

MULTI-SECTOR NEEDS ASSESSMENT (MSNA)- KEY FINDINGS

DECEMBER, 2023 | SOMALIA

KEY MESSAGES

- Lack of livelihoods, coupled with past failed rainy seasons, are driving humanitarian needs in Somalia. Loss of employment, reduction of income and serious increases in food prices were the main shocks affecting the livelihoods of the assessed households. This would suggest that amidst conflict and exposure to natural hazards, economic shocks are important drivers of need.
- Displacement was more localized, with households largely moving within their district of origin. Loss of livestock, lack of food and water were primarily driving people from their areas - which aligns with the shocks reported above.
- Humanitarian needs may be particularly acute regarding WASH. Key findings from the water insecurity experiences scale (WISE) showed that more than half (53%) of the assessed households were water insecure. In addition, the majority (79%) of households relied on unimproved sanitation facilities.

CONTEXT & RATIONALE

Somalia's protracted and dynamic humanitarian crisis includes ongoing conflict, climate-related shocks and communicable disease outbreaks.¹ Previous consecutive failed rainy seasons exacerbating the influences of seasonal flooding and insecurity.² The degradation of soil due to drought, coupled with poor soil management and soil transpiration due to high temperatures, has increased the overall vulnerability of Somali communities in semi-arid areas to seasonal flooding; while the lack of water and livelihoods abets active conflict in-country. Drought, flooding and active conflict are then driving mass internal displacement. Displacement, active conflict and natural disasters (i.e. drought, flooding) in-country can in turn cause communicable disease outbreaks – including measles, cholera and acute watery diarrhea (AWD).³ In the context of these challenges, the Multi-Sector Needs Assessment (MSNA) aims to address information gaps in humanitarian needs and the drivers behind these humanitarian needs to inform annual planning in the humanitarian response.

ASSESSMENT OVERVIEW

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

Specific objectives were:

- To provide a detailed overview of the current humanitarian needs and gaps of the crisis-affected population (by sector and across sectors) in Somalia, to inform on humanitarian needs and the severity of these humanitarian needs.
- To identify variations in need amongst population groups and geographical areas – including host community households, protracted IDP households and new IDP households at the district-level.

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

METHODOLOGY:

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

COVERAGE MAP

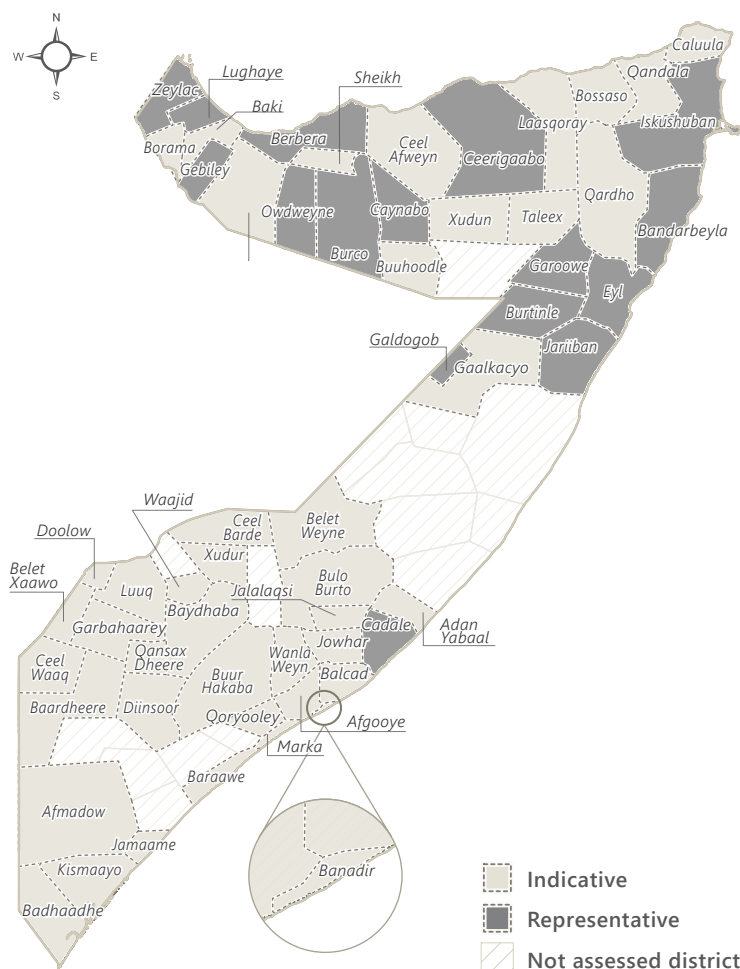


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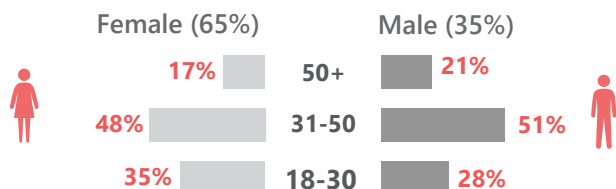
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DEMOGRAPHICS

Household Information

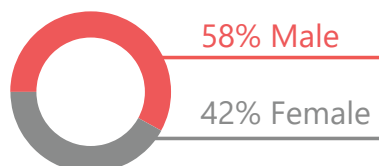
5.2 Average number of people per household (including the respondent)

Age and gender distribution of surveyed households:

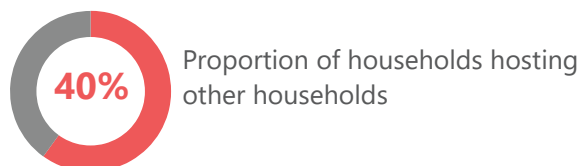


37% Of surveyed households reported school-aged children (5-17 years old) among their household members.

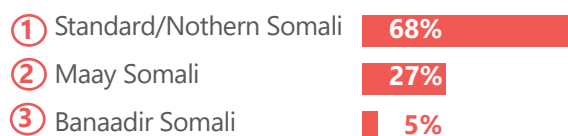
Main household income earner, by % of households:



57% Of households stated that the household expenditure decision were made by female household members.



Main language spoken in the household:



SHOCKS

The most reported shocks in the three months prior to data collection were loss/reduced employment (50%), followed by reduced income (35%) and serious increase in food prices (13%). This would suggest that amidst conflict and exposure to natural hazards, economic shocks remain an important driver of need. Similarly, the World Bank Press reported that profound drought, combined with increases in global commodity prices, had heightened inflation and was adversely affecting household consumption.⁵

Top three shocks reported by households, per population group:

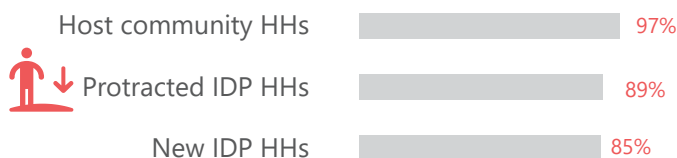
	Host community households	Protracted IDP households	New IDP households	Overall
1. Loss or reduced employment of any household member	45%	53%	60%	50%
2. Reduced income of any household member	33%	41%	33%	35%
3. Serious increase in food prices	14%	14%	8%	13%

DISPLACEMENT

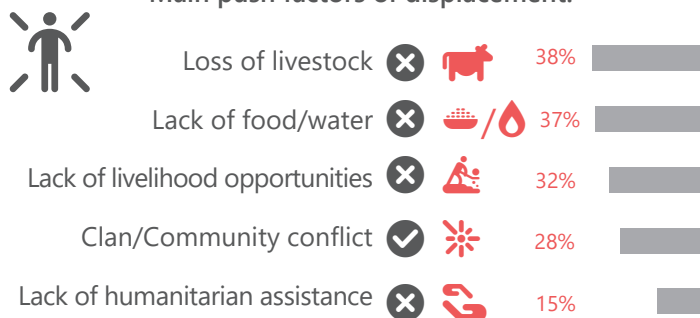
The primary drivers of displacement, as revealed by the findings, were the loss of livestock and the lack of food and water. Household decisions to move to their current location were predominantly influenced by the absence of conflict and the availability of water resources. The large majority of protracted (89%) and new (85%) IDPs expressed their intention to remain in their current location in the six months following data collection, whilst only a small proportion intended to return to their area of origin. The majority of households reported that the district in which they currently resided was their household's area of origin (72% of New IDP households, vs 68% of Protracted IDP households).

Movement Intentions

Households which intended to remain in their current location in the six months following data collection, per population group:



Main push factors of displacement:**



Main pull factors of displacement:**



* The total (%) falls short of 100% because only the most frequently chosen options are reported
 ** Responses could be more than 100% as it was a select multiple question.

PROTECTION

Households largely felt safe and secure; however, qualitative findings suggest there was a prevalence of safety and security concerns across population groups.⁷

Most households (89%) reported that there were no main safety or security concerns in their area, with no major differences between population groups. The most reported safety and security concern was being robbed (4%).

Findings further suggest that there was a lack of certain protection services in some areas. Half of households reported they had no specialized gender-based violence (GBV) services available for women and girls.⁸

Child protection indicators showed that most of the households with children under the age of 18 years old did not show any signs of stress in the 12 months prior to data collection.

However, regarding housing land and property, most households reported that they did not have formal written documentation to prove their occupancy arrangement (e.g. written rental agreement, ownership papers).

89% Of households reported that there were no safety and security concerns.

MSNA QUALITATIVE COMPONENT

The qualitative findings from focus group discussions (FGDs) showed distinct perceptions and concerns within different groups of participants. Host community households and newly displaced IDPs generally perceived their communities as safe, reflecting a positive sentiment. However, in FGDs with protracted IDPs, security concerns emerged as a predominant theme, indicating a contrasting perspective.

In FGDs conducted with both protracted and newly displaced IDPs, safety and security concerns took the center stage. These concerns encompassed a range of issues such as theft and robbery, attacks by wild animals, and conflicts involving clans and the military. Moreover, tensions with host community members were highlighted in specific FGDs, suggesting potential security implications. The vulnerability of women and girls was a recurring theme across FGDs with IDPs, with a consensus that they constituted the most vulnerable group. Gender-based violence (GBV) was identified as a significant protection risk, emphasizing the need for targeted interventions. Key informants working with minority clans further underscored the vulnerability of women and girls to GBV. In addition to these concerns, barriers to accessing protection services were reported in FGDs. These barriers included information gaps about existing services, inadequate services, and poor access to judicial mechanisms. Specific challenges related to GBV services included distance to services, costs associated with GBV centers and courts, and discrimination, particularly concerning minority clan status.

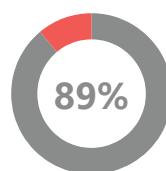
Child Protection

MSNA findings suggest that the majority of children pursuing education activities were perceived as not distressed. However, IDP households reported less access to schools than host community households, which could suggest a higher child protection need among children in IDP households.

Most commonly reported main activities of children (under 18 years) during the day, per population group:**

	Host community households	Protracted IDP households	New IDP households	Overall
1. Studying/going to school/madrasa	61%	53%	48%	57%
2. Playing with friends/talking to friends	41%	55%	55%	48%
3. Supporting family	31%	39%	34%	34%

Findings suggest that IDP households children had more responsibilities to support the family, rather than pursuing educational activities. This may contribute to higher school dropout rates and lower educational rates among IDP households, which could exacerbate long-term vulnerability to find decent jobs⁹.

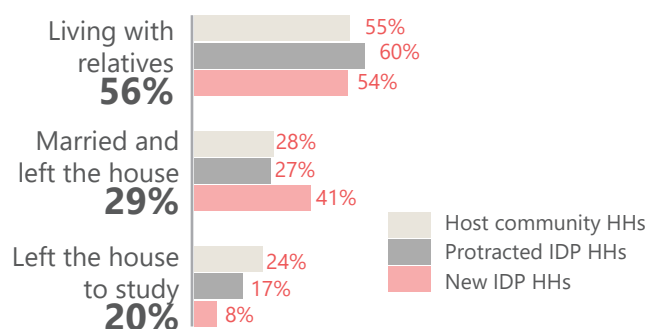


Of households with children (aged under 18y old) who reported that children had not shown any signs of distress (such as changes in behaviours) per household.

Furthermore, findings highlight the prevalence of family arrangements where one out of seven children may be living separately from their primary household.

14% Of households with children (<18 y.o.) not currently living with their household.

Top three reported reasons why child(ren) was/were not living in the household, at the time of data collection, per population group and overall:**



* The total (%) falls short of 100% because only the most frequently chosen options are reported
 ** Responses could be more than 100% as it was a select multiple question.

⁸ The results show limited community awareness of specialized support services for women and girls: 21% aware of psychosocial support, 13% aware of recreational activities and reproductive health services, 5% aware of services for victims of violence, 2% aware of channels for complaints against aid workers, and 51% unaware of any such services.

⁹ The [International Labour Organization \(ILO\)](#) defines decent work as "productive work for women and men in conditions of freedom, equity, security and human dignity". In general, work is considered as decent when: it pays a fair income, it guarantees a secure form of employment and safe working conditions.

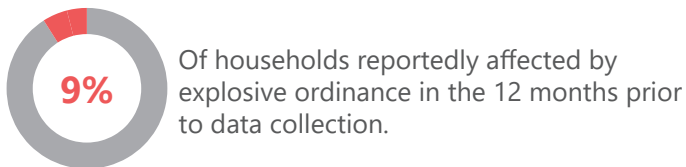
Gender-Based Violence (GBV)

Almost half (51%) of the households reportedly mentioned that there were no specialized services available for women & girls that they were aware of in their community and there were no major difference among population groups.

51% Of the households reported that there were no specialized services available for women & girls in their community.

Mine Action

Findings suggest that the effect of explosives on households was low. The majority of households reported not being affected by explosives in the 12 months prior to the data collection.



Housing, Land and Property (HLP)

Findings suggest low ownership rates among IDP households, which could contribute to HLP needs. In parallel, IDP households were more likely to report an HLP problem. The most commonly reported HLP problem, among both protracted IDP households and new IDP households, was disputed ownership. Furthermore, access to formal documentation of property rights was reportedly low, as 70% of the households reported not having formal documents to prove their occupancy arrangement.

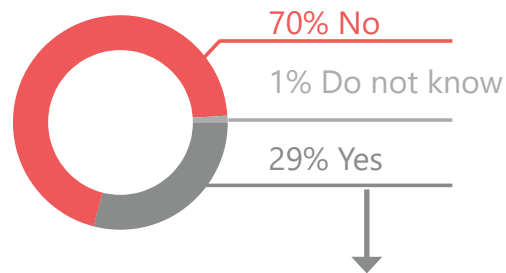
Top three reported occupancy arrangements for households' current shelter at the time of data collection, per population group:

	Host community households	Protracted IDP households	New IDP households
1. Ownership	71%	28%	19%
2. Hosted for free	12%	55%	66%
3. Rented	13%	9%	5%

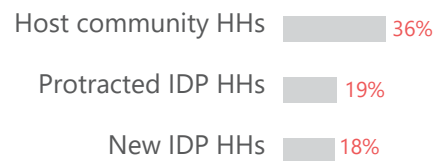
Top three reported problems related to housing land and property:*

Disputed ownership	13%	
Property unlawfully occupied	4%	
Rules and processes not clear	4%	

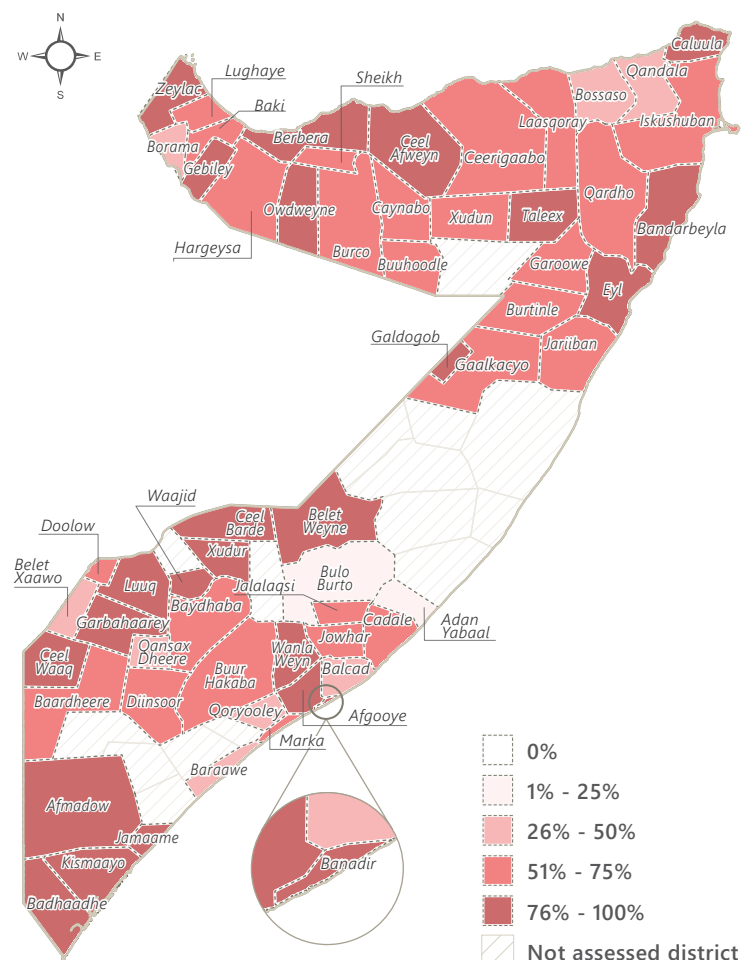
Proportion of households that had formal written documentation to prove their occupancy arrangement (e.g. written rental agreement, ownership papers):



Proportion of households with formal written documentation of their occupancy arrangement, per population group:



Proportion of households that did not have written documentation of their housing arrangement, per district:



* The total (%) falls short of 100% because only the most frequently chosen options are reported

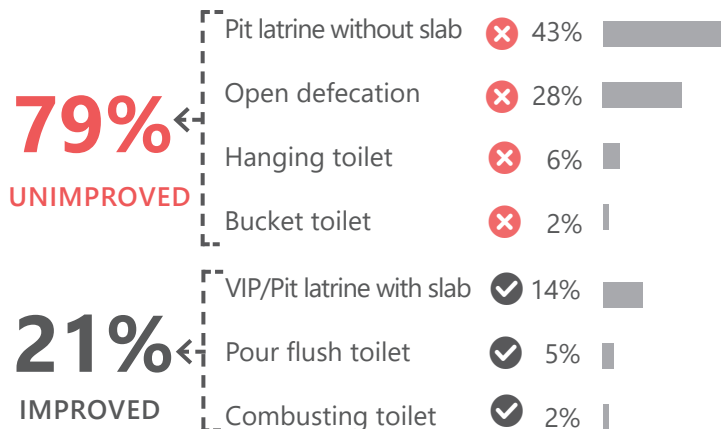
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SANITATION

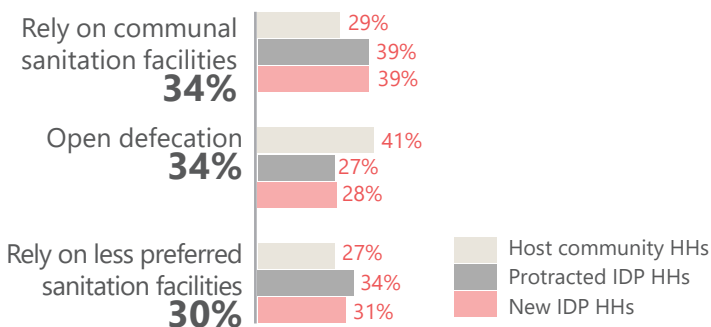
MSNA findings suggest that most households were relying on unimproved sanitation facilities (79%), and the majority had an issue with their sanitation facility (57%). More than 33%, of households reported latrines did not present basic structures, i.e. door, walls, and a lock.

The most commonly reported coping strategies were relying on communal sanitation facilities and open defecation which has both health and safety implications. Host community households were most likely to report open defecation as a coping strategy (41%), compared to displaced households which were more likely to report relying on communal sanitation facilities. Furthermore, nearly half (46%) of households reported traces of animals and/or stagnating water in the vicinity of their households, with a higher proportion found among IDP households. Displaced households were more likely to report the presence of environmental hazards.

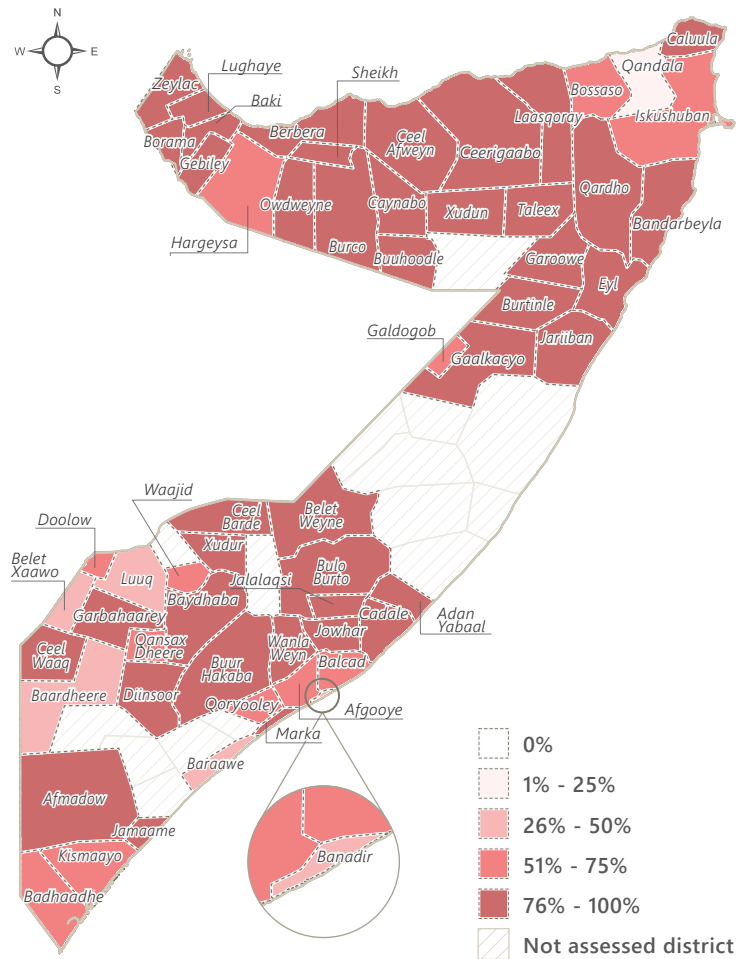
Proportion of households found to be using "improved" and "non-improved" sanitation facilities.



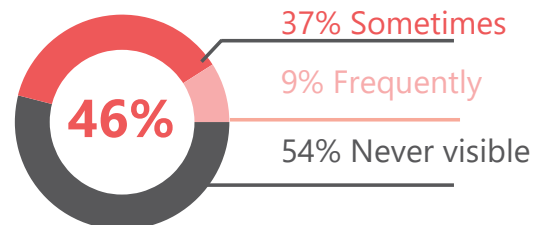
Top three most reported coping strategies to adapt to issues related to sanitation facilities (among the 57% of households which reported sanitation problems), per population group and overall:**



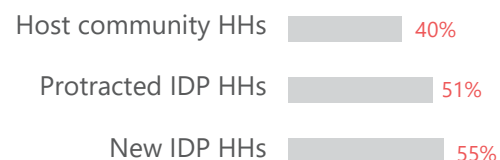
Proportion of households reportedly relying on unimproved sanitation facilities, per district:



Proportion of households that reported that traces of dead animals, rodents, human feces, or stagnant water were sometimes or frequently visible in the vicinity (30 meters or less) of their accommodation in the last month at the time of data collection:



Proportion of households by population groups reporting that traces of dead animals, rodents, human feces, or stagnant water were sometimes or frequently visible in the vicinity (30 meters or less) of their accommodation in the last month before the data collection:



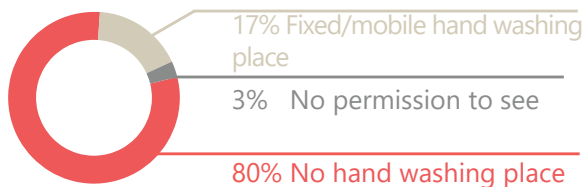
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HYGIENE

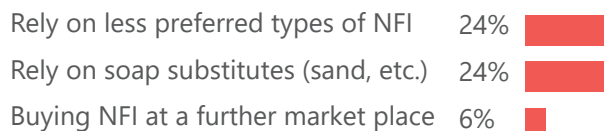
Hand Washing

Most households (80%) did not have a hand washing facility in their dwelling/yard. This could result in the spread of diarrheal diseases such as Acute Watery Diarrhea (AWD) and cholera, which remain prevalent in Somalia.¹⁰ Households without handwashing facilities reported using coping strategies, such as relying on less preferred NFIs and soap substitutes. Displaced population households were more reliant than host community households on these strategies. Findings do suggest that households used hand washing facilities if they had them. Among the small proportion of households with visible hand washing facilities, the vast majority of households did report using the facility regularly (71%).

Proportion of households that reported availability of hand washing place or facility in the dwelling/yard or plot:



Top three coping strategies to adapt to issues relating to hygiene items, by % of households:*



Menstrual Hygiene

56% Proportion of households (where the respondent was female and the enumerator was female) reporting no problems related to accessing menstrual materials.

More than half of the assessed households (56%) reported having no problems related to accessing menstrual materials.¹¹ The most frequently reported issue was that menstrual items were too expensive (27%). Regarding the utilization of menstrual hygiene items overall, 60% of households reported having no problems. The most reported challenges of using the items were "not enough materials (26%)" and "Not sure how to use menstrual hygiene materials" (10%).

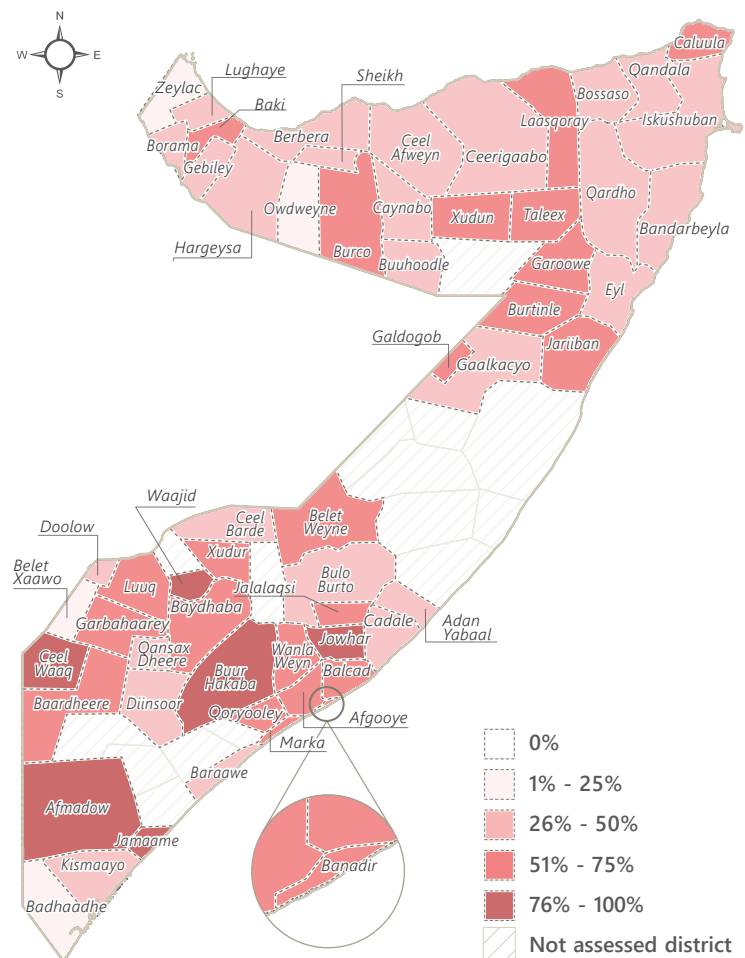
For further findings relating to Water Sanitation and Hygiene (WASH), please see this factsheet. [Multi-Sector Needs Assessments \(MSNA\) 2023 - Water, Sanitation, and Hygiene \(WASH\)](#).

EDUCATION

School enrolment rates in Somalia appeared to be quite low, half of children (52%) in the assessed households were reportedly not enrolled in any form of formal education. Differences were noted though among population groups, with the lowest enrolment rates reported by IDP households, compared to protracted IDPs or host communities.

Financial barriers seemed to be overall the most reported barriers to accessing education, with the majority of the households (particularly IDP households) unable to afford schooling costs.

Proportion of households with at least one school-aged child enrolled in school, per district:



MSNA QUALITATIVE COMPONENT

Qualitative key informant interviews (KIIs) conducted with key informants working with minority clans and people with disabilities indicated that education was a key need that was challenging to meet for these vulnerable groups. Restricting the number of children to send to school due to financial constraints as well as children engaging in child labour to support their families were also practices reported by KIIs working with minority clans.

Lack of access to education and vocational training was also raised as a barrier to accessing livelihoods in a host community FGD.

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Enrolment & Attendance In Formal Schools

The large majority (96%) of those school-aged children enrolled in formal school were reportedly attending school regularly during the 2022-2023 school year.

52% School-aged children (between 6 and 17 years) overall (across all population groups) reportedly not enrolled in formal school for the 2022-2023 school year.

Host community HHs 53%

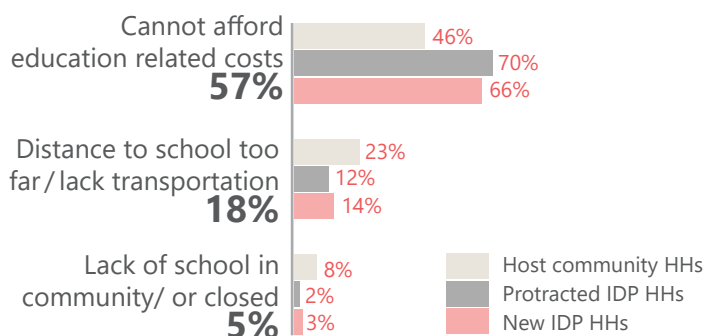
Protracted IDP HHs 45%

New IDP HHs 33%

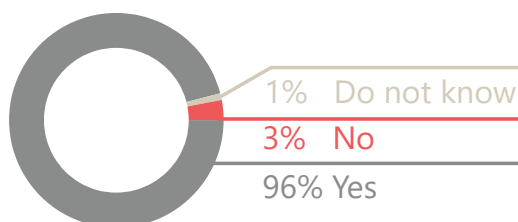
Education Access

In a retrospective gendered analysis, findings showed that girls faced greater challenges in affording education-related costs, i.e tuition fees, supplies, etc.

Most reported reasons why school-aged children did not access formal school (were not enrolled or were not attending school regularly), per population group and overall:*



Proportion of households reported having children with an age of 6-17 years old, learning in acceptable conditions, in 2022-2023 school year:

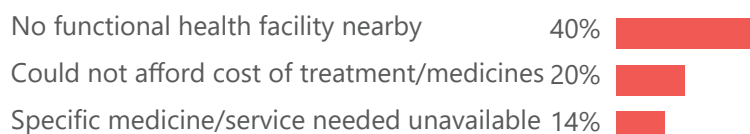


The most reported support that households having child(ren) attending school or participation in regular learning activities needed was "cash support (to cover school supplies/equipment, transportation to school, food, etc.)". The displaced population - protracted (45%) and new (46%) IDPs households - showed more preference to have cash support than host community households (35%).

HEALTH

Findings suggest that availability and affordability were impeding healthcare access, which could lead to increased disease burden. The most commonly reported barriers were the lack of availability of nearby health facilities and affordability of the cost of treatment and medicine. Displaced households reported more barriers than host community households.

Top three reported barriers faced which prevented households from accessing the healthcare they needed, in the 3 months prior to data collection, or households that think they would experience when needing healthcare:*



Women of Child Bearing Age (WCB)

19% Of women of childbearing age (15-49 y.o.) have reportedly completed a pregnancy in the two years prior to data collection.

Top 3 reported locations where women have given birth:**



Top three reasons for not delivering in a health facility among women not did not give birth in a health facility, per population group:**

	Host community households	Protracted IDP households	New IDP households	Overall
1. No functional health facility nearby	71%	52%	72%	66%
2. No means of transportation	20%	27%	19%	22%
3. Can not afford associated materials	13%	20%	9%	15%

In parallel with barriers to general healthcare access and vaccinations, the lack of nearby functional health facilities was the most commonly reported reasons for not giving birth in a health facility.

* The total (%) falls short of 100% because only the most frequently chosen options are reported
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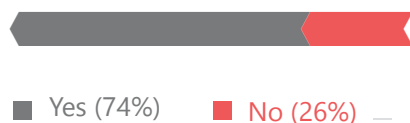
MSNA QUALITATIVE COMPONENT

Availability as well as affordability issues also emerged during FGDs held with community members from both IDP and host communities' population groups. In most FGDs, participants reported healthcare facilities were either nonexistent or inadequate for their communities, and often far away. Particularly challenging was access for people with disabilities. Likewise, the cost of transportation to access health facilities was reported as a financial barrier. The lack of medical supplies and staff were reported as barriers in FGDs held with all three population groups.

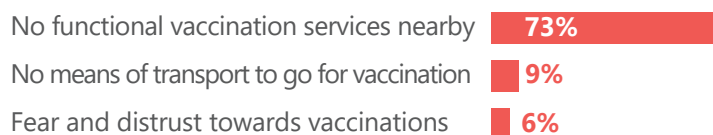
Vaccination

More than a quarter of assessed children had reportedly never received any vaccination (26%). New IDP households had the highest proportion (34%) of children of vaccination age (< 6 y.o.) who had never received any vaccination. This could potentially lead to vaccine-preventable disease outbreaks in children including measles.

Proportion of children of vaccination age (< 6 y.o.) that had ever received any vaccination:

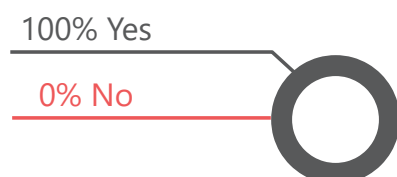


Top three reasons for not having received any vaccination, among the % of children of vaccination age who did receive any vaccinations: *

**NUTRITION**

Most children (86%) under the age of 2 years old, regardless of their population group, had reportedly been breastfed the day or night just prior to data collection. However, only a small proportion of these children, (30%) had reportedly been exclusively breastfed up to 6 months.

Proportion of households reporting on children under 2 y.o. ever being breastfed:

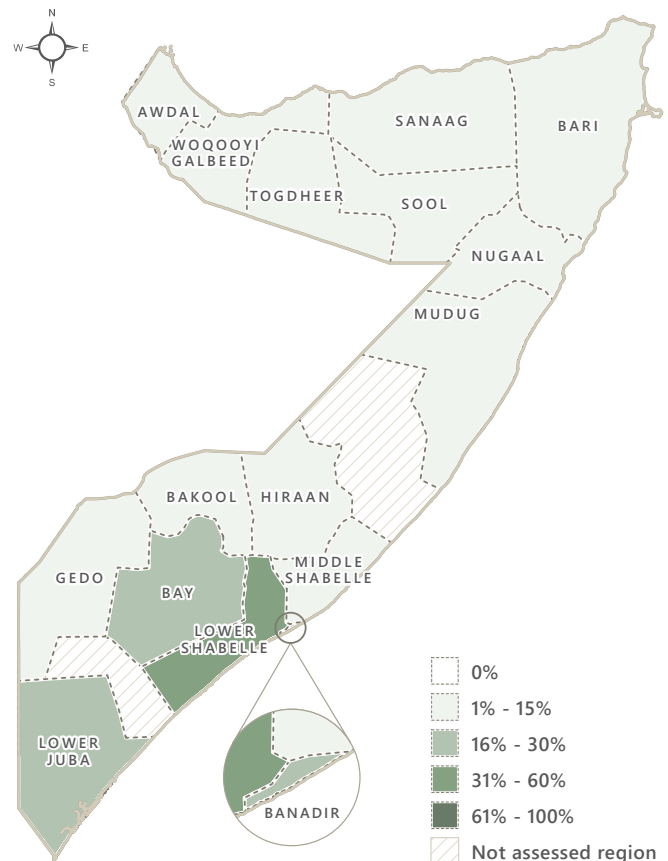


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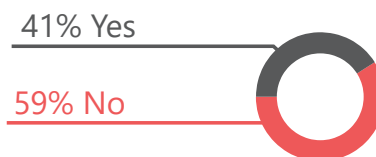
Proportion of households with children 6 - 23 months found to have a Minimum Acceptable Diet (MAD):



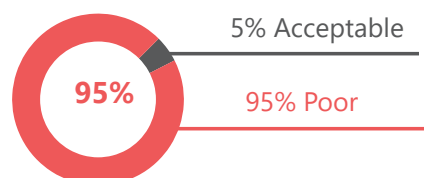
Proportion of households reported Minimum Acceptable Diet (MAD) per region:



Proportion of households reporting Minimum Meal Frequency (MMF) for children between 6-23 months:



Proportion of households reported Minimum Dietary Diversity Score (MDDS) for children between 6-23 months.

**MSNA QUALITATIVE COMPONENT**

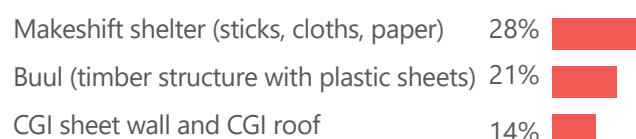
Barriers to accessing nutrition reported in qualitative findings through FGDs included: lack of money to purchase nutritious foods and supplements, lack of awareness of nutrition and limited health facilities providing nutritional support.

SHELTER AND NON-FOOD ITEMS (NFIs)

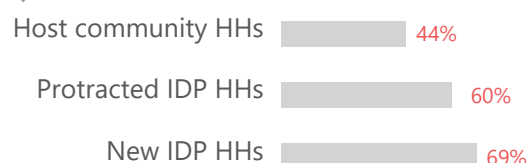
Most households reported that the primary shelter that they lived in was a makeshift house (made up of sticks, cloths or paper). Makeshift shelters are particularly vulnerable to climatic hazards - i.e. high temperature and floods. Displaced households, both protracted and new IDP households, were found to be more reliant on non-durable shelter types - and could be even more vulnerable to these climatic hazards.

Overall findings further suggest that roughly half of households did not have functional spaces for basic needs - storing food/water, cooking and sleeping. Most households reported missing core NFIs - including mosquito nets and blankets. In parallel, more than half (52%) of households reported that their shelter did not have a secure door lock.

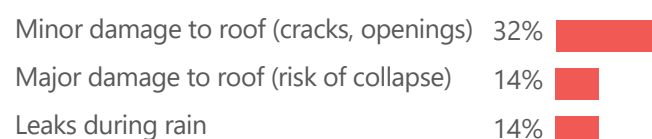
Most commonly reported main shelters, by % of households:*







52% Of households reported that their shelter did not have a secure door lock.



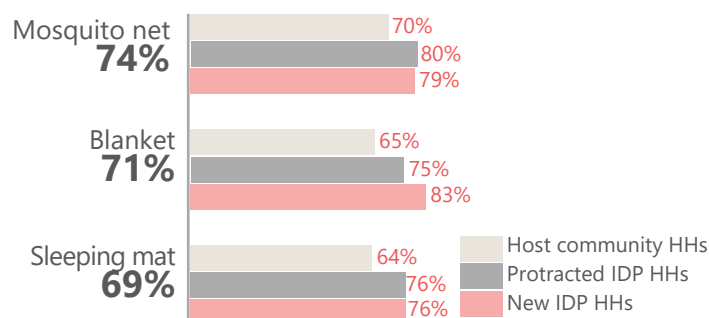
Most commonly reported damages/noticeable issues with the household's primary shelter, by % of households:*



Proportion of households that reported having a functional domestic space for the following activities:*

	Functional without issues	Functional with issues	Not functional
 Cooking	53%	32%	15%
 Sleeping	55%	37%	8%
 Storage	43%	30%	27%
 Power	29%	19%	51%

Most commonly reported core NFIs missing in the household, per population group:



LIVELIHOODS

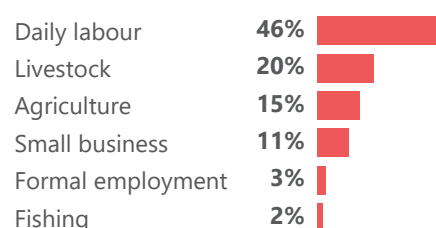
The primary sources of income reported by households were daily labour (46%), followed by livestock rearing (20%), and agriculture (15%) - the latter two being extremely susceptible to climate change and insecurity, and the former being susceptible to fluctuations within the local economy. Protracted IDP households (64%) and New IDP households (65%) reported daily labour as their primary source of income, suggesting that IDP households may be more vulnerable to economic shocks.

Half (50%) of households reported loss of or reduced employment; and 35% reported reduced income for a household member in the last 3 months prior to data collection. Both Protracted and Newly displaced households were affected by the loss or reduced employment in comparison to host community households.

In addition to the most reported challenges households had faced in meeting their basic needs, 68% of respondents expressed their concern over the lack of work opportunities. Furthermore, 43% of respondents highlighted the absence of livelihoods and income-generating activities as a pressing issue. This suggests a broader challenge in sustaining a steady source of income.

Household Income

Primary sources of household income:*



* The total (%) falls short of 100% because only the most frequently chosen options are reported

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

55%

Of households reported that their monthly income was lower in the past 30 days prior to data collection (compared to their usual income over the past months).

MSNA QUALITATIVE COMPONENT

The limited access to livelihoods and income also emerged in the majority of FGDs held with all population groups and were specifically highlighted in KIs discussing people with disabilities and minority clans' needs. Limited purchasing power was furthermore flagged by FGDs participants in all population groups, reportedly limiting access to essential items including food, hygiene products and medicine.

Livelihood Coping Strategies (LCSI)

% Of households reported to have used or already exhausted these "stress" coping strategies in the last 30 days:

60%	Borrowing money	28%	Selling non-food items
35%	Sending household members to eat elsewhere	31%	Prioritizing food consumption of active household members

% Of households reported to have used or already exhausted these "crisis" coping strategies in the last 30 days:

35%	Reducing health expenses on essential health (including drugs)	21%	Children (< 15 y.o.) having to work to contribute to the household income
23%	Selling productive assets or means of transport		

% Of households reported to have used or already exhausted these "emergency" coping strategies in the last 30 days:

28%	Having to sell the last female (productive) animal	18%	Having to engage in socially degrading, high-risk, or exploitive jobs, or life-threatening income activities
22%	Having to beg (ask strangers on the streets for money or food) and/or scavenge		

The use or exhaustion of coping strategies indicates that a household was struggling to meet its needs. Overall, 60% of households reported having used or exhausted at least one of the livelihood coping strategies, which shows that the use of coping strategies was widespread.

MSNA QUALITATIVE COMPONENT

Negative coping strategies reported in qualitative interviews included child labour, begging, and eating fewer meals. An extreme coping strategy was mentioned in an FGD with protracted IDPs, whereby mothers sold nutritious food and supplements to meet other needs as a result of economic hardship. Limited purchasing power was furthermore flagged by FGDs participants in all population groups, reportedly limiting access to essential items including food, hygiene products and medicine.

Purchasing Power

Average monthly household expenditure vs income per population group and overall:

Household Type	Expenditure	Income
All HHs	79 USD	108 USD
Host community HHs	94 USD	128 USD
Protracted IDP HHs	79 USD	59 USD
New IDP HHs	85 USD	63 USD
Male-headed HHs	86 USD	120 USD
Female-headed HHs	73 USD	99 USD

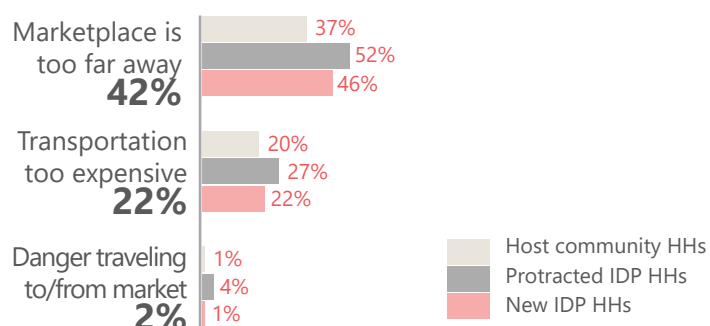
MARKETS

Half of households (51%) reported at least one barrier to accessing markets, with the most reported ones being of a physical or financial nature. Markets were reported as too far (42%) and transportation as too expensive (22%). In line with this, over half of households (56%) reported that the nearest operational market was 30 minutes or more away by foot. Findings largely did not differ between population groups.

Regarding access to items in the markets, over half of households (56%) also reported facing at least one access issue, with the majority mentioning items to be too expensive to purchase (52%). In-market access barriers emerged to be particularly prominent among Protracted IDPs.

56% Of households reportedly traveled "more than 30 minutes" on foot to reach the nearest operational marketplace or grocery store.

Most reported barriers faced in accessing the marketplace at the time of data collection, per population group and overall:*



* The total (%) falls short of 100% because only the most frequently chosen options are reported
 ** Responses could be more than 100% as it was a select multiple question.

Top three reported financial barriers households faced regarding access to food and basic non-food items:*

52%

Some items are too expensive to purchase

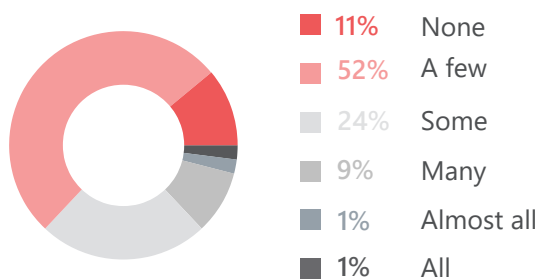
11%

Some items are not available (quantity is too low)

2%

No means of payment (not enough cash, vendors do not accept mobile money, etc.)

Proportion of households reporting the proportion of basic needs they were able to meet in the 30 days prior to data collection, by % of households:



Top three reported challenges households faced in meeting their basic needs in the last 30 days prior to the data collection, per population group and overall:**

	Host community households	Protracted IDP households	New IDP households	Overall
Lack of work opportunities	67%	68%	73%	68%
No livelihoods/income activities	39%	48%	47%	43%
Lack of capital	26%	32%	30%	28%

MSNA QUALITATIVE COMPONENT

Findings from qualitative interviews suggest that although markets were generally accessible to their communities, people with disabilities and older persons faced greater physical barriers (i.e. mobility issues) when accessing markets. Other groups reportedly facing challenges to accessing markets included IDPs (due to economic challenges and lack of awareness), certain clans (due to discrimination) and single parents (due to child-care responsibilities).

Furthermore, self-imposed movement restrictions with regards to markets were raised in FGDs primarily with IDP participants, in line with the conversation around markets being among the areas where people, particularly women and girls, reportedly felt unsafe.

* The total (%) falls short of 100% because only the most frequently chosen options are reported
 ** Responses could be more than 100% as it was a select multiple question.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Findings showed that almost half of assessed households (45%) reportedly received humanitarian aid in the 12 months prior to data collection. Food or Cash to Buy Food were the most commonly reported forms of assistance received (67%), followed by Drinking Water (24%), seemingly in line with the priority needs.

In parallel, the most commonly reported priority needs among all households were Food or Cash to Buy Food (67%), followed by Drinking Water (47%), Shelter (42%) and Healthcare (42%). Host community households were more likely to report Food, Drinking Water and Healthcare as Priority Needs – which aligns with seemingly lower shelter needs among Host community households.

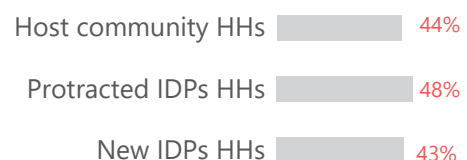
The most commonly reported barrier to humanitarian aid was the "lack of information about aid delivery time, date and/or entitlements". In terms of satisfaction, most households were reportedly satisfied with the aid received in the year prior to the month of data collection.

Reception of Humanitarian Assistance

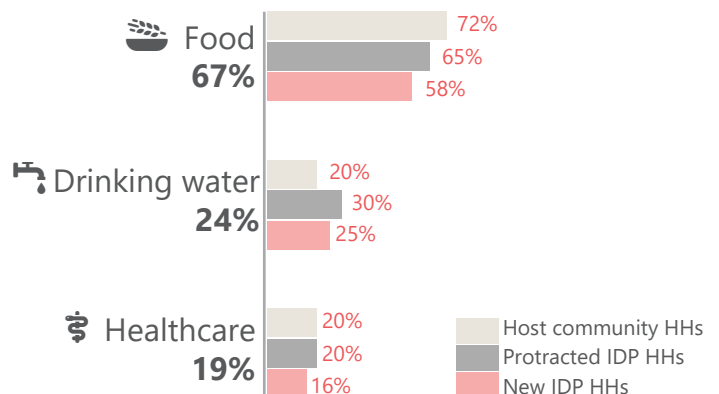
45%

Of households reported to have received humanitarian aid in the 12 months prior to the data collection.

Reception of humanitarian aid in the 12 months prior to the data collection, per population group:



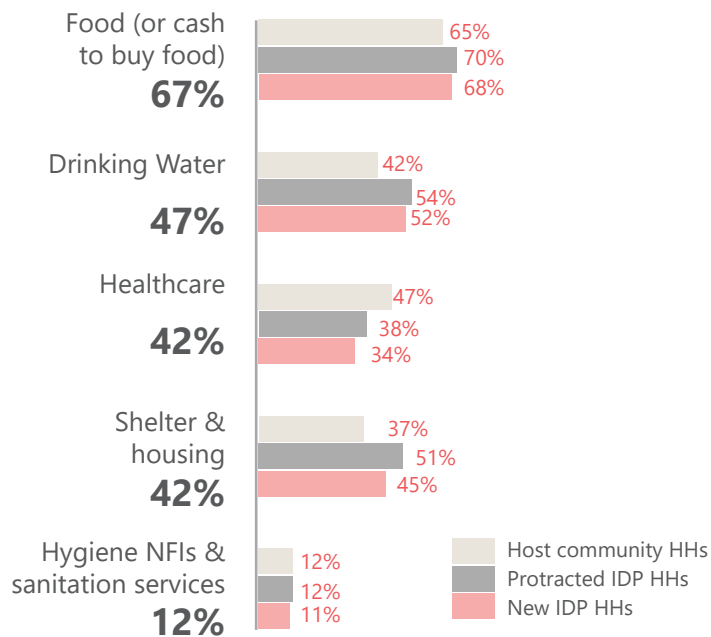
Among the households reported having received humanitarian assistance the most reported types of humanitarian assistance:**



89%

Of households were satisfied with the humanitarian assistance received.

Most commonly reported priority needs, per population group and overall:**



Top three reported barriers households faced in accessing humanitarian aid in the 12 months prior to the data collection, per population group per overall:*

	Host community households	Protracted IDP households	New IDP households	Overall
Lack of information about aid delivery time, date and/or entitlements	27%	36%	33%	30%
Time, date and/or targeting criteria changed without notice/information	8%	14%	14%	11%
Physically unable to access points of humanitarian aid distribution	2%	4%	3%	3%

For further findings relating to Accountability for Affected Populations, please see this factsheet. [Accountability to Affected Populations \(AAP\) - Multi-sector Needs Assessment \(MSNA\) Key Findings, December 2023](#)

END NOTES

Page 1

1. World Health Organization (WHO). (2023). [New study finds that 43 000 "excess deaths" may have occurred in 2022 from the drought in Somalia](#). Mogadishu.
2. World bank. (2019). [Somalia 2019 floods impact and needs assessment](#).
3. United Nations High Commission for Refugees (UNHCR). (2015-2023). [Protection & Return Monitoring Network](#). United Nations High Commission for Refugees (UNHCR) & Norwegian Refugee Council (NRC).
4. United Nations Office for Coordination of Humanitarian Affairs (UNOCHA). (2024). [Humanitarian needs and response plan](#). Somalia.
5. REACH. (2023). [Research Terms of Reference](#). Somalia : REACH.

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6. World Bank. (2023). [Somalia's Economy Resilient Amid Climatic and Global Shocks: Water Management Key to Sustainable and Resilient Development](#). Somalia: World Bank.

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7. Reporting of protection concerns may be low due to the methodology of the MSNA quantitative part which solely relies on face-to-face household-level interviews. To address this, the MSNA also included a qualitative component, where protection concerns are surveyed through focus group discussions, key informant interviews and individual information interviews.

Page 5:

8. Household Water Insecurity Experiences Scale (HWISE) measures universal experiences assessing availability, accessibility and quality of water. [BMJ Global Health](#)
9. Improved water sources: Borehole or tube-well, Piped into compound, yard or plot, Piped into dwelling, Piped to neighbor, Protected spring, Protected (dug) well (must be lined and with apron if shallow well), Public tap/standpipe, Rainwater collection (harvested from roof, or other system). Based on the classification of World Health Organization [WHO](#)

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10. World Health Organization (WHO). (2020-2023). [Somalia weekly epidemiological bulletin](#).
11. Subset of where female enumerator/interviewer meets female household respondent and the female respondent was within the age of menstruation.

METHODOLOGY OVERVIEW

The REACH 2023 MSNA in Somalia aimed to achieve wide geographical coverage through in-person household surveys. Trained REACH enumerators conducted 10,336 household interviews in 59 accessible or semi-accessible districts, with the support from partner organizations. The assessment aimed for representative findings at the population group and district levels, however, due to access constraints and sample targets not being reached in all districts, **overall findings should be considered indicative only.**

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

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

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

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

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

Sampling of MSNA Qualitative component:

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

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

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