

CONTEXT

The humanitarian situation in Somalia has been worsened by a recent double climate disaster - drought in two thirds of the country and flooding in other areas - and the impact of political tensions, COVID-19 and the worst desert locust infestation in years.¹ Nearly 3.5 million people across Somalia are expected to face food consumption gaps or depletion of livelihood assets indicative of Crisis (IPC Phase 3) or worse outcomes through the end of the year, in the absence of humanitarian assistance. The key drivers of acute food insecurity in Somalia include the combined effects of poor and erratic rainfall distribution, flooding and conflict.² In addition to weather shocks, food availability and access are further constrained by conflict in southern and central Somalia, uncertainty over the parliamentary and presidential elections, and rising staple cereal prices linked to low domestic production and high global food prices.³ Simultaneously, these regions host the largest proportion of internally displaced persons (IDPs); an estimated 1.4 million of the approximately 2.6 million IDPs in Somalia reside in this part of the country.⁴ The majority of IDPs settle in camps located around large urban centres. Security and logistical constraints limit the data available on population needs in these territories.

To help address these critical information gaps and to assist humanitarian planning in Somalia, REACH monitors needs in southern and central Somalia through the assessment of hard-to-reach areas. This assessment provides monthly data and analysis on the humanitarian situation in the settlements located in the **7 target regions of Bay, Bakool, Gedo, Middle Shabelle, Lower Shabelle, Middle Juba and Lower Juba.**

METHODOLOGY

The Hard-to-Reach Areas assessment uses an Area of Knowledge (AoK) methodology, whereby the settlements are assessed by interviewing key informants (KIs) who have recently been displaced from the target settlements to IDP camps around Baidoa and Mogadishu.

The KIs must meet the selection criteria of either being displaced from their previous settlement less than one month prior to data collection, or having visited their previous settlement in the month prior to the data collection. Additionally, KIs are selected if they have stayed in the settlement on which they report for longer than one month. The minimum number of interviews required to report on each settlement is two. Responses of KIs are aggregated to the settlement level. For more details on this, see the methodology section on p. 9. For all data presented in this factsheet, the recall period is one month preceding data collection.

Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to improve humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These indicators, marked with **C19**, might help to estimate the potential impact of the pandemic, such as its impact on the level of access to information about the virus, potential barriers to services induced by the pandemic, as well as related risk perceptions. Importantly, observed changes of these variables might occur due to the cumulative effect of several co-existing factors that are not limited to or driven by health threats. **C19** indicators have to be viewed in consideration of the general limitations of the AoK methodology.

Findings are not representative; rather, they should be considered as **indicative** of the situation in assessed settlements. For more information on the aggregation of data, please see the dedicated information box on p.9. Unless specified otherwise, the findings in this factsheet are presented as a percentage of aggregated settlement-level responses.

1. [Somalia humanitarian bulletin - June 2021](#)

2. [FSNAU-FEWS NET 2021 Post Gu Technical Release - September 9, 2021](#)

KEY INFORMANT PROFILE

AGE AND GENDER DISTRIBUTION

Gender	0%	15-17	0%
Male	53%	18-45	10%
Female	22%	46-59	7%
	5%	60+	3%

Data collection timeline: **15 - 26 August**

Number of KIs: **461**

Number of assessed settlements: **105**

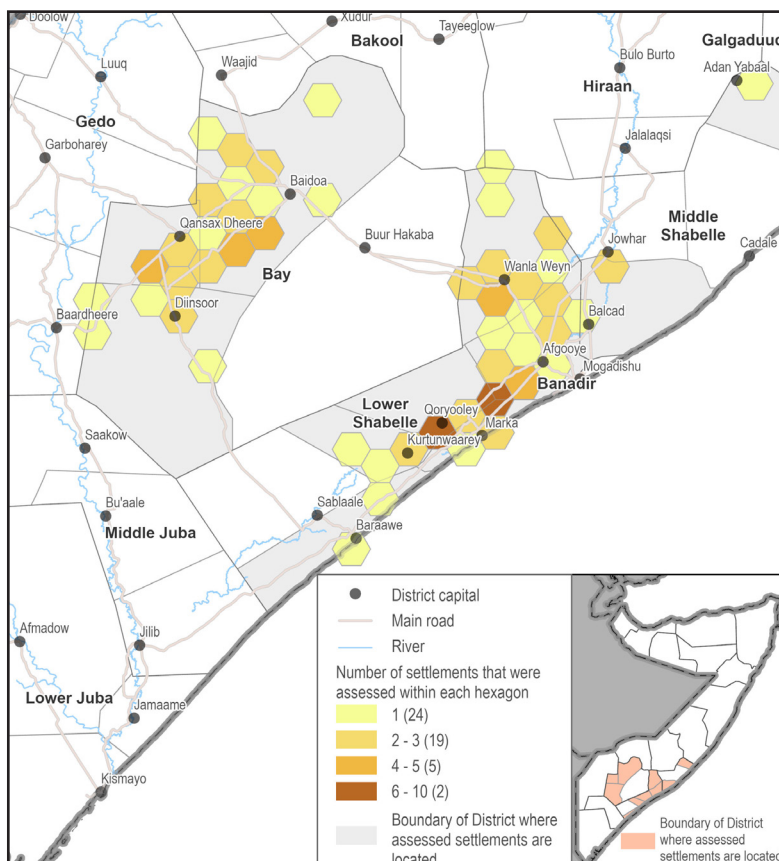
Proportion of KIs by duration of stay in the assessed settlement³

1-3 months	6%
3-6 months	0%
> 6 months	94%

22% of KIs reported having visited the settlement on which they report in the month prior to data collection

Important notice about maps presented in this factsheet: all percentages can only serve as an indication of the situation in the settlements that have been assessed within particular hexagons. All outcomes depicted in the maps need to be viewed along with the number of settlements that have been assessed within each hexagon and should not be viewed as an indication of severity by themselves.

COVERAGE MAP



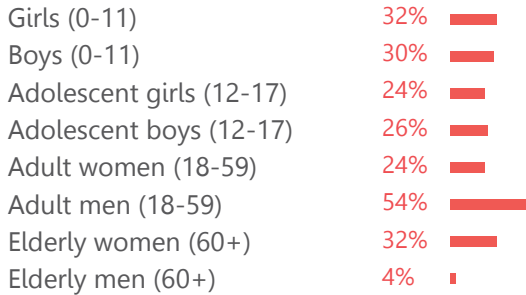
3. [Below-average gu harvest and other shocks lead to IPC Phase 3 outcomes July 2021](#)

4. [UNHCR Operational Portal. Horn of Africa Somalia Situation](#)

11% of KIs reported having left behind members of their household in the settlement where they stayed prior to displacement⁵

16% of those KIs reported that people with disabilities were among their household members who were left behind⁵

Household members, by gender and age, reported as left behind by KIs^{5,6}



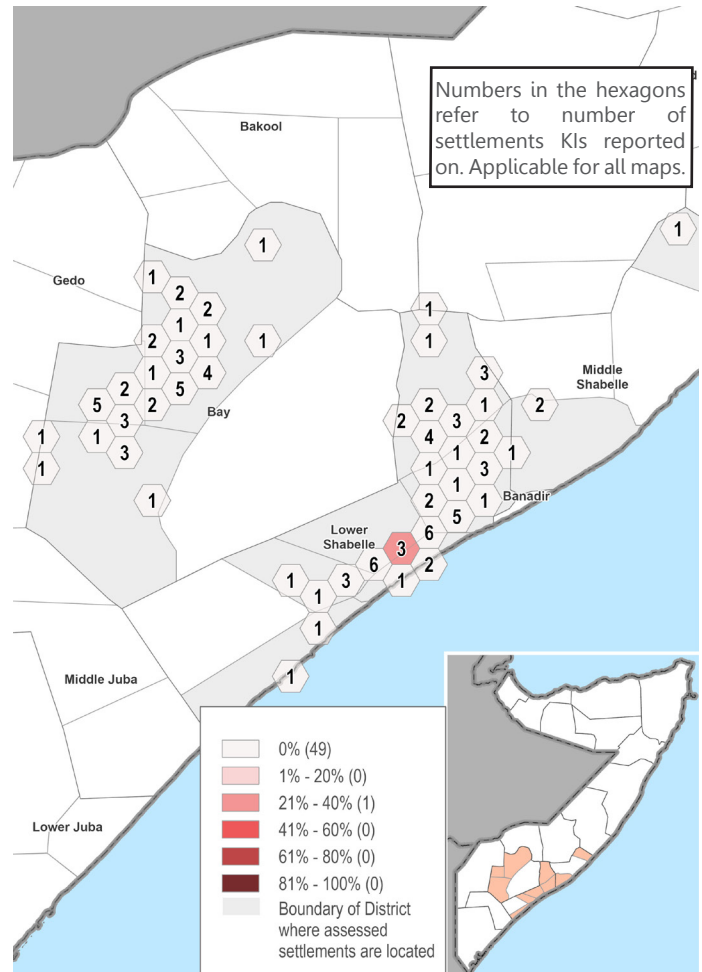
Reported ratio of IDPs to host community in assessed settlements where displaced people were reported⁸



Most commonly reported primary reason for population leaving the settlement of origin, by % of assessed settlements



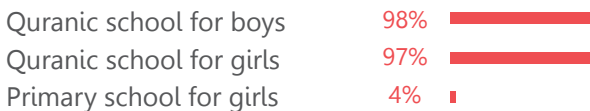
% of assessed settlements where conflict was the most commonly reported primary reason for population leaving the settlement of origin



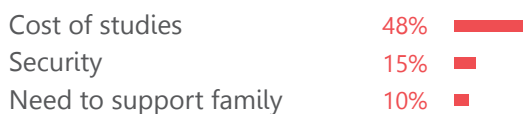
EDUCATION

Children from **100%** of settlements reportedly had access to education in the month preceding data collection

Most commonly reported types of education services that children from the assessed settlements were able to access⁶



Most commonly reported barriers to access education for girls from the assessed settlements⁹



Most commonly reported barriers to access education for boys from the assessed settlements¹⁰



Reported time to reach education facilities by foot, for assessed settlements in which most children reportedly had access to education services

Less than 30 minutes	30-60 minutes	1-3 hours	More than 3 hours	No consensus
52%	37%	2%	0%	9%

5. The data is presented as the percentage of total KI responses.

6. The respondents could choose more than one option, therefore the sum of responses may exceed 100%.

7. Unless specified otherwise, the percentages throughout the factsheet are presented for the total number of settlements that were assessed.

8. For the 18% of settlements where presence of IDPs was reported.

9. No barriers were reported in 0% of settlements, also there was no consensus in 19% of the settlements.

10. No barriers were reported in 1% of settlements, also there was no consensus in 19% of the settlements.



People in **95%** of assessed settlements reportedly had access to a functional market in the month preceding data collection¹¹

Reported walking time to access a functional market, by % of assessed settlements where access was reported

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
47%	20%	25%	0%	0%	8%

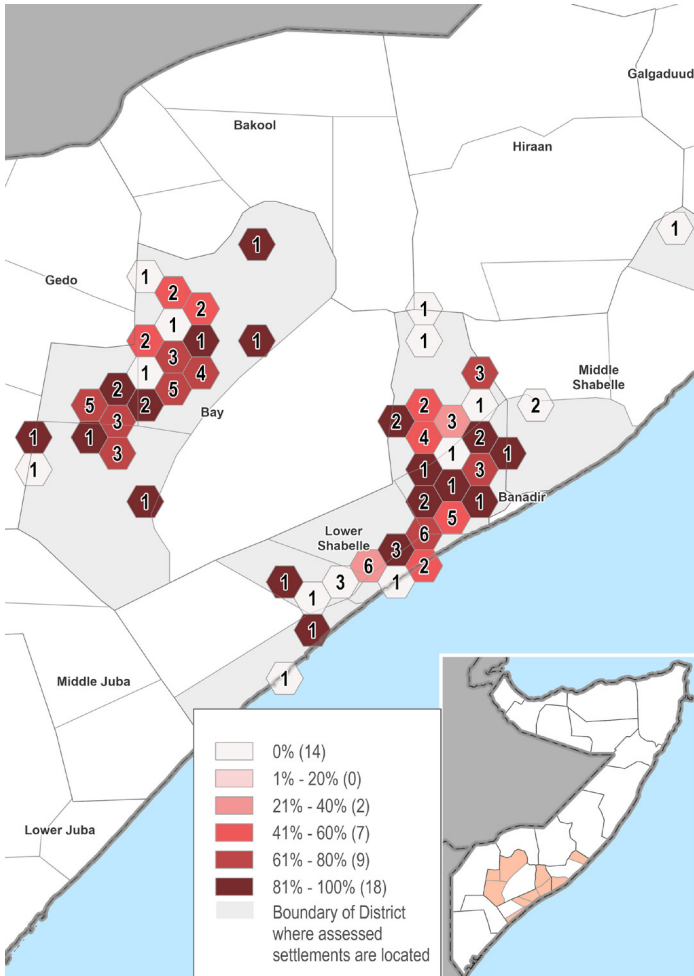
C19 Reported change of price for food compared to the previous month, by % of assessed settlements

Prices increased	85%	<div style="width: 85%;"></div>
Prices did not change	10%	<div style="width: 10%;"></div>
No consensus	5%	<div style="width: 5%;"></div>

Most commonly reported sources of food, by % of assessed settlements⁶

Own production ¹²	83%	<div style="width: 83%;"></div>
Bought with cash	14%	<div style="width: 14%;"></div>
No consensus	3%	<div style="width: 3%;"></div>

% of assessed settlements where access to food had reportedly deteriorated in the month prior to data collection



KIs from **35%** of assessed settlements reported people skipping two or more meals per day to cope with a lack of food

Most commonly reported reasons why people were not able to access enough food, by % of assessed settlements where people reportedly skipped two or more meals a day⁶

Economic causes	51%	<div style="width: 51%;"></div>
Natural causes	45%	<div style="width: 45%;"></div>
Security	41%	<div style="width: 41%;"></div>

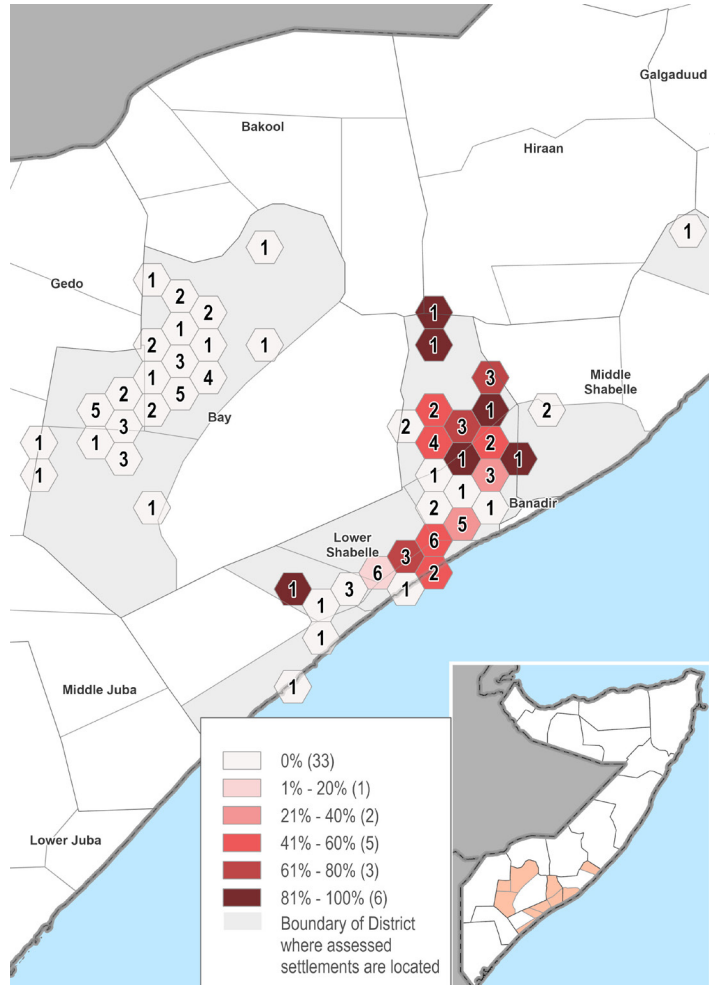
Most commonly reported strategies used to cope with lack of food in the settlement, by % of assessed settlements⁶

Borrow food from others	79%	<div style="width: 79%;"></div>
Limit portion sizes	71%	<div style="width: 71%;"></div>
Buy cheaper food	52%	<div style="width: 52%;"></div>

Most commonly reported livelihood sources, by % of assessed settlements⁶

Farming	87%	<div style="width: 87%;"></div>
Livestock production	44%	<div style="width: 44%;"></div>
Daily wage labour	43%	<div style="width: 43%;"></div>

% of assessed settlements where KIs reported that security reasons are a main challenge in accessing enough food



11. KIs from 55% of assessed settlements reported access to a functional market at all times, 40% restricted access, and for 10% there was no consensus.

12. Own production includes cultivation and livestock production.

People in **47%** of assessed settlements reportedly had no access to any health services¹³

Reported types of health services available from the assessed settlements where access was reported⁶

Drugstore	94%	<div style="width: 94%;"></div>
Clinic	4%	<div style="width: 4%;"></div>

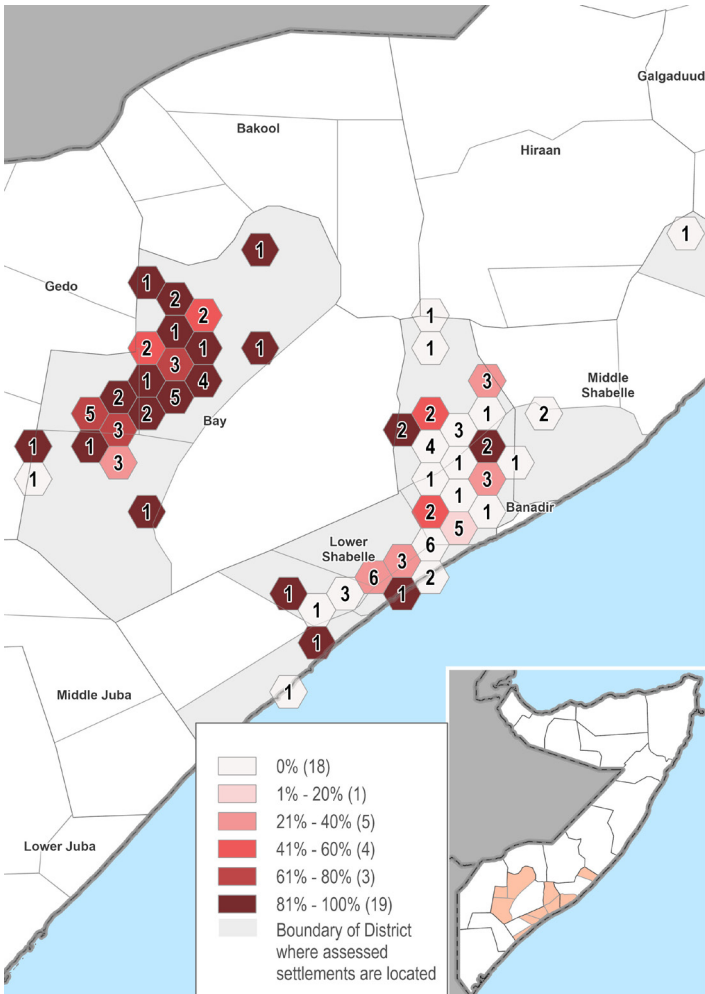
Most commonly reported barriers for accessing healthcare, by % of assessed settlements⁶

Cost of services	73%	<div style="width: 73%;"></div>
Distance	51%	<div style="width: 51%;"></div>
Absence of qualified personnel	28%	<div style="width: 28%;"></div>

Population groups most commonly reported as unable to access health services when needed, by % of assessed settlement where access was reported⁶

Women over 60	33%	<div style="width: 33%;"></div>
Men over 60	33%	<div style="width: 33%;"></div>

% of assessed settlements where KIs reported no access to any type of health services



13. Access to any kind of health services was reported by KIs from 47% of assessed settlements, and for 7% there was no consensus.
14. Healthcare workers include: community health worker, nurse, doctor or midwife.
15. Basic health services include examination, first aid and health education.

C19 Most commonly reported measures taken by people from the assessed settlements to protect themselves from COVID-19⁶

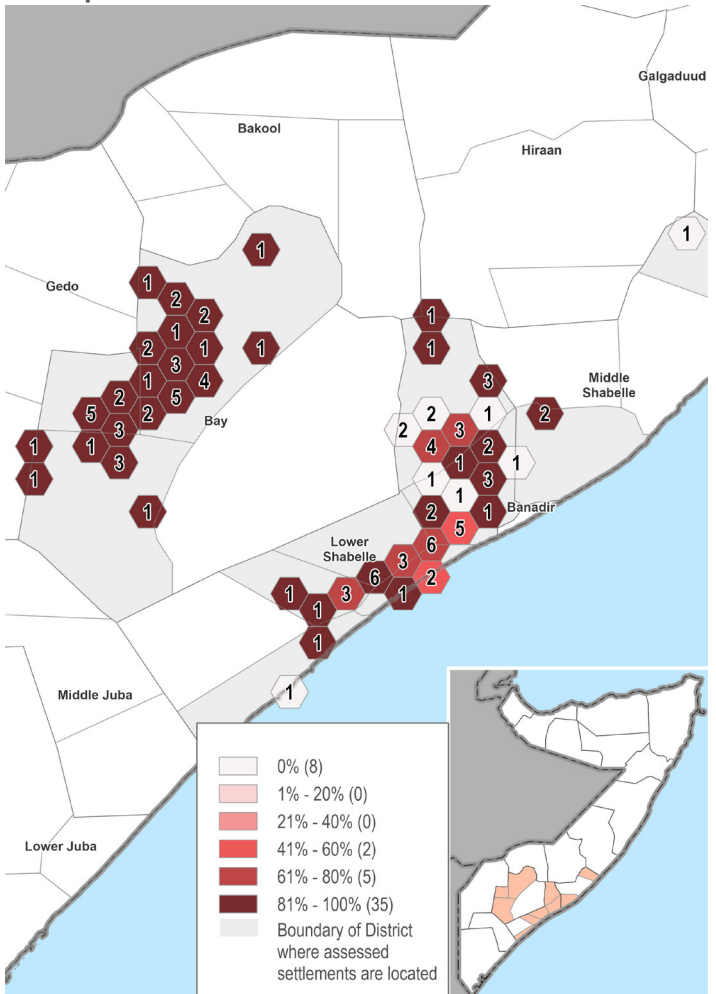
Wash hands with water	55%	<div style="width: 55%;"></div>
Pray	44%	<div style="width: 44%;"></div>
Wash hands with water and soap	23%	<div style="width: 23%;"></div>

C19 In **15%** of assessed settlements, health workers reportedly provided basic health services within the settlement in the month prior to data collection^{14 15 16 17}

C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

Once a week	50%	<div style="width: 50%;"></div>
Once a month	36%	<div style="width: 36%;"></div>
2 - 3 times a month	14%	<div style="width: 14%;"></div>

% of assessed settlements where KIs reported that there had not been any health workers providing basic services in the month prior to data collection^{14 15}



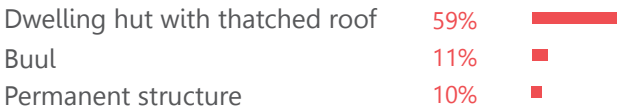
16. The health workers were not necessarily based in the assessed settlements.
17. KIs reported that health workers were not providing services in 80% of assessed settlements, and for 2% there was no consensus.



SHELTER

August 2021
Somalia

Most commonly reported shelter types, by % of assessed settlements

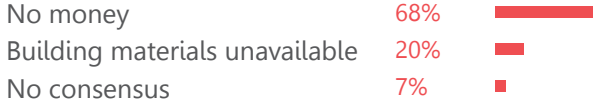


KIs from **42%** of assessed settlements reported that shelters had been destroyed or seriously damaged in the month prior to data collection¹⁸

For those settlements, the reported reasons why shelters were destroyed or seriously damaged were



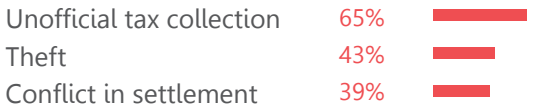
In **42%** of settlements where shelter damage had been reported, KIs reported that shelters had not yet been rebuilt. The most commonly reported reasons why were:



PROTECTION

KIs from **70%** of assessed settlements reported at least one protection incident had taken place in the month prior to data collection¹⁹

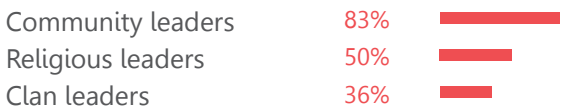
In those settlements, the most commonly reported types of protection incidents were⁶



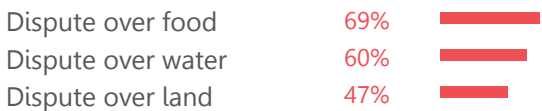
Most commonly reported location of protection incidents, by % of assessed settlements where KIs reported any protection incidents⁶



Groups most commonly reported as mediators in the event of conflict, by % of assessed settlements where protection incidents were reported⁶



In the **90%** of assessed settlements where KIs reported disputes within the settlement, the following causes were most commonly mentioned^{6 20}



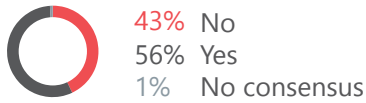
People in **94%** of assessed settlements where KIs reported that people could not move around safely during the day (**30%**) reportedly relied on own production as the main source of food

18. KIs in 51% of assessed settlements reported that no shelters were destroyed and for 7% there was no consensus.

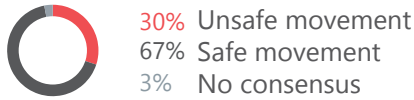
19. No protection incidents were reported by KIs from 27% of assessed settlements, for 3% there was no consensus.

20. No disputes were reported by KIs from 9% of assessed settlements, and for 1% there was no consensus.

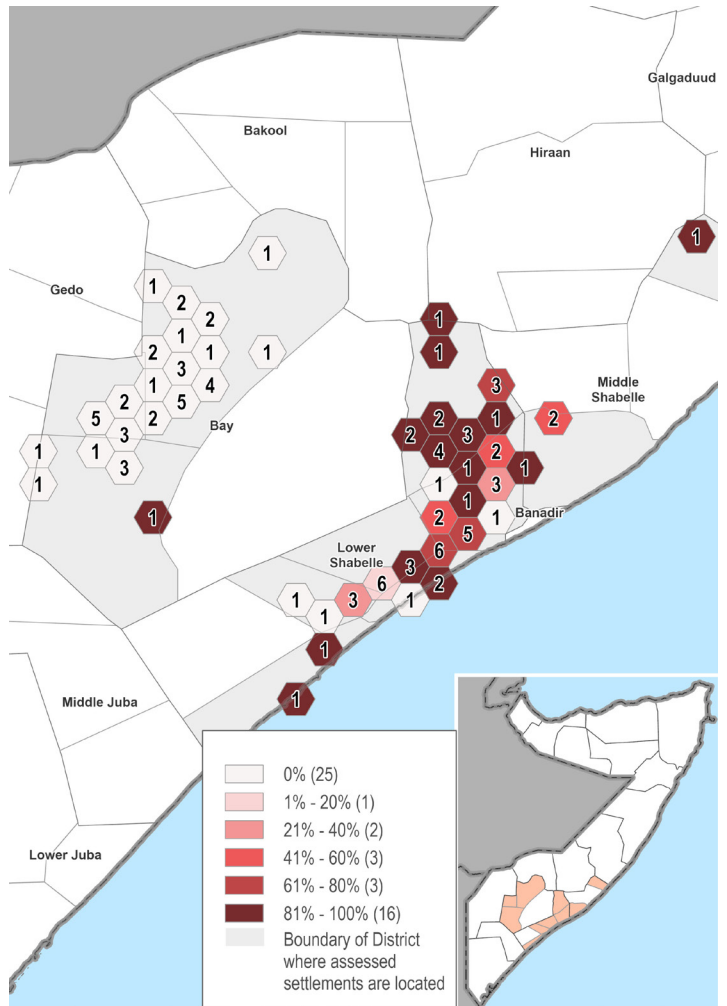
% of assessed settlements where KIs reported that people were able to leave and return safely



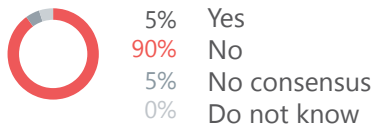
% of assessed settlements where KIs reported that people could not move around the settlement safely during the day



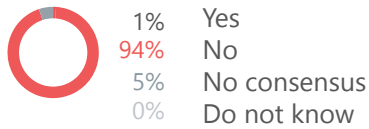
% of assessed settlements where KIs reported that people were not able to move safely around the settlement during the day



% of assessed settlements where KIs reported that children had gone missing in the month preceding data collection



% of assessed settlements where KIs reported the presence of unaccompanied children in the month preceding data collection

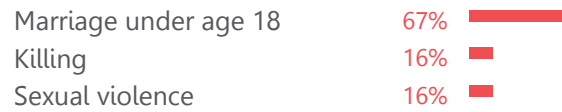


In 1 settlement with reported presence of unaccompanied children, KIs reported that unaccompanied children were living in a house

KIs in 28% of assessed settlements reported that no kind of special services for children were available^{21 22}

KIs from 58% of assessed settlements reported protection incidents had happened to women the month prior data collection²³

The most commonly reported types of protection incidents that happened to women were⁶

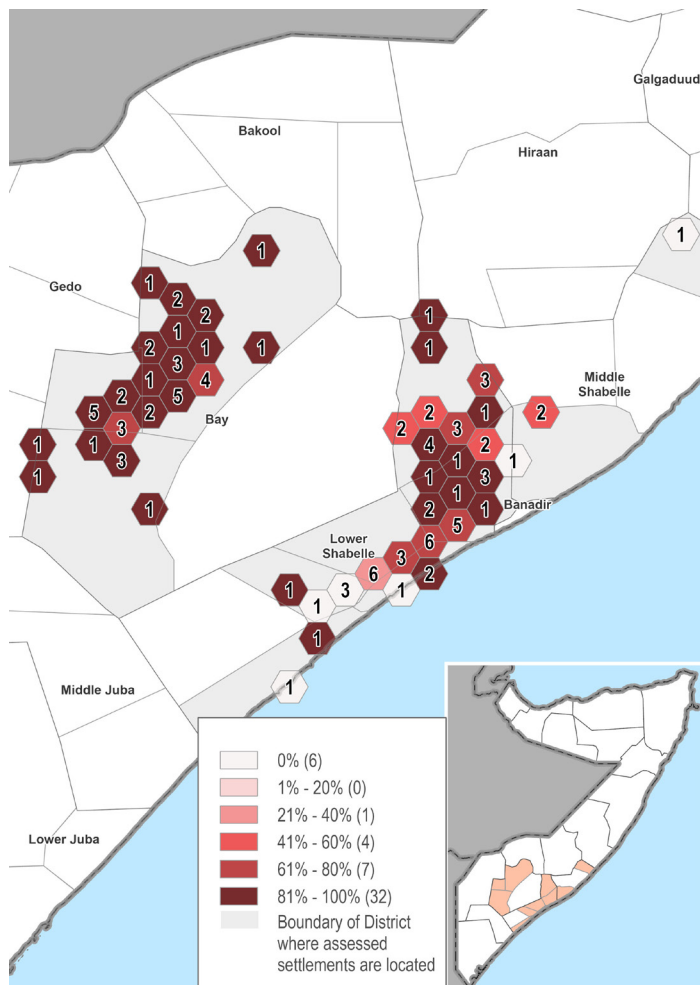


Places that women from the assessed settlements were reportedly avoiding for safety or security reasons⁶

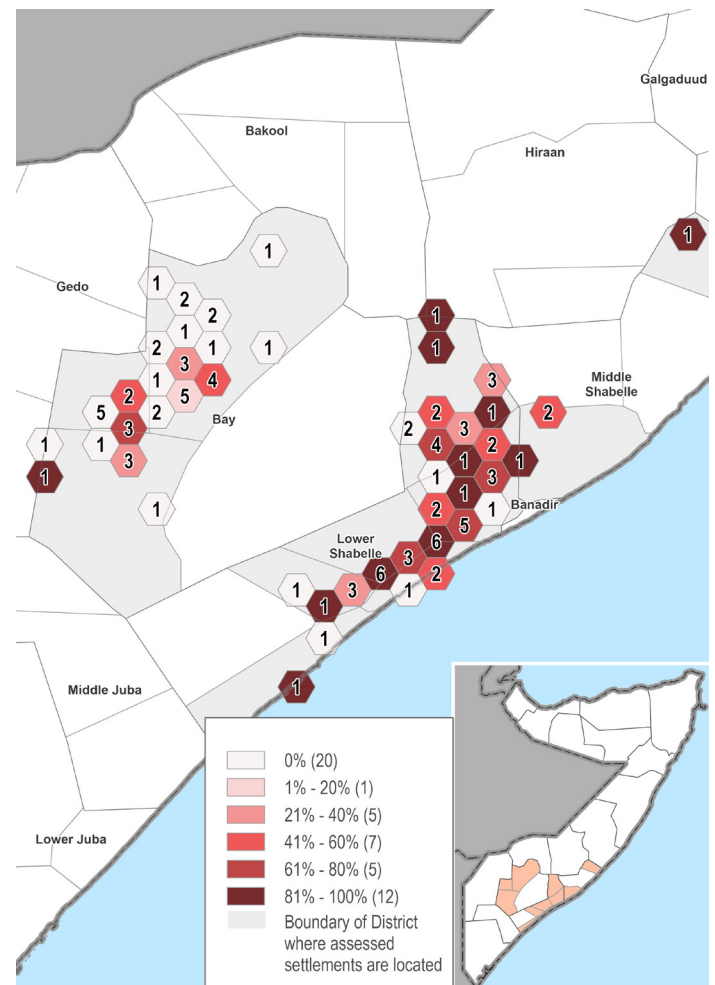


KIs in 70% of assessed settlements reported that protection services were not available to women from the settlement^{24 25}

% of assessed settlements where special services for children were reportedly not available²²



% of assessed settlements where protection incidents involving women had reportedly taken place in the month prior to data collection



21. KIs from 15% of settlements were not aware of availability of services and for 7% of settlements there was no consensus.

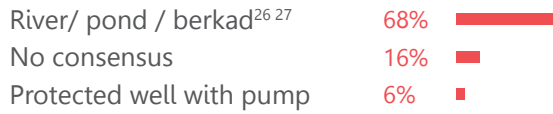
22. Services for children include: alternative care, psychosocial support, social workers, family tracing and referral services.

23. KIs from 28% of assessed settlements reported that no protection incidents had happened to women in the settlement, and for 14% there was no consensus.

24. KIs from 26% of assessed settlements reported that protection services for women were available and for 4% of assessed settlements there was no consensus.

25. Protection services for women include: psychosocial support, treatment of rape survivors, shelters and treatment for victims of GBV, legal support.

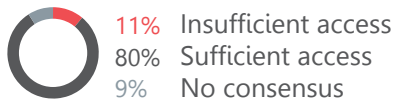
Most commonly reported source of water for drinking and cooking, by % of assessed settlements



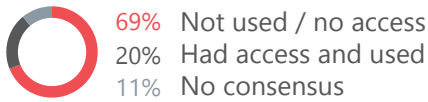
Average reported time of fetching water, including walking, waiting and return, by % assessed settlements

Less than 30 minutes	30-60 minutes	60 minutes	Half a day	More than half a day	No consensus
29%	37%	22%	0%	0%	12%

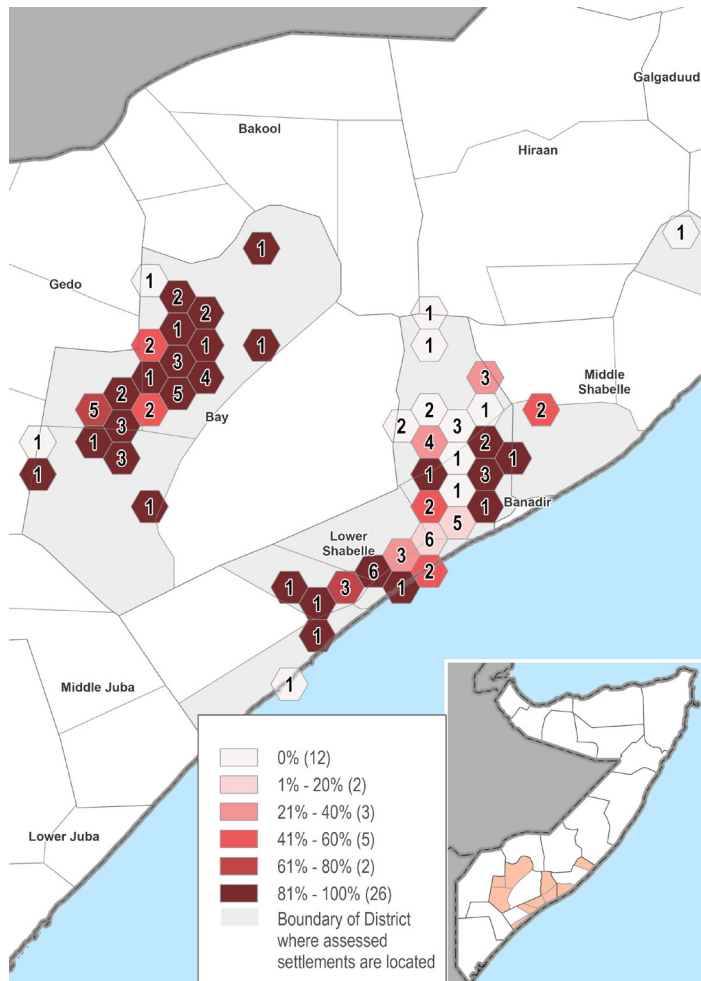
% of assessed settlements where people reportedly had insufficient access to water in the month preceding data collection



C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing



% of assessed settlements where people reportedly had insufficient access to water to meet daily needs

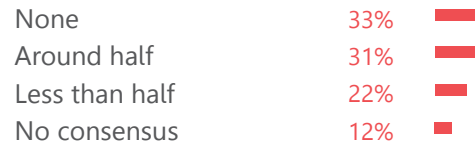


26. River, pond, berkad and unprotected well belong to unimproved water sources.

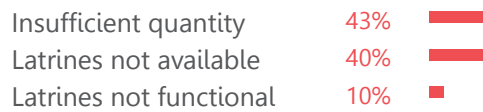
% of assessed settlements where water for drinking and cooking was reportedly available during the dry and rainy seasons



Estimated proportion of the population reportedly using latrines, by % of assessed settlements



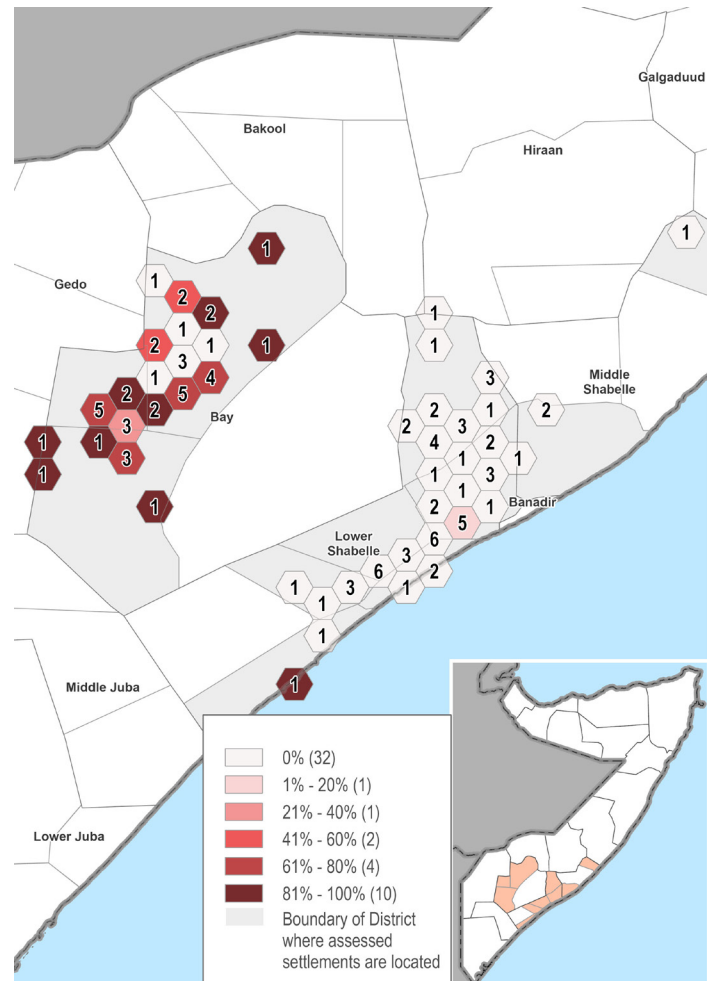
Most commonly reported barriers to using latrines, for % of assessed settlements where half or less of the population was estimated to use latrines



Most commonly reported strategy of disposing waste, by % of assessed settlements








% of assessed settlements where fetching water reportedly takes one hour or longer






27. Berkad is a traditional open water storage.

C19 People in **75%** of assessed settlements had reportedly been receiving some information about COVID-19 in the month preceding data collection^{28 29}




C19 In those settlements where people had reportedly been receiving information about COVID-19, the most commonly reported information providers were⁶

Mobile network operator	71%	
Family or friends	44%	
Community leaders	24%	
Local leaders	26%	
Media, TV	25%	


Most commonly reported sources of general information, by % of assessed settlements⁶

Phone calls	67%	
Radio	60%	
Face-to-face conversations	52%	



Most commonly reported providers of information to people, by % of assessed settlements

Family or friends	83%	
Community religious leaders	9%	
No consensus	8%	

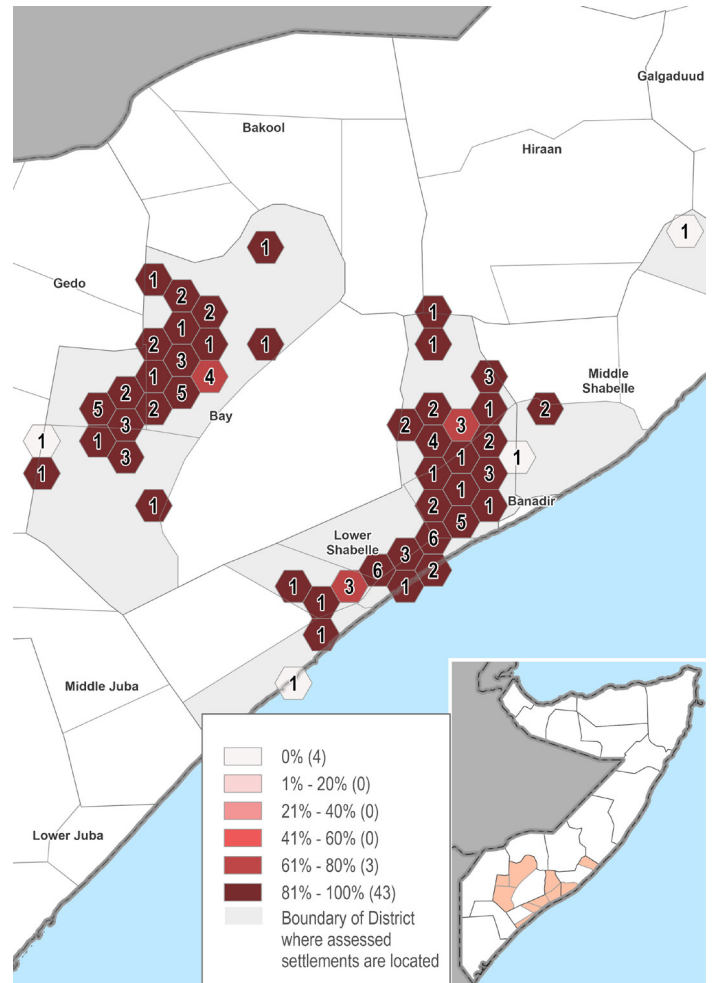
Most commonly reported main radio stations listened to by the population, by % of assessed settlements⁶

BBC Somalia	84%	
Voice of America	32%	
Radio Shabelle	3%	

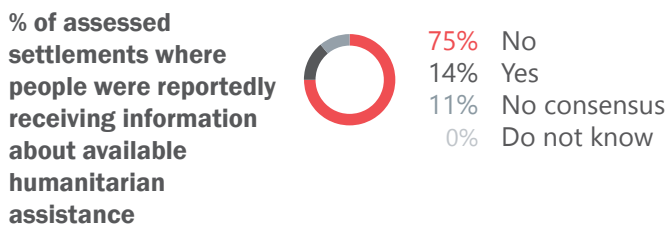
Most commonly reported barriers to accessing information, by % of assessed settlements⁶

Lack of electricity	95%	
Lack of mobile signal	37%	
Lack of radio signal	34%	

% of assessed settlements where people were reportedly not able to access general information due to the lack of electricity



ACCESS AND HUMANITARIAN ASSISTANCE



28. The assessment does not include the questions that allow to evaluate the quality of information that is received by the population.
29. KIs from 20% of settlements reported that people had not been receiving information and for 5% of assessed settlements there was no consensus.



The assessment uses two main types of aggregation for the analysis:

KI level: these are indicators that are presented as a proportion of interviewed KIs and are reflective of the experience of particular households. KI level indicators are indicative of broad trends and therefore cannot be used to draw conclusions at the settlement level. This type of indicators is marked accordingly and clarification is provided in the footnotes.

Settlement level: most indicators presented in this factsheet use settlement level aggregation, unless specified otherwise. Mode aggregation is used, whereby “I don’t know” responses are dropped and then the most commonly reported response is taken for each settlement. Should several KIs from the same settlement provide different responses to the same question, the result is reported as “No consensus”.

Unless specified otherwise, the indicators used throughout the factsheet are aggregated to the settlement level. Aggregation to the hexagon level is used for the maps only and uses settlement level responses for further aggregation. Each hexagon contains a minimum of three settlements (assessed and not assessed). In cases of “No answer” among settlement-level responses, such settlements are dropped from the aggregation to the hexagon level and therefore not reflected in the percentages presented in the maps. In cases when all settlements within the hexagon are “No answer”, these settlements are not dropped, instead, such hexagons are presented as “No Data”.

Visualisations presented in this factsheet cannot be used to compare changes over time in the assessed areas. This is because hexagons presented on the maps contain more than three settlements, and the settlements that are assessed, as well as their number, may vary each month.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org. Visit www.reach-initiative.org and follow us @REACH_info.

Feedback

We are devoted to improving our outputs, so that we can continue supporting our partners and all actors within the humanitarian response. Please share your feedback related to this Hard-to-Reach Assessment August 2021 Factsheet using the following [link](#).

ABOUT REACH'S COVID-19 RESPONSE

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. Those who are already facing severe and extreme humanitarian needs risk being made even more vulnerable by the persisting pandemic.