

Context

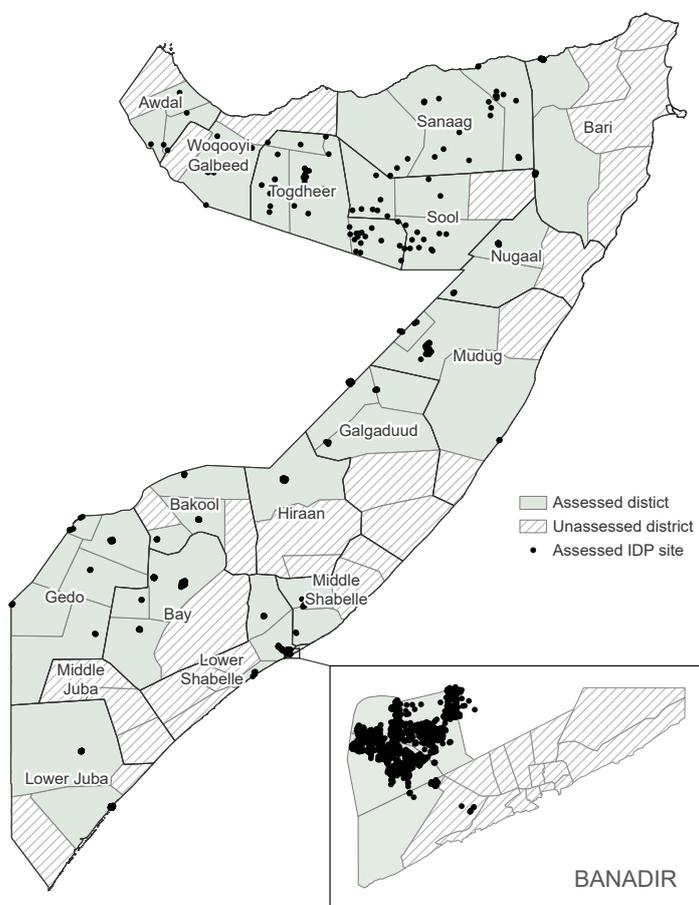
The protracted humanitarian crisis in Somalia is multi-layered and complex. Limited development coupled with recurring climatic shocks, such as drought, riverine and flash-flooding, give rise to high levels of need among affected populations, while insecurity and incidents of conflict severely hinder access to humanitarian actors.¹ The majority of internally displaced persons (IDPs) reside in overcrowded shelters in densely populated urban areas, further increasing their exposure to the risks and impacts of COVID-19.

The Detailed Site Assessment (DSA) was initiated in coordination with the Camp Coordination and Camp Management (CCCM) cluster in order to provide the humanitarian community with up-to-date information on the location of IDP sites, the conditions and capacity of the sites, and an estimate of the severity of humanitarian needs of residents. Data collection for the current round of the DSA took place from November 10th to December 20th, 2021 and assessed **2,986** IDP sites in 47 districts across Somalia.

Methodology

Findings are based on key informant (KI) interviews with purposefully sampled KIs who reported on the site level. In each assessed settlement, 3 to 4 KI interviews were conducted by REACH and CCCM partners' enumerators in accessible locations; detailed information on the KI profiles and a summary of the aggregation strategy can be found in Annex 1 at page 11 of this factsheet. In case of non consensus among KIs from a IDP site for a specific variable, "N/A" is used.

ASSESSMENT COVERAGE MAP



Targeted areas within districts were determined based on the October 2021 IDP master list which lists a total of 3,589 IDP sites across all regions of Somalia. Following identification of target urban areas, REACH located IDP settlement using very high spatial resolution (VHSR) satellite imagery, and triangulated information about IDP sites location by contacting the lowest level of governance.²

The methodology for the fifth round of the DSA was developed in close consultation with clusters and partner organisations and updated to improve the quality and reliability of data collected regarding IDP settlement locations, estimated size of resident populations, and the severity of humanitarian needs. The severity scale goes from 1 to 4 and the severity phases are none/minimal, stress, severe, and extreme. For the list of indicators and the severity score calculations, see Annex 2 at page 12 of this factsheet. Where relevant, indicators have been aligned with the [Minimum Standards for Camp Management](#), as specified in the footnotes. The full methodology and complete list of indicators can be found in the Terms of Reference, available on the [REACH resource centre](#).

All findings presented on this factsheet relate to the proportion of assessed sites with a given response as reported by KIs, and should be considered **indicative** of, rather than generalisable to, the humanitarian situation in assessed sites. Therefore, it must be acknowledged the type of potential bias related to the choice of the KI in the analysis of data and presentation of results. In addition, for some sectors, such as food security, health, and nutrition, site-level data collection **does not allow for an inclusion of outcome indicators**. Hence, severity scores for such sectors are based on contributing/underlying factors (e.g., access and availability).

A complete list of the acronyms used in this factsheet can be found in Annex 1 at page 11 of this factsheet.

Assessment information



Summary of severity scores

Overall cluster severity score and severity phase classification at national level.³

Clusters	Severity Score	Severity Phase
Education	3	Severe
Food Security & Livelihoods*	4	Extreme
Health*	4	Extreme
Housing, Land & Property	4	Extreme
Nutrition*	2	Stress
Protection	4	Extreme
Shelter & Non-Food Items	3	Severe
Water, Sanitation & Hygiene	4	Extreme

* The severity scoring of these sectors is not based on outcome indicators at the household or individual level. Hence, these site-level findings should be interpreted in relation to access and availability of health services, and other contributing factors.

¹ United Nations Office for the Coordination of Humanitarian Affairs (UNCOHA), Humanitarian Needs Overview – Somalia, January 2021, available [here](#).

² District Office, Mayor's Office, etc.

³ Refer to Annexes 1 and 2 for the methodology and list of indicators included in the severity scores. Based on consultations with relevant clusters, indicators and thresholds have changed in 2022; hence, all severity scores throughout the factsheet cannot be directly compared with findings from previous years.



Proportion of assessed sites with an FSL severity score of 3 or higher: 74%

Proportion of assessed sites per FSL severity score, according to KIs:



Important note: the DSA does not collect outcome indicators at the individual level for FSL. Hence, these site-level findings should be interpreted in relation to access and availability of services like markets, and other contributing factors.

The main critical indicators that determined FSL severity scores of 3 or higher were found to be:

- Proportion of assessed sites where security issues and fear of harassment on the way to the market or at the site distribution were reportedly the main reasons why most residents could not access enough food, as the main driver of extreme needs (28%).^{4,5,6}
- Proportion of assessed sites where natural causes, such as flooding, drought and locusts invasion, were reported as one of the main reason why most residents could not access enough food, as the main driver of severe needs (76%).^{4,5,6}

Proportion of assessed sites where there was reportedly no land available to residents for raising livestock:⁶



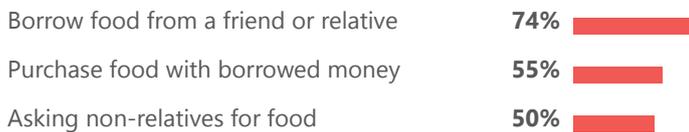
Proportion of assessed sites where there was reportedly no land available to residents for agriculture / cultivation purposes:⁶



Most commonly reported primary sources of food:^{4,5,6}



Most commonly reported strategies used by most residents in the assessed sites to cope with lack of food:^{4,5,6}



Most commonly reported reasons why most residents in the assessed sites cannot access food, by % of assessed sites where most residents were reportedly not able to access sufficient food (63%):^{4,5,6}



Proportion of assessed sites where food from markets was reportedly inaccessible:⁶



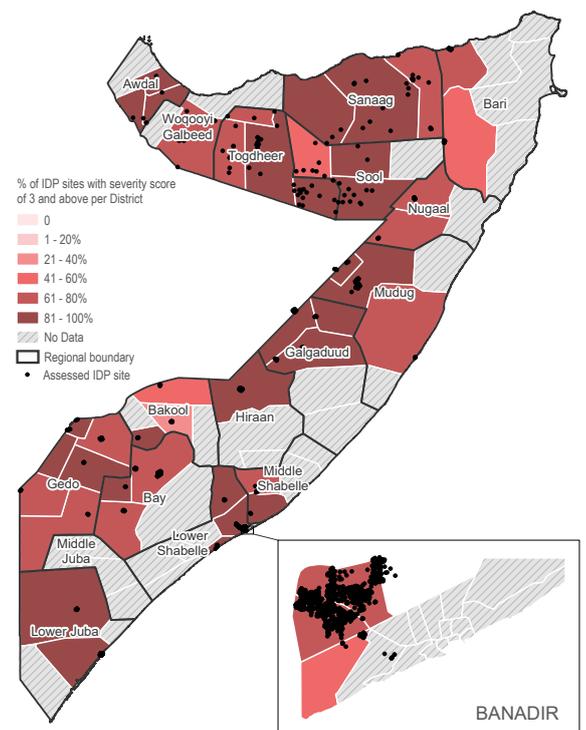
Proportion of sites where the nearest market was reportedly more than 60 minutes away on foot:⁶



Proportion of sites where there has been a cash OR food distribution in the site in the 3 months before data collection:



Proportion of assessed sites with an FSL severity score of 3 or higher, per district:



⁴ Respondents could select multiple options. Applies to all questions with reference '4'.

⁶ Standard 4.2 - Site service assessment. Applies to all questions with reference '6'.

⁵ This relates to most common responses. Applies to all questions with reference '5'.



Proportion of assessed sites with a health severity score of 3 or higher: **92%**

Proportion of assessed sites per health severity score, according to KIs:



Important note: the DSA does not collect outcome indicators at the individual level for the health sector. Hence, these site-level findings should be interpreted in relation to access and availability of health services, and other contributing factors.

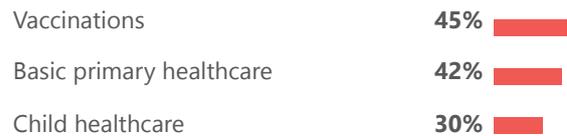
The main critical indicators that determined health severity scores of 3 or higher were found to be:

- Proportion of assessed sites where it reportedly takes more than one hour to reach the nearest healthcare facility (19%).⁶
- Proportion of assessed sites where KIs reported some or many women have given birth while attended by unskilled personnel (untrained midwives, staff with no health working experience) or no help at all (26%).⁶

Most commonly reported types of health facilities available in the assessed sites:^{4,5,6}



Most commonly reported types of health services available in the assessed sites:^{4,5,6}



Proportion of assessed sites where all or almost all women reportedly gave birth while attended by unskilled personnel:⁶



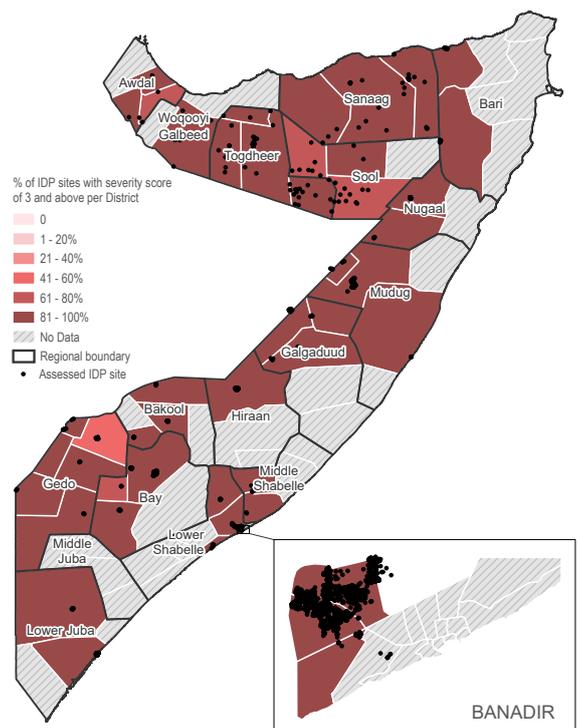
Proportion of assessed sites where men were reportedly unable to get adequate healthcare (e.g. treatment or medicines):⁶



Proportion assessed sites where women were reportedly unable to get adequate healthcare (e.g. treatment or medicines):⁶



Proportion of assessed sites with a health severity score of 3 or higher, per district:



Proportion of assessed sites with a protection severity score of 3 or higher: 81%

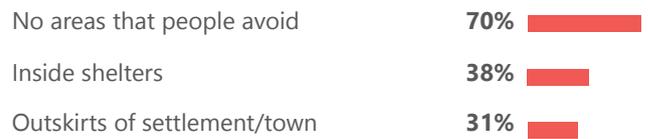
Proportion of assessed sites per protection severity score, according to KIs:



The main critical indicators that determined protection severity scores of 3 or higher were found to be:

- Proportion of assessed sites where disappearances, armed violence, incidents due to unexploded ordnance (UXO), or forced military recruitment had reportedly happened in the 3 months prior to data collection (44%).
- Proportion of assessed sites where residents reportedly avoid shelters, water points, latrines, bathing areas, schools or way to school for fear of insecurity (49%).

Most commonly reported areas that people avoid for fear of insecurity:^{4,5}



Proportion of assessed sites reportedly having no designated spaces where women and girls can gather:



Proportion of assessed sites reportedly having no child friendly spaces:



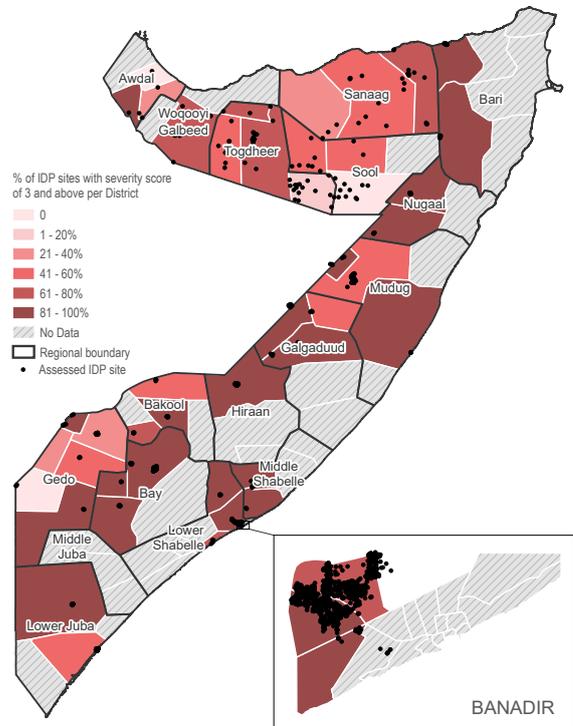
Proportion of assessed sites where restrictions on movement during the day were reported:



Proportion of assessed sites where restrictions on movement during the night were reported:



Proportion of assessed sites with a protection severity score of 3 or higher, per district:





Proportion of assessed sites with an SNFI severity score of 3 or higher: **86%**

Proportion of assessed sites per SNFI severity score, according to KIs:



0%	Extreme	(severity score 4)
86%	Severe	(severity score 3)
14%	Stress	(severity score 2)
1%	No or minimal	(severity score 1)

The main critical indicators that determined SNFI severity scores of 3 or higher were found to be:

- Proportion of assessed sites where at least some residents were reportedly sleeping in open air / had no shelter, as the main driver of extreme needs (2%).⁷

The main non-critical indicators that determined SNFI severity scores of 3 or higher were found to be:

- Proportion of assessed sites where residents reportedly did not have access to a market where NFI and/or construction items could be purchased (41%).⁶

Most commonly reported types of shelters in the assessed sites:^{4,5,7}

Buul	84%	
Shelter constructed using shelter kit	9%	
CGI* sheet wall and roof	5%	

Proportion of assessed sites with public lighting throughout the assessed sites:⁸



Proportion of assessed sites where floods reportedly occurred in the assessed sites in the 6 months prior to the data collection:⁸



Proportion of assessed sites where fire reportedly occurred in the assessed sites in the 6 months prior to the data collection:⁸



Proportion of assessed sites where new IDPs⁹ have reportedly received shelter assistance in the 3 months prior to data collection, by % of sites where new IDPs had reportedly arrived (86%):⁵



Proportion of assessed sites where new IDPs⁹ have reportedly received NFI assistance in the 3 months prior to data collection, by % of sites where new IDPs had reportedly arrived (86%):⁵



Proportion of assessed sites reportedly having access to markets selling NFIs within a 60 minutes walk:⁶



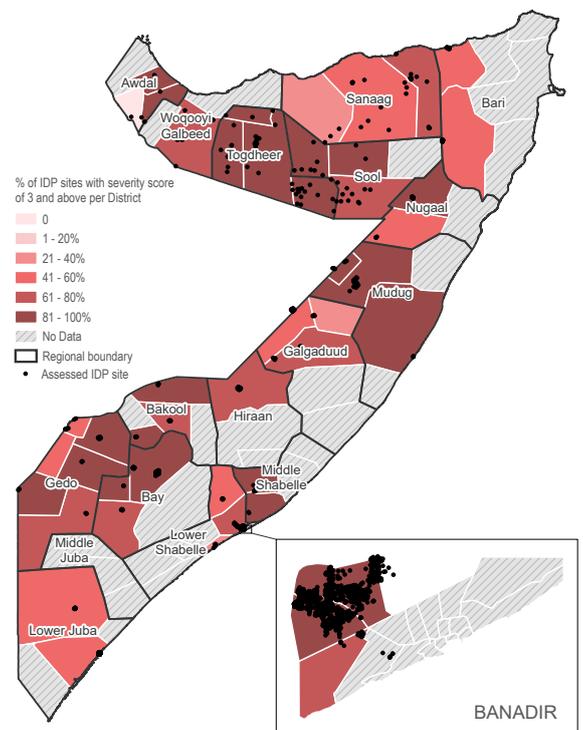
Most commonly reported types of NFIs available at markets, by % of assessed sites where markets were reportedly available (59%):^{4,5,6}

Clothes	58%	
Medicines	57%	
Soap	52%	

Proportion of assessed sites where minority people¹⁰ reportedly face barriers to access NFI:



Proportion of assessed sites with an SNFI severity score of 3 or higher, per district:



⁷ Standard 3.2 - An appropriate environment. Applies to all questions with reference '7'.
⁸ Standard 3.1 - A safe and secure environment. Applies to all questions with reference '8'.
⁹ New IDPs: IDPs who have arrived in the site less than 3 months before data collection.

¹⁰ Minority clan members (persons who do not belong on any of the four major clans in Somalia). Applies to all questions with reference '10'.
 * CGI: Compacted Graphite Iron.

Proportion of assessed sites with an HLP severity score of 3 or higher: 68%

Proportion of assessed sites per HLP severity score, according to KIs:



50%	Extreme	(severity score 4)
18%	Severe	(severity score 3)
24%	Stress	(severity score 2)
8%	No or minimal	(severity score 1)

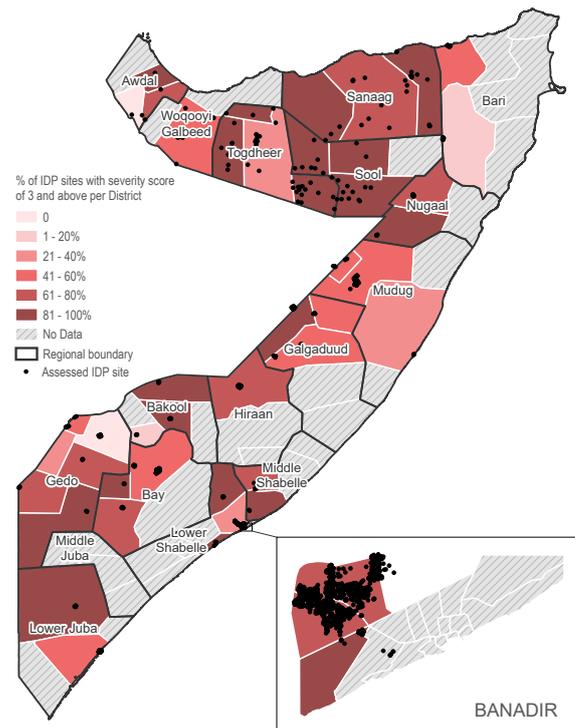
The main critical indicators that determined HLP severity scores of 3 or higher were found to be:

- Proportion of assessed sites where encroachment and boundary disputes, confiscation of property or illegal occupation of property was reported (43%).

Proportion of assessed sites where an eviction notice has been issued in the 3 months prior to data collection:



Proportion of assessed sites with an HLP severity score of 3 or higher, per district:



Most commonly reported housing and land incidents that have occurred in the 3 months before data collection:^{4,5}

Damaged and inadequate accommodation	50%
Don't know	27%
Encroachment and boundary disputes	22%

Proportion of assessed sites where KIs reported perceiving a very high risk of forced eviction:



Most commonly reported types of land owner:^{4,5}

Private owner	87%
Mixed landownership	5%
No owner	4%

In those sites where the site owner is known (95%), proportion where there reportedly is only an oral land tenure agreement, or no agreement at all, between the owner and the residents:





Proportion of assessed sites with a WASH severity score of 3 or higher: 98%

Proportion of assessed sites per WASH severity score, according to KIs:



66%	Extreme	(severity score 4)
32%	Severe	(severity score 3)
2%	Stress	(severity score 2)
0%	No or minimal	(severity score 1)

The main critical indicators that determined WASH severity scores of 3 or higher were found to be:

- Proportion of assessed sites where residents reportedly have access to an unimproved water source¹¹ only (9%).
- Proportion of assessed sites where the nearest functioning water source is more than 60 minutes away on foot (5%).⁶
- Proportion of assessed sites where the nearest functional latrine is reportedly more than 60 minutes away on foot (1%).⁶
- Proportion of assessed sites where some, few or no households reportedly have access to functioning hand-washing facilities with water and soap (100%).⁶

Proportion of assessed sites where residents reportedly have only access to an unimproved water source¹¹ and do not treat water:



Most commonly reported primary sources of water:^{4,5,6}

Piped system	23%
Vendors or shop	19%
Water kiosk	19%

Most commonly reported barriers to access water, by % of assessed sites where residents reportedly face water access barriers (90%):^{4,5,6}

Insufficient water points	67%
Waterpoints are difficult to reach and use	59%
Water is too expensive	46%

Proportion of assessed sites where latrines are reportedly not accessible for persons with disabilities:⁶



Most commonly reported strategies of disposing solid waste:^{4,5,6}

Collected and burnt in open spaces	75%
Safely managed	62%
Collected in garbage bins and disposed in open grounds	48%

Most commonly reported groups facing impediments in accessing latrines, by % of sanitation facilities existing (79%):^{4,5,6}

Older persons	75%
Persons with disabilities	63%
Children	59%

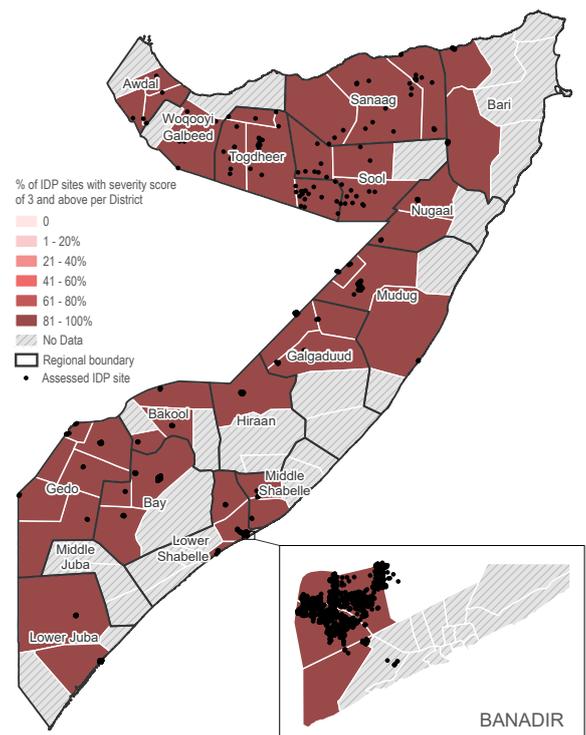
Proportion of assessed sites where minority people¹⁰ reportedly face barriers to access sanitation facilities:



Most commonly reported problems related to accessing hygiene facilities, by % of assessed sites where residents reportedly face sanitation access barriers (84%):^{4,10}

Sanitation facilities are not functioning	69%
Lack of sanitation facilities	68%
Sanitation facilities are unhygienic	54%

Proportion of assessed sites with a WASH severity score of 3 or higher, per district:



¹¹ Unimproved water source: river, berkad, unprotected well.



Proportion of assessed sites with a nutrition severity score of 3 or higher:* 6%

Proportion of assessed sites per nutrition severity score, according to KIs:



N/A*	Extreme	(severity score 4)
6%	Severe	(severity score 3)
29%	Stress	(severity score 2)
65%	No or minimal	(severity score 1)

Important note: the DSA does not collect outcome indicators at the individual level for the nutrition sector. Hence, these site-level findings should be interpreted in relation to access and availability of services and other contributing factors. Thus, the severity map has not been included in this section to avoid misinterpretation of results (showing accessibility/availability of nutrition items rather than the magnitude and severity of nutrition individual needs).

The main critical indicators that determined nutrition severity scores of 3 or higher were found to be:

- There were no critical indicators for the nutrition sector.*

Proportion of assessed sites where the nearest nutrition facility is reportedly more than 60 minutes away on foot:⁶



Most commonly reported nutrition items received:^{4,5,6}

Therapeutic food and supplementary food ¹²	54%	
Super cereal plus	42%	
Therapeutic milk products ¹²	31%	

Most commonly reported barriers to accessing nutrition services:^{4,5,6}

Cost of services and/or medicine is too high	60%	
Treatment center is too far	43%	
Nutrition facility is not open	41%	

*Following cluster consultations, no critical indicators have been selected for nutrition, meaning that assessed sites cannot be classified as "extreme". This is because it is not possible to establish reliable Global Acute Malnutrition (GAM) using an area-level KI methodology.

¹² Following further discussions with the REACH Nutrition Global focal point, it appeared that therapeutic food programmes were very specific to hospital settings. Hence, it seems unlikely half of the assessed sites received these items in Somalia. The high results for these options could originate from a misunderstanding of the definition of these items from the REACH teams and/or the interviewed KIs.

Proportion of assessed sites with an education severity score of 3 or higher: 95%

Proportion of assessed sites per education severity score, according to KIs:

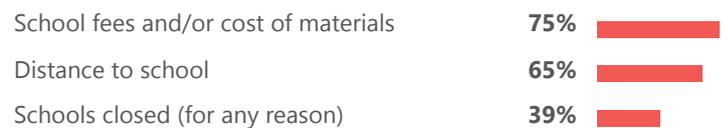


9%	Extreme	(severity score 4)
86%	Severe	(severity score 3)
5%	Stress	(severity score 2)
1%	No or minimal	(severity score 1)

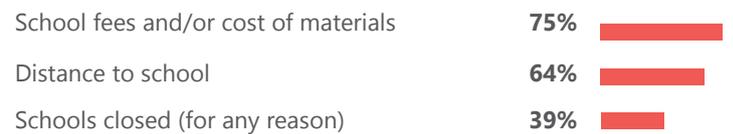
The main critical indicators that determined education severity scores of 3 or higher were found to be:

- Proportion of assessed sites where recruitment by armed groups and conflict-driven displacement were reported as barriers to learning facilities for girls, as the main driver of extreme needs (6%).⁶
- Proportion of assessed sites where recruitment by armed groups and conflict-driven displacement were reported as barriers to learning facilities for boys, as the main driver of extreme needs (5%).⁶
- Proportion of assessed sites where school fees and/or cost of materials were reported as barriers to learning facilities for both boys and girls, as the main driver of severe needs (75%).⁶

Most commonly reported barriers accessing education for girls:^{4,5,6}



Most commonly reported barriers accessing education for boys:^{4,5,6}



Proportion of assessed sites reportedly having no learning facilities available:⁶



Proportion of assessed sites where the nearest learning facility is reportedly more than 60 minutes away on foot:⁶



Proportion of assessed sites where learning facilities reportedly have no gender segregated latrines:⁶



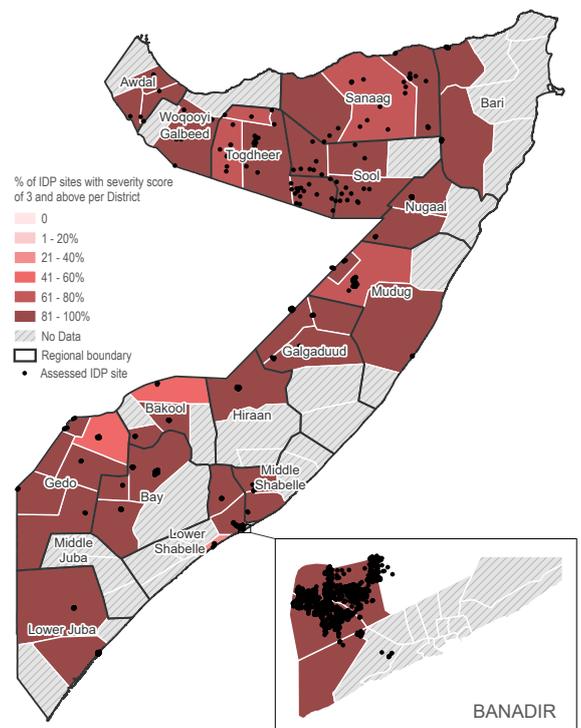
Proportion of assessed sites where learning facilities reportedly have no fences and clear demarcation:⁶



Proportion of assessed sites where one or more learning facilities were open during the 6 months prior to data collection, by % of assessed sites where learning facilities are available (84%).⁶



Proportion of assessed sites with an education severity score of 3 or higher, per district:

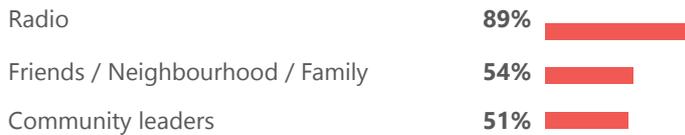




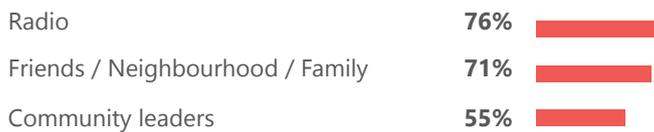
Accountability to Affected Populations (AAP)*

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Most commonly reported main sources of information used to receive information about humanitarian assistance:^{4,5,13}



Most commonly reported sources of information for persons with disabilities:^{6,7,13}



Most commonly reported barriers accessing humanitarian assistance:^{4,5}



Proportion of assessed sites where residents reportedly have access to a feedback mechanism:¹⁴



Proportion of assessed sites where minority people¹⁰ are reportedly unwilling or unlikely to make use of complaints feedback mechanisms:

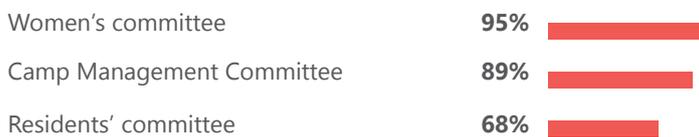


Camp Coordination and Camp Management*

Proportion of assessed sites by reported type of site management:^{4,5,15}



Proportion of assessed sites by committees reportedly available in the assessed sites:^{4,5,13}



Proportion of assessed sites where women are reportedly part of the decision making committee:¹⁶



Proportion of assessed sites where minority people¹⁰ reportedly face barriers to access services:

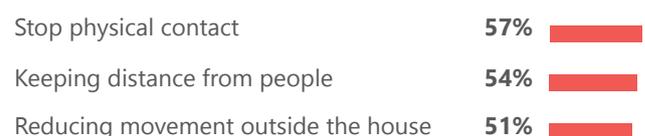


COVID Knowledge, Attitude and Practices (KAP)*

Proportion of assessed sites where most residents reportedly think of COVID-19 as an important issue:



Most commonly reported actions taken by most people in the assessed sites to prevent the spread of COVID-19:^{4,5}



* The indicators for Camp Coordination and Camp Management (CCCM), COVID-19 KAP, and AAP are not part of the severity calculations across the sectors. Hence, the CCCM, COVID-19, and AAP sections in this factsheet do not present the severity scores.

¹³ Standard 2.2 - Information sharing with communities. Applies to all questions with reference '12'.

¹⁴ Standard 2.3 - Feedback and complaints. Applies to all questions with reference '13'.

¹⁵ Standard 1.3 - Site management agency and team capacity. Applies to all questions with reference '14'.

¹⁶ Standard 2.1 - Community participation. Applies to all questions with reference '15'.



For a more detailed overview of the methodology, including a detailed data analysis plan, you can access the terms of reference ([ToR](#)).

SEVERITY SCORE CALCULATION

The severity scores for a given sector is produced by aggregating unmet needs indicators per sector. For this round of the DSA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each site is assigned a deprivation score according to its deprivations in the component indicators. The deprivation score of each site is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each site lies between 0 and 100. The method relies on the categorisation of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a site is considered to have a particular gap or not is determined in advance for each indicator. The DSA V aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines guidance on how to produce the aggregation using KI data.

- 1) Identify indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;
- 2) Identify critical indicators that, on their own, indicate a gap in the sector overall;
- 3) Identify individual indicator scores (0 or 1) for each site, once data had been collected;
- 4) Calculate the severity score for each site, based on the following decision tree (tailored to each sector);

- a. **Critical indicators:** using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 2, 3, 4) depending on the scores of each of the critical indicators;
 - b. **Non-critical indicators:** the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity sector;
 - c. The **final severity score** is obtained by retaining the highest score generated by either the critical or non-critical indicators.
- The indicators for each cluster were selected in coordination with all the clusters. In total, 18 critical indicators and 51 non-critical indicators were selected to assess the severity of needs across 7 clusters and 1 sub-cluster.

KEY INFORMANT PROFILES

Assessment activity	Sampling	Key Informant Profile
Key Informant 1	Purposive	Community Leader / Camp Manager / Gate Keeper or any other resource person deemed relevant to the context of each IDP site. These key informants were selected based on their role in the community as a figure of authority including community leaders, elders, and religious leaders. In cases where multiple key informants were available, priority was given to the Community Leader and/or Camp Manager, followed by the Gate Keeper.
Key Informant 2	Purposive	Women representative, based on their role as a community representative of a particularly vulnerable population group.
Key informant 3	Purposive	Minority group representative, based on their role as a community representative of a particularly vulnerable population group. A contact list was shared by the Protection Cluster, to identify focal points in each settlement. In case there was no focal point, a member of a settlement committee was identified (elder committee, child committee, resident committee, health or wash committee, etc.). In case there was no committee within the site, and that the previous key informant profiles could not be found at the settlement level, then, a key informant was randomly identified amongst individuals who had been in the settlement for the longest.
Key Informant 4	Purposive	A representative for persons with disabilities. However, because REACH did not have a contact list of focal points, REACH field teams did not manage to interview this fourth key informant profile each time.

A comprehensive aggregation strategy to aggregate findings at the site level has been developed based on the type of variable (select multiple, select one, integer), which can be consulted in the ToR. In the specific case of a "select one" variable, in case of non-consensus among KIs, responses from KIs with the most relevant experience or profile for that specific question was taken. If the question was general and could not be associated with a specific KI profile, and if there were multiple mode values for that variable, the variable's result was listed as N/A. For this reason, some N/As are present in this factsheet.

LIST OF ACRONYMS

CCCM: Camp Coordination and Camp Management
CGI: Compacted Graphite Iron
DSA: Detailed Site Assessment
IDP: Internally Displaced Persons

KI: Key Informant
MUAC: Mid-Upper Arm Circumference
NGO: Non-Governmental Organisation
UXO: Unexploded Ordnance



CRITICAL INDICATORS

Sector	Indicator	Severity Scores			
		None/Minimal 1	Stress 2	Severe 3	Extreme 4
Education	% of sites by main barrier accessing education for girls	No barriers (cannot select with any other option) Language issues Parents don't value education Parents don't approve of curriculum Cultural beliefs Parents unaware of education opportunities available	Distance to school too far / lack transportation Schools closed (for any reason) Poor school infrastructure/facilities Lack of qualified teaching staff Insufficient WASH facilities in schools Schools overcrowded Lack of male / female separation Child helping at home / farm	Security concerns of child travelling or being at school Children lack documentation needed to register School fees and/or cost of materials Children psychologically distressed Child working outside home Marriage and/or pregnancy Flooding / weather events	Children join/recruited by armed groups Displacement due to conflict
Education	% of sites by main barrier accessing education for boys	No barriers (cannot select with any other option) Language issues Parents don't value education Parents don't approve of curriculum Cultural beliefs Parents unaware of education opportunities available	Distance to school too far / lack transportation Schools closed (for any reason) Poor school infrastructure/facilities Lack of qualified teaching staff Insufficient WASH facilities in schools Schools overcrowded Lack of male / female separation Child helping at home / farm	Security concerns of child travelling or being at school Children lack documentation needed to register School fees and/or cost of materials Children psychologically distressed Child working outside home Marriage and/or pregnancy Flooding / weather events	Children join/recruited by armed groups Displacement due to conflict
FoodSec	% of sites by reason of not accessing food	-	No land for cultivation Perceptions or beliefs of families/ community and humanitarian service providers and other actors make it difficult/impossible to access distribution /items Economic causes Social and cultural causes	Natural causes Accessing aid but required to pay a proportion to landlord leaving household hungry Accessing aid but required to pay a proportion to gatekeeper leaving household hungry Inability to access/refusal of government food aid Inability to access/refusal of NGO food aid Functional market not available	Security issues Fear of harassment/violence/abuse on the way to market or at the distribution site



CRITICAL INDICATORS

Sector	Indicator	Severity Scores			
		None/Minimal	Stress	Severe	Extreme
		1	2	3	4
FoodSec	% of sites by type of coping strategy	-	Borrow food or get help from a friend or relative Asking non-relatives for food Purchase food with borrowed money Send children to eat with neighbors Rely on less preferred and less expensive food (i.e. cheaper, lower quality food)	Sell home assets to get money for food Selling more livestock than usual for this time of year to get money for food Slaughtering more cattle, camel or goat/sheep than normal for this time of year More hunting than normal for this time of year More fishing than normal for this time of year	Gather wild food Collecting firewood in dangerous places to get money for food Consume seed stock meant for next season or harvest crops that are not yet ready Sending families out to displacement camps to receive food aid Limit portion sizes at meal times Adults do not eat so children can eat Reduce number of meals eaten in a day Skip entire days without eating
Health	% of sites by time it takes to reach the nearest healthcare facility	Less than 15 minutes	Between 15 and 30 minutes	Between 31 minutes and one hour	More than 1 hour
Health	% of sites by the types of health problems that are common amongst MALE residents	1 Problem OR No health issues	2 problems	3 problems	4 or more problems
Health	% of sites by the types of health problems that are common amongst FEMALE residents	1 Problem OR No health issues	2 problems	3 problems	4 or more problems
Health	% of sites by proportion of women given birth while attended by unskilled personnel	None (0%)	A few (1-25%)	Some (26-50%), Many (51-75%)	All or almost all (76-100%)
HLP	% of sites per type of reported housing and property incident	Don't know	Damaged and inadequate accommodation	Encroachment and boundary disputes	Confiscation of property Illegal occupation of property
HLP	% of sites where an eviction notice have been issued	No	-	-	Yes
HLP	% of sites by level of risk of forced eviction	Low	-	Moderate	Very high



CRITICAL INDICATORS

Sector	Indicator	Severity Scores			
		None/Minimal	Stress	Severe	Extreme
		1	2	3	4
Protection	% of sites per reported protection incident	No protection incidents occurred	Illegal or forced taxation by non-government actors Friction between community and surrounding host communities Land grabbing Denied access to justice	Gender based violence Arrests and detention Abductions Displacement Violence during aid distribution Destruction of property Cases of unaccompanied and separated children Exploitation and abuse related to access to assistance	Disappearances Forced military recruitment Armed violence Incidents due to UXO ("Unexploded ordnance (UXO) is any sort of military ammunition or explosive ordnance which has failed to function as intended")
Protection	% of sites per reported avoided areas	There are no areas that people avoid for fear of insecurity	-	When leaving settlement/town Markets On the way to markets Health centres Nutrition/feeding centres Humanitarian aid distribution points	In shelters At Water points At Latrines Bathing areas Schools On the way to schools
SNFI	% of sites with significant proportion of resident sleeping in open air/no shelter	None (0%)	A few (1-25%)	Some (26-50%), Many (51-75%)	All or almost all (76-100%)
WASH	% of sites by access to an improved water source	Water kiosk (Provided by humanitarian aid), Vendors or shop, Piped system, Protected well with hand pump, Water tank and tap, Protected well without hand pump, Water trucking distribution point, Borehole with submersible pump	-	Unprotected well Berkad	River
WASH	% of sites by distance to the nearest water point	Less than 15 minutes	Between 15 and 30 minutes	Between 31 minutes and one hour	More than one hour
WASH	% of sites by distance to the nearest functional latrine	Less than 15 minutes	Between 15 and 30 minutes	Between 31 minutes and one hour	More than one hour
WASH	% of sites where residents have limited access to hand washing facilities	All or almost all (76-100%)	Some (26-50%), Many (51-75%)	A few (1-25%)	None (0%)



NON-CRITICAL INDICATORS

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
Education	% of sites by type of available education facilities	Primary, Basic Literacy and Numeracy Classes	No learning facilities available
Education	% of sites by amount of schools opened	>=1	0
Education	% of sites by proportion of gender segregated latrines in schools or learning facilities	More than 25%	25% or less
Education	% of sites by proportion of fences and clear demarcation in schools or learning facilities	More than 25%	25% or less
Education	% of sites by distance to nearest education facility	Less than 1 hour	More than 1 hour
Education	% of sites by proportion of Boys 5-12 attendance	Boys 5-12 >25%	Boys 5-12 <=25%
Education	% of sites by proportion of Girls 5-12 attendance	Girls 5-12 >25%	Girls 5-12 <=25%
Education	% of sites by proportion of Boys 13-17 attendance	Boys 13-17 >25%	Boys 13-17 <=25%
Education	% of sites by proportion of Girls 13-17 attendance	Girls 13-17 >25%	Girls 13-17 <=25%
FoodSec	% of sites per type of primary source of food	Market purchases, Household production, Own livestock Fishing / Foraging / Hunting, Trade for labour	Food assistance from NGO aid, Food assistance from government aid Gifts from family / friends / neighbors, Borrowing/Debts
FoodSec	% of sites where a significant proportion of male residents are involved in crop production	Some, Any, All or almost all	None, A few
FoodSec	% of sites where a significant proportion of female residents are involved in crop production	Some, Any, All or almost all	None, A few
FoodSec	% of sites where a significant proportion of male residents are involved in livestock rearing	Some, Any, All or almost all	None, A few
FoodSec	% of sites where a significant proportion of female residents are involved in livestock rearing	Some, Any, All or almost all	None, A few
FoodSec	% of sites where a significant proportion of residents are involved in fishing	Some, Any, All or almost all	None, A few
FoodSec	% of sites where residents do not have access to a food market	Yes	No
FoodSec	% of sites where residents take more than one hour to reach the nearest market place	Less than one hour	More than one hour
FoodSec	% of sites where there has been a cash OR food distribution in the site in the 3 months before data collection	Food distribution OR cash distribution	No food nor cash distribution



ANNEX 2: INDICATORS FEEDING INTO SEVERITY SCORES

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SOMALIA

NON-CRITICAL INDICATORS

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
Health	% of sites by type of health facilities available	First aid post, Pharmacy, District hospital Mobile clinic, Private clinic, NGO clinic, Government run clinic	No access to any health facility
Health	% of sites by type of health services available	Basic primary healthcare, Vaccinations, Child healthcare, Maternal healthcare, Nutrition counselling / services, HIV Counselling and testing ,Mental health services	None of the above
Health	% of sites by proportion of MALE with serious problems with their physical health due to Sickness/illness/disease	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of FEMALE with serious problems with their physical health due to Sickness/illness/disease	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of MALE with serious problems with their physical health due to Injuries/wounds	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of FEMALE with serious problems with their physical health due to Injuries/wounds	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of MALE with serious problems with their physical health due to Disabilities	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of FEMALE with serious problems with their physical health due to Disabilities	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of MALE with serious problems with their physical health due to Mental health issues	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of FEMALE with serious problems with their physical health due to Mental health issues	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of MEN living in the site UNABLE to get adequate healthcare	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by proportion of WOMEN living in the site UNABLE to get adequate healthcare	"None (0%) A few (1-25%)"	"Some (26-50%) Many (51-75%) All or almost all (76-100%)"
Health	% of sites by the most commonly reported difficulties people in the site encounter when attempting to access health services or treatment	No issues	Cost of services and/or medicine is too high No access to qualified health staff at the health facility Problems with civil documents, Public health clinic does not provide referral ,Public health clinic not open, The treatment center is too far away/Transportation constraints Medical staff refuse treatment without any excuse No medicine available at health facility/pharmacy No treatment available for the disease at the health facility Health services not inclusive of people with disabilities

NON-CRITICAL INDICATORS

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
HLP	% of sites per type of land owner	All other response options	No owner Owner not known
HLP	% of sites by available security of tenure	Written	yes_oral no_agreement
Nutrition	% of sites by received nutrition items	At least one nutrition item	None of the above
Nutrition	% of sites by time taken for most households to walk to nutrition services	Less than 1 hour	More than one hour
Nutrition	% of sites by most common barriers to accessing nutrition services	2 or less issues	3 or more issues
Protection	% of sites by the availability of designated space where women and girls can gather	Yes	No
Protection	% of sites by the availability of child friendly space	Yes	No
Protection	% of sites by restrictions of movement during the day	No	Yes
Protection	% of sites by restrictions of movement during the night	No	Yes
Protection	% of sites where minority groups are reported to face barriers to access support	Any response except for "Minorities"	Minorities (persons who are not members of any of Somalia's four major clans)
SNFI	% of sites where residents have access to market and are within an acceptable distance from SNFI market	Answered YES to Q1 AND Answered Less than 1h to Q2	Answered NO to Q1 OR Answered more than 1h to Q2
SNFI	% of sites where basic NFIs are available in the local market	5 Or more of the following NFI items: Sleeping mats, Plastic sheets, Blankets, Jerry cans or buckets, Cooking utensils, Mosquito nets, Solar lamp	4 Or Less of the following NFI items: Sleeping mats, Plastic sheets, Blankets, Jerry cans or buckets, Cooking utensils, Mosquito nets, Solar lamp
SNFI	% of sites where new IDPs (people who have arrived less than 3 months ago) have received shelter assistance	Answered less than 3 months to Q1 AND Answered "Provision of shelter kits" to Q2	Answered more than 3 months to Q1 AND Did not answered "Provision of shelter kits" to Q2
SNFI	% of sites where new IDPs (people who have arrived less than 3 months ago) have received NFI assistance	Answered less than 3 months to Q1 AND Answered "Provision of NFI kits/items" to Q2	Answered more than 3 months to Q1 AND Did not answered "Provision of NFI kits/items" to Q2
SNFI	% of sites by available public lighting	Yes	No



NON-CRITICAL INDICATORS

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
WASH	% of sites where residents report sanitation issues	No problem	<ul style="list-style-type: none"> • Lack of sanitation facilities (latrines/toilets) / facilities too crowded • Sanitation facilities (latrines/toilets) are not functioning or full • Sanitation facilities (latrines/toilets) are unclean/unhygienic <ul style="list-style-type: none"> • Sanitation facilities (latrines/toilets) are not private • Sanitation facilities (latrines/toilets) are not segregated between men and women <ul style="list-style-type: none"> • Sanitation facilities (latrines/toilets) are too far • Sanitation facilities (latrines/toilets) are difficult to reach (especially for people with a lot of difficulties in seeing, hearing, walking, communicating, self-caring and understanding (for reasons other than the language spoken)) • Going to the sanitation facilities (latrines/toilets) is dangerous • Some groups (children, women, elderly, minority clan members or marginalized clan members etc.) do not have access to sanitation facilities (latrines/toilets)
WASH	% of settlements facing water access problems	No problem	<p>Waterpoints are difficult to reach and use (especially for people with persons with disability)</p> <p>Fetching water is a dangerous activity Some groups (children, women, elderly, minority clan members, marginalized clan members, etc.) do not have access to the waterpoints</p> <p>Insufficient number of water points</p>
WASH	% of sites by solid waste management system	Safely managed by households or community by burial in pit	Collected in garbage bins by households/communal and disposed in open grounds, Collected and burnt in open spaces, Not managed
WASH	% sites where residents report not treating water	(Unprotected well OR Berkad OR River) AND (Some OR Many OR All)	(Unprotected well OR Berkad OR River) AND (None OR A few)
WASH	% of sites where a limited proportion of latrines are accessible for PwD	Some, Many, All	None, A few

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- 11 Norwegian Refugee Council (NRC)
- 12 Oxfam
- 13 Social-life and Agricultural Development Organisation (SADO)
- 14 Save the Children International (SCI)
- 15 Somali Community Concern (SCC)
- 16 Shabelle Community Development Organization (SHACDO)
- 17 Somali Humanitarian Organization (SHO)
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- 19 Secours Islamique Français (SIF)
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