

March 2019

CONTEXT AND METHODOLOGY

The 2019 Gu' rains have failed to take place in the first six weeks of the season across the Horn of Africa, resulting in a second consecutive below-average rainy season in a region still recovering from the impact of the prolonged 2016/17 drought. In Somalia, the 2019 Gu' rainfall is the top third driest on record since 1981.¹ In search for food supplies, income sources and humanitarian assistance, displaced populations moved towards urban areas, where new IDP sites have been established. However, the continuing rise of population has increased the strain placed on existing sites and service provisions.

A [Detailed Site Assessment](#) (DSA), conducted by REACH, which on its second round took place between September 2018 and January 2019, aimed to get a snapshot of the situation of the IDPs across Somalia through key informant interviews (KII). The Comprehensive Site Assessment (CSA) was triggered to complement the DSA. The CSA is based on a household-level survey conducted amongst a representative sample of all IDP sites in each targeted district. It provides detailed information about the available infrastructure and services for IDPs living in the sites, as well as their needs and vulnerabilities in the targeted districts. Detailed information at the

district-level will enable operational partners to plan appropriate responses to fill the needs gaps identified across sectors. Based on the [severity score](#) from the DSA and accessibility concerns, Baidoa and Afgooyo districts were selected for the first round of the CSA. For the second round, Bosaso, Hargeisa, Mogadishu Kahda and Mogadishu Daynile districts were selected in coordination with CCCM cluster.

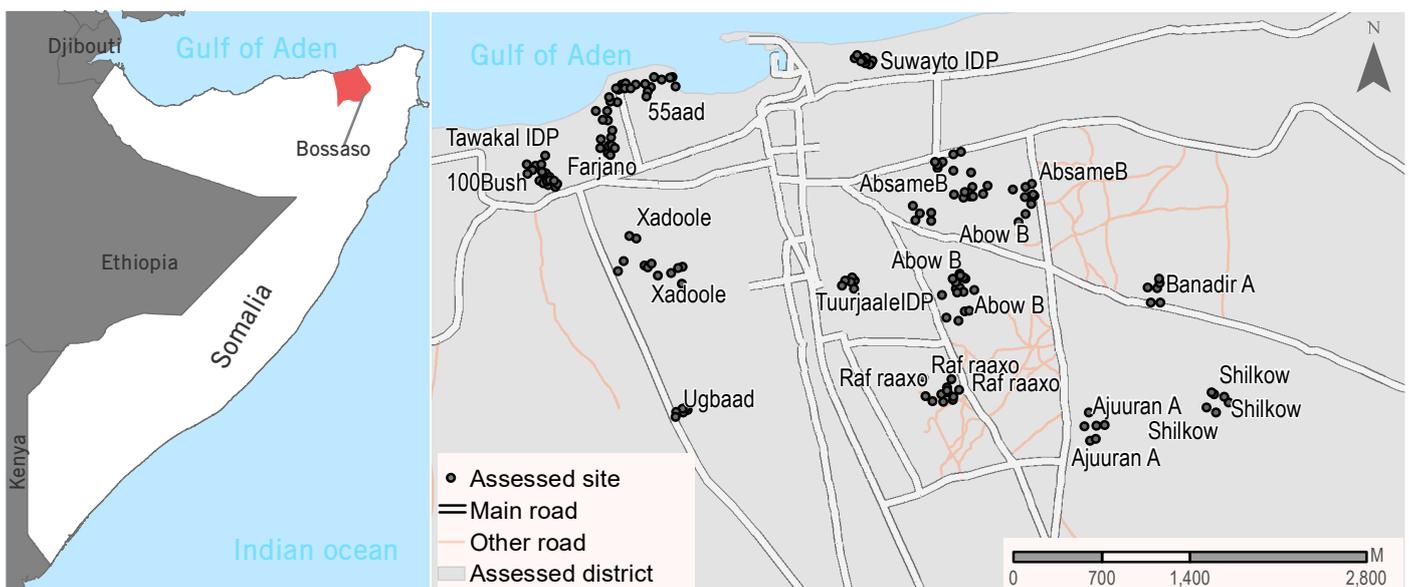
IDP households (HHs) were sampled for statistical representativeness at the district level, with a 95% confidence level and a 7% margin of error. 174 household surveys were conducted across 15 sites in Bosaso during March 2019.

In addition to the household interviews, a [map](#) with all the education, health, nutrition facilities accessible to IDPs was created for each district. A snowballing sampling strategy was used for this purpose, starting with the information provided by the humanitarian partners. The enumerators asked the person in charge of the facility if other facilities were accessible until exhaustion.

DSA SEVERITY SCORE

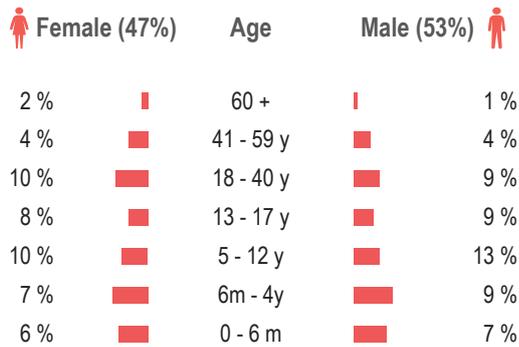
As part of the DSA, REACH in coordination with the CCCM cluster developed a severity score index to describe the needs and gaps of each IDP sites and identified and aggregated these scores for each district. Two key informants were interviewed per site. 24 indicators were selected to represent each sector and then aggregated for an overall score. Each answer has been given a weight, and each sector has a maximum score of 10. The overall score is the sum of the seven sectors with a maximum score of 70. For each sector, the severity category is given according to the score; 0: none; 1-2: low; 3-4: medium; 5-7: high; 8-10: critical. The overall severity category is given according to the following: 0: none; 0-19: low; 20-39: Medium; 40-59: High; 60-70: Critical. Below are the scores for Bosaso district.

CCCM	Protection	Food Security	Health/Nutrition	WASH	Shelter/NFI	Education	Overall
Medium	High	Low	Medium	High	Medium	Medium	Medium



¹ Somalia Humanitarian Bulletin, 1 - 30 April 2019 released by UN Office for the Coordination of Humanitarian Affairs.

DEMOGRAPHICS



Proportion of households that reported at least one member having the following vulnerabilities:⁴



Household demographics:

Average reported household size: **7**

DISPLACEMENT

Top reported primary districts of origin:

- 1. Mogadishu (30 %)**
2. Marka (6 %)
3. Mogadishu Waaberi (5 %)

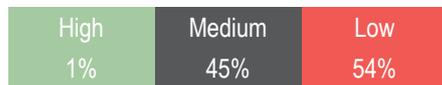
14 % of households reported **planning on returning to their area of origin in the coming three months** at the time of the data collection.

Top reported reasons to leave and stay in their current locations:⁵

Reasons to leave	Reasons to stay
Lack of education services	1 There is no conflict here
Lack of livelihood opportunities/job	2 Availability of work/ income opportunities
Lack of food (not drought related)	3 Presence of physical protection actors
Actual conflict in community	4 Presence of healthcare services

FOOD SECURITY AND LIVELIHOODS

% of Households with the following Household Dietary Diversity Scale (HDDS) Ranking:²



Top reported food coping strategies adopted by Households that did not have access to sufficient food in the seven days prior to the assessment:³

Reduced household expenditure as to pay for food	36 %
Sold household items to pay for basic needs	22 %
Spent savings on food	20 %

Top three most commonly reported challenges to accessing food, as reported by households:

Lack of resources to purchase food	59 %
Lack cooking fuel	39 %
Lack cooking utensils	20 %

% of Households with the following food consumption scores (FCS):⁶



Reported source of livelihood:

70 % of households reported depending on **day labour/casual work** as their primary source of income.

13% of households reported only having one source of income.

Most preferred means of assistance for livelihood support, as reported by household:

Direct provision of seeds	23 %
Cash for starting small business / trading	17 %
Daily labour / Cash for work	16 %

² The dietary diversity indicator is the number of different food groups consumed over a given reference of time and is an aggregated score of staples, vegetables, fruits, meat, pulses, dairy, sweet and fats. HDDS are grouped in the following threshold: >6 - High; ≥5<=6 - Medium; <=4 - Low.

³ Respondents could select multiple responses

⁴ This visualization is composed of three different indicators: family with at least one pregnant or lactating woman, family with at least one person with disability and family with at least one unaccompanied or separated child

⁵ Findings related to 18 households who were planning to returning their area of origin and 85 households who were not planning leaving from their current areas at the time of the data collection.

⁶ The FCS is an index used as proxy for Household food security and is a composite score based on 1) dietary diversity 2) food consumption frequency and 3) relative nutritional importance of the various food groups consumed by Households. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: >42 - Acceptable; >28<=42 - Borderline; <=28 - Poor.

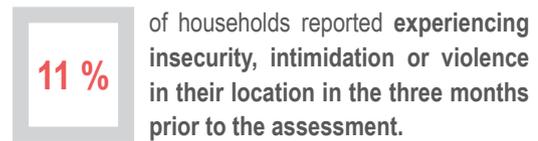
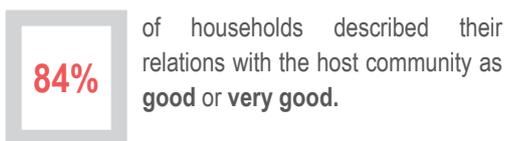
PROTECTION

75% of the households reported their household had been registered in their settlement.

Proportion of households that reported the following housing and property concerns:⁷

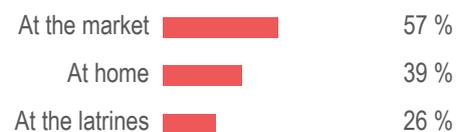


97% of households reported that all Household members were able to move freely in their community and surrounding area.



23 % of households reported women and girls did not feel safe in certain areas of the site they were living in.

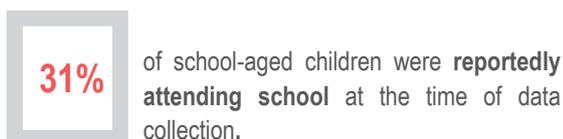
Top three most commonly reported areas where women and girls did not feel safe as reported by 23% households who indicated they did not feel safe in certain areas in the site:^{9, 10}



Top three most commonly reported areas where men and boys did not feel safe as reported by 7% households who indicated they did not feel safe in certain areas in the site:^{10, 11}

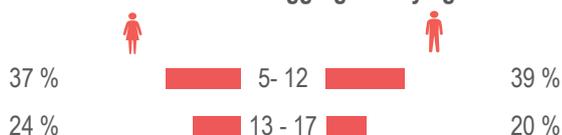


EDUCATION



100% of households reported having a school inside the settlement or within walking distance.

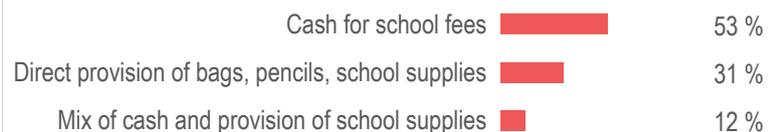
Proportion of school-aged children who were attending school at the time of data collection disaggregated by age and sex:



Top reported barriers for children not attending school by the 69% households who indicated they could not access any school.¹¹



Most commonly preferred means of assistance for education support, as reported by households:



⁷ This visualization is composed of three different indicators: land ownership, rent and perception of risk of eviction

⁸ To pay money or give goods or service.

⁹ Findings related to the 40 households reported they girls and women did not feel safe certain areas of the sites they are living in.

¹⁰ Findings related to the 12 households reported they boys and men did not feel safe certain areas of the sites they are living in.

¹¹ Respondents could select multiple responses

NUTRITION

Reported accessibility of nutrition services:



97% of Households reported access to nutrition facility, from which **85%** of Households take **Under 30 minutes** to reach the nearest it.¹²

35% of households reported there were mobile teams had visited them to treat malnourished children and women in the 6 months prior to data collection.¹³



of households reported that their children under five years old had been screened as malnourished (orange or red).¹⁴

98% of households reported having received some (sort of) treatment for malnutrition (Plumpy) in the six months prior to data collection.¹⁷

27% of households reported children under five have received Vitamin A drops in the six months prior the assessment.¹⁸



of households reported the pregnant or nursing woman been screened with Mid-Upper Arm Circumference (MUAC) in the last 4 weeks at time of the data collection.¹⁹

HEALTHCARE

Reported accessibility of healthcare services:



53% of Households reported taking an average of **30 minutes to less than 1 hour** to reach the nearest health facility.

81% of households reported the children received any vaccination.

Top three most commonly reported challenges to accessing healthcare reported by the 70 % of households who reported not having access to formal healthcare facility:¹⁵

Services have high cost	41 %
Medicine has high cost	34 %
No medicine available at health facility	14 %

Places where women gave birth as reported by households:¹⁶

At NGO health facility	22 %
At Government health facility	12 %
At home	62 %
Other	2 %

12% of households reported at least one of their families has been chained.

Top reported types of treatment received by households that had persons with mental health issues:²⁰

Sought traditional treatment	83 %
Sought medical treatment	17 %
None treatment sought	0 %

Most commonly preferred means of assistance for health support, as reported by Households:

Cash for health service fees	29 %
Cash for medicine	24 %
Mix of cash and provision of medicine	15 %

¹² Findings related to the 168 households who had access to nutrition services.

¹³ Findings related to the 30 households

¹⁴ Red colour, indicates Severe Acute Malnutrition (SAM). The child should be immediately referred for treatment. Yellow colour, indicates that the child is at risk for acute malnutrition and should be counselled and findings related to the 24 households

¹⁵ Respondents could select multiple responses

¹⁶ Findings related to the 10 households

¹⁷ Findings related to the 23 households

¹⁸ Findings related to the 27 households

¹⁹ Findings related to the 31 households

²⁰ Composite indicator composing if households chained in the past or at present or at least of the following: such as hallucination, talking to him self, aggressive behaviour, insomnia, lack of appetite etc. The findings of the above are representing 69 households

SHELTER

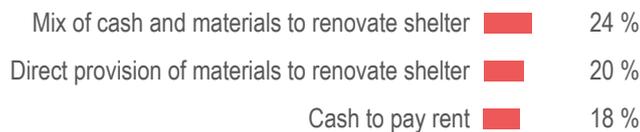
Most commonly reported shelter types by households:



Proportion of households that reported the following characteristics for their shelter:²²



Most commonly preferred means of assistance for shelter, as reported by Households:



ACCOUNTABILITY TO AFFECTED POPULATIONS

21 %

of households reported receiving enough²³ information about humanitarian assistance available.

Top five priority needs reported by households:²⁴



7 %

of households reported having access to a functioning radio at the time of data collection.

WASH

Top three most commonly reported primary sources of drinking water:



79 %

of households reported being able to access enough²³ water for domestic use (drinking/ cook/washing) at the time of data collection.

59 %

of households reported they had access to latrines at the time data collection.

Top two reportedly preferred languages to be used by humanitarian community:²⁵



Top three preferred channels to receive information, as reported by households:²⁵



0 %

of households reported they could communicate directly with humanitarian actors to complain.

²¹ Buul is a traditional Somali shelter, made from sticks, cloth materials and other available resources

²² This visualization is composed of four different indicators: damage to shelter, internal separation inside the shelter, source of light inside the shelter and lock on the shelter.

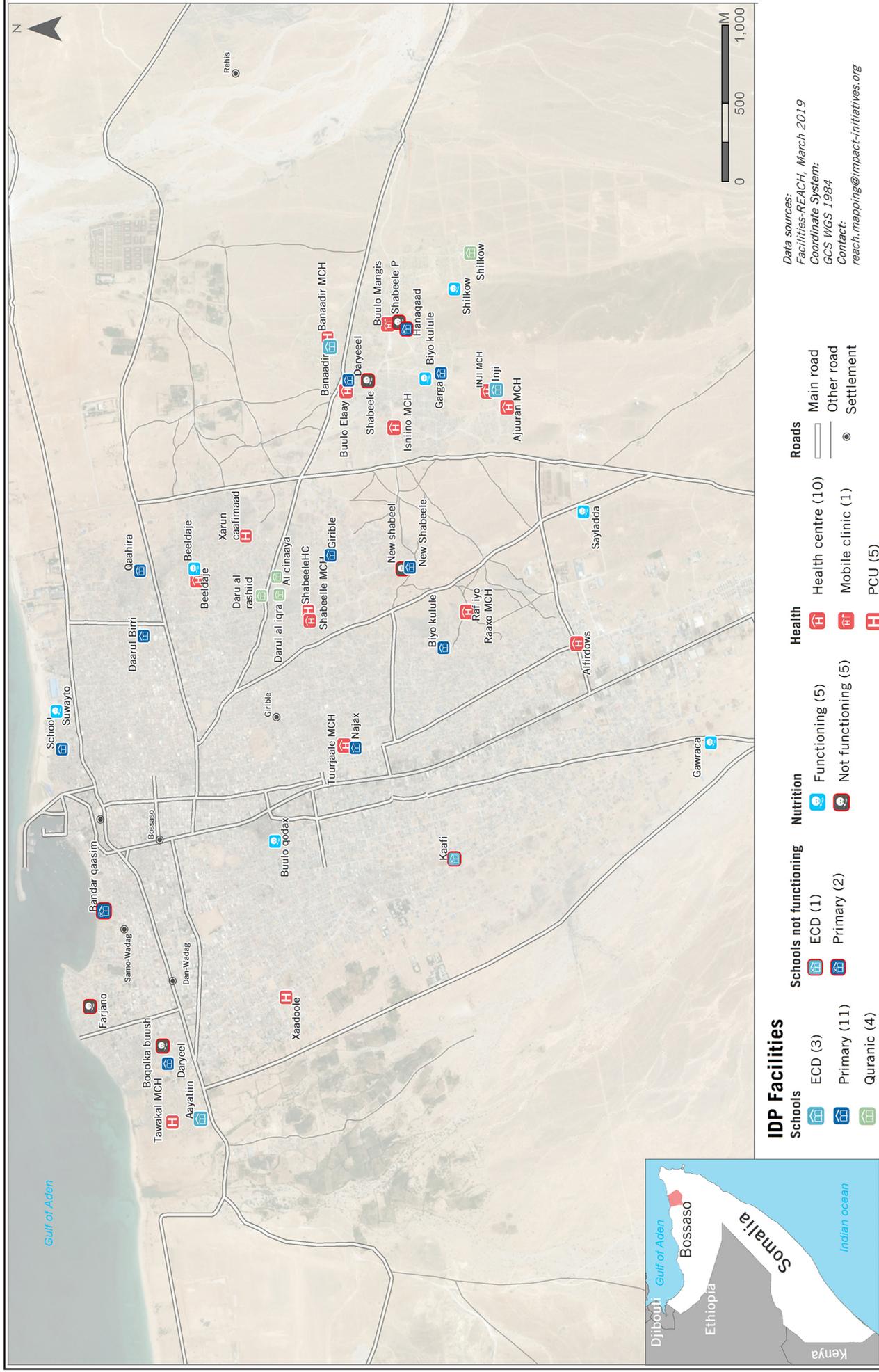
²³ Enough was determined by the respondent according to his/her perception

²⁴ Initially, this was an open text question and later converted to categorical question

²⁵ Respondents could select multiple responses

²⁶ Berkads are traditional rain water catchment facilities

FACILITY MAPPING - BOSASSO



March 2019

CONTEXT AND METHODOLOGY

The 2019 Gu' rains have failed to take place in the first six weeks of the season across the Horn of Africa, resulting in a second consecutive below-average rainy season in a region still recovering from the impact of the prolonged 2016/17 drought. In Somalia, the 2019 Gu' rainfall is the top third driest on record since 1981.¹ In search for food supplies, income sources and humanitarian assistance, displaced populations moved towards urban areas, where new IDP sites have been established. However, the continuing rise of population has increased the strain placed on existing sites and service provisions.

A [Detailed Site Assessment](#) (DSA), conducted by REACH, which on its second round took place between September 2018 and January 2019, aimed to get a snapshot of the situation of the IDPs across Somalia through key informant interviews (KII). The Comprehensive Site Assessment (CSA) was triggered to complement the DSA. The CSA is based on a household-level survey conducted amongst a representative sample of all IDP sites in each targeted district. It provides detailed information about the available infrastructure and services for IDPs living in the sites, as well as their needs and vulnerabilities in the targeted districts. Detailed information at the

district-level will enable operational partners to plan appropriate responses to fill the needs gaps identified across sectors. Based on the [severity score](#) from the DSA and accessibility concerns, Baidoa and Afgooye districts were selected for the first round of the CSA. For the second round, Bosaso, Hargeisa, Mogadishu Kahda and Mogadishu Daynile districts were selected in coordination with CCCM cluster.

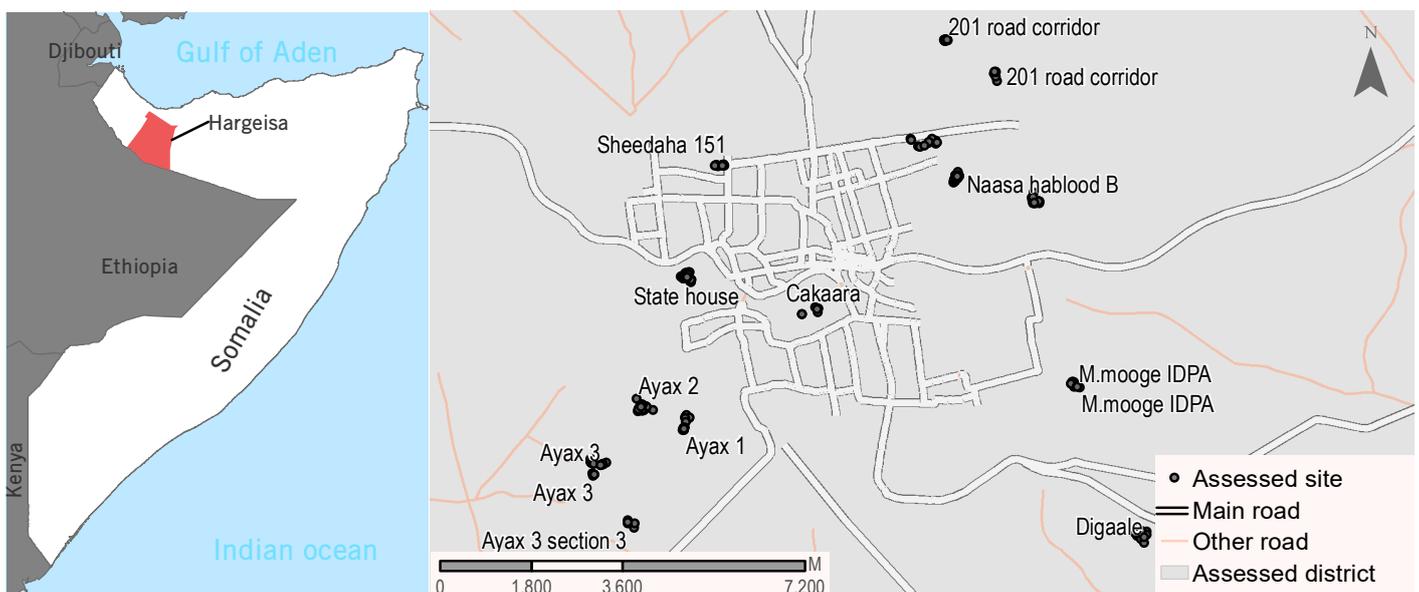
IDP households (HHS) were sampled for statistical representativeness at the district level, with a 95% confidence level and a 6% margin of error. 231 household surveys were conducted across 15 sites in Hargeisa during March 2019.

In addition to the household interviews, a [map](#) with all the education, health, nutrition facilities accessible to IDPs was created for each district. A snowballing sampling strategy was used for this purpose, starting with the information provided by the humanitarian partners. The enumerators asked the person in charge of the facility if other facilities were accessible until exhaustion.

DSA SEVERITY SCORE

As part of the DSA, REACH in coordination with the CCCM cluster developed a severity score index to describe the needs and gaps of each IDP sites and identified and aggregated these scores for each district. Two key informants were interviewed per site. 24 indicators were selected to represent each sector and then aggregated for an overall score. Each answer has been given a weight, and each sector has a maximum score of 10. The overall score is the sum of the seven sectors with a maximum score of 70. For each sector, the severity category is given according to the score; 0: none; 1-2: low; 3-4: medium; 5-7: high; 8-10: critical. The overall severity category is given according to the following: 0: none; 0-19: low; 20-39: Medium; 40-59: High; 60-70: Critical. Below are the scores for Hargeisa district.

CCCM	Protection	Food Security	Health/Nutrition	WASH	Shelter/NFI	Education	Overall
Medium	Medium	Medium	Medium	Critical	Medium	Low	Medium

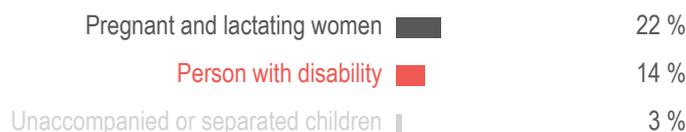


¹ Somalia Humanitarian Bulletin, 1 - 30 April 2019 released by UN Office for the Coordination of Humanitarian Affairs.

DEMOGRAPHICS



Proportion of households that reported at least one member having the following vulnerabilities:⁴



Household demographics:

Average reported household size: **6**

DISPLACEMENT

Top reported primary districts of origin:

1. Hargeysa (87 %)
2. Gebiley (7 %)
3. Owdweyne (2 %)

0 %

of households reported **planning on returning to their area of origin in the coming three months** at the time of the data collection.

Top reported reasons to leave and stay in their current locations:⁵

Reasons to leave

Reasons to stay

- | | |
|------|--|
| NA ① | Presence of shelter |
| NA ② | Availability of work/ income opportunities |
| NA ③ | There is no conflict here |
| NA ④ | Presence of food distribution |

Note: Households of internally displaced persons (IDPs) in Hargeisa were not willing to move another location, because of the peace and stability which is very common in their settlements, although they were not enjoying fully access to basic needs yet they are not willing to relocate into another area.

FOOD SECURITY AND LIVELIHOODS

% of Households with the following Household Dietary Diversity Scale (HDDS) Ranking:²



Top reported food coping strategies adopted by Households that did not have access to sufficient food in the seven days prior to the assessment:³

Sold livestock to pay for basic household needs	24 %
Send family members to live in a different place	21 %
Spent savings on food	20 %

Top three most commonly reported challenges to accessing food, as reported by households:

Lack of resources to purchase food	71 %
Lack cooking fuel	20 %
Lack cooking utensils	16 %

% of Households with the following food consumption scores (FCS):⁶



Reported source of livelihood:

65 %

of households reported depending on **day labour/casual work** as their primary source of income.

40% of households reported **only having one source of income.**

Most preferred means of assistance for livelihood support, as reported by household:

Cash for starting small business / trading	26 %
Direct provision of seeds	26 %
Daily labour / Cash for work	21 %

² The dietary diversity indicator is the number of different food groups consumed over a given reference of time and is an aggregated score of staples, vegetables, fruits, meat, pulses, dairy, sweet and fats. HDDS are grouped in the following threshold: >6 - High; ≥5<=6 - Medium; <=4 - Low.

³ Respondents could select multiple responses

⁴ This visualization is composed of three different indicators: family with at least one pregnant or lactating woman, family with at least one person with disability and family with at least one unaccompanied or separated child

⁵ Findings related to 0 households who were planning to returning their area of origin and 127 households who were not planning leaving from their current areas at the time of the data collection.

⁶ The FCS is an index used as proxy for Household food security and is a composite score based on 1) dietary diversity 2) food consumption frequency and 3) relative nutritional importance of the various food groups consumed by Households. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: >42 - Acceptable; >28<=42 - Borderline; <=28 - Poor.

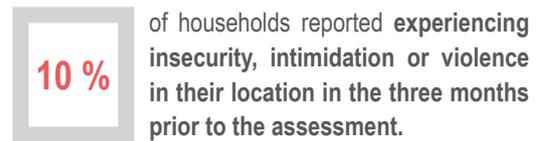
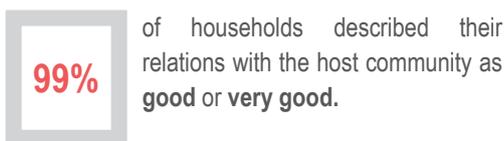
PROTECTION

62% of the households reported their household had been registered in their settlement.

Proportion of households that reported the following housing and property concerns:⁷



99% of households reported that all Household members were able to move freely in their community and surrounding area.



16 % of households reported women and girls did not feel safe in certain areas of the site they were living in.

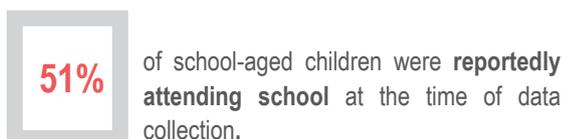
Top three most commonly reported areas where women and girls did not feel safe as reported by 16% households who indicated they did not feel safe in certain areas in the site:^{9, 10}



Top three most commonly reported areas where men and boys did not feel safe as reported by 2% households who indicated they did not feel safe in certain areas in the site:^{10, 11}



EDUCATION



100% of households reported having a school inside the settlement or within walking distance.

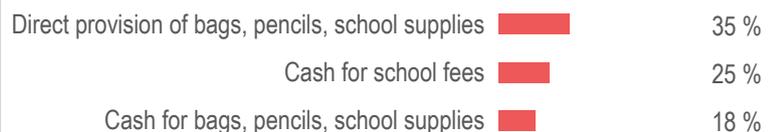
Proportion of school-aged children who were attending school at the time of data collection disaggregated by age and sex:



Top reported barriers for children not attending school by the 49% households who indicated they could not access any school.¹¹



Most commonly preferred means of assistance for education support, as reported by households:



⁷ This visualization is composed of three different indicators: land ownership, rent and perception of risk of eviction

⁸ To pay money or give goods or service.

⁹ Findings related to the 49 households reported they girls and women did not feel safe certain areas of the sites they are living in.

¹⁰ Findings related to the 9 households reported they boys and men did not feel safe certain areas of the sites they are living in.

¹¹ Respondents could select multiple responses

NUTRITION

Reported accessibility of nutrition services:



100% of Households reported access to nutrition facility, from which **45%** of Households take **30 minutes to less than 1 hour** to reach the nearest it.¹²

38% of households reported there were mobile teams had visited them to treat malnourished children and women in the 6 months prior to data collection.¹³



of households reported that their children under five years old had been screened as malnourished (orange or red).¹⁴

85% of households reported having received some (sort of) treatment for malnutrition (Plumpy) in the six months prior to data collection.¹⁷

39% of households reported children under five have received Vitamin A drops in the six months prior the assessment.¹⁸



of households reported the pregnant or nursing woman been screened with Mid-Upper Arm Circumference (MUAC) in the last 4 weeks at time of the data collection.¹⁹

HEALTHCARE

Reported accessibility of healthcare services:



49% of Households reported taking an average of **30 minutes to less than 1 hour** to reach the nearest health facility.

82% of households reported the children received any vaccination.

Top three most commonly reported challenges to accessing healthcare reported by the 70 % of households who reported not having access to formal healthcare facility:¹⁵

Medicine has high cost	42 %
Services have high cost	42 %
No medicine available at health facility	16 %

Places where women gave birth as reported by households:¹⁶

At NGO health facility	21 %
At Government health facility	47 %
At home	32 %
Other	0 %

10% of households reported at least one of their families has been chained.

Top reported types of treatment received by households that had persons with mental health issues:²⁰

Sought traditional treatment	81 %
Sought medical treatment	13 %
None treatment sought	6 %

Most commonly preferred means of assistance for health support, as reported by Households:

Direct provision of health services	27 %
Mix of cash and provision of health services	23 %
Cash for health service fees	20 %

¹² Findings related to the 231 households who had access to nutrition services.

¹³ Findings related to the 34 households

¹⁴ Red colour, indicates Severe Acute Malnutrition (SAM). The child should be immediately referred for treatment. Yellow colour, indicates that the child is at risk for acute malnutrition and should be counselled and findings related to the 37 households

¹⁵ Respondents could select multiple responses

¹⁶ Findings related to the 7 households

¹⁷ Findings related to the 33 households

¹⁸ Findings related to the 39 households

¹⁹ Findings related to the 31 households

²⁰ Composite indicator composing if households chained in the past or at present or at least of the following: such as hallucination, talking to him self, aggressive behaviour, insomnia, lack of appetite etc. The findings of the above are representing 51 households

SHELTER

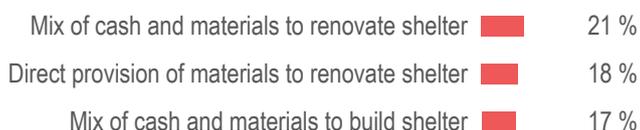
Most commonly reported shelter types by households:



Proportion of households that reported the following characteristics for their shelter:²²



Most commonly preferred means of assistance for shelter, as reported by Households:



ACCOUNTABILITY TO AFFECTED POPULATIONS

35 %

of households reported receiving enough²³ information about humanitarian assistance available.

Top five priority needs reported by households:²⁴



18 %

of households reported having access to a functioning radio at the time of data collection.

WASH

Top three most commonly reported primary sources of drinking water:



81 %

of households reported being able to access enough²³ water for domestic use (drinking/ cook/washing) at the time of data collection.

61 %

of households reported they had access to latrines at the time data collection.

Top two reportedly preferred languages to be used by humanitarian community:²⁵



Top three preferred channels to receive information, as reported by households:²⁵



4 %

of households reported they could communicate directly with humanitarian actors to complain.

²¹ Buul is a traditional Somali shelter, made from sticks, cloth materials and other available resources

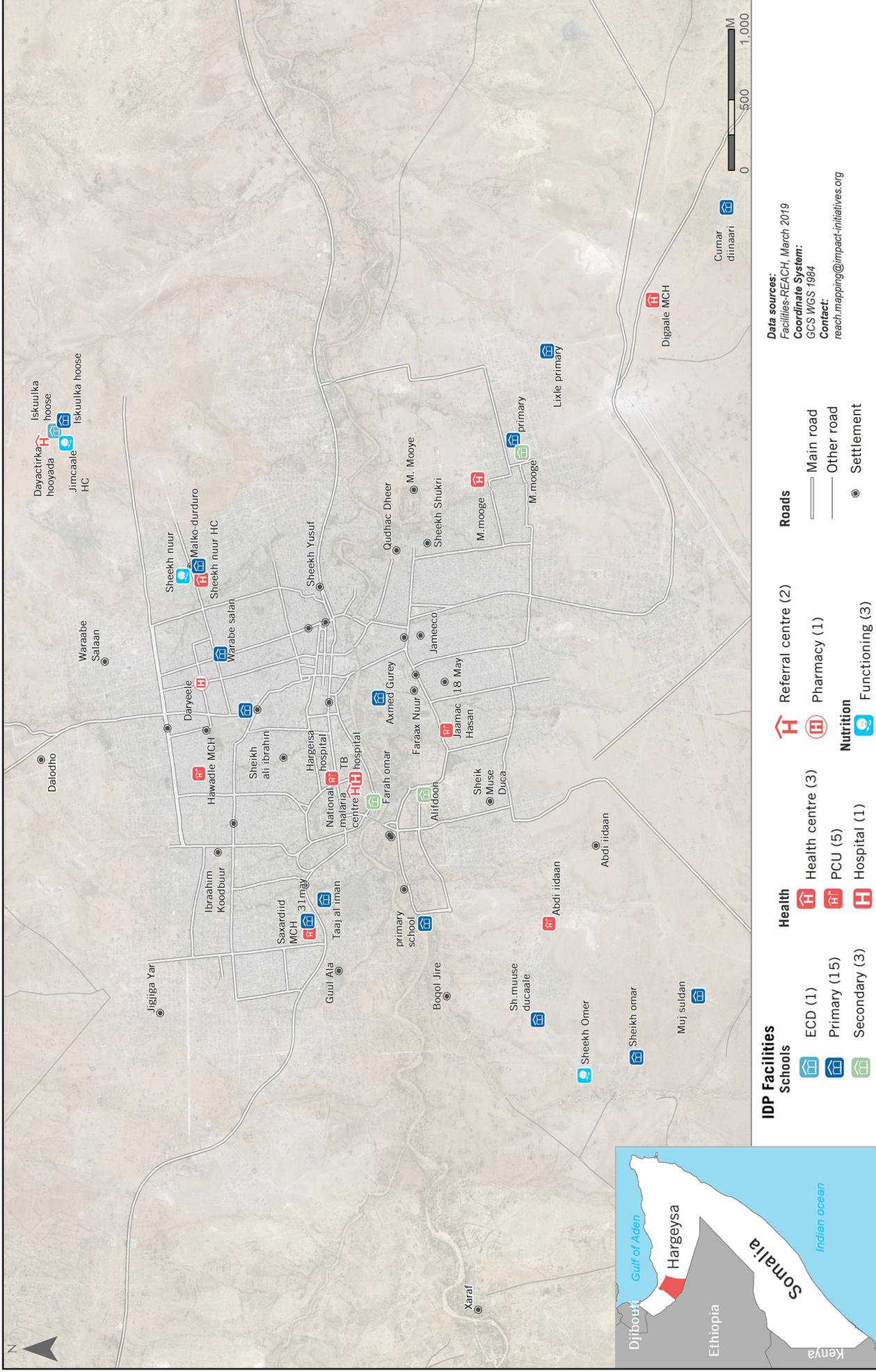
²² This visualization is composed of four different indicators: damage to shelter, internal separation inside the shelter, source of light inside the shelter and lock on the shelter.

²³ Enough was determined by the respondent according to his/her perception

²⁴ Initially, this was an open text question and later converted to categorical question

²⁵ Respondents could select multiple responses

FACILITY MAPPING - HARGEISA



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Funded by
European Union
Civil Protection and
Humanitarian Aid

REACH Informing more effective humanitarian action

March 2019

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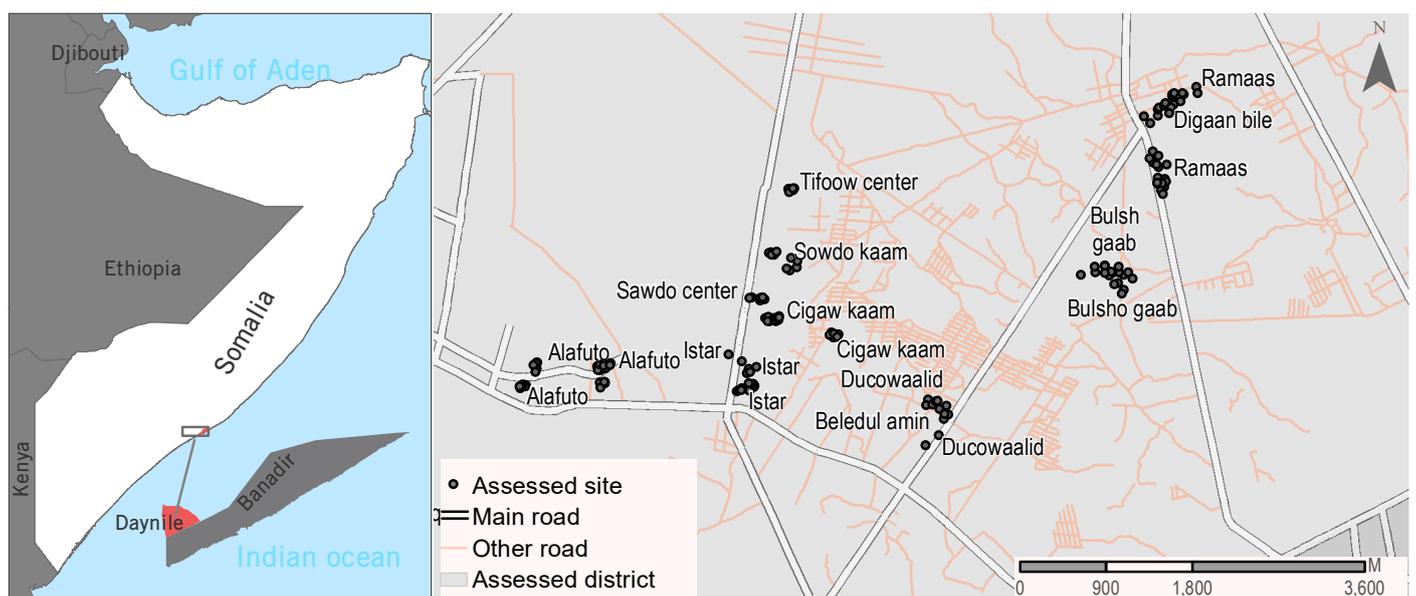
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In addition to the household interviews, a [map](#) with all the education, health, nutrition facilities accessible to IDPs was created for each district. A snowballing sampling strategy was used for this purpose, starting with the information provided by the humanitarian partners. The enumerators asked the person in charge of the facility if other facilities were accessible until exhaustion.

DSA SEVERITY SCORE

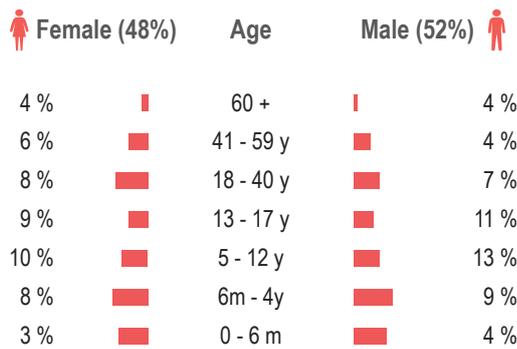
As part of the DSA, REACH in coordination with the CCCM cluster developed a severity score index to describe the needs and gaps of each IDP sites and identified and aggregated these scores for each district. Two key informants were interviewed per site. 24 indicators were selected to represent each sector and then aggregated for an overall score. Each answer has been given a weight, and each sector has a maximum score of 10. The overall score is the sum of the seven sectors with a maximum score of 70. For each sector, the severity category is given according to the score; 0: none; 1-2: low; 3-4: medium; 5-7: high; 8-10: critical. The overall severity category is given according to the following: 0: none; 0-19: low; 20-39: Medium; 40-59: High; 60-70: Critical. Below are the scores for Daynile district.

CCCM	Protection	Food Security	Health/Nutrition	WASH	Shelter/NFI	Education	Overall
Medium	Medium	Medium	Critical	High	Medium	High	Medium



¹ Somalia Humanitarian Bulletin, 1 - 30 April 2019 released by UN Office for the Coordination of Humanitarian Affairs.

DEMOGRAPHICS



Proportion of households that reported at least one member having the following vulnerabilities:⁴



Household demographics:

Average reported household size: **9**

DISPLACEMENT

Top reported primary districts of origin:

1. Qoryooley (23 %)
2. Marka (15 %)
3. Afgoye (14 %)

7 %

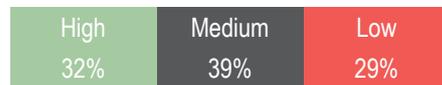
of households reported **planning on returning to their area of origin in the coming three months** at the time of the data collection.

Top reported reasons to leave and stay in their current locations:⁵

Reasons to leave	Reasons to stay
Withdrawal of armed groups	1 There is no conflict here
Pressure from host communities	2 Availability of work/ income opportunities
Conflict in surrounding area	3 Presence of shelter
Fear of conflict in community	4 Presence of food distribution

FOOD SECURITY AND LIVELIHOODS

% of Households with the following Household Dietary Diversity Scale (HDDS) Ranking:²



Top reported food coping strategies adopted by Households that did not have access to sufficient food in the seven days prior to the assessment:³

Sold household items to pay for basic needs	36 %
Abnormal migration to other areas in search of food	21 %
Sold livestock to pay for basic household needs	20 %

Top three most commonly reported challenges to accessing food, as reported by households:

Lack of resources to purchase food	80 %
Lack cooking utensils	14 %
Lack of food items available for purchase	13 %

% of Households with the following food consumption scores (FCS):⁶



Reported source of livelihood:

38 %

of households reported depending on **humanitarian assistance** as their primary source of income.

20% of households reported **only having one source of income.**

Most preferred means of assistance for livelihood support, as reported by household:

Cash for food	22 %
Cash for productive assets	18 %
Direct provision of food in-kind	9 %

² The dietary diversity indicator is the number of different food groups consumed over a given reference of time and is an aggregated score of staples, vegetables, fruits, meat, pulses, dairy, sweet and fats. HDDS are grouped in the following threshold: >6 – High; ≥5<=6 – Medium; <=4 – Low.

³ Respondents could select multiple responses

⁴ This visualization is composed of three different indicators: family with at least one pregnant or lactating woman, family with at least one person with disability and family with at least one unaccompanied or separated child

⁵ Findings related to 10 households who were planning to returning their area of origin and 40 households who were not planning leaving from their current areas at the time of the data collection.

⁶ The FCS is an index used as proxy for Household food security and is a composite score based on 1) dietary diversity 2) food consumption frequency and 3) relative nutritional importance of the various food groups consumed by Households. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: >42 – Acceptable; >28<=42 – Borderline; <=28 – Poor.

PROTECTION

43% of the households reported their household had been registered in their settlement.

Proportion of households that reported the following housing and property concerns:⁷

They own the land they are settled on ■	7 %
They pay ⁸ to stay on this land ■	4 %
They are at risk of eviction ■	7 %

97% of households reported that all Household members were able to move freely in their community and surrounding area.

81% of households described their relations with the host community as good or very good.

21 % of households reported experiencing insecurity, intimidation or violence in their location in the three months prior to the assessment.

8 % of households reported women and girls did not feel safe in certain areas of the site they were living in.

Top three most commonly reported areas where women and girls did not feel safe as reported by 8% households who indicated they did not feel safe in certain areas in the site:^{9, 10}

At home	71 %
At the latrines	24 %
At the water source	4 %

Top three most commonly reported areas where men and boys did not feel safe as reported by 13% households who indicated they did not feel safe in certain areas in the site:^{10, 11}

At home	63 %
At the market	31 %
Inside the settlement	19 %

EDUCATION

21% of school-aged children were reportedly attending school at the time of data collection.

19% of households reported having a school inside the settlement or within walking distance.

Proportion of school-aged children who were attending school at the time of data collection disaggregated by age and sex:

30 %	5- 12	30 %
13 %	13 - 17	11 %

Top reported barriers for children not attending school by the 79% households who indicated they could not access any school.¹¹

Unable to pay school fees	67 %
School is too far	17 %
Children too young to attend school	9 %

Most commonly preferred means of assistance for education support, as reported by households:

Mix of cash and provision of school supplies	29 %
Mix of cash and provision of text books	28 %
Direct provision of bags, pencils, school supplies	11 %

⁷ This visualization is composed of three different indicators: land ownership, rent and perception of risk of eviction

⁸ To pay money or give goods or service.

⁹ Findings related to the 13 households reported they girls and women did not feel safe certain areas of the sites they are living in.

¹⁰ Findings related to the 20 households reported they boys and men did not feel safe certain areas of the sites they are living in.

¹¹ Respondents could select multiple responses

NUTRITION

Reported accessibility of nutrition services:



23% of Households reported access to nutrition facility, from which **50%** of Households take **One hour to less than half a day** to reach the nearest it.¹²

1% of households reported there were mobile teams had visited them to treat malnourished children and women in the 6 months prior to data collection.¹³



of households reported that their children under five years old had been screened as malnourished (orange or red).¹⁴

93% of households reported having received some (sort of) treatment for malnutrition (Plumpy) in the six months prior to data collection.¹⁷

29% of households reported children under five have received Vitamin A drops in the six months prior the assessment.¹⁸



of households reported the pregnant or nursing woman been screened with Mid-Upper Arm Circumference (MUAC) in the last 4 weeks at time of the data collection.¹⁹

HEALTHCARE

Reported accessibility of healthcare services:



45% of Households reported taking an average of **30 minutes to less than 1 hour** to reach the nearest health facility.

29% of households reported the children received any vaccination.

Top three most commonly reported challenges to accessing healthcare reported by the 70 % of households who reported not having access to formal healthcare facility:¹⁵

Services have high cost	34 %
Medicine has high cost	29 %
Not safe to travel to health	14 %

Places where women gave birth as reported by households:¹⁶

At NGO health facility	15 %
At Government health facility	5 %
At home	80 %
Other	0 %

1% of households reported at least one of their families has been chained.

Top reported types of treatment received by households that had persons with mental health issues:²⁰

Sought traditional treatment	89 %
Sought medical treatment	11 %
None treatment sought	0 %

Most commonly preferred means of assistance for health support, as reported by Households:

Mix of cash and provision of medicine	32 %
Direct provision of health services	25 %
Mix of cash and provision of health services	13 %

¹² Findings related to the 36 households who had access to nutrition services.

¹³ Findings related to the 2 households

¹⁴ Red colour, indicates Severe Acute Malnutrition (SAM). The child should be immediately referred for treatment. Yellow colour, indicates that the child is at risk for acute malnutrition and should be counselled and findings related to the 35 households

¹⁵ Respondents could select multiple responses

¹⁶ Findings related to the 10 households

¹⁷ Findings related to the 34 households

¹⁸ Findings related to the 29 households

¹⁹ Findings related to the 40 households

²⁰ Composite indicator composing if households chained in the past or at present or at least of the following: such as hallucination, talking to him self, aggressive behaviour, insomnia, lack of appetite etc. The findings of the above are representing 77 households

SHELTER

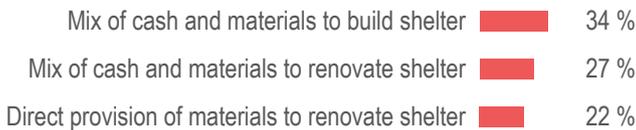
Most commonly reported shelter types by households:



Proportion of households that reported the following characteristics for their shelter:²²



Most commonly preferred means of assistance for shelter, as reported by Households:

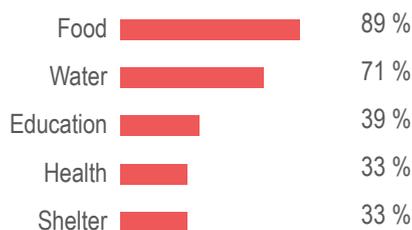


ACCOUNTABILITY TO AFFECTED POPULATIONS

23 %

of households reported receiving enough²³ information about humanitarian assistance available.

Top five priority needs reported by households:²⁴

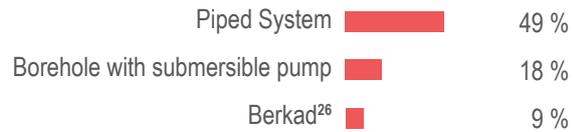


13 %

of households reported having access to a functioning radio at the time of data collection.

WASH

Top three most commonly reported primary sources of drinking water:



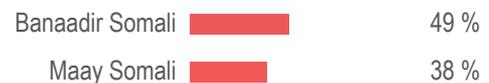
51 %

of households reported being able to access enough²³ water for domestic use (drinking/cook/washing) at the time of data collection.

15 %

of households reported they had access to latrines at the time data collection.

Top two reportedly preferred languages to be used by humanitarian community:²⁵



Top three preferred channels to receive information, as reported by households:²⁵



35 %

of households reported they could communicate directly with humanitarian actors to complain.

²¹ Buul is a traditional Somali shelter, made from sticks, cloth materials and other available resources

²² This visualization is composed of four different indicators: damage to shelter, internal separation inside the shelter, source of light inside the shelter and lock on the shelter.

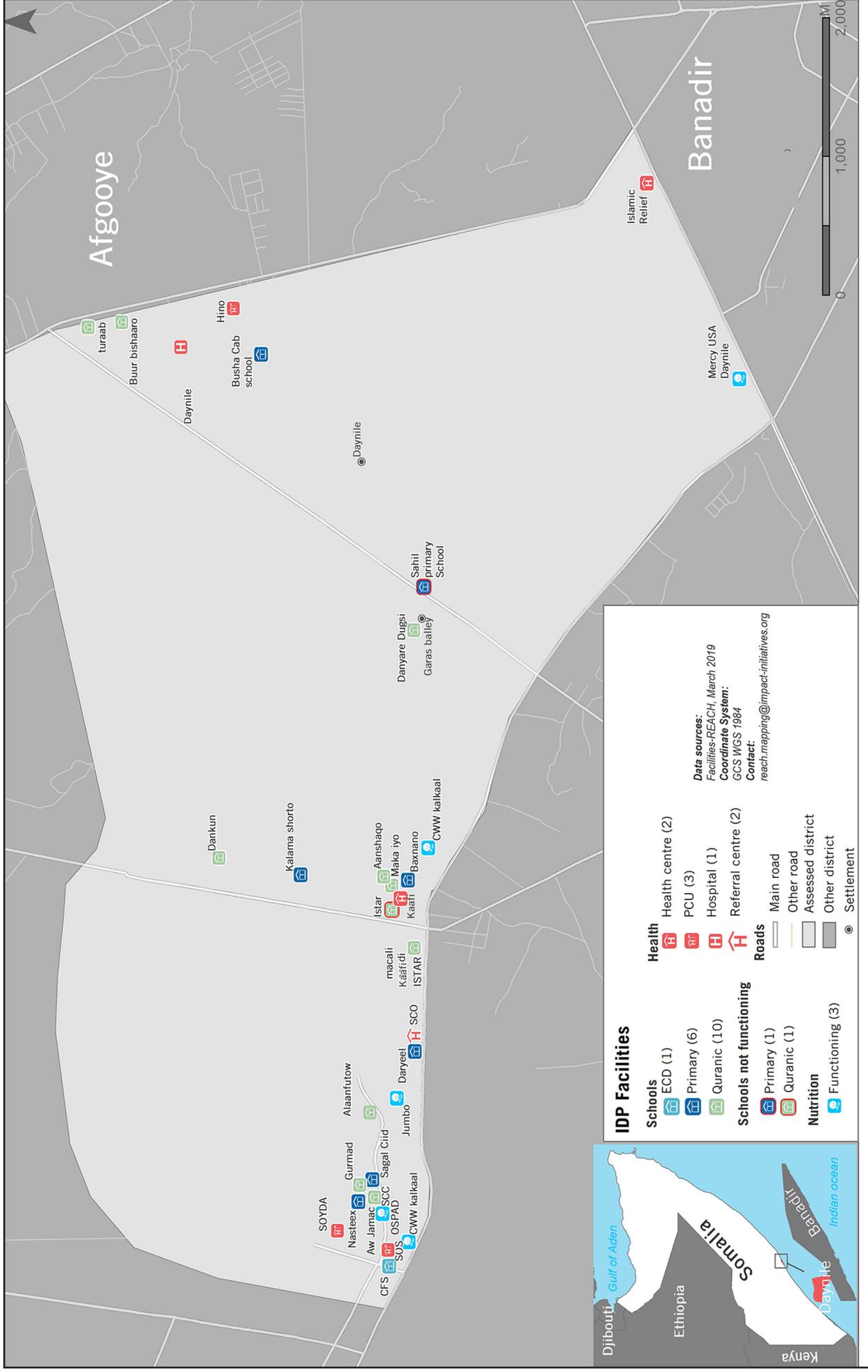
²³ Enough was determined by the respondent according to his/her perception

²⁴ Initially, this was an open text question and later converted to categorical question

²⁵ Respondents could select multiple responses

²⁶ Berkads are traditional rain water catchment facilities

FACILITY MAPPING - DAYNILE



March 2019

CONTEXT AND METHODOLOGY

The 2019 Gu' rains have failed to take place in the first six weeks of the season across the Horn of Africa, resulting in a second consecutive below-average rainy season in a region still recovering from the impact of the prolonged 2016/17 drought. In Somalia, the 2019 Gu' rainfall is the top third driest on record since 1981.¹ In search for food supplies, income sources and humanitarian assistance, displaced populations moved towards urban areas, where new IDP sites have been established. However, the continuing rise of population has increased the strain placed on existing sites and service provisions.

A [Detailed Site Assessment](#) (DSA), conducted by REACH, which on its second round took place between September 2018 and January 2019, aimed to get a snapshot of the situation of the IDPs across Somalia through key informant interviews (KII). The Comprehensive Site Assessment (CSA) was triggered to complement the DSA. The CSA is based on a household-level survey conducted amongst a representative sample of all IDP sites in each targeted district. It provides detailed information about the available infrastructure and services for IDPs living in the sites, as well as their needs and vulnerabilities in the targeted districts. Detailed information at the

district-level will enable operational partners to plan appropriate responses to fill the needs gaps identified across sectors. Based on the [severity score](#) from the DSA and accessibility concerns, Baidoa and Afgooye districts were selected for the first round of the CSA. For the second round, Bosaso, Hargeisa, Mogadishu Kahda and Mogadishu Daynile districts were selected in coordination with CCCM cluster.

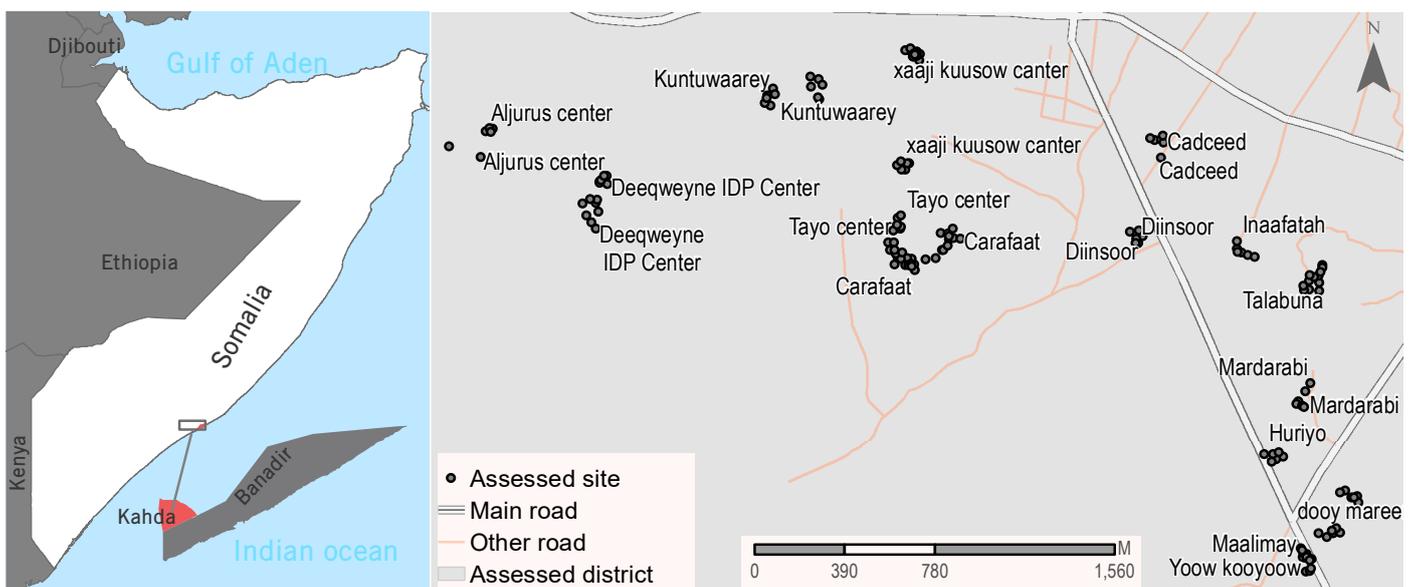
IDP households (HHS) were sampled for statistical representativeness at the district level, with a 95% confidence level and a 8% margin of error. 152 household surveys were conducted across 19 sites in Kahda during March 2019.

In addition to the household interviews, a [map](#) with all the education, health, nutrition facilities accessible to IDPs was created for each district. A snowballing sampling strategy was used for this purpose, starting with the information provided by the humanitarian partners. The enumerators asked the person in charge of the facility if other facilities were accessible until exhaustion.

DSA SEVERITY SCORE

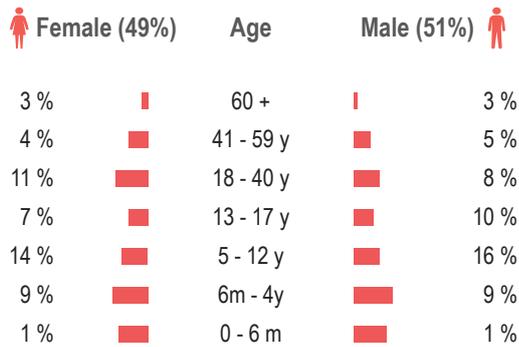
As part of the DSA, REACH in coordination with the CCCM cluster developed a severity score index to describe the needs and gaps of each IDP sites and identified and aggregated these scores for each district. Two key informants were interviewed per site. 24 indicators were selected to represent each sector and then aggregated for an overall score. Each answer has been given a weight, and each sector has a maximum score of 10. The overall score is the sum of the seven sectors with a maximum score of 70. For each sector, the severity category is given according to the score; 0: none; 1-2: low; 3-4: medium; 5-7: high; 8-10: critical. The overall severity category is given according to the following: 0: none; 0-19: low; 20-39: Medium; 40-59: High; 60-70: Critical. Below are the scores for Kahda district.

CCCM	Protection	Food Security	Health/Nutrition	WASH	Shelter/NFI	Education	Overall
Medium	Medium	Medium	Critical	High	Medium	High	Medium



¹ Somalia Humanitarian Bulletin, 1 - 30 April 2019 released by UN Office for the Coordination of Humanitarian Affairs.

DEMOGRAPHICS



Proportion of households that reported at least one member having the following vulnerabilities:⁴



Household demographics:

Average reported household size: **7**

DISPLACEMENT

Top reported primary districts of origin:

1. Qoryooley (20%)
2. Baidoa (18%)
3. Marka (16%)

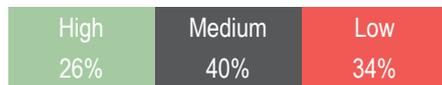
5% of households reported **planning on returning to their area of origin in the coming three months** at the time of the data collection.

Top reported reasons to leave and stay in their current locations:⁵

Reasons to leave	Reasons to stay
Lack of livelihood opportunities/job	1 There is no conflict here
Lack of water (not drought related)	2 Presence of food distribution
NA	3 Availability of work/ income opportunities
NA	4 Presence of water

FOOD SECURITY AND LIVELIHOODS

% of Households with the following Household Dietary Diversity Scale (HDDS) Ranking:²



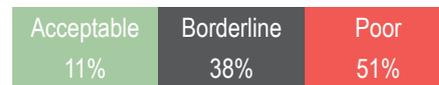
Top reported food coping strategies adopted by Households that did not have access to sufficient food in the seven days prior to the assessment:³

Sold household items to pay for basic needs	40%
Abnormal migration to other areas in search of food	28%
Other	24%

Top three most commonly reported challenges to accessing food, as reported by households:

Lack of resources to purchase food	98%
Lack cooking fuel	27%
Lack cooking utensils	13%

% of Households with the following food consumption scores (FCS):⁶



Reported source of livelihood:

33% of households reported depending on **day labour/casual work** as their primary source of income.

37% of households reported **only having one source of income.**

Most preferred means of assistance for livelihood support, as reported by household:

Mix of cash and provision of food	47%
Direct provision of seeds	16%
Daily labour / Cash for work	7%

² The dietary diversity indicator is the number of different food groups consumed over a given reference of time and is an aggregated score of staples, vegetables, fruits, meat, pulses, dairy, sweet and fats. HDDS are grouped in the following threshold: >6 - High; ≥5<=6 - Medium; <=4 - Low.

³ Respondents could select multiple responses

⁴ This visualization is composed of three different indicators: family with at least one pregnant or lactating woman, family with at least one person with disability and family with at least one unaccompanied or separated child

⁵ Findings related to 7 households who were planning to returning their area of origin and 118 households who were not planning leaving from their current areas at the time of the data collection.

⁶ The FCS is an index used as proxy for Household food security and is a composite score based on 1) dietary diversity 2) food consumption frequency and 3) relative nutritional importance of the various food groups consumed by households. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: >42 - Acceptable; >28<=42 - Borderline; <=28 - Poor.

PROTECTION

50% of the households reported their household had been registered in their settlement.

Proportion of households that reported the following housing and property concerns:⁷

They own the land they are settled on	0 %
They pay ⁸ to stay on this land	0 %
They are at risk of eviction	46 %

80% of households reported that all Household members were able to move freely in their community and surrounding area.

73% of households described their relations with the host community as good or very good.

30 % of households reported experiencing insecurity, intimidation or violence in their location in the three months prior to the assessment.

24 % of households reported women and girls did not feel safe in certain areas of the site they were living in.

Top three most commonly reported areas where women and girls did not feel safe as reported by 24% households who indicated they did not feel safe in certain areas in the site:^{9, 10}

At the market	83 %
Inside the settlement	19 %
At the water source	12 %

Top three most commonly reported areas where men and boys did not feel safe as reported by 18% households who indicated they did not feel safe in certain areas in the site:^{10, 11}

At the market	80 %
At the child friendly space	15 %
Inside the settlement	13 %

EDUCATION

44% of school-aged children were reportedly attending school at the time of data collection.

45% of households reported having a school inside the settlement or within walking distance.

Proportion of school-aged children who were attending school at the time of data collection disaggregated by age and sex:

54 %		5- 12	50 %
34 %		13 - 17	28 %

Top reported barriers for children not attending school by the 56% households who indicated they could not access any school.¹¹

Unable to pay school fees	60 %
School is too far	25 %
No open school in the area	17 %

Most commonly preferred means of assistance for education support, as reported by households:

Direct provision of bags, pencils, school supplies	47 %
Mix of cash and provision of school supplies	30 %
Cash for school fees	8 %

⁷ This visualization is composed of three different indicators: land ownership, rent and perception of risk of eviction

⁸ To pay money or give goods or service.

⁹ Findings related to the 38 households reported they girls and women did not feel safe certain areas of the sites they are living in.

¹⁰ Findings related to the 28 households reported they boys and men did not feel safe certain areas of the sites they are living in.

¹¹ Respondents could select multiple responses

NUTRITION

Reported accessibility of nutrition services:



14% of Households reported access to nutrition facility, from which **62%** of Households take **Under 30 minutes** to reach the nearest it.¹²

22% of households reported there were mobile teams had visited them to treat malnourished children and women in the 6 months prior to data collection.¹³



of households reported that their children under five years old had been screened as malnourished (orange or red).¹⁴

73% of households reported having received some (sort of) treatment for malnutrition (Plumpy) in the six months prior to data collection.¹⁷

52% of households reported children under five have received Vitamin A drops in the six months prior the assessment.¹⁸



of households reported the pregnant or nursing woman been screened with Mid-Upper Arm Circumference (MUAC) in the last 4 weeks at time of the data collection.¹⁹

HEALTHCARE

Reported accessibility of healthcare services:



56% of Households reported taking an average of **Under 30 minutes** to reach the nearest health facility.

58% of households reported the children received any vaccination.

Top three most commonly reported challenges to accessing healthcare reported by the 70 % of households who reported not having access to formal healthcare facility:¹⁵

Services have high cost	34 %
Health facility is too far away	29 %
Medicine has high cost	27 %

Places where women gave birth as reported by households:¹⁶

At NGO health facility	13 %
At Government health facility	17 %
At home	70 %
Other	0 %

2% of households reported at least one of their families has been chained.

Top reported types of treatment received by households that had persons with mental health issues:²⁰

Sought traditional treatment	92 %
Sought medical treatment	8 %
None treatment sought	0 %

Most commonly preferred means of assistance for health support, as reported by Households:

Mix of cash and provision of health services	43 %
Mix of cash and provision of medicine	25 %
Direct provision of health services	19 %

¹² Findings related to the 22 households who had access to nutrition services.

¹³ Findings related to the 27 households

¹⁴ Red colour, indicates Severe Acute Malnutrition (SAM). The child should be immediately referred for treatment. Yellow colour, indicates that the child is at risk for acute malnutrition and should be counselled and findings related to the 40 households

¹⁵ Respondents could select multiple responses

¹⁶ Findings related to the 16 households

¹⁷ Findings related to the 32 households

¹⁸ Findings related to the 52 households

¹⁹ Findings related to the 17 households

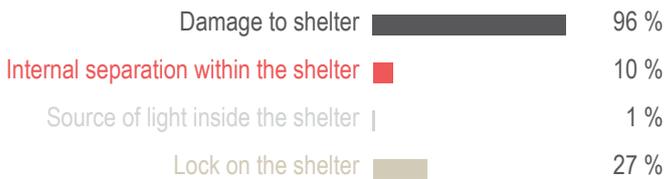
²⁰ Composite indicator composing if households chained in the past or at present or at least of the following: such as hallucination, talking to him self, aggressive behaviour, insomnia, lack of appetite etc. The findings of the above are representing 40 households

SHELTER

Most commonly reported shelter types by households:



Proportion of households that reported the following characteristics for their shelter:²²



Most commonly preferred means of assistance for shelter, as reported by Households:



ACCOUNTABILITY TO AFFECTED POPULATIONS

13 %

of households reported receiving enough²³ information about humanitarian assistance available.

Top five priority needs reported by households:²⁴



0 %

of households reported having access to a functioning radio at the time of data collection.

WASH

Top three most commonly reported primary sources of drinking water:



23 %

of households reported being able to access enough²³ water for domestic use (drinking/ cook/washing) at the time of data collection.

53 %

of households reported they had access to latrines at the time data collection.

Top two reportedly preferred languages to be used by humanitarian community:²⁵



Top three preferred channels to receive information, as reported by households:²⁵



0 %

of households reported they could communicate directly with humanitarian actors to complain.

²¹ Buul is a traditional Somali shelter, made from sticks, cloth materials and other available resources

²² This visualization is composed of four different indicators: damage to shelter, internal separation inside the shelter, source of light inside the shelter and lock on the shelter.

²³ Enough was determined by the respondent according to his/her perception

²⁴ Initially, this was an open text question and later converted to categorical question

²⁵ Respondents could select multiple responses

FACILITY MAPPING - KAHDA

