Joint Multi-Cluster Needs Assessment: Wanla Weyne District Profile

Lower Shabelle Region, Somalia

Background

The ongoing drought has contributed to a rapid deterioration of the humanitarian context in Somalia, with a predicted high risk of famine in 2017. In support of the humanitarian planning response, the Clusters and the Assessment Working Group developed the Joint Multi-Cluster Needs Assessment (JMCNA) with the support of REACH in order to assess needs and access to basic services in Somalia.

The Somalia population was sampled for statistical representativeness at the district level with a confidence level of 90% and a margin of error of +/- 10%, employing a cluster sampling approach using the Population Proportional to Size method with replacement. Data collection was conducted by AAHI, ACF, ACTED, ADESO, Aid Vision, CARE, DBG, DRC, Galmudug MoH, HINNA, INTERSOS, IOM, NRC, PAH, REACH, SADO, SCI, SHARDO and SI.

This factsheet presents an analysis of data collected in Wanla Weyne District between 16 and 22 July 2017 as part of the JMCNA. In total, 111 households were surveyed across Wanla Weyne District.

Survey Locations:
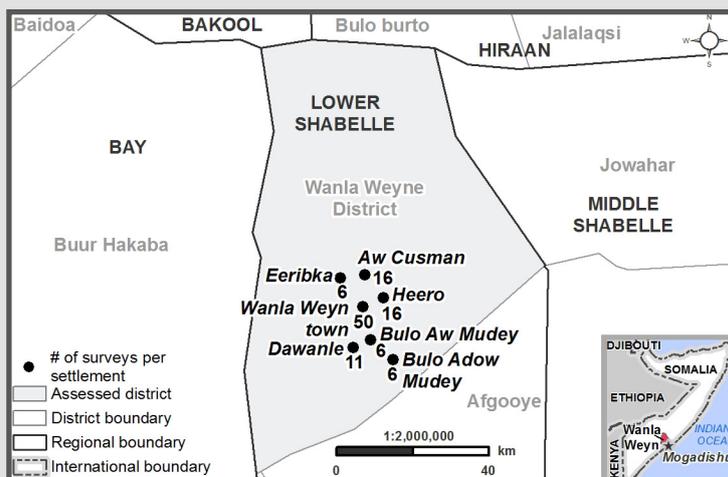
Demographics

Household composition, by gender and age:

	Age	
1%	60+ years	2%
17%	18 to 59 years	18%
18%	5 to 17 years	19%
9%	6 months to 4 years	11%
2%	0 to less than 6 months	3%

14% of households reported that they are not from the community they currently reside in.

Food Security

Food Consumption Scores (FCS) of households:

- 39% Acceptable
- 51% Borderline
- 10% Poor
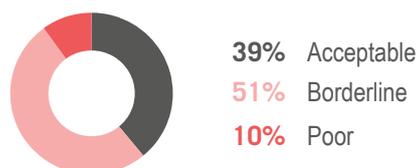
Coping Strategies Index (CSI) scores of households[3]:

0	Minimum score
16	Average score
48	Maximum score

Reported challenges experienced by households when attempting to access food over the past three months[2]:

Lack of resources to buy food	81%
Lack of food items available to purchase	0%
Lack of cooking utensils	13%
Lack of cooking fuel	1%
None of the above	15%

4.3 days on average that households' food stocks will reportedly last.

Vulnerabilities

% of households reporting the following members:

27%	Pregnant or lactating woman
14%	Sick child
15%	Disabled or chronically ill person
2%	Unaccompanied or separated child

Priority Needs

Top 3 priority needs reported by households[1]:

1. Food	87%
2. Water	58%
3. Healthcare	54%

Nutrition

% of children under 5 in assessed households, by Mid-Upper Arm Circumference (MUAC) score:

- 13% Normal
- 44% At risk of malnutrition
- 35% Moderately malnourished
- 8% Severely malnourished

% of households reported access to the following nutrition services[2]:

None	81%
Outpatient Therapeutic Programmes	10%
Stabilization Centre	3%
Micronutrient Supplementation	3%
Infant and Young Child Feeding Programme	2%

34% of households reported increased difficulty in accessing nutrition services compared to more than 3 months ago.

Livelihoods

Top 3 primary support sources reported for the past year:

1. Day labour — 36%
2. Subsistence farming — 23%
3. Livestock produce (for sale) — 13%

24% of households reported losing livestock in the last three months.

Health

Main health problems reported by households in the last month[1]:

1. None — 46%
2. Suspected malaria — 33%
3. Diseases — 29%

44% of households reported increased difficulty in accessing health services compared to more than three months ago.

16 USD on average were reportedly spent by households on health care in the past month.

49% of households reported increased spending on health services compared to more than three months ago.

Education

6% of school-aged children (5-17 years) reportedly attend school.

Reported level of priority of education for households:

- **79%** High
- **16%** Medium
- **5%** Low
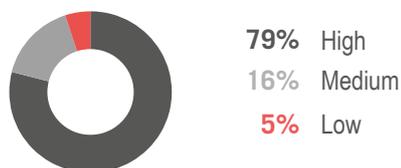
Communication

Top 3 preferred channels for receiving information reported[1]:

1. Telephone (voice) — 87%
2. Radio — 78%
3. Community meetings — 34%

Top 3 reported information needs of households[2]:

1. Food — 74%
2. Health — 63%
3. Water — 47%

Protection

0% of households reported that a household member has experienced violence, threats or intimidation in the past three months.

1% of households reported not being able to move freely in their community and surrounding area.

12% of households reported a theft from their shelter in the past three months.

Water, Sanitation & Hygiene (WASH)

**Main sources of drinking water reported by households[2]:**

1. Protected well with no hand pump — 33%
2. Piped system — 31%
3. Protected well with hand pump — 13%

24% of households reported a problem of either quantity or quality with their main water source.

Types of latrines reportedly accessible to households:

- **31%** Private
- **59%** Communal
- **10%** No access
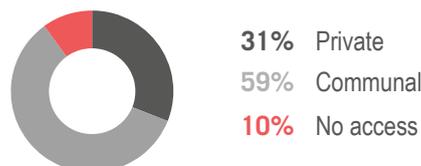
Reported hygiene status of latrines used by households[4]:

- **3%** Very hygienic
- **39%** Hygienic
- **34%** Unhygienic
- **24%** Very unhygienic
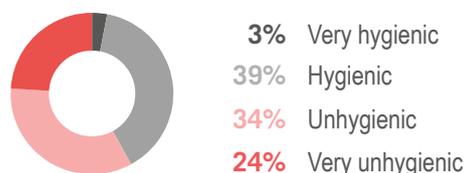
Shelter

Primary structural materials reportedly used for main shelter, by proportion of households:

1. Wood — 100%
2. — %
3. — %

Roof covering materials reportedly used for main shelter, by proportion of households:

1. Iron sheet — 67%
2. Earth — 13%
3. Plastic sheet — 8%

7% of households reported damage to their shelter within the past three months.

3.3 people on average were reported per shelter.

Endnotes

1. Respondents could select up to 3 options.
2. Respondents could select multiple options.
3. Higher scores indicate a greater degree of food insecurity, with the maximum possible score being 56. For more information about the CSI, please visit: http://bit.ly/2vR37Ia
4 This question was only asked to respondents reporting access to a latrine.