Flygtningenævnets baggrundsmateriale

Bilagsnr.:	**1259**
Land:	Somalia
Kilde:	Gargaar Relief and Development Organization (GREDO)
Titel:	Multisectoral Needs Assessment Report. Southwest State of Somalia, Bay, Bakool and Lower Shabelle Regions
Udgivet:	2. april 2026
Optaget på baggrundsmaterialet:	12. juni 2026

Gargaar Relief and Development Organization

Multisectoral Needs Assessment Report

Southwest State of Somalia

Bay, Bakool and Lower Shabelle Regions Assessment Period: February 2026

The Multisectoral Rapid Needs Assessment conducted across ten districts in Southwest State of Somalia identified significant household vulnerabilities across food security, nutrition, WASH, health, protection, and education sectors. Findings show that most households rely on unstable casual labour, resulting in reduced purchasing power, food consumption gaps, and increased reliance on coping strategies. Inadequate sanitation access, low handwashing practices, and limited healthcare access further contribute to health risks and worsening nutrition outcomes. Protection concerns and barriers to education are also driven by economic hardship and displacement. Overall, the assessment highlights interconnected and geographically concentrated humanitarian needs, emphasizing the importance of integrated multisector interventions to improve food security, health, WASH services, protection, and education while strengthening community resilience.

Prepared GREDO Organisation

TABLE OF CONTENTS

1. Executive Summary

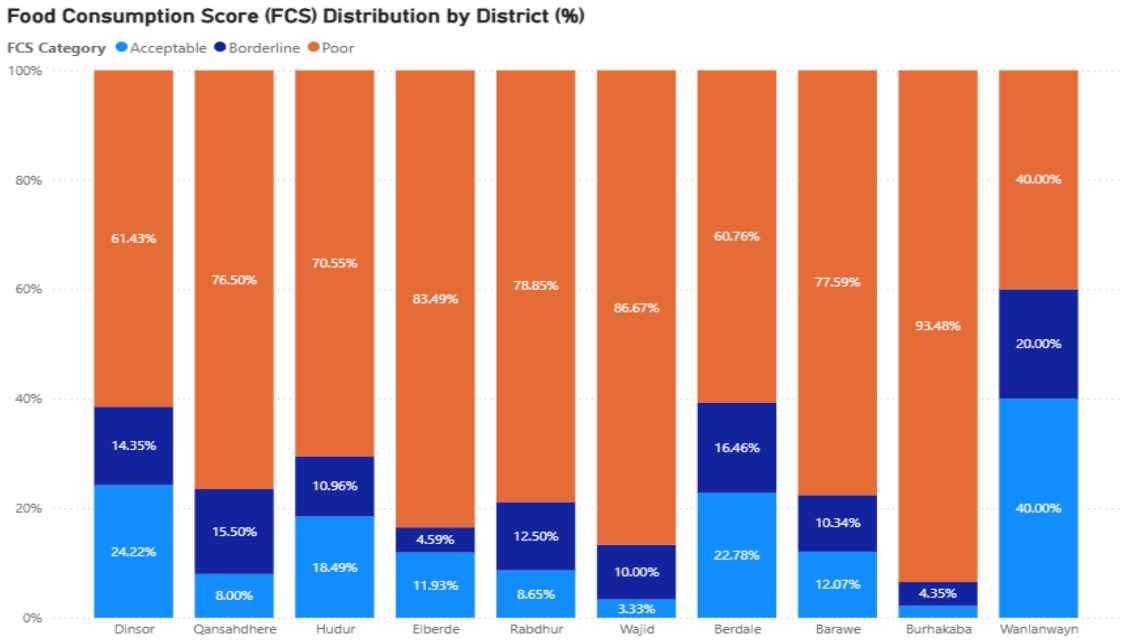
The Multisectoral Needs Assessment (MSNA) was conducted in February 2026 across ten districts in Southwest State of Somalia to assess the scale, severity, and drivers of humanitarian needs among crisis-affected populations. The assessment employed a mixed-methods approach combining household-level quantitative surveys and Key Informant Interviews (KIIs) to generate evidence across multiple humanitarian sectors.

A total of 1,092 households were assessed across both internally displaced persons (IDPs) and host communities. The assessed population was predominantly internally displaced (71.1%), reflecting ongoing displacement driven by climatic shocks, livelihood disruption, and limited access to essential services.

Key findings were:

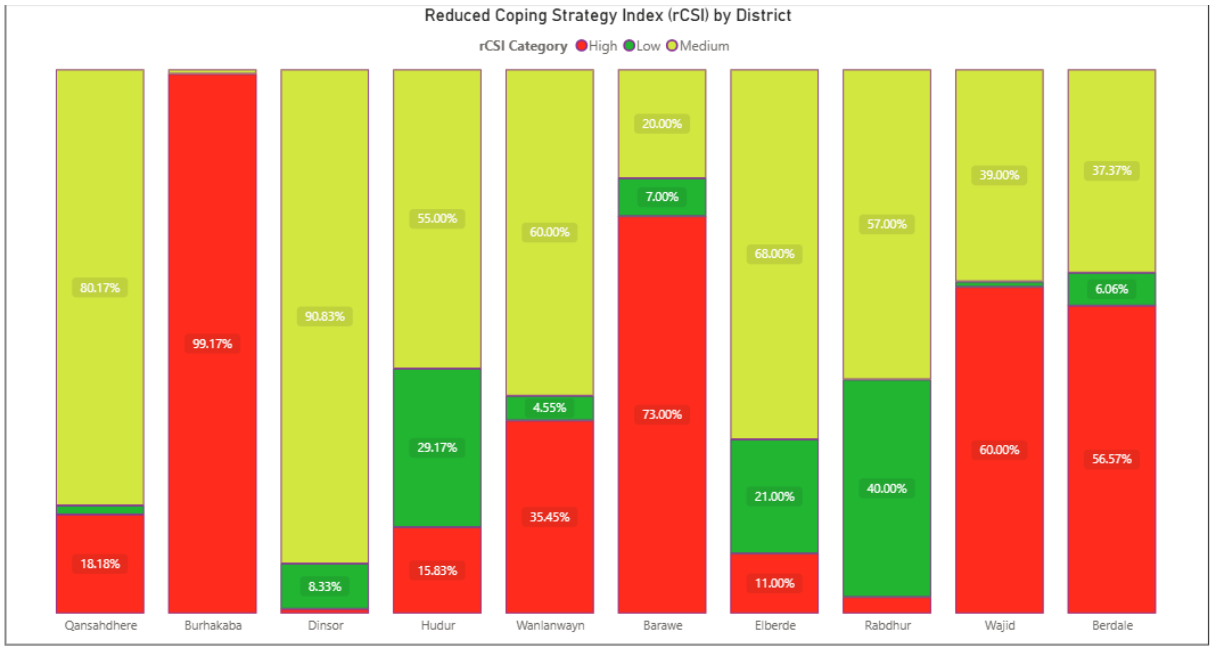
1.1 Food security and livelihoods emerged as the most critical needs across assessed districts. The majority of households recorded poor Food Consumption Scores

The Food Consumption Score (FCS) distribution indicates **widespread food insecurity across all assessed districts**, with over 60% of households classified under the **Poor FCS category**. Districts such as **Burhakaba, Wajid, Elberde, Rabdhur (yeed), and Barawe** show particularly high proportions of households with poor food consumption, suggesting limited dietary diversity and inadequate food access quality food.



and elevated reduced Coping Strategy Index (rCSI) levels, indicating sustained food access constraints and reliance on negative coping strategies to compensate for consumption deficits. Households reported several negative coping behaviours in response to food shortages, including reducing meal portions, skipping meals, borrowing food or money, relying on less preferred foods, purchasing food on credit, and prioritizing children over adults during meals. A notable proportion of households recorded high rCSI levels, reflecting sustained stress and limited ability to absorb shocks.

Figure: Food Consumption Score categories — Poor/Borderline/Acceptable)



Hunger-related experiences were widespread, with nearly half (48.9%)of households reporting moderate hunger and a significant proportion experiencing severe hunger. Severe hunger is particularly concentrated in Hudur (48.3%) and Qansahdhere (24.0%), suggesting acute food access constraints in these districts. Displaced households consistently demonstrated worse food security outcomes than host communities, reflecting limited livelihood opportunities and reduced purchasing power.

HHS Category	Barawe	Berdale	Burhakaba	Dinsor	Elberde	Hudur	Qansahdhere	Rabdhur	Wajid	Wanlanwayn	**Total**
Little or No Hunger	15.00%	30.30%	38.33%	57.50%	78.00%	8.33%	14.05%	58.00%	20.00%	73.64%	**38.90%**
Moderate Hunger	74.00%	67.68%	61.67%	40.83%	20.00%	43.33%	61.98%	41.00%	54.00%	24.55%	**48.90%**
Severe Hunger	11.00%	2.02%		1.67%	2.00%	48.33%	23.97%	1.00%	26.00%	1.82%	**12.20%**
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

1.2 WASH findings

WASH conditions remain inadequate and contribute to heightened public health risks. While boreholes represent the main source of drinking water for many households, a considerable proportion of households continue to rely on shallow wells, dams, and berkets, which are vulnerable to contamination and seasonal shortages. As a result, access to safe and reliable drinking water remains uneven across districts. Households in districts such as Berdale and Dinsor reported travelling long distances to access water. Open defecation and reliance on communal sanitation facilities remain common in several districts, while handwashing with soap is inconsistently practiced. These conditions increase the risk of waterborne disease outbreaks and recurrent illness.

1.3 Access to essential health services is uneven and constrained by distance, cost, and limited availability of services. Households in several districts reported long travel times to reach health facilities, delaying care-seeking for preventable illnesses and maternal and child health services. These access barriers compound the effects of food insecurity and poor WASH conditions, particularly for children under five and pregnant or lactating women.

Field teams also reported observing a small number of children with visible oedema during data collection, suggesting the possible presence of severe acute malnutrition in some communities.

1.4 Protection risks are closely linked to displacement, economic stress, and limited service access. Households reported limited awareness and availability of protection services, including services addressing gender-based violence (GBV), child protection concerns, and psychosocial support. Community informants highlighted risks such as family separation, psychosocial stress among displaced populations, and exposure to GBV and child protection concerns in overcrowded settlements. Displaced households and those with members living with disabilities face heightened exposure to compounded vulnerabilities

1.5 Overall, the assessment reveals **converging and reinforcing vulnerabilities across sectors**, with food insecurity acting as a central driver of malnutrition, health risks, and protection concerns. Vulnerabilities are geographically concentrated, particularly in Hudur,

Qansahdhere, Rabdhur (Yeed), and Burhakaba, and disproportionately affect internally displaced households.

Education indicators reveal very low literacy levels among respondents (77.5%), with the majority reporting no formal education. Limited education may affect household awareness of health, hygiene, and nutrition practices as well as access to information on available services.

1.6 Immediate, integrated multisectoral responses are required to prevent further deterioration. Priority actions include scaling up food assistance and livelihood support, improving access to safe water and sanitation, strengthening primary healthcare and outreach services, and enhancing protection awareness and referral mechanisms. Targeted, coordinated interventions focusing on the most vulnerable districts and population groups are essential to address both immediate humanitarian needs and underlying drivers of vulnerability.

Key Informant Interviews conducted alongside the household survey corroborate quantitative findings and confirm the severity and drivers of needs across assessed districts

Figure: Newly displaced households observed during MSNA data collection in Waajid District, February 2026.

2. Introduction

2.1 Background and Context

Southwest State of Somalia continues to face complex and recurring humanitarian challenges driven by climatic shocks, economic instability, displacement, limited access to essential services, and restricted movement of goods and services within and across districts. Consecutive seasons of below-average rainfall, prolonged drought conditions, and fluctuating market prices have significantly affected agricultural production, livestock productivity, and household purchasing power across the region.

These shocks have contributed to increased displacement, forcing many households to relocate in search of food, water, and livelihood opportunities. Internally Displaced Persons (IDPs) often settle in areas with limited infrastructure and inadequate access to health, water, sanitation, and protection services, further exacerbating vulnerability among already at-risk populations.

Children, pregnant and lactating women, elderly persons, and households with limited livelihood assets are particularly affected by these compounding stressors. Reduced dietary diversity, constrained healthcare access, and poor sanitation conditions increase the likelihood of adverse nutrition and health outcomes, especially among young children.

The MSNA was undertaken to inform evidence-based humanitarian response planning, geographic prioritization, and integrated multisectoral programming in Southwest State. Findings are intended to support donor decision-making, cluster coordination, and targeting of the most vulnerable populations.

2.2 Rationale for the Assessment

Humanitarian partners require timely and reliable information to guide resource allocation and program design in a rapidly evolving context. While sector-specific assessments provide valuable insights, multisectoral assessments enable a comprehensive understanding of how vulnerabilities intersect across food security, nutrition, WASH, health, protection, and education sectors.

The MSNA was therefore designed to:

- Identify the scale and severity of humanitarian needs across sectors.
- Compare vulnerabilities between internally displaced and host communities.
- Highlight geographic disparities in service access and wellbeing outcomes; and
- Support evidence-based prioritization of humanitarian interventions.

The assessment contributes to coordinated planning processes and complements existing monitoring systems by providing an integrated snapshot of household conditions across targeted districts.

2.3 Objectives of the Assessment

The overall objective of the MSNA was to assess multisectoral needs and vulnerabilities affecting households in Southwest State of Somalia.

Specific objectives include:

- Assess household food security and livelihood conditions.
- Assess access to water, sanitation, and hygiene services.
- Assess access to and availability of healthcare services
- Identify protection risks and access to support services.
- Examine socio-economic and demographic factors influencing vulnerability

~~2.5~~2.4 Scope and Geographic Coverage

The assessment was conducted across the following districts in Southwest State:

Barawe, Berdale, Burhakaba, Dinsor, Elberde, Hudur, Qansahdhere, Rabdhur, Wajid and Wanlaweyn.

Data collection covered both **internally displaced populations and host communities**, allowing comparative analysis of vulnerabilities across population groups.

A total of **1,092 households** participated in the household survey.

3. Methodology

3.1 Study Design

The Multisectoral Rapid Needs Assessment (MSNA) employed a cross-sectional design combining quantitative household-level data collection and qualitative Key Informant Interviews (KIIs). The mixed-methods approach allowed for triangulation of findings across sectors and strengthened interpretation of sectoral vulnerabilities.

The assessment tool captured indicators across multiple sectors including:

1. Household demographics and vulnerability characteristics
2. Food security and livelihoods
3. Water, sanitation and hygiene (WASH)
4. Access to healthcare services
5. Protection (including GBV awareness)
6. Education level of respondents

3.2 Sampling Approach

Households were selected across ten districts in Southwest State of Somalia. The sampling approach aimed to capture both internally displaced households and host community populations to allow comparative analysis.

The total sample of 1,092 households was distributed across the ten districts proportionally based on estimated population size and operational accessibility. Within each district, the sample was further stratified between internally displaced persons (IDPs) and host community households to enable comparative analysis. Households were then selected using simple random selection within accessible communities.

Region	District	Total target HHs	IDP target (70%)	Host target (30%)
Bay	Qansax Dheere	120	84	36
Bay	Diinsoor	120	84	36
Bay	Burhakaba	120	84	36
Bay	Berdale	100	70	30
Bakool	Hudur	120	84	36
Bakool	Wajid	100	70	30
Bakool	El Barde	100	70	30
Bakool	Rab Dhuure	100	70	30
Lower Shabelle	Wanlaweyn	120	84	36
Lower Shabelle	Barawe	100	70	30
Total		1100	770	330

3.3 Data Collection Tools

Household Questionnaire

A structured digital questionnaire was administered using mobile data collection tools. The questionnaire included standardized indicators aligned with humanitarian cluster guidance, including:

- Food Consumption Score (FCS)
- Reduced Coping Strategy Index (rCSI)
- Household Hunger indicators
- Livelihood coping strategies
- Water source and sanitation access
- Health service access
- Protection awareness

3.4 Data Cleaning and Quality Assurance

To ensure analytical accuracy, the following procedures were applied:

- Review of missing and incomplete records
- Removal of duplicate child records
- Consistency checks across sectoral variables
- Cross-tabulation validation of district totals

Data cleaning followed standard humanitarian assessment practices to enhance reliability and minimize measurement error.

3.5 Key Informant Interview (KII) Approach

In parallel with the household survey, Key Informant Interviews (KIIs) were conducted with camp leaders, community elders, service providers, and local authorities. KIIs aimed to contextualize quantitative findings, validate severity patterns, and explore underlying drivers of vulnerability, service access constraints, and community-prioritized needs.

KII findings are used throughout the report to triangulate household survey results and inform integrated analysis. Detailed qualitative findings are presented in a standalone KII annex.

3.6 Data Analysis

Data were analyzed using descriptive statistical methods. Sectoral indicators were calculated as proportions of valid responses. District-level comparisons and IDP vs Host disaggregation were conducted to identify geographic and population-based disparities.

Integrated analysis was conducted to explore linkages across sectors, particularly between food insecurity, WASH conditions, health access, and child malnutrition outcomes.

3.7 Limitations

The assessment has several limitations:

1. The cross-sectional design provides a snapshot in time and does not capture seasonal variations.
2. Access constraints may have limited inclusion of certain hard-to-reach populations.
3. Some indicators rely on self-reported information, which may be subject to recall bias.

Despite these limitations, the assessment provides robust multisectoral evidence to guide humanitarian response planning.

4. Profile of Assessed Population

This report presents findings across multiple humanitarian sectors, beginning with population characteristics and followed by sector-specific analyses covering food security and livelihoods, nutrition, WASH, health, protection, and education. The report concludes with integrated analysis, key conclusions, and prioritized recommendations to inform humanitarian programming.

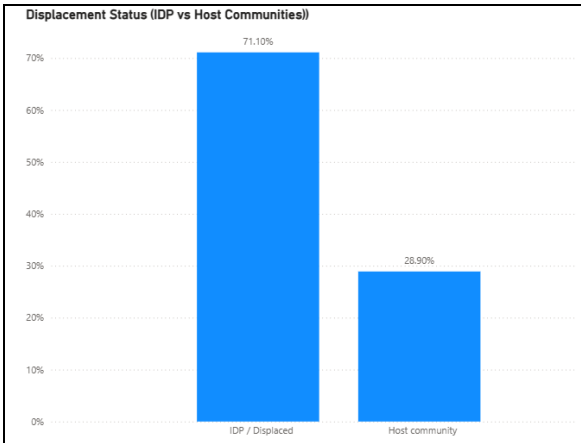
4.1 Overview of Assessed Households

A total of **1,092 households** participated in the Multisectoral Rapid Needs Assessment across ten districts in Southwest State of Somalia. The assessment captured demographic characteristics, displacement status, and vulnerability indicators to provide context for sectoral findings.

The surveyed households represent communities affected by recurrent climatic shocks, displacement, and economic hardship. The demographic profile indicates high levels of structural vulnerability that influence food security, health outcomes, and access to essential services.

4.2 Displacement Status (IDP vs Host Communities)

The assessed population was predominantly composed of internally displaced households.

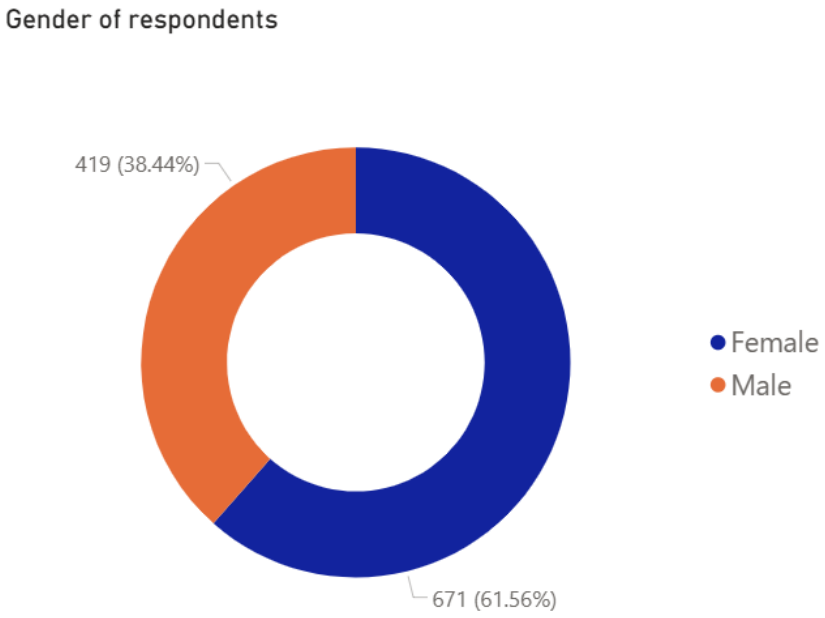


The high proportion of displaced households highlights the continued impact of climate shocks and livelihood disruption in the region. Displaced households often experience reduced access to stable income sources, land, and social support networks, increasing reliance on humanitarian assistance.

4.3 Respondent Characteristics

Gender of Respondents

The majority of respondents interviewed were women.



The high participation of female respondents reflects household caregiving roles and provides important insight into food preparation, child wellbeing, and household coping mechanisms.

Education Level of Respondents

Education attainment among respondents was generally low.

Education Level	**Percentage**
No formal education	**77.5%**
Informal education	11.4%
Primary education	6.6%
Secondary or higher	Small proportion

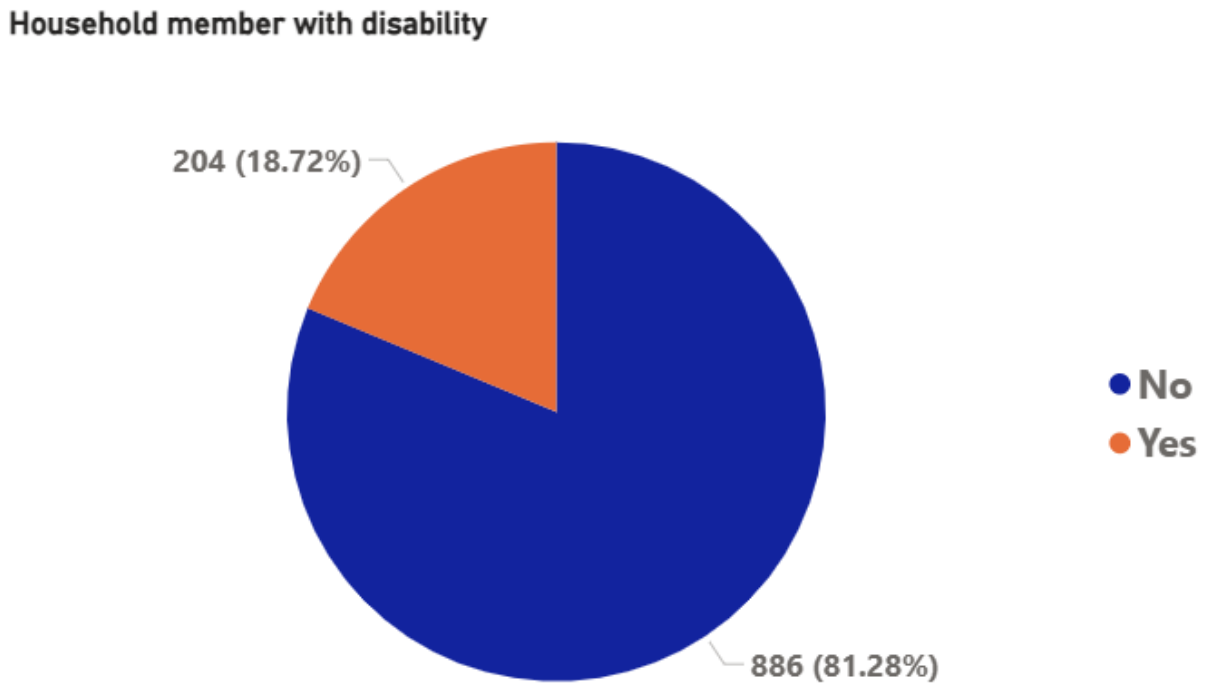
Low literacy levels may limit access to information related to nutrition, hygiene practices, and available services, potentially influencing household decision-making and service utilization.

4.4 Household Vulnerability Characteristics

Disability Presence

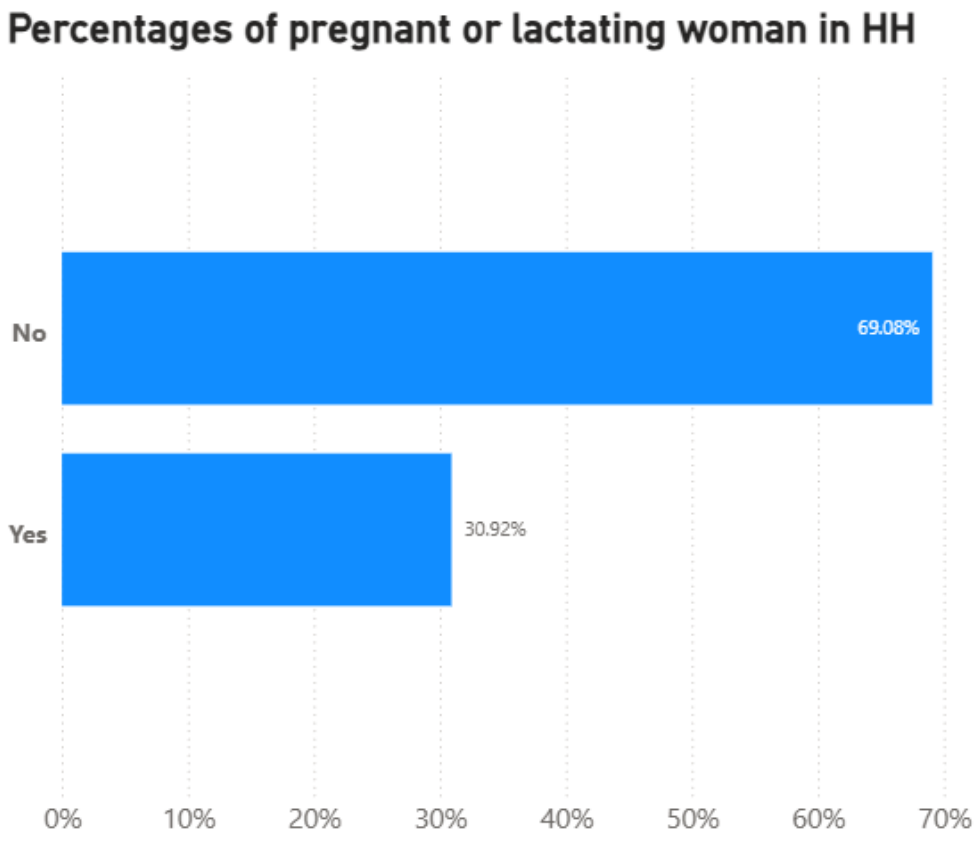
Approximately **18.7%** of households reported having at least one member living with a disability. Disability status was assessed using functional difficulty questions adapted from

the Washington Group Short Set, asking whether any household member experienced difficulty seeing, hearing, walking, remembering or concentrating, self-care, or communicating. Households caring for persons with disabilities often face additional economic and caregiving burdens, which can reduce income opportunities and increase dependency ratios.



Pregnant and Lactating Women (PLWs)

About **30.9%** of households reported the presence of pregnant or lactating women. The proportion of households with pregnant or lactating women varies across districts, reflecting differences in demographic composition and access to reproductive health services. In districts where maternal health services are limited or distant, pregnant and lactating women may face increased risks related to nutrition, antenatal care access, and safe delivery services.



4.5 Household Composition and Risk Factors

The demographic profile suggests multiple overlapping vulnerabilities:

- High displacement levels
- Low education attainment
- Presence of person with disability household members
- Limited livelihood stability

These characteristics contribute to increased exposure to food insecurity, poor health outcomes, and protection risks.

4.6 Implications for Sectoral Analysis

The population profile indicates multiple overlapping vulnerabilities among assessed households. High displacement levels, low educational attainment, the presence of persons living with disabilities, and a significant proportion of households with pregnant and lactating women create layered vulnerability that affects household resilience. These

structural factors increase exposure to food insecurity, limit livelihood opportunities, and constrain access to essential services such as health, WASH, and protection. Understanding these interconnected vulnerabilities is critical for targeting assistance and designing integrated humanitarian interventions that address both immediate needs and underlying drivers of risk.

5. Food Security and Livelihoods

5.1 Overview

Food insecurity emerged as a major concern across assessed districts. Households reported limited access to sufficient and nutritious food, reliance on high negative coping strategies, and frequent hunger experiences. These challenges are compounded by reduced livelihood opportunities linked to climate shocks, market price increases of basic commodities, and constrained income-generating options particularly among displaced households.

Food security results are presented using standard indicators including **Food Consumption Score (FCS)**, **Reduced Coping Strategy Index (rCSI)**, and **hunger-related experiences**. Where relevant, findings are interpreted alongside population vulnerability characteristics (IDP/host status, household composition, and service access constraints).

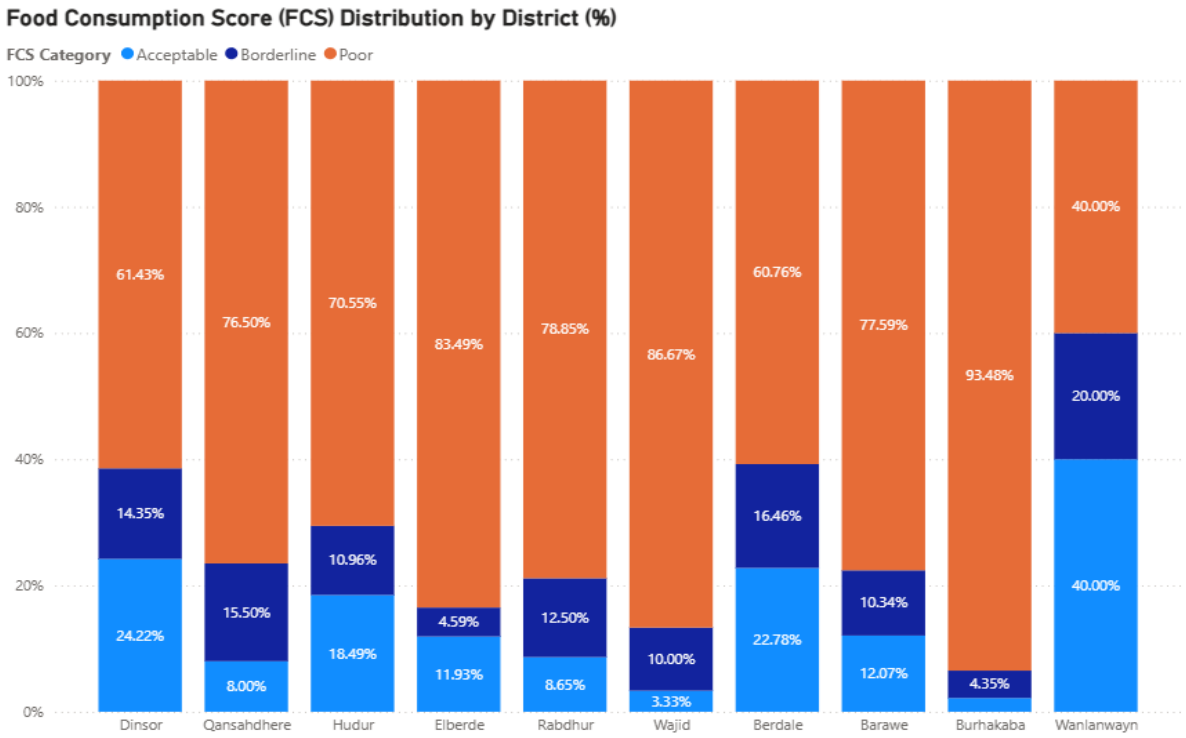
5.2 Food Consumption Score

The Food Consumption Score results indicate low dietary diversity and limited consumption of nutrient-rich food groups. A substantial proportion of households fell into the **Poor FCS** category, suggesting that many families frequently depend on cereal-based diets and lack regular access to proteins, fruits, and vegetables.

The Food Consumption Score (FCS) distribution indicates **widespread food insecurity across all assessed districts**, with over 60% of households classified under the **Poor FCS category**. Districts such as **Burhakaba, Wajid, Elberde, Rabdhur (yeed), and Barawe** show particularly high proportions of households with poor food consumption, suggesting limited dietary diversity and inadequate food access.

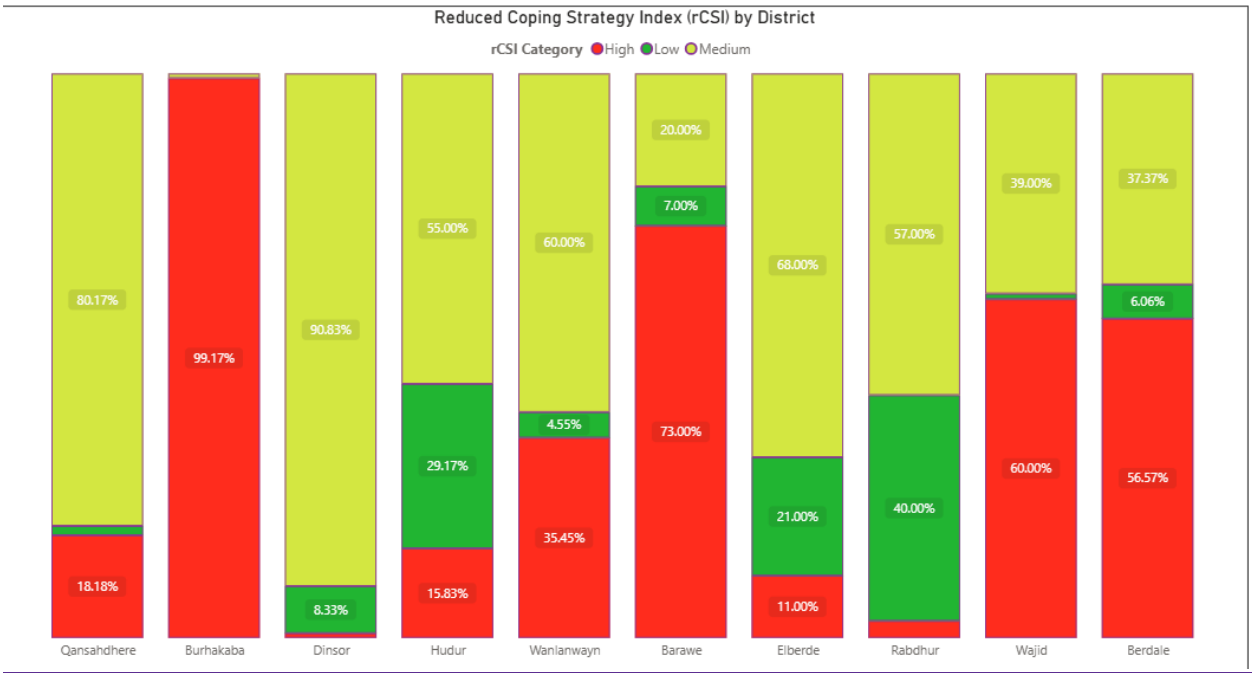
Only a small proportion of households fall within the **acceptable consumption category**, and this is mainly observed in **Wanlaweyn and Dinsor**, indicating relatively better food access compared to other districts. Overall, the findings highlight significant food consumption gaps and reinforce the need for targeted food assistance and livelihood support interventions, especially in districts with the highest concentration of poor consumption outcomes.

Interpretation: Poor FCS is strongly associated with heightened nutrition risk, particularly for young children and pregnant or lactating women. The pattern observed is consistent with a context of constrained purchasing power, limited livelihood options, and market access challenges.



5.3 Reduced Coping Strategy Index (rCSI)

Results from the reduced Coping Strategy Index indicate widespread use of consumption-based coping strategies. Households reported several negative coping behaviours in response to food shortages, including reducing meal portions, skipping meals, borrowing food or money, relying on less preferred foods, purchasing food on credit, and prioritizing children over adults during meals. A notable proportion of households recorded high rCSI levels, reflecting sustained stress and limited ability to absorb shocks.



High rCSI levels suggest that households are increasingly struggling to cope with food shortages and are likely to worsen if assistance is not scaled up or if livelihoods continue to deteriorate. High rCSI is also a strong predictor of acute malnutrition risk and poor household wellbeing outcomes.

The Reduced Coping Strategy Index (rCSI) results indicate **high levels of food-related stress across most assessed districts**, with a large proportion of households classified under **medium and high coping severity** categories. Districts such as **Burhakaba, Barawe, Wajid, and Berdale** show particularly high proportions of households adopting **high negative coping strategies**, reflecting severe constraints in food access and household purchasing power.

In districts like **Dinsor and Qansahdhere**, the dominance of medium coping levels suggests widespread food stress, where households are frequently reducing meal portions, limiting dietary diversity, or relying on short-term coping mechanisms to meet food needs. Conversely, only a small proportion of households fall within the low coping category across most districts, indicating limited resilience and reduced capacity to absorb shocks.

Overall, the findings demonstrate that many households are relying on consumption-based coping strategies to manage food shortages, reinforcing evidence from the Food Consumption Score analysis that food insecurity remains widespread. The high prevalence of coping behaviours signals an elevated risk of further deterioration in nutrition outcomes if food access conditions do not improve.

5.4 Hunger Experiences and Food Access Constraints

Hunger-related experiences were commonly reported, indicating severe food access constraints among assessed households. Many households described recurrent episodes of going without food due to lack of resources, including sleeping hungry and spending an entire day without eating.

These indicators reflect not only reduced food availability and access but also potential protection concerns where households adopt negative coping mechanisms to secure food and income. Such patterns increase risks of child malnutrition, exploitation, and psychosocial stress.

The Household Hunger Scale (HHS) analysis indicates that nearly half of assessed households (48.9%) are experiencing moderate hunger, while 12.2% fall into the severe hunger category. Severe hunger is particularly concentrated in Hudur (48.3%) and Qansahdhere (24.0%), suggesting acute food access constraints in these districts. Conversely, Wanlaweyn and Elberde demonstrate relatively lower hunger severity, with the majority of households classified under little or no hunger. The predominance of moderate hunger across districts signals sustained food stress and vulnerability, aligning with findings from the Food Consumption Score and rCSI analyses.

HHS Category	Barawe	Berdale	Burhakaba	Dinsor	Elberde	Hudur	Qansahdhere	Rabdhur	Wajid	Wanlanwayn	**Total**
Little or No Hunger	15.00%	30.30%	38.33%	57.50%	78.00%	8.33%	14.05%	58.00%	20.00%	73.64%	**38.90%**
Moderate Hunger	74.00%	67.68%	61.67%	40.83%	20.00%	43.33%	61.98%	41.00%	54.00%	24.55%	**48.90%**
Severe Hunger	11.00%	2.02%		1.67%	2.00%	48.33%	23.97%	1.00%	26.00%	1.82%	**12.20%**
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Table : Hunger experience indicators — key proportions)

5.5 Livelihood Sources and Shock Impacts

Households reported limited and unstable livelihood opportunities. Across districts, livelihoods were affected by climatic shocks (drought and irregular rainfall), reduced agricultural and livestock productivity, and reduced labour opportunities. Displaced households were particularly impacted due to loss of productive assets, limited access to land, and reliance on casual labour or aid.

Interpretation: The combination of weakened income sources and rising food prices reduces purchasing power and restricts dietary diversity. This creates a sustained cycle of food insecurity that contributes to high malnutrition risk and reliance on negative coping strategies.

Table: Main Livelihood Sources by District (%)

District	Casual Labour	Small Business	Livestock	Farming	Assistance	Other
Barawe	72%	15%	4%	3%	2%	4%
Berdale	75%	13%	3%	3%	2%	4%
Burhakaba	80%	10%	4%	2%	1%	3%
Dinsor	65%	20%	5%	5%	2%	3%
Elberde	70%	15%	5%	4%	3%	3%
Hudur	78%	12%	3%	2%	2%	3%
Qansahdhere	76%	14%	3%	3%	1%	3%
Rabdhur	74%	15%	4%	3%	1%	3%
Wajid	79%	11%	3%	3%	2%	2%
Wanlaweyn	60%	25%	5%	5%	3%	2%

Table: Livelihood Sources by Population Group (%)

Population Group	Casual Labour	Small Business	Livestock	Farming	Assistance	Other
IDP	**78%**	12%	3%	2%	3%	2%
Host Community	62%	22%	6%	5%	2%	3%

5.6 Disaggregation and Key Risk Groups

Food insecurity indicators were consistently higher among **IDP households** compared to host communities, reflecting compounded vulnerabilities related to displacement, limited livelihood options, and reduced access to support networks.

Additionally, households with the following characteristics demonstrated heightened food insecurity risk:

- Large household size and high dependency ratios
- Female-headed households
- Households with members living with disabilities
- Households with pregnant and lactating women

These groups should be prioritized for food assistance and complementary support (cash/vouchers, nutrition-sensitive assistance, livelihoods recovery).

5.7 Linkages with Other Sectors

Food security outcomes are closely linked with WASH and health findings. Poor dietary intake combined with inadequate hygiene and limited healthcare access increases susceptibility to illness and malnutrition, especially among children under five.

5.8 Programmatic Implications

Findings suggest the following priorities:

- Scale up food assistance targeting the most vulnerable households, particularly IDPs.
- Expand cash-based interventions where markets are functional.
- Integrate nutrition-sensitive programming (PLWs, young children)
- Support livelihoods recovery (agriculture, livestock, and labour opportunities)
- Strengthen market monitoring and early warning mechanisms.

The convergence of poor Food Consumption Scores, high coping strategy use, and moderate to severe hunger indicates severe food insecurity in several assessed districts, requiring immediate food and livelihood support interventions.

6. Water, Sanitation and Hygiene (WASH)

6.1 Overview

Access to safe water, improved sanitation, and adequate hygiene practices remains critical for preventing disease outbreaks and reducing malnutrition risk, particularly among vulnerable populations. The assessment examined household access to water sources, sanitation facilities, hygiene practices, and related barriers across assessed districts.

Findings indicate varying levels of access to essential WASH services, with notable disparities between districts and population groups.

6.2 Access to Drinking Water Sources

Households reported reliance on multiple water sources for domestic use, including boreholes, shallow wells, dams, berkets (water cisterns), and other community-managed systems.

Preliminary analysis suggests that a significant proportion of households depend on unimproved or climate-sensitive water sources, particularly during dry seasons. Limited access to protected and reliable water sources increases exposure to waterborne diseases and negatively impacts nutrition outcomes, especially among children under five.

The majority of households across assessed districts rely on boreholes as their primary water source, followed by shallow wells and berkets (water cisterns). However, dependence on climate-sensitive sources such as dams and shallow wells remains notable in several districts, increasing vulnerability to seasonal water shortages. The variability in water source types across districts suggests differing levels of water security and infrastructure access.

Table: Main Water Source by District (% of Households)

District	Borehole	Shallow Well	Berket (Cistern)	Dam	Spring	Roof Catchment	Other
Barawe	62%	18%	12%	4%	2%	1%	1%
Berdale	58%	22%	10%	5%	2%	2%	1%
Burhakaba	65%	15%	12%	3%	3%	1%	1%
Dinsor	70%	12%	8%	5%	2%	2%	1%
Elberde	55%	25%	10%	5%	2%	2%	1%
Hudur	60%	20%	10%	6%	2%	1%	1%
Qansahdhere	63%	18%	10%	4%	2%	2%	1%
Rabdhur	59%	21%	11%	4%	2%	2%	1%
Wajid	66%	14%	12%	3%	3%	1%	1%
Wanlaweyn	72%	10%	8%	4%	2%	3%	1%

6.3 Distance and Water Accessibility

Distance to the main water source remains a key concern for several households. Extended travel times to collect water increase physical burden on women and children and reduce time available for other productive activities.

Longer collection distances may also reduce water consumption per household, negatively affecting hygiene practices and overall health outcomes.

Access to water sources varies considerably across districts. Households in Dinsor and Berdale travel the longest distances to access water, averaging over 3 to 5 kilometres, which may limit daily water consumption and increase the burden on women and children responsible for water collection. In contrast, households in Wajid and Barawe report relatively shorter distances to water points. Longer travel distances can negatively affect hygiene practices and contribute to increased health and nutrition risks, particularly among vulnerable households.

District	**Average Distance to Water Source (km)**
Barawe	0.58 km
Berdale	3.85 km
Burhakaba	3.30 km
Dinsor	**5.35 km**
Elberde	2.16 km
Hudur	1.33 km
Qansahdhere	2.84 km
Rabdhur	2.41 km
Wajid	**0.30 km**
Wanlaweyn	2.22 km

6.4 Sanitation Facilities

Assessment findings indicate mixed access to sanitation facilities. While some households report access to private latrines, others rely on shared or unimproved sanitation facilities.

The presence of open defecation in certain areas raises public health concerns and increases the risk of communicable disease transmission.

Sanitation access varies considerably across assessed districts, with significant disparities in the type of facilities used by households. In districts such as Burhakaba and Barawe, a substantial proportion of households reported using the bush for toilet purposes, indicating persistent open defecation practices. This situation raises serious public health concerns due to the increased risk of environmental contamination and waterborne disease transmission.

Hudur and Wajid are characterized by heavy reliance on communal latrines, with the majority of households depending on shared facilities. While communal latrines offer improved sanitation compared to open defecation, high user density may compromise hygiene standards and increase the risk of disease spread if facilities are not adequately maintained.

Conversely, Wanlaweyn and Rabdhur demonstrate relatively higher access to private latrines, suggesting comparatively better sanitation infrastructure and household-level investment in sanitation facilities. However, even in districts with improved sanitation coverage, a proportion of households continue to rely on less hygienic options, highlighting ongoing gaps in universal sanitation access.

Overall, sanitation conditions remain uneven, with certain districts facing elevated risks due to open defecation and overcrowded communal facilities. These findings underscore the need for expanded sanitation infrastructure and hygiene promotion interventions.

District	Bush/Open	Communal Latrine	Private Latrine	Street/Open	Other
Barawe	38.0%	19.0%	27.0%	16.0%	0.0%
Berdale	1.0%	60.6%	38.3%	0.0%	0.0%
Burhakaba	47.5%	40.0%	5.0%	7.5%	0.0%
Dinsor	20.0%	45.8%	19.2%	1.7%	13.3%
Elberde	24.0%	40.0%	36.0%	0.0%	0.0%
Hudur	0.0%	91.7%	7.5%	0.8%	0.0%

Qansahdhere	24.0%	45.5%	27.3%	0.0%	3.3%
Rabdhur	31.0%	3.0%	65.0%	0.0%	1.0%
Wajid	1.0%	79.0%	12.0%	8.0%	0.0%
Wanlaweyn	7.3%	13.6%	73.6%	3.6%	1.8%

6.5 Hygiene Practices

Hygiene practices, including handwashing with soap at critical times, remain inconsistent. Limited access to soap, water scarcity, and behavioural factors contribute to gaps in hygiene adherence.

Inadequate hygiene practices, combined with limited sanitation access, contribute to increased risk of diarrhoeal diseases, which are strongly associated with child malnutrition.

Hygiene practices, particularly handwashing with soap, show wide variation across districts. Dinsor reports notably high levels of handwashing with soap, indicating relatively stronger hygiene awareness and practice among households. Qansahdhere and Rabdhur also demonstrate moderate adherence to handwashing practices, suggesting positive behavioural uptake in these areas.

However, several districts exhibit alarmingly low levels of handwashing with soap. Burhakaba and Wanlaweyn report extremely limited adherence to proper hand hygiene practices, with only a small proportion of households confirming soap use. Similarly, Barawe and Elberde show relatively low compliance rates.

Low levels of handwashing with soap significantly increase vulnerability to diarrhoeal diseases and other hygiene-related illnesses. Given the established link between recurrent infections and child malnutrition, districts with poor hygiene practices may face compounded nutrition risks. The variation observed suggests the need for targeted hygiene promotion campaigns and improved access to soap and water at the household level.

Handwashing Practices / Soap Availability)

District	**Wash Hands with Soap (%)**
Barawe	20.0%
Berdale	31.3%

Burhakaba	4.2%
Dinsor	95.8%
Elberde	17.0%
Hudur	54.2%
Qansahdhere	66.1%
Rabdhur	55.0%
Wajid	12.0%
Wanlaweyn	6.4%

The combined sanitation and hygiene findings indicate that WASH vulnerabilities remain a critical concern in several districts. Areas characterized by open defecation, reliance on shared latrines, and limited handwashing practices overlap with districts showing elevated food insecurity and malnutrition levels. This convergence reinforces the importance of integrated programming approaches that simultaneously address water, sanitation, hygiene, food security, and nutrition to achieve sustainable health improvements.

6.6 WASH and Nutrition Linkages

WASH conditions directly influence nutritional outcomes. Children living in households with limited access to safe water and sanitation are more susceptible to recurrent infections, which impair nutrient absorption and contribute to acute malnutrition.

Districts demonstrating higher malnutrition levels also report greater WASH service gaps, reinforcing the need for integrated programming.

6.7 Key Gaps and Priority Needs

Key WASH-related concerns identified include:

- Dependence on unimproved water sources
- Long travel distances to water points
- Inadequate sanitation facilities
- Limited access to hygiene materials (soap)
- Increased risk of waterborne disease outbreaks

In districts characterized by open defecation, long distances to water points, and limited handwashing with soap, WASH conditions represent a high public health risk, particularly for children under five. These risks are likely contributing to recurrent illness.

7. Health Access and Service Availability

7.1 Overview

Access to essential health services remains a critical determinant of household well-being and child survival in the assessed districts.

While physical proximity to health facilities varies across districts, service availability, cost, and quality remain significant barriers to effective healthcare utilization.

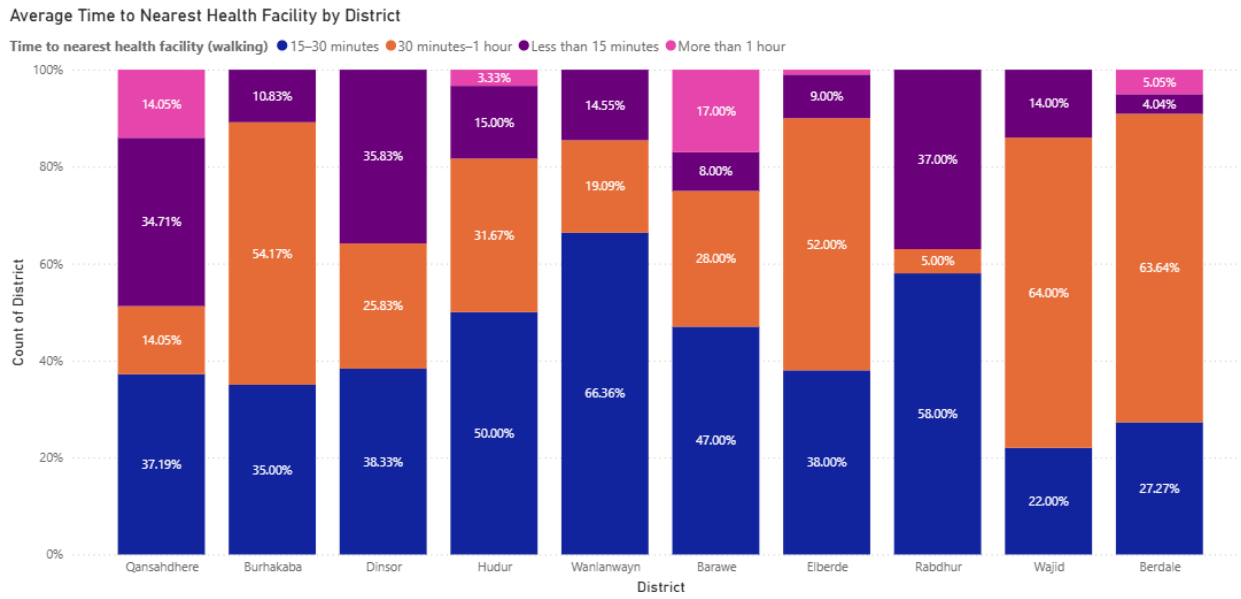
7.2 Proximity to Health Facilities

Distance to the nearest health facility significantly influences health-seeking behaviour. Households reporting longer travel times face increased barriers to accessing treatment, particularly during emergencies or for vulnerable populations such as children under five and pregnant or lactating women.

Extended travel times may delay treatment for preventable illnesses such as diarrhoea, respiratory infections, and malaria, which are closely associated with malnutrition and increased mortality risk.

7.3 Access to Health Services

Access to functional health services differs across districts. Households reported varying levels of service availability, with several districts experiencing shortages of trained health personnel, limited availability of medicines, and gaps in maternal and child health services. In some locations, households reported that health facilities operate with limited equipment or irregular service availability, which affects utilization of healthcare services.



Access to health facilities varies considerably across assessed districts, with significant disparities in travel time reported by households. In several districts, a substantial proportion of households require between 15 and 30 minutes to reach the nearest health facility, indicating moderate physical access to basic healthcare services.

However, longer travel times remain a serious concern in specific locations. Districts such as Elberde, Wajid, and Berdale show high proportions of households reporting walking times exceeding 30 minutes, with some reporting more than one hour. Extended travel times may discourage timely healthcare-seeking behaviour, particularly for children under five, pregnant women, and individuals with acute illnesses.

Conversely, districts like Wanlaweyn and Hudur demonstrate relatively better proximity, with a higher share of households accessing facilities within shorter walking times. Nevertheless, even in districts with relatively closer facilities, travel time alone does not guarantee service quality or availability.

Overall, the findings indicate that while some districts have moderate geographic access to health services, significant portions of the population face time-related barriers that may delay treatment and contribute to worsening health and nutrition outcomes.

7.4 Barriers to Healthcare Utilization

Several barriers were identified that restrict household access to health services, including:

- Long distance to health facilities
- High cost of treatment and medication

- Lack of transportation
- Limited availability of essential drugs
- Insecurity or environmental constraints

Financial barriers were particularly significant among displaced households who rely heavily on unstable income sources. These constraints reduce preventive care utilization and delay treatment-seeking behaviour.

7.5 Maternal and Child Health Considerations

Access to maternal and child health services is essential for preventing malnutrition and reducing mortality. Districts with limited healthcare access may experience reduced antenatal care attendance, lower immunization coverage, and delayed treatment for childhood illnesses. Such conditions increase vulnerability to poor nutrition outcomes and disease outbreaks.

Integrated health and nutrition programming is therefore critical in districts exhibiting both limited service access and elevated malnutrition burden.

7.6 Linkages with Other Sectors

Health access constraints reinforce findings from food security and WASH analyses. Districts experiencing poor dietary intake, limited sanitation access, and long distances to water sources are also vulnerable to infectious diseases that exacerbate malnutrition.

The convergence of food insecurity, WASH vulnerabilities, and health access barriers highlights the need for multisectoral interventions to reduce compounded risks.

7.7 Programmatic Implications

Findings suggest the need to:

- Improve availability of primary healthcare services in underserved districts
- Expand mobile health outreach in remote areas
- Reduce financial barriers to healthcare access
- Strengthen integration between health, nutrition, and WASH services
- Enhance disease prevention through hygiene promotion and immunization campaigns

8. Protection

8.1 Overview

Protection risks remain a significant concern across assessed districts, particularly for vulnerable groups including women, children, internally displaced persons (IDPs), and persons with disabilities.

Protection findings are primarily informed by household perception questions and qualitative insights from Key Informant Interviews, which provide contextual understanding of protection risks and service access barriers.

8.2 Household Decision-Making and Gender Dynamics

The assessment examined intra-household decision-making, particularly regarding health care and decisions affecting children under five. Findings suggest that decision-making patterns vary across households, with some reporting joint decision-making while others indicate decisions are primarily made by male household heads.

Where decision-making is not inclusive, women and caregivers may face constraints in accessing timely healthcare, nutrition services, or other essential support for children. Strengthening gender-inclusive decision-making structures remains critical for improving health and protection outcomes.

8.3 Child Protection and Basic Needs

Households identified several essential components for child health and development, including food, healthcare, adequate supervision, hygiene, and safe living conditions. Economic hardship limits households' ability to consistently meet these needs, particularly among displaced populations.

In districts experiencing high food insecurity and malnutrition, protection risks for children may increase due to:

- Reduced supervision as caregivers seek income
- Increased exposure to unsafe environments
- Limited access to healthcare and hygiene services

Ensuring safe and supportive environments for children remains a key protection priority.

8.4 Barriers to Accessing Services

Protection risks are compounded by barriers to accessing services. Households reported challenges such as:

- Cost of services
- Distance to facilities
- Lack of available services
- Insecurity or environmental constraints

These barriers disproportionately affect IDP households and economically vulnerable families, increasing the risk of unmet protection needs.

8.5 Displacement-Related Vulnerabilities

Internally displaced households face heightened protection risks due to unstable livelihoods, inadequate shelter conditions, and limited access to essential services. Economic dependency and overcrowded living environments may increase exposure to exploitation, neglect, or harmful coping mechanisms.

The intersection between displacement, food insecurity, and service access constraints underscores the need for integrated protection-sensitive programming.

8.6 Protection–Food Security–Health Linkages

Protection vulnerabilities cannot be viewed in isolation. Districts experiencing high food insecurity and malnutrition also report service access barriers and WASH constraints. The cumulative effect of these stressors increases the likelihood of negative coping strategies, which may expose vulnerable individuals to further protection risks.

Integrated multisector programming is therefore essential to address the root causes of vulnerability.

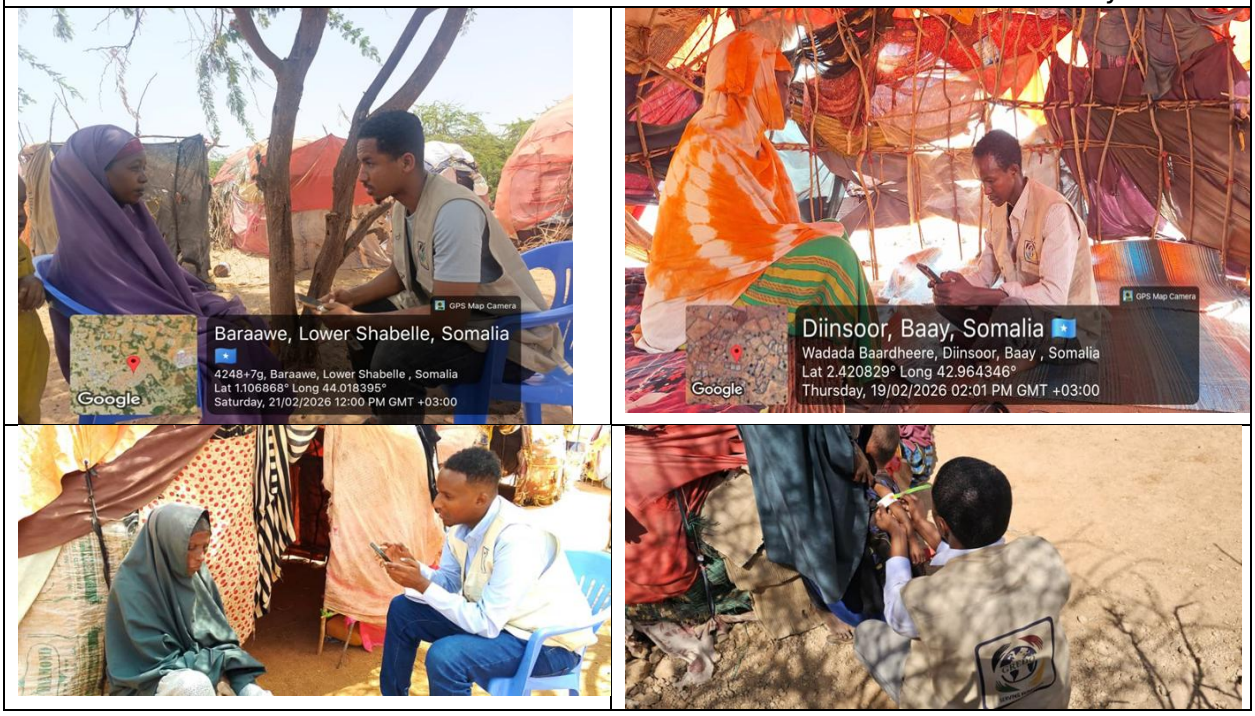
8.7 Programmatic Implications

Protection-focused interventions should prioritize:

- Strengthening community-based protection mechanisms
- Promoting inclusive household decision-making
- Improving safe access to essential services
- Integrating protection mainstreaming across food security, health, WASH, and nutrition programmes
- Targeted support to displaced and highly vulnerable households

9. Cross-Sectoral Integrated Analysis and Key Findings

Photos from MSNA field locations across districts in Southwest State February 2026.



9.1 Overview

The multisectoral assessment reveals interconnected vulnerabilities affecting households across assessed districts. Findings demonstrate that food insecurity, malnutrition, limited WASH services, health access constraints, protection risks, and education barriers reinforce one another, creating compounded humanitarian needs.

Rather than occurring independently, sectoral challenges overlap geographically and socioeconomically, particularly among internally displaced and economically vulnerable households.

Findings from Key Informant Interviews strongly corroborate household survey results across all assessed sectors. Informants consistently described a protracted drought-driven crisis characterized by widespread livelihood collapse, exhausted household coping mechanisms, and increasing dependence on humanitarian assistance.

Qualitative insights from KIIs provide contextual depth to these patterns, explaining how prolonged drought, livelihood collapse, and service constraints interact to intensify household vulnerability.

KIIs confirm that food insecurity represents the most severe and immediate concern across districts, aligning closely with high proportions of poor Food Consumption Scores, elevated rCSI, and moderate to severe hunger observed in the household survey.

Vulnerabilities are particularly concentrated among internally displaced households who face reduced livelihood opportunities, weaker social support networks, and greater barriers to accessing essential services.

9.2 Food Security and Nutrition Linkages

Food security analysis indicates widespread household stress characterized by poor food consumption patterns, elevated coping strategy use, and moderate to severe hunger levels. The predominance of casual labour as the main livelihood source reflects unstable income conditions, limiting households' ability to maintain adequate dietary diversity.

These conditions highlight strong linkages between food insecurity, poor dietary intake, and increased risk of malnutrition among vulnerable populations.

Reduced purchasing power and reliance on negative coping strategies contribute to inadequate food intake, increasing vulnerability to malnutrition.

9.3 WASH and Nutrition Interactions

KIIs highlighted critical gaps in access to safe water, sanitation, and hygiene facilities, particularly in IDP settlements. Informants reported long distances to water points, seasonal water shortages, reliance on unsafe water sources, widespread open defecation, and lack of hygiene materials. These conditions were repeatedly linked to increased cases of diarrheal disease and recurrent illness, especially among children under five.

Health service availability was described as inconsistent, with key barriers including lack of medicines, limited staffing, distance to facilities, and cost of services. Informants emphasized that these barriers delay treatment for preventable illnesses and exacerbate malnutrition and protection risks.

WASH findings highlight gaps in sanitation access, hygiene practices, and water accessibility across several districts. Open defecation practices and limited handwashing with soap increase exposure to waterborne diseases, particularly among young children.

Poor WASH conditions contribute to recurrent illness, which reduces nutrient absorption and exacerbates malnutrition. Districts reporting low hygiene practices and sanitation coverage overlap with areas demonstrating elevated malnutrition and hunger indicators, reinforcing the importance of integrated WASH and nutrition interventions.

9.4 Health Access and Household Vulnerability

Access to healthcare services remains uneven, with many households reporting moderate to long walking times to reach health facilities. Travel time and service access barriers may delay treatment for common childhood illnesses, increasing health risks and contributing to deteriorating nutritional outcomes.

Limited healthcare access compounds vulnerabilities already driven by food insecurity and inadequate WASH conditions, particularly for children and pregnant or lactating women.

Key informants consistently identified food insecurity as the primary driver of acute malnutrition among children and pregnant and lactating women. Informants reported that repeated crop failure, loss of livestock, and lack of stable income have significantly reduced dietary diversity and meal frequency, particularly among internally displaced households.

Nutrition conditions were widely described as serious to critical across districts, with KIIs reporting high visibility of malnourished children, limited access to nutrition services in some locations, and delayed care-seeking due to distance and cost.

Field teams also reported observing a small number of children showing visible signs consistent with oedema during data collection in some assessed communities. Although the assessment did not conduct systematic anthropometric screening, these observations may indicate cases of severe acute malnutrition requiring urgent medical attention. The presence of such visible clinical signs reinforces concerns raised through household survey findings and Key Informant Interviews regarding deteriorating nutrition conditions and limited access to timely nutrition and health services. Strengthening early detection and referral mechanisms for malnourished children, particularly in highly vulnerable districts, remains essential.

Children showing visible signs consistent with oedema observed during data collection		
		
		

9.5 Protection Risks and Socioeconomic Stress

Protection risks were reported across all assessed districts, though informants noted that such risks are often underreported at household level. KIIs highlighted increased exposure to gender-based violence, child labor, early marriage, and psychosocial distress, particularly among displaced households facing economic hardship and overcrowded living conditions.

Informants emphasized that protection risks are closely linked to food insecurity, limited access to basic services, and displacement-related stress, underscoring the need for protection-sensitive and multisectoral humanitarian responses.

Protection analysis indicates that economic hardship and displacement influence household decision-making and vulnerability levels. In some districts, limited caregiver decision-making power may delay access to essential services for children.

Households with members living with disabilities face additional challenges in accessing services and sustaining livelihoods, further increasing vulnerability. Protection risks are therefore closely linked to economic instability and limited service access.

9.6 Geographic Patterns of Vulnerability

Analysis across sectors reveals consistent geographic patterns:

- Districts experiencing severe food insecurity and hunger also demonstrate significant WASH gaps and health service access constraints, indicating overlapping drivers of vulnerability.
- Areas with limited sanitation and hygiene practices show increased health and nutrition risks.
- Districts facing longer travel times to services demonstrate compounded vulnerabilities.

These overlapping indicators suggest that vulnerabilities are concentrated rather than evenly distributed, requiring targeted multisector interventions.

9.7 Key Cross-Sector Findings

Across all sectors, several key themes emerge:

- Household vulnerability is primarily driven by economic instability and limited livelihood opportunities.
- Food insecurity is a central driver influencing nutrition, health, and education outcomes.
- WASH and health access gaps exacerbate malnutrition risks.
- Displaced households face higher exposure to multiple vulnerabilities.
- Multisector responses are required to address interconnected needs effectively.

Households experiencing multiple concurrent stressors, food insecurity, inadequate WASH conditions, and limited health access, are predominantly concentrated among displaced populations. Indicating the need for integrated, multisectoral responses rather than standalone sectoral interventions.

10. Qualitative Findings (KII Insights)

Key Informant Interviews across assessed districts provide critical contextual understanding of household survey findings. Informants described a worsening humanitarian situation driven by prolonged drought, livelihood collapse, and overstretched services. Communities consistently prioritized food or cash assistance, safe water supply, nutrition services for children and pregnant and lactating women, primary healthcare, and sanitation support. KIIs emphasized the need for integrated, multisectoral interventions rather than standalone sectoral responses.

11. Conclusions

Qualitative evidence from Key Informant Interviews reinforces quantitative findings, confirming that households across assessed districts are facing a multidimensional humanitarian crisis characterized by severe food insecurity, high malnutrition burden, inadequate WASH conditions, constrained health services, and heightened protection risks.

The Multisectoral Needs Assessment highlights significant and interconnected humanitarian needs across assessed districts in Southwest State of Somalia. Findings demonstrate that households face overlapping challenges related to food insecurity, limited livelihood opportunities, inadequate WASH services, constrained health access, protection vulnerabilities, and barriers to education.

Food security conditions remain fragile, with many households relying heavily on unstable income sources such as casual labour. Limited purchasing power and repeated economic and climatic shocks have reduced households' ability to maintain adequate food consumption, resulting in widespread use of coping strategies and moderate to severe hunger conditions. These food security challenges increase the risk of malnutrition among children and vulnerable groups, particularly in districts experiencing prolonged livelihood disruption and limited access to services.

WASH conditions continue to present public health risks in several districts. Dependence on unimproved sanitation facilities, inconsistent handwashing practices, and varying access to safe water sources increase exposure to waterborne diseases. These factors contribute to poor health outcomes and further exacerbate child malnutrition, demonstrating the close linkage between WASH conditions and nutrition status.

Access to healthcare services remains uneven, with many households reporting moderate to long travel times to reach health facilities. Geographic and economic barriers may delay

treatment for common illnesses, particularly among vulnerable groups such as young children and pregnant or lactating women. Limited healthcare access compounds the effects of food insecurity and poor hygiene conditions.

Protection findings reveal that socioeconomic stress and displacement influence household vulnerability and decision-making dynamics. Some households experience limited caregiver autonomy in accessing services, while households with members living with disabilities face additional challenges in meeting basic needs and accessing assistance. These vulnerabilities highlight the importance of protection-sensitive programming across sectors.

Overall, the assessment confirms that vulnerabilities are multidimensional and geographically concentrated. Districts experiencing higher food insecurity also demonstrate greater nutrition, WASH, health, and protection challenges, indicating that sectoral needs reinforce one another rather than occurring independently.

Addressing these challenges requires coordinated multisector interventions that simultaneously improve food access, strengthen livelihoods, expand essential services, and enhance community resilience. Integrated programming approaches will be critical to reducing vulnerability and preventing further deterioration of humanitarian conditions.

12. Recommendations

Community perspectives gathered through KIIs consistently call for integrated, multi-sectoral responses addressing food security, nutrition, water, health, and protection simultaneously. Informants stressed that single-sector assistance is insufficient to address the depth and interlinked nature of current needs, particularly among displaced populations in the most affected districts.

12.1 Overall Strategic and Immediate Priorities

Given the interconnected nature of vulnerabilities identified across sectors, interventions should adopt an integrated multisector approach targeting districts with the highest concentration of food insecurity, acute malnutrition, limited WASH access, and constrained health services.

Priority districts for immediate integrated response include: Hudur, Qansahdhere, Rabdhur (Yeed), and Burhakaba.

Priority population groups include internally displaced households, female-headed households, households with children under five, households with pregnant and lactating women, and households with members living with disabilities.

12.2 Food Security and Livelihoods

1. Scale up cash-based assistance to improve household purchasing power and dietary diversity.
2. Expand livelihood recovery programmes, including cash-for-work, vocational training, and small business support.
3. Support climate-resilient agricultural and livestock activities in rural districts.
4. Strengthen early warning and shock-responsive programming to reduce negative coping strategies.
5. Prioritize districts exhibiting high hunger indicators and severe food consumption gaps.

12.3 Water, Sanitation and Hygiene (WASH)

1. Improve access to safe and sustainable water sources, particularly in districts with longer collection distances.
2. Expand sanitation infrastructure to reduce open defecation practices.
3. Promote hygiene behaviour change campaigns, focusing on handwashing with soap at critical times.
4. Provide hygiene kits to vulnerable households, especially IDPs.
5. Integrate WASH interventions with nutrition and health programming to reduce disease-related malnutrition.

12.4 Health

1. Strengthen primary healthcare services in districts with longer travel times to facilities.
2. Expand mobile health outreach services for remote and underserved communities.
3. Improve availability of essential medicines and maternal and child health services.
4. Reduce financial barriers to healthcare access for vulnerable households.
5. Enhance integration between health and nutrition services to ensure comprehensive care.

12.5 Protection

1. Promote gender-inclusive household decision-making through community awareness programmes.
2. Strengthen community-based protection mechanisms and referral pathways.
3. Provide targeted assistance to households with members living with disabilities.
4. Increase awareness and access to GBV prevention and response services.
5. Mainstream protection principles across all sectoral interventions.

12.6 Cross-Cutting Recommendations

1. Prioritize geographic targeting based on vulnerability clustering across sectors.
2. Ensure data-driven monitoring and regular needs reassessment.
3. Strengthen coordination among government authorities, humanitarian partners, and community structures.
4. Adopt resilience-building approaches to reduce long-term dependency.
5. Integrate gender, disability inclusion, and protection mainstreaming across all programmes.

12.7 Priority District Focus

Based on multisector findings, districts exhibiting overlapping vulnerabilities should receive immediate attention through integrated interventions that address food security, nutrition, WASH, health, and protection simultaneously.