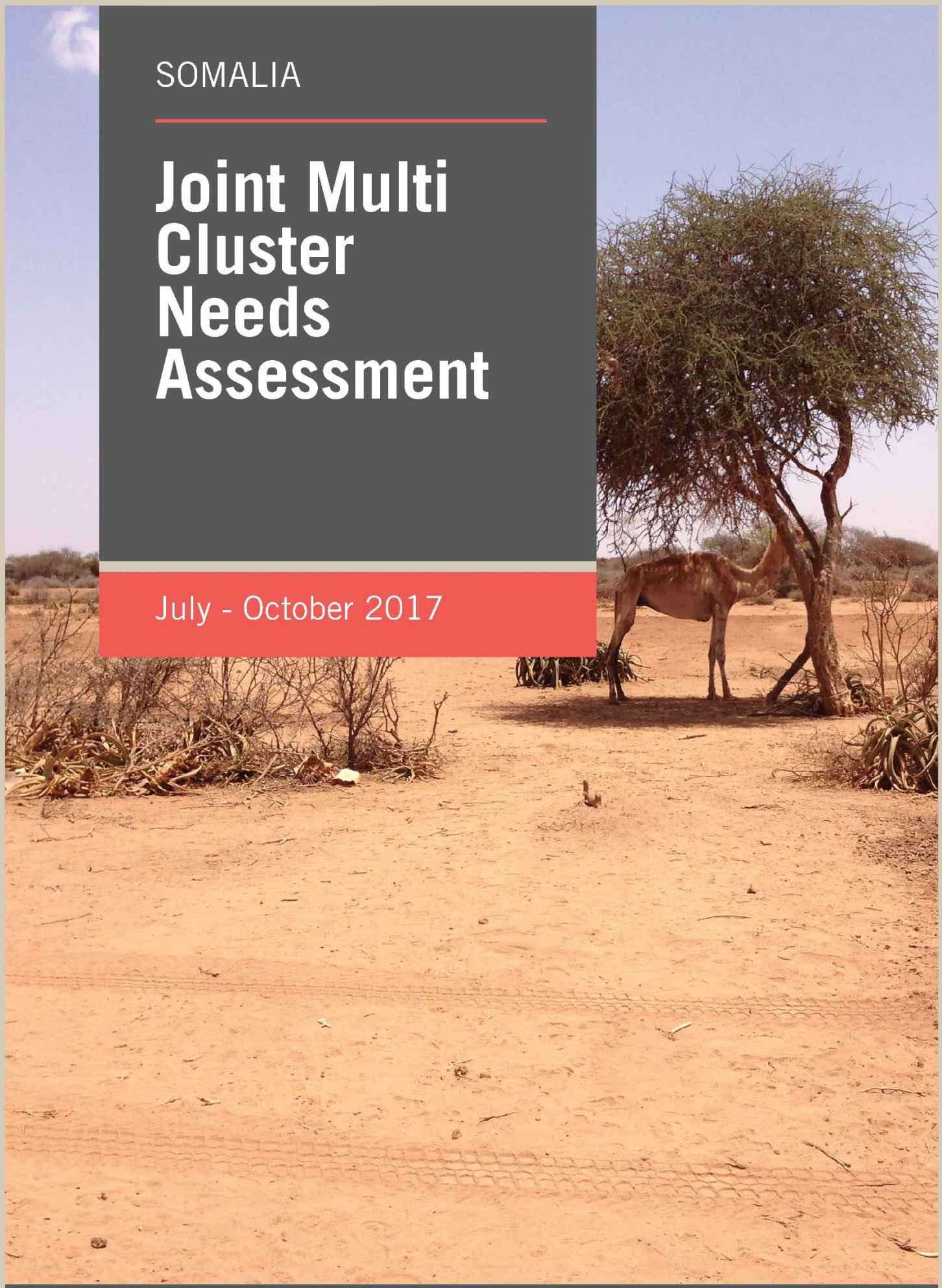
SOMALIA

Joint Multi Cluster Needs Assessment

July - October 2017



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About REACH

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SUMMARY

Ongoing drought conditions have contributed to a rapid deterioration of the humanitarian situation in Somalia throughout 2017. Many areas of the country have experienced four successive seasons of below average rainfall, and the resultant water shortages have contributed to crop failures, loss of livestock, extreme food insecurity for at least a quarter of the country's population[1], and outbreaks of cholera and acute watery diarrhoea (AWD)[2]. Simultaneously, there has been an intensification of conflict in the latter part of the year, particularly concentrated in the South Central Region[3]. Both the drought and the ongoing conflict have exacerbated displacement trends across the country, with an estimated 1.5 million internally displaced persons (IDPs) as of October 2017, of whom 949,000 displaced since November 2016[4,5]. Protracted insecurity has limited humanitarian access, further entrenching household vulnerability across much of the country.

To support coordinated humanitarian response planning and integrated information approaches to the drought and displacement crisis in Somalia, between 9 July and 16 September 2017, the Assessment Working Group, in coordination with Cluster representatives, partner organisations and with the facilitation from REACH, conducted a nationwide Joint Multi-Cluster Needs Assessment (JMCNA). The JMCNA was timed in order to inform the Humanitarian Needs Overview and was endorsed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG). It covered 6,468 households across all accessible 48 districts from 16 regions in Somalia.

The assessment targeted all accessible districts in Somalia, each of which was sampled for statistical representativeness with a confidence level of 90% and a margin of error of +/-10%. The overall sample included rural/urban stratification with statistical representativeness of 90/10 at the regional level. A cluster sampling approach was used, with clusters selected using the Population Proportional to Size method with replacement. Sample proposals were generated for each district using a cluster sampling tool, and unsuitable settlements (usually due to security or operational constraints, as determined by the data collection partner) were randomly replaced with another of similar population size. Due to security and operational constraints, some district samples should not be considered to be entirely random, nor to match the original sample proposal.

This report presents the key findings from the JMCNA across each assessed cluster and draws attention to the pervasive impact that the ongoing drought is having at the household level, especially among IDP households. The data indicates reduced household food security levels and declining access to livelihood opportunities, suggesting an overall reduction in household resilience in the face on ongoing drought. Similarly, households have experienced a reduction in access to safe water sources which has had a knock-on effect on prevalence of AWD and other waterborne diseases. The short-term impacts of drought have compounded the already-fragile position of many Somali households, and have contributed to another wave of displacement over the last two years, further decreasing household resilience.

Displacement

Prior to the mass displacement which occurred throughout 2016-2017, primarily as a result of the 2015-2017 drought, Somalia had experienced multiple waves of displacement since the early 1990s, resulting in protracted displacement in many, predominantly urban, locations. However, JMCNA data indicates that households that were displaced for longer than a year tend to have lower access to aid and are less targeted by interventions. As we might expect, the highest proportions of recent displaced households came from the most drought-affected parts of the country; most notably Mudug and Galgaduud. On the other hand, Bari and Banadir Regions had the highest proportions of new arrivals. Long-term conflict dynamics, and limited economic development have also shaped

[1] FSNAU and FEWSNET. Post-Gu Technical Release. 31 August 2017.
[2] UNHCR. Somalia Factsheet 1-31 July 2017.
[3] Armed Conflict Location and Event Data (ACLED). Conflict Trends (No 63): Real-time analysis of African Political Violence, November 2017.
[4] UNHCR. Somalia Situation: Supplementary Appeal Jan-Dec 2017. Internal Displacement Monitoring Centre (IDMC). Puntland, Somaliland and Somalia Update. February 2017.
[5] PRMN. Somalia Displacements Dashboard. October 2017.

displacement patterns with the availability of humanitarian services and employment opportunities cited as a key pull factor to urban areas.

Protection

Drought has resulted in increased household vulnerability and subsequent exposure to protection risks, particularly for displaced groups. Child separation, both accidental, for example during displacement, and intentional, in which children may be sent to IDP settlements or other family members to access food and other basic services, was reported across all 16 assessed regions. A small proportion of households (8%) indicated that children were involved in harsh or dangerous activities, again potentially as a result of reduced household resilience, which has forced children to contribute to household income. IDP and non-displaced household relations were generally reported as favourable.

Food Security and Livelihoods

The JMCNA pointed to increasing levels of food insecurity with households reporting abnormal household hunger rates, reliance on coping strategies and a reduction in the quality and variety of food. Additionally, findings indicate decreasing levels of household economic resilience, as evidenced by a reported reduction in household income sources, rising food prices, and a reported lack of resources to purchase food as a key access constraint. Within this, IDP households generally reported greater vulnerability than non-displaced households. A lack of resources was cited as the most common barrier to accessing food, reported by 78% of households without adequate access to food, with an average of 39% households reporting an increase in food prices over the month prior to the assessment. Simultaneously, 48% of assessed households indicated having lost access to income source in the three months preceding the assessment, with drought-impacted areas the most affected. Overall this indicates the gradual reduction of economic resilience of households as the drought continues; households have fewer income sources and fewer assets to respond to market price increases, therefore limiting food access. Against this backdrop, it is extremely likely that households will continue to rely heavily on external support, particularly cash-based interventions, in the coming months.

Nutrition

Middle Upper Arm Circumference (MUAC) estimates indicate over two thirds of children under five years were either at risk of malnutrition (38%) or experiencing moderate or severe malnutrition, reported by 25% and 5% of assessed households with children under five respectively. The drought-affected region of Galgaduud had the highest proportions of children reportedly experiencing malnutrition with 16% of under-five children categorised as experiencing severe acute malnutrition and 44% experiencing moderate malnutrition. The region with the second highest rates was Bay (15% severe and 41% moderate) which is likely due to the high concentration of IDPs in this area. Given the prevalence of malnutrition it is unsurprising that nutrition access was reportedly generally low across Somalia. Regions where nutrition access was reportedly very limited include Lower Juba, with just 22% of households reporting attempted access, Woqooyi Galbeed at 23%, Sool at 28% and Bay at 29%. At the national level, Outpatient Therapeutic Programming (OTP) was the most commonly reported available nutrition service, reported by 25% of households, followed by Targeted Supplementary Feeding Programme (TSFP) services at 13%. The availability of other forms of nutritional support, particularly Infant and Young Child Feeding (IYCF), wet feeding (WF) and micronutrient supplementation, were extremely limited across all regions assessed. As Somalia approaches the post-Deyr dry season, the proportion of malnourished children is likely to continue to grow without sustained intervention in the most drought-affected areas.

Water, Sanitation and Hygiene

As with food security, household access to safe water in sufficient quantities was also lower in the more drought-affected areas. Just under half of all assessed households (47%) indicated having insufficient water for household purposes, as measured against the SPHERE standards[6] of 15 litres per person per day, with some of the highest

[6] The SPHERE Project. The SPHERE Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response. 2011.

proportions of households reporting this located in drought-affected areas of Puntland and Somaliland (Nugaal 79%, Sool 66% and Sanaag 62%).

In an indication of limited access to quality water, over one-third (41%) of all assessed households reported using an unprotected water source (either a river, an unprotected well or a burkad) as their primary source of drinking water. Use of unprotected water sources was higher amongst non-displaced households (reported by 46%) than IDP (19%) which likely reflects the greater prevalence of these sources in rural areas. Unprotected water sources are more susceptible to contamination which can increase the risk of transmission of waterborne diseases. This risk is likely further exacerbated by limited water treatment practices – just 13% of assessed households across Somalia reported that they treat their drinking water.

Approximately one-fifth (22%) of all assessed households indicated no access to a latrine with the practice of open defecation much more common in rural than urban areas. Regions in Puntland and Somaliland had the highest proportions of households reporting no latrine access, indicating open defecation practices are particularly widespread in these areas. Nationally, over half (52%) of assessed households indicated that they wash their hands with water only and less than two-fifths (37%) reported that they had received hygiene assistance in the three months prior to the assessment. The low access to soap and other hygiene products, combined with the persistence of open defecation means that the threat of AWD outbreaks remains high, particularly in rural areas.

Health

Just under half (52%) of assessed households indicated attempting to access healthcare services in the three months preceding the assessment. Of those, 68% reported increased difficulty in access, suggesting that there are major barriers to accessing healthcare services (such as cost and distance) even when such facilities do exist. Malaria, AWD and measles were the most commonly reported health issues experienced by assessed households, which echoes national trends throughout 2017. Hiraan had the highest proportion of households reporting that a member had experienced AWD or measles, likely linked to the lack of rainfall in this area, and the subsequent reduction in available safe water sources.

Shelter and Non-Food Items

Poor quality, temporary shelters – predominantly buuls – were commonly reported, particularly amongst IDP households. Shelter was highlighted as a priority need by 48% of households, rising to 60% of IDP households, second only to food. Further, 63% of assessed households indicated that they did not have an internal separation in their shelter, which raises protection concerns, particularly in cases where more than one family is sharing a shelter.

Over half (58%) of assessed households reported owning the land they were settled on, although this figure was significantly lower for IDPs, reported by only 19% of households. For those households which did not own land, only 28% indicated that they pay rent which suggests that a high proportion are living on land without formal permission, leaving them extremely vulnerable to forced eviction. This is particularly the case in urban areas, such as Kismayo, where land ownership is a highly sensitive issue. Further, JMCNA data indicates that forced eviction is resulting in households being displaced multiple times.

Access to key non-food items (NFIs) was low; 35% of all households reported lacking access to any core NFIs (sleeping mats, jerry cans, knives, plastic sheeting, mosquito nets, 5L+ cooking pots, blankets, and washbasins), with a lower proportion of displaced households than non-displaced reporting access to all types of NFIs. At the national level, mosquito nets were the least prevalent NFI, reportedly possessed by just 26% of households, and only 56% of households reported jerry cans with a total capacity of 20 litres or more, the minimum SPHERE standards.

Education

Nine percent (9%) of the school-aged children in the assessed households across Somalia were reportedly attending school at the time of assessment. This figure is significantly lower than the United Nations Children's

Fund (UNICEF) estimate of 30%[7]. The attendance rate of girls was consistently lower across age-groups and types of school. In a probable reflection of the negative impact of displacement on education, the reported attendance rate of non-displaced children (10%) was double that of IDP children (5%). Children in urban areas also reported a higher attendance rate (18%) than children in rural areas (8%), likely suggesting greater availability or accessibility of education infrastructure in urban areas.

Despite low school attendance, a high proportion of households indicated that education was a priority, suggesting that barriers to accessing school are practical and financial, rather than cultural. Further, household inability to pay school fees was the most commonly reported reason for non-attendance at school, for both girls and boys.

[7] UNICEF. 2015. Education in Somalia: Summary. Available online at https://www.unicef.org/somalia/education_56.html [last accessed 16/11/2017]

CONTENTS

List of Acronyms

AAHI	Action Africa Help International
ACF	Action Against Hunger
ACLED	Armed Conflict Location and Event Data
ADESO	African Development Solutions
AWD	Acute Watery Diarrhoea
BSFP	Blanket Supplementary Feeding Programme
CCCM	Camp Coordination and Camp Management
CLTS	Community Led Total Sanitation
DBG	Daryeel Bulsho Guud
DRC	Danish Refugee Council
FAO	Food and Agriculture Organization
GBV	Gender-Based Violence
HNO	Humanitarian Needs Overview
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IPC	Integrated Phase Classification
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JMCNA	Joint Multi-Cluster Needs Assessment
JMP	Joint Monitoring Programme
MS	Micronutrient Supplementation
MUAC	Middle-Upper Arm Circumference
NFI	Non-Food Item
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Programme
PAH	Polish Humanitarian Action
PRMN	Protection Monitoring and Returns
SADO	Social-life and Agricultural Development Organisation
SCI	Save the Children International
SHARDO	Shabelle Relief and Development Organisation
SI	Solidarite International
SoS	Somali Shilling
SWALIM	Somalia Water and Land Information Management
TSFP	Targeted Supplementary Feeding Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WF	Wet Feeding
WHO	World Health Organization
WRRS	Wamo Relief and Rehabilitation Services

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INTRODUCTION

Ongoing drought conditions have contributed to a rapid deterioration of the humanitarian situation in Somalia throughout 2017. Many areas of the country have experienced four successive seasons of below average rainfall, and the resultant water shortages have contributed to crop failures, loss of livestock, extreme food insecurity for at least a quarter of the country's population[8], and outbreaks of cholera and acute watery diarrhoea (AWD)[9]. Simultaneously, there has been an intensification of conflict in the latter part of the year, particularly concentrated in the South Central Region[10]. Both the drought and the ongoing conflict have exacerbated displacement trends across the country, with an estimated 1.5 million internally displaced persons (IDPs) as of October 2017, of whom 949,000 displaced since November 2016[11]. In October 2017, the Famine Early Warning Systems Network (FEWSNET) and the Food Security and Nutrition Analysis Unity (FSNAU) estimated that there were 2,444,000 people in Crisis (Integrated Phase Classification – IPC – Phase 3) and a further 866,000 in Emergency (IPC Phase 4) across Somalia[12].

Protracted insecurity has limited humanitarian access, further entrenching household vulnerability across much of the country. As the strain on households increases, there is a growing need for integrated and harmonised information systems to support drought and displacement responses. In this rapidly evolving context, the need for continued assessments and mapping activities has become ever more evident.

To support coordinated humanitarian response planning and integrated information approaches to the drought and displacement crisis in Somalia, between July and September 2017, the Assessment Working Group, in coordination with Cluster representatives, partner organisations and with the facilitation from REACH, conducted a nationwide Joint Multi-Cluster Needs Assessment (JMCNA). The JMCNA was timed in order to inform the Humanitarian Needs Overview and was endorsed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG). It was conducted with the participation of the following partner organisations: Action Africa Help International (AAHI), Action Against Hunger (ACF), ACTED, African Development Solutions (ADESO), Aid Vision, CARE, Daryeel Bulsho Guud (DBG), Danish Refugee Council (DRC), Galmudug Ministry of Health, HINNA, INTERSOS, International Organization for Migration (IOM), Norweigian Refugee Council (NRC), Polish Humanitarian Action (PAH), Social-life and Agricultural Development Organisation (SADO), Save the Children International (SCI), Shabelle Relief and Development Organisation (SHARDO), Solidarite International (SI) and Wamo Relief and Rehabilitation Services (WRRS).

The JMCNA sought to complement the pre-existing FSNAU seasonal needs assessments, which are widely used and supported but primarily focused on food security and conducted twice per year at the livelihood zone level, and therefore provide limited information to other humanitarian clusters. In order to build on this existing platform, the JMCNA was designed so that the baseline needs relevant to each cluster were assessed in a way that can be easily and frequently updated. In addition, the assessment was designed to encourage multi-cluster coordination through the joint planning and implementation of the assessment itself, and by facilitating response planning at the more operationally relevant district level.

This report presents an analysis of key findings from the data collected as part of the JMCNA and aims to provide an overview of needs and access to basic services in Somalia. It is organised into the following sections; methodology, overview of displacement trends, protection, food security and livelihoods, nutrition, Water, Sanitation and Hygiene (WASH), health, shelter and non-food items (NFIs) and education.

[8] FSNAU and FEWSNET, Post-Gu Technical Release, 31 August 2017.
[9] UNHCR, Somalia Factsheet 1-31 July 2017.
[10] Armed Conflict Location and Event Data (ACLED). Conflict Trends (No 63): Real-time analysis of African Political Violence, November 2017.
[11] UNHCR. Somalia Situation: Supplementary Appeal Jan-Dec 2017. Internal Displacement Monitoring Centre (IDMC). Puntland, Somaliland and Somalia Update. February 2017.
[12] FSNAU and FEWSNET. Somalia Food Security Outlook: October 2017 – May 2018.

METHODOLOGY

The JMCNA was designed as a single snapshot of needs and access to basic services in Somalia, guided by the following questions:

- What are the key household priorities and needs in Somalia?
- How food secure are Somali households?
- What is the level of access to basic services, including health, WASH, education and shelter?
- Are any population groups disproportionately vulnerable in terms of food security and access to basic services?
- Are there any protection concerns currently affecting populations in Somalia, and if so, which are the most prevalent and/or important?
- Do answers to the above questions vary according to:
    - District?
    - Region?
    - IDP vs. non-IDP populations?
    - Rural vs. urban populations?
- How should humanitarian actors respond to the ongoing drought crisis in Somalia?

Methodology and tool design

The JMCNA is a household-level assessment based on the methodology developed for the Somalia Initial Rapid Needs Assessment (SIRNA). REACH supported the methodology design in close coordination with Cluster leads, the Inter-Cluster Coordination Group (ICCG) and Assessment Working Group, and led the development of the JMCNA household survey tool (adapted from the SIRNA survey tool) through a consultative process with each Cluster. Once most of the data had been collected and preliminary findings could be developed, these were presented to each Cluster for their feedback.

Population of interest

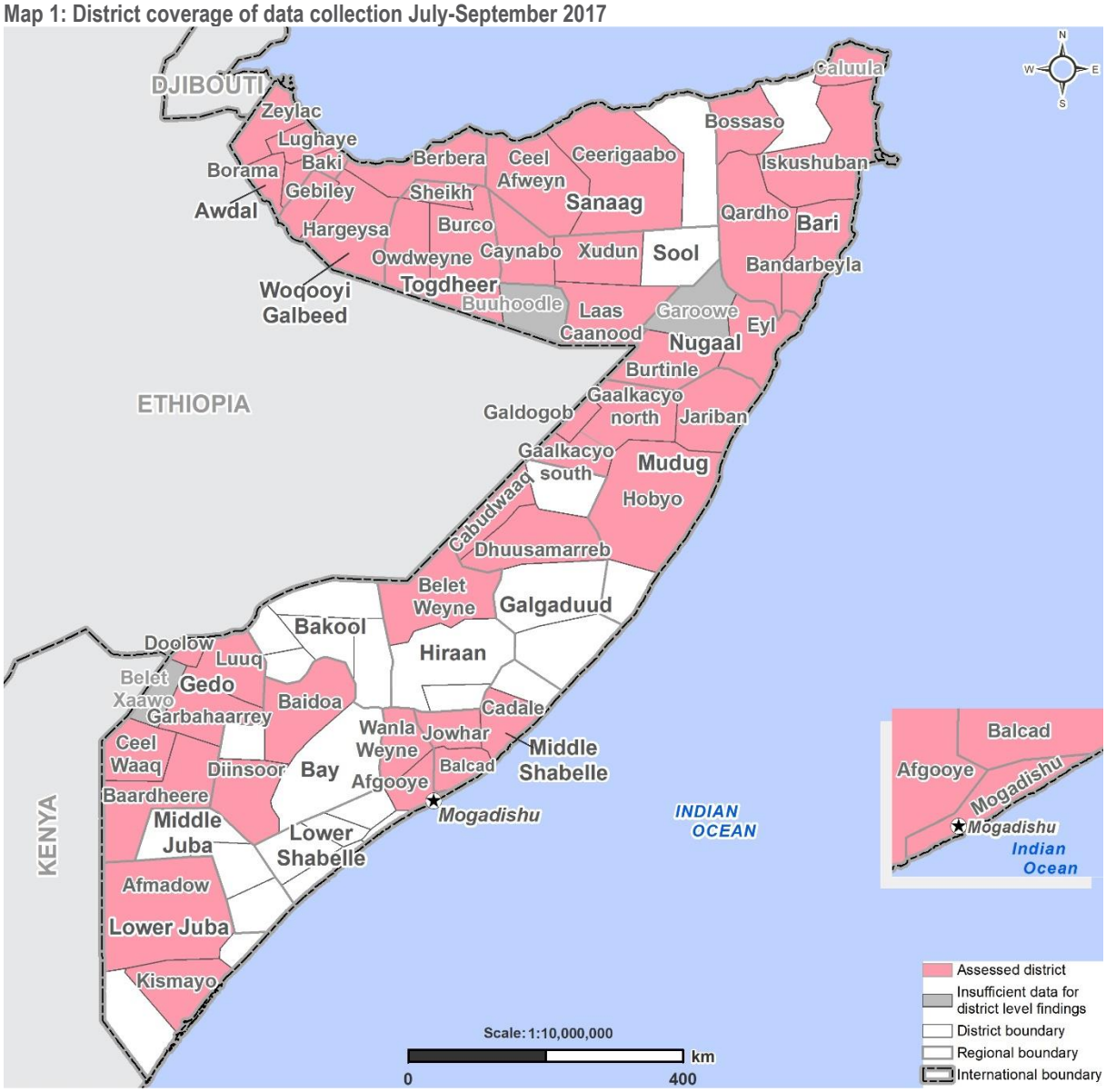
The entire population of Somalia was of interest in the JMCNA, including IDPs, host communities, refugees, economic migrants and returnees.

Primary data collection

Method

REACH identified all accessible districts in Somalia based on previous REACH assessment locations and partner availability to collect data in their areas of operation. In these accessible areas, the JMCNA household tool was administered. Areas that were both inaccessible to REACH and in which no partner was willing or able to collect data were not included in the JMCNA.

Map 1: District coverage of data collection July-September 2017



The household survey was conducted by partner and REACH enumerators, all of whom were trained by REACH Field Coordinators or by a partner agency focal point who had participated in a REACH Training of Trainers. In accessible areas where partners were not operating or were not available to support data collection, REACH enumerators were used. Data collection took place between 9 July and 16 September 2017 and was conducted by AAHI, ACF, ACTED, ADESO, Aid Vision, CARE, DBG, DRC, Galmudug MoH, HINNA, INTERSOS, IOM, NRC, PAH, REACH, SADO, SCI, SHARDO,SI and WRRS.

Data was cleaned on a regular basis by REACH, and outliers were submitted to partners for feedback, which was incorporated into the final dataset.

Sampling

Each of the accessible districts in Somalia was sampled for statistical representativeness with a confidence level of 90% and a margin or error of +/-10%. The overall sample includes rural/urban stratification with statistical representativeness of 90/10 at the regional level.

A cluster sampling approach was used to facilitate the logistics of the assessment. Worldpop population estimates[13] were joined to the nearest town or village in the OCHA settlement database in order to create a populated area polygon around each settlement[14]. These settlements were used as the clusters for the assessment sample. Clusters (settlements) were selected using the Population Proportional to Size method with replacement. Sample proposals were generated for each district using a cluster sampling tool, and unsuitable settlements (usually due to security or operational reasons, as determined by the data collection partner) were randomly replaced with another of similar population size.

Due to the security and operational context in Somalia, it was rare that a randomly generated sample could be implemented in its original form. Reasons for this included inaccuracies in the settlement database (with some settlements no longer in existence due to pastoral migration or displacement), operational access, general security conditions in the area, and specific security incidents occurring in or near the pre-selected area at the time of data collection. Furthermore, on multiple occasions, enumerators arrived at a pre-selected village to find that it had been abandoned and were forced to assess the nearest populated village. As such, the district samples should not be considered to be entirely random, nor to match the original sample proposal. More serious limitations on the representativeness of specific samples are listed below:

- **Afmadow**: Due to the security situation in Afmadow District, no random sample was generated and the data collection partner conducted surveys only in their areas of operation.
- **Baidoa**: Due to the security situation in Baidoa District, only areas identified as accessible by the data collection partner were inputted in the sampling tool.
- **Bardheere**: Due to the security situation throughout rural Baardheere District, only Baardheere town was assessed. Findings in this report related to Baardheere should be considered representative of the town itself, but not applicable to the entire district.
- **Ceel Waaq**: Due to the operational context in Ceel Waaq District, data collection was limited to areas accessible to the partner in and around Ceel Waaq town. Findings in this report related to Ceel Waaq should be considered representative of the town itself, but not applicable to the entire district.
- **Diinsoor**: Due to the security situation in Diinsoor District, data collection was limited to a 3 km radius around Diinsoor town. Findings in this report related to Diinsoor should be considered representative of the town itself, but not applicable to the entire district.
- **Garbahaarey**: Due to the operational context in Garbahaarey District, data collection was limited to areas accessible to the partner in and around Garbahaarey town. Findings in this report related to Garbahaarey should be considered representative of the town itself, but not applicable to the entire district.
- **Kismayo**: Due to the security situation in Kismayo District, only areas identified as accessible by the data collection partner were inputted in the sampling tool.

In total, 6,468 household surveys were conducted in 48 districts[15] and 16 regions. Please see Annex 2 for the complete list of settlements assessed and the number of surveys conducted in each.

Data analysis

Since sampling was done at the district level, to ensure that the national and regional indicators computed from the data were representative of the corresponding national and regional populations, results were weighted using the Worldpop population estimates mentioned previously.

Secondary data review

The analysis in this report has been triangulated through a secondary data review, sources of which include:
- FSNAU and FEWSNET seasonal assessments
- Cluster-specific assessments recently conducted by partners
- Cluster feedback on preliminary findings

[13] Somalia data from: http://www.worldpop.org.uk/data/summary/?contselect=Africa&countselect=Somalia&typeselect=Population
[14] Note: polygons represented the estimated settlement boundaries and were therefore not of equal size for each assessed settlement.
[15] Samples from Belet Xaawo, Buuhoodle and Garoowe District did not meet the threshold for representativeness and therefore have been excluded from district level analysis but included in regional and national averages.

- Relevant UN agency and other non-governmental organisation (NGO) reports

General limitations

These findings are based on responses that were self reported and may therefore be subject to bias or exaggeration. Additionally, some findings, particularly those disaggregated by displacement status, fall within the margin of error and can therefore only be considered indicative rather than representative.

FINDINGS

This chapter of the report presents the main findings from each assessed sector and is comprised of the following sections; an overview of key displacement patterns, protection concerns, household food security and livelihood access, nutrition, WASH, shelter and NFIs, and education. Findings are presented at the regional level, with trends also identified at the district and national level where relevant. Some key findings have also been disaggregated by displacement status to provide additional detail.

Displacement Overview

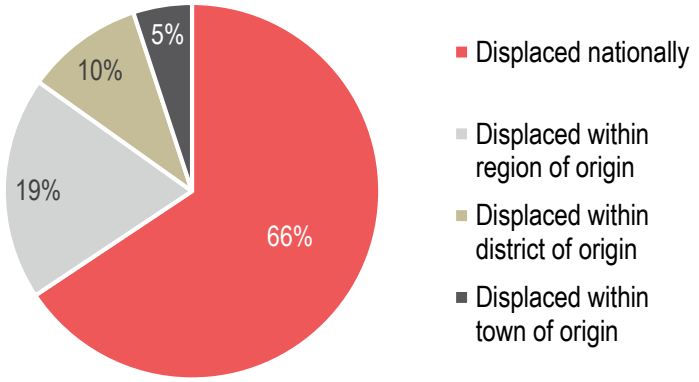
Whilst the exact displacement figures in Somalia are unknown, the Protection and Return Monitoring Network (PRMN) recently indicated that IDPs were estimated to be approximately 1.5 million[16], with 949,000 people displaced within Somalia since November 2016. The majority of these IDPs are moving from rural to urban or peri-urban areas. As a general population assessment, the JMCNA was not specifically targeted at displaced populations. However, **22% of assessed households reported that they were not from the location in which they were residing at the time of assessment, and had moved locations either as IDPs, as a result of conflict, threats or natural disaster, or as migrants, primarily moving in search of economic opportunities.**

Banadir Region had the highest proportion of IDP households in the assessment sample (64%) due to the inclusion of the Afgoye Corridor IDP settlement areas of Kahda and Daynile Districts, as well as Mogadishu District; in September 2017 IOM estimated that there are approximately 537,000 IDP households in Banadir[17]. Although a lower proportion of IDP households were reported in Bay Region (19%), the Baidoa District sample included a comparatively high IDP population, at 31% of households, which likely reflects the high concentration of informal IDP settlements in this particular district[18]. In Lower Juba Region, where 25% of assessed households were categorised as IDPs, both Afmadow District (18%) and Kismayo District (33%) reported high IDP populations.

The overall composition of assessed households indicates a higher proportion of IDPs in urban areas (20%) than in rural areas (8%). In Woqooyi Galbed Region, the displaced population was primarily concentrated in Hargeisa District, where 24% of those interviewed were identified as IDPs, and 26% as migrants[19]. As Hargeisa is the largest urban area in Somaliland, it is probable that the available services and employment opportunities are substantial pull factors for displaced households, particularly those whose livelihoods have been impaired by drought. This rural-urban displacement pattern also likely accounts for the high proportion of households identified as IDPs in Mogadishu District – 63%.

[16] UNHCR. Somalia Situation: Supplementary Appeal Jan-Dec 2017. Internal Displacement Monitoring Centre (IDMC). Puntland, Somaliland and Somalia Update. February 2017.
[17] Somalia Camp Coordination and Camp Management Cluster (CCCM) IDP site master list September 2017.
[18] CCCM IDP site master list September 2017. A total of 234 informal IDP settlements were identified in Baidoa District.
[19] Migrants were classified as those citing access to work or services as a reason for leaving their area of origin, but not citing conflict, threats or natural disaster as push factors.

Figure 1 : Type of displacement reported by assessed displaced households across Somalia



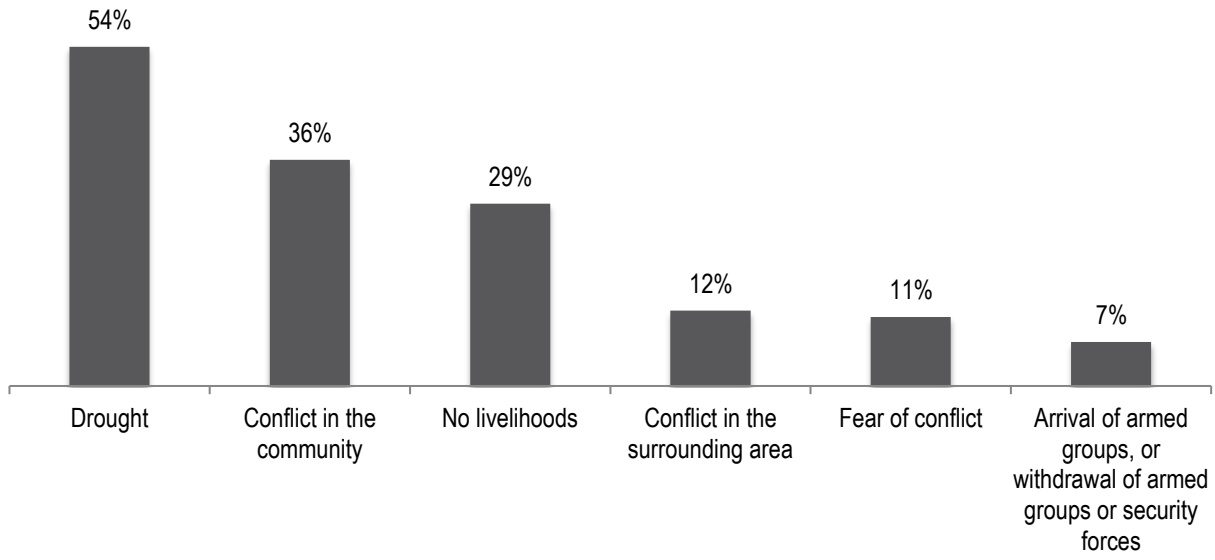
Almost two-thirds (66%) of displaced households in the sample reported that they had moved from a different region in Somalia, as opposed to being displaced within their region, district or town of origin (Figure 1). There was a particularly high concentration of displaced households indicating interregional displacement in Bari (97% of assessed displaced households), Banadir (94%), Nugaal (93%), Lower Shabelle (70%) and Bay Regions (54%). In Banadir, this is likely due to the small geographic size of the region, comparative to the other regions in Somalia. The boundaries of the region broadly follow the boundaries of Mogadishu city, which means that any displacement into the city will by definition be interregional. Displaced households in Banadir primarily originated from Lower Shabelle (35%), Bay (28%), Middle Shabelle (10%) and Bakool (10%). In Bari, a considerable proportion of the assessed displaced households reported coming from regions particularly affected by drought and/or conflict in South Central Somalia, including Lower Shabelle (33%), Banadir (24%) and Hiraan (14%). In Nugaal, those displaced across regional boundaries were primarily coming from Bay (29%) and Banadir (21%). Fifty-four percent (54%) of the internally displaced households in Bay, and all of those indicated that they had travelled from outside the region, reported originating from Bakool Region, and in particular from Waajid District.

Just over two-thirds (69%) of assessed IDP households indicated that they had been displaced for longer than one year, suggesting protracted displacement in many parts of the country, as a result of decades of insecurity and erratic climate patterns. Only 32% of displaced households reported having been displaced in the year prior to the assessment – 11% within the 3 months prior to the assessment, 10% between 3 and 6 months and 11% between 6 and 12 months prior to the assessment. This pattern of longer-term displacement reflects the multiple waves of displacement that have taken place in Somalia since the 1990s. Initially triggered by the civil war, displacement has been repeatedly exacerbated by multiple crises, both drought and security related[20]. Ongoing insecurity and repeated droughts have limited opportunities for return, whilst economic growth and rapid urbanisation have presented new employment opportunities which have encouraged displaced households to remain in their new locations.

In a reflection of the current drought, which has disproportionately affected Puntland and south-east Somaliland, Mudug (85%), Galgaduud (84%) and Togdheer Regions (67%) had the highest proportion of households reporting displacement in the year prior to the assessment. By contrast, around half of displaced households assessed in Lower Juba (57%), Bakool (51%) and Middle Juba Regions (50%) reported having been displaced for 1-5 years, suggesting medium-term displacement in these regions, largely as a result of insecurity.

[20] Lindley & Hasley. 2011. Unlocking protracted displacement: Somalia case study. Refugee Studies Centre Working Paper No. 79.

Figure 2: Proportion of assessed displaced households reporting main reasons for leaving area of origin[21]



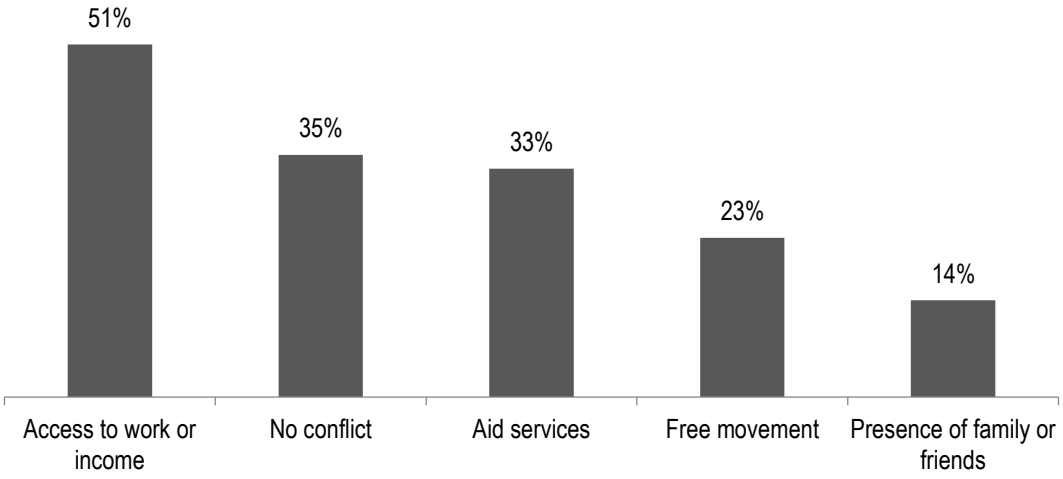
Whilst drought was the most commonly cited reason for displacement, reported by 54% of displaced households (Figure 2), the mixed timelines and durations of displacement suggest long-term economic and conflict dynamics have also significantly influenced population movement. For example, in Bari, where 64% of displaced households indicated that they had been displaced for more than five years, a disproportionately high proportion of households (83%) reported conflict[22] as a push factor for leaving their previous location, compared to the average of 36% of households citing any conflict-related factor in all other regions. This is also reflected in the high proportion of displaced households in Bari reporting the absence of conflict as a reason for settling in their current location (79%).

On the other hand, whilst a similar proportion of displaced households in Woqooyii Galbeed (64%) indicated that they had been displaced for more than five years, the most commonly reported reason for displacement was economic, with 48% of displaced households in Woqooyi Galbed reported coming to their current area of residence for access to work[23].

The availability of income opportunities and humanitarian aid were also indicated as key pull factors, with 51% of displaced households reporting they had chosen their current location in order to access work or income, and 33% citing the availability of aid services[24] (see Figure 3). In some case, this appears to be tied to the concentration of delivery of services in key areas of South Central Somalia. For example, 74% of displaced households in Bay which reported aid as a pull factor were concentrated in Baidoa town, which acts as a hub for humanitarian service provision to displaced populations. This dynamic is also reflected in the considerable difference between urban and rural respondents citing aid services as a pull factor, at 41% and 22% respectively. Urban areas also had a higher proportion of households reporting they had come to the area because they were able to move freely, without restriction from armed groups (27%) than households who had moved to rural areas (18%).

[21] Only includes responses from respondents reporting that they currently reside outside their area of origin.
[22] Including conflict in the respondent's community of origin, conflict in the surrounding area and/or fear of conflict.
[23] Respondents could select multiple options.
[24] Respondents could select multiple options.

Figure 3: Proportion of displaced households reporting pull factors to their current location[25]



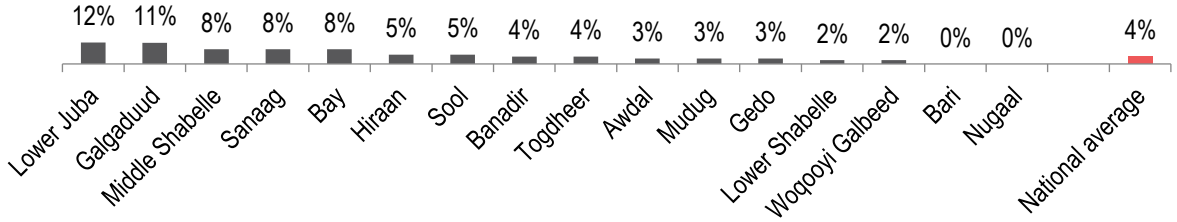
Protection

Protracted drought has resulted in increased household vulnerability and subsequent exposure to protection risks, including child separation, sexual violence and forced evictions, particularly amongst displaced groups. Within this, displaced groups tend to be the most vulnerable, particularly as OCHA estimates that over 80% of IDPs are women, children and elderly[26].

Child protection

Children[27] separated from the household (both voluntarily and involuntarily) within the three months prior to the assessment were reported across all 16 assessed regions. Of the total 357 reported cases of child separation at the national level, the vast majority (87%) were voluntary, whilst 15% were reportedly accidental and 2% forced. The highest number of recently separated children (both forced and accidental) was reported in Awdal Region (70 children), of which more than half were reported in Zeylac District (37 children). Whilst there was little variation between the proportion of IDP and non-displaced households indicating accidental or voluntary separation, there was a more notable gap in the proportion reporting forced separation, with 16% of IDP households that had experienced child separation indicating that it had been forced, as opposed to 2% of non-displaced households. Although the numbers are too small to be considered statistically significant, it is highly likely that they are indicative of the greater vulnerability of IDP households.

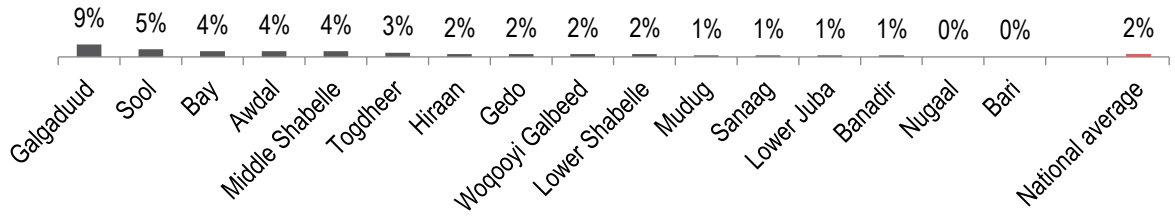
Figure 4: Proportion of assessed households reporting unusual crying or screaming among girls in the household within the three months prior to the assessment, by region



[25] Respondents could select multiple answers.
[26] OCHA. Humanitarian Needs Overview. 2017.
[27] 'Children' in Somalia are understood to be aged between 0-16 years old.

Negative behaviour changes observed in children within the three months prior to the assessment were reported by 9% of assessed households across Somalia, with the highest rate reported in Lower Juba (23%). **Unusual crying and screaming was reported by 44% of households reporting a behaviour change in children for both girls and boys**, making it the most commonly reported behaviour change across genders. More aggressive behaviour was the second most commonly reported behaviour change in boys, as reported by 2% of households nationally and 26% of households reporting behaviour change in boys. As Figure 5 demonstrates, the highest proportions of households reporting aggressive behaviour among boys were in Galgaduud (9%) and Sool (5%). In a likely reflection of the impact of displacement on psychological wellbeing and development, IDP households were slightly more likely to report behaviour changes (12%) than non-displaced households (9%), although again the figures are too low to be considered anything other than indicative.

Figure 5: Proportion of households reporting more aggressive behaviour among boys in the household within the three months prior to the assessment, disaggregated by region



Whilst the relationship between drought and mental health has not been explored in depth (both in policy and academia), research has found that the economic and migratory impact of drought can have a negative effect on mental health[28]. Further, that the effects are particularly notable amongst agro-pastoralist households, whose livelihoods are directly impacted by climate shocks[29]. There is a probable link between the behaviour change observed in children and the negative impacts of drought on household resilience, which has led to forced displacement, forced and voluntary separation of children into IDP settlements and, as detailed below, an increase in child labour in order to support the household. Although this assessment did not explore mental health issues amongst adults, it is also likely that the drought, and protracted conflict, has resulted in increased mental health problems, including elevated rates of Post-Traumatic Stress Disorder (PTSD), amongst adults[30]

Eight percent (8%) of households across Somalia reported that children in the household were involved in types of work that are harsh or dangerous for them. Of these 523 households, domestic labour was the most commonly reported type of harsh work (56%), followed by casual labour as a waiter or porter (40%), garbage collection (25%) and transporting people or goods (20%).

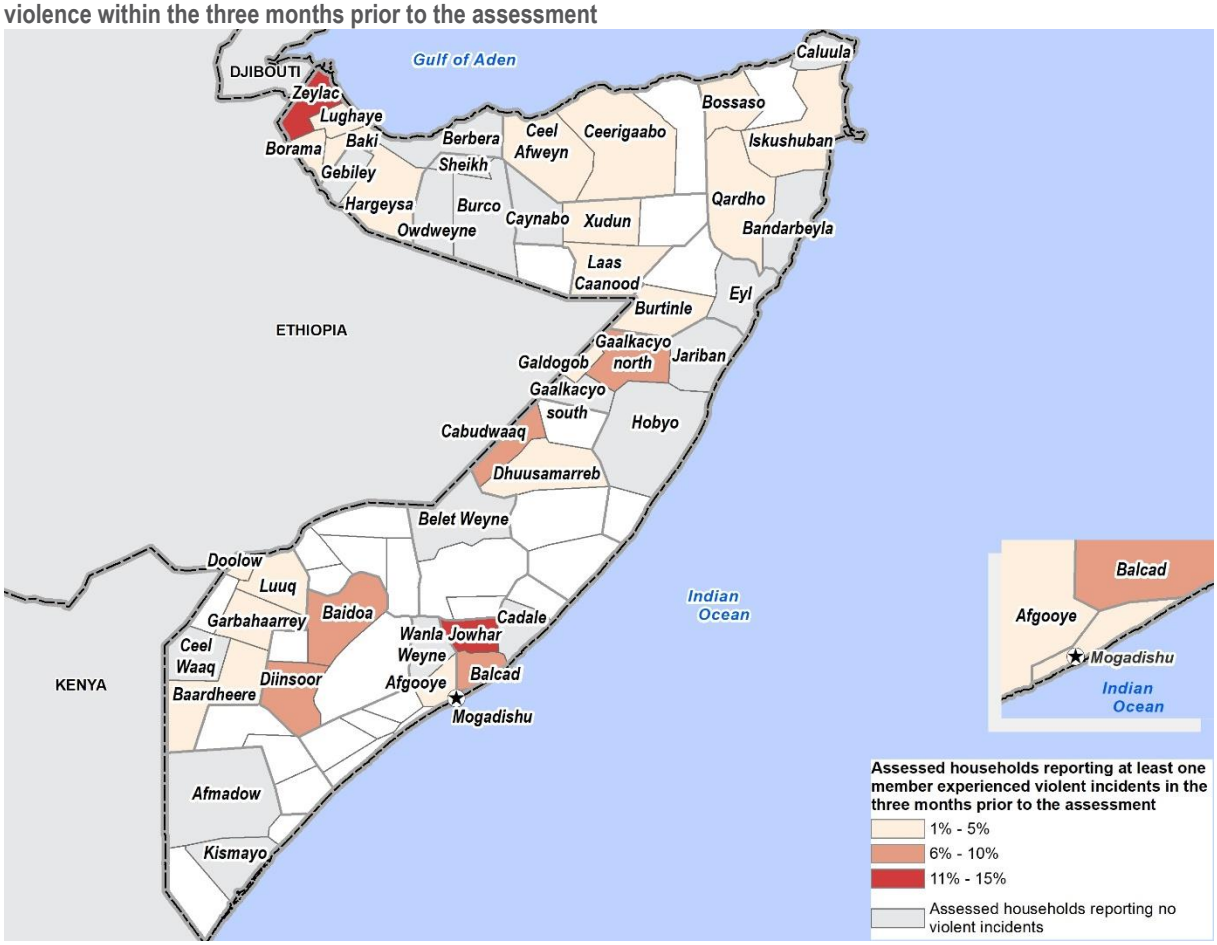
[28] Vins et al. 2015. The mental health outcomes of drought: a systematic review and causal process diagram. *International Journal of Environmental Research and Public Health*. Vol 12, no 10, pp 13,251-13,275.
[29] Ibid.
[30] According to the World Health Organization (WHO), Somalia has one of the highest rates of mental illness globally, with one in three Somalis suffering from some form of mental health issue. (See Africa Review. 2013. Somalia's battle with mental illness.)

Violence and insecurity

A low proportion of households (3%)[31] across Somalia reported that a household member had experienced violence (including threats, intimidation or physical violence) in the three months prior to the assessment. Within this there was no statistically significant variation between IDP (5%) and non-displaced (3%) households. The highest proportions of households indicating violence were in Bay (7%), Middle Shabelle (7%), Galgaduud (6%), Awdal (5%) and Banadir (5%), which broadly reflects the active presence of armed groups in these regions. Of the 153 households reporting a recent experience of violence, 58% reported an incident of beating, and 16% reported a Gender Based Violence (GBV) incident.

Relatedly, 5% of assessed households in Somalia reported that a member of the household had felt or feared insecurity within the three months prior to the assessment, with the highest proportions coming from Galgaduud (9%), Bay (8%), Banadir (7%) and Middle Shabelle (7%), again reflecting the presence of armed groups in these regions. Of the 254 households reporting recent insecurity, the most commonly reported perpetrators were local militias and armed groups (31% each), followed distantly by community leaders (15%) and criminals (12%). Again reflecting the active presence of armed groups in the region, 72% of the 32 households reporting insecurity in Gedo cited armed groups or local militias as the cause.

Map 2: Proportion of assessed households reporting that a household member experienced threats, intimidation or violence within the three months prior to the assessment



It is worth noting that 89% of respondents in Bay (primarily from Baidoa District) reporting recent insecurity attributed that insecurity to community leaders, rather than armed groups. Given the high proportion of IDP households living in Baidoa, this suggests that there may be tension between IDP and host community households in this area.

[31] However, it is worth noting that insecurity prevented data collection for the JMCNA from taking place in some parts of the country, meaning that these areas are not included in the findings. Given the ongoing insecurity and presence of armed groups, particularly in rural hard-to-reach areas, it is extremely likely that the proportion of households which had recently experienced violence is higher than reported here.

However, **relations between IDP and host communities were generally reported as favourable, with 97% of displaced households across Somalia reporting that relations were fair, good or very good.** Only in Bay (6%), Togdheer (3%), Woqooyi Galbeed (3%), Banadir (2%) and Galgaduud (2%) did any displaced households report "bad" or "very bad" relations. In Banadir and Bay, this was attributed to competition for work, with clan conflict identified as a secondary factor in Bay. In Togdheer and Woqooyi Galbeed, the reason cited was competition for services. Finally, in Galgaduud the presence of armed groups was identified as the principal factor. However, it should be noted that because very few respondents indicated poor relations with the host community, the reported reasons for this should be considered indicative only.

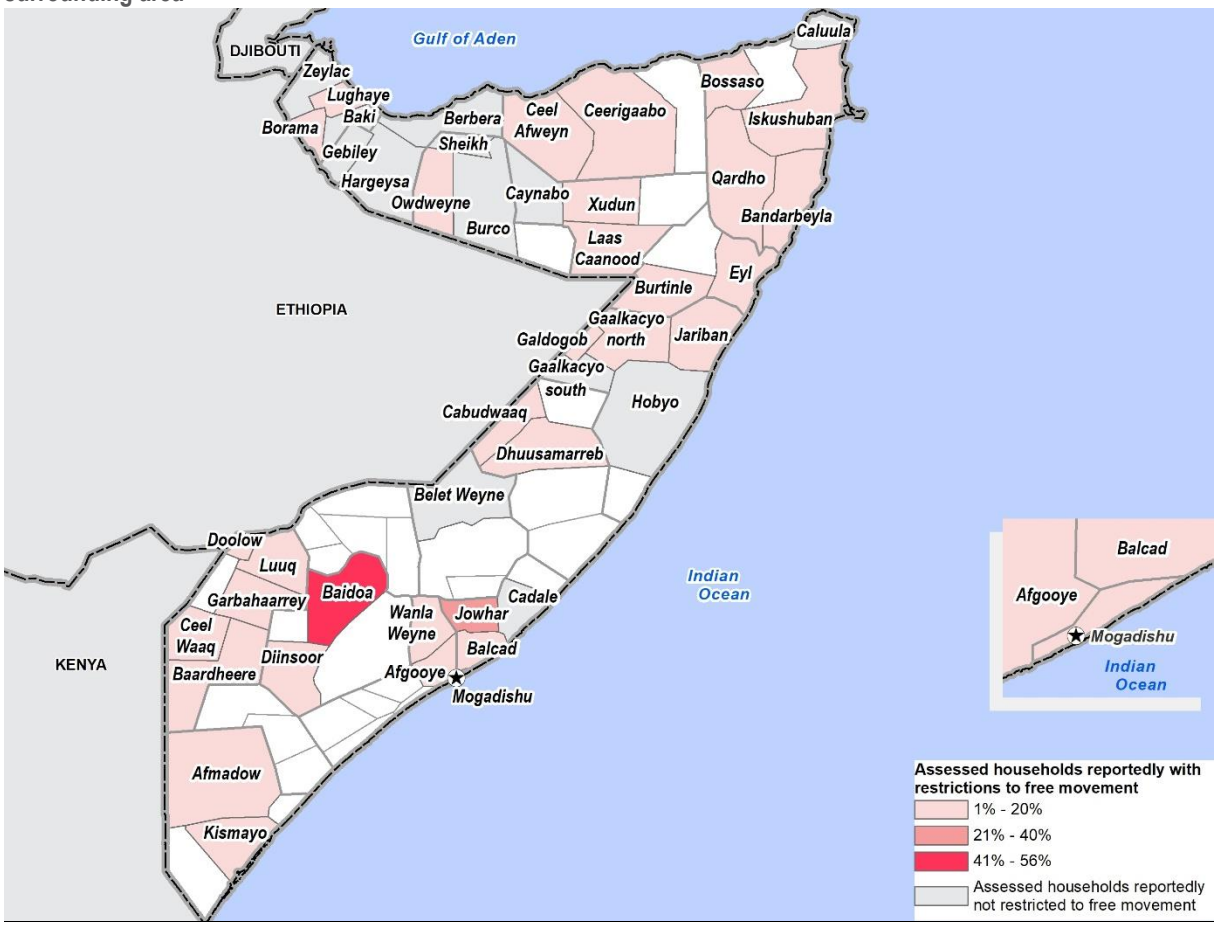
Freedom of movement

Ten percent (10%) of assessed households across Somalia reported not being able to move freely in their community and the surrounding area. **The highest proportions of restricted movement were reported in Bay (29%), Banadir (17%) and Middle Shabelle (10%), again reflecting the presence of armed groups in these regions.** IDP households were more likely to report restricted movement (17%) than non-displaced households (8%). Of the 345 households reporting restricted movement, just under half (48%) reported roadblocks as the reason for the restriction, rising to 79% of the households reporting restricted movement in Bay and 84% in Gedo. Roadblocks are commonly erected along main artery roads in these districts, both as a security measure, and by active armed groups in order to extract resources[32]. In addition, 23% of households reporting restricted movement identified gatekeepers as the cause, most notably including 79% of the households reporting restricted movement in Lower Juba (all of which were located in Kismayo District). Furthermore, 60 households (20% of those citing restricted movement) reported GBV as a barrier to free movement, including 42% in Middle Shabelle (16 households, of which 11 were in Jowhar District), 30% in Mudug (10 households), and 17% in Bay (13 households, all in Baidoa District). Although not expressed by the data here, findings from protection actors operating in Somalia indicate that the threat, and incidence, of GBV is notably higher for IDPs residing in informal settlements[33] – which would account for the proportionally higher numbers of households reporting GBV as a barrier to freedom of movement in Baidoa and Jowhar Districts.

[32] Reuters. Aid worker kidnaps and roadblocks soar in famine-threatened Somalia. 2017. Available online at http://www.reuters.com/article/us-somalia-aid/aid-worker-kidnaps-and-roadblocks-soar-in-famine-threatened-somalia-idUSKBN1801UP [last accessed 14/11/17]

[33] United Nations Population Fund (UNFPA). Somalia Gender-Based Violence Sub-Cluster Bulletin. September 2016.

Map 3: Proportion of assessed households reporting that they are not able to move freely in their community and the surrounding area



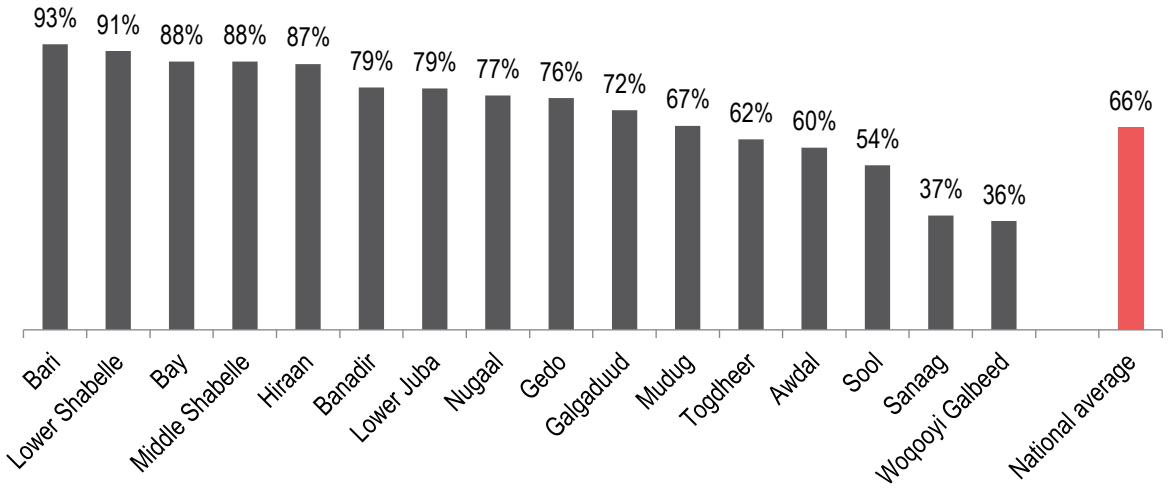
Fear of forced eviction was reported as an issue by 27% of displaced households nationally. Forced eviction is particularly an issue in urban areas such as Kismayo District, where 47% of households reported being at risk of eviction, and Mogadishu, where 33% reported the same. As previously mentioned, forced eviction has resulted in households in key urban areas being displaced multiple times. This is in line with the 2017 Somalia Humanitarian Needs Overview (HNO) which found forced eviction to be the second most common cause of internal displacement nationally[34].

Access to protection services

Two-thirds (66%) of assessed households across Somalia reported that women and girls would go to their community leaders if they had been the victim of a violent incident, and 44% reported that they would go to the police. **Only 4% of assessed households reported that no protection services are available to women**, although this figure was highest in Mudug (16%, or 118 households) and Galgaduud (15%, or 56 households).

[34] OCHA. Humanitarian Needs Overview. 2017.

Figure 6: Proportion of assessed households reporting that women would go to community leaders if they have been a victim of violence, disaggregated by region



Food Security and Livelihoods

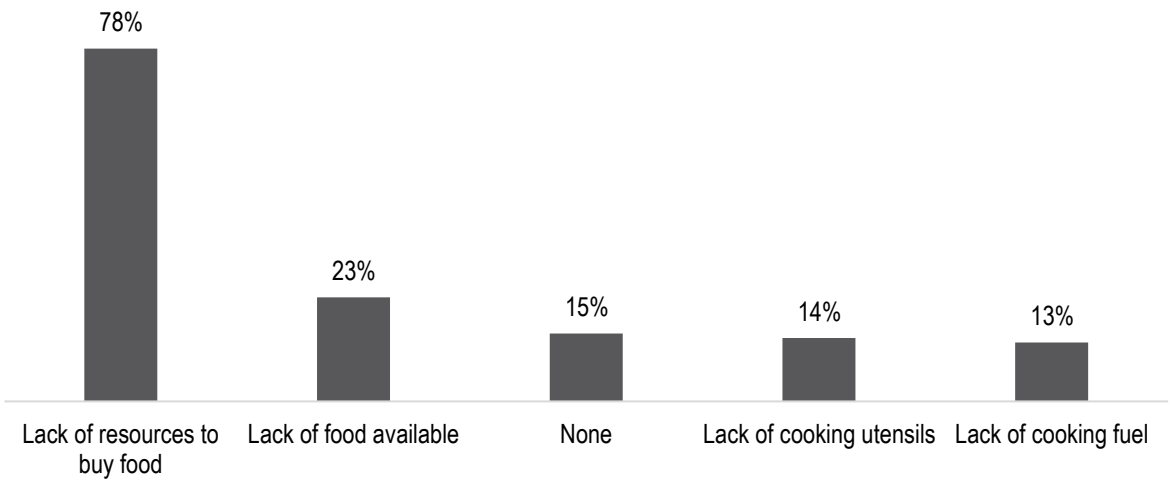
Food Security

JMCNA data indicates **increasing levels of food insecurity, as demonstrated by abnormal household hunger rates, reliance on coping strategies and a reduction in the quality and variety of food. Additionally, findings point to decreasing levels of household economic resilience, as evidenced by a reported reduction in household income sources, rising food prices, and a reported lack of resources to purchase food as a key access constraint.** The data also suggests that IDP households tend to be the most vulnerable across most food security indicators. These findings broadly echo the findings from the post-Gu[35] analysis conducted by FEWSNET and FSNAU, which indicated that an estimated 3.1 million people, or more than 20% of the total population of Somalia, was predicted to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) between August and December 2017.[36]

Only 15% of assessed households across Somalia indicated that they have no issues accessing enough food. The most commonly reported barrier to accessing adequate food was a lack of resources to buy food, reported by 78% of households nationally (see Figure 7), with IDPs (87%) more likely to report this than non-displaced households (75%). This likely reflects both an increase in food prices (see Figure 8) and a loss of income sources over recent months, reported by 48% of households (see Livelihoods section below). The second most commonly reported barrier to food access was a lack of food items available for purchase in the market, reported by 23% of households nationally. Overall, this indicates the **gradual reduction of economic resiliance of households as the drought continues; households have fewer income sources and fewer assets (see section on livestock below) to respond to market price increases, therefore limiting food access. Against this backdrop, it is extremely likely that households will continue to rely heavily on external support, particularly cash-based interventions, in the coming months**.

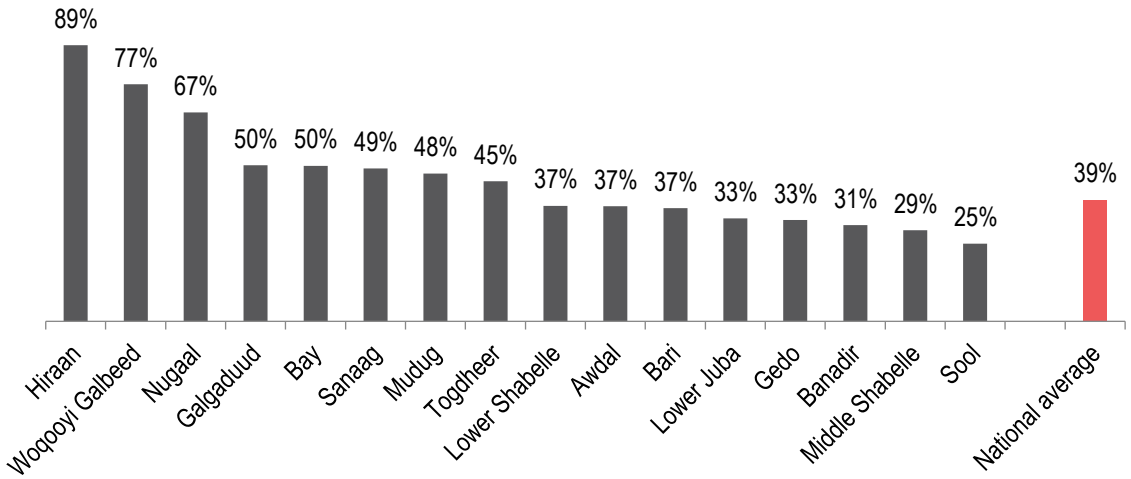
[35] The Gu season refers to the long rainy season in Somalia, which falls between March and June annually.
[36] FEWSNET, "Key Message Update: Below-average Deyr season likely with increased likelihood of La Niña development", September 2017.

Figure 7: Proportion of households reporting main issues accessing food, national level[37]



At the regional level, 5 of the 16 assessed regions had at least 50% or more households reporting that food prices had risen in the month prior to the assessment, with the highest proportions in Hiraan at 89% of households, and Woqooyi Galbeed, at 77% of households. However, the proportion of households reporting a lack of resources to buy food (78%) was significantly higher than the proportion indicating that food prices had risen in the month prior to the assessment (reported by 39% nationally – see Figure 8). This could indicate that food prices were already untenable for many households, irrespective of the identified price increases in the month preceeding the assessment.

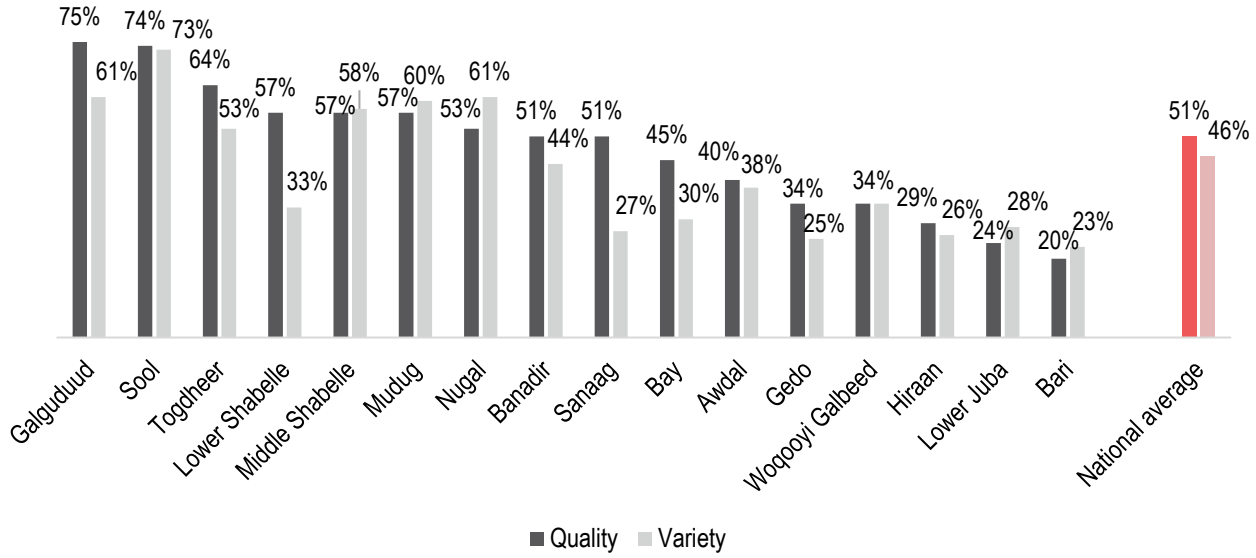
Figure 8: Proportion of households reporting an increase in food prices over the month prior to the assessment disaggregated by region



Just under half (46%) of all assessed households reported a decrease in food variety and just over half (51%) reported a decrease in the quality of food consumed in the three months prior to the assessment, although the proportions vary substantially across regions (see Figure 9). Districts particularly affected include Caynabo in Sool Region, where 97% households indicated a decrease in the variety of foods consumed, Galdogob in Mudug (91%), Burtinle in Nugaal (87%), and Gaalkacyo North in Mudug (81%). Caynabo and Galdogob also had the highest proportion of households reporting a decrease in food quality, at 97% and 91% respectively.

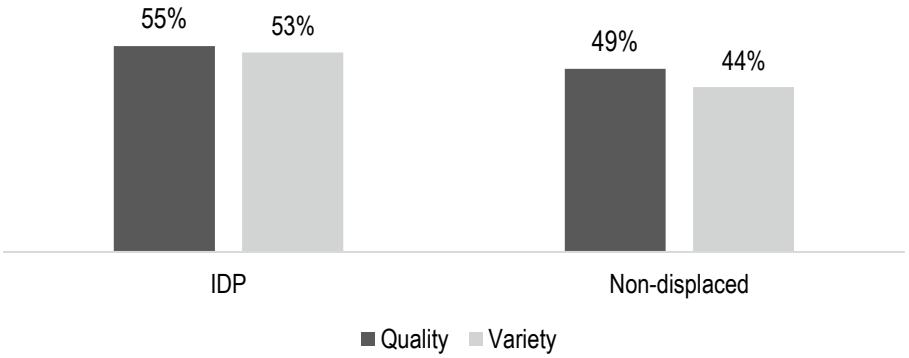
[37] Respondents could select multiple answers

Figure 9: Proportion of households reporting a decrease in quality and variety of food consumed in the three months prior to the assessment, disaggregated by region



It is also worth noting that **a slightly higher proportion of IDP households reported having experienced a reduction of quality and variety of food than non-displaced households (see Figure 10)**. For example, 55% of IDP households indicated a decline in food quality, as opposed to 49% of non-displaced households. Whilst these differences are too low to be statistically significant, they are still indicative of the greater **vulnerability of IDP households to higher levels of food insecurity and economic shocks.**

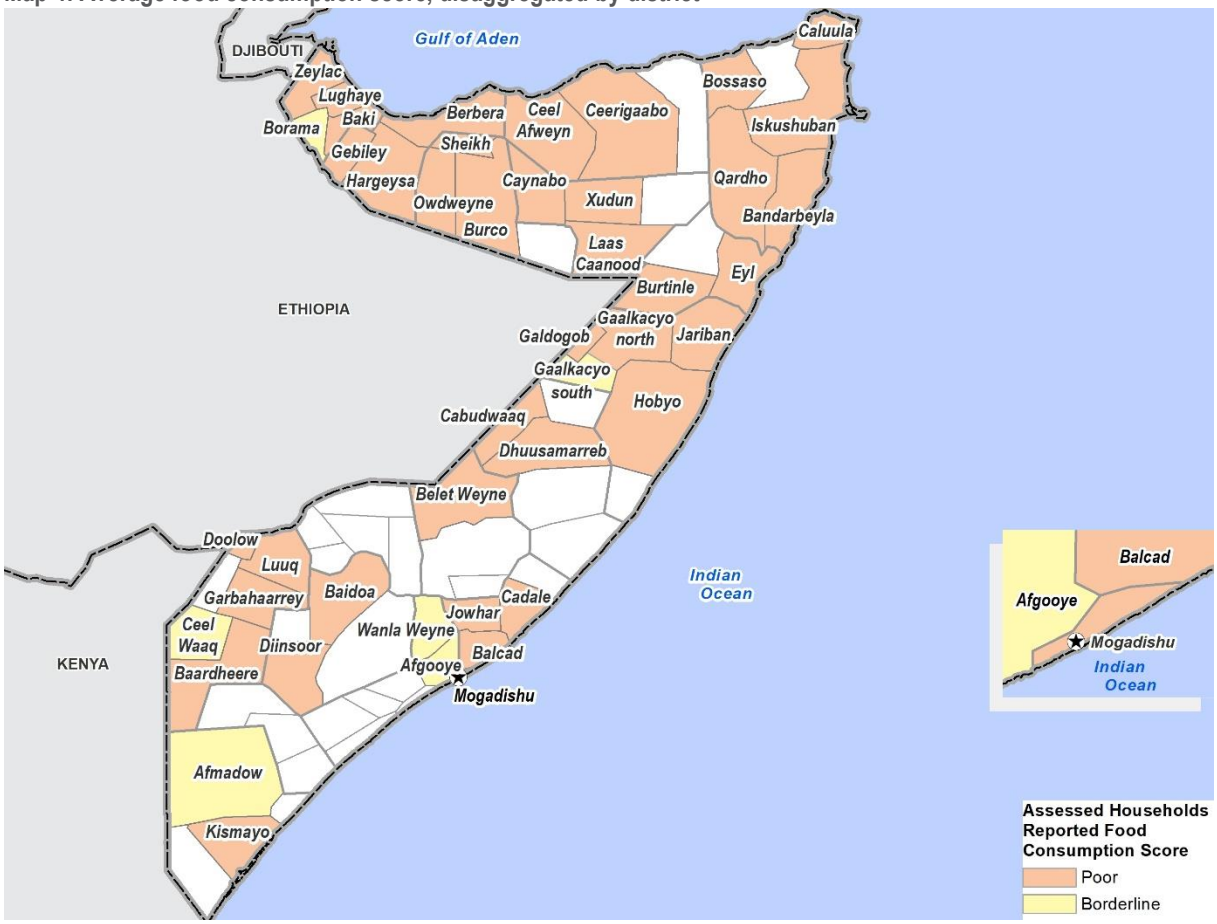
Figure 10: Proportion of households reporting a decrease in the quality and variety of food consumed in the three months prior to the assessment, disaggregated by displacement status



In a further illustration of the declining access to food, Map 4 indicates the average food consumption scores (FCS[38]) per district. Of the 48 assessed districts, only 5 were not classified as having a 'poor' FCS. Again, the more drought-affected regions had the lowest average score, with 89% of households in Sanaag, 86% in Galgaduud, and 85% in Togdheer classified as having a poor FCS.

[38] The FCS is a composite score based on dietary diversity, food frequency and relative nutritional importance of different food groups.

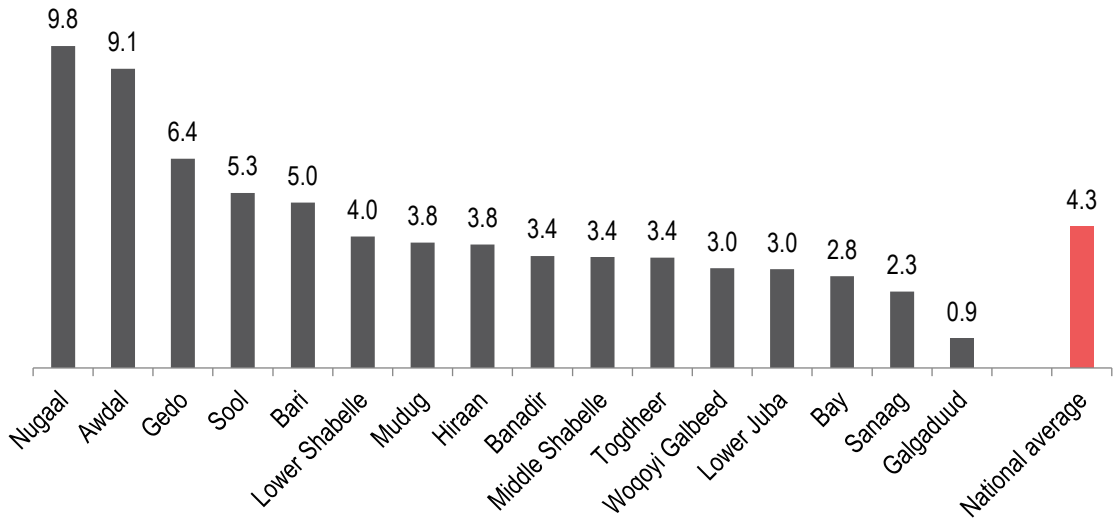
Map 4: Average food consumption score, disaggregated by district



Assessed households reported cereal stocks lasting an average of five days, suggesting limited ability to respond to shocks, with minimal variation between IDP (4.3 days) and non-displaced (4.0 days) households. This is in line with the 2017 Post-Gu analysis from FEWSNET, which found that cereal production in northwest Somalia was estimated to be 87% lower than the 2010-2016 average[39], suggesting that crop-dependent households in these districts have little or no food stocks. However, JMCNA data indicates that, whilst some northwestern districts such as Burco and Gebiley have lower than average food stocks (at 2.3 and 2.9 days respectively), other districts in the area reported stocks that were well above average. For example, households in Zeylac indicated stocks lasting an average of 14.4 days, and Borama reported an average of 9.2 days. This suggests substantial variation not only across regions (as illustrated in Figure 11) but also within them. This could be linked to the gap between rural and urban populations, with a higher proportion of the population reliant on agricultural production, rather than purchased food, in rural areas and therefore having higher cereal stocks.

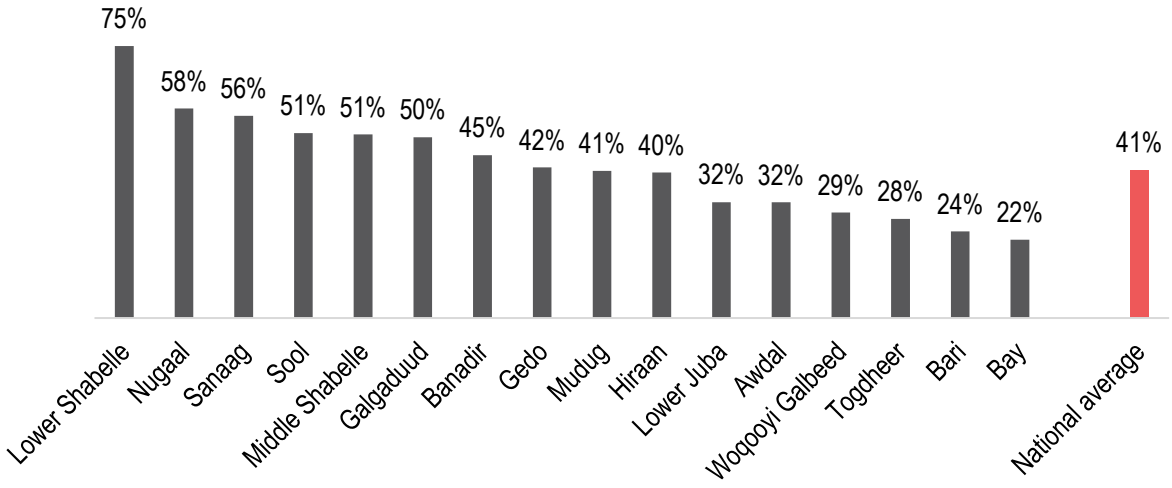
[39] Food Security Nutrition Analysis Unit, Post-Gu Analysis: Technical Release, 2017.

Figure 11: Average number of days households reported their cereal stocks will last, disaggregated by region



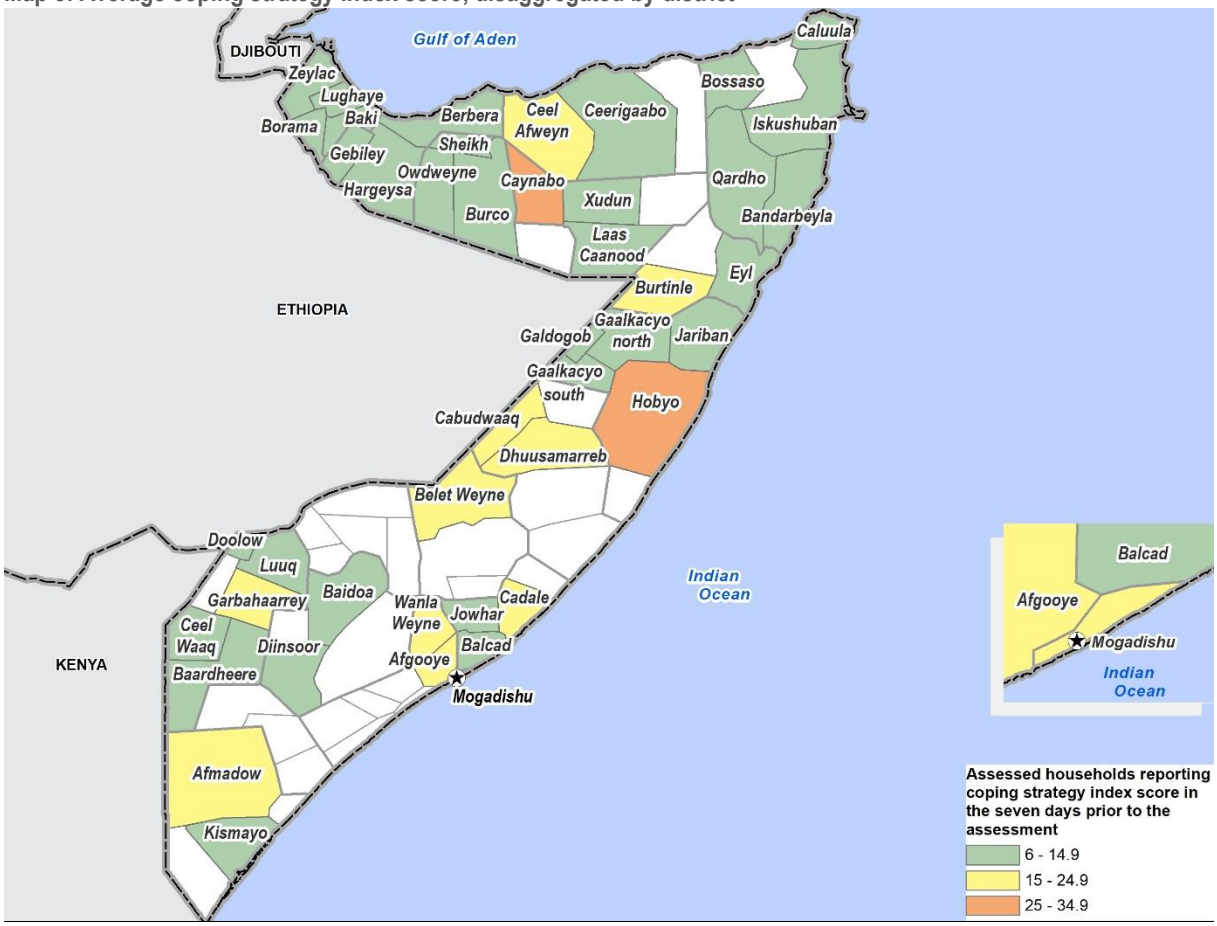
Use of food consumption coping mechanisms, such as reducing the size and frequency of meals, was reported by a significant proportion (41%) of households across all regions (see Figure 12). **The highest proportion of households reporting resorting to coping mechanisms were located in Lower Shabelle, with 75% of households indicating the use of coping strategies in the seven days prior to the assessment. Of these, more than 90% of households in the region reported purchasing less preferred or less expensive food, borrowing food, limiting meal portions and reducing meal frequency**, and 79% reported restricting adult consumption of food so that children can eat. There was no statistically significant different between the proportion of IDP (43%) and non-displaced (41%) households reporting the use of coping strategies.

Figure 12: Proportion of households reporting using a consumption coping mechanism to deal with a lack of food on one or more of the seven days prior to the assessment



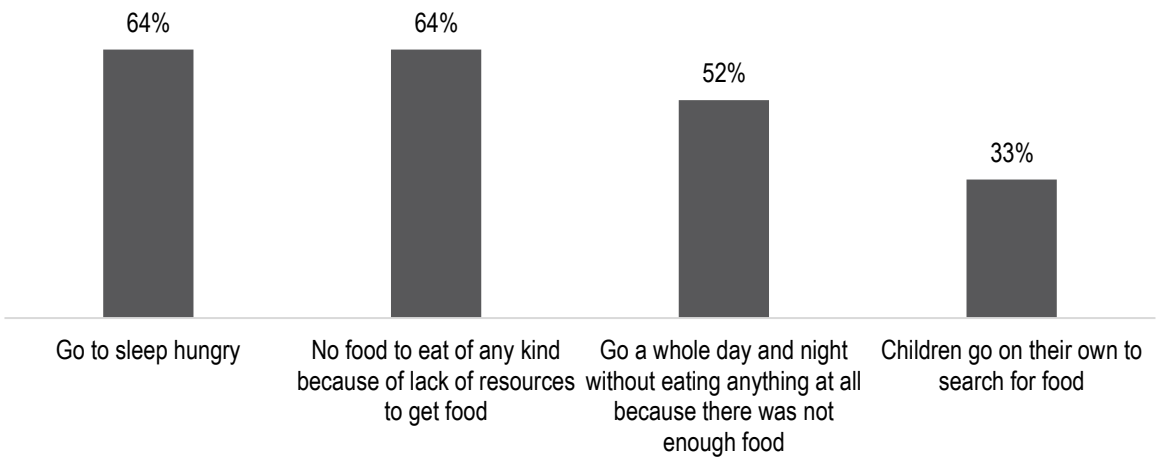
As the below map demonstrates, the districts with the highest reported Coping Strategy Index (CSI) scores (indicating a greater reliance on food-consumption coping strategies to deal with a lack of access to adequate food) were Afgooye, Burtinle, Caynabo, Garbahaarey and Hobyo.

Map 5: Average coping strategy index score, disaggregated by district



Relatedly, behaviours indicative of household hunger – namely (i) not having any food to eat of any kind in the household due to a lack of resources, (ii) sleeping hungry due to a lack of food, (iii) going a whole day and night without eating, and (iv) sending children to search for food – were also widely reported across Somalia. Sixty-four percent (64%) of households indicated that a member had gone to sleep hungry on at least 1 of the 30 days prior to the assessment (see Figure 13). The highest proportion of households reporting this behaviour were in Lower Shabelle, where 93% of households reported that a member had gone to sleep hungry at least once in the month preceding the assessment, and Galgaduud, where 90% of households reported the same. Similarly, 64% of households nationally indicated that their household had been unable to purchase food because of a lack of resources on at least 1 day of the 30 prior to the assessment. Again, some of the highest proportions of households indicating this were in Galgaduud (81%) and Middle Shabelle (74%).

Figure 13: Proportion of households reporting behaviours indicative of household hunger for at least 1 of the 30 days prior to the assessment, national level

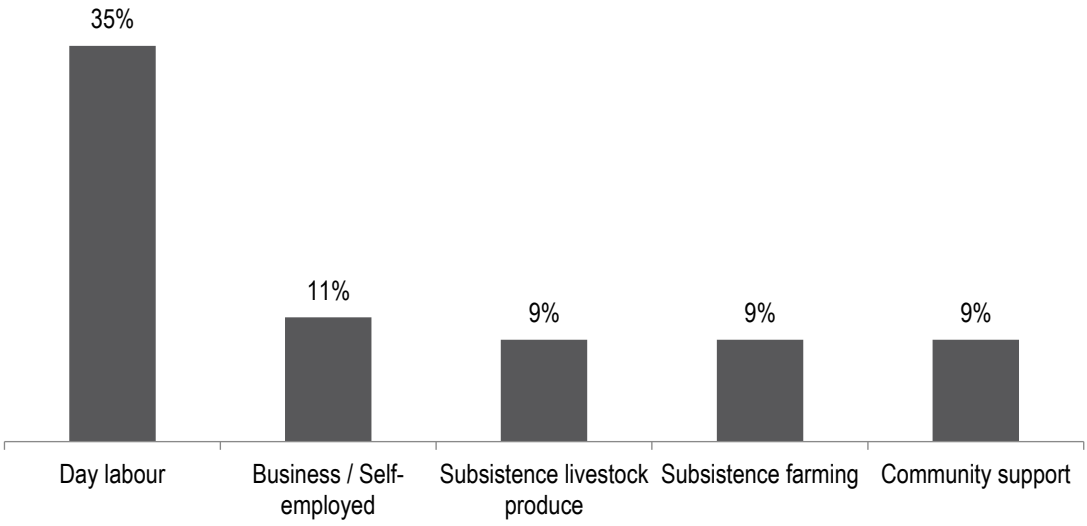


Of those households reporting resorting to at least one of the aforementioned behaviours over the month prior to the assessment, 73% of households nationally reported that the behaviour was the direct result of an emergency such as drought or flooding, with even higher figures in Mudug (90%), Sanaag (93%), Nugaal (94%), Lower Shabelle (95%) and Togdheer (95%). On the other hand, Sool, Banadir and Lower Juba had the highest proportion of households reporting that their behaviour was a common coping strategy rather than an adaptation to an unexpected shock, at 41%, 52% and 55% of households respectively.

Livelihoods

Assessed households demonstrated heavy reliance on short term, informal employment through day labour. Additionally, there is evidence of declining access to income sources, including substantial livestock herd depletion over the year prior to the assessment. This suggests an erosion of the economic resilience of households across Somalia.

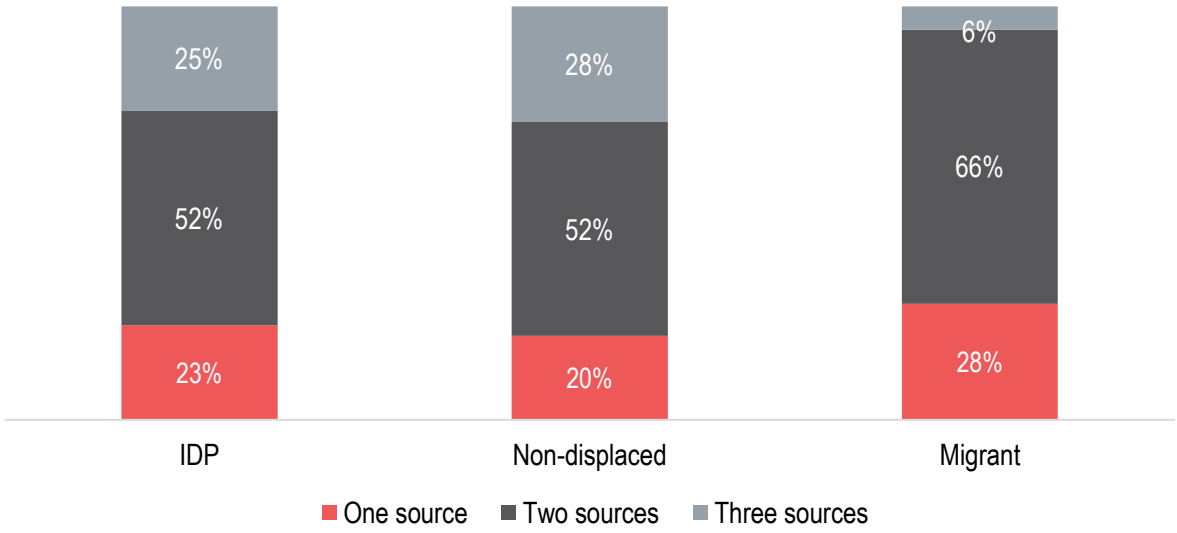
Figure 14: Five most commonly reported primary sources of income by assessed households, national level



At the national level, day labour was the most commonly reported livelihood source, indicated as the primary source by 35% of all assessed households, and in 11 of the 16 assessed districts. There was some rural-urban variation, with 43% of households in urban areas indicating that day labour was their primary source of

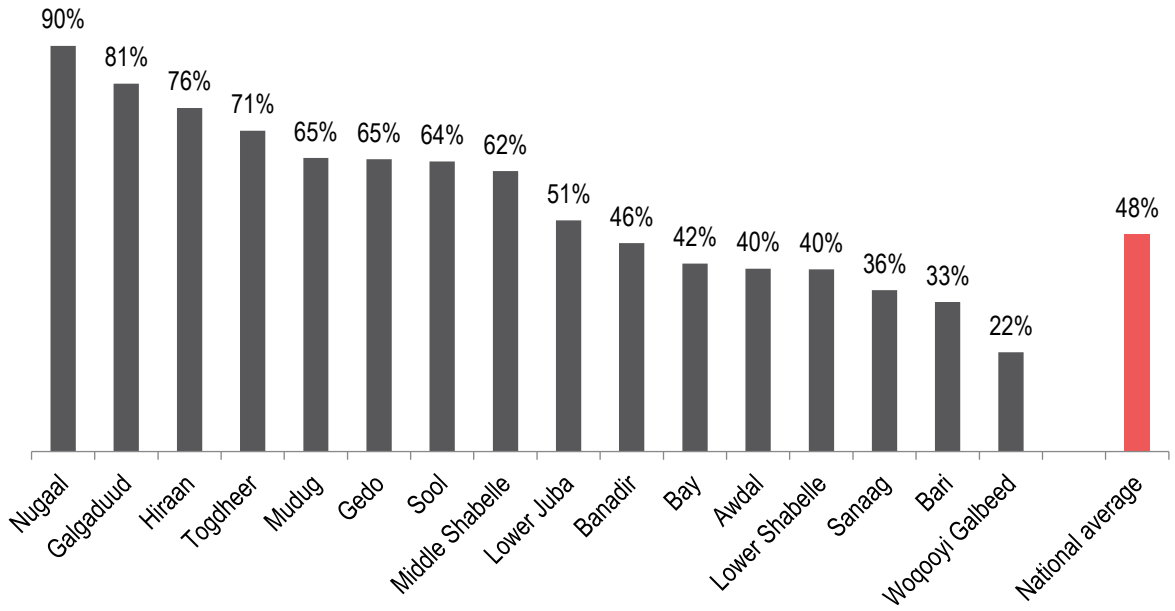
income, compared to only 30% of households in rural areas, where agricultural activities were more likely to be reported as the primary income source; 10% of rural households indicated subsistence agriculture as their primary income source. Similarly, day labour was the most common primary income source for migrant (reported as the primary income source by 56% of assessed migrant households), IDP (54%) and non-displaced households (29%), potentially reflecting their more transient economic position. On the other hand non-displaced households were more likely to rely on agro-pastoralist activities such as subsistence farming (11%), subsistence livestock produce (10%), and livestock produce for sale (8%).

Figure 15: Proportion of households indicating one, two or three income sources, disaggregated by displacement status[40]



Generally, **non-displaced households appear most economically robust, with 28% indicating access to three income sources**. Migrant households tend to have lower access to income, with 28% reporting only having one income source and only 6% having three. A limited diversity of income sources restricts the ability of households to respond to economic shocks, particularly if the household is relying on day labour, which is sporadic and often short-term.

Figure 16: Proportion of households reporting loss of access to an income source in the three months prior to the assessment, disaggregated by region

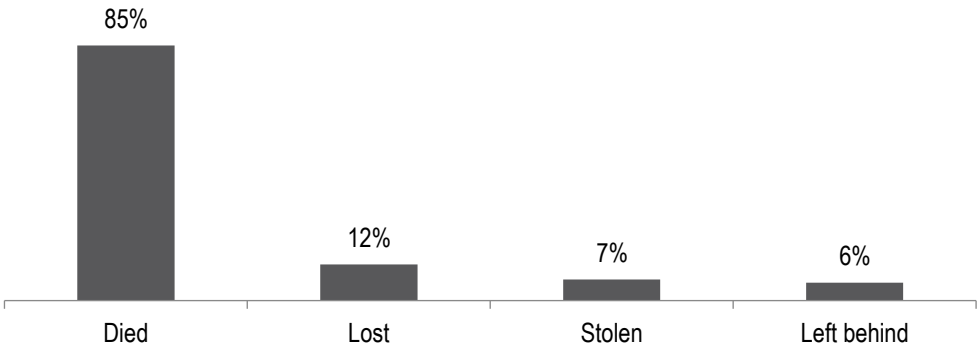


[40] Note, no households reported that they had no income sources.

Additionally, **just under half of assessed households (48%) indicated losing access to an income source in the three months prior to the assessment, suggesting an overall decline in household income**. Nugaal Region had the highest proportion of households indicating a loss of income source (90%), with 100% of households in Galkacyp North and Jariban Districts, 96% in Garoowe, 94% in Burtinle and 81% of households in Eyl reporting losing access to an income source in the three months prior to the assessment (see Figure 16).

In another indication of declining household income, **average livestock herd sizes have reportedly substantially reduced over the year prior to the assessment, largely as a result of the ongoing drought,** with the national average decreasing from 46 animals per herd a year prior to the assessment to 10 at the time of the assessment. Some of the most substantial reductions in herd size were reported in Somaliland, with the most notable in Burco District, where average herd sizes dropped from 366 to 50, and in Hargeisa District, where herds reduced from 282 to 29. FSNAU reports that "depletion of livestock assets due to distress sales and mortality has contributed to increased indebtedness and destitution among many pastoralists,"[41] and further states that recovery is expected to take "at least two consecutive seasons of good rainfall"[42].

Figure 17: Reasons for loss of livestock reported by households which indicated having lost livestock in the year prior to the assessment, national level



The vast majority of households in all assessed regions indicated that livestock death was the primary reason for herd depletion, reported by 85% of all households having lost livestock in the year prior to the assessment. This is in line with reports of high livestock mortality rates throughout the drought period[43] (since approximately January 2015). In addition, a high proportion of households in Hiraan (33%) indicated that they had had to leave their livestock behind, which likely reflects ongoing displacement trends from Hiraan to Bay Region, as explored in the Diplacement section. Livestock theft was reportedly minimal except in Bay, where it was reported by 18% of households who lost livestock in the previous year – this is potentially linked to the highly active presence of armed groups in this area, and the high proportion of IDP households who may be more vulnerable to livestock theft.

Nutrition

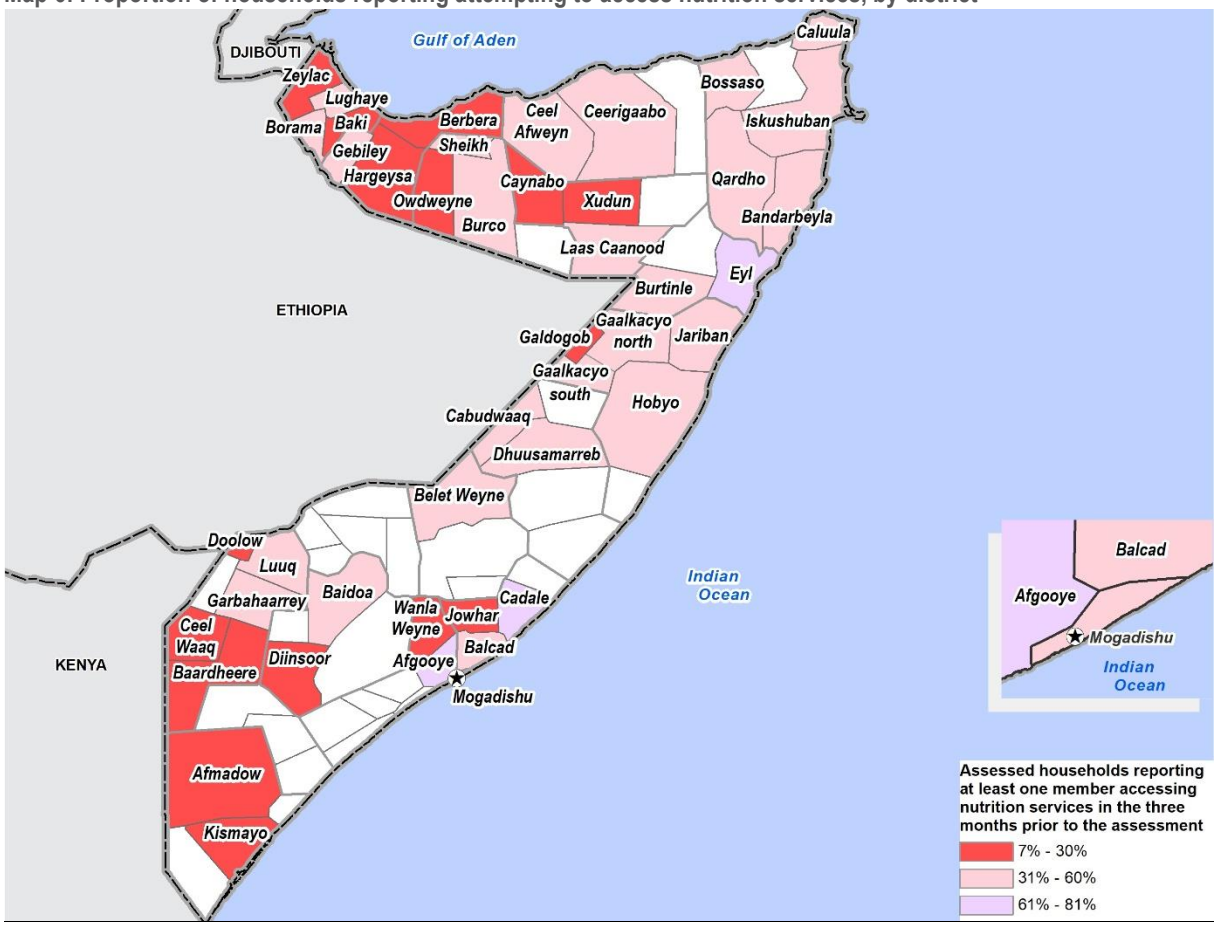
Just under one-third (32%) of households indicated attempting to access nutrition services, with 31% indicating that their ability to access services had decreased in the three months preceding the assessment. At the national level, Outpatient Theraputic Programming (OTP) was the most commonly reported available nutrition service, reported by 25% of households, followed by Targeted Supplementary Feeding Programming (TSFP) services at 13%. The availability of all other types of nutrition services were extremely limited. In a likely reflection of the limited availability of nutrition services, 68% of assessed children aged under five years were found to be either at risk of malnutrition (38%), experiencing moderate malnutrition (25%) or severe malnutrition (5%).

[41] FSNAU. 2017. Post-Gu Analysis: Technical Release. Pg 1.
[42] FSNAU. 2017. Quarterly Brief: June 2017. Pg 1.
[43] The National. 2017. Somalia's drought crushes herders' lives as their animals die one by one. Published March 13 2017. Available online at https://www.thenational.ae/world/somalia-drought-crushes-herders-lives-as-their-animals-die-one-by-one-1.51761 [last accessed 15/09/2017]. FAO. 2016. Rapid Results Drought Response Plan Somalia. 2016/17.

Nutrition service access and practices

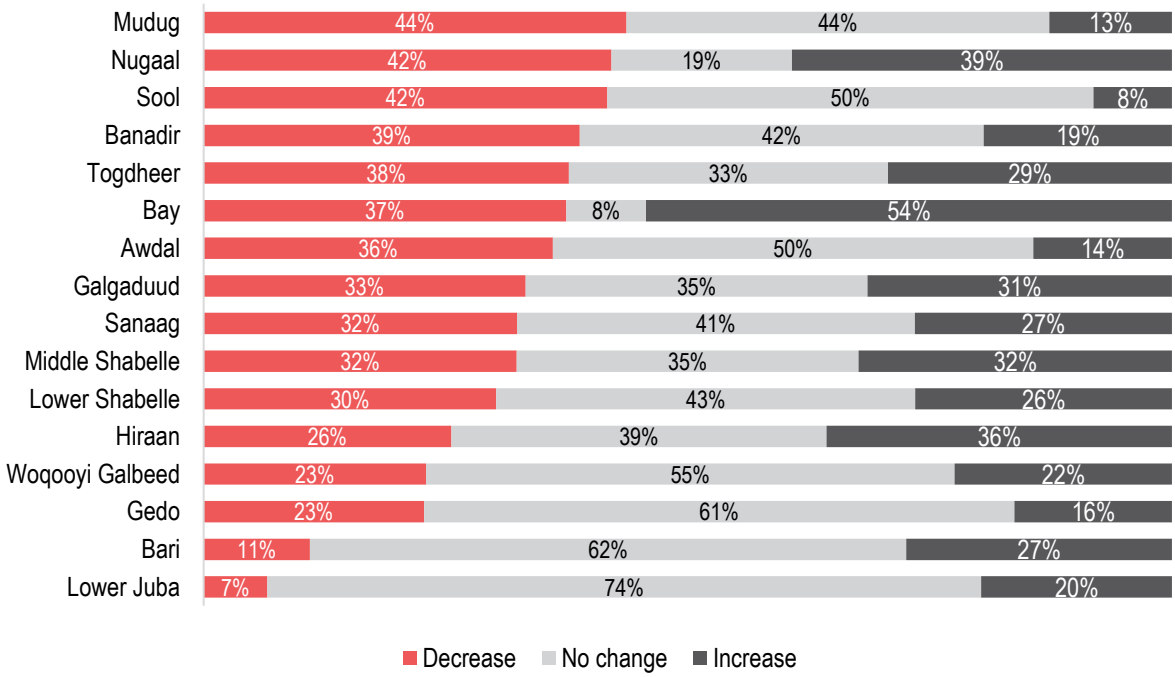
Just under a third of households (32%) reported attempting to access nutrition services across Somalia in the three months prior to the assessment. Regions with particularly low proportions of households attempting to access nutrition services include Lower Juba, where 22% of households reported attempting to access nutrition services in the three months preceeding the assessment, Woqooyi Galbeed at 23%, Sool at 28% and Bay at 29%. Even lower proportions were reported at the district level; only 7% in Baki, 7% in Hargeisa, 18% in both Galdogob and Kismayo and 19% in Owdweyne districts indicated attempting to access nutrition services. Poor access to nutrition services across the assessed regions is likely linked to a lack of access to health facilities (see Health section).

Map 6: Proportion of households reporting attempting to access nutrition services, by district



In 14 out of the 16 regions assessed, more than half of households indicated either a decrease or no change in their ability to access nutrition services over the three months prior to the assessment. The highest proportion of households reporting a decrease in their ability to access nutrition services was reported in Mudug Region at 44%. Conversely, 54% of households in Bay Region reported an increase in their ability to access nutrition services, which potentially reflects the uptake in humanitarian intervention in response to increased displacement into, and within, the region over the last year.

Figure 18: Proportion of households reporting change in their ability to access nutrition services over the three months prior to the assessment, disaggregated by region



Additionally, there was very low reporting of availability of key nutrition services among the assessed households. Over half of assessed households in 8 out of the 16 regions assessed reported no availaibility of any key nutrition programmes; Woqooyi Galbeed at 79%, Togdheer at 64%, Sool at 69%, Sanaag at 55%, Hiraan and Gedo at 52% and Awdal at 66%. This finding is consistent with the understanding amongst humanitarian agencies that Somali households do not effectively have access to appropriate nutritional services[44]. This is potentially linked to a lack of access to functional health facilities.Table 1 below presents the proportions of households indicating the availability of Infant and Young Child Feeding (IYCF), micronutrient supplementation (MS), OTP, TSFP, Wet Feeding (WF), stabilisation centres (SC) and blanket and targeted supplementary feeding programmes (BSFP) across the assessed regions.

Table 1: Proportion of households reporting availability of nutrition services, disaggregated by region

	BSFP	ICYF	MS	OTP	TSFP	WF
Awdal	0%	1%	0%	13%	3%	1%
Banadir	5%	2%	1%	33%	18%	1%
Bari	3%	12%	1%	32%	30%	0%
Bay	8%	12%	4%	55%	17%	7%
Galgaduud	2%	7%	3%	8%	12%	2%
Gedo	5%	3%	0%	22%	10%	1%
Hiraan	7%	3%	2%	19%	5%	0%
Lower Juba	23%	3%	4%	20%	4%	1%
Lower Shabelle	0%	1%	1%	40%	12%	0%
Middle Shabelle	32%	7%	0%	40%	39%	3%
Mudug	5%	3%	2%	14%	6%	3%
Nugaal	6%	3%	4%	14%	51%	3%
Sanaag	3%	3%	0%	1%	1%	22%
Sool	1%	5%	2%	5%	1%	3%
Togdheer	8%	1%	4%	10%	9%	1%

[44] UNICEF, Situation Analysis of Children in Somalia 2016

Woqooyi Galbeed	0%	5%	0%	2%	1%	2%
National average	**7%**	**5%**	**2%**	**25%**	**13%**	**3%**

At the national level, OTP was the most commonly reported available nutrition service, reported by 25% of households, followed by TSFP services at 13%. The availability of other forms of nutritional support, particularly IYCF, WF and MS, were extremely limited across the regions assessed.

Between one-third and one-half of households with children under the age of two reported disruptions in feeding practices of children under two years, though the specific disruptions vary across the regions. Nationally, the most commonly reported feeding disruption was a lack of vitamin supplements, at 51% of households reporting a disruption in feeding practices for children under two years. Regionally, in 11 out of the 16 assessed regions, more than 20% of households indicating feeding practice distruptions had taken place reported a lack of vitamin supplements, with the highest proportion being reported in Hiraan and Lower Shabelle, at 85%. In a reflection of this finding, UNICEF estimates that the rates of vitamin deficiency in all parts of Somalia are over the 20% threshold that WHO considers severe[45].

Table 2: Proportion of households with children aged 0-2 years reporting disruption in child feeding practices, disaggregated by region

	Lack of food and drinking water	Change in breastfeeding practices	Lack of vitamin supplements	Reduction in number of times children <2 years are fed
Awdal	11%	74%	22%	26%
Banadir	24%	68%	28%	28%
Bari	29%	57%	29%	0%
Bay	21%	34%	52%	24%
Galgaduud	70%	44%	61%	49%
Gedo	20%	53%	27%	32%
Hiraan	63%	50%	85%	55%
Lower Juba	40%	40%	20%	20%
Lower Shabelle	38%	27%	85%	8%
Middle Shabelle	69%	24%	53%	57%
Mudug	59%	38%	41%	44%
Nugaal	54%	51%	38%	57%
Sanaag	49%	80%	63%	29%
Sool	43%	14%	29%	36%
Togdheer	24%	16%	74%	32%
Woqooyi Galbeed	29%	21%	29%	29%
National average	**43%**	**41%**	**51%**	**35%**

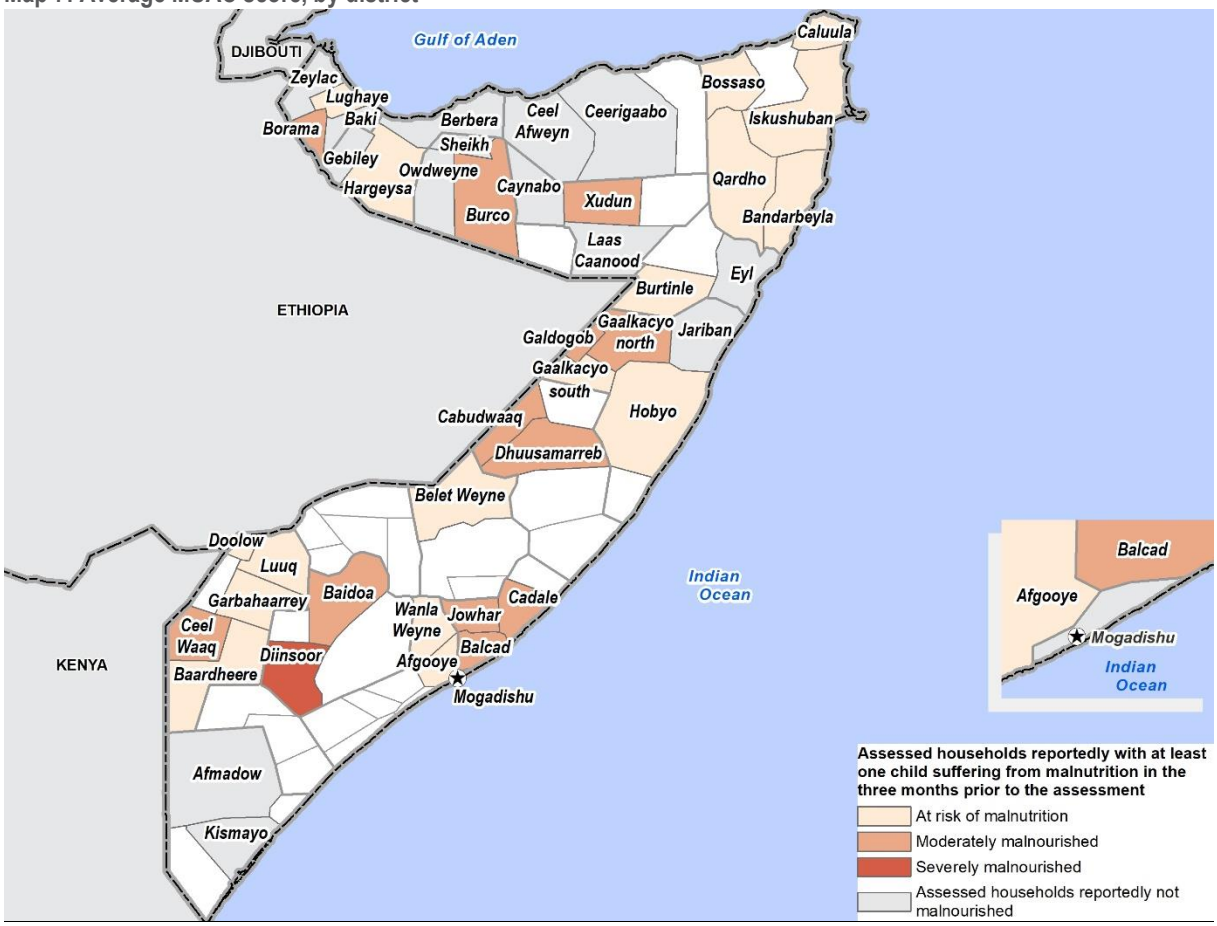
Change in breastfeeding practices (starting late and ending early) was the third most reported disruption in feeding practices among households with children aged under two years, at 27% of households indicating feeding distruption. The highest change in breastfeeding practices was reported in Awdal Region at 56%. This could potentially be attributed to a lack of knowledge on appropriate breastfeeding and weaning practices. UNICEF estimates that only 1 in 10 infants in Somalia are exclusively breastfed up to the age of 6 months, with 90% being breastfed for a shorter period and/or fed a combination of breastmilk and another form of food[46].

[45] Ibid.
[46] UNICEF. 2016. Somalia Nutrition Report- November 2016.

Mid Upper Arm Circumference (MUAC)

Nationally, **MUAC[47] estimates indicated a high proportion (68%) of assessed children under five years were either at risk of malnutrition (38%), experiencing moderate malnutrition (25%) or severe malnutrition (5%).** This is in line with the FSNAU-FEWSNET Technical Release of August 2017, which points to a deterioration in the overall nutrition situation in Somalia[48]. As Figure 19 demonstrates, the highest proportions of children under five years estimated to be either at risk of malnutrition, facing moderate malnutrition or facing severe malnutrition were reported in Galgaduud, at 87% of assessed children under five, and in Bay, Lower Shabelle and Middle Shabelle at 84%. Galgaduud and Bay regions had the greatest number of children experiencing acute malnutrition, at 16% and 15% respectively.

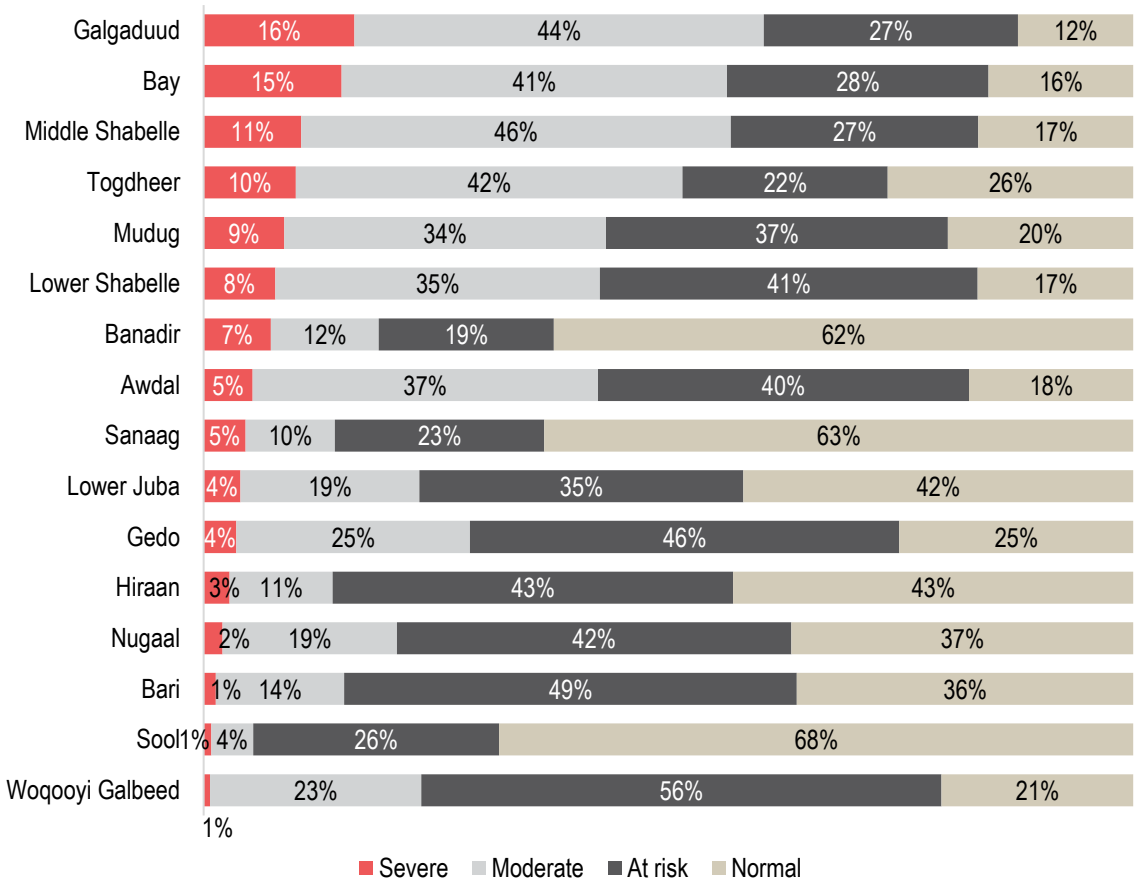
Map 7: Average MUAC score, by district



It is extremely likely that the exhaustion of coping mechanisms and household resilience as a result of two years of drought, combined with a lack of funding for healthcare and other social services following years of conflict have contributed to the high proportions of children under five years either at risk of malnutrition, facing moderate malnutrition or facing severe malnutrition. In 2014 WHO and UNICEF identified that children under five years with a MUAC score of less than 125mm (moderate malnutrition) should be automatically eligible for BSFP programmes, whilst children with a MUAC score of under 115mm (severe malnutrition) are automatically eligible for TSFP[49]. This suggests that there is a need for urgent nutrition and health support interventions to prevent a further deterioration in the nutrition status in Somalia, particularly as the drought continues.

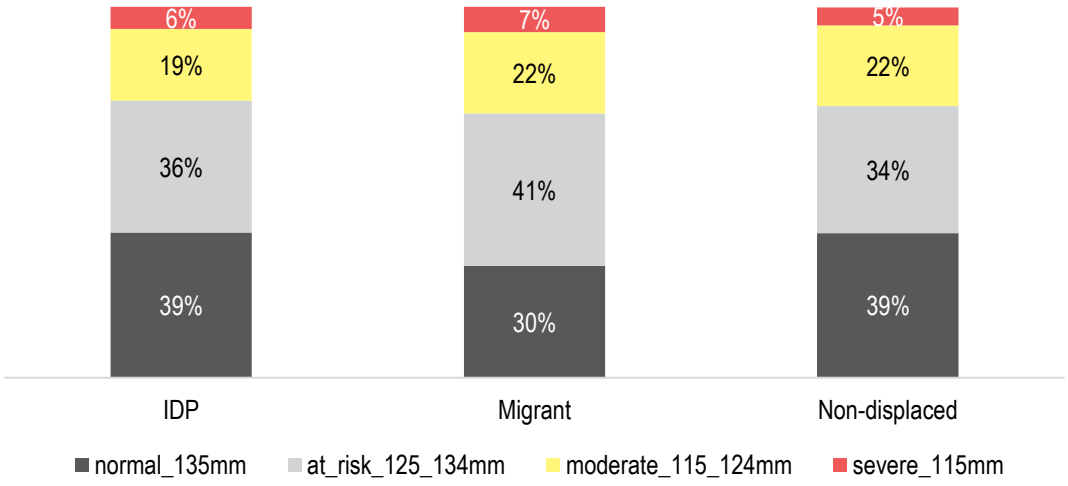
[47] MUAC screening involves the measurement of the upper arm using a colour-coded band with a gauge that provides a number and the colour range. Green indicates a circumference of >135mm which is normal, yellow indicates 125-134mm which is at risk of malnutrition, orange indicates 110-124mm which is moderate malnutrition, and red indicates <110mm which is severe malnutrition.
[48] FSNAU-FEWSNET, Post Gu Technical Release, August 2017.
[49] United Nations Standing Committee on Nutrition, Fact sheet on Food and Nutrition Security Indicators, 2014.

Figure 19: Proportion of children under five years old in each MUAC category, disaggregated by region



There was little statistically signficiant variation in the proportion of assessed children in each MUAC category between displaced and non-displaced groups (Figure 20). Similarly, there were generally no significant gender disparities in malnutrition rates of children under five years.

Figure 20: Proportion of children under five years old in each MUAC category, disaggregated by region



Water, Sanitation and Hygiene (WASH)

Almost half of assessed households across Somalia (47%) indicated insufficient water access, with heavy reliance on unprotected sources. Approximately one-quarter (24%) indicated issues with either water quality or quantity and reported water treatment practices were limited, raising concerns about access to safe drinking water, and the related health implications for contraction of waterborne diseases such as AWD. Open defecation was relatively widespread with around one-fifth (22%) of households indicating no latrine access, and where communal latrines were available the hygiene and safety standards were generally poor. Finally, a lack of access to hygiene items such as soap have likely contributed to poor hygiene behaviours, including handwashing and bathing.

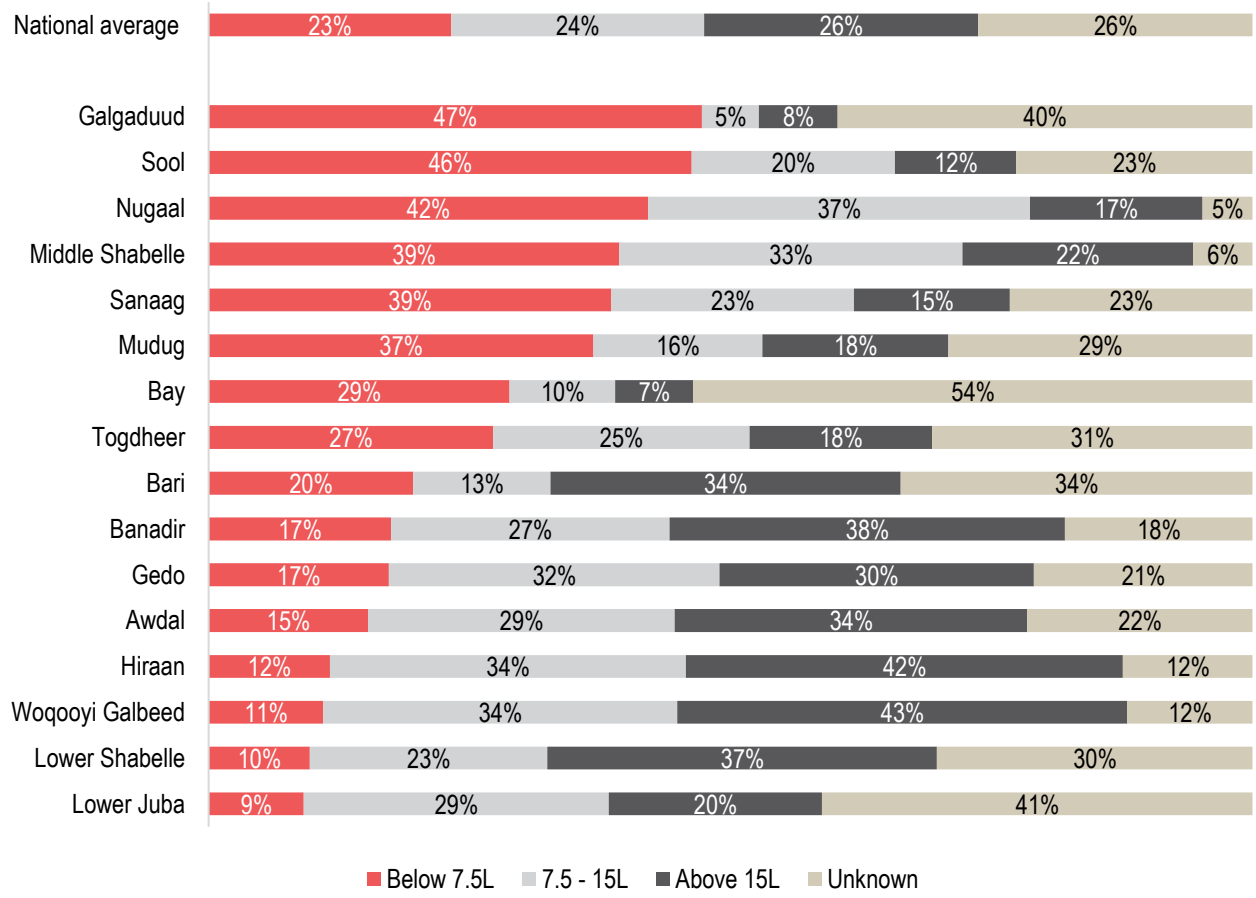
Water

Almost half (47%) of all assessed households reported having insufficient water for household needs, as assessed against the SPHERE standard of 15 litres of water per person per day for all household purposes[50]. In four regions, over 60% of the assessed households were reportedly below SPHERE standards: Nugaal (79%), Middle Shabelle (72%), Sool (66%) and Sanaag (62%). In Galgaduud, Sool and Nugaal, 47%, 46% and 42% of households respectively reported having below 7.5 litres of water per day. In no region was the proportion of households reporting over 15 litres of water per person per day greater than 43%, and only 7% of households in Bay and 8% in Galgaduud reported being able to access more than 15 litres per person per day. The amount of water per person per day does not vary significantly between IDPs and non-displaced, or between rural and urban areas – the variation is predominately linked to regional location.

Given that these amounts do not include the use of water for livestock and agriculture, the quantity of water need in Somalia is likely greater than SPHERE minimum standards. For example, in Lower Shabelle, the high reporting of subsistence farming as a source of income (35%) indicates that water needs in this region are likely higher than the SPHERE minimum standard.

[50] The Sphere Standards Handbook. Humanitarian Charter in Minimum Standards in Humanitarian Response. 2011.

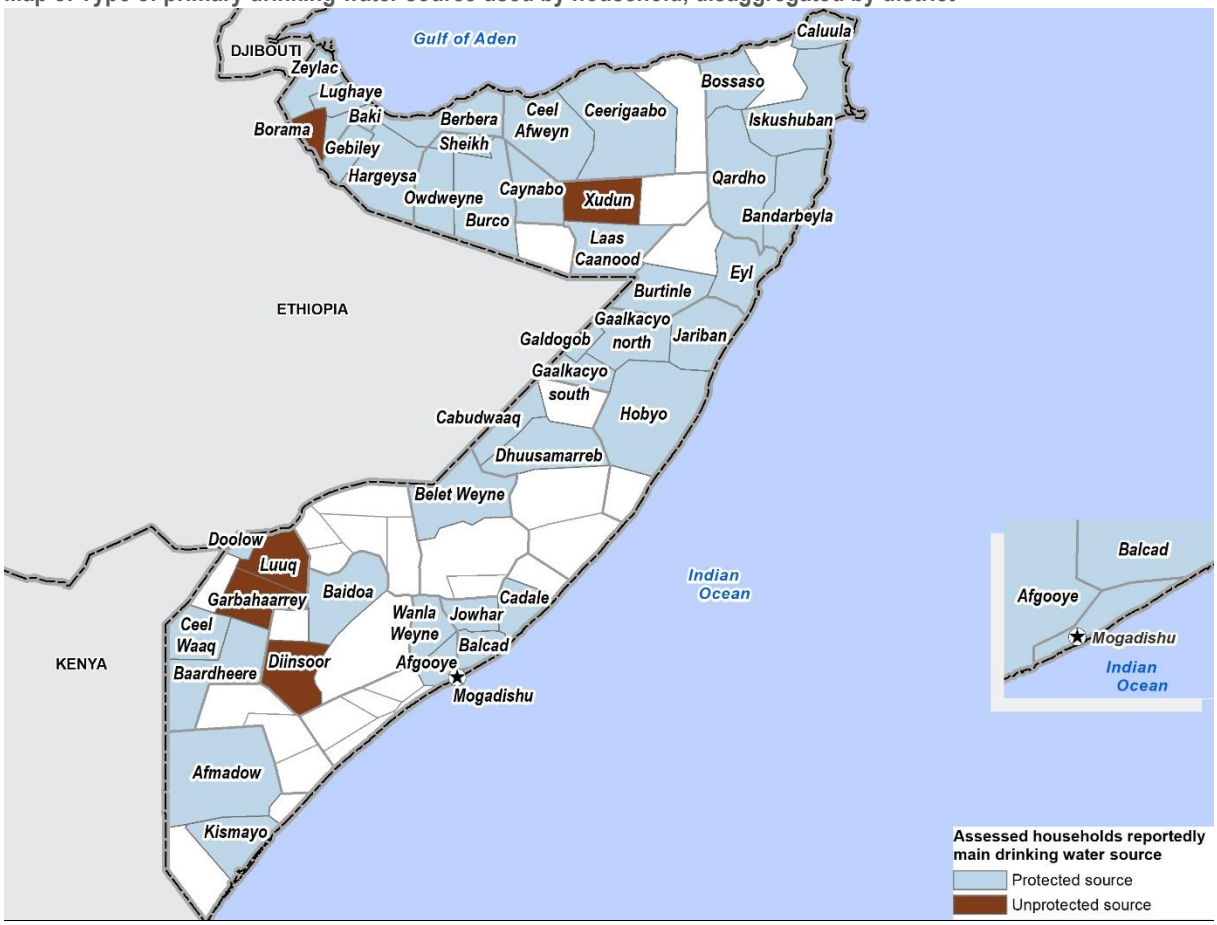
Figure 21: Proportion of households reporting availability of water, disaggregated by quantity



Whilst the Gu rains[51] in March-June 2017 resulted in a marginal increase in household water access in some areas[52], coverage was sporadic and JMCNA data indicates that 35% of households experienced a decrease in water availability over the three months prior to the assessment. The highest decreases were in Sool, with 55% of households reporting a decrease, and Middle Shabelle, with 47% reporting the same. This reflects Somalia Water and Land Information Management (SWALIM) recordings of poor rainfall in these regions[53]. Given that access to water was reportedly well below minimum standards (see above) in these regions, the high proportion of households indicating decreasing water availability is particularly concerning. Conversely, some regions also had a high percentage of households reporting an increase in water availability, either as a result of rains or increased humanitarian intervention. The highest proportion of households reporting an increase were reported in Sanaag (64%), Bay (58%) and Nugaal (57%).

[51] The Gu rains refer to the long rainy season which occurs annually in Somalia, between the months of April and June.
[52] Somalia Water and Land Information Management Project. Gu Rainfall Performance: June Bulletin 2017.
[53] Ibid.

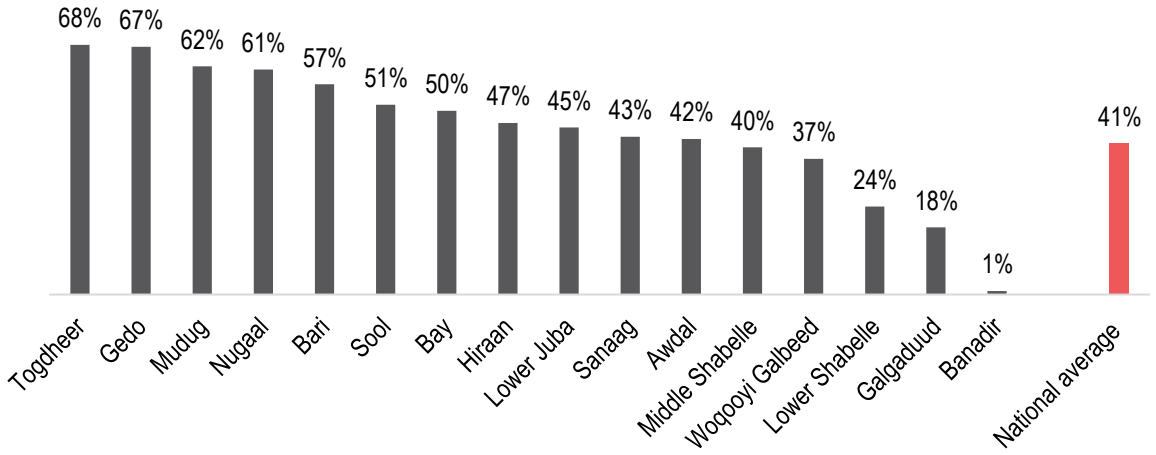
Map 8: Type of primary drinking water source used by household, disaggregated by district



Over one-third (41%) of all assessed households reported using an unprotected/surface water source (either a river, unprotected well or a burkad) as their primary source of drinking water. Under the WHO Joint Monitoring Programme (JMP)[54] surface water is considered the lowest category in terms of water quality and safety. The most common drinking water source used in Somalia was burkads, reported by 20% of assessed households, followed by piped systems (20%) and unprotected wells (13%). There was significant variation across regions, and between rural and urban households, with burkads (unprotected water sources) far more prevalent in rural areas (reported by 29% of assessed households) than urban (7%) and piped systems (protected water sources) more common in urban areas (30%) than rural (10%). Piped systems were particularly prevalent in Banadir Region, reported by 54% of households in Mogadishu. On the other hand, Togdheer, Gedo, Mudug and Nugaal had the highest proportions of households relying on unprotected water sources as their primary source of drinking water, at 68%, 67%, 62% and 61% respectively.

[54] The WHO/JMP is a monitoring body responsible for reporting on the Sustainable Development Goal targets and indicators relating to WASH. More information can be found at https://washdata.org/.

Figure 22: Proportion of households reporting use of unprotected/surface water source as their primary source of drinking water, disaggregated by region



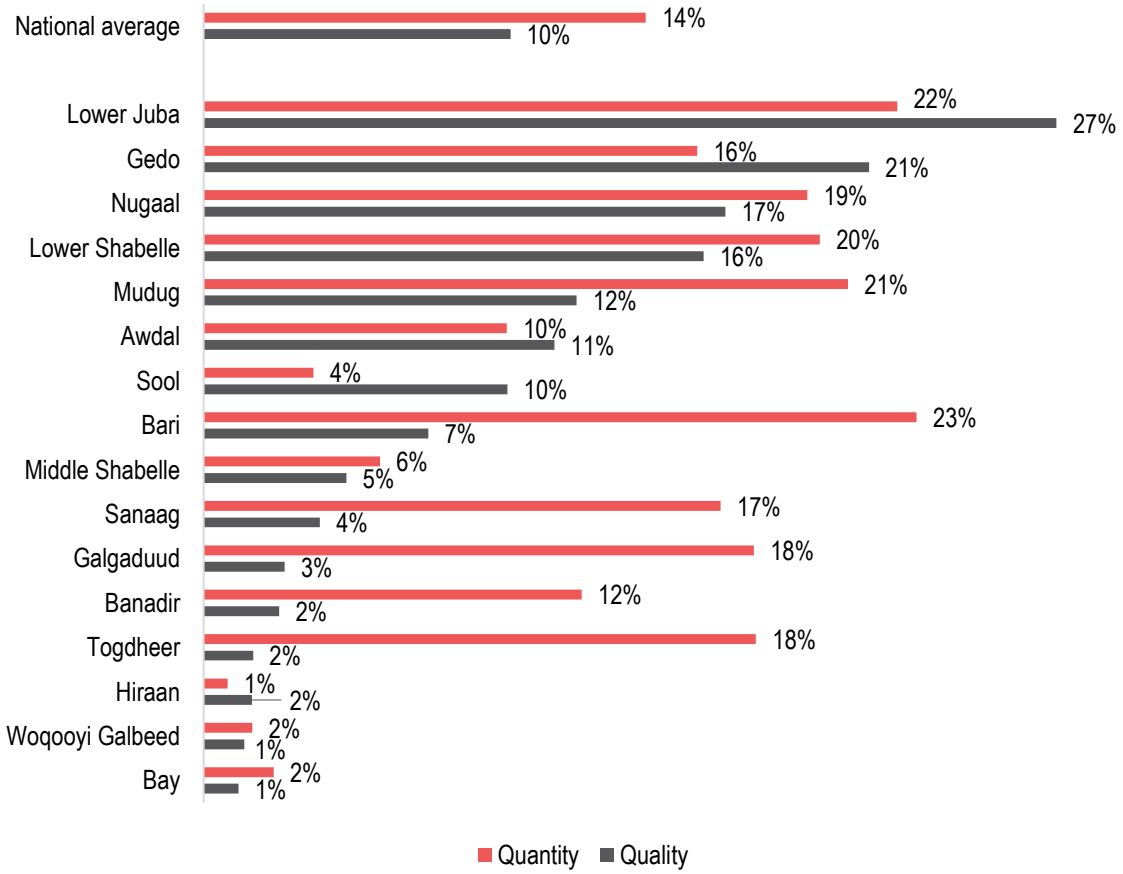
Use of unprotected sources as the primary source of drinking water was more common among non-displaced populations than displaced, reported by 46%, as opposed to 19% of IDP households and 11% of migrant households. This may be a reflection of the greater prevalence of unprotected water sources in rural areas (53%), which tend to have a higher proportion of non-displaced populations, compared to urban areas (16%), where there is a higher concentration of IDP and migrant populations.

Water trucking was particularly prevalent in areas with large displaced populations, the temporary nature of whom has prevented the development of more permanent water source options (such as wells or burkads). Proportion of households reporting trucking as their primary source of drinking water was lower than 10% in most regions, and tended to be isolated to specific districts and villages. For example in Awdal, where 13% of households reported it as their primary source, it was restricted to the districts of Lughaye (41%) and Zeylac (9%), but was not common in Baki (1%) or Borama (0%). Water trucking was most commonly reported in Woqooyi Galbeed Region (28%), largely due to high reporting in Hargeisa District (67%), which appears to be related to the high usage in urban areas. **There was little difference between the reported primary source of water for domestic use (washing and cooking) than for drinking water, reflecting the reliance on a single source for all household purposes.**

Twenty-four percent (24%) of all assessed households reported a problem with their primary water source, with 14% indicating a problem with quantity, and 10% with water quality[55]. The highest proportions were in Lower Juba, where 49% of households indicated having a problem; 22% reporting issues with quantity and 27% reporting problems with quality – a reflection both of restricted water availability in the region as a result of drought, and the high salinity of ground water sources in the region. Problems with water quantity were highest in Bari (23%), where quality was a relatively minor concern (reported by 7% households). While much of the response to the drought has focused on South Central Somalia, the Bari region of Puntland has seen successive low rainfall over multiple seasons, which has created a cumulative strain on water resources. Concerns with water quantity were also high in Mudug (reported by 21% of assessed households) and Lower Shabelle (20%). Water quality issues were particularly highlighted in Gedo (21%), an issue which was consistent across all districts within the region. In Gedo, a high number of households also reported using rivers (41%) and unprotected wells (19%) as their primary drinking water source, which would explain the high concerns with quality, particularly if household level treatment is not widely available.

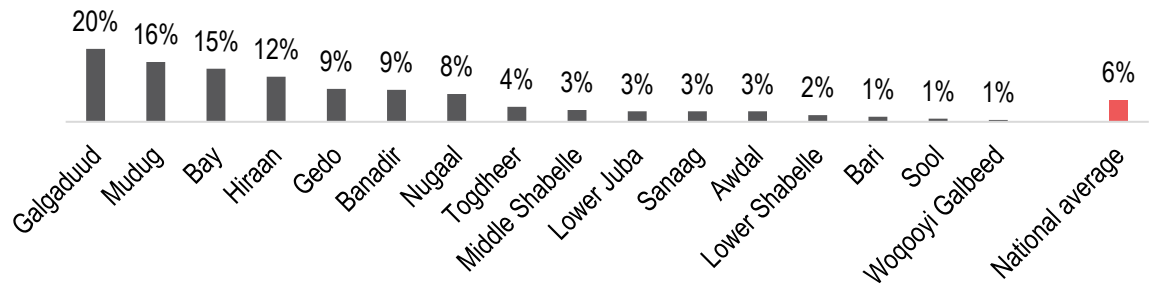
[55] Households were only able to select one answer and could not report both issues at once.

Figure 23: Proportion of households reporting a problem with quality or quantity of water source, disaggregated by region



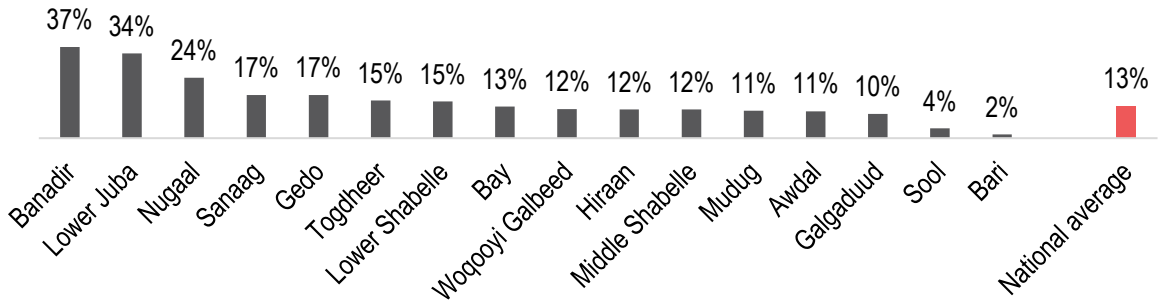
In most regions, water was most commonly collected by adult females, reported by 62% of households in total. Notable proportions of households reported a child under 10 years collect water in Galgaduud (20%), Mudug (16%) and Bay (15%), which is of particular concern as it may pose child protection risks. On average, households reportedly complete 2.6 trips to collect water per day, with the highest number of trips being in Middle Shabelle (3.8 per day) and the lowest in Awdal (1.3).

Figure 24: Proportion of households reporting children aged 0-9 collect water, disaggregated by region



The most commonly reported storage facility for household water was a jerry can, indicated by 86% of households nationally. The proportions were lowest in Hiraan (52%), where use of a bucket with no lid was more commonly reported than in other areas (12%). **The majority of households in all but two regions reported using the same storage for household and drinking water,** the exceptions being Bay (48%) and Sool (46%) where just under half of households reported the same. **The lack of separate storage for drinking water and water for other household uses increases the risk of drinking water contamination. This risk is likely further exacerbated by limited water treatment practices – only 13% of assessed households across Somalia reported that they treat their drinking water**. There was no apparent correlation between water treatment and the source of water, with similar proportions of households accessing unprotected and protected water sources, reporting that they treat their water. Bari (2%) and Sool (4%) had the lowest proportion of households reporting water treatment, whilst Banadir had the highest (37% of households). Where households did report treating their drinking water, chlorination and boiling were the most common methods, with the exception of Bay, where use of cloth filters was reported by 43% of the total proportion of households treating their water (13%).

Figure 25: Proportion of households reporting treating their drinking water, disaggregated by region



There was no statistically significant difference between the proportion of IDP and non-displaced households reporting treating their water, at 17% and 18% of households respectively. A higher proportion of urban households reported water treatment at 25%, as opposed to 14% of rural households. Although again this difference is not statistically signficant, it is possibly indicative of a greater availability of materials and increased awareness activities targeting urban populations.

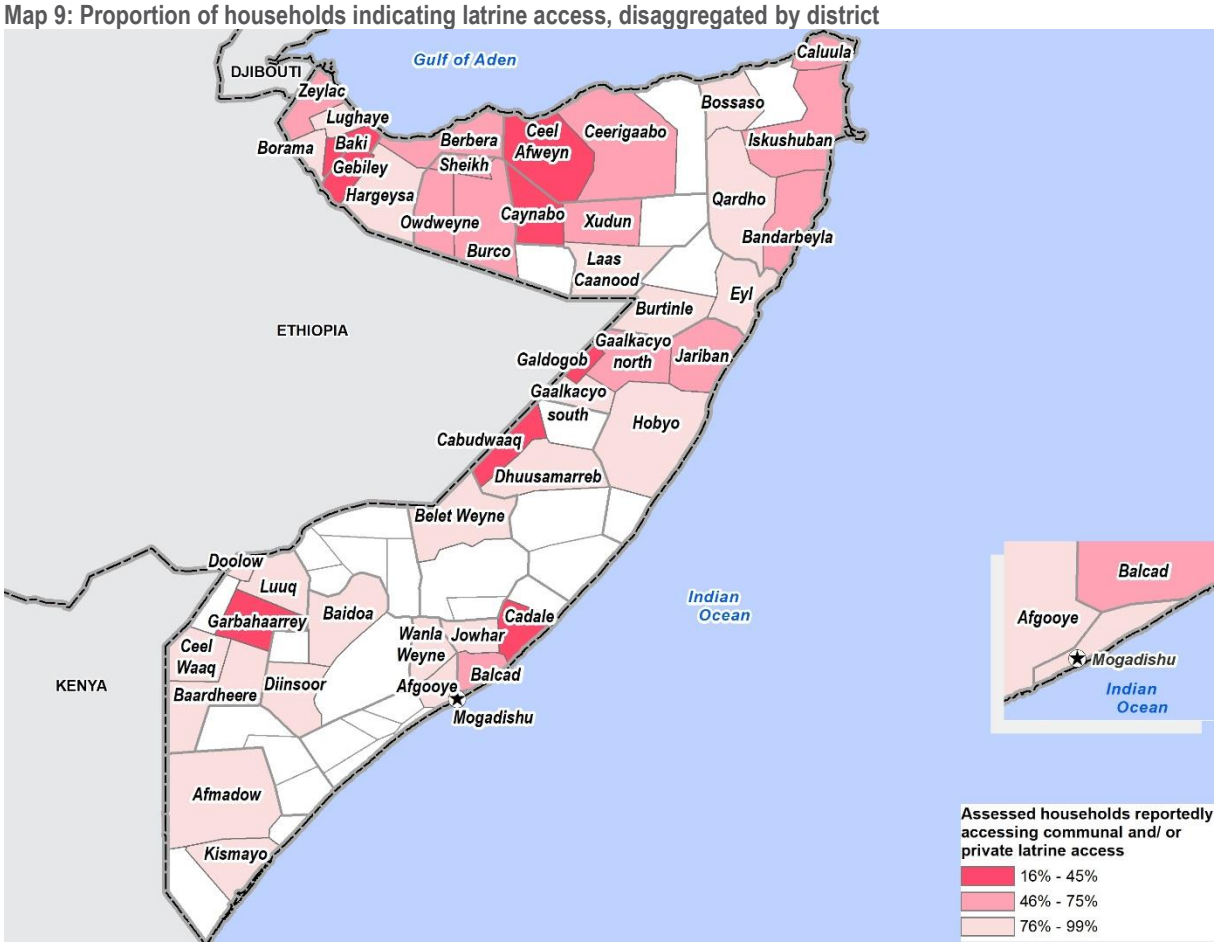
Across Somalia, 62% of households reported that they pay for water, with the highest proportion of households reporting paying for water in Hiraan (93%), Lower Shabelle (88%) and Bari (85%). **Households indicated that water cost an average price of 2,551 Somali Shillings (SoS)[56] for 12 litres[57]** and there was no direct correlation between the high proportion of households reporting that they pay for water, and the high cost of water.

Sanitation

Just under four-fifths (79%) of the assessed households indicated access to some form of latrine, with 39% reporting access to a communal latrine, and 39% access to a private latrine.

[56] 2,551 SoS is the equivalent of 4.4 United States Dollars (USD) at an exchange rate of 1 USD = 579.88 SoS. Source: www.xe.com 12/12/17.
[57] Only households indicating that they pay for water were included in the calculation of average price of water.

Map 9: Proportion of households indicating latrine access, disaggregated by district

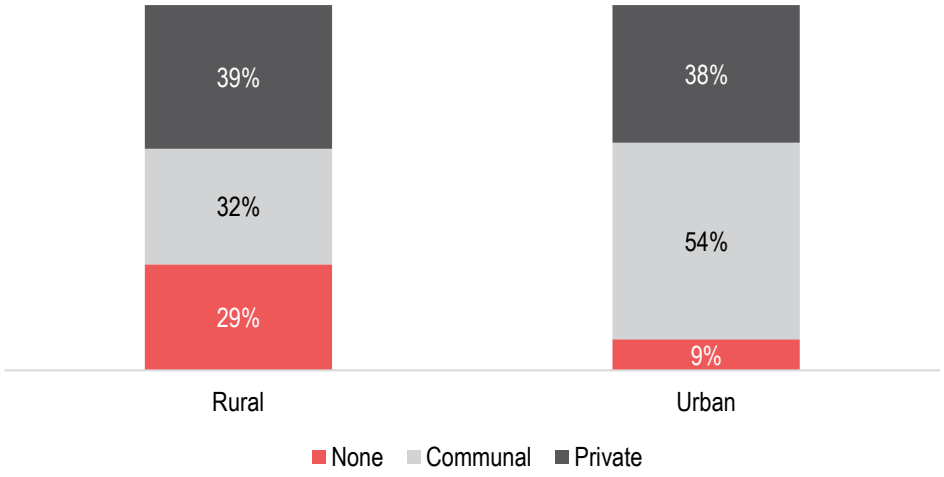


Communal latrines were the most common type available to IDP households, reported by 65%. This likely explains the high reporting of communal latrines in Banadir (67%), Bay (66%) and Lower Juba (63%): all regions with a large IDP population. While the proportion of households reporting no latrine access in these areas was low (1% in Bay, 8% in Banadir and 16% in Lower Juba), complementary IDP Settlement Profiles conducted by REACH in 2016 and 2017[58] have demonstrated a failure of communal latrines in IDP areas to meet minimum standards, particularly in terms of distance from dwellings, number of people per latrine, hygiene and cleanliness, and protection provisions. Relatedly, across all areas only 10% of communal latrines were reported as being gender segregated and 17% were suitable for the disabled, with little variation across displacement groups or urban/ rural households. Less than half of all households with acccess to communal latrines reported that communal toilets were hygienic (40%) or very hygienic (5%), with 55% reporting unhygienic conditions. The worst latrine conditions were reported in Galgaduud, where 94% of households with access to communal latrines indicated unhygienic communal latrines, followed by Middle Shabelle (75%), Sool (69%) and Togdheer (67%). The lack of latrine access and/or poor standards of latrines in areas with a high IDP population is in line with Somalia WASH Cluster findings earlier in 2017, which identified the need for the construction of approximately 37,000 latrines to respond to growing populations in IDP settlements[59].

[58] REACH. Somalia: IDP settlement profile Kismayo. 2016. | REACH. Somalia: IDP settlement profile Baidoa. 2017. | REACH. Somalia: IDP settlement profile Bossaso. 2017. | REACH. Somalia: IDP settlement profile Galkacyo North. 2017. | REACH. Somalia: IDP settlement profile Galkacyo South. 2017.

[59] Somalia WASH Cluster Dashboard. May 2017.

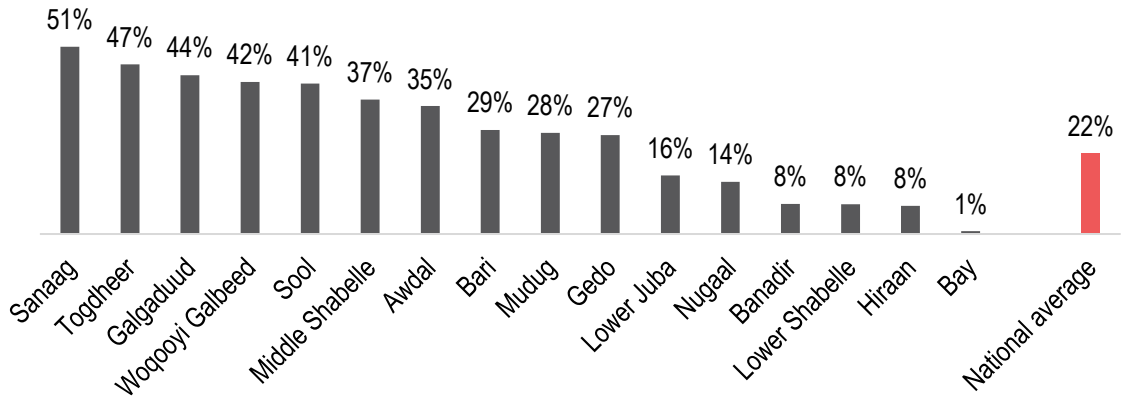
Figure 26: Proportion of households reporting latrine access, disaggregated by type of latrine and location



A total of 22% of households across Somalia reported they have no access to a latrine (see Map 9 for district-level coverage), with a substantially higher proportion of rural households reporting no access than urban households, at 29% compared to 9% (see Figure 26). The proportion of households without latrine access was particularly high in Baki District in Awdal (79%) and Caynabo in Sool (85%), both of which have a predominantly rural population.

Of the 22% of households with no latrine access, 17% indicated that their defecation practices had changed in the three months prior to the assessment, notably in Nugaal (38%), Galgaduud (33%) and Middle Shabelle (31%). In all locations, the most common change was that the household had lost access to a latrine, reported by 97% of households which had experienced a change in their defecation practice. In addition, **82% of households without access to a latrine indicated they practice defecation in the open away from homes, whilst use of community defecation points was very low, reported by only 6% of these households.** A community defecation point is a centralised area used by all community members, thereby reducing the proportion of people defecating in the open near homes and/or waterpoints. In Middle Shabelle, where 37% of households have no latrine access, 83% of them reported defecating away from homes, and 16% reported defecating nearby their homes. Only in Lower Shabelle (36%) and Muduug (21%) did more than 10% of households without access to a latrine report using community defecation points.

Figure 27: Proportion of households without access to a latrine (and therefore practicing open defecation), disaggregated by region

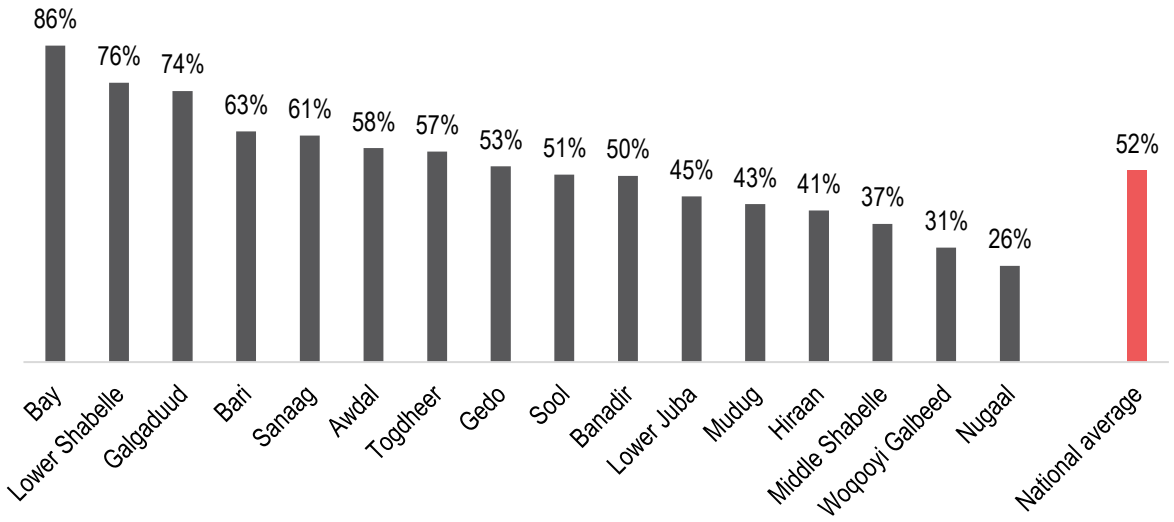


There was little variation in defecation behaviours between displacement groups without access to latrines, but **the practices of defecation close to homes was more common in urban (24%) than rural areas (10%)**, which may be a reflection of limited open space in urban areas. In Somalia poor access to, and use of, suitable sanitation is a considerable contributor to the spread of diseases, especially waterborne diseases such as AWD, as open defecation has a high probability of contaminating unprotected water sources, which are the most common sources in Somalia for household water, drinking water and livestock. The WASH cluster has promoted Community-Led Total Sanitation (CLTS)[60] as a method for reducing open defecation, but the practice remains common in both rural and urban areas where the availability of latrine facilities is poor. More evidential research into the long-term efficacy of CLTS in Somalia is needed.

Hygiene

Over half (52%) of households assessed indicated they wash their hands with water only, whilst 37% reported handwashing with soap and 11% indicated handwashing with ash. The proportion of households reporting handwashing with water only was particularly high in Bay (86%), Lower Shabelle (76%) and Galgaduud (74%), whilst handwashing with soap was most common in Woqooyi Galbeed (68%), Nugaal (57%) and Lower Juba (53%). There was little variation in the use of soap between IDP and non-displaced households.

Figure 28: Proportion of households reporting using water only to wash hands, disaggregated by region



For bathing, 65% of households indicated using water as one of the materials, consistent across rural (66%), urban (64%), IDP (64%) and non-displaced populations (67%). Use of water for bathing was lowest in Banadir, at 47%. Soap was also commonly used for bathing, reported by 63% of households nationally. Similar to handwashing, Woqooyi Galbeed had the highest reported usage of soap for bathing, at 96%, whilst Sool had the poorest hygiene practices, with 15% of households reporting no items for bathing, including water.

Thirty-seven percent (37%) of all assessed households indicated that they had received hygiene items from government or NGO actors in the three months preceding the assessment. Surprisingly, a slightly lower proportion of IDP than non-displaced households reported having received hygiene items, at 57% compared to 66%, despite much humanitarian intervention being concentrated in IDP settlements. There was also a disparity in recipient IDP households related to the length of time they had been displaced for. Of the IDP households reporting that they had not received hygiene items in the three months prior to the assessment, 32% had been displaced for between one to five years, and 37% had been displaced for more than five years, whilst the prorportion was much lower for households displaced for less than three months (11%) or between three and six months (10%). This suggests that **hygiene assistance has been targeted towards IDPs displaced since the latest drought, whilst households in protracted displacement are less likely to have received hygiene items.**

[60] CLTS is a methodology designed to eliminate open defecation through community behavioural change.

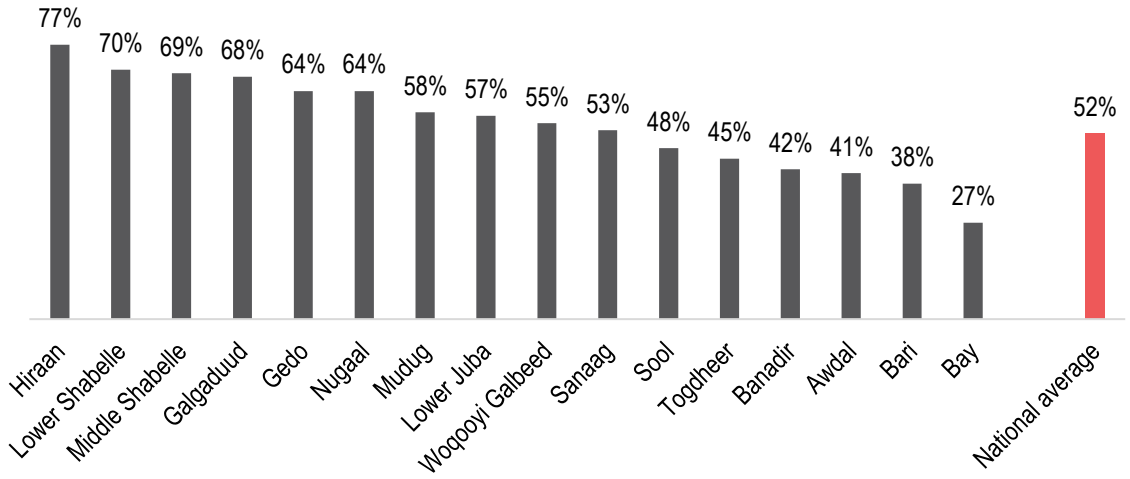
In a reflection of ongoing humanitarian access constraints, there was high regional variations in the distribution of hygiene items. Gedo had the lowest proportion of households reporting receiving hygiene items, at 46% of households. This is likely due to low reporting in the hard-to-access districts of Bardheere (29%), Garbahaarrey (39%) and Luuq (45%).

The most common hygiene item received in all regions was soap, reported by 54% of assessed households who reported receiving hygiene support. A low proportion of households (11%) reported having received female sanitary items, with less than 5% in Galgaduud (2%), Lower Shabelle (3%), Gedo (4%) and Sool (4%).

Health

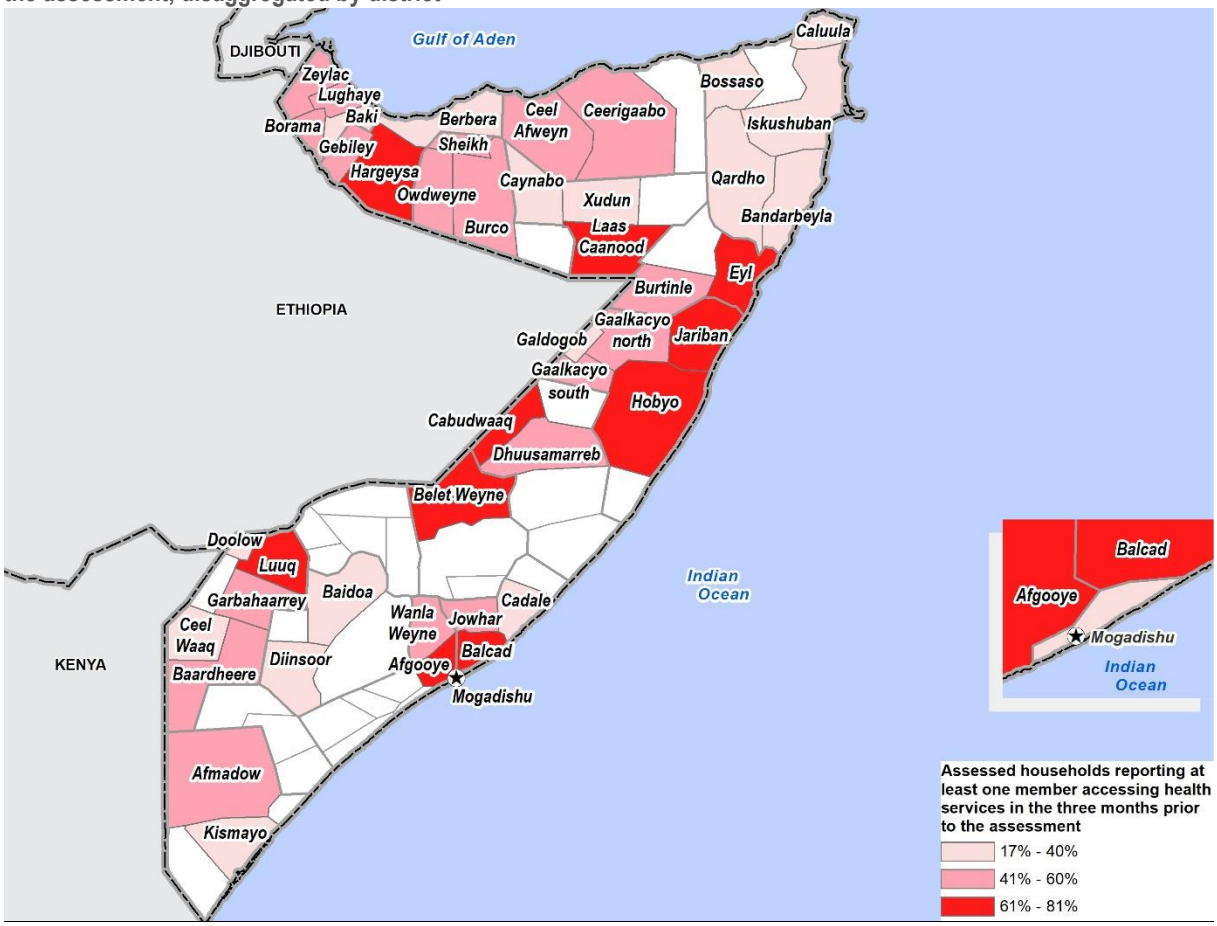
Just over half of assessed households (52%) reported that they had recently attempted to access healthcare services, with the proportion varying somewhat across regions (see Figure 29). Hiraan had the highest proportion of households indicating that they had attempted to access healthcare services in the three months prior to the assessment at 77%, whilst Bay had the lowest, at 27%, suggesting limited access for households in this region.

Figure 29: Proportion of households reporting attempting to access healthcare in the three months prior to the assessment, disaggregated by region



Of the 52% of households indicating that they had attempted to access healthcare, over two-thirds (68%) reported that they had experienced increased difficulty in accessing healthcare in the three months prior to the assessment (see Map 10 for disaggregation by district). This was reported by over 80% of households in five regions, with 87% of households which had attempted to access healthcare reporting increased difficulty in access in Sanaag, 86% in Sool, 83% in Galgaduud, and 80% in Hiraan. This suggests that **there are major barriers to healthcare access even when facilities are available**

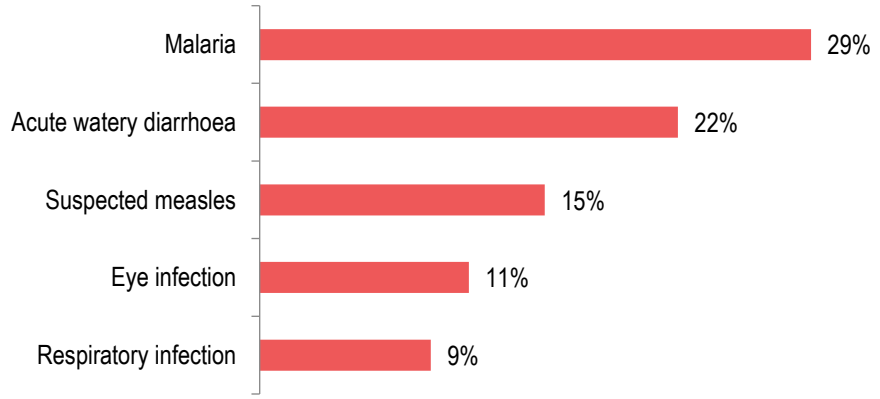
Map 10: Proportion of households reporting increased difficulty in accessing healthcare in the three months prior to the assessment, disaggregated by district



Nationally, more rural households reported accessing or attempting to access health services (54%) than urban households (48%), and were also more likely to report increased difficulty accessing services (51%) than urban households (42%). This is likely a reflection of a comparatively limited availability of health services in rural areas, although the difference is too low to be statistically significant and should therefore be considered indicative only.

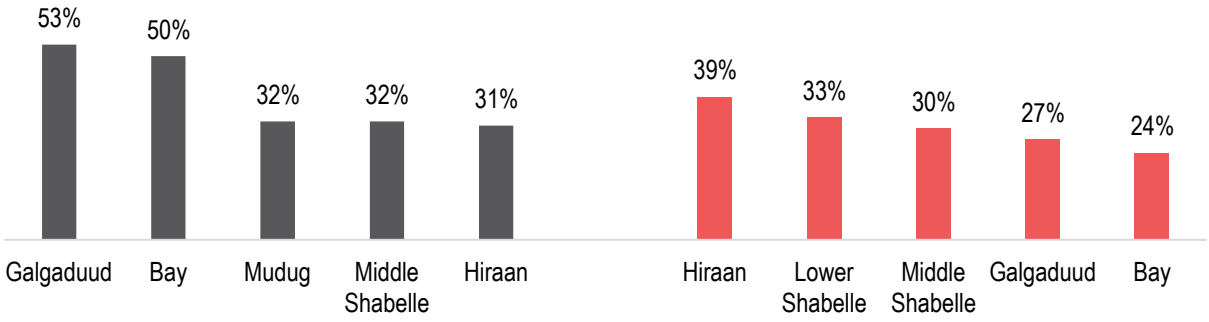
As illustrated in Figure 30, **malaria was the most commonly reported health problem across Somalia, with just under a third (29%) of assessed households indicating that at least one member had experienced it in the month prior to the assessment**. Riverine regions such as Hiraan, Lower Shabelle, and Bay have higher than average proportions of households indicating prevalence of malaria, reported by 78%, 62%, and 60% respectively. Reflecting both the drier climate and higher altitude, the five regions of Somaliland had the lowest rates of malaria with 1% of households in Woqooyi Galbeed, 2% in Awdal, 3% in Sool, 5% in Sanaag, and 17% in Togdheer indicating a member had been affected in the month prior to the assessment.

Figure 30: Top five most commonly reported health issues experienced by at least one member of assessed households within the month prior to the assessment, national level



Somalia has seen two major communicable disease outbreaks in 2017; AWD[61], of which 77,783 cases had been reported between January and October 2017, and measles, of which there have been 18,000 cases in the same time period[62]. This is consistent with JMCNA findings which indicate that **AWD and measles were the second and third most common health issue, with 22% and 15% of households respectively reporting that a member had been affected in the month preceding the assessment.**

Figure 31: Top five regions with the highest proportions of households indicating a member suffered from AWD (grey) and suspected measles (red) in the month prior to the assessment



Hiraan had some of the highest rates of both AWD and suspected measles, with 31% and 39% of assessed households in the region indicating that a member had experienced these problems, respectively. This region has experienced extremely poor rainfall since early 2017[63], exacerbating drought conditions. A reduction in water sources can result in increased rates of AWD and other waterborne diseases as households resort to using contaminated water and/or sharing their drinking water source with their livestock[64]. Similarly, the dry regions of Galgaduud and Mudug also experienced high rates of AWD, reported by 53% and 32% respectively. Although the International Federation of Red Cross and Red Crescent Societies reported a continuous decrease in new AWD cases since June 2017, with a promising 0% fatality rate reported in August, the organisation also indicated that without serious intervention recurrent outbreaks should be expected in the future[65]. Bay Region also had a large

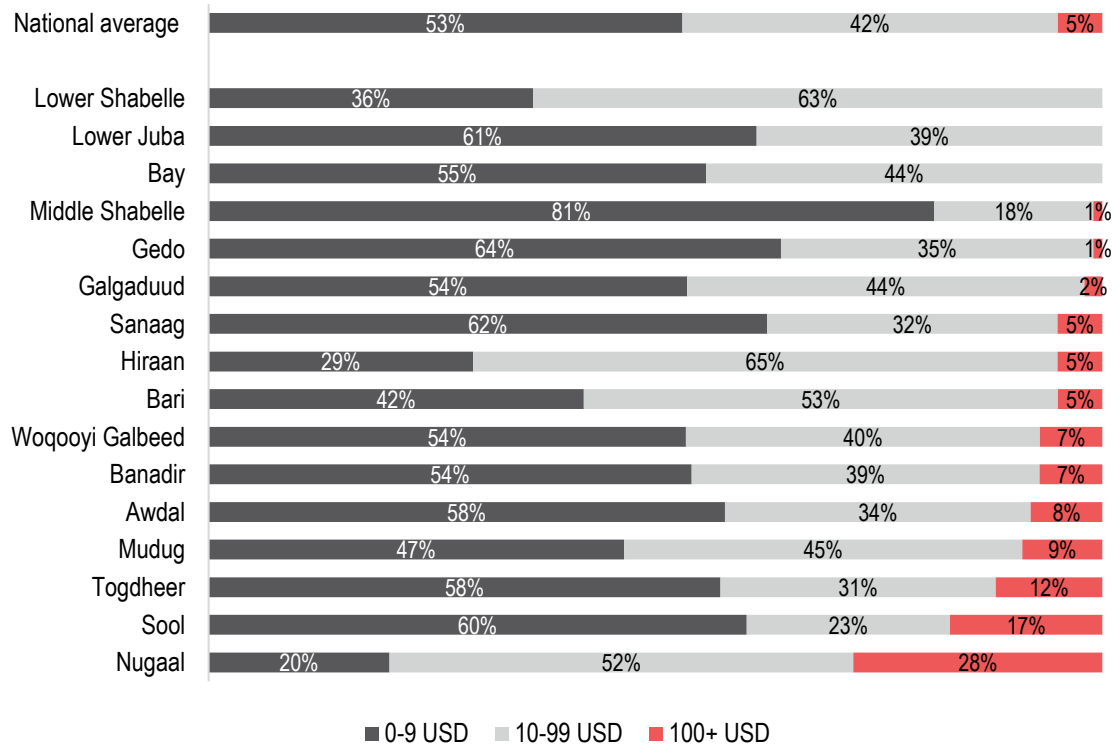
[61] Note: AWD includes cholera cases.
[62] Somalia Health Cluster. Health Cluster Bulletin September 2017.
[63] SWALIM. Gu Rainfall Performance. June 2017.
[64] International Federation of Red Cross and Red Crescent Societies. "Somalia: AWD outbreak DREF MDRSO006 operation final report". 15 October 2017.
[65] International Federation of Red Cross and Red Crescent Societies, "Somalia: AWD outbreak DREF MDRSO006 operation final report", 15 October 2017.

proportion of households (50%) indicating that a member had experienced AWD in the month prior to the assessment. This is likely attributable to the higher rates in IDP settlements in Baidoa District, where 51% of households reported that a member had experienced AWD in the month prior to the assessment, the third highest rate at the district level. This is also consistent with Somalia WASH Cluster reports of a higher number of AWD cases in this district[66].

Just over half (53%) of all assessed households indicated paying less than 5,849 SoS (10 USD[67]) on healthcare in the month prior to the assessment. Household spending on healthcare was lowest in Middle Shabelle, where 81% of households indicted spending between 0-5,264[68] SoS (0-9 USD) in the month prior to the assessment, and no households indicated paying more that 58,490[69] (100 USD). On the other hand, Nugaal Region had the highest proportion of households reporting spending over 100 USD (28%), followed distantly by Sool at 17%.

Overall, IDP households reported spending slightly less on healthcare than non-displaced households, which may be a reflection of the availability of health services provided by aid organisations in concentrated areas of IDPs.

Figure 32: Reported household spending on healthcare in the month prior to the assessment, disaggregated by region



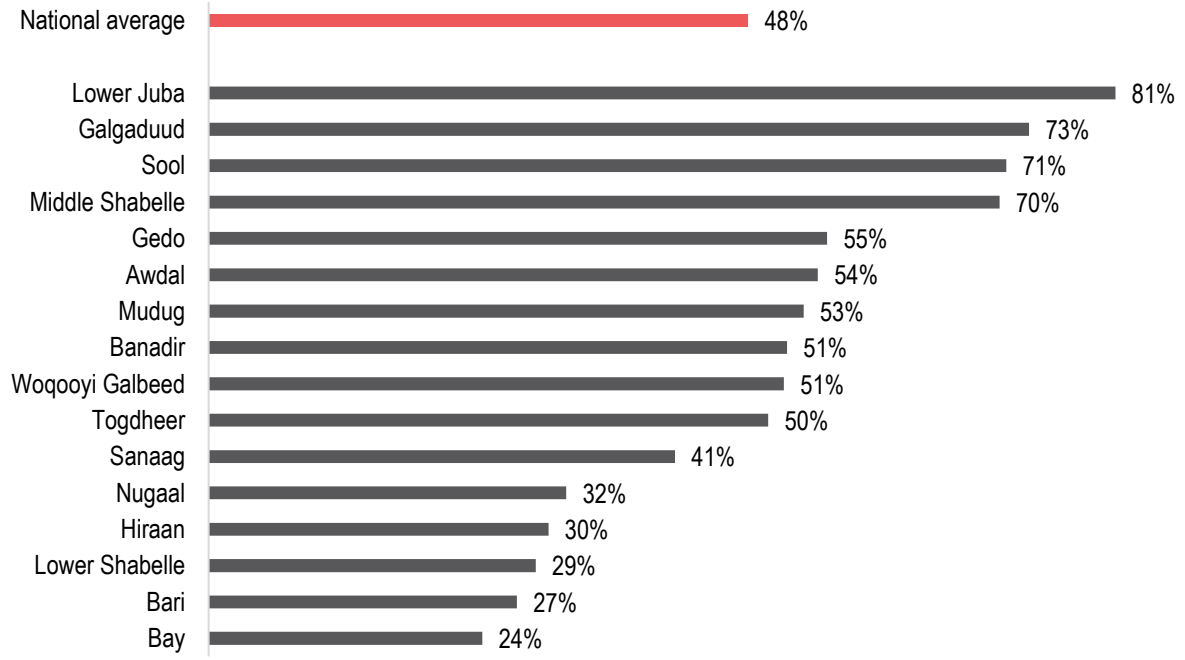
Shelter and Non-Food Items

Shelter

JMCNA findings indicate a high prevalence of households living in semi-permanent shelters, which offer little structural integrity and protection from the elements. Poor shelter conditions also raise serious protection concerns as households are more vulnerable to crime, GBV and child protection issues. Shelter was listed as a priority need by 48% of households, with over half of households listing it as a priority in nine regions. **Shelter was highlighted by 60% of IDP households as a priority need, the second most commonly identified need after food (89%).**

[66] Somalia WASH Cluster. 2017. WASH Cluster Dashboard May 2017.
[67] Using www.xe.com average exchange rate for August 2017.
[68] Ibid.
[69] Ibid.

Figure 33: Proportion of households reporting shelter as a priority need, disaggregated by region

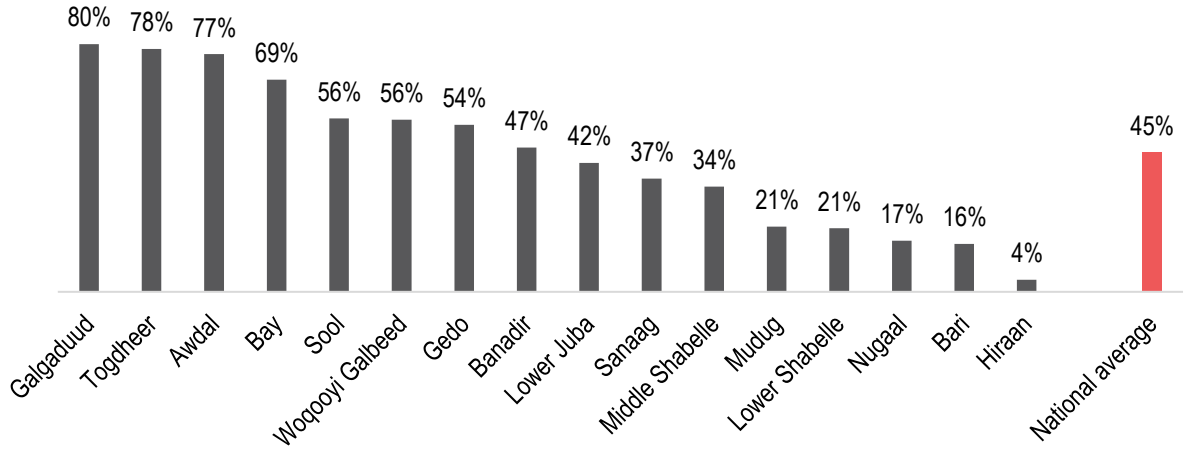


The most common type of shelter reported by households was buuls, reported by 45% of all assessed households. Buuls are lightweight shelters made of stick frames with layers of cloth or plastic covering providing limited environmental protection. Buuls were the most common shelter type in all but 6 of the assessed regions, and most prominent in Galgaduud (reported as the primary shelter type by 80% of households), Togdheer (78%) and Awdal (77%). **In a reflection of the transient nature of displaced groups, buuls were more commonly reported as the shelter type by IDPs, indicated by 64% households, as opposed to 40% of non-displaced households.** Conversely, a higher proportion (21%) of non-displaced households stated living in permanent shelters than IDP households (5%).

A significant proportion of households (39%) living in buuls indicated just one layer of external covering, most commonly of clothes and rags (43%), but also frequently of plastic sheeting (35%). There was some variation by region, with Banadir having a higher proportion of households (75%) reporting plastic sheeting as the only layer of external covering than other areas, and a higher proprtion of households in Woqooyi Galbeed (67%) and Awdal (56%) in Somaliland reporting clothes and rags as the primary buul covering. This variant may be related to the higher reported usage of plastic sheeting as buul covering in urban (52%) than rural areas (27%). Vegetation as a buul covering was far more common in rural (14%) than urban areas (3%), and was more frequently used by non-displaced (14%) than IDP buul residents (3%).

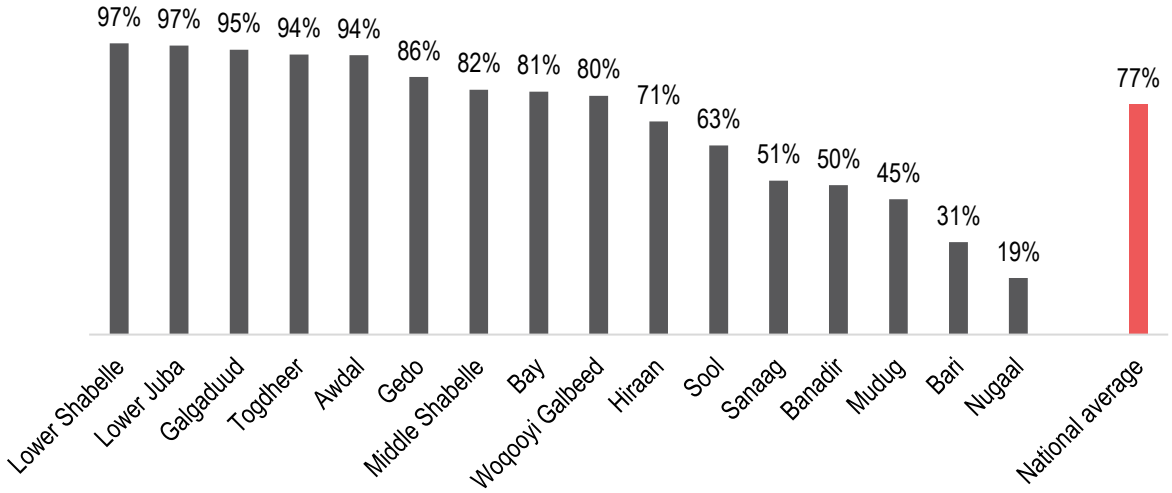
Forty-seven percent (47%) of buul residents reported that daylight penetrates the roof, and 39% reported a large hole in the covering. This was particularly high in Galgaduud (94% and 73% of households) and Middle Shabelle (76% and 62%), indicating particularly poor shelter quality in these regions.

Figure 34: Proportion of households reporting buul as the primary shelter type, disaggregated by region



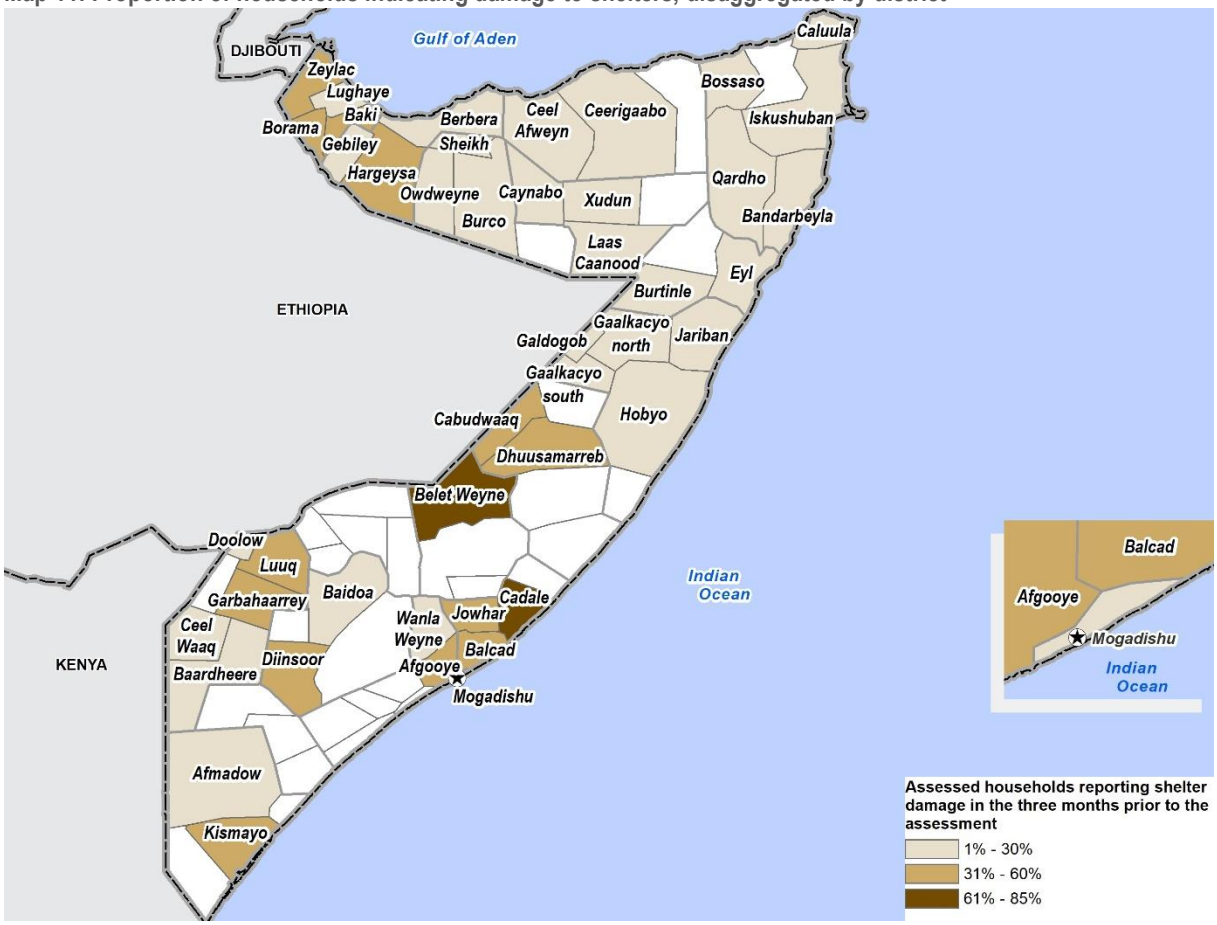
In all but three regions the most commonly reported floor material was bare earth – leaving households vulnerable to the elements. In total, 77% of assessed households indicated an earth floor, with the highest proportions in Lower Shabelle and Lower Juba; reported by 97% of households in both regions. There was little variation in the proportion of households reporting eath flooring between IDPs (75%) and non-displaced groups (72%), and not a statistically significant difference between rural (76%) and urban (66%) households.

Figure 35: Proportion of households reporting earth as the floor material, disaggregated by region



Across all shelter types, 28% of households reported some level of damage to shelters, with the highest proportions in Hiraan (66%) and Middle Shabelle (60%). At the district level, shelter damage was most common in Cadale, (85% of households reported some form of shelter damage), Belet Weyne (66%) and Luuq (55%) in South Central Somalia (Map 11), which may be related to the active presence of armed groups in these areas. There was no significant variation of reporting of damage between rural and urban populations, or between IDP and non-displaced households.

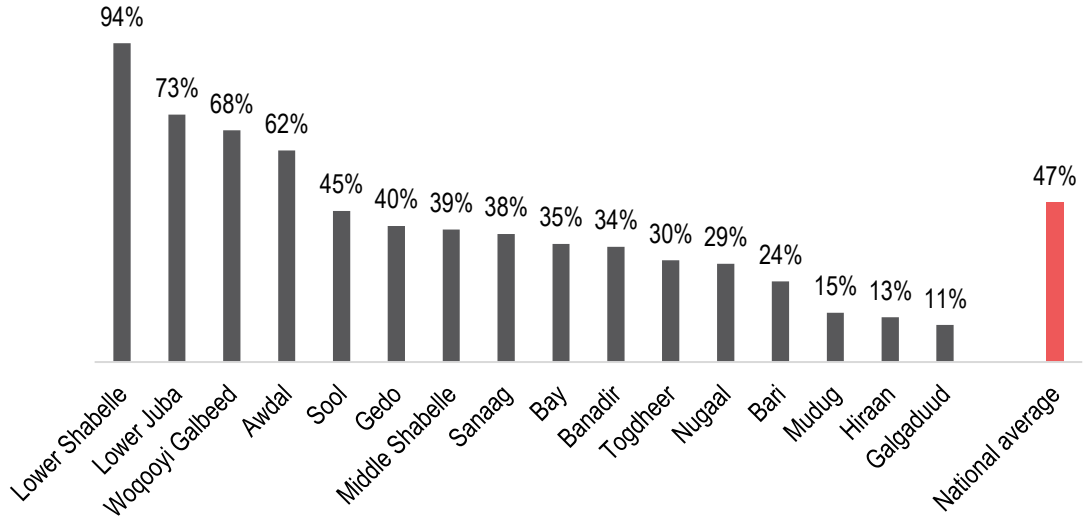
Map 11: Proportion of households indicating damage to shelters, disaggregated by district



Across Somalia, 37% of assessed households indicated that their shelters contain internal separations, with the highest proportions in Woqooyi Galbeed (70%) and Sanaag (59%) and the lowest in Lower Juba (6%), Galgaduud (8%) and Gedo (11%). The type of internal separation varied, but cloth was the most common, reported by 46% of households with an internal separation in their shelter. Non-displaced were marginally more likely to report internal separation (29%) than IDP households (23%), but there was little variation in the type of internal separation. **The lack of internal separation in shelters – reported by 63% of all assessed households – raises protection concerns, particularly in cases in which multiple families are sharing one shelter**. A study of congestion in an IDP camp in South Sudan found that the absence of physical space and privacy in IDP temporary shelters had a notable impact on rates of domestic violence and potentially exposed children to inappropriate sexual behaviours[70]. Relatedly, **just under half (47%) of assessed households indicated their shelter have a light at night**, although there was signifcant variation by location, as shown in Figure 36. A higher proportion of non-displaced than IDP households reported having a light, at 43% and 32% respectively. However, there was no statistically signficant variation between rural (42%) and urban (41%) households. Eleven percent (11%) of households reported there had been a theft from their shelter in the month prior to the assessment, with no statistically significant variation between IDP (12%) and non-displaced households (11%) and between rural (9%) and urban (14%) households.

[70] Danish Refugee Council. 2017. Congestion in the Malakal Protection of Civilians (PoC) site, South Sudan.

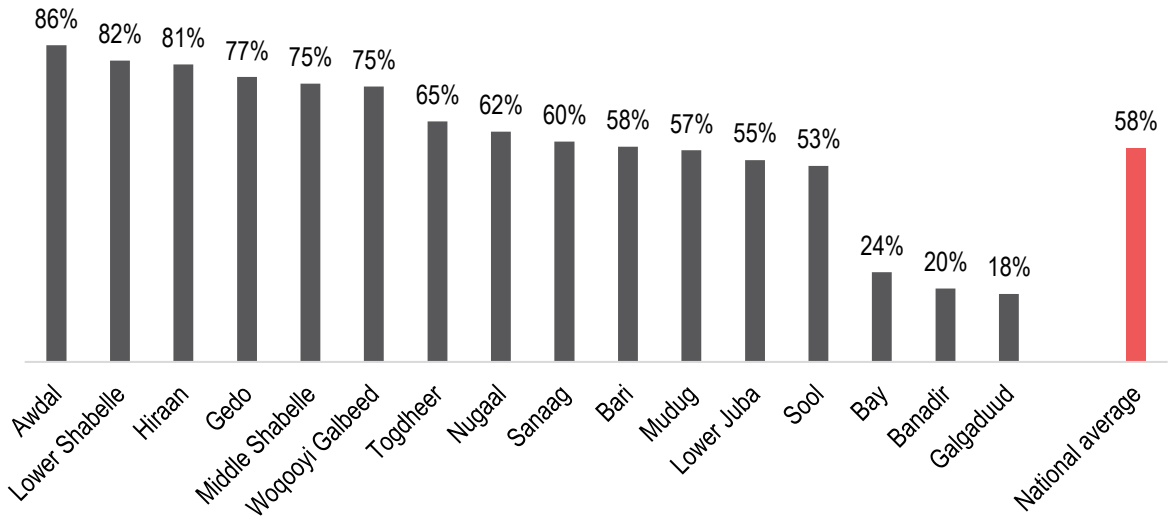
Figure 36: Proportion of households indicating having a source of light at night, disaggregated by region



There was substantial regional variation in household reporting land ownership (see Figure 37). **While 58% of households reported owning the land on which they were settled, this was significantly lower for IDP populations (19%) than non-displaced (67%), and for urban households (41%) than rural ones (68%).** Regionally Galgaduud (18%), Banadir (20%) and Bay (24%) had the lowest proportions of households reporting land ownership, which potentially reflects the high proportion of IDP households in these regions. On the other hand, Awdal (86%) and Lower Shabelle (82%) had the highest percentages of households reporting that they own the land they live on. Of those not owning land, only 28% of households reported paying rent of any kind, although this figure may be underreported due to widespread informal and community level rent arrangements, particularly among IDPs. This perhaps explains why IDP households who do not own land were less likely to report paying rent (18%) than non-displaced (31%). Additionally, the type of rent reported is primarily cash among both IDP (83%) and non-displaced (91%) households, at an average of 9,358 SoS (16 USD[71]) per month for IDPs and 14,038 (24 USD[72]) per month for non-displaced. Additionally, 6% of IDP households reported paying land rent with aid assets (sometimes referred to as 'aid-for-land'). At the national level the most commonly reported rent collector was the landowner (reported by 58% of households paying rent) followed by the hosting community (16%). Community leaders were relatively infrequently reported as the rent collector (6%), which again suggests the rent being reported does not include informal tithing of aid to gatekeepers. Both IDP and non-displaced households reported the most common response if they were unable to pay rent was eviction, although this was more common among IDP (76%) than non-displaced (61%) households.

[71] Using www.xe.com average exchange rate for August 2017.
[72] Ibid.

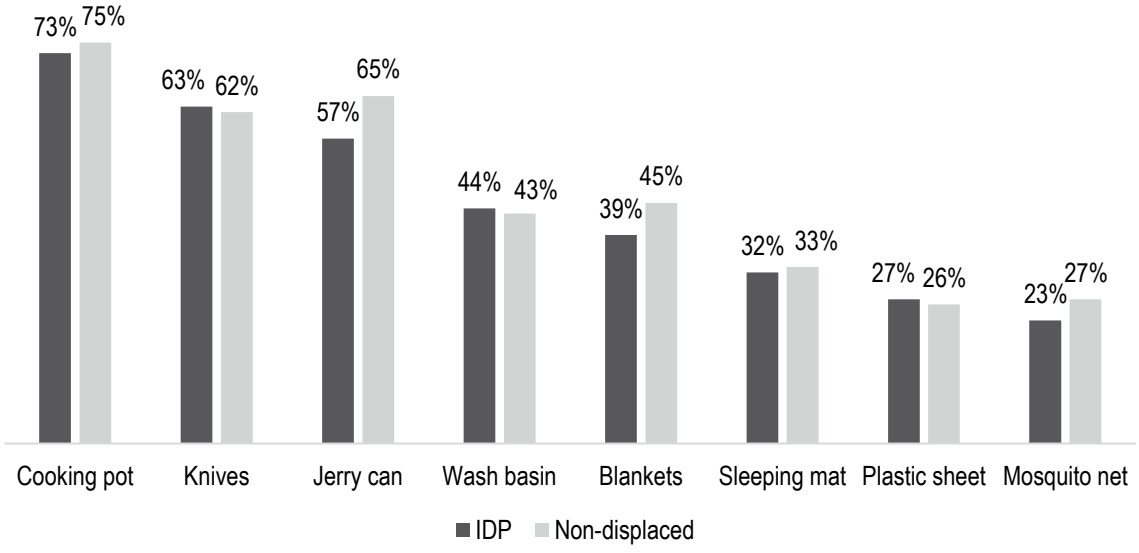
Figure 37: Proportion of households who reported owning the land on which they reside, disaggregated by region



Non-Food Items

Thirty-five percent (35%) of households were observed to own none of the core NFIs measured in the survey,[73] whilst only 14% were observed to own any NFIs in good condition, and only 5% have access to all key NFIs. More precisely, 78% were observed to have knives, 70% to have jerry cans, 75% to have a cooking pot of at least 5 litres, 68% to have sleeping mats, 48% to have blankets and 40% to have a wash basin and 26% have no mosquito nets. In addition, just 29% of households were observed to have plastic sheeting, which corroborates the finding that a high proportion of households have no floor materials for their shelters. The availability of NFIs did not vary significantly between IDPs and non-displaced, although as Figure 38 shows, non-displaced households generally have a higher reporting of jerry cans, blankets and mosquito nets than IDP households. Again, this suggests poorer living conditions in IDP households.

Figure 38: Proportion of households with access to NFIs, disaggregated by displacement status

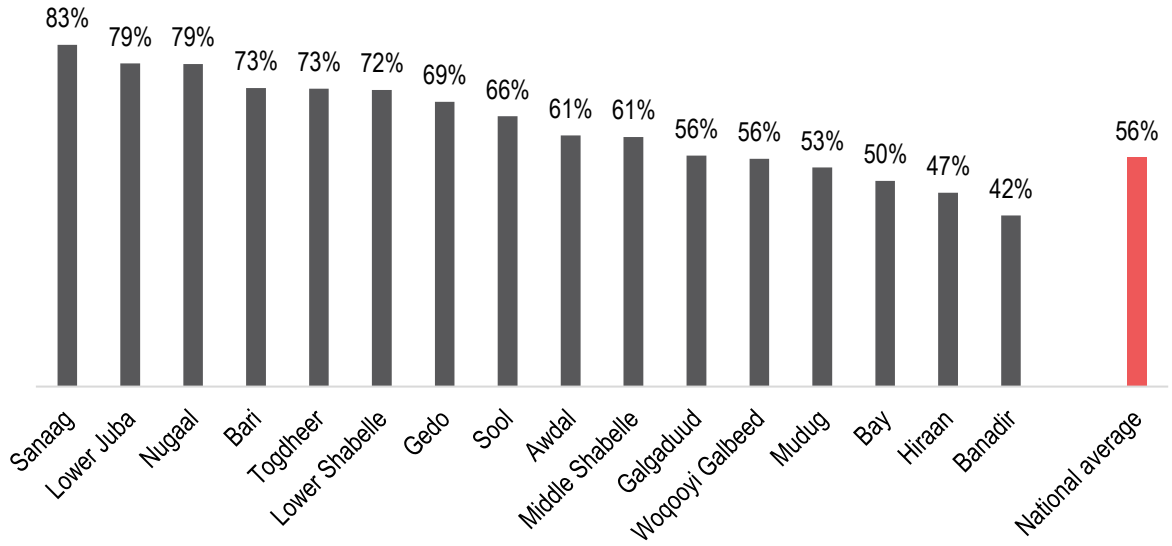


Mosquito nets were the least commonly reported NFI by both IDP (23% of IDP households indicating ownership) and non-displaced households (27%). Woqooyi Galbeed had the lowest proportion of households indicating that they have a mosquito net, reported by just 5%. Given the high prevelance of malaria, as explored in the Health section, the lack of mosquito nets poses serious health risks, particularly in riverine areas such as Middle Shabelle, where just 6% households reported owning a net, and Lower Shabelle (21%).

[73] NFIs measured: sleeping mats, jerry cans, knives, plastic sheeting, mosquito nets, 5L+ cooking pots, blankets and wash basins.

While the proportion of households possessing a jerry can was relatively high (63%), SPHERE standards indicate that households should possess a minimum of two jerry cans of 10-20 litres for transport and storage of water. **Only 56% of households reported possessing a total transport and storage capacity of 20 litres or more, and only 36% have a total capacity of 40 litres or more.** While there was little variation between IDP and non-displaced households, rural households were more likely to have at least 20 litres of storage capacity (59%) than urban households (51%), which is perhaps a reflection of the greater distances travelled to collect water in rural areas[74]. Sanaag had the highest proportion of households reporting a minimum of 20 litres jerry can water storage capacity at 83%, whilst less than half of households in Hiraan (47%) and Banadir (42%) reported the same.

Figure 39: Proportion of households which possess jerry cans with a capacity of at least 20 litres, disaggregated by region



In no region and among no population group did the number of sleeping mats available to the household meet the number of people in the household. **Across the assessment there were an average 0.18 mats per person, with little variation by displacement status, location type or region. Consequently, in the majority of households, at least some members of the household sleep directly on the floor**. Given the low prevalence of floor covering (as explored above) this means a high proportion of people sleeping on earth, which poses health concerns. The availability of blankets was similarly poor, with an average of 0.14 blankets per person.

Education

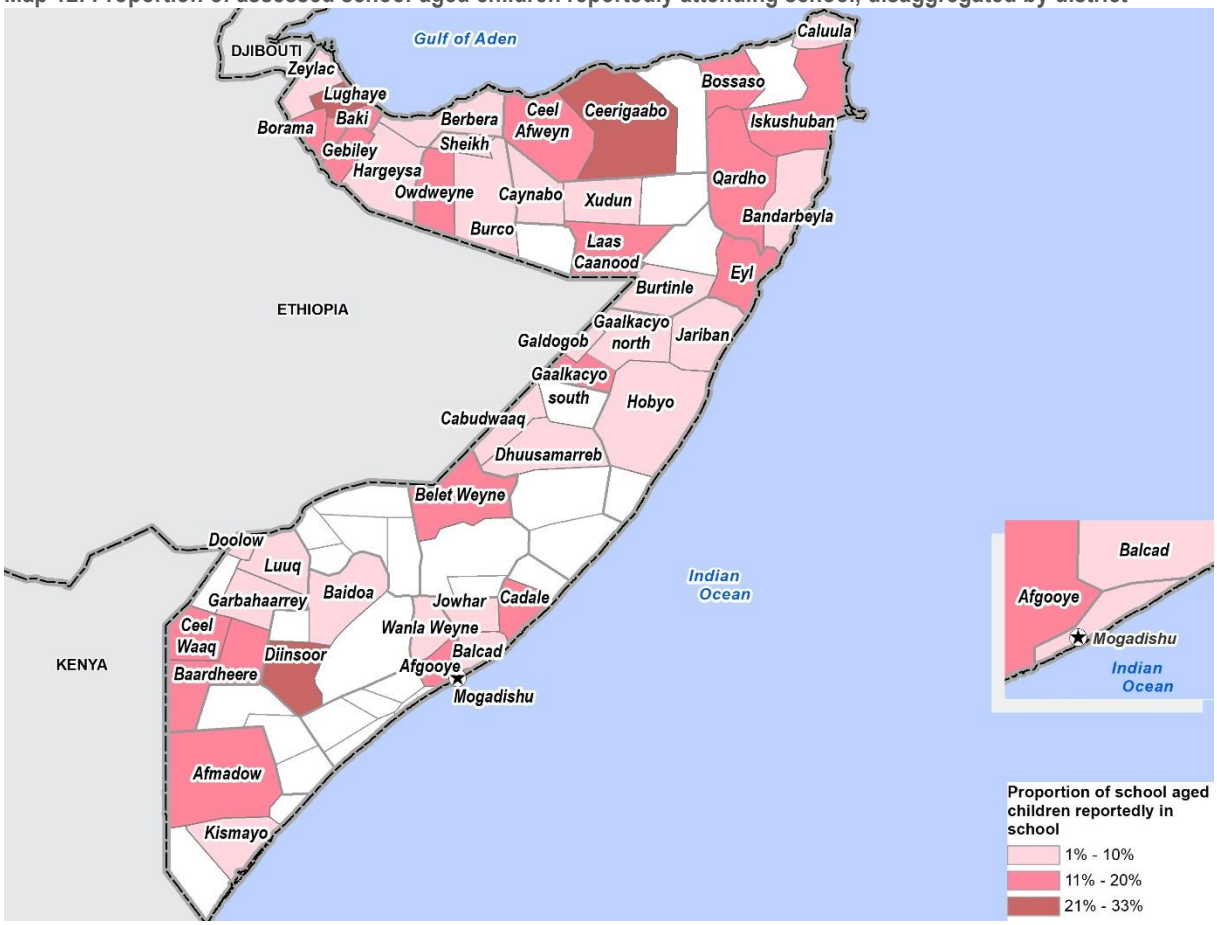
Across Somalia, 9% of school-aged children in assessed households reported their children attended school at the time of the assessment. This figure is significantly lower than the UNICEF estimate of 30%[75]. The attendance rate of girls was consistently lower across age-groups and types of school[76], with 17% of boys and 13% of girls aged 5-12 years old reportedly attending primary school nationally. These figures drop to 12% of boys and 11% of girls aged 13-17 years old for secondary school. Although the difference between these figures is too low to be considered statistically significant, this data reflects the UNICEF finding that a consistently lower proportion of girls are enrolled in school than boys in Somalia[77]. Low rates of secondary attendance are likely at least partially attributable to the limited availability of secondary education in Somalia. A randomised verification of school locations conducted by the Somalia Education Cluster in Bakool, Bay, Galgaduud, Gedo, Hiraan, Lower Juba, Lower Shabelle, Middle Juba, Middle Shabelle and Mudug indicate that approximately 67% of schools in the

[74] Although the difference between these figures is too small to be considered statistically significant, and findings are therefore indicative only.
[75] UNICEF. Education in Somalia: Summary. 2015. Available online at https://www.unicef.org/somalia/education_56.html [last accessed 16/11/2017].
[76] School types included in the assessment were: Primary (aged 5-12 year olds), Secondary (aged 13-17), Vocational, Basic Literacy and Numeracy Classes, and Quranic.
[77] UNICEF. Education in Somalia: Summary. 2015. Available online at https://www.unicef.org/somalia/education_56.html [last accessed 14/12/2017].

area are primary schools, while only 6% are secondary schools and a further 8% are combined primary and secondary schools[78].

Of those attending school, Quranic schools[79] were by far the most commonly reported type of schooling, accounting for 87% of boys and 81% of girls attending school. However, children may attend both Quranic and other types of school simultaneously, and as such, Quranic school attendance figures should be considered to overlap with attendance rates for other types of schools, such primary.

Map 12: Proportion of assessed school-aged children reportedly attending school, disaggregated by district



Regionally, Sanaag reported the highest attendance rate at 21%, while Banadir reported the lowest at 3%. At district level, Diinsoor reported the highest attendance rate (43%) and Zeylac reported the lowest (1%). With the exceptions of Bari, Lower Shabelle and Togdheer, more boys are reportedly attending school than girls in all regions, though the gender gap never exceeds 5% and findings should therefore be considered indicative rather than representative. These low attendance rates and gender disparity are illustrated and supported by Somalia's adult literacy rates, at 44% for men and 36% for women.[80]

In a probable reflection of the negative impact of displacement on education, the reported attendance rate of non-displaced children (10%) was double that of IDP children (5%). Children in urban areas also reported a higher attendance rate (18%) than children in rural areas (8%), likely suggesting greater availability or accessibility of education infrastructure in urban areas.

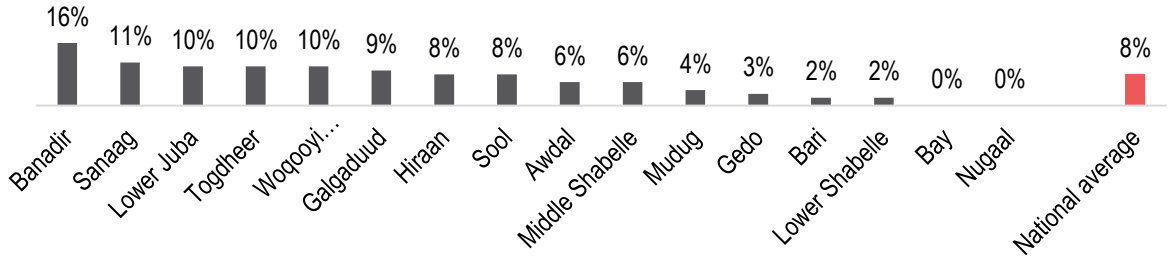
Fees were generally reported to be the most common reason for boys not attending school, cited as a reason by 56% of assessed households with boys not in school, rising to 62% in Togdheer, 66% in Gedo, 67% in

[78] Somalia Education Cluster, Somalia Education Baseline Survey, 2017.
[79] Quranic schools are educational institutes designed for the study of Islamic texts and law, usually coordinated by the Mosque. Somali children typically attend Quranic school on the evenings and weekends.
[80] United Nations Population Fund (UNFPA), Education Characteristics of the Somali People, 2016.

Mudug, 69% in Banadir and 72% in Sool.[81] The absence of a school in the area was the second most common reason for non-attendance, as reported for 13% of boys nationally and rising to 23% for boys in Bari and Mudug, 29% in Lower Juba, 33% in Lower Shabelle and 34% in Nugaal. IDP households were more likely to report fees as a barrier to school attendance (72%), compared to 53% of non-displaced households, which may be attributable to the impact of displacement on income. However, IDP households were considerably *less* likely to report 'no school in the area' as a barrier (2%, compared to 15% for non-displaced), which may be linked to the concentration of IDPs in camps and urban areas, where education services may be more available.

Fees were also the most commonly reported reason for girls non-attendance, as reported by 54% of households nationally and rising to 61% in Sanaag, 63% in Mudug, 69% in Banadir and 72% in Sool. The absence of a school in the area was the third most commonly reported reason, as reported by 17% of households nationally and rising to 33% in Lower Shabelle, 34% in Nugaal and 43% in Bay. However, **in a likely reflection of the negative impact of gender roles on education, 20% of girls were reportedly not attending school due to chores, compared to only 7% of boys**. This was the second most commonly reported reason for girls not attending school. In Somalia, girls are often taken out of school to look after younger children and collect firewood. The highest proportion of households reporting girls being taken out of school to perform chores were found in Awdal (38%), Lower Shabelle (43%) and Hiraan (50%).

Figure 40: Proportion of households reporting education to be "not important", disaggregated by region



Nationally, only 8% of assessed households reported education to be "not important". However, this figure rises to 10% in Lower Juba, Togdheer and Woqooyi Galbeed, 11% in Sanaag and 16% in Banadir Regions. At the district level, Sheikh, Hargeysa, Afmadow and Ceel Afweyn Districts stand out with 15%, 17%, 19% and 21% of assessed households respectively reporting education to be "not important" for their household.

[81] Analysis of reasons for non-attendance is based on a relatively small subset of the data, and therefore should be considered indicative rather than representative.

CONCLUSION

Decades of conflict and multiple climatic shocks have contributed to entrenched household vulnerability across Somalia, a situation which has been further exacerbated by the recent drought which began in early 2015. In response to the increasing strain on households the JMCNA was conducted with the objective of supporting coordinated humanitarian response planning and integrated information approaches to the drought and displacement crisis in Somalia.

Protracted drought and four consecutive seasons of below-average rainfall have eroded household resilience, and have contributed to high levels of food insecurity, insufficient water access and a rise in protection concerns as a result of increased rural-urban displacement. Assessed households in 42 of the 48 assessed districts had an average household FCS of 'poor', and 68% of assessed children under-five were either at risk of malnutrition (38%), or experiencing moderate or severe malnutrition (25% and 5% respectively). Rising food prices and declining sources of income have further compounded the lack of access to food, eroding household economic resilience and reducing the ability to respond to economic shocks. Additionally, almost half (47%) of all assessed households indicated that they have access to insufficient water, as assessed against minimum SPHERE standards of 15 litres per person per day. Further, 35% of households indicated that they have experienced a decrease in water availability in the three months prior to the assessment. Heavy reliance on untreated surface water, and high water prices were reportedly compounding both the quality and quantity of available water; both factors directly attributable to the ongoing drought. As is to be expected, there were greater levels of household vulnerability, particularly in terms of food security and access to water, in the more drought-affected parts of the country, particularly in south-east Somaliland and inland areas of Puntland. This is despite the higher levels of humanitarian access in these areas, suggesting that there are still significant gaps between available service provision and needs on the ground. Climate also played a role in the prevalence of disease, with higher reported rates of malaria and AWD found in the riverine regions of Lower Shabelle, Hiraan and Bay. AWD was also commonly reported in the drought-affected regions of Galgaduud and Mudug, which potentially reflects increased household reliance on unprotected water sources as access to other sources decreases.

As with food, water and protection services, access to health and education was limited for much of the assessed population. Just under half of assessed households indicated that they had increased difficulty in accessing healthcare services in the three months preceding the assessment, suggesting that there are significant barriers, financial, logistical and otherwise, to accessing healthcare. Similarly education access was also reportedly low, with just 9% of school-aged children in the assessed households across Somalia reportedly attending school at the time of assessment. School fees were the most commonly reported barrier to attendance, although one-fifth of households with school-aged children indicated that girls did not attend school because they had domestic responsibilities in the home.

There was significant variation in household vulnerability and access to basic services, both across assessed districts, and between rural and urban areas and displaced and non-displaced groups. For example, the availability of humanitarian services has been limited by the presence of insecurity in some parts of the country. Provision of services such as communal latrines, hygiene kit donations and healthcare tended to be lower in more conflict-affected districts, such as Bardheere and Luuq in Gedo. Similarly, the proportion of households reporting access to services was higher in urban areas than rural, which likely reflects the greater humanitarian access in these areas. For example, access to water from protected sources, such as piped systems or water trucking, was notably higher amongst urban households, whilst rural households more commonly reportd relying on unprotected surface water sources, such as rivers, as their primary source for drinking and domestic purposes. Similarly, access to sanitation (latrines), health and education services were also notably lower amongst rural households than urban. Additionally, there was substantial regional variation in household reporting land ownership, and while 58% of households reported owning the land on which they were settled, this was significantly lower for IDP households (19%) than non-displaced (67%), and for urban households (41%) than rural (68%).

Although generally IDP households were worse-affected by food insecurity, displaced groups tended to have slightly higher access to key humanitarian services, particularly water and sanitation (latrines), which is a likely indication of the increased focus on service provision in IDP settlements throughout the course of 2017. However,

over the last 30 years multiple waves of displacement have taken place across Somalia, resulting in a situation of protracted displacement, particularly in the urban centres of Banadir and Baidoa Districts. The humanitarian response to these multiple displaced groups has reportedly been sporadic, with a notably higher proportion of recently displaced households receiving aid and service delivery than households which had been displaced for a longer period of time.

ANNEXES

Annex 1: Household Questionnaire

A) BASIC INFO

Date: _____

Time: _____

Enumerator name: _____

Enumerator agency: _____

Introduction (please read aloud): Hello, my name is (NAME), and I am working for (AGENCY) on behalf of REACH. We are conducting interviews in order to inform the humanitarian response in Somalia. This interview will take around 30 minutes. I will not record your name and your answers will remain confidential. Do you agree to participate? *If the respondent declines consent, please end the interview.*

B) GEOGRAPHIC INFORMATION

Please write clearly the region, district and settlement you are conducting this survey in.

Region	District	Settlement (town, village or neighbourhood)

C) HOUSEHOLD INFORMATION

What is the gender of the respondent?

Male	Female

Is the respondent the head of the household? (Check one.)

Yes	No

What is the head of household's gender? (Check one.)

Male	Female

What is the age of the head of household? Age: _____

Please give the number of household members in this location in each age and gender group, including the respondent. Please make sure the numbers given for each group add up to the total number of household members below.

Males 0 - 6 months	Females 0 - 6 months	Males 6 months - 4 years	Females 6 months - 4 years	Males 5-12 years	Females 5-12 years	Males 13-17 years	Females 13-17 years

Males 18-40 years	Females 18-40 years	Males 41-59 years	Females 41-59 years	Males 60 years or older	Females 60 years or older

What is the total number of household members? Total: _____

C.1 MUAC: IF THERE ARE ANY CHILDREN BETWEEN 6 AND 59 MONTHS IN THE HOUSEHOLD, PLEASE TAKE THEIR MUAC MEASUREMENTS. IF NOT, SKIP TO SECTION C.2: VULNERABLE HOUSEHOLD MEMBERS.

Child 6-59 months #1

What is the age of the assessed child in months? : _____

What is the gender of the assessed child? (Check one)

Male	Female

Please measure the nutritional status of child by using the MUAC measurement tool, and select the appropriate answer from the list below: (select one)

Greater than or equal 13.5cm	From 12.5cm to 13.4cm	From 11.5cm to 12.4cm	Less than 11.5cm

Child 6-59 months #2

What is the age of the assessed child in months? : _____

What is the gender of the assessed child? (Check one)

Male	Female

Please measure the nutritional status of child by using the MUAC measurement tool, and select the appropriate answer from the list below: (select one)

Greater than or equal 13.5cm	From 12.5cm to 13.4cm	From 11.5cm to 12.4cm	Less than 11.5cm

Child 6-59 months #3

What is the age of the assessed child in months? : _____

What is the gender of the assessed child? (Check one)

Male	Female

Please measure the nutritional status of child by using the MUAC measurement tool, and select the appropriate answer from the list below: (select one)

Greater than or equal 13.5cm	From 12.5cm to 13.4cm	From 11.5cm to 12.4cm	Less than 11.5cm

Child 6-59 months #4

What is the age of the assessed child in months? : _____

What is the gender of the assessed child? (Check one)

Male	Female

Please measure the nutritional status of child by using the MUAC measurement tool, and select the appropriate answer from the list below: (select one)

Greater than or equal 13.5cm	From 12.5cm to 13.4cm	From 11.5cm to 12.4cm	Less than 11.5cm

C.2 VULNERABLE HOUSEHOLD MEMBERS

How many of the following vulnerable people are in the household currently? Please write the numbers below.

Pregnant or lactating women	Persons with disability or chronic illness	Sick children	Unaccompanied or separated children

If there are vulnerable people in the household, please provide the numbers in more detail below.

Males with disability or chronic illness	Females with disability or chronic illness	Sick male child	Sick female child

Unaccompanied or Separated boys	Unaccompanied or Separated girls

Have you noticed any changes in any of the children's behaviour in the last 3 months, whether positive or negative?

Yes	No

If you have noticed any behaviour changes in any of the children, what kind of behaviour changes have you noticed in girls? (Check all that apply.)

No change	Unusual crying and screaming	More aggressive behaviour	Violence against younger children	Disrespectful behaviour in the family

Sadness (e.g. not talking, not playing, etc.)	Disrespectful behaviour in the family	Substance abuse	Committing crimes	Unwillingness to go to school

Attending school regularly/interested in education	Less willingness to help caregivers and siblings	Helping parents more than before	Caring for others in the community	Having nightmares and/or not being able to sleep

Anti-social (isolating themselves)	Spending more time with friends	Spending more time on sport and playing	Wanting to join/joining armed forces or groups

Other (please specify): _____

If you have noticed any behaviour changes in any of the children, what kind of behaviour changes have you noticed in boys?

No change	Unusual crying and screaming	More aggressive behaviour	Violence against younger children	Disrespectful behaviour in the family

Sadness (e.g. not talking, not playing, etc.)	Disrespectful behaviour in the family	Substance abuse	Committing crimes	Unwillingness to go to school

Attending school regularly/interested in education	Less willingness to help caregivers and siblings	Helping parents more than before	Caring for others in the community	Having nightmares and/or not being able to sleep

Anti-social (isolating themselves)	Spending more time with friends	Spending more time on sport and playing	Wanting to join/joining armed forces or groups

Other (please specify): _____

Were any household members separated from the household within the past 3 months? (Check one.)

Yes	No

If any household members have been separated from the household within the past 3 months, please give the numbers below.

Separated boys	Separated girls	Adult male is in other location to protect property/assets	Adult female is in other location to protect property/assets

Other adult male members separated	Other adult female members separated

If children have been separated from the household within the past 3 months, was the separation voluntary, accidental or forced? (Check one.)

Voluntary	Accidental	Forced

If children have been separated from the household within the past 3 months, what are the main reasons for the separation? (Check all that apply.)

Caregiver(s) / child(ren) lost during medical evacuation	Caregiver(s) / child(ren) lost during relocation	Caregiver(s) voluntarily sent child(ren) to institutional care	Caregiver(s) voluntarily sent child(ren) to extended family or friends

Caregiver(s) voluntarily sent children to work far from parents/usual caregivers	Caregiver(s) / child(ren) recently disappeared

Other (please specify): _____

Has any household member been threatened, intimidated, or experienced violence at any point in the last 3 months? (Check one.)

Yes	No

If any household member been threatened, intimidated, or experienced violence within the past 3 months, what violence has been experienced? (Check all that apply.)

Beating or other ill treatment	Rape or other GBV	Do not wish to answer

Other (please specify): _____

Has your household lost or were any belongings taken from you at any point in the last 3 months? This question does <u>not</u> include livestock. (Check one.)

Yes	No

If belongings were lost in the last 3 months, how did it happen?

Left behind	Forced to give away	Lost	Stolen

Are you and the members of this household able to move freely in this community and the surrounding area? (Check one.)

Yes	No

If you and the members of this household are <u>not</u> able to move freely, what are the limits to free movement? (Check all that apply.)

Roadblocks	Gatekeepers	Gender Based Violence	Explosive remnants of war	Presence of armed actors

Other (please specify): _____

Have you or any member of the household felt or feared insecurity at any point in the last 3 months? (Check one.)

Yes	No

If yes, proceed to next question. If no, skip to C.1 SERVICES AND NEEDS.

Is the insecurity the result of any of the following groups? (Check all that apply.)

Local militias	Family members	AMISOM	Armed groups	Criminals

Somali National Forces	Community leaders	Police	Presence of gatekeepers	None of the above

Other (please specify): _____

Are there areas where men and/ or boys do not feel safe? (Check one.)

Yes	No

If there are areas where men and/ or boys do not feel safe, which areas are they? (Check all that apply.)

In shelters	Specific areas in the camp	Waterpoint	Latrines	Bathing areas

Market	School	Health centre	Feeding centre/ distribution point	Chose not to answer

Other (please specify): _____

Are there areas where women and/ or girls do not feel safe? (Check one.)

Yes	No

If there are areas where women and/ or girls do not feel safe, which areas are they? (Check all that apply.)

In shelters	Specific areas in the camp	Waterpoint	Latrines	Bathing areas

Market	School	Health centre	Feeding centre/ distribution point	Chose not to answer

Other (please specify): _____

C.1 SERVICES AND NEEDS

Where do women and girls most often go to services when they've been victims of some form of violence? (Check all that apply.)

Community leader	Medical centre	UN agency	Police

NGO	Don't know	Chose not to answer

Other (please specify): _____

What are your household's top 3 priority needs? (Check 3.)

Water	
Food	
Shelter	
Security	
Nutrition services	
Latrines	
Education	
Healthcare	
Cooking equipment	
Water basin	
Jerry cans	
Soap	
Mats or blankets	
Community spaces	
Reunification with family members	

Is your household from this community?

Yes	No

If NO,

D) DISPLACEMENT

What is your area of origin? Please write clearly the region, district and settlement.

Region	District	Settlement (town, village or neighbourhood)

When did you leave your area of origin? Date (DD/MM/YYYY): _____

Why did you leave your area of origin? (Check all that apply.)

Actual conflict in community	Conflict in surrounding area, but not in my community	Fear of conflict in community	Arrival of armed groups	Withdrawal of armed groups/ security forces

Personal threats	Flooding	Drought	Lack of livelihood opportunities	Lack of services

Eviction

Other (please specify): _____

When did you arrive at the current location? Date (DD/MM/YYYY): _____

Why did you come to this location? (Check all that apply.)

No conflict	Availability of work/ income opportunities	Freedom of movement	To be with family or friends	Heard aid or services provided here

Other (please specify): _____

In total, how many locations have you lived in since leaving your area of origin? Number: _____

Are you at risk of eviction in this community/ settlement? (Check one.)

Yes	No

How would you describe relations with the host community? (Check one.)

Very good	Good	Fair	Bad	Very bad	Do not know	Do not wish to answer

If you think the relations with the host community are bad or very bad, why are relations bad between displaced and host communities? (Check all that apply.)

Competition for work	Crime	Clan conflict	Burden on local services/ infrastructure	Presence of armed groups	Do not know	Do not wish to answer

Other (please specify): _____

E) FOOD SECURITY AND LIVELIHOODS

In the past 30 days, on how many days was there no food to eat of any kind because of lack of resources to get food?
Number: _____

In the past 30 days, on how many days did you or any household member go to sleep at night hungry because there was not enough food?
Number: _____

In the past 30 days, on how many days did you or any household member go a whole day and night without eating anything at all because there was not enough food?
Number: _____

In the past 30 days, on how many days did children go on their own to search for food ?
Number: _____

If you answered a number higher than 0 for any of the above questions, were the above behaviours a result of an emergency (conflict, flood, drought, eviction, etc.), or is this behaviour a common coping strategy?

Result of an emergency	Common coping strategy

Over the past 7 days, on how many days did you consume the following food groups? Please give a number for each food group.

Food group	***Number***
Cereals (sorghum, rice, maize, millet, bread, cassava, potatoes, sweet potatoes and other tubers)	
Pulses (beans, peas, groundnuts, cashews, lentils, green grams)	
Vegetables, including wild vegetables and leaves	
Fruits, including wild fruits	
Beef, goat, poultry, eggs and/or fish	
Milk, cheese and/or yoghurt	
Sugar, honey and/or sweets	
Oils, fats and/or butter	
Condiments, tea, coffee	

Please give the number of days in the past 7 days where the household has used each of the following strategies:

STRATEGY	**Number**
Rely on less preferred and less expensive foods	
Borrow food or rely on help from friends or relatives	
Limit portion size at mealtimes	
Restrict consumption by adults in order for children to eat	
Reduce the number of meals eaten in a day	

Has the variety of foods your household consumed changed over the past 3 months? (Check one.)

Increase	Decrease	No change

Has the quality of food your houshold consumed changed over the past 3 months? (Check one.)

Increase	Decrease	No change

How long will your current food stocks last, in days? Number: _____

How much did your household spend on food in the last 7 days (USD)? (Check one.)

Less than $10	$10-$99	More than $100

How much did your household spend on food in the last 7 days (USD)? Amount: _____

How many heads of livestock did you have on this day last year?

Number: _____

How many heads of livestock do you have today?

Number: _____

If you have less livestock today than you did one year ago, how was the livestock lost? (Check all that apply.)

Left behind	Forced to give away	Lost	Stolen	Died

Has the household experienced any loss of livestock at any point in the last 3 months? (Check one.)

Yes	No

If the household has lost livestock in the last 3 months, what kind of livestock has been lost? (Check all that apply.)

Cows	Goats	Sheep	Camels	Chickens

Other (please specify): _____

How many heads of livestock were lost? Number: _____

How was livestock lost? (Check all that apply.)

Left behind	Forced to give away	Lost	Stolen	Died

Have you experienced any of the following food access problems at any point in the last 3 months? (Check all that apply.)

Lack of resources to purchase food	Lack of food items available for purchase	Lack cooking utensils	Lack cooking fuel	None of the above

Which fuel(s) does your household use for cooking currently? (Check all that apply.)

Wood	Charcoal	Garbage or waste	Gas

Other (please specify): _____

Where do you collect fuel?

Inside the community settlement	Outside the community settlement

What were your 3 primary support sources in the past year? Please rank the primary, secondary and tertiary sources below as 1-3.

Subsistence farming	
Subsistence livestock produce	
Rent of land or property	
Non-contracted job	
Remittances	
Sale of humanitarian assistance	
Subsistence fishing	
Cash crop farming (for sale)	
Livestock produce (for sale)	
Business/ self employed	
Contracted job	
Day labour	
Allowance/ community support	
Cash fishing (for sale)	
Humanitarian assistance	
None	

Other primary source (please specify): _____

Other secondary source (please specify): _____

Other tertiary source (please specify): _____

Did you lose access to any of the above sources in the last 3 months? (Check one.)

Yes	No

Are there any children in this household who are involved in types of work that are harsh and dangerous for them?

Yes	No	Don't know

If there are any children in this household who are involved in types of work that are harsh and dangerous for them, what types of work are these children involved in?

Domestic labour	Transporting people or goods	Garbage collection	Casual labour (waiter or porter)

Other (please specify): _____

Have you cultivated/planted any land which has been damaged in the last 3 months? (Check one.)

Yes	No

How many hectares have been damaged? Number: _____

F) HEALTH

Did anyone in the household suffer from any of the following health problems in the last month? (Check all that apply.)

Eye infection	Diphtheria	m. TB	Injuries	Diseases

Diarrheal/AWO	Suspected measles	Suspected malaria	Respiratory infection	Diabetes

Rape or other GBV related issues	None of the above

Have you or anyone in the household needed to, or attempted to, access health services at any point in the last 3 months? (Check one.)

Yes	No

Has your household had more difficulty in accessing health services in the last 3 months compared to previously?

Yes	No

How much did your household spend on healthcare in the last month (USD)? (Check one.)

Less than $10	$10-$99	More than $100

How much did your household spend on healthcare in the last month (USD)? Amount: _____

Has there been a change in the amount spent on healthcare by your household over the past 3 months? (Check one.)

Increase	Decrease	No change

G) WASH

Have you received any of the following hygiene items at any point in the last 3 months? (Check all that apply.)

Soap	Shampoo	Detergent (omo)	Sanitary items	Aquatabs

Water purification tablets	None

Other (please specify): _____

What items do you use to bathe? (Check all that apply.)

Soap	Shampoo	Detergent (omo)	Water	None

Other (please specify): _____

How do people in the household wash their hands? (Check one.)

Water only	Water with soap	Water with ash

Other (please specify): _____

Have handwashing behaviours changed over the past 3 months? (Check one.)

Yes	No

If handwashing behaviours have changed, how have they changed? (Check all that apply.)

No access to handwashing materials	Gained access to handwashing materials	Changed to preferred handwashing practice	Changed to less preferred handwashing practice

No resources to purchase handwashing materials	Gained resources to purchase handwashing materials	Received handwashing materials as assistance

Other (please specify): _____

What type of latrine does your household have access to? (Check one.)

Private	Communal	None

Are latrines separated by gender? (Check one.)

Yes	No

Are latrines accessible for disabled people? (Check one.)

Yes	No

Are latrines lockable? (Check one.)

Yes	No

How hygienic are the latrines? (Check one.)

Very hygienic	Hygienic	Unhygienic	Very unhygienic

If you do not have access to a latrine, where do you defecate? (Check one.)

In the open by the home	In the open away from the home	Community defecation point

Other (please specify): _____

Have defecation behaviours changed in the past month? (Check one.)

Yes	No

If defecation behaviours have changed, how have they changed?

No longer have access to a latrine	Gained access to a latrine

Other (please specify): _____

Where do you get drinking water? (Check all that apply.)

Water kiosk	Piped system	Protected well w/o hand pump	Protected well with hand pump	Unprotected well

Burkad	River	Water tank and tap	Water trucking distribution point	Borehole with submersible pump

Other (please specify): _____

Where do you get water for non-drinking household purposes? (Check all that apply.)

Water kiosk	Piped system	Protected well w/o hand pump	Protected well with hand pump	Unprotected well

Burkad	River	Water tank and tap	Water trucking distribution point	Borehole with submersible pump

Other (please specify): _____

Are there any problems with the waterpoints you use?

Yes	No

If there any problems with the waterpoints you use, what problems do they have?

Problems with water quantity, or the waterpoint is dry	Problems with water quality

For how long has this problem persisted, in months? Number: _____

Do you pay for water?

Yes	No

If you pay for water, how much do you pay for a 12-litre jerry can of water, in Somali shillings?
Amount: _____

Who collects water for the household?

Child under 10 from the household	Child over 10 from the household	Adult male from the household	Adult female from the household	Relative

Neighbours

Other (please specify): _____

How many trips are made to collect water per day? Number: _____

How much water is available to the household per day? (in litres) Number: _____

Has the amount of water available to the household per day changed over the past 3 months?

Increase	Decrease	No change

How do you store your drinking water?

Jerry cans	Water tank	Water gallon	Bucket with lid	Bucket with no lid

Other (please specify): _____

Do you use the same container for non-drinking water?

Yes	No

Do you treat your drinking water?

Yes	No

If you treat your drinking water, how do you treat it?

Boiling	Cloth filter	Chlorination	Other filter

Other (please specify): _____

Have you been treating your drinking water for more than 3 months?

Yes	No

H) EDUCATION

How many boys in the household aged 5-12 attend education? Number: _____

How many girls in the household aged 5-12 attend education? Number: _____

How many boys in the household aged 13-17 attend education? Number: _____

How many girls in the household aged 13-17 attend education? Number: _____

How many boys in the household attend the following education types? Please give the number attending each education type.

Primary (5-12)	Secondary (13-17)	Vocational	Basic literacy & numeracy	Qu'ranic

How many boys in the household attend the following education types? Please give the number for each education type.

Primary (5-12)	Secondary (13-17)	Vocational	Basic literacy & numeracy	Qu'ranic

If any girls in the household do not attend education, what is the reason? (Check all that apply.)

Result of an emergency (conflict, drought, flood, eviction, etc.)	Unable to pay school fees	Domestic chores	Gender	Age

School is too far	No open school	Overcrowded classes	Quality of teaching	Curriculum

Need to work	Fear of violence on the way to school	Fear of violence at school	Lack of gendered facilities	Lack of proper WASH facilities

Other (please specify): _____

If any boys in the household do not attend education, what is the reason? (Check all that apply.)

Result of an emergency (conflict, drought, flood, eviction, etc.)	Unable to pay school fees	Domestic chores	Gender	Age

School is too far	No open school	Overcrowded classes	Quality of teaching	Curriculum

Need to work	Fear of violence on the way to school	Fear of violence at school	Lack of gendered facilities	Lack of proper WASH facilities

Other (please specify): _____

Were those children not currently accessing education attending education more than 3 months ago? (Check one.)

Yes	No

What type of education was accessed in the past by those children who do not currently attend? (Check all that apply.)

Primary (5-12)	Secondary (13-17)	Vocational	Basic literacy & numeracy	Qu'ranic

How do you consider education as a priority for your household? (Check one.)

High	Medium	Not important

I) NUTRITION

Has anyone in this household attempted to access nutrition services at any point in the last 3 months? (Check one.)

Yes	No

Has there been a change in your household's ability to access nutrition services over the past 3 months? (Check one.)

Increase	Decrease	No change

Are any of the following nutrition services available to your household? (Check all that apply.)

Stabilization Center (SC)	Outpatient Therapeutic Care Programme (OTP)	Targeted Supplementary Feeding Programme (TSFP)	Blanket Supplementary Feeding Programme (BSFP)

Wet Feeding	Infant and Young Child Feeding (IYCF)	Micronutrient supplementation	None of the above

Do not know

Has your household received infant milk products or baby bottles/ teats at any point in the last 3 months? (Check one.)

Yes	No

Is there a serious problem in your household because the practice of feeding children under two has changed over the past 3 months? (Check one.)

Yes	No

What are the main concerns in feeding children? (Check all that apply.)

Breastfeeding practices have changed (starting later or stopping earlier)	Reduction in number of times children <24 months are fed	Problems/lack of food and drinking water in feeding children	Lack of vitamin supplements

Other (please specify): _____

J) SHELTER AND NFIs

How many shelters does the household occupy in this location? If open air, write 0. Number: _____

What is the type of the main shelter? (Check one.)

Buul	Tent	CGI sheeting	Emergency shelter	Temporary shelter

Semipermanent shelter	Permanent shelter	Open air

Other (please specify): _____

What is the primary floor material? (Check one.)

Earth	Cement	Plastic sheet	Bricks

Other (please specify): _____

What is the primary structural material? (Check one.)

Wood	Metal	Cement	Bricks	Stones

Other (please specify): _____

What is the primary wall/ roof covering? (Check one.)

Plastic sheet	Clothes/rags	Vegetation	Iron sheet	Tin can (Nido)

Earth

Other (please specify): _____

If the shelter is a buul, how many layers does it have? Number: _____

Can you see daylight through the roof of the buul? (Check one.)

Yes	No

Are there any large holes in the buul covering? (Check one.)

Yes	No

How old is the main shelter in months? If unknown, write 'unknown'. Number: _____

Has the shelter been damaged in the last 3 months? (Check one.)

Yes	No

If the shelter has been damaged, how?

Damage to structural material	Damage to floor	Damage to roof	Damage to wall material	Totally destroyed

Other (please specify): _____

How old is the main shelter in months? If unknown, write 'unknown'. Number: _____
Is there internal separation within the shelter? (Check one.)

Yes	No

If there is internal separation within the shelter, what kind is it?

Cloth	Plastic sheet	Cardboard	Organic materials	Hessian sacks

CGI

Other (please specify): _____

Is there a source of light at night? (Check one.)

Yes	No

Has there been any theft from the shelter at any point in the last 3 months?

Yes	No

Have you been occupying this shelter for longer than 3 months? (Check one.)

Yes	No

If you have not been occupying this shelter for longer than 3 months, was your normal shelter damaged as the result of an emergency (conflict or natural disaster)? (Check one.)

Yes	No	Do not know

If your normal shelter has been damaged as a result of an emergency, how has it been damaged?

Damage to structural material	Damage to floor	Damage to roof	Damage to wall material	Totally destroyed

Do you own the land you are settled on? (Check one.)

Yes	No

Do you pay money or give goods or service in order to stay on this land?

Yes	No

If you pay money or give goods or service in order to stay on this land, how do you pay?

Cash	Aid items	Assistance from relatives/ friends

Other (please specify): _____

How much rent do you pay, in USD? (Check one.)

Less than $10	$10-$99	More than $100

How much rent do you pay, in USD? Amount: _____

Has the amount you pay changed over the past 3 months?

Increase	Decrease	No change

To whom do you pay?

Do not wish to answer	Politician	Host community	Community leader	Businessman

Diaspora	Clan leader	Militia	Land Owner

Other (please specify): _____

How often do you pay?

Weekly	Monthly	Quarterly	Annually

Other (please specify): _____

What would happen if you were unable to pay?

Threats	Forced labour	Eviction

What non-food items does the household have in good condition? (Direct observation.)

Cooking pots (min 5L)	Knives	Washbasin (min 10L)	Mat	Blanket

Plastic sheeting	Jerry cans	None

What non-food items does the household have in poor but usable condition? (Direct observation.)

Cooking pots (min 5L)	Knives	Washbasin (min 10L)	Mat	Blanket

Plastic sheeting	Jerry cans	None

How many jerry cans (good condition) are used by the household? Number: _____

How many jerry cans (poor condition) are used by the household? Number: _____

What is the total capacity of all usable jerry cans, in litres? Amount: _____

How many mats (good condition) are used by the household? Number: _____

How many mats (poor condition) are used by the household? Number: _____

What is the total capacity of all usable mats, in number of people that can sleep on them? Number: _____

How many blankets (good condition) are used by the household? Number: _____

How many blankets (poor condition) are used by the household? Number: _____

What is the total capacity of all usable blankets, in number of people that can sleep on them? Number: _____

Does the household have access to soap? (Check one.)

Yes	No

Does the household have access to sanitary items? (Check one.)

Yes	No

K) COMMUNICATION

Which of the following languages is your mother tongue? (Check all that apply.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Which of the following languages are spoken by at least one member of the household? (Check all that apply.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Which of the following languages can be read by at least one member of the household? (Check all that apply.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Which of the following languages can be written by at least one member of the household? (Check all that apply.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Which of the following languages would you prefer to receive humanitarian information in? (Check one.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Which of the following languages do you feel most comfortable using when expressing your needs and opinions? (Check one.)

Standard/ Northern Somali	Benaadir Somali	Maay Somali	Arabic	English

Italian	Bravanese (Chimwiini/ Chimbalazi)	Kibajuni	Mushunguli	Somali Sign Language

None of the above

Do you receive sufficient information on services from humanitarian workers? (Check one.)

Yes	No

What are the 3 most trusted information sources for your household? (Check 3.) *Do not read the options.*

Friends, neighbours and family	Religious leader	Military official	TV	Government official

Community leader	Aid worker	Radio

Other (please specify): _____

What are the 3 preferred channels for receiving information used by the household right now? (Check 3.) *Do not read the options.*

Radio	TV	Newspaper/magazine	Telephone voice call	SMS message

Internet	Notice boards and posters	Community meetings	Loudspeakers	Loudspeakers

Other (please specify): _____

What are the most important information needs for your household right now? (Check one.) *Do not read the options.*

Information about…				
Missing family and friends	Food	Health advice and treatment	Information on how to access personal documents such as ID cards	Security

Water	Shelter (or shelter materials)	Market prices for commodities and livestock	Weather forecasts

Other (please specify): _____

Does your household have access to a functioning radio? (Check one.)

Yes	No

Are you happy to be contacted in the future?

Yes	No

If the respondent is happy to be contacted in the future, please write their full name and phone number clearly below.

First name: _____
Second name: _____
Third name: _____
Fourth name: _____
Contact phone number: _____

Annex 2: List of Assessed Villages

JMCNA Assessed Districts

AWDAL REGION
Baki District
Baki
Biyo Case
Cabdi Geedi
Carawayne
Ceel La Helay
Hadayta
Haydeeta Weyn
Mareegaley
Sheed-Dheer
Xoorrey
Borama District
Afcas
Boon
Borama
Cara-Garanug
Dara Woha
Dunbuluq
Fadhi Xun
Sheikh Yusuf
Walaalgo
Waraabe Dareeray
Xamarta Dur-Dur Cad
Xeego
Lughaye District
Farda Lagu-Xidh
Geerisa
Kalawle
Karuure
Lughaye
Xoog Faras
Kalawle
Zeylac District
Baxarsaas
Caasha Caddo
Cabdil Qaaddir
Cali Weeci
Ceel Gaal
Habaas
Jidhi
Zeylac

BANADIR REGION
Mogadishu District
Boondheere
Cabdulcasiis
Daynile
Hawl Wadaag
Hodan
Kahda
Karaan
Mogadishu
Shangaani
Shibis
Wadajir
Wardhiigleey
Xamar Jaabjab
Xamar Weyne
BARI REGION
Bandarbeyla District
Bandarbayla
Bixin
Dhuudo
Qundhed
Bossaso District
Carmo
Carto
Ceel-Doofaar
Juurile
Kobdhexaad
Laso-Dawaco
Ufeyn
Caluula District
Bareeda
Caluula
Hoddaa
Sayn
Sayn Weyn Ida Jabis
Xays Loho
Xoogaad
Iskushuban District
Cammaan
Dharjaale
Dharoor
Gumbax
Hoddaa
Iskushuban
Itaageer

Jacayl
Muudiye
Qardho District
Dhudhub
El Abgal
Kaambo
Kubo
Liqaar
Magacaley
Qardho
Qoryacad
Sheerbi
Uusgure
Xiingood
Xorgoble
BAY REGION
Baidoa District
Aawdiinle
Baidoa
Boonkay
Busley
Laanta 1A
Laanta 1Aa
Laanta 1Aad
Laanta 2A
Laanta 2Aa
Laanta 3Aa
Laanta 5
Midow
Diinsoor District
Cabdulle Xa
Diinsoor
Hillaac
Kacaan
Oktobe
Xawo Tako
GALGADUUD REGION
Cabudwaaq District
Abutwaq
balanbal
Cabudwaaq
Dhabad
Duubin
Mirjicle
Safsaaf
Dhuusamarreb District

Ceel Dheere
Dhuusamarreeb
Elder
Gadoon
Guri-Ceel
Mareer Guur
Taragadud
Waberi
GEDO REGION
Baardheere District
Baardheere
Baardheere/Hawl Wadaag
Baardheere/Hilaac
Baardheere/Kaskey
Baardheere/Waaberi
Baarta Faanye
Buulo Asharaaf
Buulo Caddey
Buulo Garas
Buulo Leysaan
IDPs
Kulow
Kurman
Musawa
Belet Xaawo District
Buurka
Farahjelow
Lo'Leys
War Gududo
Ceel Waaq District
October
Bulaba'ad
Buusaar
Ceel Waaq
El Banda
Hawl Wadaag
Jir-gadud
Madino
Doolow District
Alangu
Booc Booc
Bulahawa
Buulo Qalooc
Buurka
Cabdi Looxow
Dhagaxley

Doolow
Garasoow-Boore
Garbolow
Garowo
Haad Fuul
Hananley
Horseed
ISkooley
Jiracle
Kabasa
Qansax Oomane
Section 7
Shiidle Gedo
Sur Gaduud
Wabari
Garbahaarrey District
Busul
Caano Maaley
Dariiqa Dheer
Doofaareey
Garboharey
Kaabooy
Shabeel
Wasma Xume
Luuq District
Abaqley
Abdi Kheyr
Ban Munduli
Buyle
Dhaaysiyow
Gudey
Haanoy
Heli-Shiid 2
Hillaac
Jazira 2
Quracda-Haanoy
Shaatilow
Tuulo Marexan
HIRAAN REGION
Belet Weyne District
Astaani
Baar-Guduud
Bacad
Beer-Gadiid
Belet Weyne
Ceel Gaal

Kalabeyr
matsabaan
LOWER JUBA
Afmadow District
Afmadow
Bilis Qooqaani
Bula Barwaqo
Camp Billisa
Dhobley
Dibi
Dif
Kismayo District
Abdale Birole
Baalgudde
Dalxiiska
Goob Weyn
Gurmadka
Kismayo
Saamogia
LOWER SHABELLE REGION
Afgooye District
Baalgure
Baalguri
Balbaley
Ballow
Bulo Khalif 2
Buri-Weyne
Buulo-Xaartooy
Caytire
Dhagahtur
Hawo Tako
Jameeco-Siikh Bashiir
Kaxarrow
Kuraale
Maguurto
Mbagathi
Raqeyle
Waayeel Diinle
Warmahan
Wanla Weyne District
Aanoole
Aw Cusman
Bakaal
Bulo Adow Mudey
Bulo Aw Mudey
Dawanle

Eeribka
Heero
Hudur Wiini
Malable
Maynuun
Muuri
Waberi
Wanla Weyn
MIDDLE SHABELLE REGION
Balcad District
Balcad
Buullo Modow
Deymosaar
Gargaar
Gumaroow
Hareri-Caadle
Hareri-Madoobe
Jameeco-Misr
Kulmisyerow
Maqar-Carays
Muki-Dheere
Muuse Moxamed Raaqe
Rage-Ceelle
Tuugaarey
Cadale District
Bos Muluk
Cadale
Caddow-Uul
Ceel-Muluq
Garas-Weyne
Libi Saar
Maxamed Carab
Xaaji-Cali
Jowahar District
Baalguri
Biyasa
Bulo Bacaad1
Buullo Makiino
Cali-Dheer
Carmo
Gafay
Garas balley
Jowhar
Lebiga
Sheikh Ooyaaye
Timire

MUDUG REGION
Gaalkacyo North District
Abaarey
balanbal
Ballibusle
Buubi
Buuryaqab
Bilcil
Garsoor-Horumar
Heema
Malaasle
Oalaanqale
Tuulo Xabiibo
Wadajir
Xarfo
Gaalkacyo South District
Bandiidley
Carfuuda
Dagaari
Docol
Docolle Farale
Sadax-Higlo
Wadajir
Galdogob District
Bayra
Bursaalax
Diriye Roble
Roox
Hobyo District
Af-Barwaaqo
Gawaan
Hobyo
Lulubsho
Lulubsmo
Wisil
Jariban District
Cara-Caso
Budunbuto
Dhinawda Dhigdhigley
Garcad
Jariiban
Khuuriley
Lebi-Lamaane
Mareer
Raxan-Reeb
Semade

Xammure
NUGAAL REGION
Burtinle District
balanbal
Birfadheer
Burtinle
Dhoobo Cantuug
Dogob Yar
Faratoogo
God on yar
Godob yar
Kalabayr
Laqlaajis
Mayle
Qalan-Qal
Qarxis
Rabaable
UBalanbal
Garoowe District
Diriye
Garowe
Garowe/Hanti-Wadaag
Hanti-Wadaag
Kalabayr
Waberi
Eyl District
Aftugweyne
Bedey
Dhalinraqas
Dhanaane
Dhooba-Canutug
Dilin Mahato
Eyl
Gaala-Ood
Gabac
Garab Har
Godbalayskutumay
Maraya
Wargaduud
SANAAG REGION
Ceel Afweyn District
Ceel Afweyn
Fadhi Gaab
Huluul
Kalmac
Kalmac Sare

Ceerigaabo District
Ardaa
Caduur
Carmale
Ceel-Buh
Ceerigaabo
Daray
Dhadhinyahya
Kalmac Sare
Kulmiye
Madar Moge
Tuula Dacar
Xin-Galool
SOOL REGION
Caynabo District
Berkeda Cali Xirsi
Caynabo
Dhanaano
God Heeri
Qori Dheere
Tuur Xoday Sattellite
Laas Caanood District
Adhicadeeye
Boocame
Buuro-Hadal
Far-Xaskule
Gol-Khatumo
Howl-Wadaag
Laas Caanood
Wadajir
Xudun District
Darya Geesa-Wayn
Dib-Shabeel
Docolaha
Faraguul
Godoble
Lasacardin
Sabawanaag
Xudun
TOGDHEER REGION
Burco District
Aadan Saleebaan
Bali-Rooble
Balli Dhiig
Ballicalanle
Beer Two

Burco
Dhoqoshay
Jaamac Liibaan
Kiridh
Qoyta
Qudhac Dheer
Xaafada Max'D Cali
Buuhoodle District
Muraayada
Qorilugud
Widhwidh
Owdweyne District
Cabdi Faarax
Caraale Ismaciil
Ceel Xumo
Ceel-Bilcinle
Duur-Cad
Gudubi
Hahi
Kal Dhadhaab
Raydab Khaatumo
Xaaxi
Xaqayo-Malaas
Sheikh District
Buurta-Sheikh
Dayaxa
Fadhi Weyn
Kalbarre
Kaldhadhaab
Mija Caseeye
Nuura
Ooman
Sheikh
Siir
WOQOOYI GALBEED REGION
Berbera District
Abdaal
Berbera
Burco Kibir
Dhaymoole
Gargaar
Jaama Laye
Kal Qoray
Laaso-Dawaco
Lafaruug
Magaalo cad

Sheekh.Abdaal
Gebiley District
Ceel-Bardaale
Godka Carada
Idhanka Deeryahan
Kalabaydh
Laayo
Looka Aroor
Mashruuca Tog-Wajaale
Reer Cali Geedi
Reer Cigaal
Waraaboqod
Xamarta Hogeed
Hargeysa District
Aadan Muuse
Axmed Buur
Ayaax 2
Boodhley
Boqol Jire
Dabajalab
Dabo-Jilab
Faloja
Faraweyne
Ibraahim Koodbuur
Kodbur
Marodi Jex
Masalaa area
Raydabka
Raythbka
State house