

2021 JMCNA BULLETIN

KEY FINDINGS

March 2022

Somalia

JOINT MULTI-CLUSTER NEEDS ASSESSMENT (JMCNA) OVERVIEW

Context. Somalia is experiencing a prolonged, complex and multi-faceted humanitarian crisis characterised by ongoing conflict, climate-related shocks, communicable disease outbreaks and fragile social protection mechanisms.¹ Since the beginning of 2020, two additional shocks have contributed to a deterioration of humanitarian conditions across the country: vast swarms of desert locusts expanded from northern to central and southern Somalia² and the COVID-19 pandemic.³ These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty, vulnerability, and decades of armed conflict and insecurity.

There is thus a pressing need for an integrated and harmonised humanitarian response plan. To this end, REACH is supporting the fifth Joint Multi-Cluster Needs Assessment (JMCNA) in Somalia. The assessment seeks to address information gaps by ensuring that the severity of needs relevant to each cluster are assessed in a way that enables comparison across the country, across population groups, and geographical areas. Moreover, the JMCNA directly addresses the information gaps in cross-cutting needs at the household (HH) level and aims to facilitate the understanding of the co-occurrence of different sectoral needs. The ultimate goal of the assessment is to inform partners at the strategic level and as such is timed to be completed in line with the Humanitarian Program Cycle 2021.

Methodology. Primary data was collected by means of a HH-level survey designed with the participation of the humanitarian clusters in Somalia. Data collection took place from May 30th to July 18th using an indicative, non-probability quota sampling method because of COVID-19 restrictions. The JMCNA survey was administered to respondents over the phone. A total of around 13,000 HHs were surveyed, of which 11,349 surveys were retained through the data checking and cleaning process. As a result of the above-described sampling approach, findings should not be considered generalisable at the district level. In addition, the remote implementation of the research created challenges and limitations (e.g. limitation to HHs possessing a mobile phone, lack of personal interaction).

Note. The full methodology overview is available [here](#).

ASSESSMENT SCOPE AND GEOGRAPHIC COVERAGE

In coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and humanitarian clusters, and in line with previous JMCNA research cycles, the population groups assessed include HHs living in internally displaced person (IDP)⁴ settlements and HHs living in non-IDP settlements, in both rural and urban areas. The population of interest assessed during data collection was limited to the subset of HHs possessing a mobile phone, residing in areas with cellular network coverage and contact numbers being included on the available phone lists.

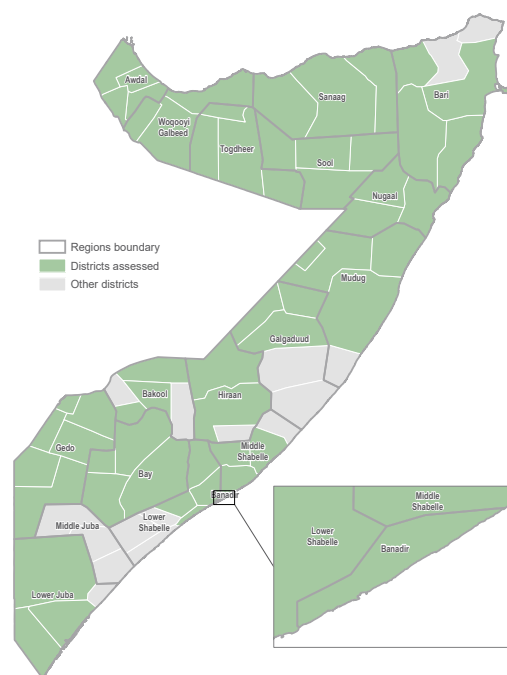
This bulletin contains the key quantitative inter-sectoral findings. Sectoral and regional findings will be presented in factsheets that will be published around mid-2022. All publications related to this project can be found [here](#).

¹ United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), [Humanitarian Needs Overview – Somalia](#), October 2021.

² "Desert locust infestations, which have mostly affected northern and central regions since late 2019, have expanded in southern Somalia since October 2020". See: [IPC Acute Food Insecurity and Acute malnutrition analysis](#), March 2021.

³ At the national level, loss of employment is mainly driven by COVID-19 (53% of HHs), REACH JMCNA 2021.

⁴ An Internally Displaced Person (IDP) settlement is defined as a group of shelters, located in urban and rural areas, that can be either dispersed or grouped, where IDPs reside.



MULTI-SECTOR NEEDS INDEX (MSNI): CRISIS-LEVEL SEVERITY

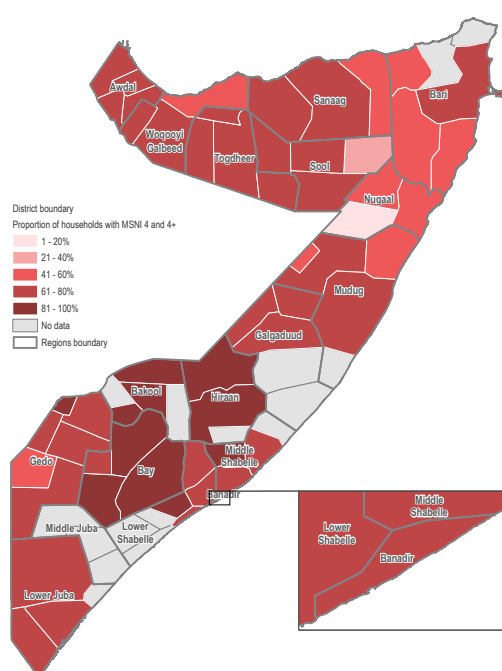
Percentage of households per severity phase:

In need	4+ (Extreme+)	4%
	4 (Extreme)	66%
	3 (Severe)	29%
	2 (Stress)	1%
	1 (None/minimal)	0%

The MSNI is a composite indicator, designed to measure the overall severity of humanitarian needs of a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+.⁵ Sectoral severity is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH Analytical Framework Guidance, can be found in the [methodology overview](#).

HOUSEHOLDS IN NEED BY GEOGRAPHICAL AREA

Percentage of households with an MSNI severity score of 4 or higher, per geographical area:



All districts across Somalia were found to present a significant level of inter-sectoral needs, with almost all interviewed HHs with an MSNI score 3 and above.

The highest proportions of HHs with extreme multi-sectoral needs (i.e. MSNI score of 4 or 4+) were observed in **south-central districts of Somalia** (in particular Baidoa, Buldo Burto) as well as in **Jubaland** (Doolow). In these districts, more than 90% of interviewed HHs were attributed an MSNI score of 4 or 4+. In particular, multi-sectoral needs were found to be mainly driven by living standard gaps (LSGs)⁶ in 1) protection, 2) shelter and non food items (SNFI), and 3) health sectors. In addition, a high level of **regional displacement** was observed particularly in South-west State and Banadir regions, seen to worsen already precarious living conditions.⁷ The main reported push factors in these regions were drought, arrival/presence of armed groups, conflict in surrounding areas, and lack of livelihoods opportunities.

Lower proportions of HHs with extreme needs (i.e MSNI score 4 and 4+) were found in **Puntland and Galmudug districts**, such as Bandarbayla (47%), Bossaso (43%), Burtinle (18%), Eyl (44%), Garowe (47%) and Jariiban (44%). This could be because

of relatively better living conditions in these regions. For example, the most commonly reported pull factors here were the availability of work and income opportunities and the absence of conflict.

MSNI SEVERITY PHASE BY POPULATION GROUP

Percentage of households per group and severity phase:

	4+	4	3	2	1
HHs living in IDP settlement	4%	83%	13%	0%	0%
HHs living in non-IDP settlement	4%	62%	33%	2%	0%
Female-headed HHs ⁸	3%	64%	32%	1%	0%
Male-headed HHs	5%	69%	25%	1%	0%

Overall, while the majority of HHs in each assessed population group was found to have multi-sectoral needs, extreme multi-sectoral needs (i.e MSNI 4 and 4+) were most commonly found among HHs living in IDP settlements. The World Bank 2019 poverty assessment⁹ has shown that populations residing in IDP settlements are significantly more likely to be facing multi-dimensional deprivations because of lack to access to basic services.

⁵ While the Joint Intersectoral Analysis Framework (JIAF) traditionally assigns scores from 1 to 5, with the latter representing catastrophic needs (heightened levels of mortality, grave human rights violations, and morbidity), the MSNI is expressed on a scale from 1 to 4+. Reflecting the character of the JMCNA, REACH was not able to classify households as 5, as such classifications are more appropriate at the area level than at the HH-level, and can only be established through the triangulation of several external sources.

⁶ Living Standard Gaps (LSGs) are composite indicators designed to measure the sector-specific severity and magnitude of needs for each humanitarian sector included in the

JMCNA. LSGs are the analytical building blocks for producing the overall MSNI. A living standard gap signifies an unmet need in a given sector, it is produced by aggregating unmet needs indicators for this sector.

⁷ United Nations High Commissioner for Refugees (UNHCR), Protection and Return monitoring network, [Internal displacements dashboard](#).

⁸ The gender disaggregation of the JMCNA data has been performed using the proxy indicator related to the person deciding on HH expenditure.

⁹ World Bank, [Somali poverty and vulnerability assessment](#), 2019

UNPACKING THE MSNI: AREAS AND GROUPS WITH THE HIGHEST NEEDS

- The highest proportion of assessed HHs in extreme need was found in **South-west State, Banadir, and Jubaland districts**. As mentioned previously, the extreme multi-sectoral needs in these regions were found to be driven mainly by LSGs in protection, SNFI and health. **These areas were particularly impacted by conflict and insecurity, which have significantly increased during the first quarter of 2021⁸, driving cycles of displacement, disruption of livelihood activities and constraints on supply chains and humanitarian access.** In addition, as of November 2021, about 2.6 million people were affected by drought.⁹ All regions along the Juba and Shabelle rivers have experienced below-average rainfall, affecting crop production, livestock conditions, and water availability, as well as livelihoods;¹⁰ drought was commonly mentioned as the main reason for loss of employment by HHs who had experienced loss of employment in the 3 months prior to data collection. In addition, Jubaland, South-west and Banadir regions have been particularly affected by an increase in prices of food, water and livestock fodder due to drought-like conditions.¹¹ Finally, according to the latest bulletin from the Health cluster¹², the widespread drought

conditions appear to have contributed to an increase in water-borne diseases, particularly in communities in Jubaland, as people increasingly depend on unimproved water sources.

- The majority (87%) of HHs living in IDP settlements** were found to have extreme multi-sectoral needs (compared to 65.7% for HHs in non-IDP settlements). A high proportion of HHs living in IDP settlements with an MSNI score 4 and 4+ was found for **Somaliland and Puntland regions**, in particular in Bossaso, Buuhoodle, Caynabo, Galdogob, Garowe, Lughaye, and Odweyne districts (more than 30 percentage point difference with HHs in non-IDP settlements). For Somaliland and Puntland districts, the severity of needs for HHs living in IDP settlements was found to be mainly driven by LSGs in 1) SNFI; 2) protection; and 3) food security. According to the Shelter cluster data, while the highest proportions of people in need for shelter assistance in 2021 were found in Hargeysa, Laas Canood and Bossaso, the shelter assistance has been mainly directed towards south central regions (as part of the rapid response to the flash flooding)¹³ which could partly explain the relatively high SNFI needs in Puntland and Somaliland regions.

UNDERSTANDING KEY DRIVERS

- Overall, education was found to be the main sector driving multi-sectoral needs (MSNI of 3 or higher), with 84% of all assessed households found to have education LSGs.** Education needs were primarily driven by barriers to access education for girls and boys, as 69% of HHs reported one or more barriers to access education mainly due to school closure, lack of staff or material, inability to register or enroll children, poor conditions of facilities, discrimination, or security concerns. Not only do these barriers disrupt children's learning, but without access to the safe space that represents schools, children are at risk of being exposed to further protection needs.¹⁴ Moreover, 51% of assessed HHs reported that only some of the school-aged children in their HH regularly attended school in 2020-2021 while schools were opened.
- When considering the severity of needs, protection was found to be the main sector driving extreme**

multi-sectoral needs (MSNI of 4 or 4+) among assessed HHs, with 91% of HHs found to have extreme protection needs. Protection needs were found to be mainly driven by reported concerns about physical threats or discrimination, including sexual violence, recruitment by armed groups and forced marriage.

- In addition to protection, SNFI (88% of HHs with extreme needs) and food security (78%) were also found to be common drivers of extreme multi-sectoral needs.** SNFI needs were found to be mainly driven by the high proportion of HHs living in sub-standard shelters (makeshift shelters or "buul")¹⁵ while food security needs were found to be mainly driven by poor and borderline food consumption scores.¹⁶
- Findings suggest that **sectoral needs were commonly overlapping and co-occurring**, particularly among **HHs in IDP settlements**; 19% of them presented LSGs across all sectors (see table below).

Most common needs profiles, by % of HHs in need (i.e. with an MSNI severity score of 3+):

Population group	Education	Food Security	Health	Nutrition	Protection	Shelter	WASH
Overall (10%)¹⁷							
HHs in IDP settlements (19%)							
HHs in non-IDP settlements (9%)							
Male-headed HHs (12%)							
Female-headed HHs (10%)							

⁸ A 7.3% increase of security-related incidents reported across Somalia, compared to the same period of 2020. Most incidents happened in Lower Shabelle, Banadir, Lower Juba, and Bay regions, [Armed Conflict Location & Event Data \(ACLED\) portal](#).

⁹ OCHA, [Drought Situation Report No.1](#), November 2021.

¹⁰ FewNet, [Somalia Seasonal Monitor](#), January 2022.

¹¹ OCHA, [Somalia Drought Response Plan](#), December 2021.

¹² Somalia Health cluster, [November and December 2021 bulletin](#).

¹³ Somalia Shelter cluster, [Interactive SW Dashboard](#), December 2021.

¹⁴ "Without the protective environment that schools provide, children are at

increased risk of recruitment into armed groups, sexual violence, child labor and early marriage", Somalia education cluster, [Needs analysis note 2020](#), October 2019.

¹⁵ Shelter categories defined by the Shelter cluster, [shelter typology](#), January 2022.

¹⁶ The food consumption score is a complex indicator of a HH's food security status, considering dietary diversity, food frequency, and the relative nutritional importance of different food groups, World Food Programme (WFP), [Food consumption analysis, technical guidance sheet](#).

¹⁷ The figures noted in brackets in this table reflect the percentage of HHs with the most prevalent needs profile (overall and then disaggregated by population group).

UNDERSTANDING KEY VULNERABILITIES

- In addition to LSGs, HHs were found to have pre-existing vulnerabilities (i.e. underlying conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities). In particular, **economic vulnerabilities were commonly found among assessed HHs, with 42% of HHs reporting having faced challenges obtaining enough money to meet their needs over the 30 days before the assessment.** Overall, 39% of assessed HHs reported relying on casual labour as their main source of income. Other commonly reported unsustainable income sources, found in particular regions, were livestock sales, which was particularly commonly reported in Caynabo (38%) and Galgodob (41%), subsistence farming (14% in Qoryooley and 10% in Wanla Weyne), and humanitarian assistance (23% in Galgodob and 20% in Qardho).
- In addition to economic vulnerabilities, a majority of HHs (75%) reported not having any formal documentation to prove their occupancy arrangement,** which leaves them at risk of eviction. HHs living in IDP sites were found to most likely report feeling at risk of eviction (11%), compared to HHs in non-IDP sites (7%). By the end of June 2021, 74,000 persons had been evicted across Somalia.¹⁶ Most cases reported were forced evictions.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Inclusion in decision making

- At the national level, 63% of HHs reported not feeling able to influence site-level decisions.** Male respondents slightly more commonly reported their ability to influence decisions (40%) than female respondents (36%). Overall, 41-59 year olds respondents most commonly reported being able to influence decision-making at site-level (41%), compared to 18-40 years old respondents (35%), and respondents aged 60 and above (37%). Moreover, almost half of HHs (47%) reported believing that that the governance structure established in their community did not represent their interests, with no notable difference between female and male respondents.¹⁹
- In addition, in a December 2020 perceptions assessment conducted by Ground Truth Solutions, only 37% percent of survey respondents reported feeling that aid providers took their opinions in account.**¹⁷ Moreover, according to the data, IDPs were less convinced that aid providers take their opinions into account: only 31% of IDP respondents responded positively, compared to 42% of community residents.

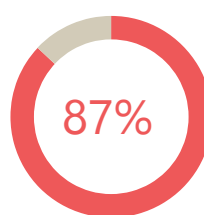
Delivery of assistance

- At the national level, 71% of HHs living in IDP settlements and 62% of HHs living in non-IDP settlements reported having faced barriers in accessing humanitarian aid in the 30 days before data collection. Overall, when reported, the main barriers were found to be related to lack of information (42%) and point of aid distribution not being physically accessible (8%).

90% of HHs in need (i.e. HHs with an MSNI severity score of 3 or higher) reported that they **did not receive humanitarian assistance in the 30 days preceding the assessment.**

4% of HHs in need (i.e. HHs with an MSNI severity score of 3 or higher) reported that they **faced denial or unequal access to humanitarian assistance** in the 30 days preceding the assessment, **mainly because of minority clan affiliation.**¹⁸

Satisfaction with aid received:



Of the 10% of HHs who reported receiving aid in the 30 days preceding the assessment, 87% reported being satisfied. The top three reasons reported by HHs who were unsatisfied with the aid received:

- 1) Quantity was not enough (52%)**
- 2) Delay in aid delivery (30%)**
- 3) Quality was not good enough (28%)**

¹⁶ Norwegian Refugee Council and the Somalia Protection Cluster, [Eviction Information Portal](#).

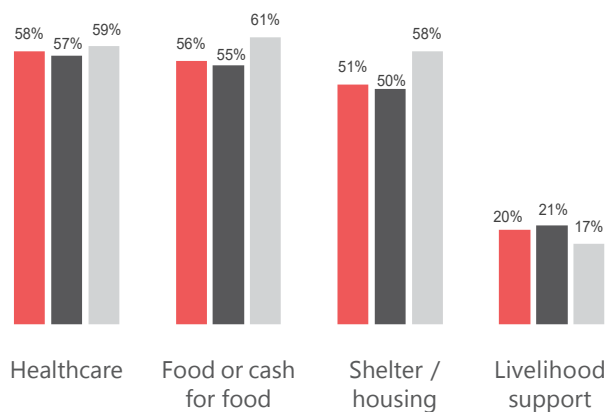
¹⁷ Ground Truth Solutions, [Perception survey of aid recipients in Somalia](#), December 2020.

¹⁸ Minority clan affiliation defined as any group falling within the 0.5 in the 4.5 formula. The 4.5 formula is the division of the Somali population into five groups along clan lines, where four of the five groups are the "major clans", and get equal share in parliament, whereas the fifth group includes all other clans and peoples not covered by the first four groups. This coalition group is worth half the value of each of the other four groups in terms of political representation. This rule has been enacted as part of the Arta Peace Process in Djibouti in 2000. See: Heritage Institute for policy studies, [Somalia's parliament should produce a constitution by and for people](#), 2017.

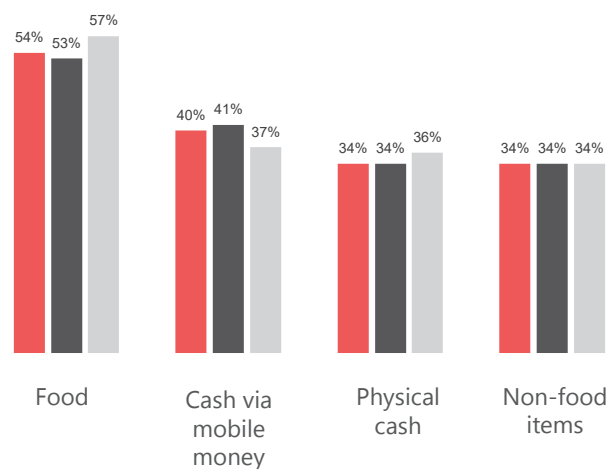
¹⁹ No statistical significance was conducted to assess whether the difference in the results between population groups is statistically significant.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Most commonly reported priority needs, by % of assessed HHs¹⁹:



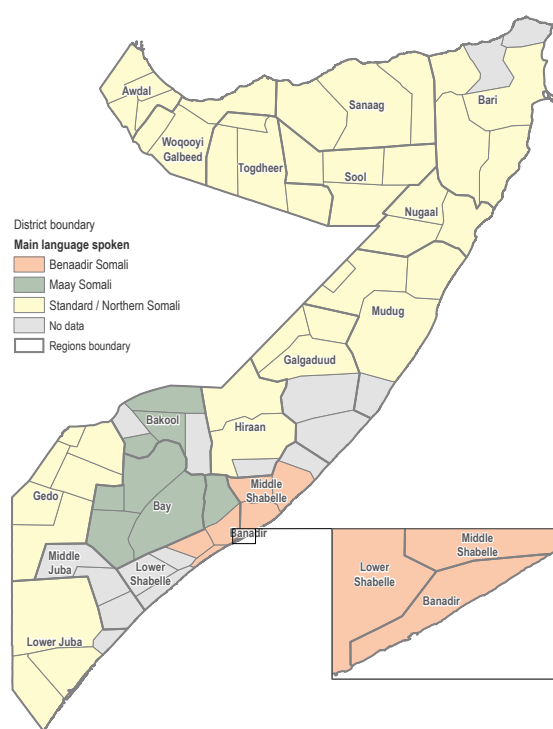
Most commonly reported types of assistance preferred, by % of assessed HHs¹⁹:



■ Total ■ non-IDP settlements ■ IDP settlements

Communication and dissemination

- At the national level, information on accessing food (37%), followed by information on access to water (26%) and shelter, accommodation, or shelter materials (23%) were the most common information needs reported by HHs, both in IDP and non-IDP settlements. Interestingly, how to register for aid (22%) was also found to be a pressing information need cited by HHs, in particular for Galmudug districts (44% in Galgoday, 47% in Cabudwaaq, and 62% in Jariiban).
- Somali, Banaadir and Maay were found to be the most common primary languages reported by respondents.** In addition, a considerable proportion of HHs reported speaking Somali sign language (reported by 17% of HHs in Cadaado, 19% in Jariiban, and 22% in Cabudwaaq).
- Overall, HHs in both IDP and non-IDP settlements reported preferring to receive information from community leaders (41%),** followed by radio (37%), and neighbours or friends (24%). When asked about their preferred means of communication, the majority cited phone calls.



Preferred channels for feedback to aid providers:²⁰

- 50%** Phone call
- 42%** Face to face (at home) with aid worker
- 26%** Face to face (in office/other venue) with aid worker

Preferred channels for receiving information from aid providers:²⁰

- 81%** Phone call
- 24%** Face to face
- 19%** Community leaders

²⁰ The respondents could choose more than one option, therefore the sum of responses may exceed 100%.

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