



MSNA Key Findings

Multi-Sector Needs Assessment – REACH Initiative

September 2023



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01

Introduction & Objectives





Who are we?

REACH is a leading humanitarian initiative providing granular data, timely information and in-depth analysis from contexts of crisis, disaster and displacement. The work of REACH directly feeds into aid response and decision-making by providing accessible and precise information on the humanitarian situation of crisis-affected populations.

Created in 2010, REACH is a joint initiative of **IMPACT Initiatives**, **ACTED** and the United Nations Operational Satellite Applications Programme (**UNOSAT**). REACH activities are conducted in support and within the framework of inter-agency coordination mechanisms at field and global levels to enabling more efficient aid planning and response.

REACH began working in Somalia in 2012. The complex security situation in Somalia has significantly limited humanitarian access, which has resulted in substantial information gaps. Filling these gap is at the core of the activities conducted by REACH as it works to provide timely data on the humanitarian needs of the displaced populations in order to support humanitarian clusters and actors.

For more information on REACH in Somalia, please visit [here](#).



REACH and the MSNA

Grand Bargain signatories required that humanitarian needs assessments be impartial, unbiased, comprehensive, context-sensitive, timely and up-to-date. This requirement was designed to inform more effective and equitable prioritization of need.

With the financial support from ECHO and USAID's Bureau for Humanitarian Assistance (BHA), and co-funding from other country-based donors, REACH has supported the facilitation of independent, crisis-wide **Multi-sectoral Needs Assessments** (MSNAs) since 2016 to meet these criteria.

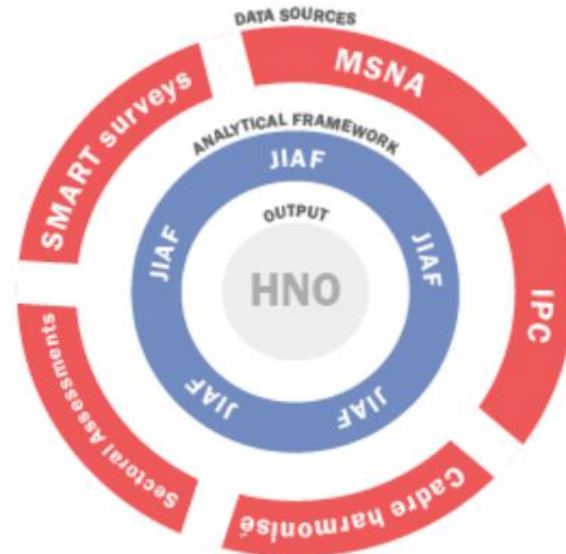
MSNAs promote a shift in how humanitarian needs are measured and how response is planned, contributing to a change in the approach to planning, prioritization and decision making, by promoting needs-based, evidence-based and people-centered decision making.

In most contexts where they are implemented, MSNAs are **multi-sectoral assessment** conducted **nation-wide** through **household level surveys** whose objective is **to capture the magnitude and severity of the needs for each population group** falling within the scope of the assessment.

For Key Findings from all MSNAs in 2022, please visit [here](#).

Overall Objective

To **inform** the 2024 Humanitarian Needs Overview (**HNO**) and Humanitarian Response Plan (**HRP**) in the context of ongoing climatic shocks (drought, floods) and protracted displacement crisis in Somalia by providing updated **nation-wide, district-level, multi-sectoral analysis** of the severity of needs among the crisis-affected populations to contribute to a more targeted, evidence-based response.



Specific Objectives



Provide detailed overview

To provide a detailed overview of the current humanitarian needs and gaps of the crisis- affected population (by sector and across sectors) in Somalia, to inform on humanitarian needs and the severity of these humanitarian needs.



Identify variations in need

To identify variations in need amongst population groups and geographical areas – including host community households, protracted IDPs households and new IDP households at district-level.



02

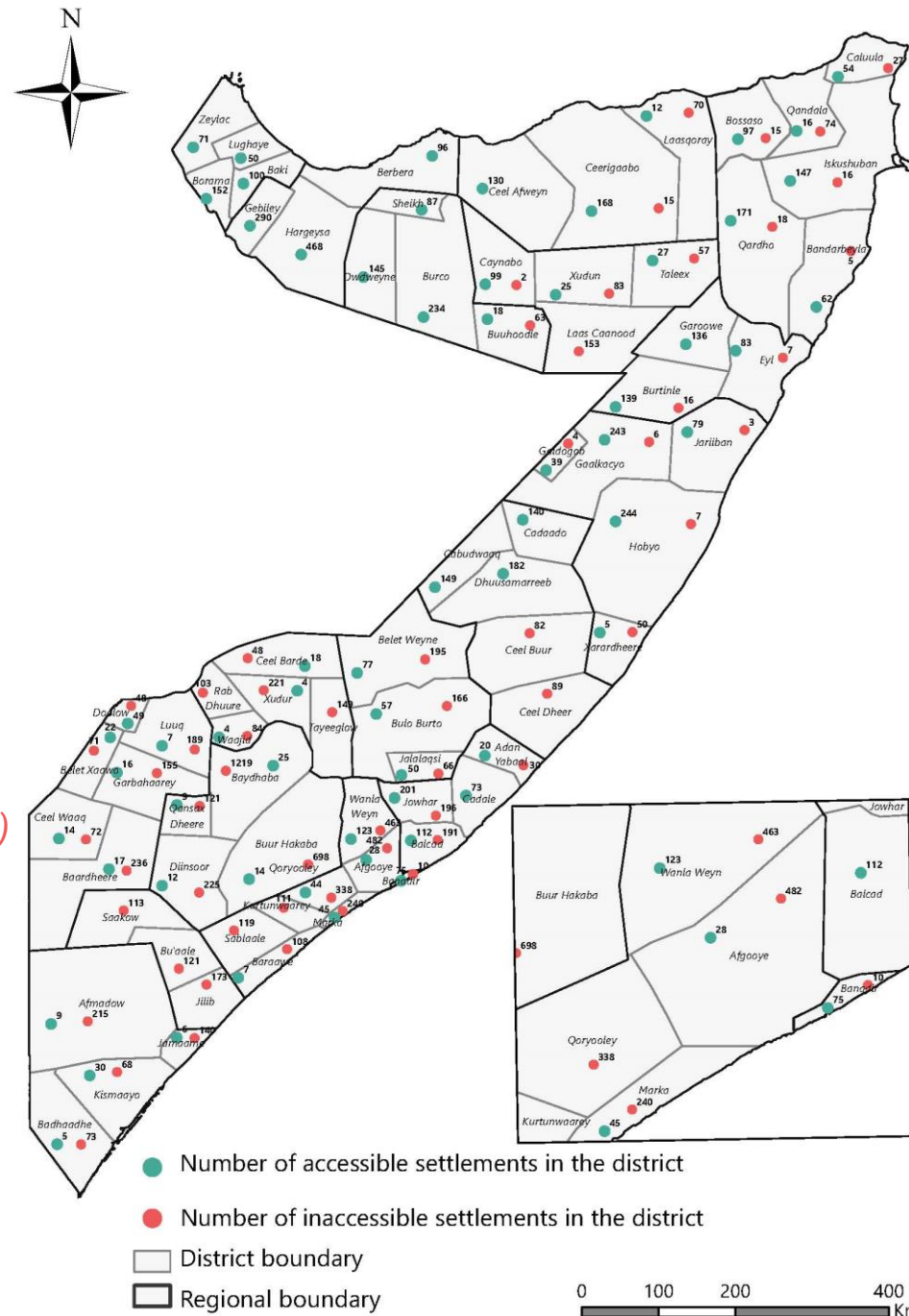
Coverage & Methodology



Accessibility

Inaccessible vs. Accessible sites

(DRAFT - map does not include IDP sites)



Population moved; and there are no or few households in the settlement. *Reasons for population movement included high temperature and/or better access to resources elsewhere.*



Presence of hostile non-state armed actors.



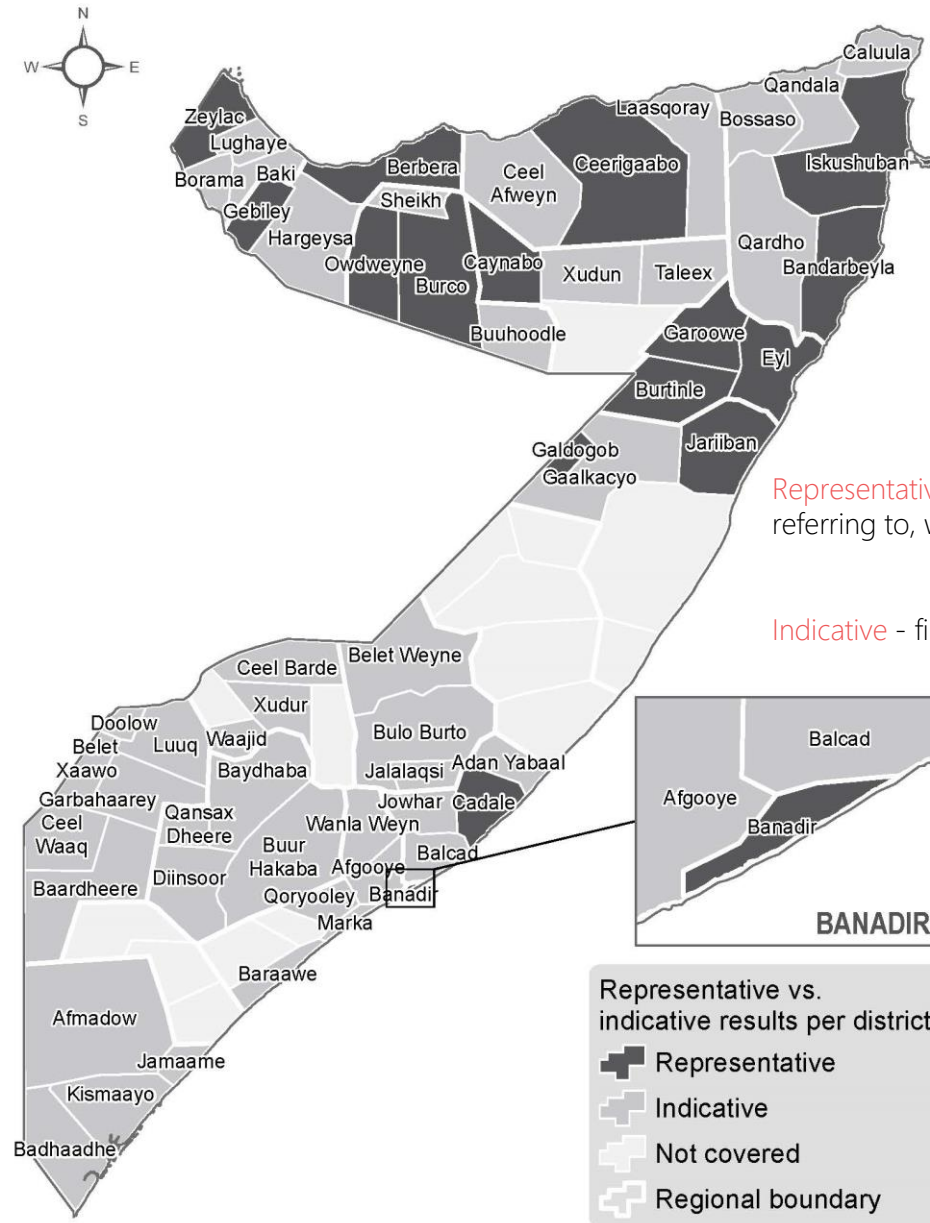
Presence of hostile non-state armed actors.



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

Coverage map

Indicative vs Representative



Representative - findings are generalizable across the district's population group they are referring to, with a known level of confidence (90%) and margin of error (10%).

Indicative - findings give an indication of the situation for a district's population group.

Coverage overview

Indicative vs Representative

Host Community	Per population group	
	Protracted IDPs	New IDPs
Adan Yabaal		
Afgooye	Afgooye	Afgooye
Afmadow	Afmadow	Afmadow
Baardheere	Baardheere	Baardheere
Badhaadhe		
Baidoa	Baidoa	Baidoa
Baki	Baki	
Balcad	Balcad	
Banadir	Banadir	Banadir
Bandarbeyla		
Baraawe		
Belet Weyne	Belet Weyne	Belet Weyne
Belet Xaawo	Belet Xaawo	Belet Xaawo
Berbera		
Borama	Borama	
Bossaso	Bossaso	Bossaso
Bulo Burto		Bulo Burto
Burco		
Burtinle	Burtinle	
Buuhoodle	Buuhoodle	
Buur Hakaba	Buur Hakaba	Buur Hakaba
Cadale		
Caluula		
Caynabo	Caynabo	
Ceel Afweyn	Ceel Afweyn	
Ceel Barde	Ceel Barde	
Ceel Waaq		Ceel Waaq
Ceerigaabo	Ceerigaabo	
Diinsoor	Diinsoor	Diinsoor
Doolow	Doolow	Doolow

Host Community	Per population group	
	Protracted IDPs	New IDPs
Eyl		
Gaalkacyo	Gaalkacyo	Gaalkacyo
Galdogob	Galdogob	
Garbahaarey	Garbahaarey	Garbahaarey
Garowe	Garowe	
Gebiley		
Hargeysa	Hargeysa	
Iskushuban		
Jalalaqsi		Jalalaqsi
Jamaame		
Jariban		
Jowhar	Jowhar	Jowhar
Kismayo	Kismayo	Kismayo
Laasqoray	Laasqoray	
Lughaye		
Luuq	Luuq	Luuq
Marka	Marka	Marka
Owdweyne	Owdweyne	
Qandala		
Qansax Dheere	Qansax Dheere	Qansax Dheere
Qardho	Qardho	
Qoryooley		
Sheikh	Sheikh	
Taleex		
Waajid	Waajid	Waajid
Wanla Weyn	Wanla Weyn	Wanla Weyn
Xudun		
Xudur	Xudur	Xudur
Zeylac		

LEGEND:

Representative	- findings are generalizable across the district's population group they are referring to, with a known level of confidence (90%) and margin of error (10%).
Indicative	- give an indication of the situation for a district's population group.

Methodology

For more information on the methodology and questionnaire, please see the [Terms of Reference](#).



Multi-Sectoral

Questionnaire includes questions on CEA, Demography, Education, Health, WASH, Humanitarian Assistance, Livelihoods & Income, Nutrition, Protection, and SNFI, with answer options including disability, gender and minority clans designed in consultation with global clusters, clusters in-country and endorsed by the ICCG in June 2023. *As requested during the After-Action Review in January 2023 by ICCG members, Food Security and the WGSS are not included but plan to be included again next year.*



Face-to-face, Household-level

Approximately 10,500 face-to-face surveys with Host Community, Protracted IDP and New IDP households across 59 districts.



Representative results

Representative with a 90% confidence level, 10% margin of error per population group (Host Community, Protracted IDP and New IDP) per district. *Due to access challenges (flooding, shifting sand dunes, lack of roads, clan conflicts and al-Shabab presence) for some districts results will be indicative.*



03

Key Findings



Household information

at overall-level

5.2

Average household size (including respondent)

Average number of adults	Average number of children under 15 y.o.	% of households with a female main income earner	% of households where primary income earner is 50 y.o. or above	% of households hosting other households
2.5	2.2	42%	18%	40%

↓
Host Community: 2,2
Protracted IDPs: 2,5
New IDPs: 2,1

↓
Host Community: 37%
Protracted IDPs: 50%
New IDPs: 44%

Differences in gender of caregivers (of children & elderly) are reportedly biggest between Host Community (majority female) and New IDPs (majority male).

Respondents' demographics:

- About **two thirds** (65%) are **female**.
- About **half** (49%) is **31-49 years old**, about **one third** (32%) is **18-30 years old**.
- Civil status: large **majority** (81%) is **married** - 8% single, 6% divorced, 5% widowed.
- Large **majority** (88%) consider themselves to be **head of household**.

Nomadic / pastoralist lifestyles:

- Of IDP HHs: **70%** reported that they were part of a pastoralist HH with nomadic lifestyle, before they became displaced.
- Of **Host Community** HHs: **57%** reported that they are part of a pastoralist HH with nomadic lifestyle.

The profile of New IDP HHs seems to differ from Host Community and Protracted IDP HHs - New IDP respondents reportedly spent the least amount of time on unpaid, productive work, such as engaging with the community and personal care, and unlike other population groups, the majority of HH caretakers in New IDP HHs are male.

Displacement

at overall-level

- Both Protracted IDP HHs and New IDP HHs largely intend to remain in their location over mid-long term, and both groups were mostly displaced within their district of origin.
- Loss of livestock and availability of water & shelter were the most reported reasons for displacement among Protracted IDP HHs, while avoiding conflict was the most reported reason for displacement among New IDP HHs.

70%

of households reported that this district (in which they currently reside) is their household's area of origin.

96%

of households reported that the majority of their household members are Somali citizens.

Most reported factors affecting this most recent displacement for the majority of the household:

Loss of livestock - 38%

Lack of food/water - 37%

Lack of livelihood opportunities - 32%

Actual conflict in community/clan conflict - 28%

Lack of humanitarian assistance - 15%

Most reported current movement intention for the next six months, for the majority of the household:

93%

Remain in current location

% of households reporting "Return to area of origin":

Host Community: 97%

Protracted IDPs: 89%

New IDPs: 85%

6%

8%

Most reported reasons why most people in the household chose to come to this current location:

No conflict - 48%

Availability of water - 30%

Presence of shelter - 27%

Presence of food distribution/aid - 20%

Presence of health services - 16%

Protection – general & child protection

at overall-level

20%

of households reported to have experienced safety or security restrictions affecting their ability to move freely in their area in the past 3 months.

Top 3 reported safety and security concerns in households' area (89% reported none):

1. Being robbed - 4%
2. Being threatened with violence - 3%
3. Suffering from physical harassment or violence (not sexual) - 1%

Protracted IDPs are the population group with the lowest % of HHs (83%) reporting that there are no main safety & security concerns.

14%

of households reported to have any child, son or daughter (<18 y.o.) not currently living in the household.

Top 3 reported main activities of children (<18 y.o.) during the day:

1. Studying / going to school / Madrasa - 57%
2. Playing with friends / talking to friends - 48%
3. Supporting the family (cooking, cleaning, fetching water/firewood, looking after siblings/elders) - 34%

Most reported sign of distress in children (<18 y.o.):

5% Angry or aggressive outbursts

Host Community: 3%

Protracted IDPs: 6%

New IDPs: 7%

Top 3 reported reasons why child(ren) are/is not living in the household:

1. Living with relatives - 56%
2. Married and left the house - 29%
3. Left the house to study - 20%

Protection – GBV, MA & HLP

at overall-level

Child protection concerns appear to be highest among IDP HHs, with more children supporting the HHs among Protracted IDPs and children who left the house due to marriage among New IDPs. New IDP HHs reported slightly higher awareness of GBV services, however, are more involved in HLP problems.

51%

of households reported that no services for women & girls (psychosocial support, recreational activities, reproductive health services, GBV services, or channels for giving feedback on bad behaviour by aid workers) are available in their community.

Top 3 reported occupancy arrangement for households' current shelter:

	Host Community:	Protracted IDPs:	New IDPs:
1. Ownership - 51%	71%	28%	19%
2. Hosted for free - 32%	12%	55%	66%
3. Rented - 11%	13%	9%	5%

Top 3 reported problems related to housing, land and property:

1. Disputed ownership - 13%
2. Rules and processes on housing and land not clear - 4%
3. Property unlawfully occupied by others (secondary occupation) - 4%

Top 3 reported ways how households have been affected by explosive ordnance (e.g. landmines, bombs, missiles, IEDs, bullets or other explosive weapons from conflict) in the last 12 months (91% of HHs reported that the HH has not been affected):

	Host Community:	Protracted IDPs:	New IDPs:
1. It has affected livelihoods opportunities - 5%	4%	8%	6%
2. It has affected the ability of children to go to school - 2%	1%	4%	3%
3. It has affected access to markets - 2%	1%	3%	2%

70%

of households reported not to have any formal written documentation to prove their occupancy arrangement.

New IDPs are the population group with the highest % of HHs reporting to have HLP problems.

13%

of households reported to think of being at risk of eviction within six months of data collection.

Education

at overall-level

48%

of school-aged children (between 6 and 17 y.o.) were reportedly **enrolled in formal school** for the 2022-2023 school year.

New IDPs are the population group with the **lowest % of children enrolled in formal school** (33%), followed by Protracted IDPs (45%) & Host Community (53%).

96%

of those school-aged children enrolled in formal school, were reportedly **attending school regularly** during the 2022-2023 school year.

99%

of school-aged children (between 6 and 17 y.o.) were reportedly **able to learn in safe conditions at the school, including travelling safely to school.**

96%

of school-aged children (between 6 and 17 y.o.) were reportedly **able to learn in acceptable conditions.**

Most reported main reason why school-aged children did not access formal school (were not enrolled or were not attending school regularly):

Cannot afford education-related costs (e.g. tuition fees, supplies, etc.) - **57%**

Distance to school too far / lack transportation - **18%**

Lack of school in community / school is closed - **5%**

School is overcrowded - **4%**

Child is helping at home / farm - **3%**

Distance as a barrier: highest % among Host Community HHs.

Financial cost, expenses as a barrier: highest % among IDP HHs.

Top 3 reported main type of support that would help child(ren) with attending school or participating in regular learning activities:

1. Cash support (to cover school supplies/equipment, transportation to school, food, etc.) - **40%**
2. Direct provision of school supplies/equipment (bags, pencils, books, uniforms, etc.) - **24%**
3. Exemption from school fees - **18%**

WASH – water

at overall-level

82%

of households reported their **time to fetch water** (round trip by walking, queuing and time needed to fetch water) takes 30 minutes or less.

Top 3 reported main source of drinking water:

1. Borehole or tube well - 22%
2. Public tap/standpipe - 13%
3. Piped into dwelling - 12%

73%

of households reported **not treating water** before drinking.

Most reported type of treatment method used for drinking water:

12% Boiling

Host Community: 76%
Protracted IDPs: 72%
New IDPs: 64%

24%

of households reported that there **was not as much water to drink as they would like** for anyone in their household, for 3 times or more in the last month.

Most reported problems related to water access:

Waterpoints are too far - 26%

Water is too expensive - 14%

Not enough containers to store the water - 14%

People with disabilities cannot reach/access waterpoints - 12%

Insufficient number of water points / long waiting time at water points - 11%

3.6

is the households' average **Water Insecurity Experiences (WISE) Scales** score.

% of households having secure or insecure WISE score:

47% Secure

53% Insecure

Insecure WISE Score: highest for IDP population (about 2 thirds of HHs for both Protracted & New IDPs)

Host Community: 19%
Protracted IDPs: 28%
New IDPs: 31%

WASH – water & sanitation

at overall-level

Most reported strategies households use to adapt to lack of water:

Rely on less preferred (unimproved/untreated) water sources for drinking water - 21%

Fetch water at a source further than the usual one - 21%

Rely on surface water for drinking water - 11%

Reduce water consumption for other purposes (bathe less, etc.) - 10%

Rely on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing - 9%

33%

of households reported **not to have access to a sanitation facility with any of the following features:** door, walls that protect privacy, lock to close door, inside & outside light, marked separated facilities between women/men, close to dwelling (less than 50m), easily accessible to all (children, elderly, people with disabilities, pregnant women).

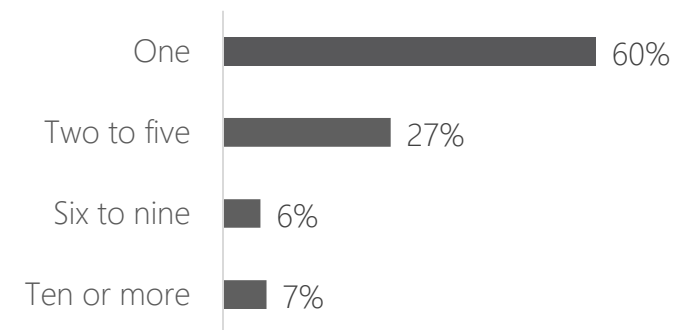
Top 3 reported strategies households use to adapt to issues related to sanitation facilities:

1. Rely on communal sanitation facilities (latrines/toilets) - 34%
2. Defecate in the open - 34%
3. Rely on less preferred (unhygienic/unimproved) sanitation facilities (latrines/toilets) - 30%

Top 3 reported type of toilet facility usually used by household:

1. Pit latrine without slab / Open pit - 43%
2. No facility (in bush/field - open defecation) - 28%
3. VIP latrine / Pit latrine with slab - 14%

% of households sharing their sanitation facility, by number of households per sanitation facility:



WASH – hygiene

at overall-level

IDP HHs were found to have more problems related to accessing water, compared to the Host Community. Issues regarding sanitation, on the other hand, seems to be more equally spread across population groups, whereas hygiene issues were most often reported by New IDPs.

% of households reported that traces of dead animals, rodents, or human faeces; or stagnant water was visible in the vicinity (30 meters or less) of their accommodation in the last 30 days:

9% Frequently visible

37% Sometimes visible

71%

of households for which the majority of the household members **also regularly (on a daily basis) use their handwashing facility**, among the % of households who are reportedly having a handwashing facility.

Most reported strategy of how households adapt to issues related to hygiene items:

38%

Rely on soap substitutes (sand or other rubbing agents for soap, clothing for diapers, etc.)

34%

of households reported that they **do not have any issue related to hygiene items**.

17%

of households showed a **fixed or mobile handwashing place in their dwelling/yard/plot** where household members most often wash their hands.

Among this % of households, observations of availability of water & soap at the place for handwashing:

81% Water is available

61% Soap or detergent is available

26%

of households reported that female members during their last menstrual period had **menstrual hygiene management challenges which prevented them from working, participating in the community and/or carrying out daily tasks and responsibilities**.

Top 3 reported challenges in using menstrual materials:

1. Not enough menstrual hygiene materials (i.e. not enough cloth) - **26%**
2. Unsure how to use menstrual hygiene materials (i.e. unsure how to use cloth, pads, etc.) - **10%**
3. Menstrual hygiene materials are physically uncomfortable - **7%**

Top 3 reported problems on accessing menstrual materials:

1. Menstrual materials are too expensive - **27%**
2. Menstrual materials are not available at the market - **17%**
3. The market is too far away - **12%**

36% for New IDPs

33% for New IDPs

SNFI

at overall-level

Most reported types of primary shelter households currently live in:

Makeshift shelter (sticks, clothes, paper) - 28% 53% for New IDPs

Buul (timber structure with plastic sheets) - 21% 28% for Protracted IDPs

CGI sheet wall and CGI roof - 14%

Traditional Somali nomadic house - 14%

Stone/brick wall and CGI roof - 10%

Top 3 reported types of damage or noticeable issues of households' primary shelter:

1. Minor damage to roof (cracks, openings) - 32% 38% for Protracted IDPs
36% for New IDPs

2. Major damage to roof with risk of collapse - 14% 17% for Protracted IDPs
20% for New IDPs

3. Leaks during rain - 14%

Highest % of households reporting this are IDPs (56%).

47%

of households reported **not to have a functional domestic space in terms of cooking** (cannot cook at all or can cook but with issues).

Highest % of households reporting this are IDPs (54%).

45%

of households reported **not to have a functional domestic space in terms of sleeping** (cannot do or can do with issues).

Highest % of households reporting this are IDPs (65%).

57%

of households reported **not to have a functional domestic space in terms of storing food and water** (cannot do or can do with issues).

Among these % of households, most reported reasons are:

61% Lack of access to cooking facilities

66% Insufficient space

62% Lack of containers to store food

Highest % of households reporting these reasons are found for IDP populations, without major differences between the Protracted & New IDPs.

SNFI

at overall-level

Findings are showing that IDP HHs may have the highest SNFI needs, both regarding Shelter and NFIs.

71%

of households reported not to have a functional domestic space in terms of power (through grid, generator, solar, or other) (cannot do or can do with issues).

Highest % of households reporting this are IDPs (77%).

Top 3 reported core NFIs missing in household:

Highest % of households reporting missing core NFIs are found among IDP HHs:

1. Mosquito net - 74%

Protracted IDPs: 80% - New IDPs: 79%

2. Blanket - 71%

Protracted IDPs: 75% - New IDPs: 83%

3. Sleeping mat - 69%

Protracted IDPs: 76% - New IDPs: 76%

52%

of households reported that their shelter does not have a secure door lock.



Host Community: 44%
Protracted IDPs: 60%
New IDPs: 69%

Most reported type of support required for NFIs:

77% Cash provision (cash to buy NFI items)

Health

at overall-level

39 minutes

Average number of minutes it reportedly takes households to get to the nearest, functional health facility by their normal mode of transportation.

Top 3 reported barriers faced which prevented households from accessing the healthcare they needed, or was experienced by them in the last 3 months, or households think they would experience when needing healthcare:

1. No functional health facility nearby - 40%
2. Could not afford cost of treatment/medicines - 20%
3. Specific medicine, treatment or service needed unavailable - 14%

17%

of individuals reportedly had a health problem and needed to access health care in the last 3 months.

Findings suggest only marginal differences between population groups regarding Health needs. However, Host Community HHs – on average – travelled farther to reach the nearest functional health facility (42 minutes).

Among this % of individuals, the most reported health care need was:

54% Consultation or drugs for acute illness (fever, diarrhoea, cough, etc.)

70%

of individuals were reportedly able to obtain health care when they felt they needed it, among the % of individuals who had a health problem and needed to access health care in the last 3 months.

Among this % of individuals, the most reported location where health care was sought, was:

44% Government/NGO health facility

Health – WCB & vaccination

at overall-level

19%

of women of childbearing age (15 - 49 y.o.) have reportedly completed a pregnancy in the last two years.

Top 3 reported locations of women giving birth:

1. Her own home - 55%
2. Government/NGO health facility - 30%
3. Private health facility - 9%

Top 3 reported persons assisting women giving birth:

1. Traditional birth attendant - 43%
2. Midwife - 35%
3. Doctor - 12%

Top 3 reported reasons for not delivering in a health facility:

1. No functional health facility or maternity ward nearby - 66%
2. No means of transportation at time of delivery - 22%
3. Cannot afford delivery, associated materials, and/or cost of transport - 15%

61%

of women reportedly saw a health worker for ante-natal care for this completed pregnancy, among this % of women of childbearing age who completed a pregnancy in the last two years.

2.8

Average number of reported ante-natal visits made.

74%

of children of vaccination age (< 6 y.o.) have ever received any vaccination

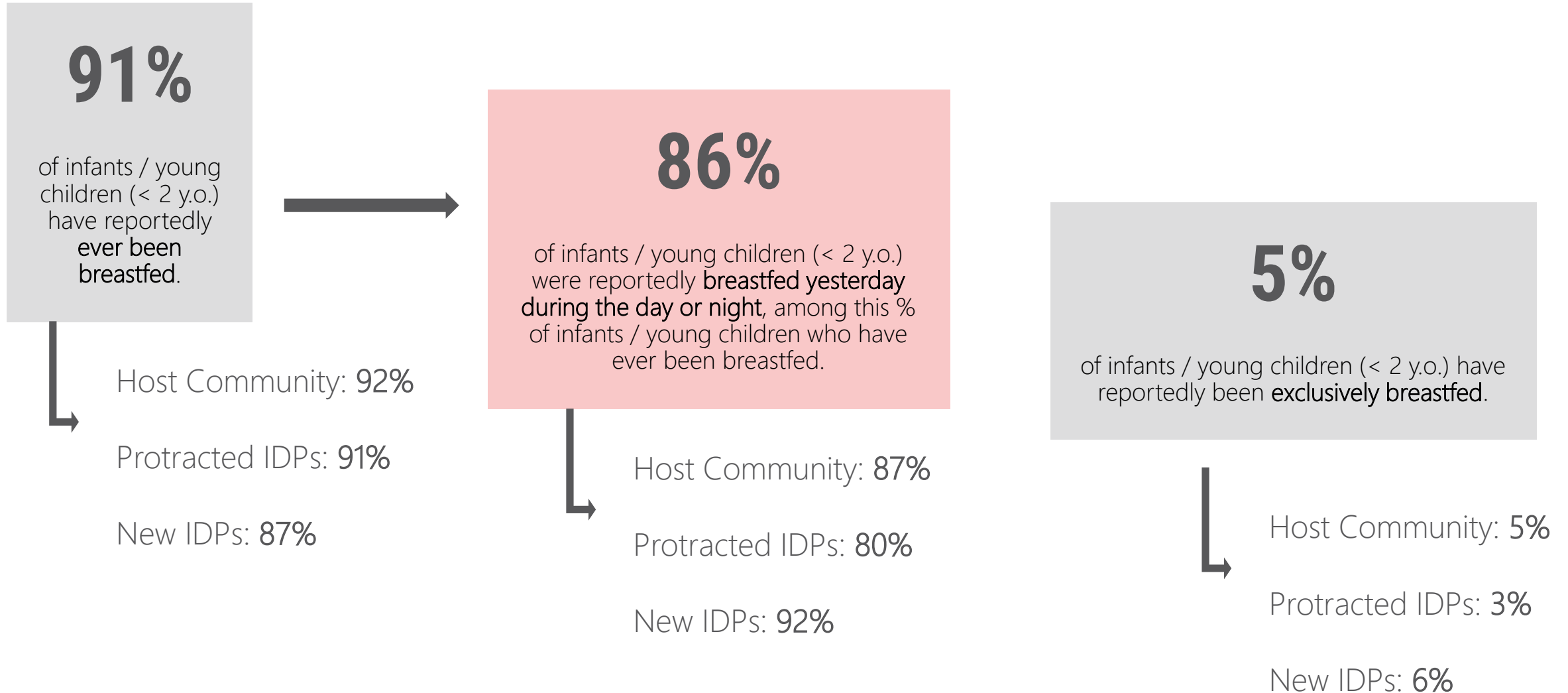
New IDPs show lowest proportion (66%).

Top 3 reported reasons for not having received any vaccination, among the % of children of vaccination age who did not receive:

1. No functional vaccination services available nearby - 73%
2. No means to pay for transport to go to nearest vaccination service - 9%
3. Don't believe children need vaccinations / family doesn't approve vaccinations - 6%

Nutrition

at overall-level



Livelihoods

at overall-level

Livelihood Coping Strategy Index (LCSI)

because of a lack of food or money to buy food

% of households reported to have used or already exhausted these “**stress**” coping strategies in the last 30 days:

60% Borrowing money	28% Selling non-food items
35% Sending household members to eat elsewhere	31% Prioritizing food consumption of active household members

% of households reported to have used or already exhausted these “**crisis**” coping strategies in the last 30 days:

23% Selling productive assets or means of transport	20% Children (< 15 y.o.) having to work to contribute to the household income
35% Reducing expenses on essential health (incl. drugs)	

% of households reported to have used or already exhausted these “**emergency**” coping strategies in the last 30 days:

28% Having to sell the last female (productive) animal	18% Having to engage in socially degrading, high-risk, or exploitive jobs, or life-threatening income activities
22% Having to beg (ask strangers on the streets for money or food) and/or scavenge	

Top 3 reported other reasons for using livelihood coping strategies aside from a lack of food or money to buy food:

1. To access or pay for healthcare - **38%**
2. To access or pay for shelter - **19%**
3. To access or pay for education - **12%**

Most reported difficulties or shocks experienced by households in the last 3 months:

- Loss of or reduced employment for any household member - **50%**
- Reduced income of any household member - **35%**
- Serious increase in food prices - **13%**
- Drought, prolonged dry spell - **8%**
- Serious illness or accident resulting in injury for any household member - **4%**

Top 3 reported household's main sources of food in the last 30 days:

1. Purchased with cash (or mobile money) - excluding CVA - **47%**
2. Borrowed - **30%**
3. Own production - **21%**

Cash & Markets

at overall-level

Top 3 reported primary income sources of households:

1. Daily labour - 46%
2. Livestock - 20%
3. Agriculture - 15%

Top 3 reported main challenges households faced in meeting their basic needs in the last 30 days:

1. Lack of work opportunities - 68%
2. No livelihoods/income sources - 43%
3. Lack of capital - 28%

Proportion of basic needs households have reportedly been able to meet in the last 30 days:

- None (0%) - 11%
- A few (1-25%) - 52%
- Some (26-50%) - 23%
- Many (51-75%) - 9%
- Almost all (76-99%) - 2%
- All (100%) - 2%

71%

of households reported having to travel less than 1 hour on foot to reach the nearest operational marketplace or grocery store.

55%

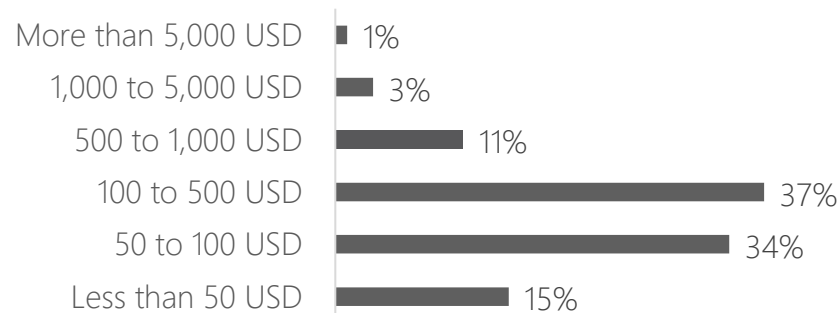
of households reported that their monthly income is now lower (compared to their usual income over the past months).

74%

of households reported to currently have debt.



Reported total amount of debt in USD:



Most reported barrier faced in accessing the marketplace:

42% Marketplace is too far away to access regularly

Most reported difficulty for households to purchase the items they needed on the market in the last 30 days:

52% Some items are too expensive to purchase

AAP

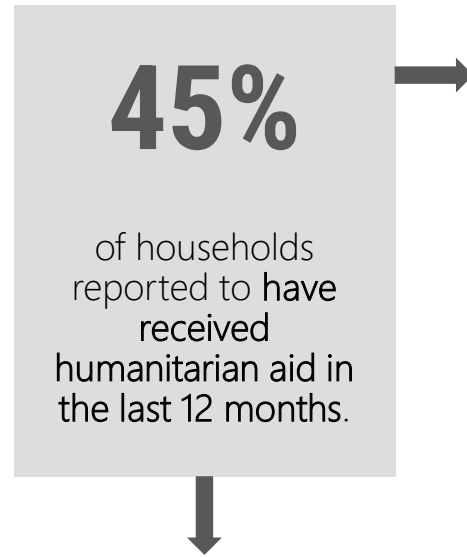
at overall-level

Most reported current top priority needs of households:

- Food (or cash to buy food) - 67%
- Drinking water - 47%
- Healthcare - 42%
- Shelter / housing - 42%
- Hygiene NFIs & sanitation services - 12%

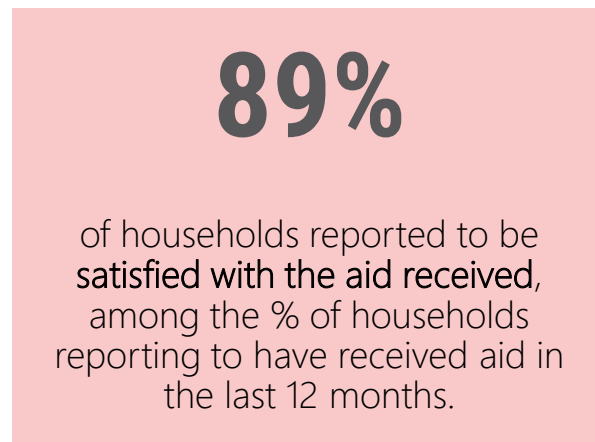
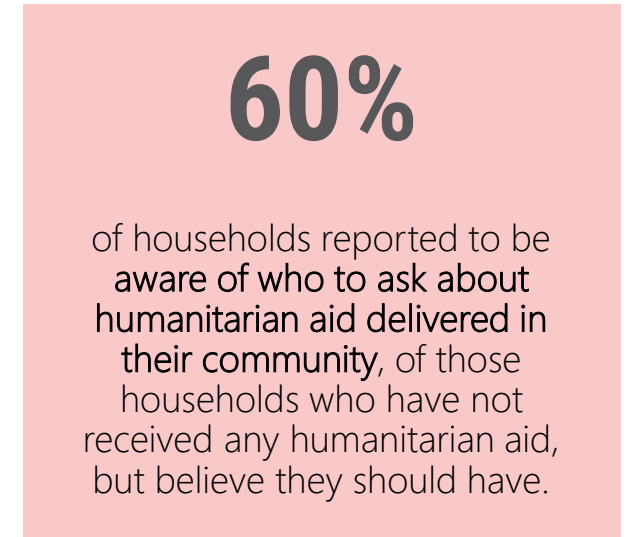
Top 3 reported types of assistance households would prefer to receive in the future:

1. In-kind (food) - 58%
2. In-kind (NFIs) - 44%
3. Physical cash - 37%



Among this % of households, the most reported type of humanitarian aid received, was:

- 67%** Food or cash to buy food



Most reported barrier to access humanitarian aid in the last 12 months:

- 30%** Lack of information about aid delivery time, date and/or entitlements

AAP

at overall-level

73%

of households reported to be satisfied with the way aid workers generally behave in their area.



Among this % of households, the top 3 reported reasons why they were not satisfied, were:

1. Aid workers are not available when we need them - 36%
2. We were asked for favours or payment to receive assistance - 20%
3. Aid workers refused to put people on lists - 18%

Most reported types of information households would like to receive from aid providers:

How to register for / get access to humanitarian aid - 31%

How to get food - 28%

How to get water - 20%

News on what is happening / the security situation here - 18%

How to get shelter/accommodation/shelter materials - 16%

57%

of households reported to know how to ask a question or give feedback about the humanitarian aid received or misconduct of aid workers, among the % of households reporting to have received aid in the last 12 months.



Most reported way of how households prefer to give feedback to aid agencies about the humanitarian aid received or misconduct of aid workers, among the % of households reporting to have received aid in the last 12 months:

55%

In-person (home, office, meeting) to aid workers, youth workers, local authorities, religious leaders, local organizations, etc.

49%

of households reported to have ever given feedback (made a suggestion or complaint), among the % of households reporting to know how to do so.



04

Conclusion





Key Questions

What aligns with your own data or feedback from partners?

Are there any findings that are new or differ from your own data?
Why might that be?

What key findings maybe most interesting or helpful for the HPC process?

What key themes or findings would you like us to “zoom – in” on?

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05

Q & A



Thank you for your attention



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Senior Assessment Officer



REACH Informing
more effective
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