Multisectoral Needs Assessment Report
SOS Children's Villages in Somalia (April 2026)

Fig 1: Newly Displaced families setting up makeshift shelter in new IDP sites outside of Baidoa town

0. OVERVIEW

Needs assessment set-up	*Internal*	**Timeframe**	*12th –22nd Apr 2026*
Needs assessment Lead	*Mohamed Billow*	**Needs assessment team(s)**	*Research assistants backstopped by Relevant MA & PL priority leaders*
Author of report	*MEAL Team*	**Date of report**	*24th Apr 2026*
Reviewed by	*Head of MEAL*		
Country	*Somalia*	**Geographic location**	*Region wise (Banadir Administrative Region, Middle Shabelle, Lower Shabelle, Bakool and Bay*

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1. EXECUTIVE SUMMARY OF FINDINGS

Somalia continues to face a protracted humanitarian crisis, with millions of people in need of assistance due to recurrent drought, displacement, and economic shocks, with children disproportionately affected. The findings presented are based on a mixed-methods Multi-Sector Needs Assessment (MSNA) combining quantitative household survey data with qualitative insights from focus group discussions and key informant interviews.

This Multi-Sector Needs Assessment was conducted to assess household vulnerability, access to essential services, and severity of humanitarian needs across key sectors, including Food Security and Livelihoods, Health, Nutrition, WASH, Shelter and Non-Food Items, Education, Protection, and Accountability to Affected Populations, in drought-affected and displacement-prone districts. The assessment aimed to identify who is most affected, where needs are most severe, and the extent to which existing services meet population needs, with particular attention to internally displaced persons, host communities, and vulnerable groups such as women, children, and female-headed households.

Findings indicate that food insecurity is widespread and severe, acting as the primary driver of vulnerability across sectors. Between 78% and 100% of households reported reducing meals, with extreme levels in Hudur and Kahda (100%), and over 92% in Afgoye Balcad. This depletion of assets is compounded by a staggering 108% surge in local fuel and food prices, which has effectively equalized vulnerability between displaced populations and the urban poor. Borrowing food is also highly prevalent, reaching 98.7% in Hudur and Kahda, indicating that households have largely exhausted coping capacity. Qualitative evidence further reveals a 'Hunger-Work' trade-off, where families are forced to choose between purchasing water and maintaining minimum caloric intake, a decision that almost always results in long-term nutritional deficits for children. Disaggregation shows that IDP households consistently report higher levels of food stress than host communities, reflecting limited livelihood opportunities and dependence on assistance. Qualitative findings confirm that households are skipping meals, relying on social networks, and prioritizing children's consumption, with women often reducing their own intake.

Health findings show a high burden of illness combined with unequal access to services, with illness prevalence reaching 88.3% in Heliwa, 83.1% in Kahda, and 76.6% in Afgoye. Access to healthcare varies widely, from 84.4% in Hudur and 70.1% in Baidoa to only 13.0% in Adale, while mobile outreach ranges from 90.9% in Baidoa to 3.9% in Afgoye, highlighting strong geographic disparities. Vaccination gaps remain in districts such as Jowhar (54.5%). IDPs face greater barriers to accessing healthcare due to distance, cost, and limited service availability, as confirmed by qualitative findings. This geographic disparity has created 'Empty Shell' facilities in districts like Afgoye, where structures exist but lack the essential medicines and staffing required to address a 76.6% illness burden.

Nutrition outcomes reflect these constraints, with access to nutrition services as low as 35.1% in Afgoye, alongside high levels of stock-outs (up to 72.4% in Barawe) and relapse rates reaching 43.4% in Barawe and 38.7% in Qansaxdhere. These risks are higher in food-insecure and high-illness districts, indicating strong cross-sectoral linkages between food security, health, and nutrition. The high relapse rate (up to 43.4%) highlights a 'Relapse Trap,' where clinical treatment is frequently undermined by the lack of a protective food basket and clean water at the household level following discharge.

WASH conditions are inadequate in several districts, with access to safe water as low as 32.5% in Afgoye, and water shortages affecting up to 71.4% of households in Hudur. Open defecation remains high, reaching 58–60% in districts such as Qansaxdhere and Afgoye, increasing exposure to disease. IDPs consistently show lower access to safe water and sanitation compared to host communities, reflecting infrastructure gaps in displacement settings. In districts like Hudur, the crisis is defined not just by volume but by a 'Saline Water Trap,' where accessible water is too salty for consumption, driving chronic kidney and stomach ailments.

Shelter and NFI findings show that up to 85.7% of households in Hudur and over 80% in Afgoye Kahda live in inadequate shelters, with high levels of overcrowding and limited access to basic household items. These conditions disproportionately affect IDPs, who are more likely to live in temporary and unsafe structures, increasing exposure

to health and protection risks. Shelter inadequacy is no longer just a matter of comfort; the lack of lockable doors and internal partitions in 85.7% of Hudur households is a primary driver of the 71-74% safety concerns reported by women and girls.

Education findings reveal significant disparities in school participation, with enrolment as low as 3.9% in Deynile and 10.4% in Kahda, compared to 89.6% in Bardale. Up to 32.5% of households in Kahda report children who stopped attending school, driven by household economic stress, lack of materials, and service disruptions. The collapse of enrollment to 0.0% among host communities in Deynile and Garasbaley signals a total exhaustion of community resilience buffers, as children are permanently withdrawn from school to support household survival. Qualitative findings indicate that children are often withdrawn from school to support household survival, particularly in food-insecure households.

Protection concerns are widespread, with over 70% of households in Hudur, Kahda, and Afgoye reporting safety concerns, alongside high levels of child protection risks and domestic violence. Access to protection services remains limited, with less than 30% of households able to access support in most districts. IDPs and female-headed households are particularly vulnerable due to limited access to services, unsafe living conditions, and increased exposure to risks. Protection risks are increasingly linked to physical environmental deficits, such as a lack of lighting and secure sanitation facilities, which create a 'commute of fear' for women and children in displacement camps.

Across all sectors, IDPs, female-headed households, and households with children emerge as the most affected groups, facing overlapping challenges in food security, shelter, access to services, and protection. Host communities also experience significant needs, indicating that vulnerabilities are widespread but more acute among displaced populations. This requires an urgent pivot toward equity-focused programming that deliberately targets these groups to bridge the service access gaps that leave them disproportionately exposed to external shocks. Strategic investment must also shift toward system resilience, prioritizing the functionality of static service systems over short-term outreach to reduce long-term humanitarian dependency.

The assessment further highlights critical gaps in Accountability to Affected Populations (AAP), including low awareness of services, limited assistance coverage (with some districts reporting 0% assistance), and weak feedback and complaint mechanisms. This awareness gap is most severe in Afgoye, where 90.9% of the population remains 'ghosts' to the humanitarian system, unaware of how to access even basic life-saving services. Qualitative findings indicate concerns about targeting fairness and exclusion, particularly among vulnerable households.

Overall, the findings confirm that humanitarian needs are multi-dimensional and driven by overlapping sectoral deficits, particularly in extreme severity districts such as Hudur, Kahda, Afgoye, Balcad, Qansaxdhere, and Barawe. Addressing these needs requires a coordinated, integrated multi-sectoral response, combining life-saving assistance with longer-term resilience-building. The survey data confirms that vulnerability is a circle, not a list; solving for hunger is impossible without simultaneously addressing the saline water driving illness and the insecure shelters driving protection risks.

Key recommendations include scaling up emergency food and cash assistance, expanding health and nutrition services, improving WASH access, providing adequate shelter and NFIs, restoring education access, strengthening protection systems, and enhancing AAP mechanisms to ensure equitable, transparent, and effective service delivery. Consequently, the era of siloed, single-sector interventions must end; Clusters and Donors must now mandate geographically targeted interventions in districts like Adale and Qansaxdhere, where high illness, low access, and weak system performance converge. To prevent a 'lost generation' in the urban periphery, the response must scale 'Cash-Plus' models that link food security transfers to school participation, effectively offsetting the economic 'Hunger-Work' trade-off that currently drives child labor. This must include a pivot toward Integrated Survival Packages, where health and nutrition interventions are mandatory co-located with WASH and FSL support to break the chronic relapse cycle identified in districts like Qansaxdhere.

Furthermore, shelter and protection recommendations must shift from 'coverage' to 'security' by standardizing kits to include lockable doors and solar lighting, addressing the primary physical drivers of gender-based safety concerns. Finally, to restore the humanitarian social contract, AAP mechanisms should transition from passive digital hotlines to proactive, face-to-face Mobile Help Desks, ensuring that the 90.9% of 'ghost' populations in districts like Afgoye are brought back into the fold of essential service delivery. Ground-level outreach must specifically target 'information-dark' districts like Afgoye to identify newly arrived IDPs and marginalized host communities who currently remain 'ghosts' in the system. Finally, all programming must be underpinned by data-driven decision-making, strengthening MEAL systems to ensure regular analysis of disaggregated data (sex, age, IDP/host) to inform adaptive management in this volatile context.

2. INTRODUCTION

Somalia continues to experience a protracted and complex humanitarian crisis driven by the combined effects of recurrent drought, conflict, displacement, disease outbreaks, and economic instability. In early 2026, this instability was further compounded by a sharp 108%[1] surge in local fuel prices (averaging $1.50 per litre)[2] driven by regional Middle Eastern tensions, which has paralyzed local supply chains and inflated the cost of basic food baskets by nearly 40% in districts like Baidoa and Hudur.[3] According to the 2026 Humanitarian Needs and Response Plan (HNRP) developed by OCHA and partners, approximately 4.8 million people are in need of humanitarian assistance, reflecting persistent vulnerability despite narrower targeting criteria rather than improved conditions. The 2026 HNRP has consequently adopted a 'Humanitarian Reset,' targeting only 2.4 million of the most vulnerable individuals roughly half of those in need due to a significant 40% reduction in global humanitarian funding compared to the previous year.

The situation has been exacerbated by consecutive failed rainy seasons and climatic shocks, which have significantly affected livelihoods, water availability, and food production. The Jilaal (January–March 2026) dry season was recorded as one of the hottest on record, leading to the failure of over 280 strategic boreholes across the Southwest and Hirshabelle states[4]. SODMA reports that cereal production in these regions is currently 83% below the long-term average. Recent joint analyses by United Nations agencies indicate that around 6.5 million people are experiencing high levels of acute food insecurity[5], while more than 1.8 million children under five face acute malnutrition, highlighting the severity of the crisis and its disproportionate impact on children. Critically, of the 1.8 million children facing malnutrition, 483,000 are classified as suffering from Severe Acute Malnutrition (SAM),[6] requiring immediate life-saving therapeutic intervention to prevent mass mortality.

From a child rights perspective, the crisis continues to undermine children's fundamental rights to survival, development, protection, and participation. Reports from UNICEF and Save the Children highlight that children are among the most affected, facing increased risks of malnutrition, illness, disrupted education, and protection

1. [1] **WFP / Food Security Cluster.** (2026). *Somalia Market and Commodity Price Monitor: Q1 2026*. (Refers to the 108% surge in fuel prices and impact on local supply chains).

1. [2] **OCHA.** (2026). *Somalia Humanitarian Needs and Response Plan (HNRP) 2026*. Mogadishu: United Nations Office for the Coordination of Humanitarian Affairs. (Refers to the 2.4 million target population and the "Humanitarian Reset" strategy).

1. [3] **OCHA.** (2026). *Somalia Humanitarian Needs and Response Plan (HNRP) 2026*. Mogadishu: United Nations Office for the Coordination of Humanitarian Affairs. (Refers to the 2.4 million target population and the "Humanitarian Reset" strategy).

1. [4] **SODMA (Somali Disaster Management Agency).** (2026). *Quarterly Climate and Livelihood Impact Report: January–March 2026*. Mogadishu: Federal Government of Somalia. (Refers to borehole failure rates and agricultural production estimates).

1. [5] **Integrated Food Security Phase Classification (IPC).** (2026). *Somalia Acute Food Insecurity and Malnutrition Analysis: January–June 2026 Projection*. Mogadishu: IPC Global Platform. (Refers to the 6.5 million in need and IPC Phase 4 categorization).

1. [6] **UNICEF.** (2026). *Humanitarian Action for Children: Somalia 2026*. New York/Mogadishu: United Nations Children's Fund. (Refers to the 483,000 SAM cases and education/protection statistics).

concerns, including exposure to violence, child labour, and family separation. In 2026, it is estimated that over 3 million children require humanitarian assistance, reflecting widespread and sustained vulnerability.

Displacement remains a key driver of vulnerability, with thousands of households forced to leave their homes due to drought and conflict. According to UNHCR, internally displaced persons (IDPs) face heightened exposure to risk, including inadequate shelter, limited access to basic services, and increased protection concerns. These challenges are particularly acute in informal settlements where access to health, education, water, and sanitation services remains constrained.

At the same time, weakened service delivery systems exacerbated by funding constraints and operational challenges have led to reduced availability of essential services, including healthcare, nutrition support, and education. In some areas, the closure or reduced functionality of health and nutrition facilities has further limited access to life-saving services, increasing vulnerability among already at-risk populations.

Overall, the current context is characterized by overlapping and interlinked vulnerabilities, where food insecurity, poor health and nutrition outcomes, inadequate WASH conditions, limited education access, and protection risks reinforce one another. These conditions disproportionately affect children, women, internally displaced populations, and other vulnerable groups, highlighting the need for a coordinated and integrated humanitarian response.

In this context, the Multi-Sector Needs Assessment was conducted to provide an evidence-based understanding of sectoral needs, service gaps, and vulnerability patterns across affected districts. The assessment integrates quantitative household-level data with qualitative insights from communities to capture the lived experiences of affected populations, with a particular focus on children and vulnerable groups, and aims to inform prioritization, planning, and resource allocation for humanitarian response.

3.0 NEEDS ASSESSMENT SCOPE AND OBJECTIVE

3.1 Scope of the Assessment

The assessment covered 15 priority districts across Somalia, focusing on areas with the highest concentrations of displaced populations and acute vulnerability. The assessment adopted a multi-sectoral lens, evaluating the needs of both Internally Displaced Persons (IDPs) and host communities. The scope encompassed seven core sectors: Food Security and Livelihoods (FSL), Health, Nutrition, WASH, Shelter/NFI, Education, and Protection, with a specific cross-cutting focus on Accountability to Affected Populations (AAP).

Geographically, the assessment focused on districts with high levels of vulnerability and humanitarian need, including both urban and rural settings as well as displacement-affected areas. The scope included internally displaced persons (IDPs) and host communities, with a strong emphasis on identifying disparities between population groups.

The assessment employed a mixed-methods approach, combining quantitative household survey data with qualitative data collected through focus group discussions (FGDs), key informant interviews (KIIs), and field observations. This approach ensured both statistical representation and contextual understanding of the lived experiences of affected populations, particularly children, women, and other vulnerable groups.

3.2 Objectives of the Assessment

- The overall objective of the MSNA was to provide a rigorous, evidence-based analysis of the humanitarian situation to inform the 2026–2027 response planning. Specifically, the assessment aimed to:
- Identify the severity of needs across multiple sectors at the district and household level.
- Analyze the interlinkages between sectoral vulnerabilities (e.g., how WASH deprivation drives nutrition relapses).
- Determine the barriers to service access, including physical, economic, and informational hurdles.

± Evaluate the effectiveness of existing accountability mechanisms and the level of trust between affected populations and humanitarian actors.

3.3 Key Assessment Questions

The assessment was guided by the following key questions:

- **Severity:** What is the current magnitude and severity of humanitarian needs across the seven core sectors, and which districts (Extreme, High, Moderate) require immediate prioritization?
- **Access:** What are the primary barriers preventing households from accessing essential services (Health, WASH, Education), and how do these differ by displacement status?
- **Coping Mechanisms:** To what extent are households relying on harmful coping strategies (e.g., child labor, meal reduction, asset depletion) to meet basic survival needs?
- **Protection & Safety:** What are the primary safety concerns facing women, children, and IDPs, and how do shelter conditions influence these risks?
- **Accountability:** Are affected populations aware of available services, and do they have trusted mechanisms to provide feedback or report grievances?

3.4 Context and Stakeholder Analysis

The assessment was conducted against a backdrop of chronic displacement, economic volatility (108% price surges), and climatic shocks that have hollowed out household resilience.

Contextual Drivers

± **Status-Neutral Vulnerability:** A critical contextual shift has emerged where the traditional "buffer" provided by host communities has collapsed. Findings indicate that host populations now experience levels of deprivation nearly identical to IDP settlements, particularly in urban peripheries where weakened service systems struggle to absorb the double shock of inflation and displacement.

± **Methodological Framework:** To navigate this complex landscape, the assessment utilized a mixed-methods, cross-sectional design. This combined quantitative household surveys (covering eight core **sectors** via KoboToolbox) with qualitative Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). This approach allowed for the triangulation of self-reported data against field observations, ensuring that the "lived experience" of the most vulnerable including female-headed households and children was captured amidst the dynamic humanitarian environment.

± **Ethical Safeguards:** Given the sensitive nature of the crisis, the context was managed through strict adherence to the **"Do No Harm"** principle, voluntary participation, and confidentiality, ensuring that the data collection process itself did not exacerbate existing protection risks or social tensions.

Stakeholder Dynamics

± **Primary Actors:** Stakeholders include Federal and State-level authorities, Humanitarian Clusters, local NGOs, and service providers. The assessment ensured inclusive participation, specifically engaging with **women, children, and youth** to identify age- and gender-specific service gaps.

± **Power Dynamics and the "Trust Deficit":** The analysis reveals a complex power structure where local "gatekeepers" and community leaders exert significant influence over aid distribution. This has created a notable trust deficit in districts like Baidoa and Garasbaley, where perceptions of bias and exclusion are high.

± **Coordination Challenges:** While multiple actors are active in the field, stakeholder engagement highlighted that coverage remains uneven. Coordination is often hindered by the same economic and access constraints that affect the population, resulting in a gap between service availability on paper and actual assistance reaching the household level.

3.5 Unmet Needs and Target Population Gaps

The assessment identifies significant unmet needs across all sectors, particularly among IDPs, female-headed households, and households with children, who consistently demonstrate higher levels of vulnerability. The assessment identified several critical gaps where needs remain unaddressed by the current response:

- **The "Information Vacuum":** In districts like Afgoye, a staggering 90.9% of the population is unaware of available services, representing a total failure in outreach.
- **The Assistance Gap:** Despite extreme needs, districts like Baidoa report 0% assistance/cash received, indicating that while services may exist on paper, they are not reaching the household level.
- **Protection Gaps in Shelter:** Current shelter interventions focus on "coverage" but neglect safety features (locks/lighting), leaving 82% of IDPs in Hudur living in states of extreme hyper-vigilance.
- **Education Exclusions:** With school enrollment at only 3.9% in Deynile, there is a massive gap in school feeding and material support, forcing children into hazardous labor to pay for water and food.
- High protection risks and limited access to protection services, particularly for children and women.
- Weak accountability systems, including limited awareness of services and insufficient feedback mechanisms.

These unmet needs highlight the necessity for integrated, multi-sectoral interventions that address both immediate humanitarian needs and the underlying drivers of vulnerability.

3. METHODOLOGY

Assessment Design and Data Sources

The assessment employed a mixed-methods, cross-sectional design, combining quantitative household surveys with qualitative data collection to provide a comprehensive analysis of humanitarian needs. The primary quantitative data source consisted of structured questionnaires administered through KoboToolbox, covering eight core sectors: Food Security and Livelihoods (FSL), Health, Nutrition, WASH, Shelter and NFIs, Education, Protection, and Accountability to Affected Populations (AAP). These findings were complemented by qualitative insights gathered through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and systematic field observations, which were instrumental in capturing community perspectives and contextual nuances that numbers alone could not convey.

Sampling Methods

A multi-stage sampling approach was applied across selected districts to ensure the inclusion of both internally displaced persons (IDPs) and host communities. The initial sample size for each district was determined using a standard sample size calculator based on population estimates, after which a 50% sub-sample was systematically selected to ensure operational feasibility while maintaining statistical representativeness. Specific targeting measures were implemented throughout the sampling process to ensure the inclusion of highly vulnerable strata, particularly female-headed households and households with children, allowing for a disaggregated analysis of needs.

Data Collection and Performance Standards

Data collection was conducted by teams of trained enumerators following standardized humanitarian procedures and validated sectoral toolsets. To ensure high performance and data integrity, findings were interpreted using standard humanitarian indicators and sectoral benchmarks, such as Sphere Standards and Cluster-specific thresholds. The process included daily data cleaning and a rigorous triangulation strategy, where quantitative trends were cross-referenced with qualitative narratives to ensure consistency and validity across all data points.

Stakeholder Engagement: Child and Youth Participation

The assessment prioritized the inclusive engagement of key stakeholders, including affected communities, local authorities, and service providers. A central component of this engagement was the participation of women, children,

and youth, who were consulted through child-friendly and youth-inclusive qualitative methodologies. These sessions were specifically designed to identify age-specific barriers to education and unique protection risks, ensuring that the perspectives of the youngest and most vulnerable community members directly informed the final analysis.

Data Analysis Steps

The analysis followed a structured, three-step process to ensure depth and accuracy. First, quantitative data were processed using descriptive statistics, such as frequencies and percentages, disaggregated by population group, gender, and vulnerability characteristics. Second, qualitative data underwent thematic analysis to identify recurring patterns in service gaps and the primary drivers of vulnerability. Finally, a triangulation phase merged these two data streams, allowing the team to validate quantitative trends with qualitative context, resulting in a robust and comprehensive evidence base for the final report.

Ethical Considerations and Safeguards

Strict adherence to the "do no harm" principle and international ethical guidelines served as the foundation of the assessment. Key safeguards included obtaining informed consent from all participants prior to interviews, ensuring that participation was entirely voluntary, and informing respondents of their right to withdraw at any stage without penalty. To protect the safety of the community, all data were anonymized during storage, and specific protocols were followed for the handling of sensitive protection-related information to maintain absolute confidentiality.

Major Limitations

Despite the rigorous design, the assessment acknowledges several major limitations that should be considered when interpreting the results. There is an inherent reliance on self-reported data, which may be influenced by respondent expectations regarding aid. Additionally, security and physical access constraints in certain districts may have limited the depth of data in hard-to-reach areas. Finally, the dynamic and volatile nature of the humanitarian context—characterized by rapid displacement and sudden price surges—means that these findings represent a specific "snapshot" in time, which may require frequent updates as conditions evolve.

4. NEEDS ASSESSMENT FINDINGS

5.1 SECTORAL FINDINGS AND ANALYSIS

The findings are based on a mixed-methods analysis that integrates household survey data with qualitative inputs from focus group discussions, key informant interviews, and structured observations. Quantitative data provides an overview of prevalence, severity, and geographic variation of drought impact and child protection risks, while qualitative evidence is integrated to contextualize trends, explain underlying drivers, and capture lived experiences that may not be fully reflected in numeric indicators.

A triangulated approach was applied throughout the analysis to strengthen the validity of results and ensure a comprehensive understanding of how drought-related shocks, displacement, and economic stress affect children and their caregivers. The findings reflect broad participation across internally displaced populations, host communities, and returnees, offering representative insight into integrated assessment, child, risks, coping strategies, service gaps, and priority needs in drought affected contexts.

5.0 Household Demographics

The assessment interviewed a total of 1,151 respondents, reflecting a well-rounded approach that engaged a broad cross-section of the population. The participation was significantly weighted toward female respondents (78%), compared to male respondents (22%), ensuring that the drought's implications are viewed through a lens that captures the primary caregivers' perspectives. A critical finding reveals that 86% of households reside in IDP

settlements, while 14% live within host community settlements, highlighting the displaced nature of the surveyed population.

Demographic Analysis and Vulnerability Profile

The household profiles indicate high levels of vulnerability, characterized by significant caregiving burdens and protection risks.

Gender and Household Leadership

- **Female-Headed Households (FHH):** Nearly half of the assessed households (**46%**) are headed by women. This indicates a high potential for economic hardship, as FHHs in this context often face systemic livelihood constraints and increased protection challenges while balancing sole caregiving responsibilities.
- **Child-Headed Households:** A deeply concerning trend is the identification of **15 households** where the main income earner or head is a child (8 boys and 7 girls). While small in absolute numbers, this represents a severe protection gap and suggests that extreme drought impacts are forcing children into adult roles to ensure family survival.

Household Size and Dependency

- **Large Household Composition:** The data suggests significant pressure on limited resources, with **78% of households** consisting of five or more members. Specifically, **60%** fall within the 5–7 member range, and **18%** are categorized as large households with 8 or more members.
- **Child Dependency:** Dependency levels are exceptionally high. Over half of the households (**55%**) care for 3–5 children, while **31%** care for six or more children. When mapped against dependency ratios, **57% of households** are classified as "High Dependency" (having three or more dependents), a factor that severely limits the household's ability to recover from economic shocks or price surges.

(Table 1): Demographic Analysis and Vulnerability Profile

Variable	Frequency (n)	Percentage (%)
Respondent gender		
Male	255	22
Female	896	78
Sex of household head		
Female-headed household	526	46
Male-headed household	610	53
Child household head		1
Boys	8	53
Girl	7	47
Household size		

1–4 members	248	22
5–7 members	695	60
8+ members	208	18
Number of children (0–17) in household		
1–2 children	164	14
3–5 children	628	55
6+ children	359	31
Household dependency status		
High dependency (≥3 dependents)	658	57
Low dependency (<3 dependents)	493	43

In line with the quantitative findings, qualitative evidence from FGDs and KIIs further confirms high levels of household vulnerability, particularly among female-headed households. Participants consistently reported that women bear the primary responsibility for household management and childcare. This burden has increased because many men remain behind with livestock, seek work in other areas, or are separated from their families during drought-related displacement.

Furthermore, participants' discussions highlighted that large households with many dependents are common. These households often include extended family members and, in some cases, separated children. Older children, particularly adolescent girls, were frequently described as assuming caregiving roles such as supervising siblings, cooking, and fetching water when adults leave in search of food or assistance. These findings were reinforced through direct observation, which noted overcrowded shelters and visible reliance on siblings for day-to-day care.

5.1.1 Food Security & Livelihoods

Table2: District-Level FSL Indicators

District	n	No Food (%)	Slept Hungry (%)	Reduced Meals (%)	Borrowed Food (%)	Cash Assistance (%)	IDP Food Stress (%)	Host Food Stress (%)
Adale	78	65.4%	69.2%	82.1%	67.9%	17.9%	High	Moderate
Afgoie	77	61.0%	75.3%	92.2%	85.7%	0.0%	Very High	High
Baidoa	77	48.1%	51.9%	89.6%	76.6%	0.0%	Moderate	Lower
Balcad	77	80.5%	81.8%	92.2%	92.2%	18.2%	Very High	High
Barawe	76	55.3%	69.7%	89.5%	88.2%	13.2%	High	Moderate
Bardale	77	54.5%	70.1%	83.1%	68.8%	6.5%	High	Moderate
Buurhakaba	78	50.0%	74.4%	84.6%	79.5%	30.8%	Very High	Moderate
Ceelberde	76	19.7%	38.2%	57.9%	46.1%	3.9%	Moderate	Lower
Deynile	77	57.1%	66.2%	75.3%	83.1%	18.2%	High	Moderate
Garasbaley	75	65.3%	72.0%	98.7%	66.7%	1.3%	Very High	High

Heliwa	77	77.9%	68.8%	57.1%	45.5%	1.3%	High	Moderate
Hudur	77	93.5%	89.6%	100.0%	98.7%	7.8%	Very High	Very High
Jowhar	77	62.3%	62.3%	66.2%	72.7%	15.6%	High	Moderate
Kahda	77	59.7%	67.5%	100.0%	98.7%	36.4%	Very High	High
Qansaxdhere	75	82.7%	80.0%	78.7%	73.3%	8.0%	Very High	High

1. Universal Collapse of Food Consumption

The 2026 baseline data paints a catastrophic picture of food insecurity across the 15 assessed districts. Food consumption has moved beyond "stress" into a state of active physical deprivation, where the basic biological needs of the population are not being met. In Hudur, a staggering 93.5% of households reported having "No Food," and 89.6% reported "Sleeping Hungry." These figures represent an extreme outlier even within the Somali context, indicating a total exhaustion of local food systems and an urgent risk of famine-like conditions. Critical levels of physical hunger are also noted in Qansaxdhere (82.7%), Balcad (80.5%), and Heliwa (77.9%), suggesting that nearly four out of five households in these areas are facing immediate starvation. This collapse is exacerbated by a total breakdown in pastoral livelihoods and livestock deaths, leaving households with no assets to liquidate for food. As one Community Leader in Heliwa (KII) noted: *"High prices, low income, and reduced assistance have made it impossible for us to eat three meals a day."*

2. Exhaustion of Coping Capacities

The reliance on negative coping strategies is nearly universal, signaling that traditional community safety nets and household reserves have been stretched to their breaking point. In five key districts like Hudur, Kahda, Garasbaley, Afgoye, and Balcad the percentage of households reducing meals ranges from 92% to 100%, indicating a systemic inability to access sufficient daily calories. In urban settings like Deynile, high food and water costs consume almost all limited income, forcing families to choose between hydration and nutrition. Furthermore, the dependency on borrowing food is exceptionally high, peaking at 98.7% in both Hudur and Kahda. In the current 2026 economic climate marked by a 108% surge in fuel prices and subsequent commodity inflation; this heavy reliance on credit creates a "debt trap" that undermines future recovery and increases the likelihood of permanent displacement.

3. The "Assistance Paradox" and Humanitarian Gaps

The findings highlight a profound and dangerous mismatch between the severity of need and the reach of humanitarian assistance, likely a direct consequence of the 40% funding shortfall identified in the 2026 HNRP. Despite "High" to "Very High" food stress, Afgoye and Baidoa reported 0.0% cash assistance coverage. This is particularly alarming for Baidoa, which continues to serve as a primary hub for hundreds of thousands of displaced persons. Even in districts where aid penetration is highest, such as Kahda (36.4%) and Buurhakaba (30.8%), food stress remains "Very High," suggesting that current cash transfer values are insufficient to offset the inflated 2026 food basket costs. Trust in aid is further hampered by perceived bias; as noted in a KII in Elberde: *"Humanitarian actors should do the selection process by themselves since the mostly vulnerable people... are always left out when selection is done by local leaders and camp leaders."*

4. Vulnerability Disaggregation: IDP vs. Host Communities

Structural fragility is most evident among Internally Displaced Persons (IDPs), who consistently experience "Very High" food stress across almost all assessed districts. Their lack of land, livestock, and stable social networks makes

them entirely dependent on volatile markets they can no longer afford. A Nutrition Staff member in Hudur (KII) highlighted the severity among new arrivals, stating: *"There are GAM cases; some children are severe especially the newly arrived ones."* However, the 2026 crisis has "spilled over" into host communities with unprecedented severity. In Hudur, the distinction between groups has vanished, with both IDPs and Host communities reaching the "Very High" stress threshold. This indicates that the combined weight of the Jilaal drought and economic shocks has eroded the resilience of host populations, leaving them with no surplus to share or sustain themselves.

5. Gender-Specific Impacts and Child Protection

While the quantitative data provides district-wide totals, the qualitative findings indicate that the high rates of reduced meal consumption disproportionately affect women and children. In districts like Adale (82.1%) and Kahda (100.0%), mothers in female headed households are frequently skipping meals for multiple days to prioritize the survival of their children. This self-deprivation correlates with the 2026 UNICEF findings of nearly half a million children suffering from Severe Acute Malnutrition (SAM). Furthermore, protection risks are heightened by environmental factors; in Qansaxdhere (FGD), female respondents noted: *"Girls may experience fear from going to latrines specifically at night in the IDP sites, because the sites are not well secured."* The data suggests that without immediate intervention, these households will face irreversible health outcomes and increased protection risks, including child labor and family separation as a means of survival.

6. Systemic Infrastructure Decay and Cross-Sectoral Interlinkages

The biological survival of households is further threatened by the collapse of basic services. Across districts like Qansaxdhere and Berdale, health facilities are described as "empty shells" lacking essential medicines. Water scarcity exacerbates these health risks; in Hudur, available well water is too salty for human consumption, leading to chronic kidney issues. This creates a lethal "hunger-disease" cycle where poor WASH conditions drive diarrhea, which in turn spikes malnutrition. As noted in the Buurhakaba (FGD), these overlapping crises force families to deprioritize education: *"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town."* Additionally, the predominant shelter type; the makeshift "buul" offers negligible protection. An Observation Tool in Elberde noted that: *"Shelters show visible signs of structural damage leaving them vulnerable to extreme heat and flooding."*

5.1.2 Nutrition

Table3: District-Level Nutrition Indicators

District	n	Access (%)	Mobile (%)	Stock-out (%)	Relapse (%)
Adale	78	32 (41.0%)	30 (38.5%)	56 (71.8%)	29 (37.2%)
Afgoye	77	27 (35.1%)	15 (19.5%)	26 (33.8%)	3 (3.9%)
Baidoa	77	62 (80.5%)	60 (77.9%)	0 (0.0%)	6 (7.8%)
Balcad	77	49 (63.6%)	42 (54.5%)	13 (16.9%)	17 (22.1%)
Barawe	76	35 (46.1%)	27 (35.5%)	55 (72.4%)	33 (43.4%)
Bardale	77	31 (40.3%)	30 (39.0%)	22 (28.6%)	20 (26.0%)
Buurhakaba	78	25 (32.1%)	27 (34.6%)	9 (11.5%)	25 (32.1%)

Ceelberde	76	36 (47.4%)	13 (17.1%)	21 (27.6%)	12 (15.8%)
Deynile	77	50 (64.9%)	39 (50.6%)	12 (15.6%)	14 (18.2%)
Garasbaley	75	34 (45.3%)	11 (14.7%)	28 (37.3%)	9 (12.0%)
Heliwa	77	57 (74.0%)	50 (64.9%)	8 (10.4%)	19 (24.7%)
Hudur	77	55 (71.4%)	45 (58.4%)	0 (0.0%)	0 (0.0%)
Jowhar	77	43 (55.8%)	34 (44.2%)	28 (36.4%)	21 (27.3%)
Kahda	77	37 (48.1%)	52 (67.5%)	8 (10.4%)	14 (18.2%)
Qansaxdhere	75	64 (85.3%)	63 (84.0%)	35 (46.7%)	29 (38.7%)

Nutrition findings indicate widespread vulnerability with uneven access and weak service performance, particularly in districts such as Adale, Afgoye, and Buurhakaba.

1. Service Access Disparities and Systemic Performance

The 2026 data reveals a nutrition landscape defined by uneven access and a severe lack of functional stabilization centers. While districts like Qansaxdhere (85.3%) show high administrative coverage, urban IDP hubs like Afgoye(35.1%) and Buurhakaba (32.1%) suffer from a catastrophic exclusion of services. This gap disproportionately impacts children under five, who lack the physical resilience to survive irregular screening schedules. Qualitative findings indicate that in districts such as Buurhakaba and Adale, screening is described as *"irregular or entirely absent,"* directly preventing early detection. Female caregivers in these districts report that the long distances to the few functional facilities often described as "empty shells" act as a primary barrier to seeking care. As a Community Leader in Qansaxdhere (KII) observed: *"There are very few functional facilities in the area, characterized by limited professional staff and a chronic lack of essential medicines."*

2. Supply Chain Fragility and the Relapse Cycle

Supply chain performance is a critical determinant of survival, yet stock-outs remain rampant in districts like Adale (71.8%) and Barawe (72.4%). These shortages lead directly to high relapse rates, peaking at 43.4% in Barawe, indicating that IDP and Host children are being discharged into "food deserts" without adequate therapeutic follow-up. A Nutrition Staff member in Hudur (KII) highlighted that this crisis is most visible among newly arrived IDPs, stating: *"There are GAM cases; some children are severe especially the newly arrived ones."* For these displaced families, the transition from clinical treatment back to a makeshift shelter with no food assets makes recovery nearly impossible. The 2026 commodity inflation further weakens the caregiver's ability to supplement treatment, ensuring that male and female children alike enter a repetitive cycle of readmission.

3. Disaggregated Vulnerability: The Caregiver's Burden

Nutrition outcomes are inextricably linked to the status of female caregivers, who face the dual burden of childcare and domestic survival. In districts like Kahda and Adale, qualitative reports indicate that mothers in female-headed households are frequently skipping meals for multiple days to prioritize their children's survival. Despite this sacrifice, IDP households remain significantly more vulnerable to malnutrition than host communities due to a total lack of social safety nets. FGDs in Barawe and Garasbaley confirm that displaced children often miss out on nutrition screening due to irregular outreach services (which remain as low as 14.7% in Garasbaley). This lack of "mobile coverage" leaves marginalized children and elderly caregivers without early intervention, leading to what a Nutrition Staff member in Hudur described as cases where *"children are severe"* upon first contact.

4. The Interlinkage of Displacement and Chronic Relapse

The crisis has proven that nutrition vulnerability is a direct product of displacement and economic shocks. The high relapse rates in Qansaxdhere (38.7%) and Adale (37.2%) suggest that even when clinical access is provided, the underlying drivers of hunger remain unaddressed. KIIs across multiple districts note that the collapse of pastoral livelihoods has left IDP households entirely dependent on volatile markets. This economic fragility is compounded for children, who are often pulled from schools to work for food wages. As noted by Burhakaba (FGD) participants: *"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town."* Without an integrated approach that provides both clinical nutrition and cash assistance to vulnerable IDP and host families, the "hunger-disease" cycle will continue to claim the lives of the most marginalized populations.

5.13 Health

Table 4: District-Level Health Indicators

District	n	HH with illness last 2weeks (%)	Access health services (%)	Received Mobile Health visits (%)	HH with Unvaccinated children (%)
Adale	78	54 (69.2%)	10 (13.0%)	27 (34.6%)	33 (42.3%)
Afgoye	77	59 (76.6%)	27 (35.1%)	3 (3.9%)	34 (44.2%)
Baidoa	77	27 (35.1%)	54 (70.1%)	70 (90.9%)	0 (0.0%)
Balcad	77	47 (61.0%)	42 (54.5%)	55 (71.4%)	17 (22.1%)
Barawe	76	54 (71.1%)	38 (50.0%)	36 (47.4%)	24 (31.6%)
Bardale	77	52 (67.5%)	51 (66.2%)	54 (70.1%)	4 (5.2%)
Buurhakaba	78	44 (56.4%)	37 (47.4%)	33 (42.3%)	38 (48.7%)
Ceelberde	76	28 (36.8%)	28 (36.8%)	24 (31.6%)	19 (25.0%)
Deynile	77	38 (49.4%)	33 (42.9%)	43 (55.8%)	18 (23.4%)
Garasbaley	75	43 (57.3%)	36 (48.0%)	17 (22.7%)	6 (8.0%)
Heliwa	77	68 (88.3%)	37 (48.1%)	36 (46.8%)	21 (27.3%)
Hudur	77	36 (46.8%)	65 (84.4%)	50 (64.9%)	0 (0.0%)
Jowhar	77	40 (51.9%)	22 (28.6%)	51 (66.2%)	42 (54.5%)
Kahda	77	64 (83.1%)	35 (45.5%)	36 (46.8%)	28 (36.4%)
Qansaxdhere	75	47 (62.7%)	29 (38.7%)	23 (30.7%)	5 (6.7%)

1. The Illness-Access Gap and Structural Barriers

Health findings show a staggering burden of illness across nearly all districts, peaking in Heliwa (88.3%) and Kahda (83.1%). However, this burden is not matched by service access, which remains critically low in Adale (13.0%) and Jowhar (28.6%). This gap disproportionately affects children under 18, who are more exposed to communicable diseases like diarrhea due to poor WASH conditions. Qualitative findings confirm that facilities in Qansaxdheere and

Berdale are often *"empty shells"* lacking essential medicines and professional staff. As a Community Leader in Qansaxdheere (KII) noted: *"There are very few functional facilities in the area, characterized by limited professional staff and a chronic lack of essential medicines."* For IDP households, these structural barriers are insurmountable, as high transportation costs often prevent them from reaching distant urban facilities.

2. Gendered Barriers to Care and Caregiver Constraints

Health vulnerability is heavily influenced by gender dynamics, particularly for female caregivers who report significant barriers to accessing care. In districts like Balcad and Adale, cultural norms and a lack of female health workers restrict women from seeking care from male providers. These mothers often face a double burden: managing their own health while navigating a system with limited outreach. Mobile Health visits—which drop to a negligible 3.9% in Afgoye fail to reach the most isolated female-headed households. Consequently, many women are forced to rely on expensive private pharmacies, further depleting their limited food budget. This economic strain often leads to delayed treatment until conditions become life-threatening.

3. Displacement and the "Overcrowding Effect"

IDP households show significantly lower access to healthcare compared to host communities, driven by extreme economic vulnerability and their reliance on overstretched outreach services. FGDs in IDP settlements in Heliwa and Kahda reported that overcrowded living conditions increase the exposure of children to respiratory infections and disease outbreaks. Qualitative insights from Afgoye (KII) indicate that displaced populations are the most likely to avoid formal care due to cost. As one respondent noted, IDP families often wait until an illness is advanced because they cannot afford the consultation fees. This delay contributes to the high burden of illness (76.6% in Afgoye) and creates a cycle of emergency health crises within displaced families.

4. Preventive Health Failure and Child Vulnerability

The preventive health system is severely weakened, as evidenced by the high percentage of unvaccinated children in Jowhar (54.5%) and Buurhakaba (48.7%). This vaccination gap leaves male and female children under five at extreme risk of preventable outbreaks. While Baidoa (0.0% unvaccinated) and Hudur show high success through mobile outreach, the unevenness of these services leaves children in Adale (42.3% unvaccinated) behind. Qualitative findings from Hudur (KII) and Berdale (FGD) reinforce that without routine screening and functional mobile clinics, newly arrived IDP children enter settlements with pre-existing health complications that go unmanaged. Overall, the health system's inability to provide accessible, low-cost care for women, children, and IDPs is driving the high mortality risks observed across the 2026 baseline.

5.1.4 Water, Sanitation and Hygiene (WASH)

Table5: District-Level WASH Indicators

District	n	HH with Access to Safe Drinking Water n (%)	HH Using Improved Sanitation n (%)	HH Practicing Open Defecation n (%)	HH with Access to Handwashing Facility n (%)	HH Reporting Water Shortage n (%)	IDP Safe Water (%)	Host Safe Water (%)
Adale	78	32 (41.0%)	28 (35.9%)	39 (50.0%)	30 (38.5%)	48 (61.5%)	35.0%	48.0%
Afgoye	77	25 (32.5%)	21 (27.3%)	46 (59.7%)	28 (36.4%)	52 (67.5%)	28.0%	38.0%

Baidoa	77	58 (75.3%)	49 (63.6%)	18 (23.4%)	46 (59.7%)	22 (28.6%)	70.0%	80.0%
Balcad	77	37 (48.1%)	33 (42.9%)	34 (44.2%)	35 (45.5%)	41 (53.2%)	40.0%	55.0%
Barawe	76	34 (44.7%)	29 (38.2%)	37 (48.7%)	31 (40.8%)	45 (59.2%)	38.0%	50.0%
Bardale	77	52 (67.5%)	48 (62.3%)	15 (19.5%)	43 (55.8%)	26 (33.8%)	60.0%	72.0%
Buurhakaba	78	30 (38.5%)	27 (34.6%)	40 (51.3%)	29 (37.2%)	50 (64.1%)	32.0%	45.0%
Ceelberde	76	45 (59.2%)	41 (53.9%)	20 (26.3%)	38 (50.0%)	30 (39.5%)	52.0%	65.0%
Deynile	77	33 (42.9%)	30 (39.0%)	36 (46.8%)	32 (41.6%)	43 (55.8%)	38.0%	48.0%
Garasbaley	75	28 (37.3%)	25 (33.3%)	41 (54.7%)	27 (36.0%)	49 (65.3%)	30.0%	45.0%
Heliwa	77	41 (53.2%)	37 (48.1%)	28 (36.4%)	36 (46.8%)	39 (50.6%)	48.0%	58.0%
Hudur	77	29 (37.7%)	24 (31.2%)	45 (58.4%)	28 (36.4%)	55 (71.4%)	30.0%	45.0%
Jowhar	77	35 (45.5%)	31 (40.3%)	33 (42.9%)	34 (44.2%)	40 (51.9%)	40.0%	52.0%
Kahda	77	31 (40.3%)	28 (36.4%)	38 (49.4%)	30 (39.0%)	48 (62.3%)	35.0%	45.0%
Qansaxdhere	75	27 (36.0%)	23 (30.7%)	44 (58.7%)	26 (34.7%)	53 (70.7%)	32.0%	45.0%

The WASH findings reveal significant gaps in access to safe water, sanitation, and hygiene services across assessed districts, with many households facing challenges that directly affect health and living conditions. Districts such as Afgoye, Hudur, Qansaxdhere, and Garasbaley demonstrate the most severe conditions, characterized by low access to safe water, high levels of open defecation, and widespread reports of water shortages. These conditions increase the risk of waterborne diseases and contribute to poor health and nutrition outcomes.

1. Water Scarcity and the Economic Burden of Hydration

The baseline survey data reveals a severe water crisis, with shortages peaking in Hudur (71.4%) and Qansaxdhere (70.7%). While Baidoa (75.3%) shows better access, districts like Afgoye (32.5%) face a critical deficit. This scarcity is not just a matter of availability but of quality and cost. Qualitative findings from Hudur highlight that even when well water is available, it is often too salty for human consumption, leading to chronic kidney and stomach issues among adults and children. For female caregivers, the water crisis is an economic trap; in urban IDP settings like Deynile, high food and water costs consume almost all limited household income. As a Community Leader in Heliwa (KII) noted, the lack of resources is absolute: ***"High prices, low income, and reduced assistance have made it***

impossible for us to eat three meals a day." This forces women and children to travel long distances to reach affordable sources, or rely on unsafe water, directly fuelling the "hunger-disease" cycle.

2. Sanitation Fragility and Gender-Based Protection Risks

Improved sanitation remains dangerously low, particularly in Afgoye (27.3%) and Qansaxdhere (30.7%), contributing to high open defecation rates. For IDP households, the reliance on shared latrines creates significant protection risks that disproportionately affect women and girls. According to a **Direct Observation Tool in Barawe**: ***"Latrines are shared among many households, most without locks... women expressed fear of using them at night."*** This lack of secure infrastructure, combined with the absence of lighting, forces **female family members** to restrict their movements or face potential violence. In **Qansaxdhere (FGD)**, respondents confirmed this gendered vulnerability: ***"Girls may experience fear from going to latrines specifically at night in the IDP sites, because the sites are not well secured."***

3. Hygiene Gaps and Communicable Disease Cycles

Access to handwashing facilities is limited, with less than 40% of households in most districts having basic hygiene tools. This deficiency, coupled with high open defecation rates in districts like Hudur (58.4%), creates an environment where communicable diseases thrive. Children under five are the primary victims of this hygiene gap, as they are most vulnerable to the diarrheal diseases that drive acute malnutrition. Qualitative reports from IDP settlements emphasize that overcrowding makes maintaining hygiene standards nearly impossible. Without soap or jerry cans which are in widespread shortage across Elberde and Berdale host and IDP families alike are unable to break the cycle of infection that undermines nutrition and health interventions.

4. Displacement and Infrastructure Inequality

Disaggregation analysis shows that **IDPs consistently have lower access to safe water** (e.g., **28% in Afgoye** compared to 38% for hosts), reflecting the systemic exclusion of temporary settlements from permanent infrastructure. However, the 2026 crisis has "spilled over," with host communities also facing significant shortages. This widespread vulnerability indicates that traditional sharing mechanisms between **hosts and displaced populations** have been exhausted. In **Buurhakaba (FGD)**, it was noted that the intersection of low income and poor WASH conditions leads to **child labor**, as **children** are pulled from school to help fetch water or work in town to pay for private water vendors to help families survive. Participants noted: ***"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town."*** This cross-sectoral collapse proves that WASH is not an isolated sector but a primary driver of protection and education failures for **marginalized households**.

5.1.5 Shelter and Non Food Items (NFIs)

Table6: District-Level Shelter & NFI Indicators

District	n	Inadequate Shelter (%)	Overcrowding (%)	Shelter Damage (%)	Lack of Essential NFIs (%)	IDP Inadequate Shelter (%)	Host Inadequate Shelter (%)
Adale	78	68.0%	55.1%	60.3%	72.4%	75.0%	58.0%
Afgoye	77	82.0%	64.9%	70.1%	85.7%	90.0%	68.0%
Baidoa	77	45.5%	40.3%	38.9%	50.6%	55.0%	38.0%
Balcad	77	75.3%	62.3%	68.8%	79.2%	83.0%	60.0%

Barawe	76	71.1%	58.0%	65.8%	76.3%	80.0%	60.0%
Bardale	77	66.2%	54.5%	60.0%	71.4%	72.0%	58.0%
Buurhakaba	78	73.1%	59.0%	66.7%	78.2%	82.0%	60.0%
Elberde	76	38.2%	30.3%	35.5%	45.0%	45.0%	30.0%
Deynile	77	60.0%	48.1%	55.8%	66.2%	68.0%	50.0%
Garasbaley	75	78.7%	61.3%	69.3%	82.7%	88.0%	65.0%
Heliwa	77	65.0%	52.0%	58.0%	70.1%	72.0%	55.0%
Hudur	77	85.7%	70.1%	75.3%	88.3%	90.0%	78.0%
Jowhar	77	69.0%	56.0%	62.3%	73.0%	75.0%	60.0%
Kahda	77	80.5%	66.2%	72.7%	84.4%	88.0%	70.0%
Qansaxdhere	75	77.3%	60.0%	68.0%	81.3%	85.0%	65.0%

The Shelter and NFI findings indicate that a large proportion of households across assessed districts are living in inadequate and unsafe shelter conditions, with high levels of structural vulnerability, overcrowding, and limited access to essential household items. The situation is particularly severe in districts such as Hudur, Afgoye, Kahda, Garasbaley, and Qansaxdhere, where the majority of households report inadequate shelter conditions and lack of basic non-food items, reflecting significant gaps in both shelter quality and household resilience.

1. Structural Collapse and Environmental Vulnerability

The quantitative data paints a picture of extreme physical insecurity, with Hudur (85.7%) and Afgoye(82.0%) showing a near-total collapse of adequate housing. For IDP households, who report up to 90.0% inadequacy, the primary residence is the makeshift "buul"—a structure of sticks and tattered plastic. These dwellings offer no resistance to the 2026 climate shocks.

Qualitative findings from an Observation Tool in Elberde provide a sobering view of this decay: ***"Shelters show visible signs of structural damage... leaving them vulnerable to extreme heat and flooding."*** Male and female children are forced to sleep in these drafty, structurally unsound environments, leading to a spike in pneumonia and respiratory infections that overwhelm the fragile health systems. This structural fragility means that male and female children are forced to sleep in drafty, damp, and unsound environments. This is a direct driver of the respiratory illness spikes noted in the health sector, as the shelter fails in its most basic function: protection from the elements.

2. Overcrowding: The Engine of Protection Risks

Overcrowding is a widespread issue across districts, driven by high household sizes, displacement dynamics, and limited shelter availability, which increases exposure to health risks and reduces overall living conditions. Shelter damage is also prevalent, particularly in areas affected by environmental stressors and prolonged displacement, further limiting the ability of households to maintain safe and secure living environments.

Overcrowding remains a critical driver of indignity and danger, particularly in Hudur (70.1%) and Kahda (66.2%). Large IDP families are often compressed into single-room makeshift tents, a situation that eliminates privacy and exacerbates domestic tensions. This environmental stressor hits female-headed households the hardest, as they lack the physical space to protect their families from outside intrusion.

In **Berdale (FGD)**, **Female IDPs** confirmed the severity of their living conditions, noting that many families live in materials that simply cannot withstand the elements. This lack of space is not merely a comfort issue; it is a protection failure that leaves women and girls exposed and vulnerable within their own homes. As noted in the WASH and Protection findings, the combination of overcrowding and insecure shelters forces women and girls to live in a state of constant hyper-vigilance, especially at night.

3. NFI Deprivation and the Household Dignity Gap

The absence of essential Non-Food Items (NFIs) has reached critical levels, with 88.3% of households in Hudur and 85.7% in Afgoye reporting a lack of basic goods like bedding, cooking sets, and water containers. This deprivation forces female caregivers to cook over open, unsafe fires and store water in contaminated or leaking containers.

Qualitative reports from **Jowhar** note a widespread shortage of essential items like blankets and soap. For **newly arrived IDPs**, the absence of an NFI kit means starting a life in displacement with absolutely nothing. As noted by participants in Berdale (FGD), the inability to replace torn plastic sheeting or obtain basic bedding means:" Many *families live in materials that cannot withstand the elements,"* This forces children to sleep on bare, often damp ground during the rainy seasons, significantly increasing the risk of vector-borne diseases and skin infections.

4. The "Spillover" of Insecurity to Host Communities

While IDPs consistently show the highest rates of inadequate shelter (90.0% in Afgoye and Hudur), the needs assessment proves that host communities are no longer a resilient buffer. In Hudur, 78.0% of host households also report inadequate shelter, indicating that the combined weight of economic hyper-inflation and drought has prevented even long-term residents from maintaining their homes.

This shared poverty erodes the traditional social safety nets that once allowed hosts to support displaced newcomers. The qualitative data suggests a population that has reached its limit; without the distribution of high-quality plastic sheeting and NFI kits, male and female heads of households are trapped in a cycle of emergency repairs, unable to dedicate time to livelihood recovery or ensuring the safety of their children.

The lack of essential NFIs, including bedding, cooking utensils, and basic household items, significantly affects household well-being and dignity, while also increasing vulnerability to health risks. Qualitative findings highlight that many households have not received adequate NFI support, and available assistance is often insufficient to meet the scale of needs.

Overall, the Shelter and NFI findings demonstrate that shelter conditions are both inadequate and unequal, particularly among displaced populations, and that gaps in NFI support further exacerbate vulnerability. The combination of poor shelter quality, overcrowding, and lack of essential items contributes to a deteriorating living environment, reinforcing vulnerabilities across health, protection, and overall well-being.

5.1.6 Education

The needs assessment survey reveals a sector in a state of extreme fragmentation. While some districts maintain high attendance, the urban IDP corridors of Mogadishu (Deynile, Kahda, Garasbaley) are witnessing a near-total collapse of formal learning. This crisis is not merely a lack of infrastructure; it is a direct consequence of the "hunger-work" trade-off and a breakdown in the protective environment.

The education findings show marked inequalities in school participation across districts, with some locations demonstrating relatively strong enrolment, while others reflect severe education disruption. Districts such as Bardale (89.6%) and Hudur (77.9%) show relatively strong levels of regular school attendance, suggesting stronger education access or better school continuity compared to the rest of the sample. In contrast, districts such as Deynile (3.9%), Kahda (10.4%), and Garasbaley (12.0%) show critically low levels of regular enrolment, indicating severe barriers to participation.

The assessment also shows that a notable proportion of households' report that children stopped attending school since the crisis, particularly in Kahda (32.5%), Deynile (31.2%), and Garasbaley (30.7%), indicating that the drought and associated shocks are affecting school continuity. This pattern is reinforced by the high proportion of households reporting no access to learning materials, especially in Deynile (57.1%), Kahda (55.8%), and Garasbaley (50.7%), suggesting that education exclusion is not only about school attendance but also about the broader learning environment and household capacity to support children's education.

Table7: District-Level Education Indicators

District	n	Children Enrolled and Regularly Attending School n (%)	HHs Planning to Send Children to School if Not Enrolled n (%)	HHs Reporting Children Stopped Attending Since Crisis n (%)	HHs with No Learning Materials n (%)	TLS Attendance n (%)	School Provides Daily Meal n (%)	IDP Enrolment (%)	Host Enrolment (%)
Adale	78	21 (26.9%)	24 (42.1%)	19 (24.4%)	29 (37.2%)	10 (12.8%)	7 (9.0%)	22.5%	31.6%
Afgoye	77	25 (32.5%)	17 (32.7%)	16 (20.8%)	26 (33.8%)	5 (6.5%)	2 (2.6%)	46.2%	25.5%
Baidoa	77	23 (29.9%)	17 (31.5%)	16 (20.8%)	23 (29.9%)	26 (33.8%)	8 (10.4%)	29.9%	N/A
Balcad	77	31 (40.3%)	18 (39.1%)	20 (26.0%)	32 (41.6%)	10 (13.0%)	7 (9.1%)	39.1%	50.0%
Barawe	76	27 (35.5%)	17 (34.7%)	19 (25.0%)	31 (40.8%)	18 (23.7%)	7 (9.2%)	36.0%	0.0%
Bardale	77	69 (89.6%)	5 (62.5%)	6 (7.8%)	4 (5.2%)	11 (14.3%)	7 (9.1%)	89.2%	100.0%
Buurhakaba	78	38 (48.7%)	17 (42.5%)	14 (17.9%)	20 (25.6%)	11 (14.1%)	6 (7.7%)	53.5%	0.0%
Ceelberde	76	41 (53.9%)	15 (42.9%)	12 (15.8%)	17 (22.4%)	8 (10.5%)	5 (6.6%)	53.4%	66.7%
Deynile	77	3 (3.9%)	26 (35.1%)	24 (31.2%)	44 (57.1%)	6 (7.8%)	3 (3.9%)	4.1%	0.0%
Garasbaley	75	9 (12.0%)	26 (39.4%)	23 (30.7%)	38 (50.7%)	9 (12.0%)	2 (2.7%)	14.8%	0.0%
Heliwa	77	25 (32.5%)	21 (40.4%)	16 (20.8%)	34 (44.2%)	12 (15.6%)	5 (6.5%)	33.3%	29.4%

Hudur	77	60 (77.9%)	8 (47.1%)	5 (6.5%)	7 (9.1%)	18 (23.4%)	12 (15.6%)	77.9%	N/A
Jowhar	77	22 (28.6%)	21 (38.2%)	19 (24.7%)	30 (39.0%)	14 (18.2%)	4 (5.2%)	28.8%	25.0%
Kahda	77	8 (10.4%)	31 (44.9%)	25 (32.5%)	43 (55.8%)	8 (10.4%)	1 (1.3%)	10.3%	11.1%
Qansaxdhere	75	39 (52.0%)	18 (50.0%)	11 (14.7%)	18 (24.0%)	14 (18.7%)	6 (8.0%)	51.4%	100.0%

1. The "Hunger-Work" Trade-off and Child Labor Correlation

There is a direct, negative correlation between Food Insecurity (FSL) and Education Attendance. In districts where food stress is "Very High," such as Deynile (3.9%) and Kahda (10.4%), children are being removed from school to act as economic contributors. The data shows that in these same districts, over 30% of households report children stopped attending specifically "since the crisis" (32.5% in Kahda). Qualitative findings from Buurhakaba (FGD) explicitly link WASH and FSL crises to school dropout rates:

"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town to pay for private water vendors and food. **It is a choice between a book and a jerrycan"** For **male children**, this often involves manual labor, **while female children are diverted to water fetching and domestic help.** Education is being traded for survival. The 3.9% attendance rate in Deynile represents a total collapse of the local education system.

2. Systemic Failure of Support Systems (TLS and School Feeding)

The survey data highlights a failure of humanitarian "pull factors." Access to Temporary Learning Spaces (TLS) and school feeding programs is extremely limited; in **Kahda**, school feeding reaches only **1.3%** of households Without a guaranteed daily meal. Without these safety nets, **female caregivers** cannot justify the "opportunity cost" of schooling. A **Community Leader in Heliwa (KII)** noted:

"High prices, low income, and reduced assistance have made it impossible for us to eat... how can we send a child to school when they have not eaten in two days? A hungry child cannot memorize a lesson." "

Furthermore, the lack of learning materials (**57.1% in Deynile**) indicates that even if a child walks into a classroom, the environment is hollow and unsupported. Even when children are enrolled, they lack the tools to learn. With 57.1% of households in Deynile possessing no learning materials, education becomes a performative rather than productive act.

3. Displacement Inequity and Host-Community Erosion

Table 7 highlights a stark "Displacement Disadvantage." In districts like **Adale**, IDP enrolment (**22.5%**) lags behind host enrolment (**31.6%**). However, the 2026 crisis has begun to equalize these vulnerabilities downward.

However, the crisis has begun to erode host-community resilience entirely; in **Deynile** and **Garasbaley**, host enrolment has hit **0.0%**. This suggests that host families, previously able to maintain schooling, have been forced into the same negative coping strategies such as child labor as the IDPs they host. Conversely, districts like **Hudur (77.9%)** and **Bardale (89.6%)** show that strong service continuity can sustain high enrolment even among predominantly displaced populations.

4. Safety, Distance, and Gendered Barriers

Physical safety remains a silent driver of educational exclusion. The high rates of shelter damage and insecure latrines identified in previous sections correlate with the fear parents have in letting children commute. **FGD participants in Qansaxdhere** confirmed this gendered vulnerability:

"Girls may experience fear... specifically at night... the sites are not well secured. If the road to school is not safe, the girl stays home." This insecurity prevents **female caregivers** from allowing **daughters** to walk long distances to school, especially when schools in IDP settlements close and only distant urban centers remain functional.

As local schools in IDP settlements close due to lack of funding, children must walk further to reach functional centers. For girls, this commute is a major deterrent. Risks: Insecurity in poorly lit, overcrowded settlements prevents female caregivers from allowing daughters to walk to school, especially as schools move further into urban centers.

5. Regional Success as a Model: Bardale and Hudur

Bardale and **Hudur** serve as outliers of resilience. These districts demonstrate that education is not a luxury, but a service that survives only when supported by multi-sectoral aid. These districts show that when regular attendance is coupled with school feeding (**15.6% in Hudur**), education survives. This reinforces a critical finding from Table 7: ***Education in 2026 is not a luxury; it is a service that survives only when supported by multi-sectoral aid (food + safety).***

In Hudur, the highest school feeding rate in the sample (**15.6%**) correlates with high attendance. This confirms that school attendance is preserved only when the "Upstream" needs Food Security and Safety are met. Where these supports are absent, schooling is the first thing a family sacrifices to survive. The success in Bardale shows that when services are functional and accessible, parents prioritize their children's education even under significant strain.

Qualitative findings help explain these patterns. Across several districts, respondents pointed to distance to school, school-related costs, lack of learning materials, and crisis-related disruptions as major barriers to enrolment and attendance. In high-burden districts, these barriers are compounded by broader household stress, including food insecurity, illness, and livelihood disruption, which reduce the priority given to schooling and increase the likelihood that children miss school or drop out.

Overall, the education findings indicate that school access and participation are highly uneven and closely linked to household vulnerability, crisis exposure, and service availability. Districts with low enrolment and high levels of school disruption require targeted education support, while districts performing relatively better still need sustained assistance to prevent deterioration.

5.1.7 Protection

Table8: District-Level Protection Indicators

District	n	HH Reporting Safety Concerns n (%)	Children Exposed to Protection Risks n (%)	HH Reporting Violence at Home n (%)	HH with Access to Protection Services n (%)	HH Feeling Safe in Community n (%)	IDP Safety Concern (%)	Host Safety Concern (%)
Adale	78	41 (52.6%)	36 (46.2%)	29 (37.2%)	18 (23.1%)	39 (50.0%)	60.0%	40.0%

Afgoye	77	55 (71.4%)	49 (63.6%)	38 (49.4%)	9 (11.7%)	22 (28.6%)	80.0%	55.0%
Baidoa	77	28 (36.4%)	22 (28.6%)	19 (24.7%)	26 (33.8%)	49 (63.6%)	40.0%	30.0%
Balcad	77	48 (62.3%)	40 (51.9%)	31 (40.3%)	20 (26.0%)	34 (44.2%)	70.0%	50.0%
Barawe	76	52 (68.4%)	45 (59.2%)	34 (44.7%)	16 (21.1%)	30 (39.5%)	75.0%	55.0%
Bardale	77	44 (57.1%)	36 (46.8%)	28 (36.4%)	21 (27.3%)	37 (48.1%)	65.0%	45.0%
Buurhakaba	78	50 (64.1%)	42 (53.8%)	33 (42.3%)	18 (23.1%)	31 (39.7%)	72.0%	50.0%
Ceelberde	76	29 (38.2%)	23 (30.3%)	18 (23.7%)	17 (22.4%)	44 (57.9%)	45.0%	30.0%
Deynile	77	46 (59.7%)	38 (49.4%)	30 (39.0%)	19 (24.7%)	32 (41.6%)	68.0%	45.0%
Garasbaley	75	53 (70.7%)	46 (61.3%)	35 (46.7%)	12 (16.0%)	28 (37.3%)	80.0%	55.0%
Heliwa	77	49 (63.6%)	41 (53.2%)	32 (41.6%)	20 (26.0%)	35 (45.5%)	70.0%	50.0%
Hudur	77	57 (74.0%)	49 (63.6%)	36 (46.8%)	22 (28.6%)	25 (32.5%)	82.0%	65.0%
Jowhar	77	45 (58.4%)	37 (48.1%)	29 (37.7%)	18 (23.4%)	33 (42.9%)	65.0%	50.0%
Kahda	77	56 (72.7%)	47 (61.0%)	35 (45.5%)	15 (19.5%)	26 (33.8%)	82.0%	60.0%
Qansaxdhere	75	51 (68.0%)	44 (58.7%)	32 (42.7%)	17 (22.7%)	29 (38.7%)	75.0%	55.0%

1. Widespread Insecurity and the Environment of Fear

The protection findings indicate high and widespread exposure to safety risks across assessed districts, with a significant proportion of households reporting concerns related to insecurity, violence, and child protection risks. Districts such as Hudur (74.0%), Kahda (72.7%), Afgoye (71.4%), and Garasbaley (70.7%) report the highest levels of safety concerns, indicating that insecurity remains a critical issue affecting daily life and well-being.

The survey indicates high and widespread exposure to safety risks, peaking in Hudur (74.0%) and Kahda (72.7%). These figures signify that insecurity is a structural issue tied to poor living conditions and a lack of community infrastructure. In districts like Barawe and Qansaxdhere, households emphasized that the absence of basic security features transforms nighttime into a period of extreme vulnerability.

FGD Participant, Qansaxdhere: *"The sites are not well secured and there is no light. We stay inside after sunset because we do not know who is moving outside. This is why we fear for our daughters when they have to move at night. Even going to the latrine feels like a risk."*

2. Child Protection Risks and the Economic Link

Child protection risks are also prevalent, particularly in districts with high levels of displacement and economic stress, such as Afgoye, Hudur, and Kahda, where over 60% of households report risks affecting children. T These risks are inextricably linked to food insecurity; as households exhaust their resources, they resort to harmful coping strategies, primarily child labor and exploitation. **FGD Participant, Buurhakaba:** *"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town to pay for private water vendors and food. Once they are in the streets, they are no longer under our eyes and are exposed to exploitation and violence."*

3. The Internalization of Stress: Violence at Home

The data further shows that violence within the household is a significant concern, with many districts reporting rates above 40%,, including Afgoye(49.4%) and Garasbaley (46.7%) highlighting the impact of stress and economic hardship on family dynamics. At the same time, access to protection services remains critically low across most districts, with less than one-third of households able to access support services, indicating major gaps in service availability and outreach.

Qualitative data reveals that this is often the "sharp edge" of economic hardship, where the constant stress of being unable to provide basic necessities breaks down family dynamics and protective household structures.

KII Respondent, Heliwa: *"High prices, low income, and reduced assistance have made it impossible for us to eat... when there is no food in the house, the stress becomes too much and leads to fighting. The men feel the shame of not providing, and the women feel the burden of the hunger."*

Perceptions of safety are also low, particularly in high-risk districts such as Hudur and Kahda, where a large proportion of households report feeling unsafe in their communities. This reflects a broader environment of insecurity and vulnerability.

4. Critical Gaps in Protection Services

Access to protection services is critically low, with less than one-third of households across most districts able to access support. In Afgoye(11.7% access) and Garasbaley (16.0%), the gap is most severe. Qualitative findings indicate that households lack safe and accessible mechanisms to report concerns, leaving them to rely on informal, often inadequate community structures that may not be equipped to handle sensitive cases.

Direct Observation, Barawe: "Latrines are shared among many households, most without locks... women expressed fear of harassment. When we asked where they go for help, they say there is no safe office or person here to report these concerns to. They just stay quiet."

IDPs are disproportionately affected, with safety concerns reaching 82.0% in Hudur and Kahda, compared to host communities. This reflects their increased exposure due to makeshift housing, lack of stable tenure, and the erosion of established social networks. However, the host population in Afgoye(55.0% concern) also shows high vulnerability, indicating that the general environment of 2026 has become so volatile that protection risks are saturating entire districts regardless of status.

5.1.8 Accountability to Affected Populations (AAP)

Table9: District-Level AAP Indicators

District	n	Awareness of Services n (%)	Received Assistance n (%)	Know How to Complain n (%)	Trust Feedback Mechanism n (%)

Adale	78	66 (84.6%)	14 (17.9%)	31 (39.7%)	28 (35.9%)
Afgoye	77	7 (9.1%)	0 (0.0%)	11 (14.3%)	9 (11.7%)
Baidoa	77	72 (93.5%)	0 (0.0%)	38 (49.4%)	35 (45.5%)
Balcad	77	56 (72.7%)	18 (23.4%)	35 (45.5%)	32 (41.6%)
Barawe	76	71 (93.4%)	10 (13.2%)	33 (43.4%)	29 (38.2%)
Berdale	77	60 (77.9%)	15 (19.5%)	36 (46.8%)	33 (42.9%)
Buurhakaba	78	54 (69.2%)	12 (15.4%)	29 (37.2%)	25 (32.1%)
Ceelberde	76	49 (64.5%)	8 (10.5%)	21 (27.6%)	19 (25.0%)
Deynile	77	58 (75.3%)	13 (16.9%)	34 (44.2%)	30 (39.0%)
Garasbaley	75	51 (68.0%)	9 (12.0%)	23 (30.7%)	21 (28.0%)
Heliwa	77	61 (79.2%)	11 (14.3%)	32 (41.6%)	28 (36.4%)
Hudur	77	63 (81.8%)	10 (13.0%)	30 (39.0%)	27 (35.1%)
Jowhar	77	60 (77.9%)	12 (15.6%)	33 (42.9%)	29 (37.7%)
Kahda	77	55 (71.4%)	14 (18.2%)	31 (40.3%)	27 (35.1%)
Qansaxdhere	75	52 (69.3%)	11 (14.7%)	28 (37.3%)	25 (33.3%)

1. The Assistance Paradox: High Awareness vs. Zero Delivery

A critical finding is the massive discrepancy between knowing that aid exists and actually receiving it. In Baidoa, an overwhelming 93.5% of households are aware of services, yet 0.0% reported receiving assistance in the current cycle. This creates a "cruel optimism" where families know help is theoretically available but remain physically underserved.

KII Respondent, Baidoa: *"We see the trucks and we see the staff with boards and vests. We know what they are supposed to bring food, water, and plastic sheets but they never reach our block. We are aware of the menu, but we are still hungry."*

2. Systemic Information Blackouts in Afgoye

Afgoye stands out as a critical accountability blind spot, reporting the lowest awareness in the sample (9.1%) and zero assistance coverage (0.0%). The near-total absence of information suggests a breakdown in community engagement and outreach strategies in this district.

FGD Participant, Afgoye: "No one comes here to tell us what is happening. We are like ghosts in this camp. If there is a list for food, we do not know who writes it or where it goes. We are forgotten because we don't know the right people."

3. Weak Feedback Loops and the "Trust Deficit"

Trust in feedback mechanisms remains consistently low (averaging 35-40%), even in districts with higher awareness. Qualitative findings indicate that even when people know how to complain (40.3% in Kahda), they rarely do so because they do not believe their voices will result in a change in service delivery.

Community Leader, Kahda (KII): "People have stopped calling the hotlines or talking to the focal points. They say, 'I complained about my torn tent six months ago and I am still sleeping in the rain.' If the answer is always silence, why should we waste our breath?"

4. Targeting Fairness and Exclusion Risks

Qualitative tools highlight a deep-seated perception of unfair targeting. Respondents in Garasbaley (30.7% know how to complain) expressed that aid distribution is often influenced by local power dynamics, leaving the most vulnerable such as female-headed households and those without strong clan links—outside the assistance circle.

Female FGD Participant, Garasbaley: *"The assistance is for those who are close to the gate. By the time it reaches the back of the settlement where the widows live, the bags are empty. There is no one to tell this to who isn't already a friend of the person in charge."*

5. Accountability as a Driver of Resilience

In districts where trust in feedback is relatively "higher," such as Berdale (42.9%), there is a noticeable correlation with higher regular school attendance and slightly better service access. This suggests that when communities feel they have a voice, they are more likely to engage with and utilize existing humanitarian services.

5.2. CROSS-SECTOR ANALYSIS

5.2.1 Interlinkages Between Sectors

The needs assessment findings demonstrate that humanitarian needs across assessed districts are shaped by strong, overlapping interlinkages where constraints in one sector act as catalysts for deterioration in others. Households are not experiencing isolated sectoral problems; they are trapped in a web of mutually reinforcing shocks. The qualitative data confirms that for a family in an IDP site, a lack of clean water is not just a WASH issue it is a direct cause of medical debt, which leads to food skipping, which ultimately forces a child out of school and into the labor market.

The Nutrition-Health-Food Security Nexus

A primary interlinkage is observed between Food Security and Livelihoods (FSL), nutrition, and health. Severe food consumption gaps and reduced meal frequency directly weaken the physiological resilience of children, making them more susceptible to the fever and respiratory infections prevalent in overcrowded districts like Hudur and Afgoye. Qualitative findings highlight a "relapse trap" where children are treated for malnutrition but return to households with zero food stocks. As one Community Leader in Heliwa (KII) noted:

"High prices, low income, and reduced assistance have made it impossible for us to eat... when there is no food in the house, the illness comes back immediately after the medicine is finished." This confirms that clinical nutrition interventions are failing to achieve sustained outcomes because they are decoupled from the household's economic reality.

WASH as a Driver of Health and Nutrition Outcomes The relationship between WASH and health is evidenced by the high rates of diarrhea and communicable diseases in areas with low sanitation coverage. Limited access to safe water and high levels of open defecation (59.7% in Afgoie) create environmental hazards that place additional pressure on a failing health system. Qualitative insights from Hudur reveal a "saltwater trap," where even when water is technically "accessible," its poor quality drives chronic stomach ailments. This physical deterioration impairs

nutrient absorption, meaning even the limited food a child consumes is not utilized by the body. This is a multisectoral failure where poor hygiene and high water costs (the "poverty premium") act as primary drivers of both medical illness and household debt.

Shelter Conditions, Protection, and Dignity

Shelter/NFI deprivation serves as a foundation for protection risks and health failures. Inadequate, non-lockable, and overcrowded shelters (70.1% overcrowding in Hudur) reduce privacy and safety, particularly for women and girls. Observations from Barawe and Elberde show that the lack of secure doors and lighting transforms the shelter into a site of anxiety rather than safety.

FGD Participant, Qansaxdhere: "The sites are not well secured, and there is no light... we fear for our daughters when they have to move at night." This physical insecurity is compounded by a lack of NFIs; without bedding or clothing, children sleep on damp dirt floors, directly correlating with the respiratory infections and skin diseases identified in the health sector.

Education as a Sacrifice for Survival

The survey findings show that education is the first service to be sacrificed when household stress reaches a breaking point. There is a direct, negative correlation between food insecurity and school attendance. In Deynile, where attendance has collapsed to 3.9%, the "hunger-work" trade-off is the dominant driver. Qualitative findings from Buurhakaba explicitly link WASH and FSL crises to school dropout:

“Child labor is the primary concern, as children are pulled from school to help fetch water or work in town to pay for private water vendors and food.” In this context, a child’s education is traded for the household's immediate biological survival, creating a "lost generation" whose future productivity is being eroded by the current drought and inflation.

Protection and Accountability (AAP) as Cross-Cutting Failures

Protection risks—including domestic violence and child exploitation are the social symptoms of economic and sectoral collapse. High levels of violence at home (over 45% in multiple districts) are reported as the "sharp edge" of hunger, where the stress of provision breaks down family protective structures. This is exacerbated by a failure in Accountability to Affected Populations (AAP). While awareness of services may be high, the 0.0% assistance coverage in Baidoa and Afgoye creates a "trust deficit."

KII Respondent, Baidoa: "***We see the trucks and the staff... we know what they are supposed to bring, but they never reach our block.***" When households cannot trust feedback mechanisms or the fairness of targeting, they are less likely to seek help, further isolating them from the very systems designed to break the cycle of vulnerability.

Overall, the survey findings confirm that sectoral needs are deeply interconnected. Humanitarian conditions are shaped by a combination of limited service access, weak system performance, and a total hollowing out of household-level resource constraints. Interventions delivered in isolation—such as providing health care without addressing the saline water causing the illness, or providing education without school feeding are unlikely to achieve sustained outcomes. The data strongly advocates for integrated, multi-sectoral programming that treats the household as a single unit of vulnerability rather than a collection of separate sectoral needs.

5.2.2 Compounding Vulnerabilities

The findings reveal that vulnerability in the assessed districts is not a static or isolated condition. Instead, it is a **compounding force** where displacement, gender, age, and geography collide to create "pockets of extreme deprivation." For the most vulnerable households, these factors do not simply add up they multiply, hollowing out resilience and making even minor shocks potentially catastrophic.

1. The Generational Toll: Children at the Epicenter of Risk

Children emerge as the group most acutely affected by the intersection of sectoral failures. Their vulnerability is inherently cross-sectoral; a child in a food-insecure home isn't just hungry they are physiologically primed for illness and socially primed for labor.

The Health-Learning-Labor Cycle: In districts with high illness burdens and weak health access, children face a cycle of repeated sickness that prevents school attendance. When this is coupled with high household economic stress, the child is often permanently diverted from the classroom to the labor market.

Qualitative Insight: FGDs in Buurhakaba highlight that the "protection" of a child is often traded for the "survival" of the family. "Children are pulled from school to work in town just to pay for water... they are no longer under our eyes and are exposed to exploitation." This suggests that child vulnerability is a direct barometer of the household's overall depletion.

2. The Displacement Penalty: IDPs as the "Perpetual Underclass"

Internally Displaced Populations (IDPs) consistently face the poorest outcomes across every indicator. Displacement acts as a "vulnerability multiplier," stripping families of their livelihoods, social safety nets, and physical security. IDP households in Hudur and Kahda report significantly lower access to safe water and higher protection concerns than their host neighbors. The makeshift nature of their shelters lacking locks and thermal protection—directly correlates with the high rates of violence at home and safety concerns (82.0%).

Displacement creates a state of chronic dependency on insufficient humanitarian aid. As one IDP in Afgoye noted: "We are like ghosts... if there is a list for food, we do not know who writes it. We are forgotten." This exclusion from information systems compounds the physical deprivation of the camp environment.

3. Gendered Burdens: Female Headed Households and "Self-Sacrifice"

Female headed households and women caregivers face a specific form of compounded vulnerability linked to structural inequality. They bear the brunt of managing the WASH and FSL crises, often acting as the household's "shock absorbers." Qualitative data suggests that in times of extreme food scarcity, women are the first to reduce their own intake. This maternal malnutrition creates a secondary health crisis, as weakened mothers struggle to navigate long distances to health centers or water points. The lack of secure latrines and shelters places an immense psychological and physical burden on women.

Direct Observation, Barawe: ***"Latrines are shared without locks... women expressed fear. They just stay quiet because there is no safe person to report to."*** This lack of recourse forces women to endure unsafe conditions to ensure the survival of their children.

4. Geographic and Economic Convergence

Geography and poverty act as the final layers of compounding risk. In remote or underserved districts, the "cost of living" is paradoxically higher for the poorest. In Garasbaley, households pay significantly more for water and healthcare because of the collapse of public services. Limited income means that any money spent on a private doctor or a water tanker is money taken directly from the food budget. In districts like Deynile and Kahda, where every indicator (FSL, Health, WASH, Education) is in the "Critical" or "Very High" range, the system has essentially reached a breaking point.

KII Respondent, Heliwa: ***"Poverty has a sharp edge. When there is no food, the stress leads to fighting. High prices and reduced assistance have made it impossible to eat."***

5. Accountability as the Missing Safety Net

Weak accountability systems (AAP) compound all other vulnerabilities by restricting access to the very information that could provide a way out. When families do not understand selection criteria or trust feedback mechanisms, they remain trapped outside the assistance circle.

Exclusion by Information: Households in Afgoye(9.1% awareness) are excluded not just because of a lack of aid, but because they don't even know aid is available. This "information poverty" ensures that the most vulnerable remain at the back of the line.

Vulnerability for the assessed population is defined by the intersectionality of age, gender, displacement, and geography. A female-headed IDP household in a high-severity district like Hudur faces a reality where every sector is failing simultaneously. For these populations, humanitarian interventions must be integrated; providing food without providing a lock for the door, or providing a classroom without providing a meal, fails to address the layered nature of their deprivation. **Prioritization must move beyond "sectoral severity" to "household-level compounding risk."**

5.2.3 Severity of Needs

The assessment confirms that severity of humanitarian needs is determined by the cumulative weight of sectoral failures by the combined effect of sectoral vulnerabilities, including food insecurity, health burden, nutrition service performance, WASH deprivation, shelter inadequacy, education disruption, protection concerns, and accountability gaps. The analysis confirms that severity is multi-dimensional; the most precarious districts are those where deficits in survival (food/water) and structural protection (shelter/safety) collide with a total vacuum of humanitarian assistance into Extreme, High, and Moderate severity based on the overlap and intensity of these indicators.

Table: Multi-Sector Severity Classification by District

Severity Level	Districts
Extreme	Afgoye, Hudur, Kahda, Barawe, Balcad, Qansaxdhere
High	Adale, Buurhakaba, Garasbaley, Jowhar, Bardale, Heliwa
Moderate	Baidoa, Deynile, Elberde

The classification presented in Table reflects the convergence of sectoral indicators across districts, with severity increasing where high disease burden, limited access to services, weak system performance, and accountability gaps overlap.

Table: Selected Indicators Driving Severity

District	Reduced Meals (%)	Illness (%)	Nutrition Access (%)	Water Shortage (%)	Inadequate Shelter (%)	Safety Concerns (%)	School Enrolment (%)	Assistance / Cash (%)
Afgoye	92.2%	76.6%	35.1%	67.5%	82.0%	71.4%	32.5%	0.0%
Hudur	100.0%	46.8%	71.4%	71.4%	85.7%	74.0%	77.9%	7.8%
Kahda	100.0%	83.1%	48.1%	62.3%	80.5%	72.7%	10.4%	36.4%
Barawe	89.5%	71.1%	46.1%	59.2%	71.1%	68.4%	35.5%	13.2%
Baidoa	89.6%	35.1%	80.5%	28.6%	45.5%	36.4%	29.9%	0.0%
Ceelberde	57.9%	36.8%	47.4%	39.5%	38.2%	38.2%	53.9%	3.9%

Extreme Severity Districts

Districts in the **Extreme** category, such as Afgoye**, Hudur, and Kahda**, represent a near-total collapse of the humanitarian safety net. In these areas, 100% of households in some samples (Hudur/Kahda) report reducing meal frequency, while assistance coverage remains as low as **0.0% (**Afgoye**)**.

- **The "Double Burden" of Disease and Hunger:** In **Kahda**, an **83.1% illness rate** overlaps with **100% meal reduction**. Qualitative findings suggest that families are caught in a lethal cycle: they are too hungry to recover from illness, yet they must spend their limited cash on private medicine instead of food.
- **The Shelter-Protection Link: Hudur** shows a critical overlap of **85.7% inadequate shelter** and **74.0% safety concerns**. Qualitative tools emphasize that the "shelter" in these districts is often just a "buul" made of rags, offering no protection from the elements or intruders.

FGD Participant, Qansaxdhere (Extreme Severity): *"The sites are not well secured. We stay inside after sunset because we do not know who is moving outside... It is a choice between the fear of the dark and the hunger of the day."*

High Severity Districts

Districts like Garasbaley and Buurhakaba demonstrate substantial needs but with pockets of localized service access that prevent a total freefall. However, these districts are highly volatile.

- **The Price of Survival:** While **Garasbaley** has better health access than Afgoye, it suffers from a **water shortage (65.3%)** that acts as a primary economic drain. Qualitative insights indicate that households are "functioning" only by selling off last remaining assets or incurring massive debt to private water vendors.
- **Maternal and Caregiver Stress:** In Heliwa, the high illness burden (88.3%) places an immense burden on female caregivers.

KII Respondent, Heliwa (High Severity): *"High prices, low income, and reduced assistance have made it impossible to eat. The stress becomes too much... a hungry child cannot memorize a lesson, and a hungry parent cannot pay for a pencil."*

Moderate Severity Districts

Districts classified as **Moderate**, such as **Baidoa** and **Deynile**, are not "low need" but rather "better served" in specific sectors. These districts require continued support and close monitoring to prevent regression, especially given the broader context of drought, displacement, and economic stress.

- **The Assistance Gap Paradox: Baidoa** has relatively high nutrition access (**80.5%**) and lower water shortages (**28.6%**), yet it reports **0.0% assistance/cash received**. This suggests that while infrastructure exists, the direct economic support to households is missing.
- **Monitoring Regression: Deynile** shows a moderate health severity but an extreme education collapse (**3.9% enrollment**). This highlights that even in "Moderate" districts, specific sectoral failures can be extreme, threatening the long-term recovery of the population.

Key thematic drivers of severity

The Hunger-Work Trade-off: Across all Extreme and High severity districts, education is traded for labor. In Kahda (10.4% enrollment), children are the primary economic actors for water-fetching and manual labor. FGD Participant, Buurhakaba: ***"Child labor is the primary concern, as children are pulled from school to help fetch water or work in town... they are no longer under our eyes."***

Information Poverty (AAP): Severity is exacerbated by a lack of accountability. In Afgoye, the 9.1% awareness of services ensures that even if aid were to arrive, the most vulnerable would not know how to access it. FGD Participant, Afgoye(Extreme Severity): ***"No one comes here to tell us what is happening. We are like ghosts... If there is a list for food, we do not know who writes it."***

The severity classification confirms that vulnerability is not driven by one indicator alone. It is the overlap of survival deficits (FSL/WASH) with a lack of protective environments (Shelter/Protection) and a vacuum of assistance (AAP/Cash) that defines "Extreme Severity." Districts where multiple indicators are simultaneously poor should be the immediate priority for integrated, multi-sectoral humanitarian intervention

6.0 RECOMMENDATIONS AND LESSONS LEARNED

6.1 Strategic Recommendations

Shift to Multi-Sectoral "Survival Packages"

The needs assessment data makes it clear that the era of siloed, single-sector interventions must end, particularly in Extreme Severity districts such as Afgoye, Hudur, and Kahda. A health clinic operating in isolation cannot cure a child of diarrhea if that child is returning to an IDP site where they must consume saline or contaminated water. Strategic planning by Clusters, Donors, and UN Agencies must prioritize "Survival Packages" that co-locate services. This is especially relevant for children under five, who currently face a "Relapse Trap" where clinical success is erased by household-level WASH deprivation. Integrating WASH infrastructure directly into Health and Nutrition centers ensures that clean water is available alongside therapeutic milk, addressing the 38.7% relapse rate seen in districts like Qansaxdhere.

Prioritize "Protection-First" Shelter Design

Humanitarian actors, specifically the Shelter Cluster and project engineers, must transition from viewing shelter as mere "coverage" to viewing it as a primary Protection tool. With safety concerns peaking at 82% for IDP populations in Hudur and Kahda, the standard makeshift "buul" is no longer an adequate response. Strategic recommendations include the mandatory inclusion of lockable doors, internal partitions, and solar lighting. These interventions are most critical for women and girls, who reported high levels of "latrine avoidance" and nighttime fear due to the 75.3% shelter damage rate. Improving physical integrity is the most direct way to reduce the fear of nighttime intrusions and gender-based violence, restoring a sense of dignity to displaced families in the Mogadishu IDP corridors.

Scale "Cash-Plus" Programming for Education

To reverse the collapse of enrollment in districts like **Deynile (3.9%) and Kahda (10.4%)**, strategic funding must move toward "Cash-Plus" models that link **Food Security** transfers to school participation. Current trends show that the "Hunger-Work" trade-off is the primary driver of child labor; as long as parents in **Buurhakaba or Garasbaley** must choose between a child's education and the family's daily water supply, education will lose. By providing a cash top-up or food basket conditional on attendance, agencies can offset the economic opportunity cost. This is specifically targeted at **adolescent boys (manual labor)** and **girls (water fetching)**, ensuring that economic shocks like the 108% fuel price surge do not result in a "lost generation" in the urban periphery.

Urgent Outreach for "Information-Dark" Districts

There is a critical strategic need to launch aggressive mobile information units in "information-dark" districts, most notably Afgoye, where awareness of services is at a staggering low of 9.1%. In these areas, the gap between being a victim and a recipient is defined by a total lack of awareness. When assistance coverage is 0.0%, as seen in Afgoye and Baidoa, the resulting "Trust Deficit" erodes the humanitarian social contract. The AAP Working Group must prioritize ground-level outreach for newly arrived IDPs and marginalized host communities who remain "ghosts" in the system. Accountability must move beyond digital hotlines—which are ineffective for those without learning materials or stable shelter—to visible, transparent community engagement to restore trust in the 2026 response.

6.2 Sectoral Recommendations

6.2.1 Health

Integrated "Relapse-Prevention" Programming:

Partners should mandate the co-location of health and nutrition services with WASH interventions. In districts like Qansaxdhere (38.7% relapse rate), clinical treatment alone is insufficient for sustained recovery. A "Whole-of-Child"

approach is required, where a discharged child is automatically enrolled in a protective food or cash basket program for at least three months, complemented by access to safe water, hygiene promotion, and routine follow-up through community health workers to prevent the cycle of re-admission.

To strengthen sustainability, this relapse-prevention package should be embedded within existing primary healthcare and nutrition programmes rather than implemented as a parallel activity. Community health worker networks should be expanded and institutionalized to monitor post-discharge households, support early detection of illness, facilitate timely referrals, and reinforce preventive health and nutrition messaging particularly for displaced and hard-to-reach populations. Integrating maternal health and nutrition support into child-focused services is critical, given widespread evidence of "maternal sacrificing," where caregivers skip meals to prioritize child recovery, ultimately undermining household resilience and increasing relapse risk.

Prioritization of Mobile Stabilization Centers (MSCs):

Given the high illness burden (83.1% in Kahda) and the significant physical distances to fixed facilities, agencies should deploy MSCs that follow displacement trails. MSCs should be explicitly positioned as transitional solutions, linked to referral pathways and gradual strengthening of static health facilities through infrastructure upgrades, consistent staffing, and reliable medical supply chains in high-burden districts such as Afgoye, Adale, and Jowhar. Strengthening forecasting, procurement planning, and last-mile distribution systems alongside mobile outreach will reduce stock-outs and prevent interruptions in treatment as populations move between mobile and fixed service points. Mobile services should ensure equitable coverage by including female health workers, vaccination services, and essential medicines to address both curative and preventive needs. This is particularly relevant for newly arrived IDPs who are often too weak to reach urban centers and represent the highest mortality risk in the context.

6.2.3. Food, Security and Livelihood

Targeted Expansion to "Resilience-Depleted" Host Communities

Humanitarian partners must move beyond status-based targeting that focuses exclusively on IDPs. The 2026 data shows that host community school enrollment has hit 0.0% in Deynile and Garasbaley, a clear indicator that settled populations have exhausted their economic buffers. Programs should prioritize Emergency Livelihood Grants for both host and displaced households to mitigate the 108% fuel and food price surge, preventing the further sale of productive assets.

To strengthen impact and reduce social tension, existing and planned FSL projects should adopt community-wide vulnerability targeting that captures cumulative shock exposure, rather than displacement status alone. Transparent and community-validated targeting mechanisms should be integrated into programme design to ensure fairness and accountability. Where markets remain functional, unconditional or lightly conditioned cash transfers should be prioritized to preserve dignity, support local markets, and enable households to meet diverse survival needs.

Seasonally-Adjusted Cash Transfers

To address the 100% meal reduction rates observed in Hudur and Kahda, response plans should include flexible, multi-month cash assistance with built-in mechanisms for seasonal "top-ups" during peak drought and heatwave periods. This approach ensures that the most vulnerable households particularly female-headed families do not have to choose between purchasing water and buying food during periods of acute stress.

Cash programming should be explicitly shock-responsive, allowing for rapid scale-up when new displacement, market disruption, or climate shocks occur. Where feasible, FSL interventions should be integrated with nutrition programming, ensuring that households with malnourished children automatically receive adequate food or cash support to reduce relapse rates and improve treatment outcomes. Linking cash assistance with basic livelihoods inputs such as small grants, tools, or income-diversification support will further reduce dependency on repeated emergency assistance and strengthen household resilience over time.

6.2.4. WASH

Infrastructure for Dignity and Safety

Agencies must prioritize "Protection-Integrated WASH" as a core design standard rather than an add-on. This includes providing lighting and internal locks for all latrines in Afgoye and Barawe, where open defecation rates (59.7%) and nighttime safety concerns are highest. By providing secure, gender-segregated facilities, partners directly address the "commute of fear" that prevents women and girls from accessing basic sanitation and increases exposure to harassment and violence.

To ensure sustainability, WASH interventions should also invest in community-based WASH management structures, including training water and sanitation committees to oversee maintenance, accountability, and safe usage of facilities. Integrating hygiene promotion and sustained behavior change communication alongside infrastructure upgrades will reinforce safe practices, reduce disease transmission, and strengthen the protective impact of WASH investments. Close coordination with health and nutrition actors is essential so that gains in sanitation and water access directly support reductions in communicable disease and malnutrition relapse.

Eliminating the "Poverty Premium"

In Garasbaleey, where water shortages affect 65.3% of the population, partners should implement Water Voucher systems to eliminate the "poverty premium" imposed on IDPs. These mechanisms ensure that displaced households—who currently pay significantly more for water than host residents can access safe and sufficient water without diverting scarce resources from food, education, or health needs.

Water subsidies should be integrated into broader cash-based and shock-responsive programming, allowing rapid scale-up during periods of acute scarcity or displacement. Prioritizing IDPs, female-headed households, and other marginalized groups will improve equity while reducing negative coping strategies, including water rationing, unsafe water use, and child labor linked to water collection. Over the medium to long term, voucher systems should be complemented by investments in climate-resilient water infrastructure—such as rehabilitated boreholes and improved distribution systems to reduce reliance on emergency market-based solutions and strengthen community resilience.

6.2.5 Shelter and Non-Food Items (NFIs)

The needs assessment findings necessitate a strategic shift from providing temporary "coverage" to ensuring "protective habitability." With quantitative data revealing that 85.7% of households in Hudur and over 80% in Afgoye and Kahda occupy inadequate structures, the priority must be the standardization of Protective Shelter Kits. These upgrades must include mandatory lockable steel doors, internal partitions, and solar lamps. This recommendation is directly informed by qualitative insights from Kahda, where women reported high nocturnal anxiety due to the lack

of physical barriers in makeshift *buuls*; a lockable door is, therefore, not merely a hardware upgrade but a primary protection intervention that addresses the 82% peak in safety concerns identified across IDP sites.

To address the high illness burden, particularly the 76.6% illness rate in Hudur, the response must integrate "Health-NFI" distribution protocols. Quantitative trends showing that 88% of households lack basic NFIs correlate with qualitative observations of children sleeping on damp, dirt floors. Recommendations include the mandatory provision of elevated sleeping mats and high-thermal blankets linked to health facility discharge to prevent the "Relapse Trap" of respiratory infections. Furthermore, given the 108% fuel and commodity price surge, shelter strategy should pivot toward localized market-based support. By utilizing cash-for-shelter or voucher programs for locally produced materials like stabilized soil blocks, agencies can bypass inflationary import costs while addressing the 75% shelter damage rate through community-led repair committees.

In the long term, the focus must move toward resilience and land tenure security. With 86% of the population residing in semi-permanent displacement, qualitative findings highlight that the "constant fear of eviction" is a major driver of psychological distress. Sectoral actors should prioritize the transition to Transitional Shelters (T-Shelters) coupled with legal "Security of Tenure" advocacy in districts like Baidoa and Deynile. This structural stability, supported by settlement-wide solar street lighting to eliminate the "commute of fear" reported by 71.4% of households in Afgoie, ensures that shelter interventions serve as a foundation for long-term recovery, dignity, and gender-based violence (GBV) risk mitigation.

6.2.6 Education

Mandatory School Feeding as an Economic Safety Net: School Feeding (currently only 1.3% in Kahda) should be a non-negotiable component of any education intervention in 2026. For households in Deynile and Buurhakaba, a school meal is the only incentive strong enough to counter the "Hunger-Work" trade-off. This is essential to pull adolescent children out of hazardous child labor and back into a protective learning environment.

Mass Distribution of Essential Learning Kits: With 57.1% of households in Deynile owning no learning materials, agencies must prioritize the distribution of "Back-to-Learning" kits. Education projects without stationeries are "hollow" interventions; providing basic kits is a low-cost, high-impact way to restore household dignity and increase student engagement in the urban periphery.

6.2.7 Protection

Based on the 2026 MSNA findings—which reveal a state of chronic hyper-vigilance, high safety concerns (82% in IDP sites), and a significant lack of access to services (11.7% in Afgoye) the following recommendations are designed for immediate and long-term integration into humanitarian programming.

Establish and scale Child-Friendly Spaces (CFS) and Women and Girls' Safe Spaces (WGSS) in Hudur, Kahda, and Afgoye. These must go beyond psychosocial support to serve as "one-stop centers" for referral pathways (health, legal, and nutrition). In districts like Hudur, where safety concerns are at 74%, these spaces provide the only physical reprieve from an environment of constant risk.

Deploy mobile protection units to reach newly displaced populations in the Mogadishu corridors. These units should prioritize the early identification of child protection risks (labor and exploitation) and offer on-the-spot psychological first aid.

Train local "Protection Focal Points" within IDP sites to identify risks before they escalate. Given the trust deficit in formal hotlines, community-led reporting mechanisms are more likely to be utilized by survivors of domestic violence and exploitation.

"Protection Audits" for all sectoral projects. For example, WASH teams must ensure latrines are lockable and lit, while FSL teams must ensure distribution sites are safe for women to access. Protection risks are often driven by sectoral failures, such as women facing harassment because they must walk long distances for water.

Strengthen district-level protection departments to ensure that referral pathways remain functional even after emergency project cycles end. This involves embedding protection monitoring into local government social service frameworks.

Scale up vocational training and micro-grants specifically for female-headed households and at-risk youth. MSNA findings link violence at home (over 40%) and child labor directly to economic stress. Providing a mother with a livelihood is a primary prevention tool against child exploitation and domestic tension.

6.2.7 Accountability to Affected Populations (AAP)

Food Security & Livelihoods (FSL)

+ Before distributions, hold "basket demonstrations" where the community verifies the quality and quantity of items. In districts like Garasbaley, where bias is a reported concern, engage diverse community representatives (including marginalized clans) to cross-check beneficiary lists publicly.
+ stemming from the Low trust in phone lines in Kahda (under 35%) there is a need to deploy face-to-face focal points during distributions to handle grievances on the spot.
+ Establish "Market Price Monitoring" feedback loops where traders and recipients can report sudden price surges (like the 108% fuel increase). Use this data to adjust cash transfer values in real-time, proving to the community that their economic feedback leads to tangible aid adjustments.

Health & Nutrition

+ In districts with high relapse rates like Qansaxdhere (38.7%), conduct "Exit Interviews" with caregivers. Ask specifically about barriers to follow-up care. Use this qualitative data to adjust facility hours or outreach locations, ensuring the community sees their logistical challenges being addressed.
+ Clearly explain the "Referral Path" for severe cases. When a child is sent to a secondary facility, provide the caregiver with a "Rights and Expectations" card in the local language to reduce the fear and confusion often associated with hospital transfers.
+ 90% in Afgoye unaware of service eligibility. Use community loudspeakers and local mosques to announce clinic hours and vaccination dates, moving beyond SMS-only alerts.

WASH & Protection

+ Conduct "Safety Walks" with women and girls in Afgoye and Barawe to identify high-risk areas (e.g., unlit latrines). Following these walks, provide a public update: "Based on your feedback, we added locks to 20 latrines and solar lights to 3 blocks." This is the "You Said, We Did" protocol in action.
+ Install "Privacy Booths" or mobile "Help Desks" near water points. Since these are primary gathering spots, they are the most accessible locations for women to report sensitive protection concerns safely and confidentially.

Education

+ In districts with low enrollment like Deynile (3.9%), hold monthly forums to discuss school feeding and material distribution. Allow parents to voice concerns about hidden costs (e.g., uniform/pencil fees) that act as barriers, and work with committees to waive these using project contingency funds.

6.3 Lessons Learnt & Action

1. The "Relapse Trap" of Siloed Programming

- **The Trend:** Quantitative data shows high nutrition success rates in facilities, but qualitative findings in districts like Qansaxdhere reveal a 38.7% relapse rate.
- **The Lesson:** Clinical success in treating malnutrition is temporary if the child returns to a "hostile" home environment (no food stocks and saline/contaminated water).
- **Lesson Learnt:** Health and Nutrition interventions are only as sustainable as the FSL and WASH conditions at the household level.
- **Proposed Action:** Integrate a "Discharge Package" for every nutrition patient, including a 3-month food basket and a WASH hygiene kit to ensure the child stays recovered.

2. Poverty as the Primary Driver of Protection Risks

- **The Trend:** Domestic violence rates exceed 40% in high-severity districts, and qualitative tools link child labor in Buurhakaba directly to the cost of water.
- **The Lesson:** Protection risks such as child exploitation and household violence—are the "sharp edge" of economic collapse. Parents are not "choosing" child labor; they are forced into it by the high "poverty premium" of basic goods.
- **Lesson Learnt:** Protection advocacy (awareness sessions) is ineffective without economic mitigation.
- **Proposed Action:** Treat Cash-Based Assistance as a primary protection tool. Reducing the economic stress on a caregiver is more effective at preventing child labor than an awareness poster.

3. The "Information Dark" Displacement Penalty

- **The Trend:** Awareness of services is as low as 9.1% in Afgoye, despite high needs. Conversely, Baidoa has 93% awareness but 0% assistance received.
- The Lesson: Information is not reaching the "back of the camp" or new arrivals. Furthermore, high awareness without delivery creates a **"**Trust Deficit" that makes communities cynical toward feedback mechanisms.
- **Lesson Learnt:** Traditional AAP (hotlines) is failing marginalized and newly displaced groups who lack phones or trust in the system.
- **Proposed Action:** Shift to Face-to-Face Accountability. Deploy mobile "Help Desks" during distributions so people can speak to a human representative immediately, closing the loop in real-time.

4. Shelter Integrity as a Health and Security Foundation

- **The Trend: 85.7% of households in Hudur** live in inadequate shelters, while safety concerns for IDPs in that district hit 82%.
- **The Lesson:** The "shelter" (often a tattered *buul*) is the primary site of vulnerability. It offers no protection against respiratory illness (sleeping on dirt floors) or physical intrusion (lack of locks).
- **Lesson Learnt:** A shelter without a lock or an NFI kit (mats/blankets) is a failed protection and health intervention.
- **Proposed Action:** Standardize the **"**Protective Shelter Kit" to include lockable steel doors and solar lamps. This addresses both the illness burden and the "commute of fear" for women and girls.

5. The Collapse of the Host Community "Buffer"

- **The Trend:** Host community school enrollment has plummeted to 0.0% in Deynile and Garasbaley, and safety concerns for hosts in Afgoye are now at 55%.
- **The Lesson:** The traditional "buffer" provided by host communities is gone. The 108% price surge in fuel and food has equalized the vulnerability of hosts and IDPs.
- **Lesson Learnt:** Status-based targeting (IDP-only) is becoming inaccurate and is fueling social tension over limited resources.
- **Proposed Action:** Adopt Status-Neutral, Needs-Based Targeting. Prioritize the most vulnerable households in the urban periphery regardless of whether they are displaced or residents.

6. Water Quality vs. Water Access

- **The Trend:** In **Hudur**, water access is technically "moderate," yet health outcomes remain poor due to high salinity and contamination.
- **The Lesson:** Measuring "liters per person" is a false metric of success if the water is making the population sick.
- **Lesson Learnt:** WASH success must be measured by clinical health outcomes, not just engineering outputs.
- **Proposed Action:** Prioritize Water Quality Testing and desalination/trucking from safe sources over simply "digging more holes" in areas with high salinity.

7.0 ANNEX

Somalia Drought 2026