

Multi-Sector Needs Assessment (MSNA) 2024-2025

Key Findings Presentation

September 2024





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A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming a network of triangles and polygons. The number '01' is positioned in the upper center, over the European continent.

01

MSNA Overview

MSNA and HNRP

MSNAs provide data and analysis **nation-wide and by cluster** through **household level surveys** with the objective to capture the magnitude and severity of needs for each population group falling within the scope of the assessment

Data Sources

MSNA

IPC/Cadre
Harmonisé

Sectoral
Evaluation

SMART surveys



Joint and Intersectoral Analysis Framework

REACH also **offers technical support to clusters**, including assistance with People in Need (PiN) calculations, further analysis and disaggregation, as needed.

HUMANITARIAN **NEEDS**
AND **RESPONSE PLAN**
SOMALIA

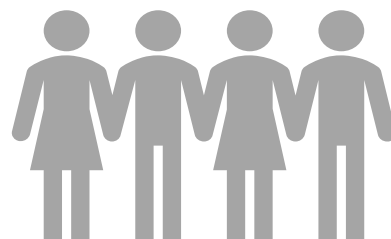
HUMANITARIAN
PROGRAMME CYCLE
2014
ISSUED JANUARY 2014



MSNA OBJECTIVES



Provide detailed overview of the current humanitarian needs and gaps of the crisis-affected population by sector and across sector



Identify variations in need amongst population groups and geographical areas*: HCs, protracted IDPs and new IDPs



Inform the 2025 *Humanitarian Needs Response Planning (HNRP)* by providing nation-wide, district-level, and multi-sectoral analysis of needs

**Please note that the presentation only provides findings for HC and IDP (combined) HHs. Further analysis is available in the [Results Table](#) and will be included in the Key Findings brief.*

METHODOLOGY AND SAMPLING



Multi-Sectoral

Questionnaire includes questions on **Demography, Education, Health, WASH, Food Security & Livelihoods, Nutrition, Protection, SNFI, AAP**

- Answer options include persons with disability, gender and minority groups. Designed in consultation with global clusters, clusters in-country and **endorsed by the ICCG**.



Face-to-face, Household-level

12,233 in-person, face-to-face surveys with 3 population groups: Host Community, protracted IDP and new IDP **households** across **64 accessible districts**.



Representative results

Representative data (by district) with a **90%** confidence level, **10%** margin of error per population group.

- 2024 MSNA data is representative for all targeted 64 accessible districts and across the three population groups.
- Data is also representative at livelihood zone level to separately inform Integrated Food security Phase classification (IPC) as one of the data sources.

COVERAGE MAP

Representative coverage by district - findings are generalizable across the referred district's population groups, with a known level of confidence (90%) and margin of error (10%).

Districts not covered by MSNA

State	District
Jubaland	Bu'aale
Galmudug	Ceel Buur
Galmudug	Ceel Dheer
Jubaland	Jilib
Southwest	Kurtunwaarey
Puntland	Qandala
Southwest	Rab Dhuure
Jubaland	Saakow
Southwest	Sablaale
Southwest	Tayeeglow
Galmudug	Xarardheere

Access Process



Consult internal security team and staff across bases.



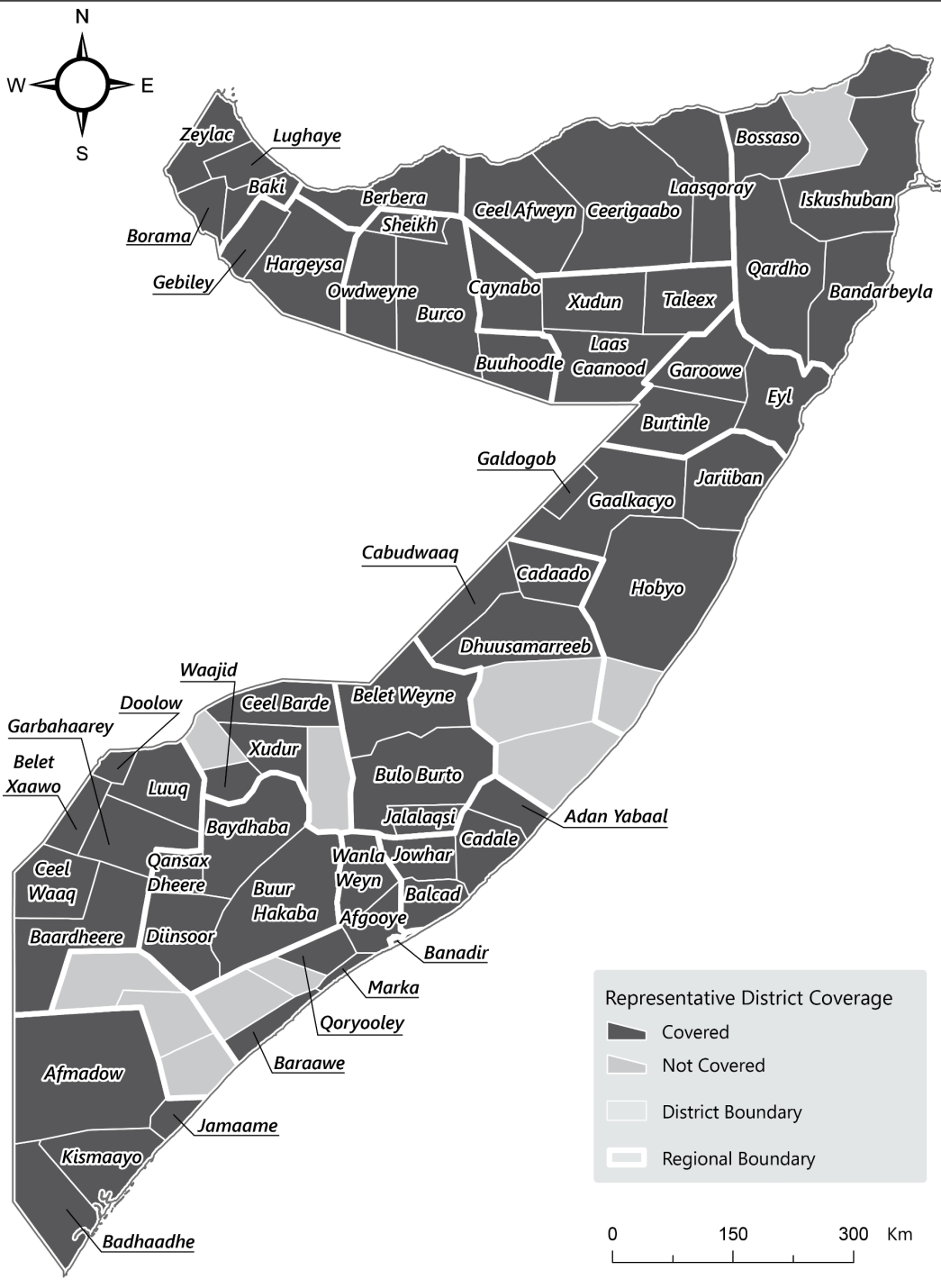
Coordinate access with local government actors.



Hire local enumerators from the district. If not possible, **partner with NGOs** for data collection.



Monitor districts for any security incidents throughout data collection.



DATA FOR INACCESSIBLE AREAS

Humanitarian Situation Monitoring (HSM)

- ❑ All remaining districts (10) from MSNA are covered by HSM. Data collection completed in July 2024 and findings have been published.
- ❑ However, **HSM findings are indicative**, i.e. not representative/generalisable of the target population groups and across districts.
- ❑ **Methodology:** Findings are based on **key informant (KI) interviews** with purposefully sampled KIs.
- ❑ In each assessed settlement, **3 KI interviews** are conducted by REACH. These interviews are then aggregated to district and **findings are reported at the site level**.

Overall, most commonly reported challenges during data collection:



Population moved; or there are no/few households in the settlement



Presence of **hostile non-state armed actors**




Conflict between clans and/or armed groups



Physical barriers – including sand dunes, floods, lack of roads

HSM is a **separate research cycle** under REACH. Analysis and key findings are **not a part of the MSNA**.



Humanitarian Situation Monitoring (HSM) - Key Findings

December 2023 | Somalia

KEY MESSAGES

- Pervasive flooding in hard-to-reach districts may have increased Health and Shelter needs.
- Widespread reliance on unimproved water sources and inadequate sanitation facilities in assessed settlements continue to put these settlements at risk of waterborne disease outbreaks. Lack of basic infrastructure, coupled with gaps in Health services, could allow water-borne diseases to spread further.¹
- The absence of assistance persists across assessed hard-to-reach districts, with almost all settlements reporting that no aid was received by residents. Barriers such as distant aid locations, concerns about insecurity during travel, and limited access to information reportedly hindered communities' ability to access humanitarian support.

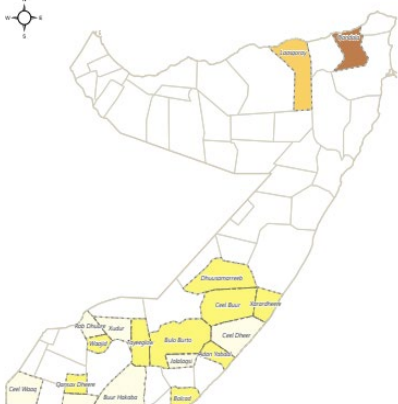
CONTEXT & RATIONALE

Somalia's protracted and dynamic humanitarian crisis includes ongoing conflict, climate-related shocks, and communicable disease outbreaks. Years of failed rainy seasons continue to exacerbate the precarity of agropastoral livelihoods, the consequences of seasonal flooding and insecurity – and may have caused an estimated 43,000 excess deaths in 2022.² Persistent and intense rainfall from October - December 2023, due to the dual influences of the Indian Dipole and El-Nino, could worsen the humanitarian crises in areas already affected by previous failed rainy seasons, ongoing insecurity, and limited access.³ Humanitarian needs may be particularly acute in the pockets of the country where humanitarian interventions are severely limited due to security concerns and physical access constraints – i.e. hard-to-reach (H2R) districts. These districts have already been categorized as Extreme Constraints or Hard-to-Reach by the Access Working Group (AWG)⁴ or Category 5 (catastrophic) by the Protection Cluster.⁵

ASSESSMENT OVERVIEW

This key findings brief includes 1,685 Key Informant Interviews (KIIs) regarding 25 H2R districts in 460 assessed settlements across Somalia in the December 2023 and January 2024 round of the HSM assessment. During the interviews, KIs were asked about the humanitarian conditions and needs of people in H2R areas and their

Map 1: Assessment coverage in December 2023.



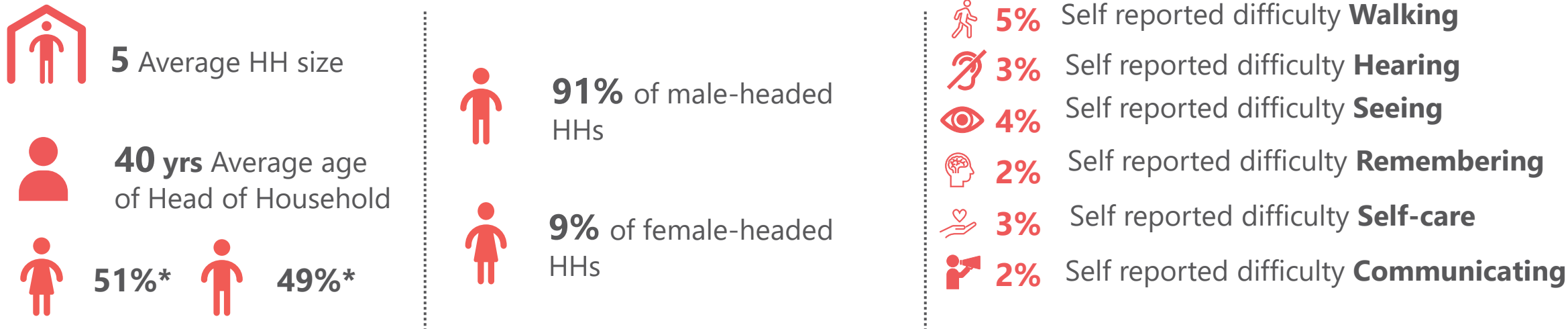
A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The text '02' is positioned above 'Key Findings' in the center of the image.

02

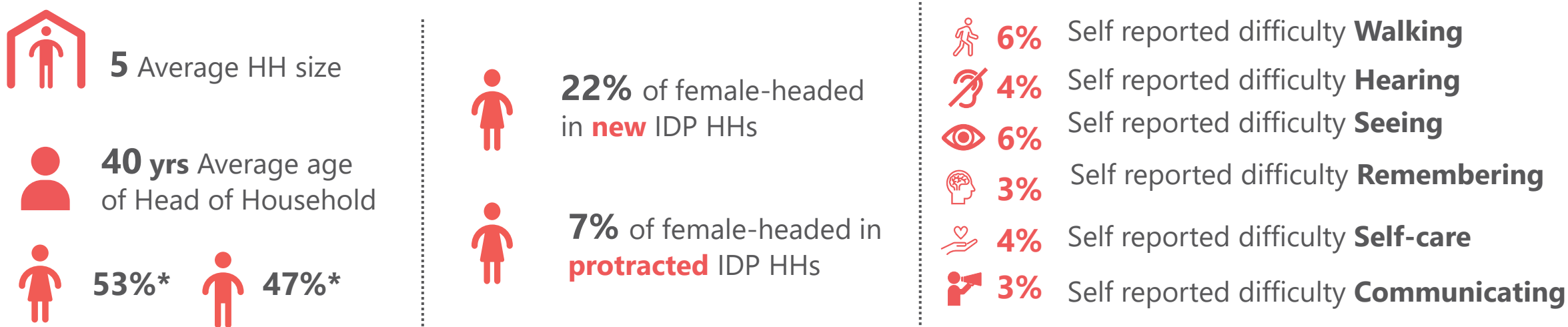
Key Findings

DEMOGRAPHICS

Host Community Households (% of HC HHs)



IDP Households (% of IDP HHs)





Camp Coordination and Camp Management (CCCM)

CCCM Cluster
SOMALIA





DISPLACEMENT



88%

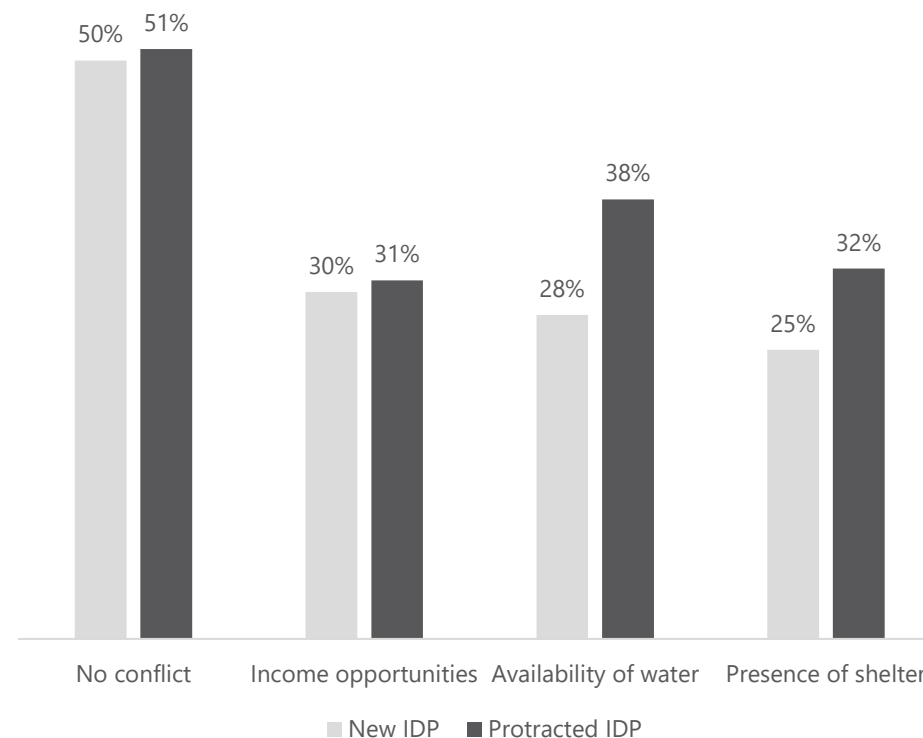
of the HHs were displaced and had reportedly **moved from their area of origin**



68%

of the displaced HHs reported that they had **moved to their location more than one year ago**

Among the displaced HHs (88%), the most reported **reasons for choosing to come to their current location*** were:



*Multiple choice: findings may exceed 100%



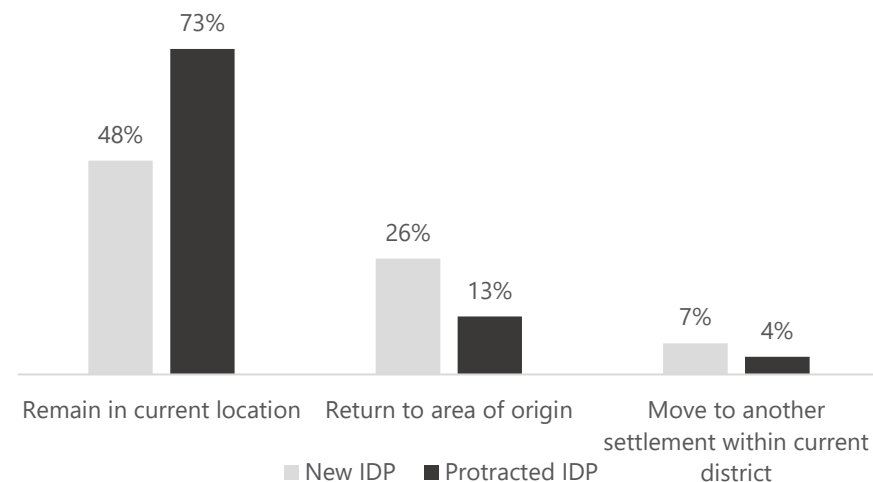
MOVEMENT INTENTIONS

Among the displaced population, the most reported **reasons that forced them to flee*** were:



IDP HHs reported that they were **forced to flee an average of 1 time** within Somalia, including the most recent displacement

Displaced HHs' plans for the next six months at the time of data collection, by % of IDP HHs



*Multiple choice: findings may exceed 100%

KEY TAKEAWAYS



Overall, displaced populations reported that **the primary motivation for migrating to their current locations was to improve their financial situation.** The availability of essential services, including water, shelter, and healthcare, also influenced their migration decisions.



Conflict was one of the primary drivers of displacement, with 36% of new IDPs and 33% of protracted IDPs reporting it as the main reason, **while drought and subsequent livelihood losses were also reported as other drivers.**



Most IDP households (71% overall), both new (48%) and protracted (73%), **indicated plans to remain in their current locations for the six months following data collection.** However, almost one-third of the new IDP households (26%) expressed intentions to return to their places of origin.



Education

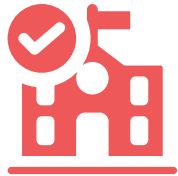


Somalia
Education
Cluster

Kutlada
Waxbarashada
Somalia



EDUCATION



50%

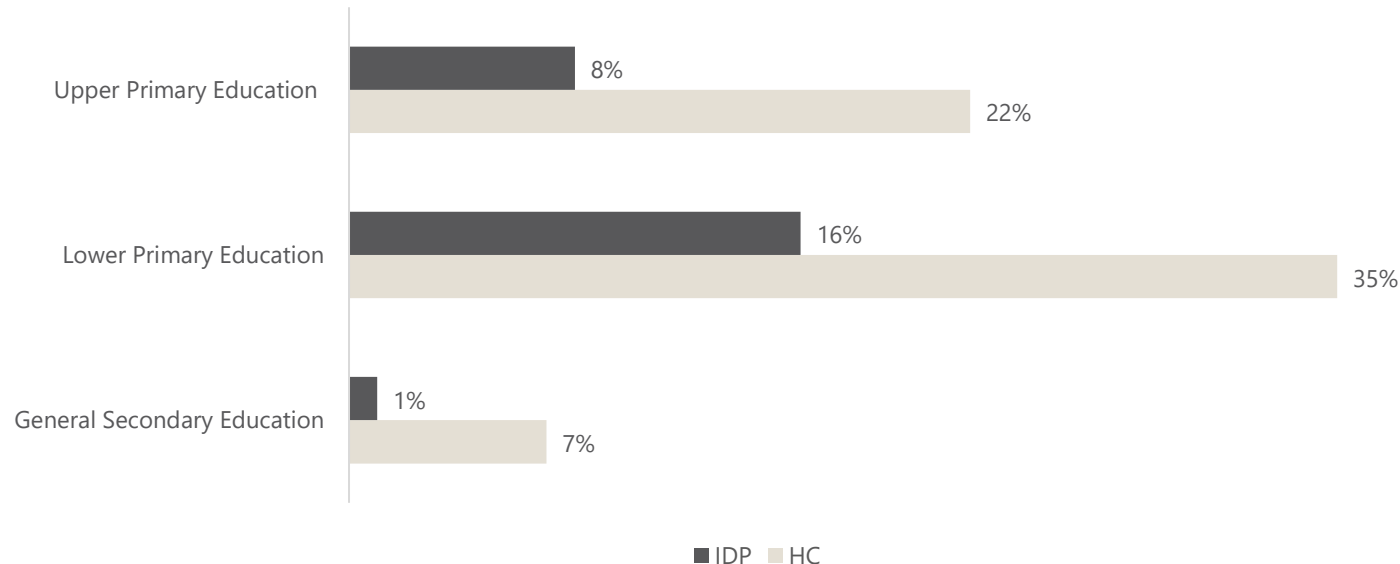
of school-aged children (between 5 and 18 years) in **HC HHs** reportedly **did not attend school or any early childhood education program** at any time during the 2023-2024 school year.



67%

of school-aged children (between 5 and 18 years) in **IDP HHs** reportedly **did not attend school or any early childhood education program** at any time during the 2023-2024 school year.

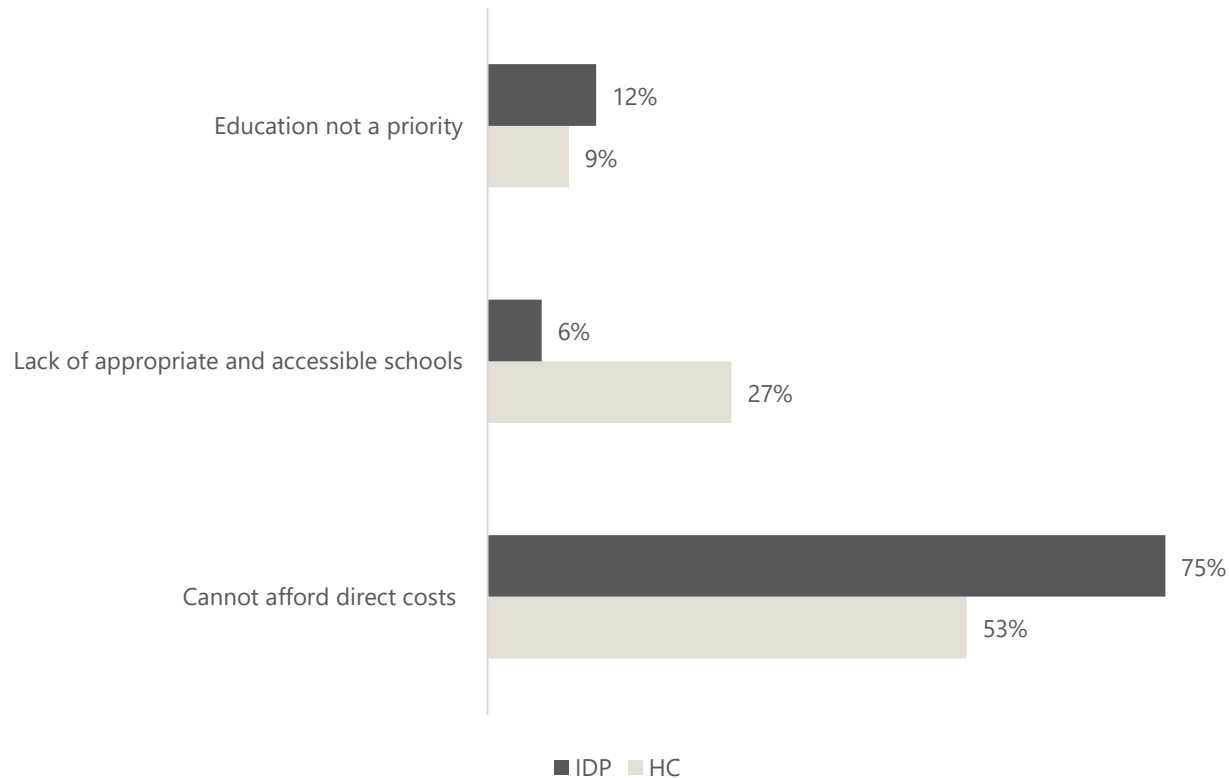
In the 2023 -2024 school year, **HH members were attending the following grade/school year:**



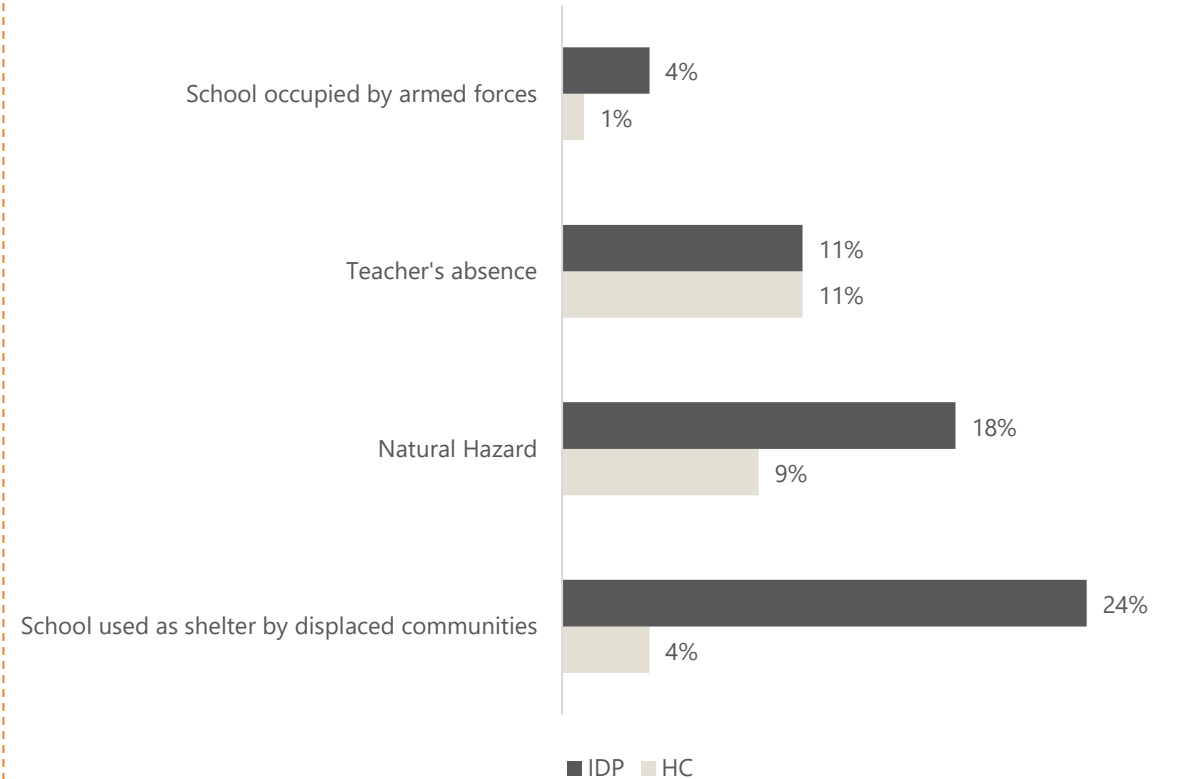


EDUCATION

Among HHs with school-aged children not attending school, the main **reasons for children not accessing formal education** was:



In the 2023 – 2024 school year, HH members reported that **education was disrupted by the following events**:



KEY TAKEAWAYS



School attendance rates were comparatively lower among IDP HHs (37%) compared to HC HHs (50%), with less than half of school-aged children, from both groups, attending school regularly.



Attendance rates in lower primary education were notably lower for IDP children (16%) than for HC children (35%), highlighting the critical need for targeted interventions to improve educational opportunities for IDP populations.



Natural hazards emerged as one of the primary educational disruptor for both IDP (18%) and host community (9%) households. However, the **unique challenge of schools being used as shelters impacted IDP households disproportionately,** affecting 24% of the population.



Food Security and Livelihood



FOOD SECURITY



The objective of the Food Security and Livelihoods section of the MSNA is to inform the IPC Analysis. It will not inform the FSC severity or PiN.



The MSNA is only one set of data sets that inform the IPC (this is in addition to other existing data sets., e.g., FSNAU, FSC, WFP-VAM, other NGOs, Health, WASH, Nutrition etc.)



FOOD SECURITY

Food Security Indicators by IDP population group and, by Regions*

Region	No cluster	Total no. of HHs reached	FCS Score			HHS Score					rCSI score			LCSI score				HDDS		
			Poor	Borderline	Acceptable	None	No or Little	Moderate	Severe	Very Severe	No to Low	Medium	High	None	Stress	Crisis	Emergency	Low	Medium	High
bakool	14	201	54%	7%	39%	22%	20%	57%	1%		29%	49%	22%	34%	23%	3%	40%	30%	24%	46%
banadir	98	380	36%	36%	28%	46%	13%	41%			17%	63%	21%	45%	34%	4%	17%	32%	19%	49%
bari	28	303	48%	38%	13%	5%	6%	88%	1%	1%	3%	66%	30%	37%	55%	2%	6%	18%	44%	39%
bay	56	470	26%	22%	52%	33%	22%	44%	1%	0%	25%	58%	17%	20%	46%	10%	24%	7%	20%	72%
galgaduud	31	534	58%	17%	25%	19%	10%	71%	1%	0%	6%	80%	14%	18%	32%	4%	46%	7%	45%	48%
gedo	65	739	58%	20%	22%	43%	11%	46%	0%		17%	67%	16%	54%	22%	5%	19%	24%	32%	43%
hiraan	34	316	24%	35%	41%	35%	12%	50%	2%	1%	25%	45%	30%	31%	24%	7%	38%	22%	25%	53%
lower_juba	39	519	71%	14%	15%	35%	17%	49%			25%	58%	17%	61%	29%	3%	7%	21%	33%	46%
lower_shabelle	55	758	16%	27%	56%	34%	12%	53%	0%		19%	55%	26%	34%	12%	9%	44%	4%	10%	86%
middle_shabelle	18	449	25%	32%	43%	39%	6%	55%			24%	58%	19%	32%	13%	7%	48%	18%	8%	73%
mudug	32	446	32%	35%	33%	32%	23%	45%		0%	30%	40%	30%	55%	15%	11%	20%	29%	20%	50%
nugaal	16	110	43%	22%	35%	5%	3%	82%	6%	4%	3%	35%	62%	18%	52%	15%	15%	1%	35%	64%
sanaag	17	263	19%	36%	44%	30%	17%	52%	1%		24%	69%	7%	5%	61%	10%	23%	8%	22%	70%
sool	8	159	20%	26%	54%	33%	12%	55%			35%	43%	23%	9%	31%	13%	46%	5%	17%	78%
togdheer	10	143	18%	43%	38%	37%	22%	41%			31%	68%	1%	60%	33%	2%	5%	2%	48%	50%



FOOD SECURITY

Food Security Indicators by **Urban** HC population group and, by Regions*

Region	No cluster	Total no. of HHs reached	FCS Score			HHS Score					rCSI score			LCSI score				HDDS		
			Poor	Borderline	Acceptable	None	No or Little	Moderate	Severe	Very Severe	No to Low	Medium	High	None	Stress	Crisis	Emergency	Low	Medium	High
awdal	13	66	15%	15%	71%	85%	10%	5%			63%	33%	4%	31%	51%	1%	17%		6%	94%
bakool	10	146	44%	24%	32%	50%	13%	36%			39%	59%	2%	37%	11%	7%	45%	40%	18%	43%
banadir	21	100	29%	42%	28%	83%	9%	8%			38%	46%	16%	58%	10%	8%	24%	26%	14%	60%
bari	26	189	37%	25%	39%	31%	6%	63%			18%	46%	37%	47%	39%	4%	10%	6%	27%	67%
bay	26	295	33%	25%	42%	52%	14%	34%			41%	50%	9%	30%	34%	11%	25%	18%	20%	62%
galgaduud	17	118	38%	24%	38%	46%	6%	47%	1%	0%	12%	81%	7%	35%	32%	6%	27%	6%	18%	75%
gedo	34	233	35%	29%	36%	53%	9%	37%			20%	70%	11%	43%	36%	4%	18%	7%	22%	72%
hiraan	36	156	37%	30%	33%	50%	20%	29%	0%		24%	62%	14%	43%	9%	6%	43%	15%	13%	72%
lower_juba	12	255	27%	34%	39%	49%	18%	33%			34%	56%	11%	43%	39%	4%	14%	4%	18%	78%
lower_shabelle	40	400	6%	21%	74%	50%	16%	34%			32%	55%	13%	21%	16%	16%	47%	2%	2%	95%
middle_shabelle	27	194	22%	30%	48%	48%	6%	46%			31%	46%	23%	35%	8%	2%	55%	27%	2%	71%
mudug	15	135	13%	30%	57%	55%	26%	19%			77%	20%	3%	32%	35%	7%	25%	21%	3%	76%
nugaal	11	84	1%	22%	76%	27%	6%	67%			8%	65%	26%	23%	27%	16%	34%	1%	6%	93%
sanaag	20	106	23%	22%	54%	48%	26%	26%			23%	73%	4%	18%	61%	5%	15%	12%	5%	83%
sool	8	30	26%	32%	42%	73%	18%	9%			67%	30%	3%	51%	30%		19%	8%	33%	59%
togdheer	39	192	33%	19%	48%	69%	13%	19%			45%	50%	4%	44%	34%	4%	18%	13%	25%	62%
woqooyi galbeed	13	73	40%	38%	22%	68%	16%	16%			56%	40%	5%	47%	52%		1%	9%	33%	59%



FOOD SECURITY

Food Security Indicators by **Rural** HC population group and, by Livelihood Zones*

Livelihood Zone	No cluster	Total no. of HHS reached	FCS Score			HHS Score					rCSI score			LCSI score				HDDS		
			Poor	Borderline	Acceptable	None	No or Little	Moderate	Severe	Very Severe	No to Low	Medium	High	None	Stress	Crisis	Emergency	Low	Medium	High
Addun Pastoral	24	168	34%	26%	40%	44%	31%	24%			38%	47%	15%	29%	19%	27%	25%	14%	31%	55%
Coastal Deeh Pastoral and Fishing	25	204	35%	32%	34%	30%	24%	45%	1%		23%	62%	16%	18%	26%	24%	31%	6%	26%	68%
Cowpea Belt Agropastoral	25	177	42%	52%	5%	47%	10%	43%			40%	54%	5%	34%	2%	2%	61%	43%	15%	42%
East Golis – Frankincense, Goats, and Fishing	29	242	46%	27%	28%	49%	25%	26%			37%	53%	10%	25%	40%	9%	26%	16%	21%	63%
Guban Pastoral	21	119	27%	25%	48%	71%	5%	24%			60%	37%	4%	33%	52%	8%	7%	4%	20%	76%
Hawd Pastoral	101	474	22%	32%	47%	43%	18%	39%	1%	0%	31%	54%	16%	34%	31%	11%	25%	8%	27%	65%
Northern Inland Pastoral – Goats and Sheep	109	605	19%	38%	43%	31%	13%	53%	1%	1%	25%	50%	25%	14%	30%	12%	45%	5%	26%	70%
Northwestern Agropastoral	44	201	41%	19%	40%	74%	13%	12%		1%	53%	36%	10%	29%	42%	6%	23%	13%	41%	47%
Riverine Gravity Irrigation	29	320	30%	28%	42%	53%	13%	33%			37%	48%	15%	43%	21%	7%	29%	10%	12%	78%
Riverine Pump Irrigation	33	143	37%	15%	48%	31%	14%	54%	0%		25%	63%	12%	12%	27%	24%	37%	29%	22%	49%
Sorghum High Potential Agropastoral	20	123	31%	19%	51%	44%	11%	43%	1%	1%	18%	73%	9%	11%	28%	12%	49%	6%	14%	79%
Southern Agropastoral – Goats, Camels, and Sorghum	12	92	19%	34%	46%	59%	16%	25%			12%	76%	13%	54%	7%	2%	37%	17%	25%	57%
Southern Inland Pastoral – Camels, Goats, Sheep, and Cattle	36	344	34%	45%	21%	45%	5%	47%	4%		24%	45%	30%	33%	19%	8%	40%	25%	20%	55%
Southern Rainfed Agropastoral – Maize, Cattle, and Goats	4	99	41%	17%	42%	48%	12%	36%	5%		31%	45%	24%	35%	34%	5%	26%	3%	19%	78%
Togdheer Agropastoral	7	24	32%	13%	55%	99%		1%			23%	48%	29%	60%	14%	3%	22%	16%	25%	59%
West Golis Pastoral	55	310	31%	23%	46%	85%	5%	10%	0%		60%	34%	7%	41%	36%	5%	18%	11%	24%	66%
Bay Bakool Low Potential Agropastoral	1	4		100%		25%		75%				100%			25%	25%	50%	25%		75%
Juba Pastoral – Cattle and Goats	5	22			100%	77%	23%					55%	45%	41%	23%	23%	14%		5%	95%

KEY TAKEAWAYS



Overall, in the month before data collection, findings showed that more than one-third of the members in both HHs reportedly either went to bed hungry, did not have food of any kind to eat or went an entire day without eating.



Among both households, the **main reported livelihood-based coping strategies** were purchasing food on credit/borrowing food, spending savings and sending HH members to eat elsewhere.



For a more detailed, comprehensive, and FINAL breakdown of results and phase classification for Acute Food Insecurity (AFI), please refer to the IPC analysis.



Health

 9%

Approx. 9% of HH members in each population group (10% for HC HH members and 7% for IDP HH members) reported **a need for health services or treatment** in the 3 months prior to data collection.

 68%

Among those who reported needing health services (approx. 9%), **around 68% of HHs in each population groups reported being able to obtain health care** when they felt they needed it.

 30 min

It takes 30 min. for a member of HH to get to the nearest, functional health facility by their normal mode of transportation.

 57%

Approx. 57% of HHs in both population groups (HC and IDPs) reported that **consultation or medicine for acute illness (fever, diarrhea, cough etc.) was the main health care need**.



Most commonly reported barriers to accessing healthcare by HH in the 3 months before data collection, by % of HHs*

	HC	IDP
No barriers	41%	40%
No functioning health facility nearby	35%	25%
Could not afford cost of treatment	15%	17%
Specific medicine, treatment or service needed unavailable	15%	15%

*Multiple choice: findings may exceed 100%



18%

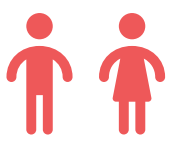
Approx. 18% of both HH groups (18% in HC HHs and 17% in IDP HHs) reported **girls or women of reproductive age (12-49 years) were aware of reproductive healthcare services.**

Most commonly reported ways of travelling to the nearest health facility, % of HHs

	HC	IDPs
Walking	50%	70%
Public Transport	30%	24%
Private car or taxi	18%	4%
Do not know	1%	1%



HEALTH – CHILD VACCINATION



43%

Approx. 43% of children in both population groups (HC & IDP) **did not receive** BCG vaccination against tuberculosis.



52%

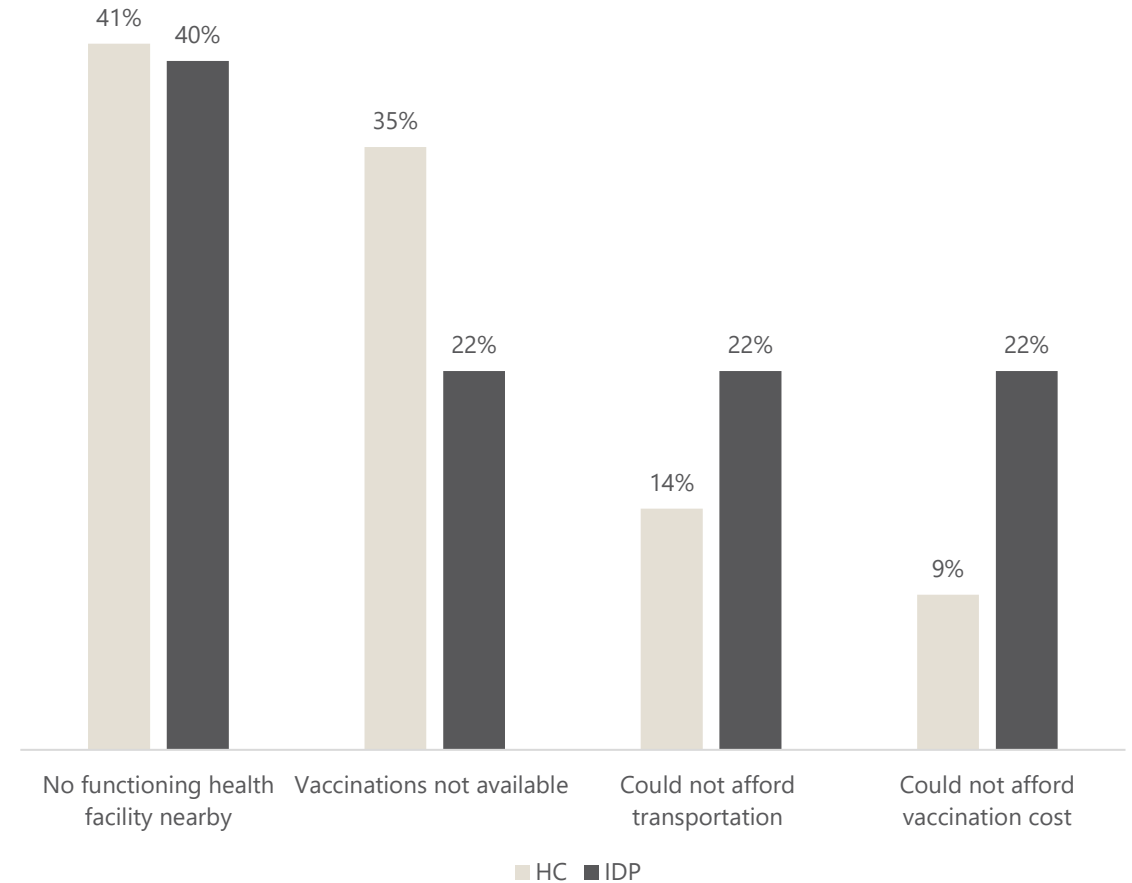
Approx. 50% of children in population groups (HC & IDP) **did not receive** the Penta vaccination. **Of those children that received the vaccination, around 58% received all three doses.**



52%

Approx. 50% children in both population groups (HC & IDP) **did not receive** measles vaccination at the age of 9 months or older. **Of those children that received the vaccination, 71% received both doses.**

Most commonly reported **reasons children in HHs did not receive vaccination**, by % of HHs*



*Multiple choice: findings may exceed 100%

KEY TAKEAWAYS



While healthcare needs were reported by only 10% of host communities members and 7% of IDP members, approx. one-third (33%) of those reportedly did not have access to necessary care. The discrepancy between reported healthcare needs and service utilization highlights a potential gap in service provision for both host communities and IDPs.



The **primary barriers to accessing healthcare** include a lack of nearby health facilities, high treatment costs, and limited availability of essential medications and services within communities.



Only 18% of both population groups (HC & IDP households) reported knowledge of reproductive healthcare services among women and girls aged 12-49. This limited awareness highlights a critical gap in accessing essential reproductive health information and services in Somalia.



About half of children in Somalia have received critical vaccinations (BCG, Penta, Measles), indicating a significant immunization gap. Key barriers include inaccessible health facilities, vaccine shortages, and financial constraints for transportation and vaccination fees.



Nutrition



INFANT AND YOUNG CHILD FEEDING (IYCF) – NATIONAL LEVEL

Age of children	Number	%
0-23 months	3284	100%
0-5 months	536	16%
6-23 months	2748	84%

Key Findings

EBF, MDD and MAD - -
Extreme critical risk of AMN

CBF, MMF and ISSS - - **Critical risk of AMN**

IYCF Indicators	n*	N*	Percent with CI
Ever Breastfed (EvBF)	2301	983	64% [60.0 – 68.0]
Mixed Milk Feeding (MixME)	226	268	45% [37.0 – 54.0]
Exclusive Breastfeeding (EBF)	66	470	9% [6.0 – 14]
Introduction of Solid, Semi-Solid, or Soft Foods	100	126	41% [29.0 - 54.0]
Continued Breastfeeding (CBF)	955	617	35% [31.0 - 39.0]
Minimum Dietary Diversity (MDD)	237	2511	6% [4.0 - 9.0]
Minimum Meal Frequency (MMF)	443	2173	16% [0.13 - 0.19]
Minimum Acceptable Diet (MAD)	51	2074	2% [1.0 - 4.0]
Minimum Milk Feeding Frequency For Non-Breastfed Children (MMFF-NB)	302	2177	9% [7.0 - 11.0]
Eggs & Flesh Foods Consumption (EEFC)	593	1747	19% [16.0 - 22.0]
Zero Vegetable or Fruit Consumption (ZVFC)	2194	554	79% [75.0 - 82.0]

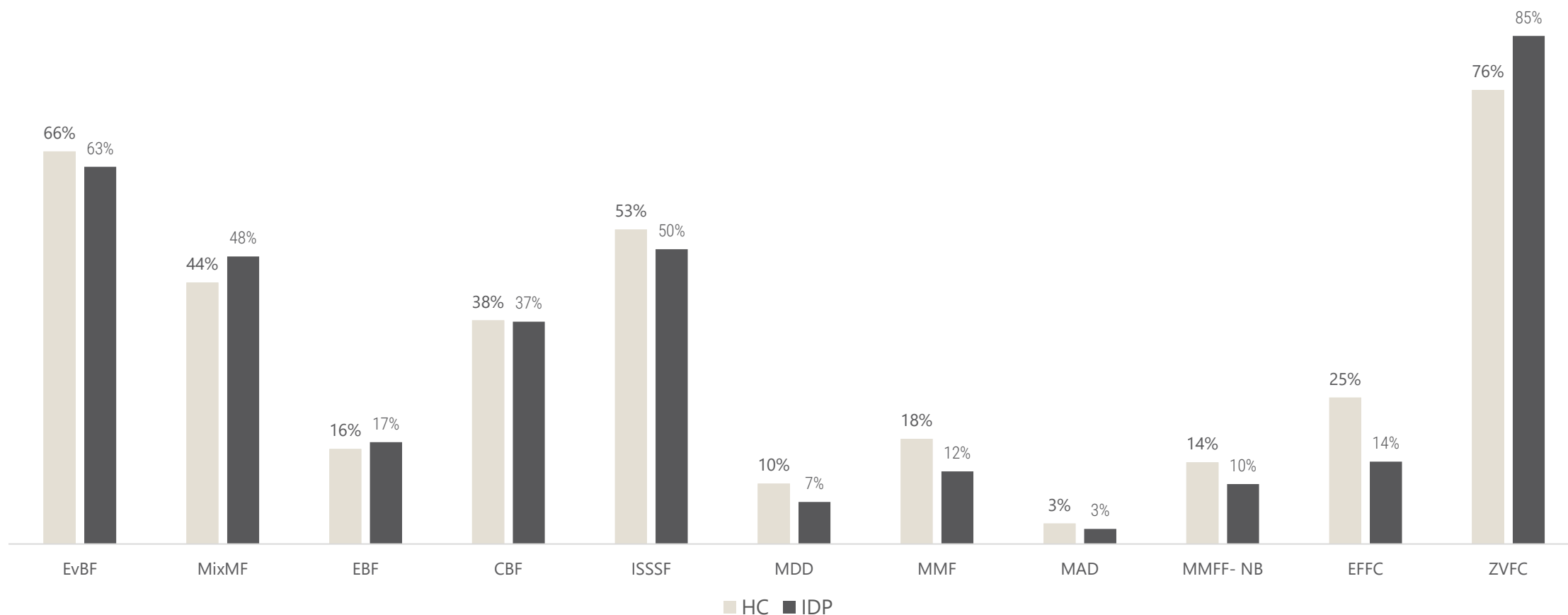
* N = Total number of assessed children

n = Number of children reporting x amongst the assessed children



IYCF INDICATORS BY POPULATION GROUPS

Proportion of IYCF indicators by % of HHs





IYCF INDICATORS BY REGION – HOST COMMUNITY

Proportion of IYCF indicators among **HC HHs** by Region

Urban	EvBF	EvBF	EBF	EBF	CBF	CBF	MAD	MAD	ZVFC	ZVFC
	n	%	n	%	n	%	n	%	n	%
Awdal	178	93%	7	16%	81	45%	3	0%	144	88%
Bakool	114	32%	3	3%	43	26%		0%	105	65%
Banadir	124	32%	8	0%	38	32%	5	5%	99	68%
Bari	128	75%	4	2%	45	48%	3	4%	106	82%
Bay	129	78%	5	6%	55	48%	4	4%	110	73%
Galgaduud	125	71%	4	0%	50	37%	2	4%	84	77%
Gedo	127	70%	6	6%	24	50%		1%	91	83%
Hiraan	100	88%	4	82%	26	43%	1	0%	75	71%
Lower Juba	87	68%		36%	30	28%	2	5%	85	63%
Lower Shabelle	69	56%	1	5%	34	40%	3	9%	58	55%
Middle Shabelle	70	27%	1	0%	51	0%	6	0%	62	82%
Mudug	34	70%	1	15%	14	38%	0	2%	40	77%
Nugaal	40	76%	1	0%	13	38%		2%	45	90%
Sanaag	14	52%	0	7%	5	28%	1	0%	14	69%
Sool	6	74%	0	9%	6	33%	1	0%	13	96%
Togdheer	1	67%	0	14%		48%		2%	7	77%
Woqooyi Galbeed	8	94%	1	7%	3	20%		0%	5	82%



IYCF INDICATORS BY REGION – IDPs

Proportion of IYCF indicators among IDP HHs by Region

IDP	EvBF	EvBF	EBF	EBF	CBF	CBF	MAD	MAD	ZVFC	ZVFC
	n	%	n	%	n	%	n	%	n	%
Bakool	204	60%	3	10%	110	43%	2	7%	203	87%
Banadir	99	37%	0	25%	57	22%	3	1%	102	78%
Bari	102	86%	5	2%	41	68%	1	0%	105	97%
Bay	68	79%	6	0%	26	62%	2	3%	72	80%
Galgaduud	39	77%	2	0%	20	34%	1	0%	76	99%
Gedo	65	63%	0	5%	37	46%	2	1%	68	78%
Hiraan	57	72%		0%	23	42%		0%	68	83%
Lower Juba	74	65%	1	21%	32	32%		2%	66	80%
Lower Shabelle	49	50%	1	0%	27	37%	5	1%	63	67%
Middle Shabelle	48	14%	1	0%	10	12%	1	3%	68	83%
Mudug	59	66%		27%	20	41%		0%	49	89%
Nugaal	33	59%	0	14%	10	16%	1	1%	41	91%
Sanaag	33	45%	0	0%	17	28%		0%	31	81%
Sool	5	92%	0	33%	4	34%	1	9%	30	91%
Togdheer	12	87%	1	0%	3	44%	1	0%	9	98%

KEY TAKEAWAYS



Low rates of Minimum Dietary Diversity (6%), Minimum Meal Frequency (16%), and Minimum Acceptable Diet (2%) **indicate severe nutritional deficiencies among children under 24 months in Somalia.**



Exclusive breastfeeding rates were critically low at 9%, far below the 50% [target set for 2025](#) globally. Although 64% of children under 24 months were ever breastfed (EvBF), the continued breastfeeding (CBF) – breastfeeding between the age of 12 to 24 months, rate also drops to 35%. These gaps in breastfeeding practices are significant contributing factors of AMN.



While overall IYCF practices were similar between HC and IDP HHs, IDP children faced a comparatively higher risk of malnutrition. Significantly fewer IDP children consumed protein-based diets (EEFC - 14% vs. 25%) and a greater proportion had no vegetable or fruit intake (ZVFC - 85% vs. 76%) compared to children in host community households.



The **overall low rates of IYCF indicators pose a serious threat to children's growth, development and health**, increasing their susceptibility to acute malnutrition in Somalia. **For a more detailed and comprehensive breakdown of results and phase classification for AMN, please refer to the IPC analysis.**



Protection



PROTECTION



7%

In the three months prior to data collection, approx. 7% in both HH groups reported that they **had been exposed to some form of violence, harassment,** including physical, verbal and sexual violence.



5%

In the three months prior to data collection, 5% of both HHs reported that they **had faced persecution and discrimination,** including the denial of the access to basic services due to any reason.



10%

In the three months prior to data collection, approx. 7% of HHs in both population groups (5% in HC HHs and 9% in IDP HHs) reported **that they had members of HHs engaging in risky activities due to economic needs of the HHs,** which may be harmful to their well-being and safety.



7%

In the three months prior to data collection, approx. 7% of HHs in both population groups (4% in HC HHs and 9% in IDP HHs) reported **that they were forced to flee home to other areas of the country or to another country.**



PROTECTION: GENDER BASED VIOLENCE (GBV)

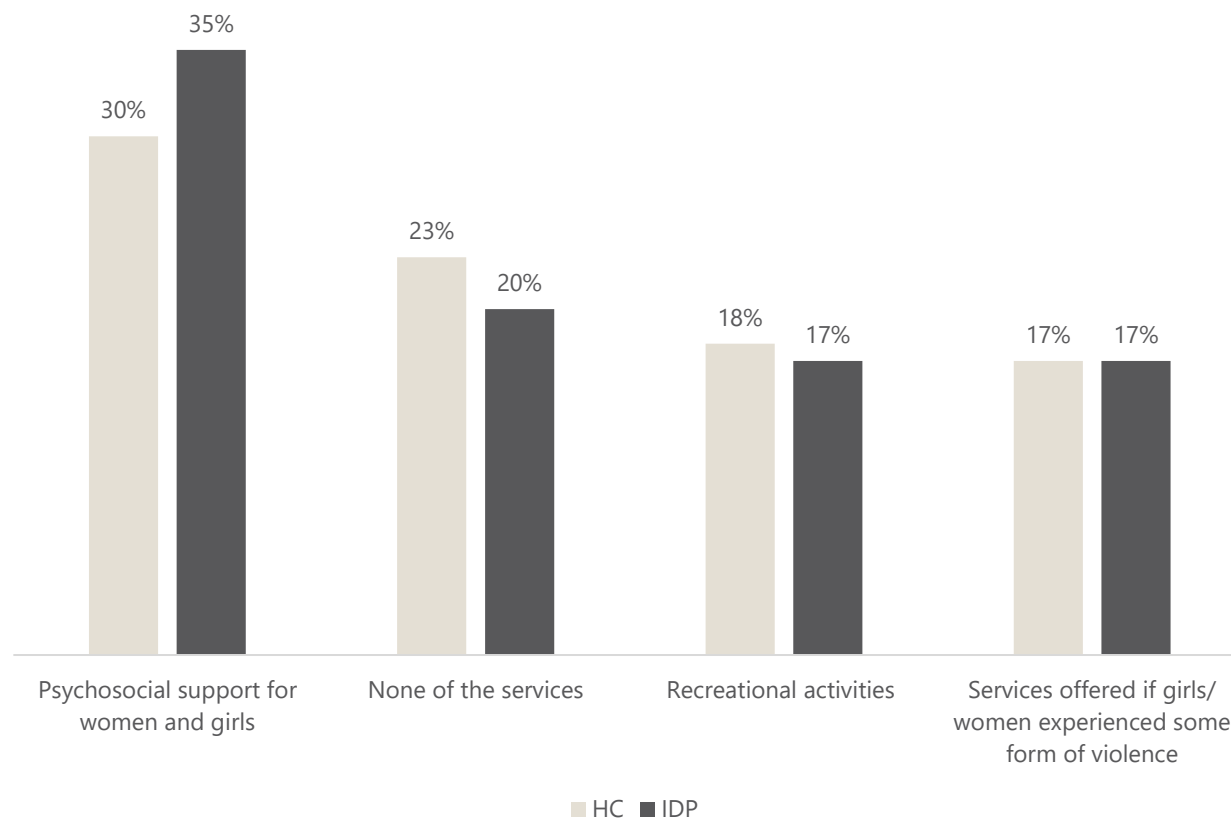


In the three months prior to data collection, women/ girls in 4% of HC HHs **reported feeling unsafe walking in their community compared** to 12% IDP HHs.

Most commonly reported areas or places women/girls avoid due to security concerns, by % of HHs*

	HC	IDP
Markets	57%	43%
Water points	32%	47%
Distribution areas	25%	33%
Latrines	18%	23%

Awareness of services available in the community at the time of data collection, by % of HHs*

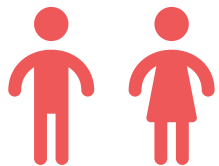


*Multiple choice: findings may exceed 100%



PROTECTION: CHILD PROTECTION

*Multiple choice: findings may exceed 100%



11%

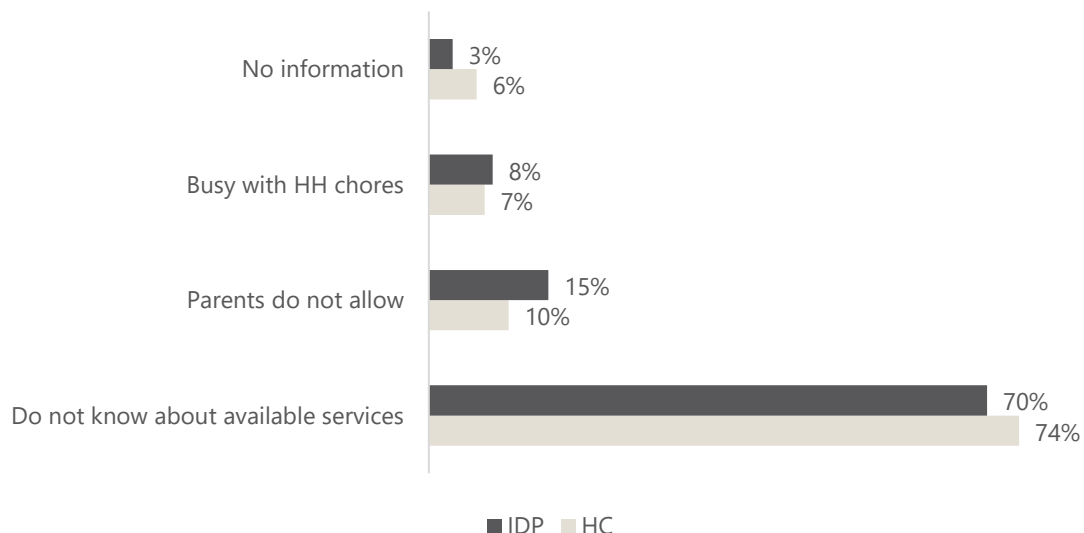
of both HH groups (13% in HC HHs and 8% in IDP HHs) reported that they **had children not currently living in the household**.



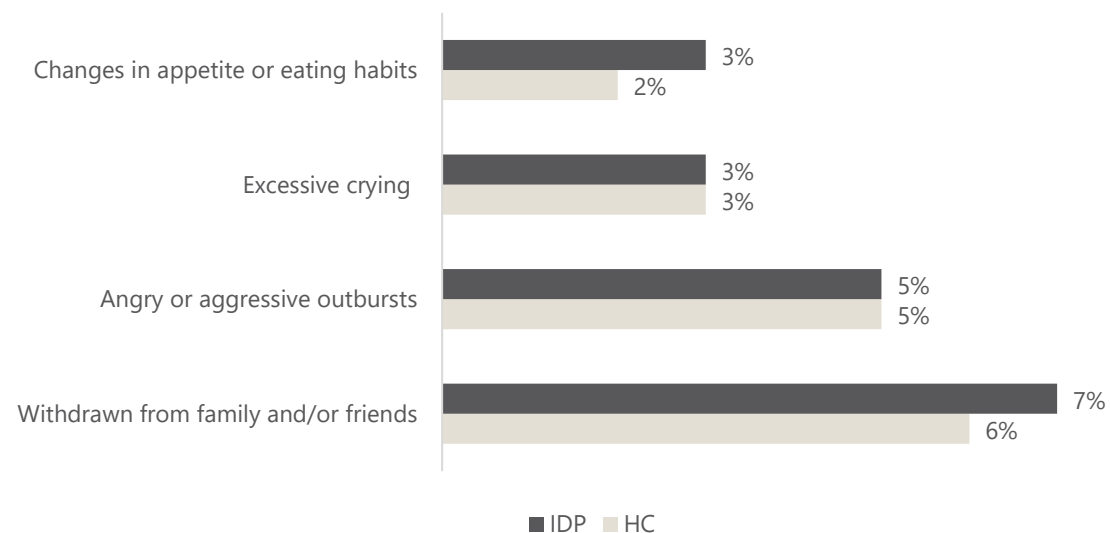
11%

11% of HHs in both population groups reported that they **had seen signs of distress in children** under 18 years old

Most commonly reported barriers for accessing support on child protection by HH, % of HHs*



Most commonly reported signs of distress in children under 18 years old, by % of HHs*



KEY TAKEAWAYS



While over 90% of households reported low exposure to violence, findings show that some underlying vulnerabilities persist. Economic pressures are driving some households (5% in HC HHs and 9% in IDP HHs) into risky coping mechanisms, increasing their exposure to risky jobs.



IDP women and girls faced heightened security risks, with 12% reporting feeling unsafe compared to 4% of women in host community. They also reportedly avoided public spaces at higher rates.

Limited access to essential services, including psychosocial support, **further exacerbates these risk and vulnerabilities** for women and girls in both population groups.



While 89% of households reported no visible signs of distress in children, a notable number of children may be at risk. 11% of HHs have at least a child not living with them, also suggesting potential underreporting of child protection concerns.

Additionally, a lack of awareness of available support services (approx. 72%) is a major barrier to accessing help. These factors highlight the need for increased child protection services and community awareness.



Shelter and Non-Food Items (NFIs)



Shelter Cluster Somalia
ShelterCluster.org
Coordinating Humanitarian Shelter



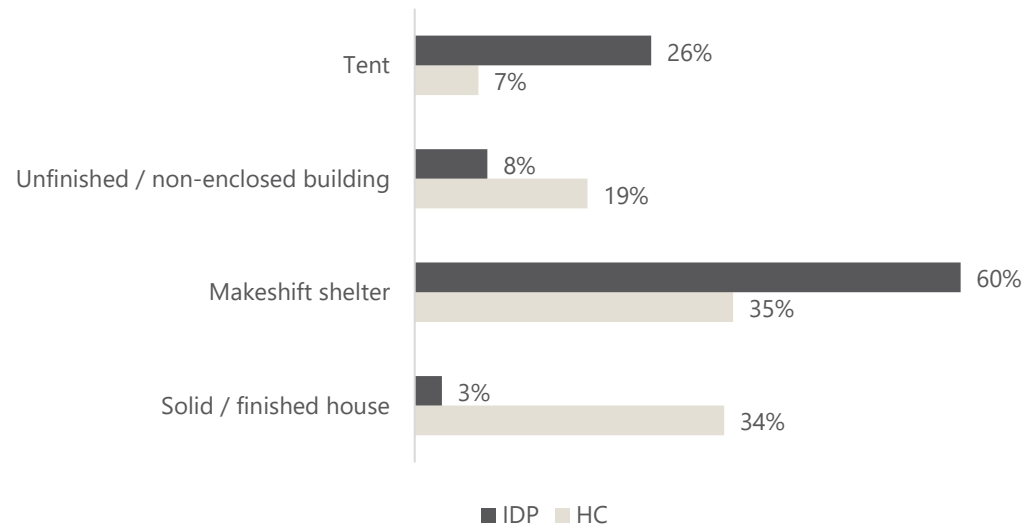
SHELTER

Most commonly reported shelter situation, by % of HHs

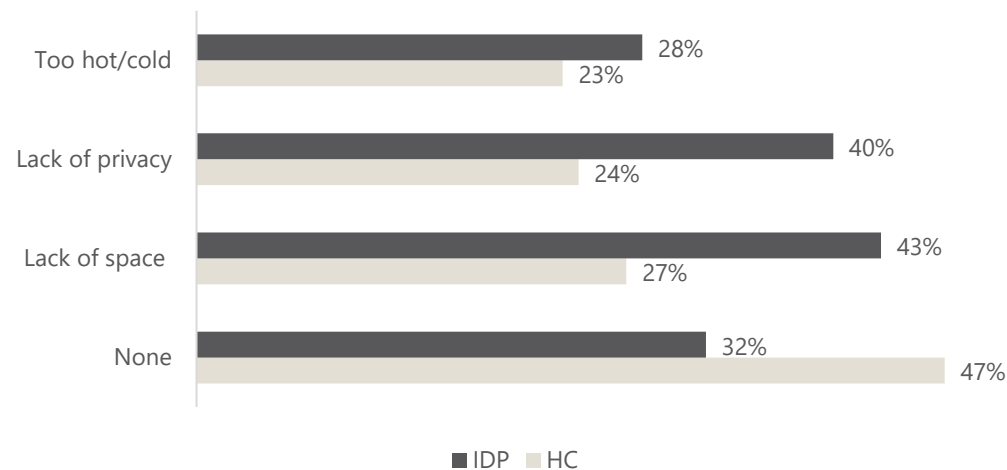
	HC	IDPs
Individual shelter	76%	47%
Collective shelter	12%	30%
Hosted by friends/relatives	8%	14%
Hosting at least one other HH	2%	4%
No shelter (sleeping in the open)	2%	5%

*Multiple choice: findings may exceed 100%

Most commonly reported types of shelter, by % of HHs



Most commonly reported issues faced by HH members in their dwelling, by % of HHs*





SHELTER

*Multiple choice: findings may exceed 100%

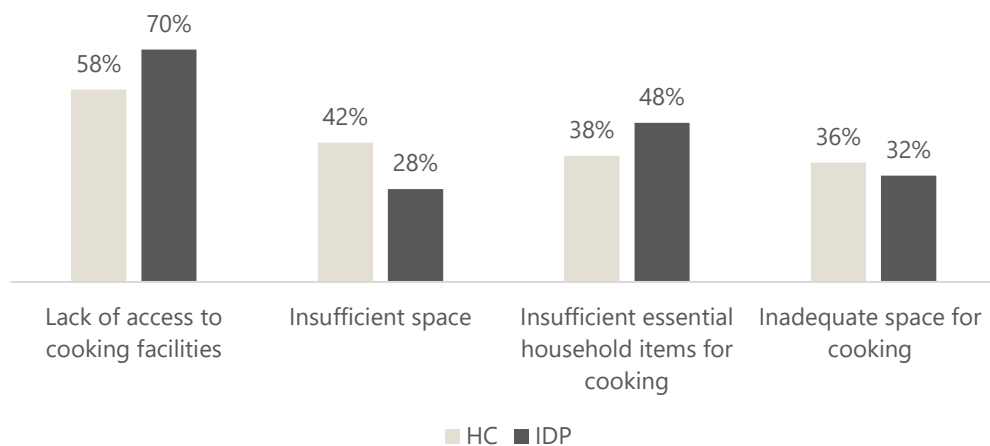
HH Members ability to cook in their dwelling, by % of HHs

	HC	IDPs
Yes, without any issues	65%	54%
Yes, with issues	25%	35%
No, cannot do	8%	7%

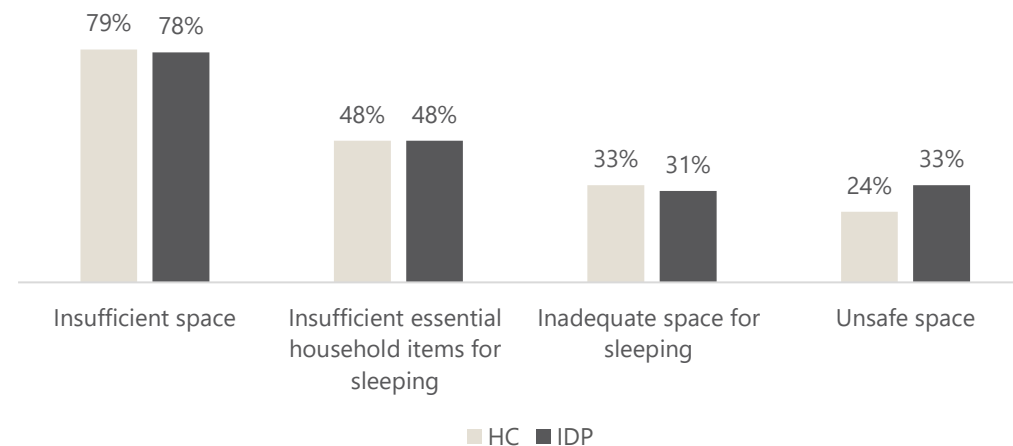
HH Members ability to sleep in their dwelling, by % of HHs

	HC	IDPs
Yes, without any issues	66%	55%
Yes, with issues	28%	37%
No, cannot do	5%	6%

Most commonly reported issues faced by HH members while cooking, by % of HHs facing issues*



Most commonly reported issues faced by HH members for sleeping, by % of HHs facing issues*



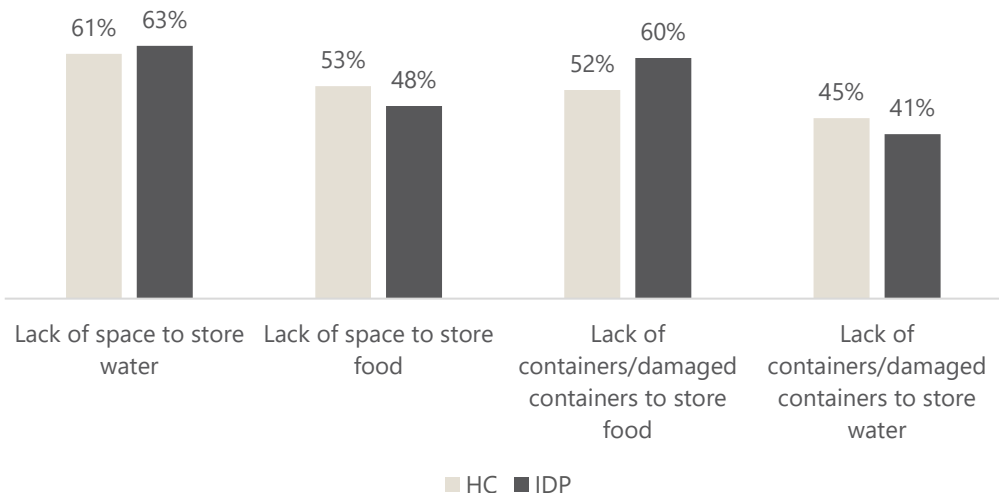


SHELTER

HH Members ability to store food and water in their dwelling, by % of HHs

	HC	IDPs
Yes, without any issues	67%	59%
Yes, with issues	26%	30%
No, cannot do	7%	10%

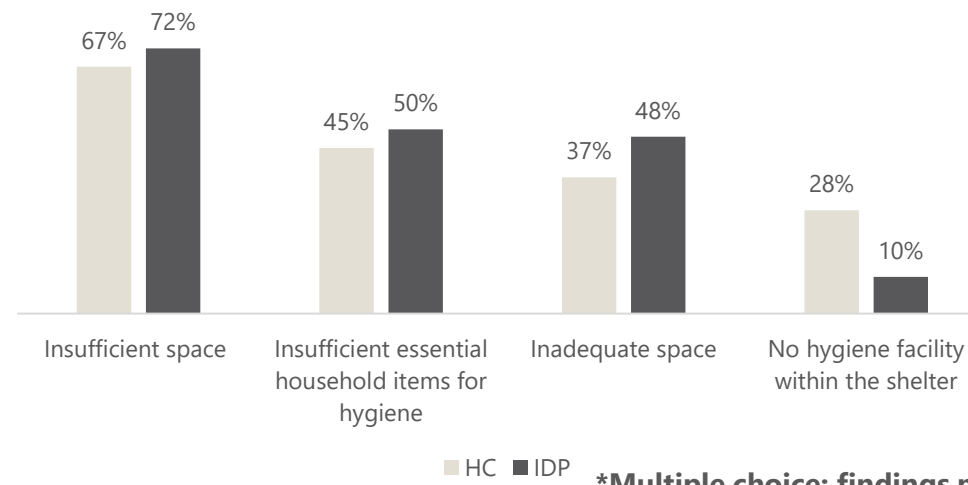
Most commonly reported issues faced by HH members while storing food or water, by % of HHs facing issues*



HH Members ability to personal hygiene in their dwelling, by % of HHs

	HC	IDPs
Yes, without any issues	67%	61%
Yes, with issues	23%	31%
No, cannot do	9%	8%

Most commonly reported issues faced by HH members performing personal hygiene, by % of HHs facing issues*



*Multiple choice: findings may exceed 100%

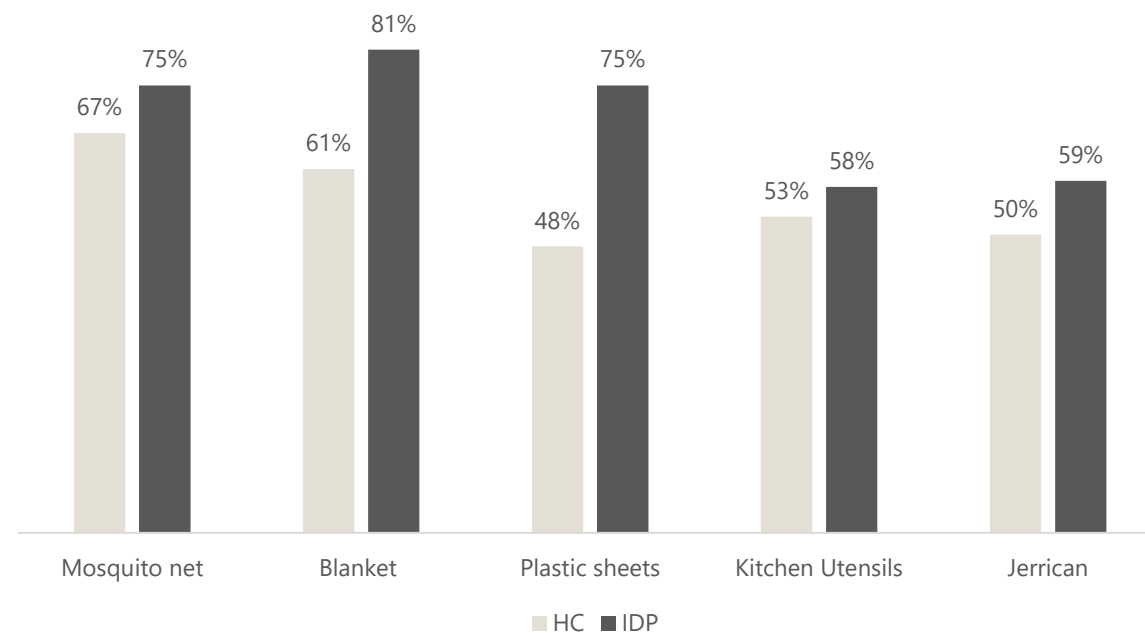
NFI NON-FOOD ITEMS

Most commonly reported source of lighting, by % of HHs

	HC	IDPs
Electricity (including solar panels)	36%	5%
Battery (dry cells) powered flashlights, torch or lantern	19%	43%
Rechargeable flashlight, mobile, torch or lantern	16%	26%
Solar-powered lantern or flashlight	21%	16%
None	3%	5%

*Multiple choice: findings may exceed 100%

Most commonly reported top priority NFI needs, by % of HHs*





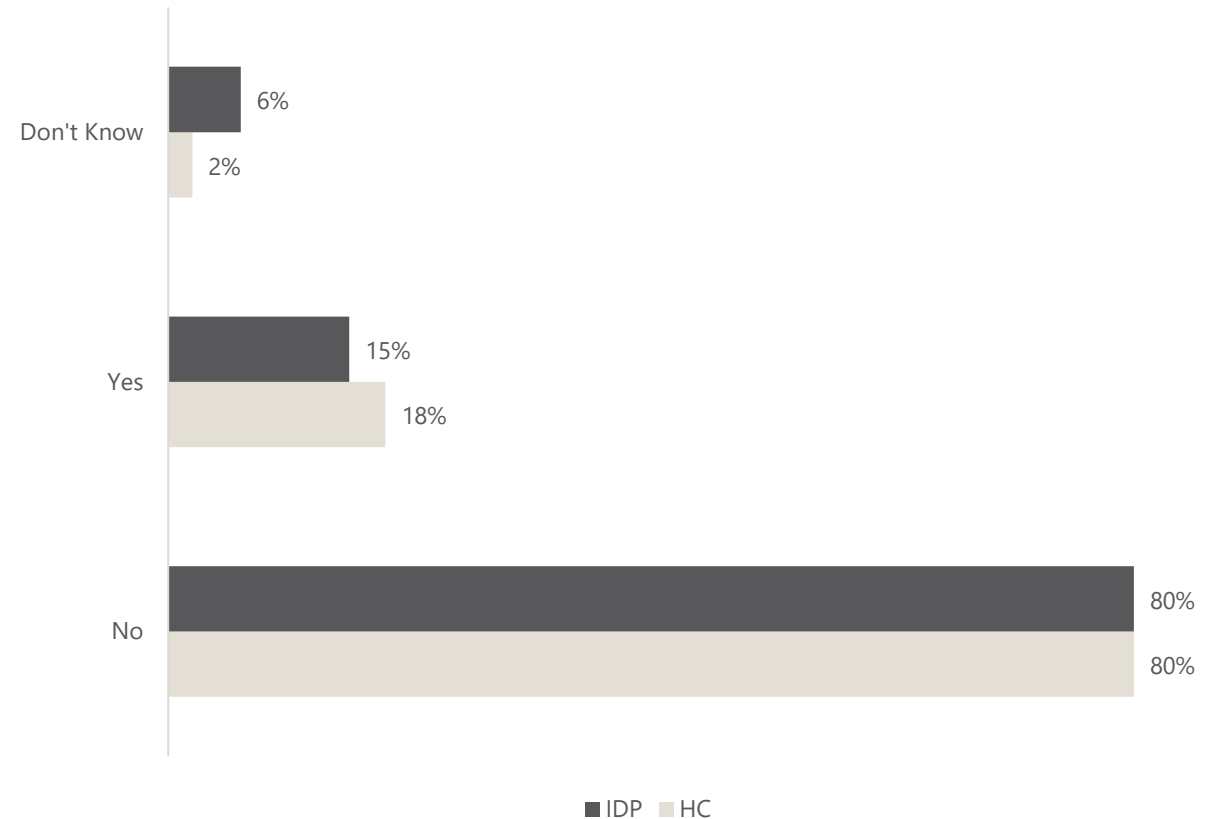
HOUSING, LAND AND PROPERTY

Occupancy arrangement for current shelter, by % of HHs

	HC	IDPs
Ownership	58%	15%
Hosted for free	12%	61%
Rented	27%	9%
No occupancy agreement/squatting	2%	14%

*Multiple choice: findings may exceed 100%

HHs feeling at risk of eviction now or in the coming six months, by % of HHs*



KEY TAKEAWAYS



IDPs were disproportionately affected by inadequate shelter conditions compared to host communities, with higher rates of living in makeshift (60% vs. 35%) and collective shelters (30% vs. 12%). The high prevalence of individuals living in these shelter types increases vulnerability to extreme weather conditions and other environmental hazards.



Both host community and IDP populations faced significant challenges in performing basic daily activities due to inadequate shelter conditions. Most commonly reported issues included lack of access to required facilities and items (utensils, hygiene items), insufficient space (privacy, partitions) or inadequate space (uncovered spaces, leaks, no ventilation).



While mosquito nets and blankets were top priorities for both groups, IDPs had a higher need for kitchen utensils (52% vs. 35%), suggesting increased vulnerabilities in food preparation and hygiene. These disparities between the population groups highlight the need for targeted NFI distributions to address the specific needs of each population.

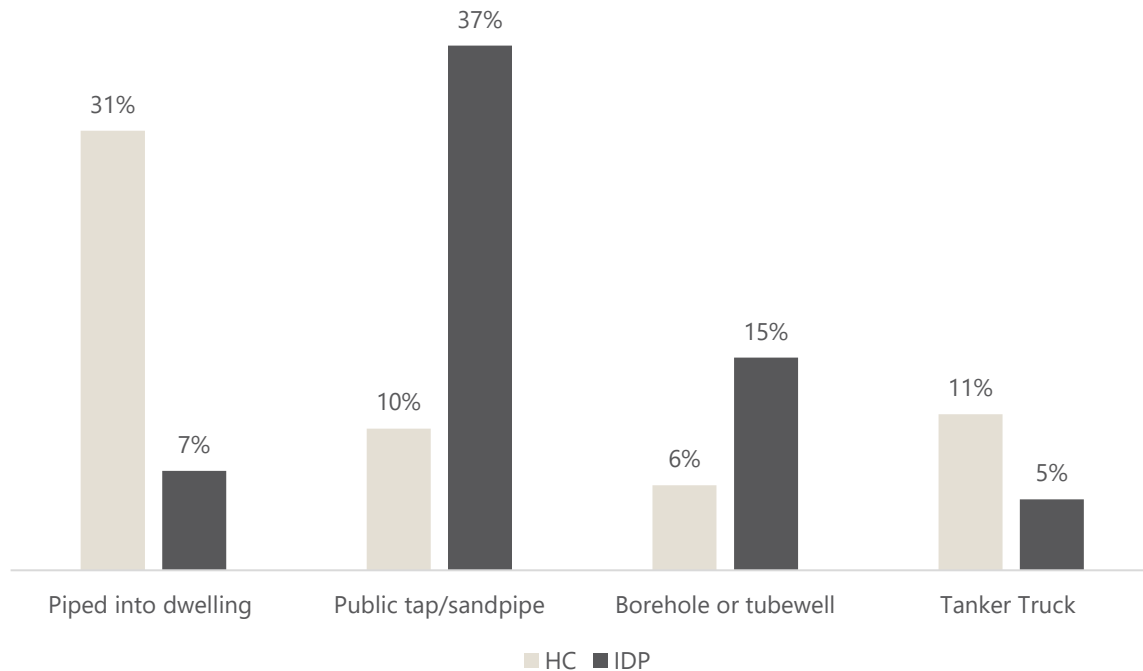


Water, Sanitation and Hygiene (WASH)



WASH

Commonly reported **main source of drinking water**,
by % of HHs



Most commonly reported ways HHs adapt to lack of water,
by % of HHs*

	HC	IDP
No issue	46%	30%
Rely on less preferred water sources for drinking water	20%	35%
Rely on surface water for drinking water	12%	25%
Fetch water at a source further than the usual one	15%	13%

 20 min

It takes an average of 20 min. for a member of HH
to get water and come back.

*Multiple choice: findings may exceed 100%



WASH



71%

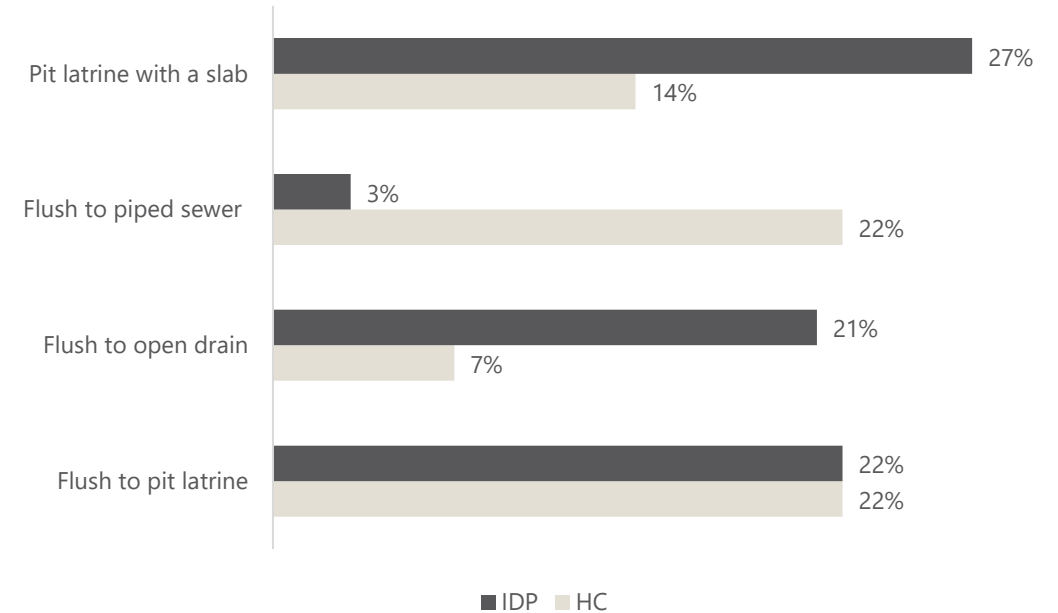
of IDP HHs, compared to 51% of HC HHs reported that they **did not have** as much water to drink as they would like, in the four weeks before data collection.



71%

of IDP HHs, compared to 52% of HC HHs reported that they **did not have** as much water to cook, bath or wash as they would like, in the four weeks before data collection.

Reported **type of toilets used by HH members**, by % of HHs



57%

of IDP HHs, compared to 28% of HC HHs **reported sharing their toilet facilities** with at least 3 other HHs.



WASH

Most commonly reported ways to adapt to issues related to sanitation facilities, by % of HHs*

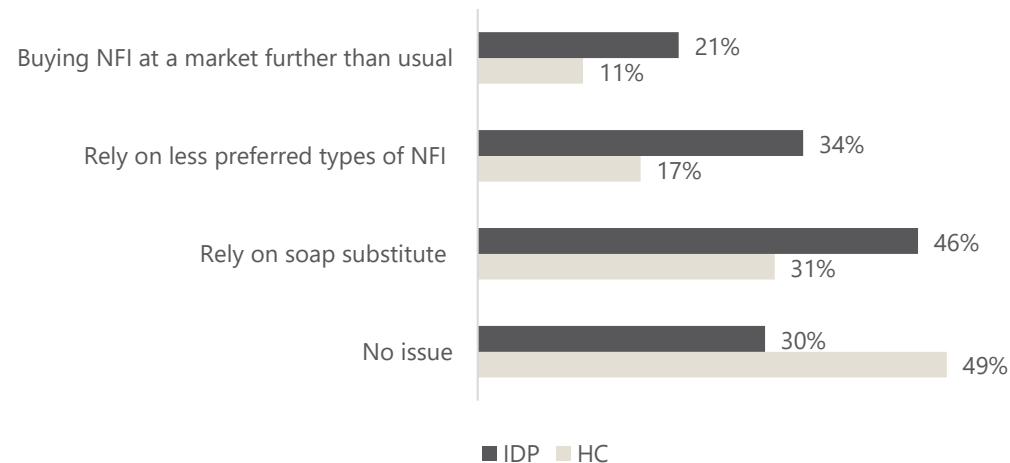
	HC	IDP
No issue	52%	33%
Defecate in open	19%	8%
Rely on less preferred facilities	18%	40%
Rely on communal sanitation facilities	16%	40%



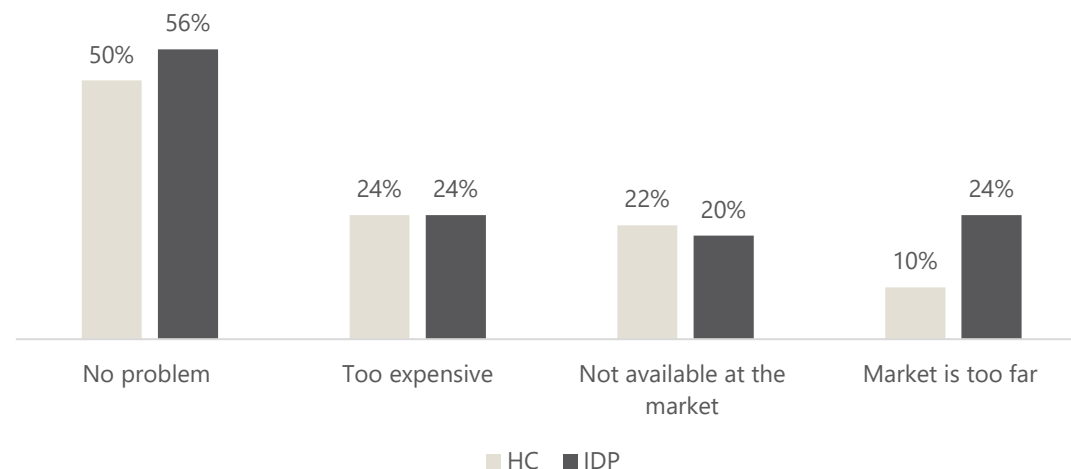
78%

Enumerators observed the **availability of soap/detergent** in 78% of HC HHs, compared to 52% of the IDP HHs.

Commonly reported ways HHs adapted to issues related to hygiene items, by % of HHs



Commonly reported issues female HH members faced related to accessing menstrual materials, by % of HHs



KEY TAKEAWAYS



Overall, 26% of assessed HHs relied on unsafe water sources for drinking, exposing them to serious health risks. 40% of HC and 37% of IDP HHs used less preferred water sources, while 16% of HC and 25% of IDP households relied on surface water.



IDP HHs in Somalia faced a significantly higher burden of water scarcity compared to HC HHs. 69% of IDPs lacked enough water for daily needs, including cooking, bathing, and washing, while 51% of HCs experienced similar shortages. **This disparity is particularly prominent for drinking water,** with 51% of IDPs lacking sufficient supply compared to 28% of HCs.



The reliance on pit latrines (22% in both HHs) **and shared toilet facilities** (58% in IDP HHs and 28% in HC HHs), **in addition to reliance on unsafe water resources, poses significant health risks, including the spread of diseases like cholera and diarrhea.** Additionally, the limited access to water for basic needs has severe implications for public health, hygiene, and overall quality of life.

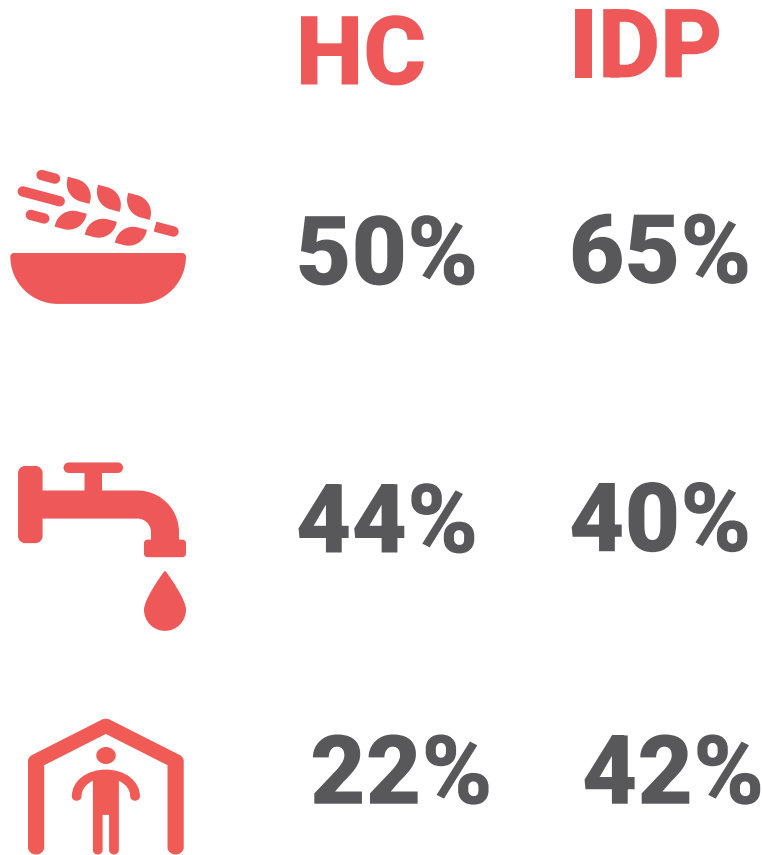


Accountability to Affected Population (AAP)



SELF REPORTED PRIORITY NEEDS

Top three most significant challenges, by % of HC HHs*

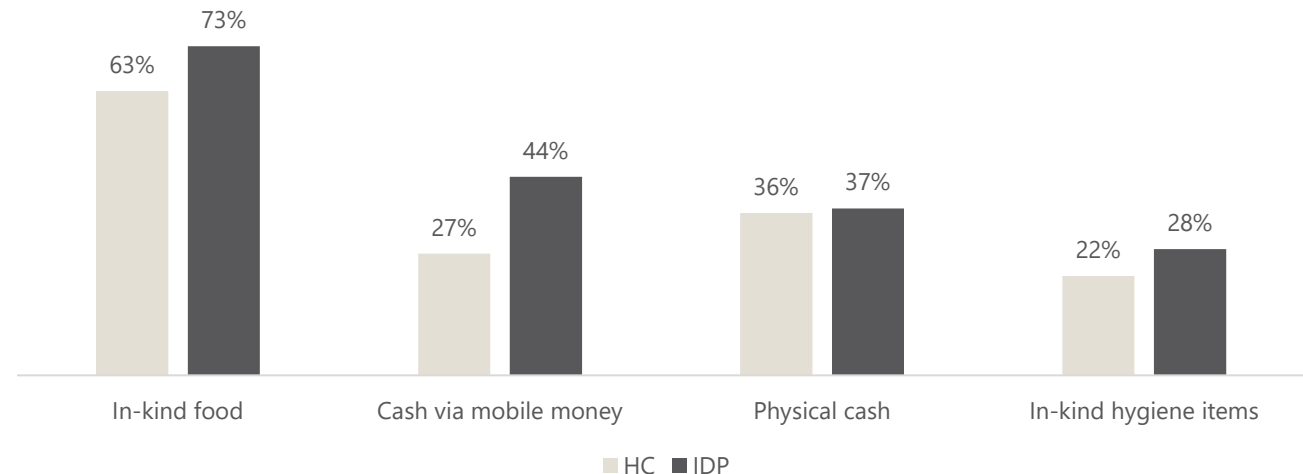


* Respondents could select up to 3 responses

Kind of support HHs would like to receive from humanitarian organizations, by % of HHs*

	HC	IDP
Food	69%	90%
Shelter/Housing	32%	61%
Healthcare	52%	43%
Drinking water	14%	9%

Commonly reported **type of humanitarian assistance** HHs would like to receive, by % of HHs





HUMANITARIAN ASSISTANCE



70%

of the IDP HHs, compared to 78% of HC HHs, **did not receive aid in the last 12 months** before data collection.

of those that received any aid, 70% of IDP HHs **received it in the in between 1-6 months prior to data collection** compared to 57% of the HC HHs.

Commonly reported barriers in accessing humanitarian aid, by % of HHs*

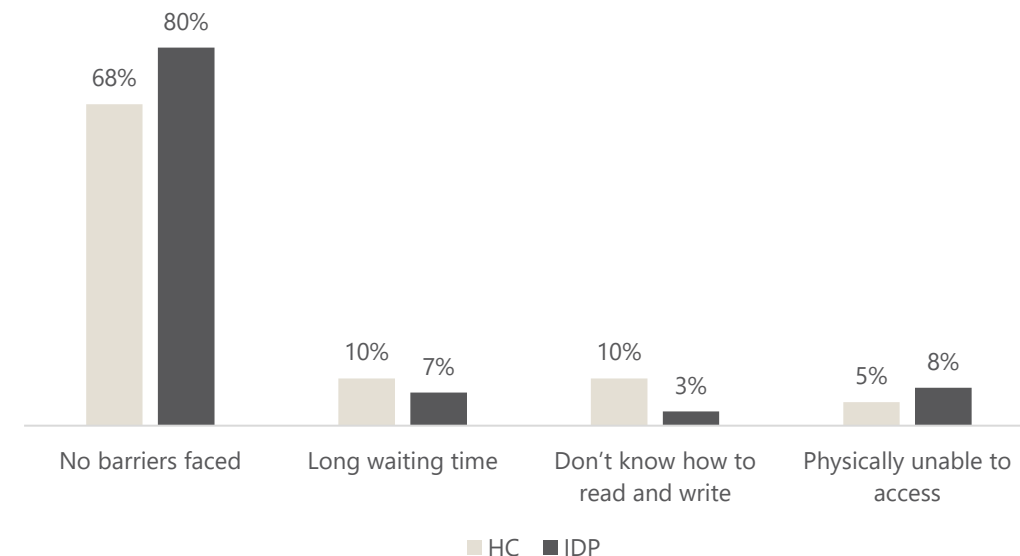
	HC	IDP
No barriers (can access)	57%	47%
Lack of info on how to access assistance	24%	31%
Physical barriers	9%	17%
Lack of means to access assistance	8%	9%



87%

of the HC HHs, compared to 81% of IDP HHs, reported **that no one in their family had been asked about the kind of aid they would want to receive**, in the 30 days prior to data collection.

Commonly reported barriers in providing feedback on humanitarian aid, by % of HHs



PSEA



34%

Approx 34% of HHs (35% in HC HHs and 38% in IDP HHs) were reportedly not satisfied with the way aid workers generally behaved in their area.

Commonly reported reasons HHs not satisfied with the behaviour of aid workers, by % of HHs*

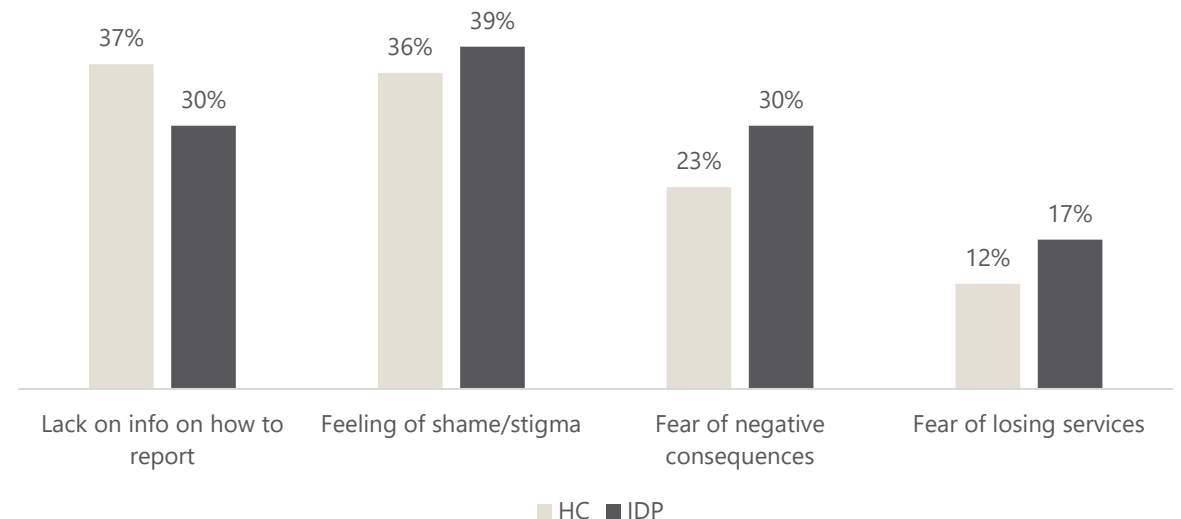
	HC	IDP
Aid workers not available when needed	34%	43%
Aid workers refused to put people on the list	30%	31%
Aid workers only put family and friends on the list	17%	26%
Asked for favors or payments to receive assistance	22%	15%



78%

of the HC HHs, compared to 69% of IDP HHs, reportedly **did not know** what constitutes as **sexual exploitation, abuse or improper behavior by aid workers**. Of those that knew, radio broadcast (62%) was the most commonly reported way of receiving this information.

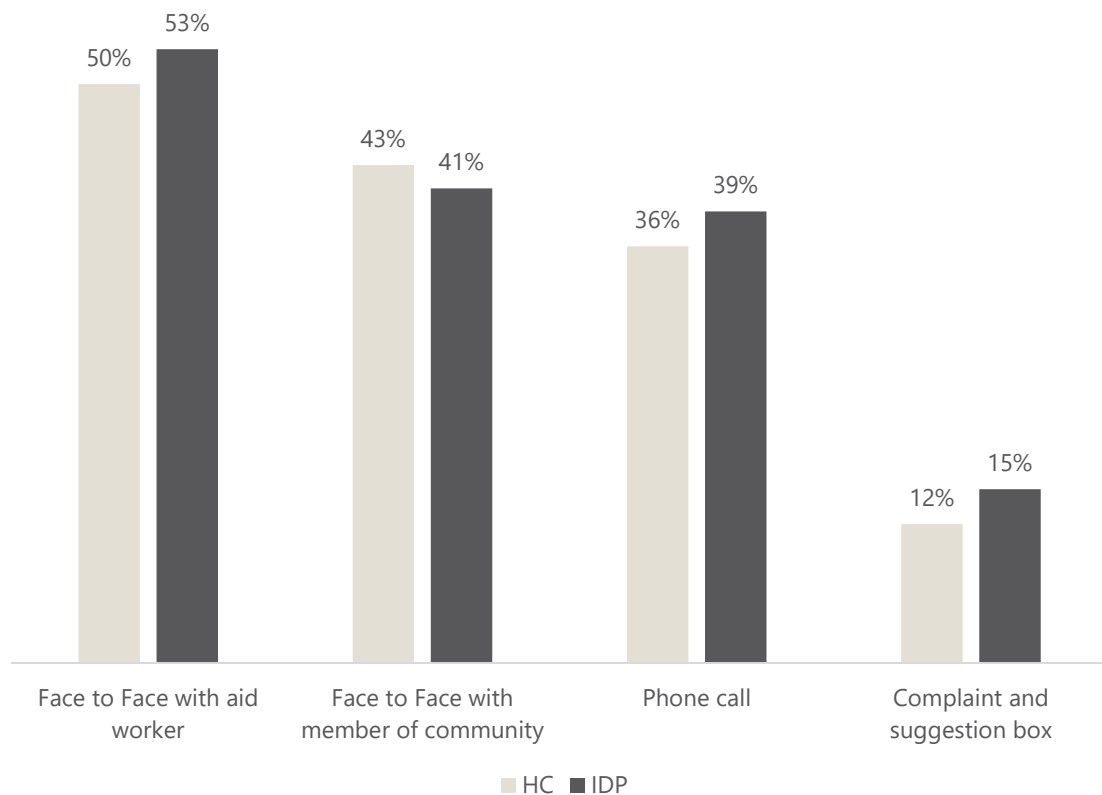
Commonly reported reasons to prevent giving feedback to aid agencies on PSEA, by % of HHs



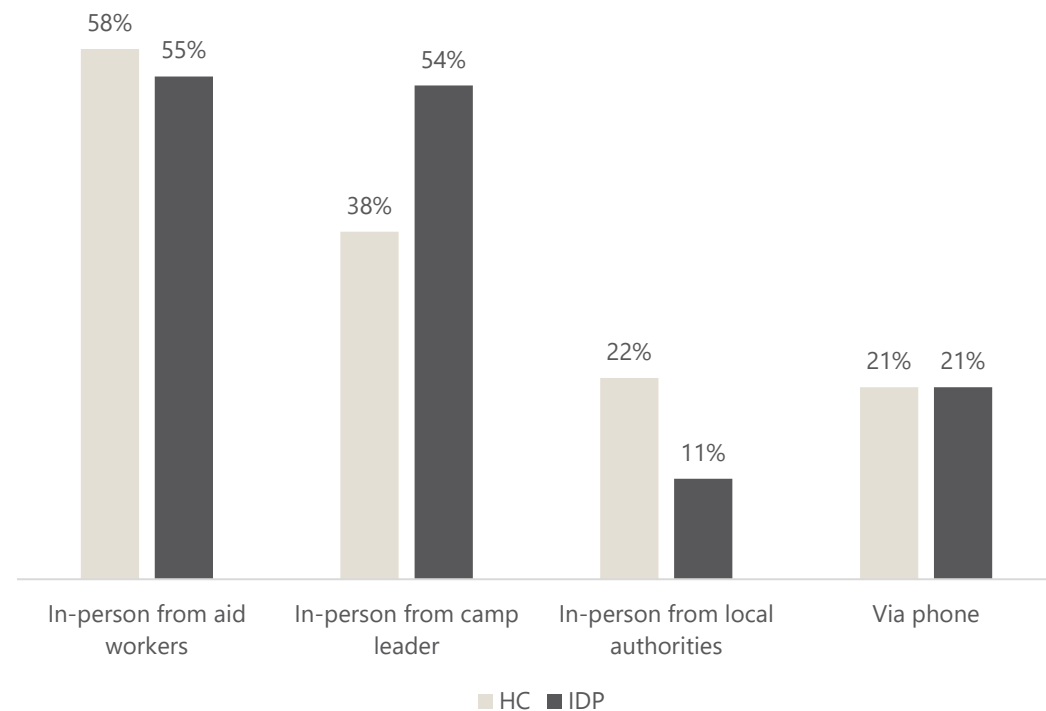


COMMUNICATION WITH COMMUNITIES

Reported **preferred means of giving feedback** regarding aid and behavior of aid workers to humanitarian actors, by % of HHs



Reported **preferred means of receiving information** from humanitarian actors by HH, by % of HHs*



*Multiple choice: findings may exceed 100%

A light gray world map is centered in the background, overlaid with a network of thin, light gray lines forming a geometric, low-poly pattern. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The text '03' is positioned in the upper-middle part of the map, over Europe.

03

Feedback and next steps

MSNA Timeline (Assessment/Data)

01

Sector Presentations

September – October 2024:

- **Scheduled and planned Key Findings Presentations** from September to mid-October

02

JIAF workshop

September 2024:

- JIAF Workshop planned for September 17

03

Products and Dissemination

November – December 2024:

- **Key Findings brief** published
- Publication of **other MSNA outputs** including factsheets, briefs and presentations

Only possible through the support of...





Annex

REACH and MSNA



- ❑ The Grand Bargain signatories required the **humanitarian needs assessments** to be **impartial, unbiased, comprehensive, context-specific, timely** and **up-to-date**
 - This requirement was designed to inform more effective and equitable prioritization of need

- ❑ MSNAs promote a shift in how humanitarian needs are measured and how response is planned, contributing to a change in the approach to planning, prioritization and decision making
 - MSNAs achieve this by **promoting needs-based, evidence-based** and **people-centered decision making**

- ❑ With the financial support from USAID's Bureau for Humanitarian Assistance (BHA), and partnerships in-country, REACH has supported the facilitation of **independent, crisis-wide, multi-sectoral needs assessments** (MSNAs) since 2016.

Other MSNA Contributions

Global analysis

Multi-Sector Needs Assessments (MSNA) 2022 - Global Indicator-Level Key Findings

April 2023
Global

KEY MESSAGES

- Across sectors and indicators, the highest levels of deprivation were often found in the assessed provinces (Tanganyika, Sud Kivu) of DRC, as well as in CAR and Somalia.
- High levels of deprivation were further found among the assessed households in Dadaab and Kakuma refugee camps (Kenya), in Haiti, Afghanistan, and Niger, and to a lesser degree in Burkina Faso, and Mali.
- The lowest levels of deprivation were found among the assessed households in the included MENA contexts, as well as in Ukraine.

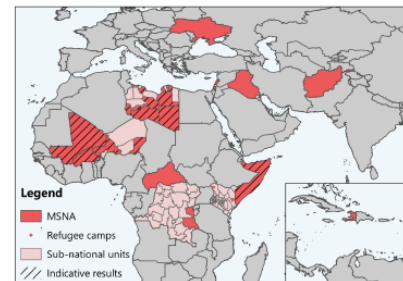
CONTEXT & COVERAGE

Throughout 2022, REACH, collaboration with in-country coordination bodies and implementing partners, facilitated 22 Multi-Sector Needs Assessments (MSNA) across 21 countries. While contexts varied, the overarching goal of the MSNAs was to enhance the availability of evidence on multi-sectoral needs of populations affected by crises, in order to support strategic humanitarian decision-making.

In the following, results from 14 MSNAs conducted in 2022 will be presented, including: Afghanistan (AFG), Burkina Faso (BFA), the Central African Republic (CAR), the provinces of Tanganyika and Sud Kivu, Democratic Republic of the Congo (DRC - TS), Haiti (HTI), Iraq (IRQ), the Dadaab and Kakuma refugee camps in Kenya (KEN - DK), Lebanon (LBN), Libya (LBV, covering the Libyan population, excluding refugees and migrants), Mali (MLI), Niger (NER), the occupied Palestinian territories (OPT), Somalia (SOM), and Ukraine (UKR).

METHODOLOGY:
The data of the above-mentioned MSNAs was re-analysed in view of aligning the analysis across contexts. In the following, results are presented for indicators found across most of the included contexts. For more information, please refer to the methodology overview and limitations on page 12, as well as to the detailed [methodological note](#).

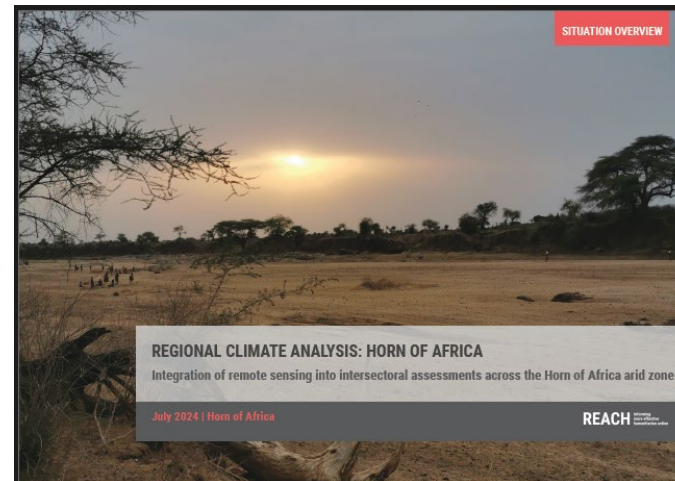
Contexts included in the analysis



In contexts where only a minority of the national territory was covered by the MSNA, non-covered administrative units are shown in pink, while those covered by the MSNA are shown in red. Countries where the majority of the territory was covered are shown in red. However, also in countries largely covered, not always the entire national territory (or affected population) may have been covered by the MSNA, e.g. due to access constraints. Most notably, the IRQ MSNA is not representative of the host community throughout Iraq. For more information, see 'coverage / representativeness' in the annex.

REACH
Humanitarian
Needs Assessment
Indicator enter

HoA analysis



SOM analysis including IPC process




IPC Integrated Food Security Phase Classification Evidence and Standards for Better Food Security and Nutrition Decisions

SOMALIA

ABOUT 4.3 MILLION PEOPLE LIKELY TO EXPERIENCE
HIGH LEVELS OF ACUTE FOOD INSECURITY; 1.5
MILLION CHILDREN LIKELY TO SUFFER FROM ACUTE
MALNUTRITION

IPC ACUTE FOOD INSECURITY AND
ACUTE MALNUTRITION ANALYSIS

AUGUST - DECEMBER 2023
Published on September 18, 2023

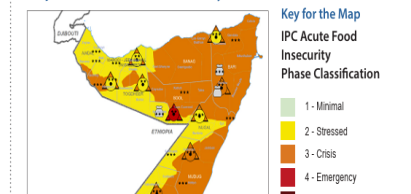
CURRENT ACUTE FOOD INSECURITY AUGUST - SEPTEMBER 2023	PROJECTED ACUTE FOOD INSECURITY OCTOBER - DECEMBER 2023	ACUTE MALNUTRITION AUGUST - DECEMBER 2023																								
<div>3.7M 22% of the population People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION</div>	<div>4.3M 25% of the population People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION</div>	<div>1.5M cases of children aged 6-59 months acutely malnourished IN NEED OF TREATMENT</div>																								
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Overview

The IPC Acute Food Insecurity classification based on household surveys and field assessments conducted in June and July 2023 and subsequent analysis in August 2023 show that more than 3.7 million people are experiencing Crisis or worse (IPC Phase 3 or above) outcomes between August and September 2023. This number is expected to increase to 4.3 million people between October to December 2023.

The key drivers of acute food insecurity and malnutrition in

Projected Acute Food Insecurity : October - December 2023



Thank you for your attention



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