



Acted SOMALIA

Rapid Needs Assessment: Jubaland

Bardhere, Afmadow and Garbaharey (August 2023)



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Acronyms

CCS	Consumption based coping strategies
CMC	Camp Management Committee
DDS	Dietry diversity score
FCS	Food consumption Score
FSL	Food Security and Livelihoods
HH	Household
HHWISE	Household Watwr Insecurity Experience
KI	Key Informant
KII	Key Informant Interview
LCS	Livelihoods based coping strategies
MEAL	Monitoring, Evaluation, Appraisal and Learning
RNA	Rapid Needs Assessment
USD	United States Dollar
WASH	Water, Sanitation and Hygiene

Background

The project “**Providing dynamic, targeted and informed assistance for integrated life-saving support to households most affected by drought and conflict in Somalia**” is a multi-sector BHA-funded project running from 1 May 2023 to 30 April 2024. It aims to provide assistance to food insecure populations in the Bay, Banadir and Jubaland regions in Somalia who are drought affected, at risk of displacement and have high gaps in terms of access to WASH and shelter services as well as stable livelihood opportunities. It provides CCCM, WASH and cash support (MPCA and UCT). ACTED is partnering with SADO, MCAN, GREDO and Impact to provide support. In total, for all components, 88,288 households (529,725 individuals) are targeted for the project.

Objectives

The specific objectives of this Rapid Needs Assessment (RNA) were to understand the needs of the population in the relevant these sites in Jubaland, particularly with regards to FSL and WASH. Additionally, it provides demographic information in the sites and districts of interest.

Methodology

A **cluster sampling** methodology was chosen for this RNA. It was based on administrative sites in each district. As part of the methodology, 30 households were chosen at random in each site. In total 26 sites were selected as part of this RNA. This includes 14 sites in Bardhere, 7 sites in Afmadow and 5 sites in Garbaharey.

Table 1 Dates of data collection

District	Data collection
Bardhere	6-8 August 2023
Afmadow	7-9 August 2023
Garbaharey	15-16 August 2023

Due to security concerns, data collection in Garbaharey was slightly delayed.

Table 2 Number of beneficiaries per district

District	Gender	Number of Respondents	Total number of respondents
Bardhere	Female	273	420
	Male	147	
Afmadow	Female	115	210
	Male	95	
Garbaharey	Female	117	150
	Male	33	
Total			780

Limitations

Although the plan was 30 households per site, in some instances this target was not met. For example, in Bardhere, Waberi had 29 respondents while Wadajir had 31 respondents. However, overall, each district had the sufficient number of interviews completed.

Findings

Demographics

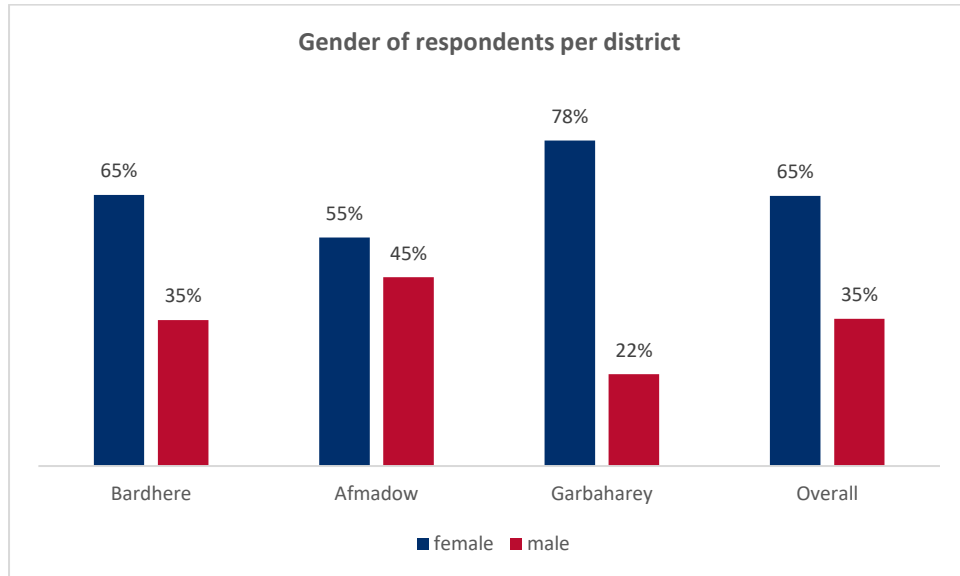


Figure 1 Gender of respondents per district

As the programme targets the vulnerable household, most of the programme’s beneficiaries are female. For this Rapid Needs Analysis (RNA), therefore, most respondents (65%) are female. In all districts, more than half of the respondents are female though this still varies, ranging from 55% in Afmadow female to 78% in Garbaharey.

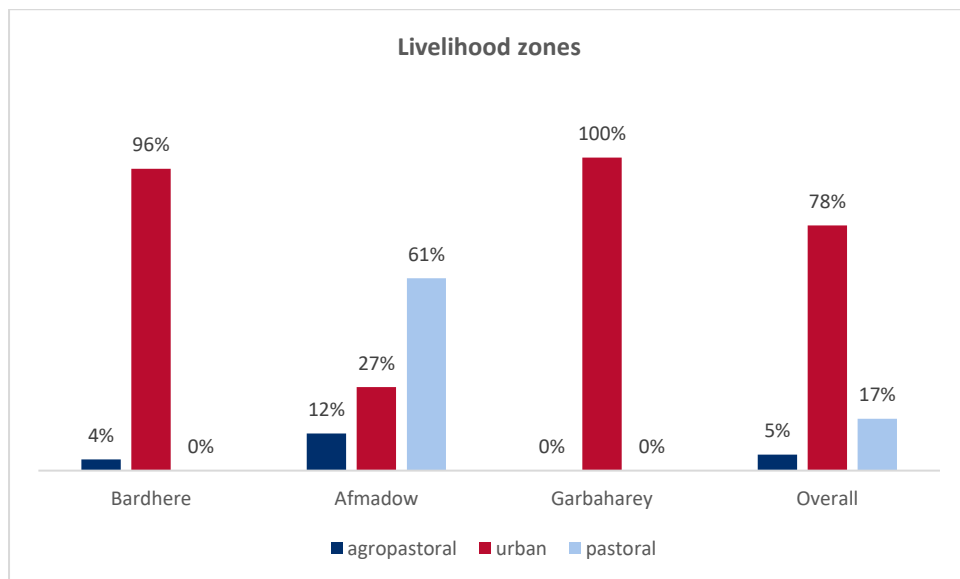


Figure 2 Livelihood zones

Overall, the vast majority of respondents (78%) are from urban areas followed by pastoral (17%) and agro-pastoral (5%). However, this varies widely per district as can be seen in Figure 2 below. All respondents from Garbaharey are from urban areas but only 27% are for respondents from Afmadow. Furthermore, Afmadow is the only district that had respondents (61%) reporting to be from pastoral zones.

The average age of the respondents was 38 years old; the youngest respondents was 19, while the oldest was 88 years old.

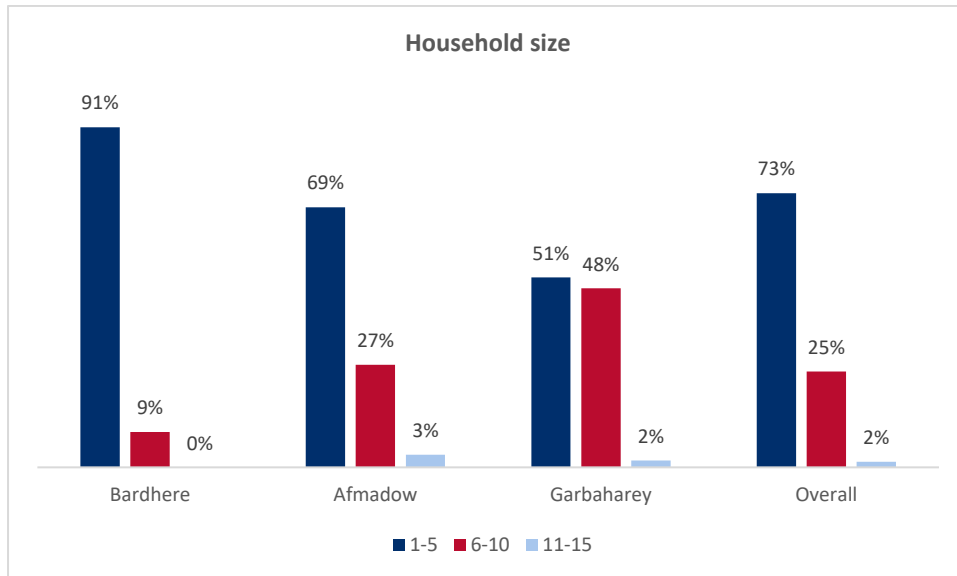


Figure 3 Household size

Almost three quarters (73%) of all respondents reported a household size of 1-5 individuals. This is most common in Bardhere (91%). Garbaharey has the largest proportion of respondents from households with 6-10 members (48%) and Afmadow has the largest proportion of respondents from households with 11-15 members.

Displacement

The two main reasons for respondents moving to their current location is a better security situation (83%) and better access to services/humanitarian assistance (21%). This was followed by access to food (19%).

As seen in Figure 4, it was most common for respondents to arrive at the location in the last month (36%). This is particularly the case in Bardhere (59%) while it is significantly less common in Afmadow (8%) and Garbaharey (13%).

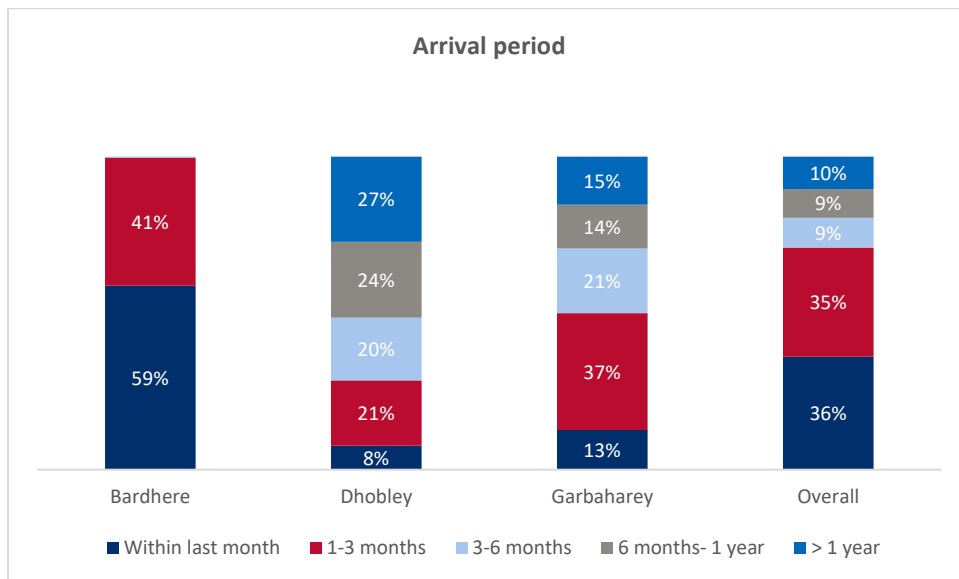


Figure 4 Arrival period

Socio-economic status

Overall, 15% of respondents report that someone in their household belongs to a minority clan. This is highest in Dohley (38%), followed by Garbaharey (18%) and Bardhere (3%). In Afmadow, the sites where respondents most commonly reported that someone in their household belonged to a minority clan were Kutuur (60%), Bosniya (54%), Jiroole (47%) and Dan Wadaag (37%).

Additionally, more than half (55%) of respondents reported that there are children in their household that dropped out of school. This was most common in Bardhere (65%) and least common in Garbaharey (35%). In Afmadow, half (50%) of the respondents reported that this is the case.

The main reason for school drop-outs is a lack of schools in the community (71%). This is by far the most common reason, as the second most common reason was only reported by 11% (drought).

Children

There is an even split of male and female children reported in households.

Almost two thirds (62%) of respondents report that the children in their household have received any vaccination. For those households where none of the children have received any vaccinations (38%), the main reason was that there were no vaccination sites nearby (83%), followed by no means to pay transport to go to the nearest health facility (10%). Additionally, 4% of respondents do not believe children need vaccines or fear and distrust vaccines, while 1% reported that they were denied access to vaccination services due to their clan affiliation¹.

Income and expenditure

Income

Most respondents (79%) report earning between 0-49USD last month. While only 35% of respondents from Afmadow reported earning this amount, 95% from Bardhere and 93% from Garbaharey reported

¹ Respondents were able to choose multiple options.

the same. It was most common in Afmadow for respondents to earn 50-99USD, and it was also the only district who reported respondents earning 100USD or more (20%) in the last month, as seen in Figure 5 below.

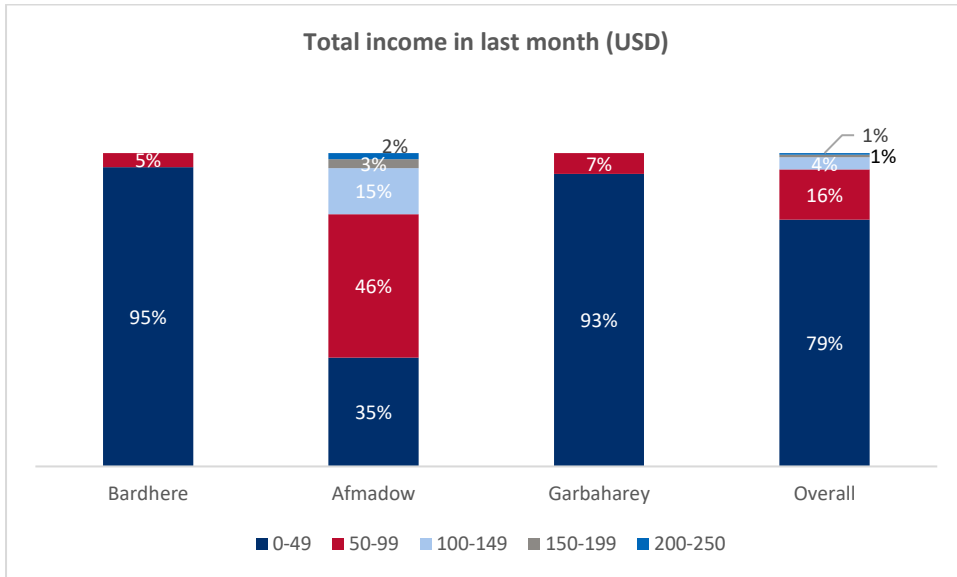


Figure 5 Total income last month

Additionally, 16 respondents (2%) reported earning no income. This includes 6 respondents in Afmadow and 10 in Garbaharey.

Expenditure

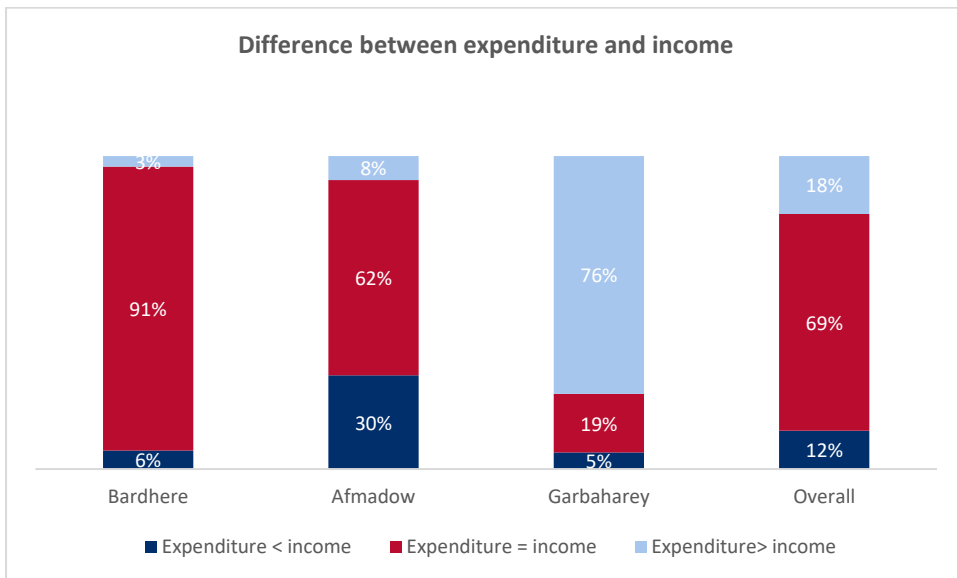


Figure 6 Difference between expenditure and income

As can be seen in Figure 6 most respondents (69%) report that their expenditure is the same as their expenditure. Only 12% reported that their expenses were lower than their income. There are significant differences across the districts; while 91% of respondents in Bardhere reported their

expenditure was equal to their income, 76% of respondents from Garbaharey reported that their expenditure was greater than their income.

Respondents are able to cope with their expenditures higher than their income mainly by taking a loan (52%)².

Table 3 indicates the top 5 amount in USD spent on items. Food (20USD) was the highest expense overall, followed by debt repayment for food (4USD), medical expenses (4USD) and water (4USD).

Table 3 Top 5 Expenditures in USD

Item	Bardhere	Afmadow	Garbaharey	Overall Average expense)
Food	20	22	16	20
Food debt repayment	2	6	7	4
Health care	4	7	1	4
Water	3	3	7	4
Non-food debt repayment	1	4	5	3

Food Security and Livelihoods (FSL)

Food security

Overall, just over one quarter (26%) of respondents are food secure. In Gabraharey and Afmadow, this figure is almost half of respondents (47% and 49% respectively). However, in Bardhere, only 6% are food secure, indicating significant differences across the districts. Additionally, in Bardhere, 40% of respondents are severely food insecure, while this figure is 5% in Garbaharey and 13% in Afmadow.

² Of respondents who reported expenditure was higher than income

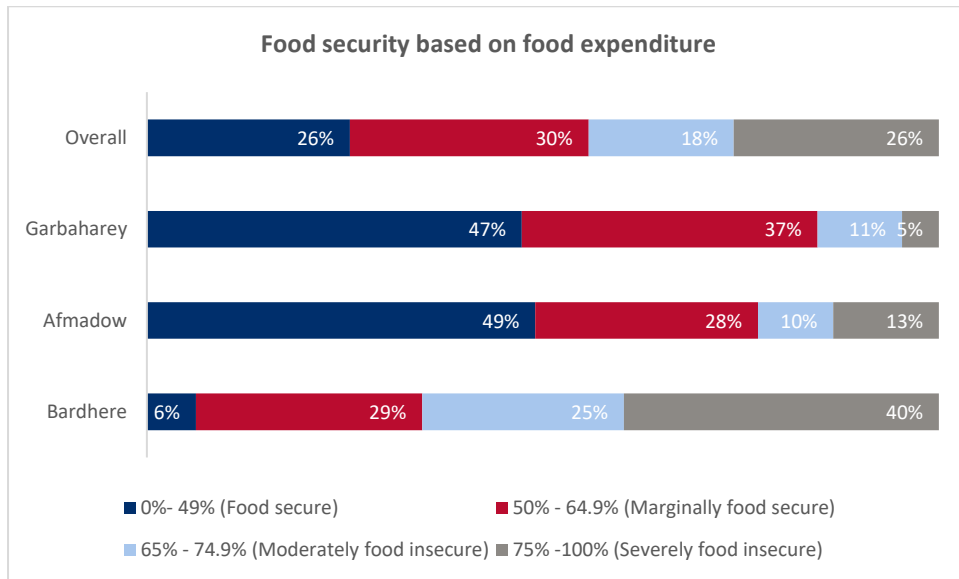


Figure 7 Food security based on food expenditure

Most respondents (70%) reported eating 2 meals a day, followed by 20% who eat one meal a day. Only a small percentage (5%) report eating 3 meal a day while 1% report eating 4 meals a day. Overall, 4% report eating no meals in the last day.

Respondents were asked to confirm that they had no meals in the last 24 hours and 94% confirmed this was true. However, 8% of respondents from Bardhere reported that this is not correct; this site was the only one where respondent reported they had a meal in the last 24 hours, thus the overall being 6% for all sites.

Household Hunger Score (HHS)

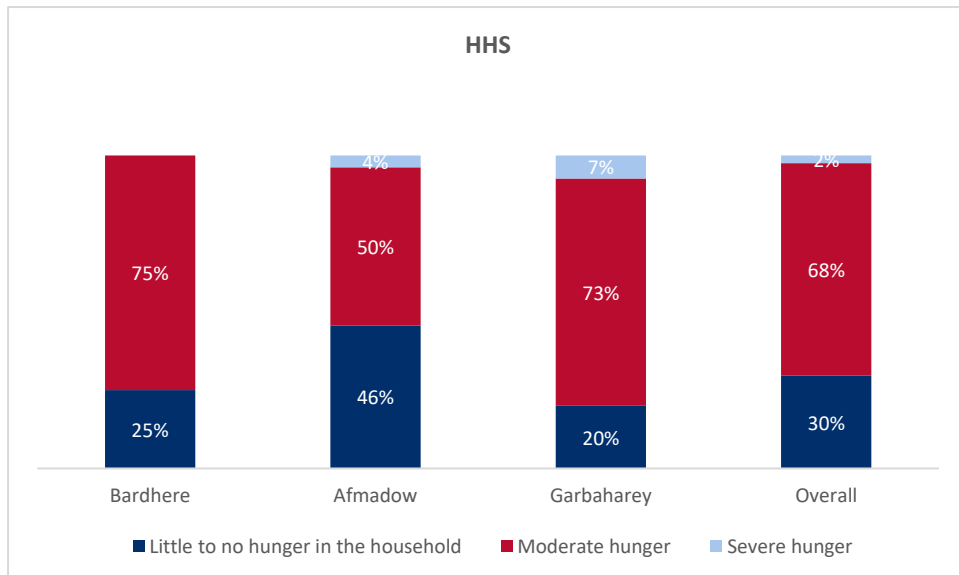


Figure 8 HHS

Thus, more than two thirds (68%) of respondents fall into the moderate hunger category, while 2% fall into severe hunger. This includes 4% of respondents from Afmadow and 7% of respondents from Garbaharey.

Food Consumption Score (FCS)

As seen in Table 4, the main source of income overall was laboring for food (51%). This was the main source of food in Bardhere (74%) and Afmadow (31%). However, in Garbaharey, the main source of food was credit at the market (31%).

Table 4 Main source of food for household in past 7 days (top 5)

	Bardhere	Afmadow	Garbaharey	Overall
Labor for food	74%	31%	11%	51%
Credit at the market	1%	10%	31%	9%
Gift	7%	3%	19%	8%
Loan	1%	10%	23%	7%
Food assistance	0%	23%	2%	7%
Own production	4%	15%	0%	6%

Three quarters (75%) of respondents overall have poor FCS. This figure is highest in Garbaharey (84%) and lowest in Afmadow (65%). Afmadow also has the largest proportion of respondents with an acceptable FCS (12%) although this figure is quite low, as seen Figure 9 below.

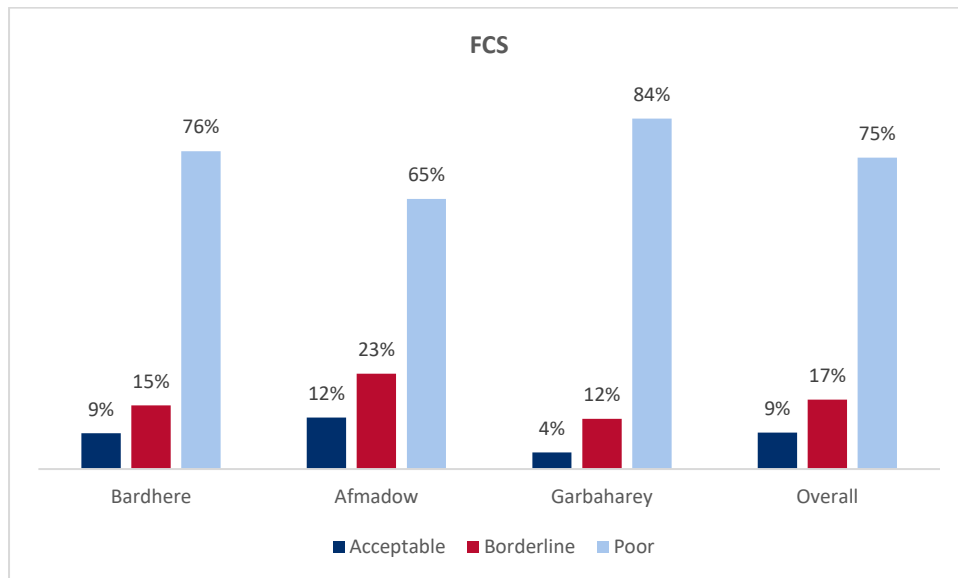


Figure 9 FCS

For respondents who report having minority clan members in the household, 63% report a poor FCS, which is slight lower than the overall average (75%). Additionally, 12% have an acceptable FCS, which is slightly higher than the overall average (9%). The remaining respondents (25%) have a borderline FCS.

Dietary Diversity Score (DDS)

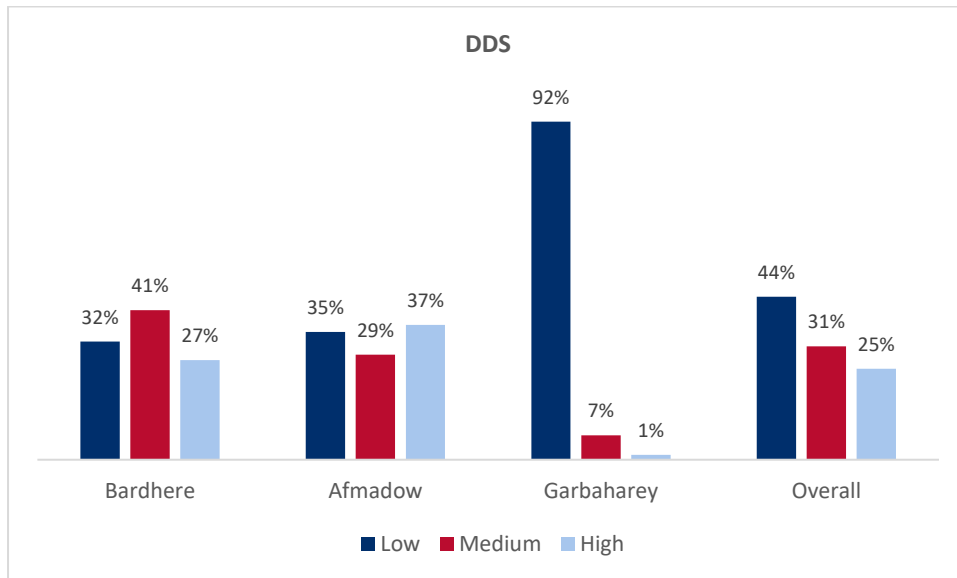


Figure 10 DDS

Overall, there is a low (44%) DDS. It is most commonly low in Garbaharey (92%) and most commonly high in Afmadow (37%).

Consumption Based Coping Strategies (CCS)

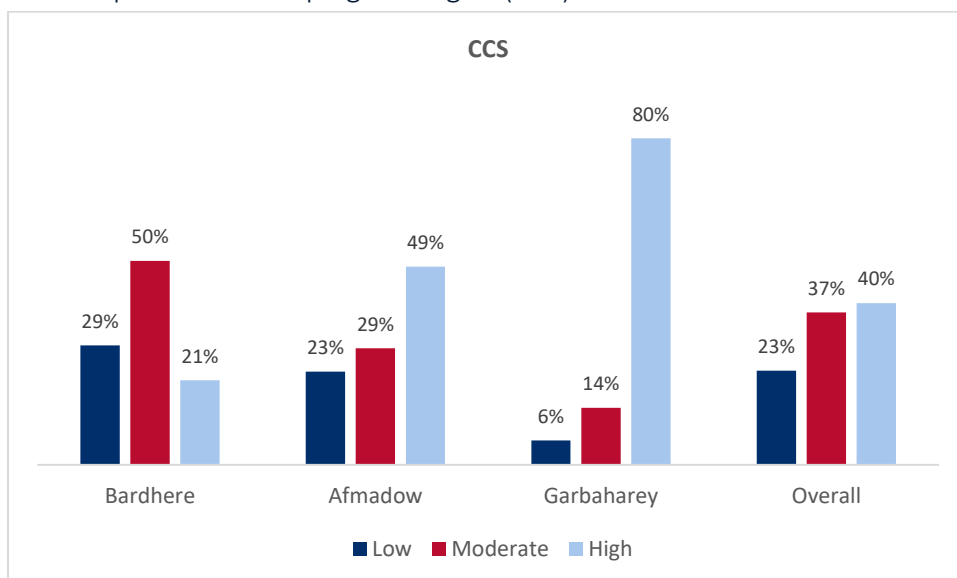


Figure 11 CCS

Respondents in Garbaharey seem to be using coping strategies the most, with 80% of respondents having high CCS scores. Bardhere on the contrary, has the fewest respondents with high CCS score (21%) and the largest proportion with a low CCS score (29%). Nevertheless, overall, 40% of respondents fall into the high CCS category.

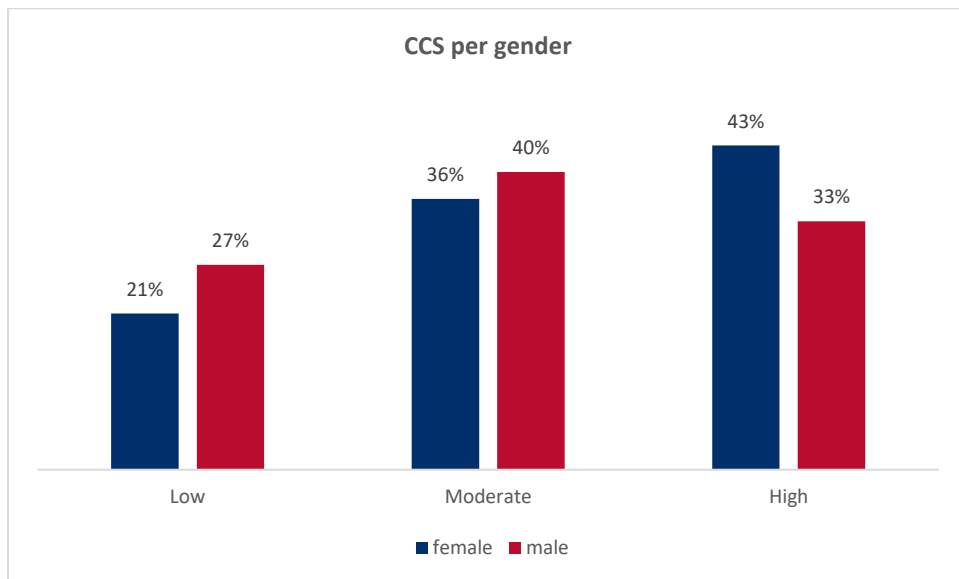


Figure 12 CCS per gender

Minority groups are faring worse than the overall score as over half (54%) have a high CCS and 12% have a low one. The remaining respondents have a moderate score (34%). There are also differences between genders, with a larger proportion of women (43%) having a high CCS score than men (33%). Additionally, a slightly smaller proportion of women (21%) have a low CCS than men (27%) as seen in Figure 12.

Livelihoods based coping strategies (LCS)

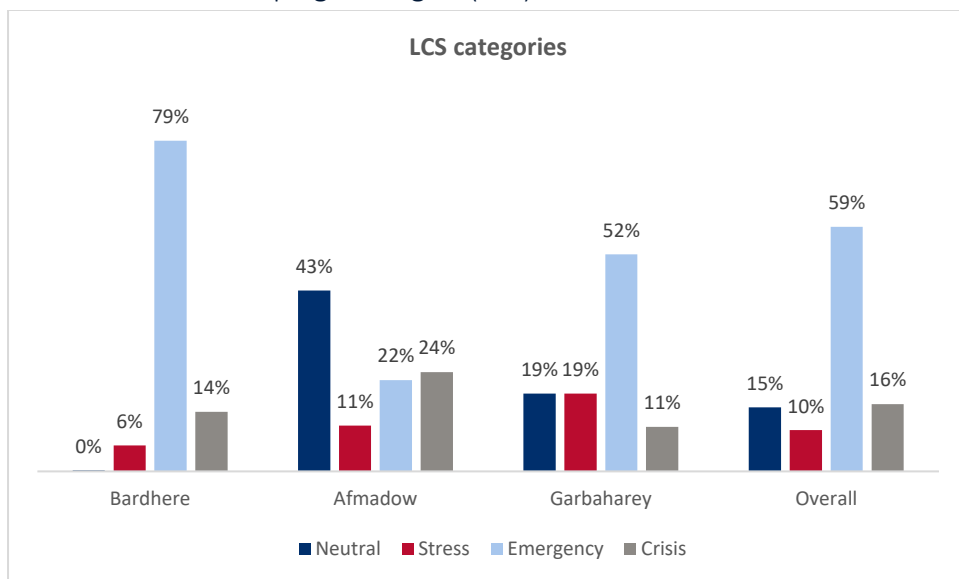


Figure 13 LCS categories

As seen in Figure 13, more than half (59%) of respondents fall in the emergency LCS category. This includes 79% of respondents from Bardhere, 52% from Garbaharey and 22% from Afmadow. While only 15% of respondents overall fell into the neutral category, this figure was 43% in Afmadow but 0% in Bardhere. Once again, the districts distinct characteristics and environment explain these disparities.

Respondents reporting minority groups in the household fared both better and worse overall. More respondents with minorities in the household fall in the crisis category (19%) than average (16%) but on the other hand, significantly more (38%) than average (15%) fall into the neutral category as well. Respondents reporting minority groups in the household are therefore doing better and worse than the respondents overall.

There are once again slight differences between men and women. While slightly more men (20%) fall in the crisis category than women (14%), there are more women in the emergency category (63%) than men (51%); and there are more males in the neutral category (20%) than females (13%).

WASH

Access to water

Overall, almost three quarters of respondents report that their household has enough water for drinking (72%) and cooking (73%). However, only 19% report sufficient water for personal hygiene while 10% report sufficient water for other domestic purposes. Indeed, only 7% of respondents report being able to meet their water needs for daily use (drinking, cooking, hygiene and domestic use). This indicates a clear lack of water in these districts for respondents to undertake necessary daily tasks.

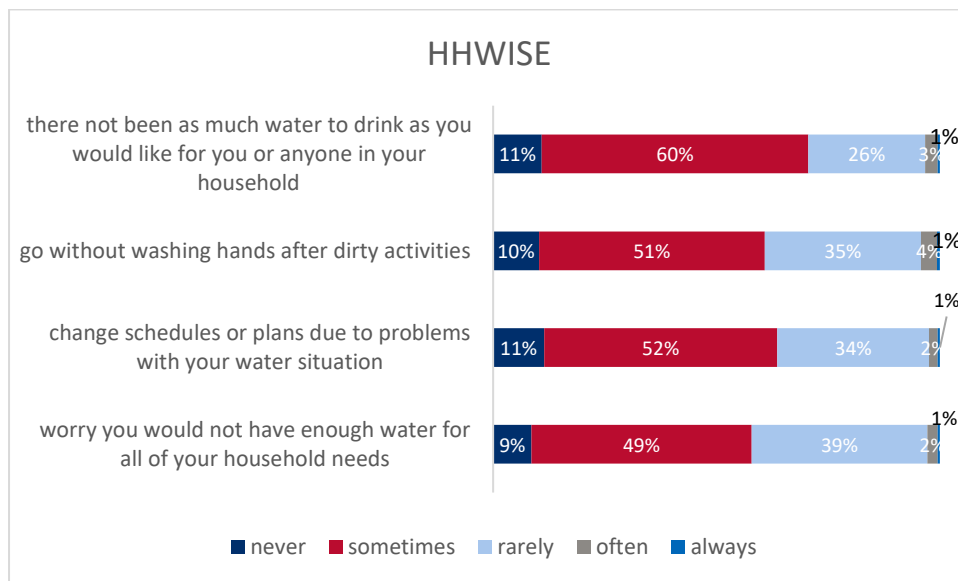


Figure 14 Household Water Insecurity Experience (HHWISE) Scale

As shown in Figure 14, it is rare for respondents to report always or often having issues with water security. However, it is also relatively rare for it to never be an issue (between 9%-11%) due to different water insecurity aspects.

Overall, it is most common for respondents to rely on surface water as their main water source (43%). This is mainly driven by Bardhere where 77% of respondents rely on surface water as their main water source, while this figure is 7% in Garbaharey and 0% in Afmadow. Furthermore, in Afmadow, 60% of respondents rely on piped water, almost double the average (32%).

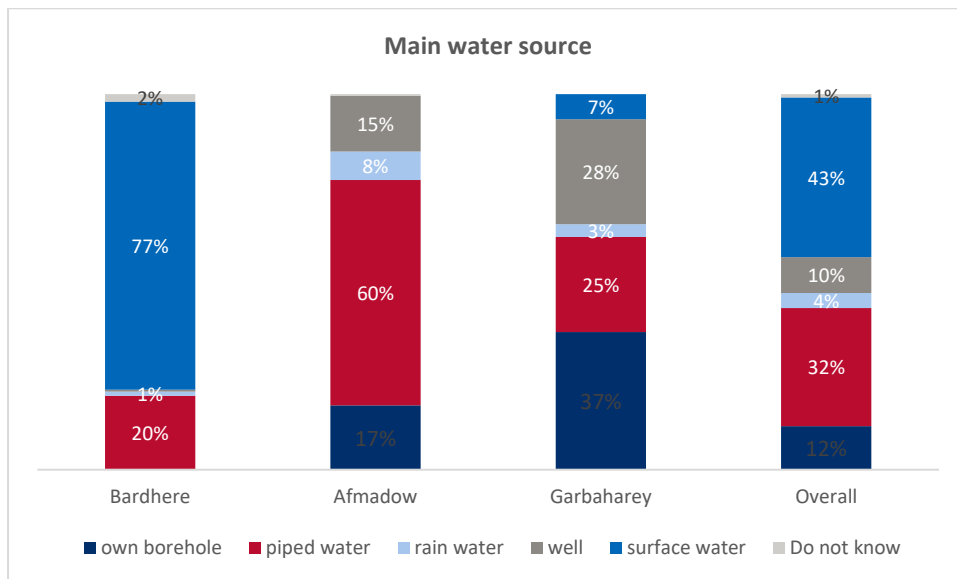


Figure 15 Main water source

Additionally, respondents were asked if any people from the household use surface water for drinking when surface water is not their main source of water. Overall, 50% of respondents reported that this is the case. It was most commonly reported in Bardhere (89%), followed by Garbaharey (49%) and Afmadow (32%).

The main water needs households reduced due to lack of access was drinking (52%) and cooking (44%); additionally, 22% reported reduced handwashing. However, 24% report that all water needs are being fully met.

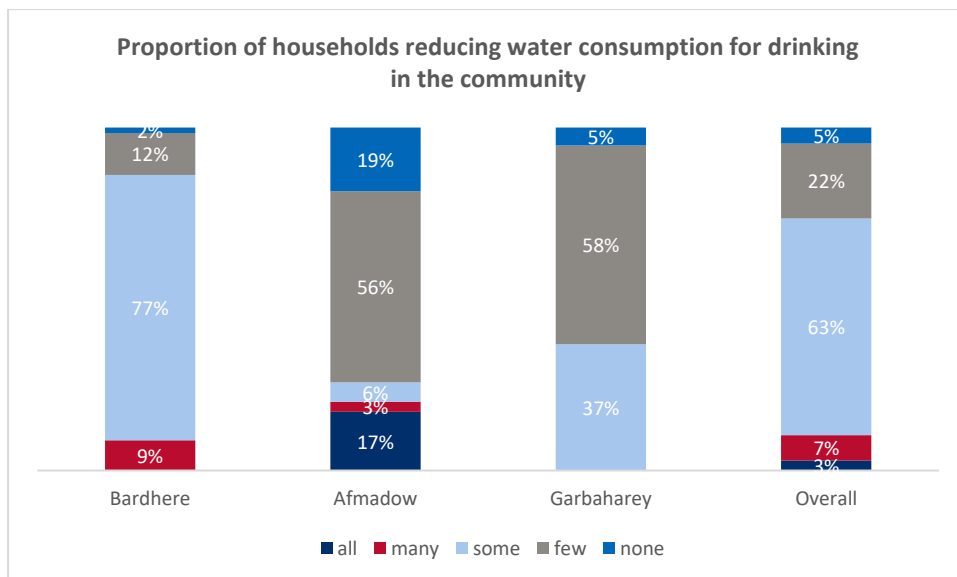


Figure 16 Proportion of households in community reducing consumption of drinking water if water consumption reduced for drinking

Overall, it was relatively rare (3%) for respondents to reported that all households in the community reduced their drinking water consumption. Indeed, it was only reported in Afmadow (17%). It was

most common for respondents to report that some (63%) households reduced their drinking water consumption. This included 77% of respondents in Bardhere and 37% of respondents in Garbaharey but only 6% in Afmadow.

Respondents reported that the main ways most households adapt to lack of water is by relying on less preferred (unimproved/untreated) water sources for drinking water (35%) followed by relying on surface water for drinking (23%) and relying on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing (16%). However, almost one third (31%) of respondents report that households are not using any adaptive methods.

The most common challenge reported is that water points are too far (44%), followed by people with disabilities being unable to access waterpoints (15%). However, more than one quarter (26%) of respondents report that there are no problems. Nevertheless, 20% of respondents have safety concerns at the main water points (12%) or travelling to the main water points (8%).

Other less common challenges include insufficient number of water points (5%), water being too expensive (3%), not having enough containers to store water (3%) and water points not functioning or being closed (1%).

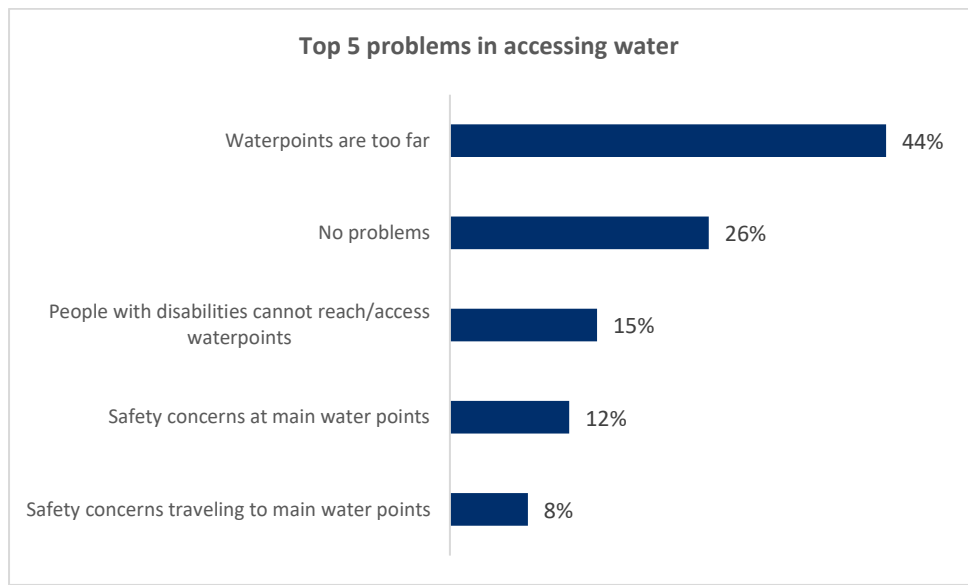


Figure 17 Top 5 problems in accessing water

Overall, it takes almost half (46%) of respondents more than 15 minutes to collect water. It is most common for respondents from Afmadow (16%) to take more than half an hour to collect water.

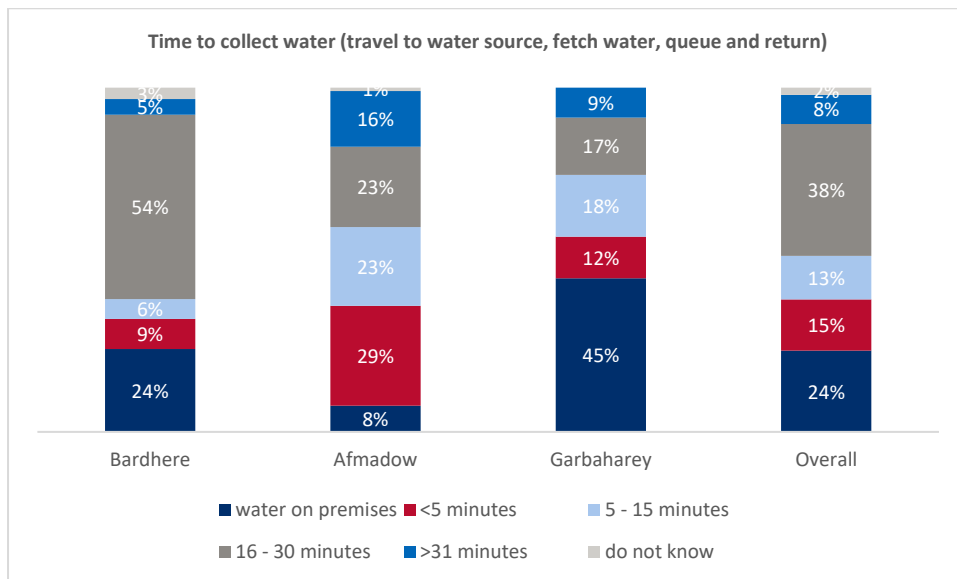


Figure 18 Time to collect water

Access to sanitation and hygiene facilities

Almost two thirds (62%) of respondent report problems related to sanitation facilities. This figure is highest in Afmadow (80%) and lowest in Garbaharey (26%), while 67% of respondents report problems in Bardhere.

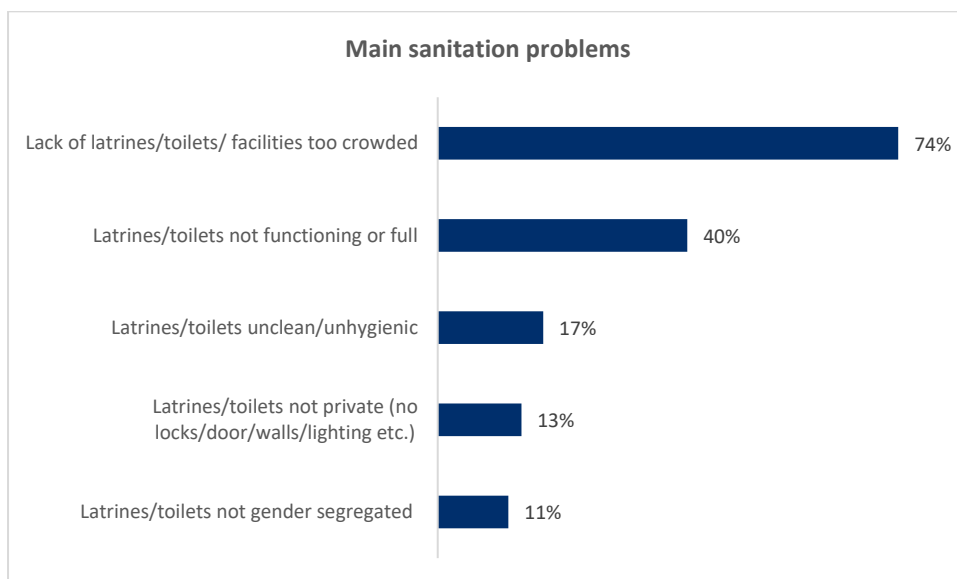


Figure 19 Main sanitation problems

For almost three quarters of respondents (74%), the lack of latrines was a key sanitation problem highlighted. Additionally, it was commonly reported that the latrines are not functioning or full (40%). It was less commonly reported that latrines were unclean (17%), not private (13%) or not gender segregated (11%). This implies that, even when latrines are available, there are often other issues with utilizing them.

Table 5 Type of sanitation facility usually used

	Bardhere	Afmadow	Garbaharey	Overall
None of the below/open defecation	30%	32%	0%	25%
Pit latrine without a slab or platform	28%	16%	25%	24%
Open hole	21%	28%	9%	21%
Pit latrine with a slab and platform	5%	7%	61%	17%
Flush/or pour flush toilet	2%	14%	0%	5%
Don't know	6%	1%	0%	3%
Hanging toilet/latrine	5%	0%	1%	3%
Bucket toilet	1%	1%	2%	1%
Plastic bag	1%	0%	1%	1%
Pit vip toilet	1%	0%	0%	1%

Considering the respondents reporting sanitation challenges, it is perhaps not surprising that 0% of respondents from Garbaharey report open defecation; indeed, Garbaharey had the smallest proportion of respondents reporting problems with sanitation facilities (26%). Furthermore, in Garbaharey, most respondents (61%) report using pit latrine with a slab and platform. This is significantly different from Afmadow (32%) and Bardhere (30%) where almost one third of respondents report practicing open defecation.

Additionally, more than one third (34%) of respondent report sharing their toilet facilities with other households. This is most commonly reported in Afmadow (60%) and least commonly reported in Bardhere (21%). In Gabaharey this figure was 33%. The average number of households sharing the sanitation facility across the districts was 6.

From observations, only 21% of respondents wash their hands in facilities with soap and water. This was most common in Bardhere (30%), followed by Afmadow (14%). It was least commonly reported in Garbaharey (7%). Additionally, 39% of respondents have no facilities to wash their hands, including 55% of respondents from Afmadow, 33% from Bardhere and 32% from Garbaharey.i

Access to menstrual materials

Only 18% of respondents report that they (and other female household members) have problems related to accessing menstrual material. This was highest in Afmadow (47%) where almost half of the respondents' report problems accessing menstrual materials. It was significantly lower in Bardhere (11%) and Garbaharey (7%).

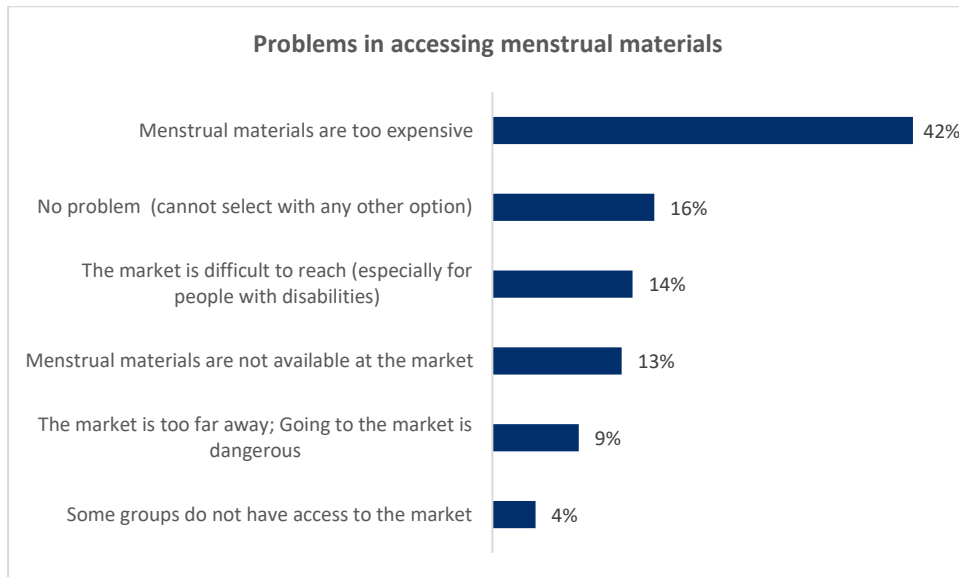


Figure 20 Problems accessing menstrual materials

Cost is the biggest challenge reported in accessing menstrual materials (42%). The second biggest challenge is that the market is hard to reach (14%). However, 16% of respondents reported that there are no problems.

Protection

Vulnerability

Overall, it is most common for respondents to view persons with disabilities (82%) to be vulnerable in their communities. In Bardhere this figure is 92%. Fewest respondents (44%) view elderly persons as vulnerable in their communities. Additionally, fewer respondents in Afmadow in general view the different groups as vulnerable than in Garbaharey and Bardhere. This could be due to a limited understanding of vulnerabilities, or because accommodations are made for these groups such as child headed households (15%) or elderly people (20%).

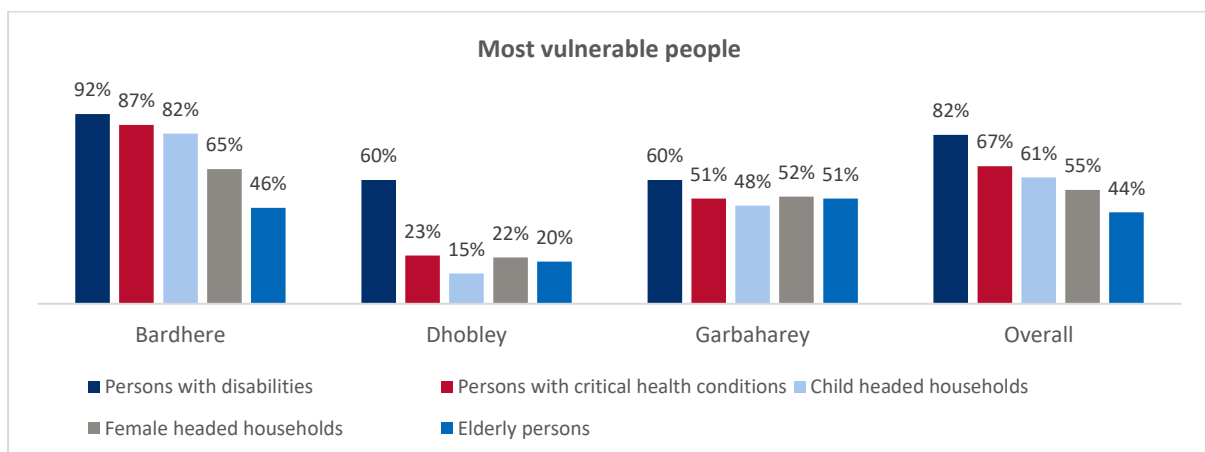


Figure 21 Most vulnerable people according to respondents

Safety

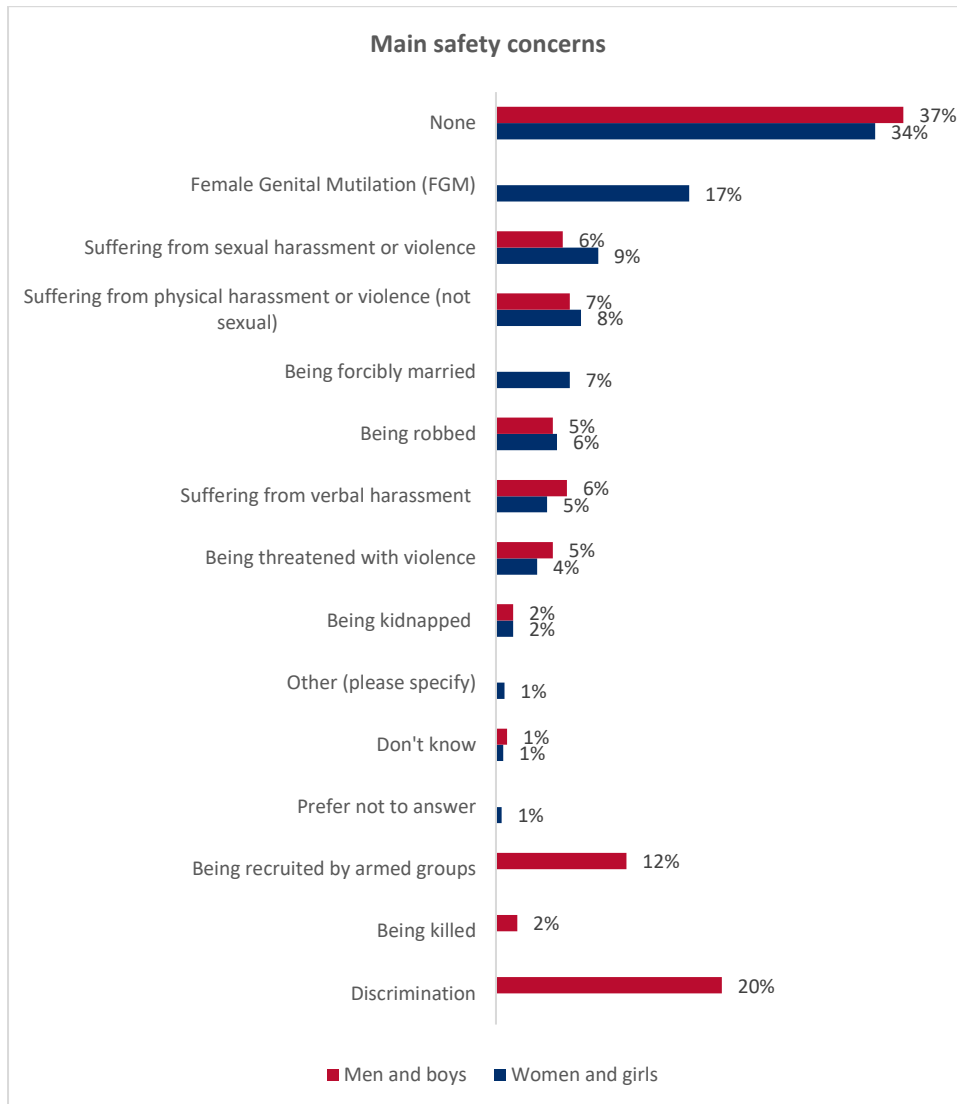


Figure 22 Security concern by gender

More than one third of respondents reported that there are no safety and security concerns for men and boys (37%) and women and girls (34%). While views on security risks are generally similar for males and females, some risks are more gender-specific. For example, for women and girls FGM (17%) and being forcibly married (7%) are concerns but not for men and boys; on the other hand, men and boys mention, discrimination (20%), being recruited by armed groups (12%) and being killed (2%) as security concerns while women and girls do not.

Access to protection services

Overall, 29% of respondents reported barriers for women and girls to accessing GBV services. This was highest in Afmadow (59%) and significantly lower in Bardhere (19%) and Garbaharey (17%). The most commonly reported barrier was fear of being harassed (40%), followed by long distances to services (27%). Other commonly reported barriers are lack of knowledge on availability of services (18%) and lack of transportation (15%).

Overall, slightly fewer respondents reported barriers to child protection services in the community (24%). However, it was highest in Afmadow (51%) again, followed by Bardhere (15%) and Garbaharey (14%). The biggest reported barrier to accessing these services for children is lack of knowledge of services (35%), followed by poor quality of services (15%). Additionally, 14% of respondents report that their parents would not allow them.

Accountability

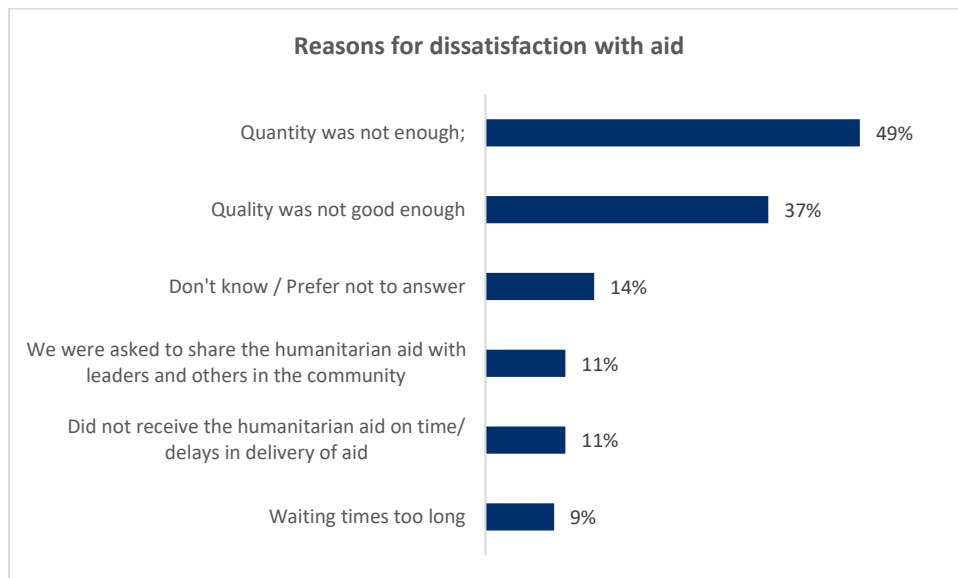


Figure 23 Reasons for dissatisfaction with aid

Two thirds (66%) of respondents report that they were satisfied with the aid they received³. For those that were not satisfied, the main reason was that the quantity was not enough (49%) followed by the quality not being good enough (37%) as seen in Figure 23. There was also an issue with respondents having to share their aid with community leaders and others in the community (11%) and delays in aid delivery (11%).

Other reasons were significantly less common. For example, pregnant women/ people with disabilities /elderly of their HH were missed out of receiving aid (3%), receiving less than promised (2%) or not being informed of the time/date of distribution (2%).

There were significantly more respondents (94%) who were satisfied with the way humanitarian aid workers generally behave in their community. This included all respondents in Garbaharey, 99% in Bardhere and it was lowest in Afmadow at 79%.

For respondents who were dissatisfied with the behavior, the main reason was that humanitarian workers are not available when needed. Additionally, 14% of respondents reported that workers refused to put people on lists, 12% felt discriminated against and 4% reported that workers only put friends and family on lists.

³ Only respondents that received aid in the last 30 days were asked these set of questions.

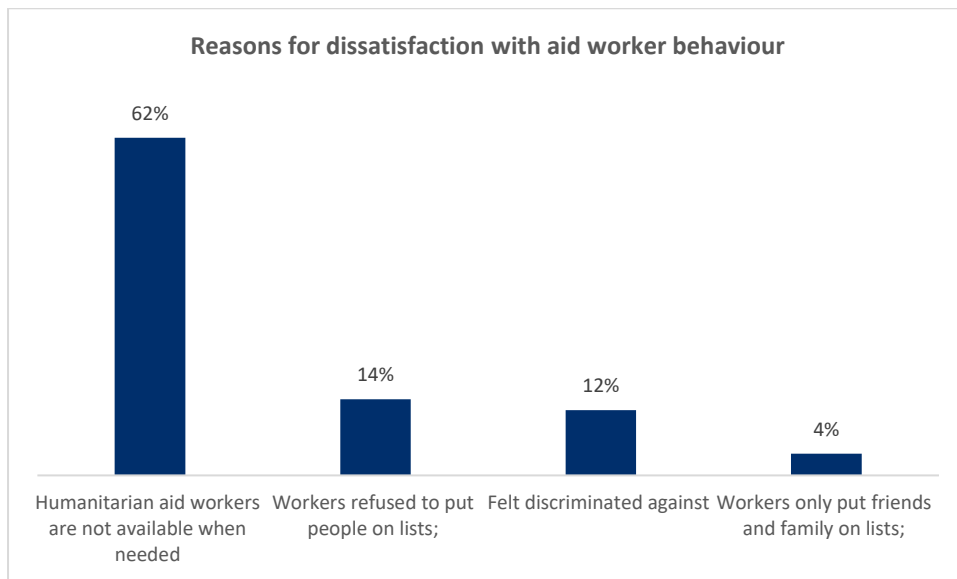


Figure 24 Reasons for dissatisfaction with aid worker behavior

In a separate question, 13% of respondents reported that they or someone in their HH experienced denial of or unequal access to humanitarian assistance in the last 30 days. This was most common in Afmadow (18%) followed by Bardhere (12%) and least common Garbaharey (9%). The main reason respondents believed this was the case was being elderly (43%) followed by being young (24%) and minority clan affiliation (16%). Additionally, 7% believed it was because they were living with a disability.

Most respondents (78%) believe that they are able to influence or change community-level decisions. This belief was highest in Bardhere (86%) and lowest in Afmadow (65%). In Garbaharey the figure was 70%. When respondents believed this was not the case, the most common reason was being young (29%) followed by being elderly (25%). Other common reasons include clan affiliation, particularly related to inter-clan dynamics (19%), people living with a disability (11%) and minority clan affiliation (9%).

CONCLUSIONS

Demographics

- Most respondents (65%) are women and the average age is 38 years old
- Most respondents (78%) are from urban areas followed by pastoral (17%) and agro-pastoral (5%).
- Almost three quarters (73%) of all respondents reported a household size of 1-5 individuals.
- The main reasons for respondents moving to their current location is a better security situation (83%) and better access to services/humanitarian assistance (21%).
- It was most common for respondents to arrive at the location in the last month (36%).
- 15% of respondents report that someone in their household belongs to a minority clan.
- 55% of respondents reported that there are children in their household that dropped out of school, mainly due to lack of schools in the community (71%).

Income and expenditure

- Most (79%) respondents report earning between 0-49USD last month while 2% reported earning no income.
- Only 12% reported that their expenses were lower than their income. And respondents are able to cope with their expenditures higher than their income mainly by taking a loan (52%).

FSL

- Just over one quarter (26%) of respondents are food secure.
- More than two thirds (68%) of respondents fall into the moderate hunger category, while 2% fall into severe hunger.
- Three quarters (75%) of respondents overall have poor FCS and there is a low (44%) DDS.
- More than half (59%) of respondents fall in the emergency LCS category.

WASH

- Only 24% of respondents report that all water needs are being fully met.
- Overall, it is most common for respondents to rely on surface water as their main water source (43%).
- Respondents reported that the main ways most households adapt to lack of water is by relying on less preferred (unimproved/untreated) water sources for drinking water (35%)
- The most common challenge reported is that water points are too far (44%)
- Almost two thirds (62%) of respondents report problems related to sanitation facilities and for almost three quarters of these respondents (74%), the lack of latrines was a key sanitation problem highlighted
- From observations, only 21% of respondents wash their hands in facilities with soap and water.
- Only 18% of respondents report that they (and other female household members) have problems related to accessing menstrual material and cost is the biggest challenge reported (42%).

Protection

- More than one third of respondents reported that there are no safety and security concerns for men and boys (37%) and women and girls (34%).
- While views on security risks are generally similar for males and females, some risks are more gender specific.
- Overall, 29% of respondents reported barriers for women and girls to accessing GBV services. The most commonly reported barrier was fear of being harassed (40%), lack of knowledge on availability of services (18%) was also commonly reported.
- 24% of respondents reported barriers to child protection services in the and the biggest reported barrier to accessing these services for children is lack of knowledge of services (35%).

Accountability

- Two thirds (66%) of respondents report that they were satisfied with the aid they received. For those that were not satisfied, the main reason was that the quantity was not enough (49%)
- 6% of respondents were unsatisfied with the way humanitarian aid workers generally behave in their community. The main reason was that humanitarian workers are not available when needed. Additionally, 14% of respondents reported that workers refused to put people on lists.
- 13% of respondents reported that they or someone in their HH experienced denial of or unequal access to humanitarian assistance in the last 30 days.
- Most respondents (78%) believe that they are able to influence or change community-level decisions.

RECOMMENDATIONS

- **Cash assistance** is needed in all sites; indeed, respondents are skipping meals, as only around one quarter (26%) are food secure and 59% of respondents fall in the emergency LCS category. Respondents report that the market is functioning so they should be able to use the cash to buy items in the market.
- **A Market assessment** will ensure that the market can cope with the influx of cash and increased demand.
- **Provision of WASH support** is urgently required in all sites. This includes latrine and water asset construction, as well as water trucking to fulfil current need. HHs also need HKs and hygiene promotion.
- **Sensitization on protection services (GBV and child protection)**. There is a lack of knowledge in the community about these services and sensitization can help provide the necessary information for community members to access.
- **Sensitization on contacting Acted**. There are a number of cases where beneficiaries feel that have not been treated fairly or were unhappy with support provided. It is therefore important that they understand how to contact Acted in order for the organization to act in these issues appropriately, if they feel that Acted staff are treating them in an unfair manner.