Multi-Sector Needs Assessments (MSNA) 2023 - Water, Sanitation, and Hygiene (WASH)

NOVEMBER, 2023 SOMALIA

KEY MESSAGES

- MSNA findings suggest that the majority of assessed households faced barriers when accessing water and were water insecure despite relatively high access to improved water sources.
- More than three quarters of assessed households seemed to rely on unimproved sanitation facilities and environmental hazards were commonly reported. This could compound the vulnerability of households already dependent on poor facilities and increase vulnerability to water-borne diseases.
- A large majority of assessed households did not appear to have any dedicated hand-washing facility in their dwelling/ yard/plot, which could also increase vulnerability to waterborne diseases. However, among the small proportion of households that did, findings suggest that these households were largely using the hand-washing facility and had access to water and soap.
- A quarter of women may be facing menstrual hygiene challenges which prevented them from working, participating in the community, and/or carrying out daily tasks.

source.

CONTEXT & RATIONALE

WASH needs increased by 25% between 2022 and 2023 in Somalia, with 8 million individuals across the country in need of WASH interventions.¹ The heightened WASH needs, as outlined in the Humanitarian Needs Overview (HNO), result from a combination of factors including drought, conflict and diseases. Demand, coupled with depleting groundwater and rising costs, has intensified acute water shortages and worsened water quality.² This factsheet presents key WASH findings from the MSNA conducted in Somalia 2023.

ASSESSMENT OVERVIEW

The MSNA is an annual assessment using household interviews across Somalia to provide quantitative, household-level data to inform the HNO, Humanitarian Response Plan (HRP) and other annual planning. To align with the humanitarian programme cycle (HPC), the 2023 MSNA's target populations are: Host Community population (non-displaced households), Protracted IDPs (households residing in their current location of displacement for more than 12 months) and New IDPs (households residing in their current location of displacement for 12 months or less).

Between 11 June 2023 - 04 August 2023, a total of 12,568 households were surveyed across Somalia. 10,336 surveys in 59 districts were retained after having gone through data checking and cleaning processes. National-level results are indicative. For more information, please see the Terms of Reference linked <u>here</u>.



36%

of assessed households relied on unimproved sanitation facilities.

of assessed households relied on unimproved

water sources as their primary drinking water



ACCESS TO WATER

MSNA findings suggest that the majority of assessed households faced barriers when accessing water and were water insecure despite access to improved water sources. Over half of assessed households **(53%)** were found to be water insecure according to the Household Water Insecurity Experiences Scale (HWISE),³ and **56%** of assessed households reported at least one barrier when accessing water. However, findings do show that most assessed households relied on improved water sources for drinking **(64%)**.⁴

% of assessed households, by primary water source for drinking



The data also highlights districts where unimproved water sources were most prevalent. Districts such as Hargeysa, Somaliland **(81%)**, Jamaame, Jubbaland **(88%)**, Laasqoray, Puntland **(74)** and Diinsoor, South-West State **(79%)** stand out with the highest percentages of reliance on unimproved water sources, emphasizing the urgent need for improved water infrastructure and access in these districts.

Map 1: % of assessed households with a high score (>3) (water insecure) on the Household Water Insecurity Experience Scale (HWISE), by district



% of assessed households with a high score (>3) (water insecure) on HWISE, by population group



Most commonly reported issues relating to water access, by % of assessed households

| 0 | 26% | Water points are too far |
|---|-----|--|
| 2 | 14% | Water is too expensive |
| B | 14% | Not enough containers to store the water |
| 4 | 12% | People with a disability can not reach/access water points |
| 6 | 11% | Insufficient number of water points/ |

Almost all assessed households could reportedly access water within a 30 minute round trip (82%). However, findings show that some households had to travel longer than one hour to collect water, especially in the Qansax Dheere (23%), Doolow (21%), and Cadala (22%) districts.



💪 SANITATION

Most assessed households relied on unimproved sanitation facilities (79%).⁵ Further findings suggest that reliance on unimproved sanitation facilities may be highest in Caynabo (100%), Odwayne (99%), Baki (99%), Garbahaarey (99%), Shiekh (99%), Cadale (99%), and Jarriban (99%) districts. In parallel, findings indicate the presence of environmental hazards, which could compound the vulnerability of households already relying on unimproved facilities to waterborne diseases. Almost half of assessed households reported sometimes visible or frequently visible solid waste, waterwaste and open defecation within 30 meters of their place of residence (46%).

% of assessed households, by primary sanitation facility



% of assessed households primarily using unimproved sanitation facilities, by population groups

| Host community households | 78 |
|---------------------------|----|
| Protracted IDP households | 80 |
| New IDP households | 82 |

% of assessed households which reported environmental hazards in the vicinity of their place of residence, by rate of occurrence⁶



Map 2: % of assessed households found to rely on unimproved sanitation facilities, by district



Top five existing protection features of sanitation facilities reported by assessed households

| Door | 46% |
|----------------------------|-----|
| Walls that protect privacy | 36% |
| None | 33% |
| Lock to close door | 25% |
| Inside light | 8% |

😼 HAND HYGIENE

% %

%

Findings suggest that most households did not have any dedicated hand-washing facility in their dwelling/yard/ plot, which could also increase vulnerability to water-borne diseases. A mere **17%** reportedly had a fixed or mobile hand-washing facility. However, of the **17%** of households who had a hand-washing facility, most had access to water **(81%)**, soap (61%) and used the hand-washing facility regularly (71%).

% of households with access to hand-washing facilities in their dwelling/yard/plot

| | 80% |
|---|-----|
| | |
| - | 17% |
| | |
| L | 3% |
| | _ |



🛊 MENSTRUAL HYGIENE

Household interviews between a female enumerator and female respondents suggest that a significant minority of women (26%) faced menstrual hygiene challenges that prevented them from working, participating in the community and/or carrying out daily tasks in the month prior to data collection.⁷ In parallel, almost half reportedly faced barriers to accessing menstrual hygiene materials. The main problem, identified by 27%, was the high cost of these products, posing an economic challenge for households with at least one member who is menstruating. Additionally, 17% mentioned the unavailability of menstrual materials in the market as a widespread concern. Geographical distance to the market was another obstacle, with 12% expressing difficulty in reaching necessary supplies.

Most commonly reported issues relating to menstrual material access, by % of interviewed women

- 1 27% Menstrual materials are too expensive
- 2 17% Menstrual materials are not available at the market

3 12% The market is too far away

Frequency of women of menstruating age in assessed households facing menstrual hygiene challenges which prevented them from working, participating in the community and/or carrying out daily tasks and responsibilities in the month prior to data collection, by % of female respondents

| Yes | | 26% |
|----------------------|---|-----|
| No | | 70% |
| Don't know | 1 | 3% |
| Prefer not to answer | | 1% |

METHODOLOGY OVERVIEW

This MSNA's quantitative data was collected by means of a structured household-level survey (questionnaire). REACH drafted the household survey tool through an iterative consultation process with cluster partners and OCHA and is aligned, as much as possible, with the draft Joint Inter-Sectoral Analysis Framework (JIAF) which will serve as a common and structured method for assessing the severity of needs across different clusters.

"Household" is used as the unit of measurement for the MSNA's quantitative component, as it is the most relevant for examining the severity of needs and vulnerabilities, while improving the coverage of the assessment. Household interviews were conducted in-person by trained enumerators. Where and how many households have been interviewed has been determined according to the following sampling methodology:

To obtain representative results for the 2023 MSNA (per population group, per district) wherever possible, probability sampling has been implemented. This means that there has been a random selection of respondents (ensuring that each unit within the population of interest has equal probability of being selected), with sample size calculations (number of household surveys to be conducted) based on the probability theory (i.e. calculate the required size of a probability sample based on the target level of statistical precision). The process included stratified cluster sampling, where primary sampling units (PSUs) were randomly chosen within each stratum based on probability proportional to size (PPS). Subsequently, households were selected within the sampled sites, with the number determined by the frequency of PSU selection during the first stage of sampling.

However, due to targets not being reached in some districts, overall findings should be considered indicative only. For this quantitative component, a total of 12,568 households were surveyed. 10,336 surveys were retained after having gone through the data checking and cleaning processes. Data collection through in-person household surveys for this MSNA was conducted between 11 June 2023 - 04 August 2023. For more information, please see the 2023 MSNA Terms of Reference here.



ASSESSMENT COVERAGE



ENDNOTES

¹ UN OCHA, Humanitarian Needs Overview (Somalia 2023). <u>https://reliefweb.int/report/somalia/somalia-humanitarian-needs-overview-2023-february-2023</u>

² UN OCHA, Drought response & famine prevention (15 February - 15 March 2023). <u>https://reliefweb.int/report/</u> somalia/somalia-drought-response-famine-prevention-15february-15-march-2023#:~:text=Due%20to%20severe%20 drought%2C%20an,functional%20and%20require%20urgent%20rehabilitation.

³ The Household Water Insecurity Experiences (HWISE) Scale is a tool designed to measure the multiple ways in which individuals and households can experience water insecurity ⁴ Improved drinking-water sources, protected from contamination (e.g., household connections, boreholes), contrast with unimproved sources (e.g., surface water, vendorprovided). The classification adheres to the WHO/UNICEF joint monitoring program.

⁵ Improved sanitation, per the WHO/UNICEF Joint Monitoring Programme, involves systems like flush toilets connected to sewers, septic tanks, and ventilated pit latrines. Unimproved sanitation includes open defecation and systems like pit latrines without slabs.

⁶ Environmental hazards near the household encompass the presence of dead animals, rodents, human feces, or stagnant water within a 30-meter radius. These elements pose health risks and require prompt mitigation to maintain a safe living environment.

⁷ The section draws insights from female interviewers speaking with female participants, highlighting the impact of gender dynamics on data collection.

⁸ 2023 MSNA <u>Clean data-sets</u>

⁹ 2023 MSNA <u>Results tables</u>

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