighting among displaced families for scare basic services including water and pasture for livestock. Disease outbreaks, mainly due to lack of access to clean and sufficient water and hygiene services, are reportedly on the rise, as the drought situation worsens, and more people are displaced into congested nearly villages.</p>

Humanitarian	Drought Displacement	Aid understanding of context	UN High Committee for Refugees (UNHCR) Protection and Return Monitoring Network (PRMN Flash Alert #9	Baidoa receives 3,588 new arrivals from Bakool region due to worsening drought situation. Majority of the newly displaced are children, elderly people as well as pregnant and lactating mothers. The newly displaced families have set up makeshift shelters in their newly established settlements. The displaced communities from Rabdhure, Hudur and Waajid districts of Bakool region are reported to have travelled on donkey-carts and on foot. Two women were reported to have died on their way to Baidoa due to fatigue and hunger. According to the communities interviewed, the regions that hosted the displaced populations (mostly agro-pastoralist), had not experienced rainfalls for seven consecutive seasons except for the Deyr season in 2020. Most of their livestock that includes camels, cattle and goats had been decimated by the drought.
Humanitarian	HNO	Aid understanding of context	Office for the Coordination of Humanitarian Affairs (OCHA) Humanitarian Needs Overview October 2022	7.7 million people in severe need (severity score 3) - 5.5 million of non-IDPs and 2.2 million of IDPs 36.4 K people in extreme need (severity score 4)
Humanitarian	Displacement	Key definitions	Art. 2 of UN Guiding Principles on Internal Displacement 1998 https://ec.europa.eu/home-affairs/pages/glossary/internally-displaced-person_en	IDP definition: A person or groups of persons who has been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border.
Humanitarian	Desert Locust	Aid understanding of context	Food and Agriculture Organization (FAO) Desert Locust Bulletin, No 521 2 March 2022 https://www.fao.org/ag/locusts/common/ecg/1914/en/DL521e.pdf	The situation of desert locusts: in Feb 2022 - no locust was seen during aerial and ground surveys in the Northwest and Northeast regions. Forecasts: Low number of adults may be present along part of the northwest coast where breeding is unlikely because of dry conditions.
Humanitarian	Drought Floods	Aid understanding of context	Food and Agriculture Organization (FAO) Somalia Water and Land Information Management (SWALIM) Somalia Drought update 2 March 2022 https://faoswalim.org/resources/site_files/Somalia_Gu_2022_Rainfall_Outlook_and_Drought%20Update-March_2022.pdf	According to the March to May 2022 seasonal forecast issued by the Climate Prediction and Application Centre (ICPAC), average to above average rainfall amounts (Gu rains) are anticipated in Somalia and the Ethiopian highlands which are flowing in the Juba and Shabelle rivers in Somalia. In particular, the Gedo, Middle Juba, Lower Juba, Mudug, Galmudug, Bari and Nugaal regions are facing extreme drought conditions.

Academic - Research institute	Political tensions	Aid understanding of context	International Crisis Group Somalia: Averting a Descent into Political Violence March 2022 https://www.crisisgroup.org/africa/horn-africa/somalia/somalia-averting-descent-political-violence	Tensions are running high following the Somali parliament's decision to extend the incumbent president's mandate by two years.
Humanitarian	Health	Identify information gaps	Health Cluster Bulletin February 2022 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/health_cluster_bulletin_feb_2022.pdf	<p>Severe water shortages and inadequate access to sanitation and hygiene facilities have raised the risk of diseases</p> <p>Cases of acute watery diarrhoea, as well as measles cases are notified in multiple drought-affected locations.</p> <p>Between weeks 1-09, 2022, a total of 3,509 suspected measles cases have been reported from 18 regions in the country. The regions that recorded the highest burden of measles cases were Bay (1,194), Mudug (796), Banadir (559), Bari (277), Lower Shabelle (121) and Gedo (141).</p> <p>Banadir: Increased measles cases have been reported, at 336 cases from all 17 districts in the first two months of 2022. According to the WASH Cluster, more than 42,000 IDPs are currently facing water shortages in the region.</p> <p>SWS: Worsening drought conditions are undermining health situation, which is deteriorating following two failed rainy seasons, especially in Bakool and Bay region. Response has been a challenge for the last 6 months due to lack of resources but recently UNICEF has scaled up drought response by providing funding to partners in the area. Local authorities appealed, through OCHA, for humanitarian assistance for 3,200 drought displaced families in Wanlaweyn district.</p> <p>Jubaland: The drought situation is thought to be worse than that of 2011/10. Measles outbreak is also witnessed with very low immunization rates among children arriving in IDP sites as the whole region of Middle and Lower Juba is inaccessible.</p>

Humanitarian	Health	Identify information gaps	<p>World Health Organisation (WHO) Epidemiological Bulletin - EPI Watch March 2022</p> <p>https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/epiwatch_weeks-8_to_9_21_6_march_2022.pdf</p>	<p>Currently, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates 4.5 million people in 71 out of the 74 districts in the country are food insecure, 671 000 of whom have abandoned their homes in search of water and food.</p> <p>1,779 acute diarrhoea cases; 2,167 measles cases</p> <p>Recurrent cholera outbreaks have been reported in the drought-affected districts of Somalia since 2017, with no interruption in transmission in these districts. The number of new suspected cases of cholera has increased in 2022 compared to the previous years due to an increasing number of people with limited access to safe water and safe sanitation practice. Of the 1 249 suspected cases of cholera, 71% (887) are children below five years of age. The number of new cases of acute diarrhoeal disease decreased in January 2022 compared to January 2021 and 2020 respectively. However, the number of new cases of acute diarrhoea reported from drought affected districts has increased by 34% in the past two weeks in 2022. The number of suspected cases of measles have increased in 2022 compared to the previous years. This surge in cases is linked to a decrease in measles vaccination coverage of children below five years of age.</p>
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Humanitarian	Drought Displacement	Aid understanding of context	<p>IOM - Displacement Tracking Matrix - Drought analysis 201 January 2022</p> <p>https://displacement.iom.int/sites/default/files/public/reports/IOM_DTM_SOMALIA_Drought_Analysis_01_2022.pdf</p>	<p>On the 23rd of November 2021, the Federal Government of Somalia declared a state of emergency due to drought. Three failed consecutive rainy seasons have resulted in 90% of the country experiencing severe drought conditions. Due to insufficient rains in the current Deyr season, the drought conditions are likely to worsen in the coming months. Based on previous drought induced displacement patterns, people will move from rural to urban areas in search of humanitarian services.</p> <p>Bay region: Based on the projections calculated by DTM, between 250,000 - 355,600 individuals may be displaced in Bay region in the coming months. Assuming previous displacement dynamics will continue, it is anticipated that a large majority of individuals will move towards the large urban centre of Baidoa to seek humanitarian assistance and services.</p> <p>Banadir: Based on the projections calculated by DTM, between 100,000 - 150,000 individuals may be displaced into Banadir region in the coming months. Assuming previous displacement dynamics will continue, it is anticipated that a large majority of individuals will move towards the large concentration of IDP settlements in Mogadishu Khada and Mogadishu Dayniile districts.</p> <p>Gedo: Based on the projections calculated by DTM, between 200,000 – 260,000 individuals may be displaced in Gedo region in the coming months.</p> <p>Hiran: Based on the projections calculated by DTM, between 150,000 – 243,000 individuals may be displaced in Hiraan region in the coming months. Assuming previous displacement dynamics will continue, it is anticipated that a large majority of individuals will move into Belet Weyne.</p> <p>Bari: Based on the projections calculated by DTM, between 80,000 – 100,000 individuals may be displaced in Bari region in the coming months. Assuming previous displacement dynamics will continue, it is anticipated that most individuals will move into Bosaso and Qardho urban areas.</p> <p>Lower Juba: Based on the projections calculated by DTM, between 58,000 – 75,000 individuals may be displaced in Lower Juba region in the coming months. Assuming previous displacement dynamics will continue, it is anticipated that a large majority of individuals will move into Kismayo.</p>
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Humanitarian	Drought	Aid understanding of context	UN News Somalia: 'Dire and grim' drought, impacting more than 7 million	<p>June 2022</p> <p>Around 1.4 million children were facing "acute malnutrition this year, and 330,000 are likely to become severely malnourished" - Humanitarian Coordinator for Somalia</p> <p>As of May, according to a recent report from UN humanitarian coordination office, OCHA, some 6.1 million Somalis have been affected by the drought emergency.</p> <p>Amount of rain was below average, poorly distributed, and insufficient to alleviate the current drought conditions. As a result of the poor rains, Somalia is facing a fourth consecutive failed rainy season and a heightened risk of localized famine in six areas – including in South West State – particularly if food prices continue to rise and humanitarian assistance is not sustained to reach the most vulnerable people.</p> <p>South West State's Baidoa district is one of the areas of Somalia that has been hit hardest by the current drought.</p>
Humanitarian	Drought	Aid understanding of context	UNOCHA Drought and Famine Prevention Response Dashboard (January - April 2022) as of May 19th 2022	<p>The number of districts under Operational Priority Area (OPA) 1 has dropped from 31 to 26 due to increased response and reduced drought displacement rates. The response is also pivoting to famine response: 1.2 million people of the 1.9 million targeted in all 17 districts in IPC5 have received assistance. The Food Security response is particularly high, with 100 per cent of the target reached, while Health, Nutrition and WASH interventions continue to be scaled up in those districts.</p>
Academic - Research institute	Drought	Aid understanding of context	<p>FAO, FEWS NET, Columbia University The threat of starvation looms in East Africa after four failed rainy seasons</p> <p>https://reliefweb.int/report/somalia/threat-starvation-looms-east-africa-after-four-failed-rainy-seasons</p>	<p>Four consecutive rainy seasons have failed, a climatic event not seen in at least 40 years.</p> <p>In the worst-affected areas of Somalia, FEWS NET/FSNAU estimate that 1-out-of-3 livestock have perished since mid-2021. Over a million people have been displaced in Somalia and southern Ethiopia.</p> <p>Existing water deficits have been exacerbated by very high air temperatures, which are forecast to continue into the June-September dry season. Rangeland conditions will deteriorate faster than usual, driving additional, widespread livestock deaths, as well as population displacements. In cropping areas, harvests will again be well below average, causing a prolonged dependency on markets, where households</p>

				<p>will have limited food access due to high food prices.</p> <p>Ethiopia, Somalia, and Kenya have also recorded a significantly higher number of severely malnourished children admitted for treatment in the first quarter of 2022 compared to past years.</p>
Humanitarian	Displacement	Inform assessment methodology including sampling design	CCCM Cluster Somalia Settlement typologies	<p>2017. Overview of the settlements types in Somalia: self-settlements, collective center, hosting arrangements, planned settlements.</p> <p>Note: in Somalia, there are no planned settlements at present despite some settlements receiving assistance such as shelter, WASH facilities and have the appearance of being organized. There also some settlements where shelter and other infrastructure has been provided to assist in the integration into local communities, however these area should not to be considered planned settlements.</p>

ANNEX 7: AGENDA AND TRAINING MATERIALS FOR FIELD OFFICERS TRAINING

Day	Time	What?	Who?
Tuesday 10th of May	All day	Field Officers (FOs) traveling to Hargeisa	N/A
Wednesday 11th of May	8.00-9.30 am	General presentation of the MSNA 2022 (changes, team structure, objectives, etc.)	REACH Assessment Team
	9.30 -10.30 am	Nutrition presentation	REACH / Nutrition Cluster
	11-12.30 pm	Health presentation	REACH / Health Cluster
	2-3.30 pm	Field planning - Regional focus	FOs / Field coordinator
	4-5 pm	FLATS – Finance, Logistics, Admin, Transparency and Security procedures	ACTED/REACH FLAT and Security Officers
Thursday 12th of May	9-10 am	AAP presentation	REACH / AAP focal points
	11-12.30 pm	Minority Group presentation	REACH / Minority Group International
	1-2 pm	Shelter presentation	REACH / Shelter Cluster
	2-4 pm	Field planning – Regional focus	FOs / Field coordinator
Sunday 15th of May	9-10 am	CCCM presentation	REACH / CCCM Cluster
	10-12.30 pm	Protection presentation	REACH / Protection cluster (including Child protection, GbV, HLP, and Explosive hazards focal points)
	2-3.30 pm	WASH presentation	REACH / WASH Cluster
	4-5 pm	Field planning - Regional focus	FOs / Field coordinator
Monday 16th of May	9-10.30 am	Sampling approach	REACH data and field teams
	11-12.30 pm	Sampling approach	REACH data and field teams
	2-3.30 pm	Education presentation	REACH / Education Cluster
	4-5 pm	Food security section	REACH
Tuesday 17th of May	9-10.30 am	Data Cleaning	FOs and GIS/Data unit
	11-12.30 pm	Data Cleaning	FOs and GIS/Data unit
	2-3.30 pm	Field planning – Regional focus	FOs / Field coordinator
	4-5 pm	Recap of the training	REACH Assessment team

Wednesday 18 th of May	Field deployment
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ANNEX 8: DATA CLEANING STANDARD OPERATING PROCEDURES (SOPs)

2022 Somalia Multi-Sectoral Needs Assessment (MSNA)

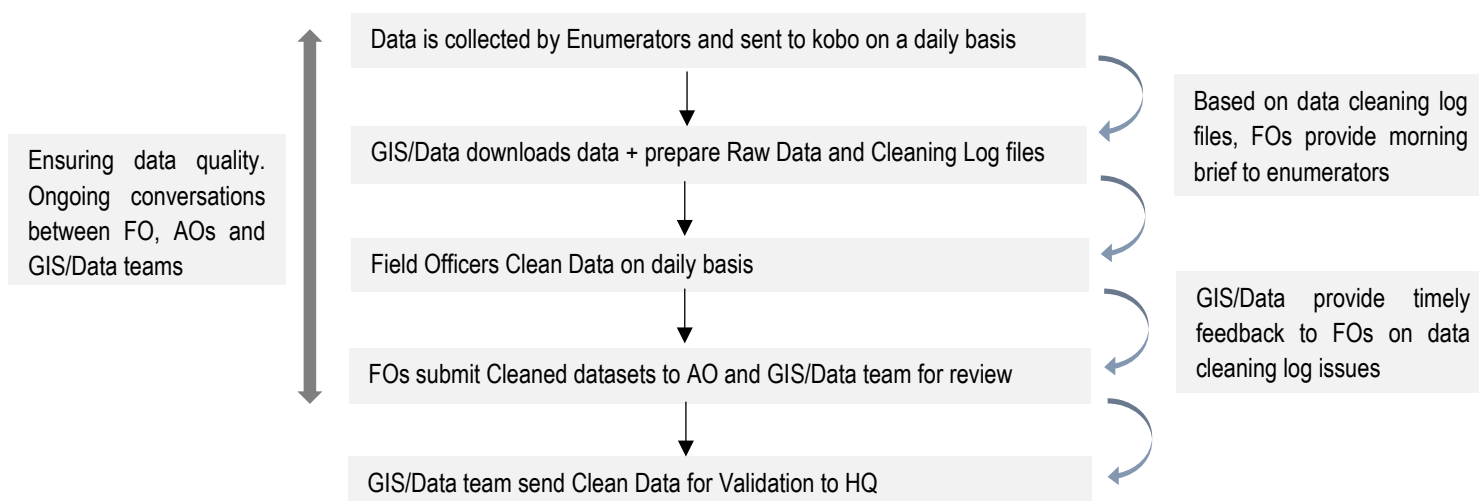
Data Cleaning Standard Operating Procedures

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Introduction

This document will outline the proposed data workflow for the multi-sectoral needs assessment in 2022. since we are planning to collect data remotely this year, it will be crucial for us to have supporting tools that can help us to monitor the quality of data we're receiving from the field



Tool Configuration

Server Settings

Type

ODK

URL

https://kc.humanitarianresponse.info/

Username

reach_enumerators

Password

Username = reach_enumerators

Password = jmcna2019

Get Blank Form

Final_REACH MSNA 2022 Survey Tool_v21

Version: 2 (2022-07-16 20:12:49) ID: abT42ZuRn2mer9LU9nBwpk

Clear All

Refresh

Get Selected

Data Preparation

After downloading the data below steps will be implemented

- Run the R scripts developed to implement the required checks on the dataset. outputs of the R scripts are as follows:

1.1. Cleaning log file that will hold all issues that need to be addressed

uuid	question.name	issue	feedback	action	old.value	new.value
158de3ba-cfeb-404f44-8f8884-9c5a02d187fe	ki_age	please confirm the reported ki age		flag	113	88
789125a3-0fbc-464543-85848f-2b684c3e0591	ki_age	please confirm the reported ki age		flag	120	88

the uuid, question name, issue description and old value will be included in the cleaning log file. So field officers will follow flagged issues back with the raw data and see the issue in detail and then double-check it with respective enumerators and team leaders and finally fill the new value column. so that the data team can use to replicate the old value with the new value and generate clean data.

- Raw data** specific for each location will be exported so each field officer can start checking his own data and populate it to the data cleaning tools for making changes. All the daily downloads will be saved in a shared folder that everyone can access. So please make sure you have installed office 365 so you can have this advantage. Similarly, all data cleaning tools will be shared with the GIS/Data time so we can access and maintain consolidated clean data.

Daily Data Checks & Cleaning

After the teams get back to the base once data collection has been completed, the field officers and team leaders will make sure that each enumerator has uploaded their survey to the KoBo server possibly before 5PM, or as soon as it is possible. Afterwards, data will be downloaded by the data/GIS team on a daily basis at 7 PM the latest, removing personally identifiable data and adding unique IDs; the data/GIS team will run the R scripts that will automatically spot errors – see table 1 below. Each field officer will then receive the raw data and the cleaning log file with the identified issues on their respective data. The enumerators will be expected to check and correct all uploaded data-related errors, under the supervision of the team leader and field officer; in addition, field teams will check for vertical and horizontal errors in the data, following up with the KI if needed. Once the field teams have made the changes, they are expected to send back the updated data to the data/GIS team that will incorporate the changes to the clean dataset.

Data Checking Rules for the Field Teams

- When you apply a filter **REMEMBER TO CLEAR IT!!** Otherwise, you will go ahead not looking at ALL the questionnaire!
- **Know the tool:** only if you are fully familiar with the tool and respective skip logics will you be able to clean the dataset properly and catch logic mistakes.
- **Spot-check enumerators** and ensure you understand the structure, logic and how questions are understood by both enumerators and respondents
- **Know the local context:** please use your understanding of the local context to help you catch mistakes, such as knowing that in this area of data collection it's not possible that somebody is using a flush toilet.
- **Whilst reviewing and cleaning the data, both a horizontal and vertical logic should be applied.**
 - **Horizontal logic (scroll to the right):** check whether reported responses of each indicator of each survey are logically consistent and make sense in relation to each other
 - **Vertical logic (scroll down):** with the data sorted *by enumerator*, scroll dataset downwards to check whether there are any suspicious response patterns for specific enumerators that suggest the enumerator is performing poorly or misunderstood a question or response option. Check the overall distribution of responses, that way you can find out which enumerator's surveys seem suspicious.
- During data cleaning you **should** have **pen and paper to take some notes** for the next day's **morning briefing**. Alternatively, you can also just **use the cleaning log as briefing notes for the enumerator feedback**. If providing individual feedback to one enumerator, sort your cleaning log by "enumerator"
 - if providing feedback on a common issue appearing across enumerators, sort the cleaning log by "issue". Keep the teams motivated!
 - Don't only flag the issues, ensure you explain why something wouldn't make sense and also articulate in which areas they have improved

Data Checks

This bellow table will guide you through the checks in the macro-tool and what should be taken for each one. In short data checking columns mainly flag potential issues within the data. since it will be too difficult to ensure that everything aligns perfectly and logged among the different people involving in the process. this process will help us to approach issues with same action so it will be easy for us to collaborate and speed up the process.

Cell #	Issue	Action
	Survey time taken	Sort the time taken from Lowest to Highest or A to Z to check which surveys are filled in a short time and which surveys are filled in more extended periods. Minimum survey time = 35 Maximum survey time = 90 minutes
	Consent declined	Check if there are any declined consents in the data so you can decide to take additional surveys based on your sample.
	hh_size>14	Please check if the total household size is greater than 14 and use your common sense to spot any figure that needs to be verified or double-checked with enumerators or respondents.
	settlement_other	we have attached the tool with the master list population file. So selecting other settlement names is not valid unless there has been new locations are added. So please recode all other settlements into the main settlement column
	total_hh_debt	Please check the reported total household debt and flag all outlier numbers with the enumerators
	idp_settlement == yes & hh_displaced == always lived here and reside_idp == no	Displacement questions can be skipped if always lived here and not residing and idp selected together. So please make sure to cross-check if the demographic profile and the displacement information are matching.
	Water drinking source == piped or tap & not enough water for drinking, hygiene and cooking is reported	Please check if the household is reported their main source of water as tap or piped and again selected no for having enough water for cooking, hygiene and drinking
	hh_primary_source_income == "casual_labor" & total_house_income == 0	Check if household reported casual labor as the main source of income and total household income in the last 30 days zero(0).
	hh_primary_source_income == "business" & total_house_income == 0	Check if household reported "business" as the main source of income and total household income in the last 30 days is zero(0).
	hh_primary_source_income == "salaried_work" & total_house_income == 0	Check if household reported "salaried_work" as the main source of income and total household income in the last 30 days is zero(0).
	hh_primary_source_income == "money_sent" & total_house_income == 0	Check if household reported money sent by family members/relatives as the main source of income and total household income in the last 30 days is zero(0).
	total_house_income > 1000 total_house_income < 10	Check for outliers in household income. Household income greater than 1000 or household income less than 10 USD.
	total_hh_debt > 1000	Flag outliers in total household debt: household debt greater than 1000 USD.
	forced_displacement > 10	Check if the number of times a household has been forcibly displaced is greater than 10.
	total_enrolled_children > 6	Flag if total school-aged children enrolled in formal school in a household is greater than 6.
	total_attend_children > 6	Check if the total number of school-aged children in the household were attending school regularly is greater than 6.
	wash_drinkingwatersource == "tap" & drinking_water == "no"	Flag if the main source of water is reported as tap water and reported not enough water for drinking.

	wash_drinkingwatersource == "piped" & drinking_water == "no"	Check if the main source of water is reported as piped water and reported not enough water for drinking.
	wash_drinkingwatersource == "tap" & cooking_water == "no"	Check if the main source of water is tap water and reported not enough water for cooking.
	wash_drinkingwatersource == "piped" & cooking_water == "no"	Flag if the main source of water is piped water and reported not enough water for cooking.
	sanitation_facility == "flush_toilet" & idp_settlement == "yes"	Check for households in idp settlements that are reported to be having flush toilets.
	hh_shared_facility > 15	Flag if a sanitation facility is shared by more than 15 households.
	sanitation_facility == "flush_toilet" & sanitation_access/door == 0	Check if household have access to a sanitation facility that is flush toilet with no door.
	sanitation_facility == "flush_toilet" & sanitation_access/walls == 0	Check if household have access to a sanitation facility that is flush toilet with no walls.
	how_many_shelters > 6	Checking if a household occupies more than 6 shelters in a location.
	shelter_rooms > 12	Checking if the total number of rooms in use in a shelter are more than 12.
	hh_no_food == "yes" & hh_hunger == "yes" & fs_not_enough_food == "yes" & fs_meat_fish > 2	check if in the past 30 days,reported household ever lacked food coz of lack resources and household member went to sleep hungry and household member went the whole day and night without eating anything and ate camel, beef, lamb, goat, chicken, liver, kidney, heart, or other organ meats yesterday during the day and night for more than 2days,in the past 7 days.
	lcsi_emergency_1 %in% c("yes", "already_exhausted") & total_house_income > 200	Check if in the last 30 days, household members (or whole household) were out to displacement camps to receive food aid because of a lack of food or money to buy food or they have exhausted this coping strategy and total household income is greater than 200.
	lcsi_emergency_3 %in% c("yes", "already_exhausted") & total_house_income > 200	If in the last 30 days, household had to beg because of a lack of food or money to buy food or exhausted this coping strategy and total household income is more than 200.
	fs_not_enough_food == "yes" & total_house_income > 200	Check if in the past 4 weeks (30 days), any household member went a whole day and night without eating anything at all because there was not enough food and total household income is more than 200.
	persons_with_valid_ids == "No household member has a valid ID" & common_type_ids == "Passport"	Check if reported that no household member has a valid ID and the most common type of ID document in the household is passport.
	persons_with_valid_ids == "No household member has a valid ID" & common_type_ids == "National ID"	Check if reported that no household member has a valid ID and the most common type of ID document in the household is "National ID".
	persons_with_valid_ids == "No household member has a valid ID" & common_type_ids == "Birth certificate (for children)"	Check if reported that no household member has a valid ID and the most common type of ID document in the household is "Birth certificate(children).
	child_employment == "Yes" & hh_number_children = 0	Check if in the last 30 days, any children (<18) in HH worked in jobs outside of the home and the number of children is the HH is 0.
	children_psychosocial_signs > 0 & hh_number_children = 0	Check if the number of children showing signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days and the number of children in the household is zero(0).
	occupancy_arrangement == "No occupancy agreement / squatting" & occupancy_arrangement_other == "Yes"	Check if there is no occupancy agreement/squatting in current dwelling and reported other occupancy agreements.
	occupancy_arrangement == "No occupancy agreement / squatting" & formal_agreement == "Yes"	Check if there is no occupancy agreement/squatting in current dwelling and household has a formal written documentation to prove your occupancy arrangement .

	total_enrolled_children > hh_number_children	Check if the total number of children enrolled in formal school are more than the total number of children in a household.
	total_attend_children > hh_number_children	Checking if the total number of children attending formal school are more than the total number of children in a household.
	total_enrolled_children == 0 & enrolment_challenges == "Yes"	Check if there are no children enrolled in school and children enrolled in schools that closed due to drought during the past school year.
	wash_drinkingwatersource == "Piped connection to house (or neighbour's house)" & water_source_time == "Between 5 and 15 min to fetch and return"	Check if the main water source is piped connection to house (or neighbour's house) and it takes between 5 and 15 min to fetch and return to go to your main water source, fetch water, and return (including queuing at the water source).
	wash_drinkingwatersource == "Piped connection to house (or neighbour's house)" & water_source_time == "Between 16 and 30 min to fetch and return"	Check if the main water source is piped connection to house (or neighbour's house) and it takes between 16 and 30 min to fetch and return to go to your main water source, fetch water, and return (including queuing at the water source).
	wash_drinkingwatersource == "Piped connection to house (or neighbour's house)" & water_source_time == "More than 30 min to fetch and return"	Check if the main water source is piped connection to house (or neighbour's house) and it takes more than 30 min to fetch and return to go to your main water source, fetch water, and return (including queuing at the water source).
	sanitation_facility == "None of the above, open defecation" & sanitation_access == "Door"	Check if sanitation facility is "None of the above, open defecation" and household access sanitation facility that has a door.
	sanitation_facility == "None of the above, open defecation" & sanitation_access == "Walls that protect privacy"	Check if sanitation facility is "None of the above, open defecation" and household access sanitation facility that has walls that protect privacy.
	sanitation_facility == "None of the above, open defecation" & sanitation_access == "Lock to close door"	Check if sanitation facility is "None of the above, open defecation" and household access sanitation facility that has lock to close door.
	sanitation_facility == "None of the above, open defecation" & sanitation_access == "Inside light"	Check if sanitation facility is "None of the above, open defecation" and household access sanitation facility that has inside light.
	sanitation_facility == "None of the above, open defecation" & sanitation_access == "Marked separated facilities between women and men (for shared or communal facilities)"	Flag if there is no sanitation facility and household access sanitation facility that is "Marked separated facilities between women and men (for shared or communal facilities)".
	sanitation_problems == "Yes" & adopt_sanitation_issues == "The HH does not have any issue"	Check if household have sanitation related problems and reports household does not have any issue to adapt to.
	how_many_shelters == 0 & shelter_rooms > 0	Check if there are no shelters and there are rooms in shelters more 0.
	settlement_other primary_income_source_other secondary_income_sources_other hh_item_exp_other lower_income_reason_others lower_income_challenges_other country_origin_other recent_dsip_factors_other	All the other checks that may need translations are listed in the left column. so please check the other options provided and recode the values that can be found from the lists and translate the others. If translation, please do translate to English. If the value looks invalid ask the enumerators for clarification

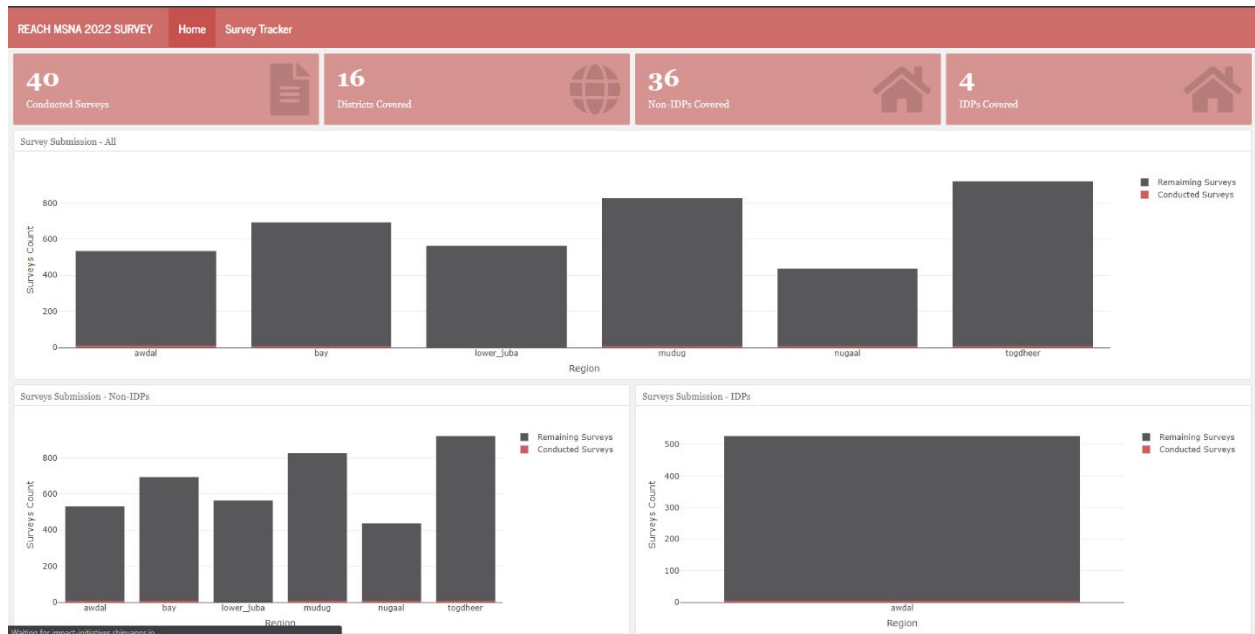
	hh_dsip_needs_other boys_security_concerns_other girls_security_concerns_other women_security_concerns_other men_security_concerns_other reasons_non_residing_children_other child_employment_act_other explosive_effects_other barriers_accessing_gbv_serv_other why_women_move_freely_other occupancy_arrangement_other disp_perpetrators_other hh_problems_other dropout_reason_other educ_barr_boys_other educ_barr_girls_other educ_support_other school_transport_other wash_drinkingwatersource_other water_type_access_prob_other adopt_lack_water_other sanitation_facility_other sanitation_problems_other adopt_sanitation_issues_other adopt_hygiene_issues_other menstrual_problems_other shelter_type_other shelter_issues_other shelter_support_other nfi_needs_other health_unmet_need_type_other seek_healthcare_other unmet_healthcare_other health_barriers_other health_transport_other non_vaccinated_children_other deliver_location_other delivery_assist_other reason_not_delivering_facility_other health_support_other mobile_services_other infant_foods_other reason_livestock_decr_other	
--	---	--

	market_physical_barrirs_other market_financial_barriers_other not_satisfied_aid_other why_not_satisfied_aid_workers_other aid_access_barriers_other denail_case_other hh_priority_needs_other prefer_type_assistance_other not_influence_other hh_aid_info_other trusted_information_other	
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Spatial Verification Checks

MSNA survey tracker dashboard is built to provide a live snapshot of the data collection against the targeted sample at settlement level. the dashboard is directly linked to the KoBo and it provides the numbers of submissions in the server in timely manner. The app can be accessed [here](#).

The tracker consists two main pages, mainly the Home tap which is supposed to show the coverage at regional level in order to feed coordination decision making. Survey tracker is the second tap, and it will show detailed progress at settlement. So, this will be the main tap that field teams will need to use it for coordinating data collection and update enumerators on their progress and flag any remaining or over-sampling issues found.



REACH MSNA 2022 SURVEY

Home

Survey Tracker

Regions:

All

Non-IDPs Tracker

IDPs Tracker

Show 10 entries

Search:

settlements	Submission	region	distriet	NAME	Target	Remaining	Completion (%)
All	All	All	All	All	All	All	All
1 Burtinle_Update_4	1 nugaal	Burtinle	Mindhiciraan		1	0	100
2 Burtinle_Update_7	1 nugaal	Burtinle	Gahayrta		1	0	100
3 Garoowe-Enum-16	1 nugaal	Garowe	Awr culus		2	1	50
4 Garoowe-Enum-2	1 nugaal	Garowe	Horseod		23	22	4-35
5 NA-3805-Q22-001	1 bay	Dinsoor	Waberi/Xawo Tako		33	32	3-03
6 NA-3805-Q22-002	1 bay	Dinsoor	Waberi/Cabdulle Xa		3	2	33-33
7 NA-3805-Q22-004	1 bay	Dinsoor	Hillaac		19	18	5-26
8 NA-3805-Q22-005	1 bay	Dinsoor	Hawl-Wadaag/Oktobe		1	0	100
9 NA-3805-Q22-006	1 bay	Dinsoor	Hawl-Wadaag/Kacaan		14	13	7-14
10 NA-3805-U13-001	1 bay	Dinsoor	Waberi/Axmed Gurey		7	6	14-29

Showing 1 to 10 of 36 entries

Previous

1

2

3

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Next

ANNEX 9: RISK OF EXCESS MORTALITY (RoEM) BRIEF

RoEM Brief

Rapid Assessments of Recent IDPs in Belet Weyne and Dinsoor

Goal: To assess the overall humanitarian situation of recent IDP households arrived since Eid-al-Fitr in Belet Weyne and Dinsoor new IDP sites.

Objectives:

- To estimate crude & under-5 mortality rates
- To assess displacement drivers and areas of origin for new arrival populations.
- To assess two-week retrospective morbidity and health seeking practices
- To assess proxy measles vaccination coverage
- To assess proxy coverage of Vitamin A and deworming supplementation
- To assess basic access to improved water and sanitation facilities
- To assess the food consumption patterns (FCS, HHS, rCSI)
- To assess the modalities, type, quantity and type of humanitarian assistance received.

Methodology: A two-stage cluster sampling design was used, with primary sampling units (PSUs) as identified new IDP sites that have had recent arrivals since after Eid-al-Fitr (May 2nd). Thirty PSUs were selected using probability proportional to size sampling (PPS). Households were selected in second-stage sampling using systematic random sampling from a maps drawn together with camp leaders. Households were screened for their arrival date at the IDP site, and if they arrived after Eid-al-Fitr they were included in the survey. If they did not meet the inclusion criteria, teams were instructed to move immediately one household over and interview that household instead or continue this step until they found an eligible household. Data collection took place from August 12th to August 17th, 2022.

Tool: Data collection was conducted with smartphones and an ODK/Kobo tool. All households were asked questions on demographics, mortality, health and displacement. A random number generator was included in the tool to give each interview a roughly 25% chance of additionally asking questions on food security, livelihoods, WASH, and humanitarian assistance.