FEDERAL REPUBLIC OF SOMALIA

SOMALIA NATIONAL BUREAU OF STATISTICS

UNDERSTANDING CHILD POVERTY AND DEPRIVATION IN SOMALIA

FOREWORD

This Child Poverty Analysis Report applies the Multidimensional Overlapping Deprivation Analysis (MODA) framework to assess the extent and characteristics of child poverty in Somalia, drawing on data from the 2022 Somali Integrated Household Budget Survey (SIHBS). The analysis covers all children aged 0–17 years and is disaggregated by age group (0–4 and 5–17), sex, residence, and region to highlight disparities and inform targeted, child focused policymaking. Six dimensions of deprivation are examined—education, water, sanitation, housing, information, and nutrition—while the health and protection dimensions were excluded due to data limitations. A child is considered multidimensionally deprived when experiencing multiple deprivations simultaneously, with particular attention to three way overlaps that show how key deprivations intersect.

Findings indicate that most Somali children face two or more deprivations, with housing and sanitation emerging as the most widespread. Using the threshold of deprivation in at least two dimensions, 79.3% of children are classified as multidimensionally poor. Among children under five, the most common overlap occurs in housing, sanitation, and nutrition, affecting 26.9% of boys and 24.7% of girls. For school aged children, the dominant overlap involves housing, sanitation, and education, affecting 24.9% of girls and 24.1% of boys, highlighting persistent gender gaps in educational access. Nomadic children face the highest levels of overlap: 34.3% of school aged children in nomadic settlements experience combined deprivation in housing, sanitation, and education, underscoring the difficulty of delivering services to mobile populations.

Gender and geographic inequalities further heighten vulnerability, particularly among nomadic children and adolescent girls.

The report recommends addressing overlapping deprivations through integrated interventions; strengthening girls' education and empowerment; and prioritizing investments in nomadic and rural areas where deprivation levels are most severe. It also calls for institutionalizing MODA within national monitoring systems to support the 2025–2029 National Transformation Plan (NTP) and progress toward SDG 1.2, ensuring that no Somali child is left behind.

Dr. Abdisalam Abdirahman Mohamed

Director General

Somalia National Bureau of Statistics (SNBS)

Federal Republic of Somalia

Acknowledgments

The successful completion of this report was made possible through the invaluable contributions and support of numerous individuals and institutions.

Our deepest gratitude goes to the Consultant, **Mohamed Abdullahi Mohamed (Nimcale)**, whose leadership, technical expertise, and unwavering commitment were central to compiling this report. His dedication ensured the production of a thorough and comprehensive document.

We extend sincere appreciation to **Dr. Abdisalan Mohamed**, Director General of the **Somalia National Bureau of Statistics (SNBS)**, for his visionary leadership, continuous guidance, and steadfast support. His commitment to advancing evidence-based policymaking has been instrumental in the successful completion of this work.

Special thanks are also due to the **UNICEF Somalia team** for their strategic and technical support throughout the process. Their insights significantly shaped the structure, analytical approach, and overall quality of the report.

SNBS further acknowledges the vital contributions of experts from key government institutions, including the **Somalia National Bureau of Statistics (SNBS), Ministry of Planning, Investment and Economic Development (MoPIED), Ministry of Labour and Social Affairs (MoLSA), Federal Ministry of Health (FMoH), and Ministry of Education (MoE).** Their consultation and validation efforts greatly enriched the report's content and accuracy.

Lastly, heartfelt appreciation goes to everyone who contributed in any capacity. Their collective efforts have helped produce a document that will play an important role in elevating the issue of child poverty and deprivation within national policies, strategies, and development programs in Somalia.

Table of contents

List of Figure

List of Tables

Chapter 1: Introduction to Child Poverty

1.0 Introduction

Child poverty is a significant and multifaceted issue affecting millions of children globally. In Somalia, the challenges associated with child poverty are particularly acute due to the country's complex socio-political landscape, characterized by prolonged conflict, political instability, and recurrent natural disasters. These challenges have led to high levels of poverty, widespread displacement, and limited access to essential services such as healthcare, education, and safe water. As such, addressing child poverty is critical to ensuring the future development and stability of Somalia.

1.1 Background and Context

The impact of child poverty can extend far beyond income deprivation, affecting children's health, education, protection, and overall development. In Somalia, the situation is aggravated by decades of conflict, fragile governance, climate-related disasters like droughts and floods, and systemic economic hardship (Oberg et al., 2021). These challenges have contributed to widespread child poverty and deprivation, undermining the well-being and prospects of the next generation.

In October 2015, Somalia ratified the Convention on the Rights of the Child (CRC), becoming the 196th country to commit to the progressive realization of children's rights (United Nations, 1989). The CRC guarantees children's rights to survival, development, protection, and participation. This commitment is in line with the Sustainable Development Goals (SDGs), particularly Target 1.2, which seeks to reduce by at least half the proportion of children living in poverty in all its dimensions by 2030 (United Nations, 2015). Despite global and national recognition of child poverty as a critical issue, children's needs are often inadequately addressed in poverty alleviation efforts.

In August 2023, the cabinet of Somalia, led by Prime Minister H.E. Hamza Abdi Barre, approved a bill on the rights of Somali children submitted by the Ministry of Women and Human Rights. the bill aims to protect Somali children's rights and eliminate all forms of violations against them. Together, the CRC and this bill represent pivotal steps toward creating a protective environment for Somali children, prioritizing their safety, care, education, and overall development. The Somali constitution and the Convention on the Rights of the Child define a child as any human being under the age of 18 years.

Over the years, various approaches have been utilized to define and measure poverty, including the child rights approach and the capability approach (Sen, 1979, 1999). However, these approaches often focus on single dimensions of deprivation, which may not fully capture the complexity of child poverty. To address this, the Multiple Overlapping Deprivation Analysis (MODA) framework has been developed, specifically designed to assess multidimensional childhood deprivation.

MODA offers a comprehensive understanding of child poverty by examining multiple, overlapping deprivations that children experience across various

Oberg, C., Hodges, H., & Masten, A. (2021). Risk and Resilience of Somali Children in the Context of Climate Change, Famine, and Conflict. Journal of Applied Research on Children: Informing Policy for Children at Risk. https://doi.org/10.58464/2155-5834.1453

dimensions, such as health, education, living standards, and protection. Unlike traditional poverty measures that primarily rely on monetary metrics, MODA captures the complex and interconnected deprivations affecting children's well-being. This approach is especially relevant for Somalia, where children's access to essential services is often influenced by household income, caretaker decisions, and the availability of public services. Understanding child poverty in Somalia requires a holistic approach that considers the multiple dimensions of deprivation that children face. It is not only about insufficient income but also about the lack of access to resources and opportunities that are essential for their development. Addressing child poverty is crucial for breaking the cycle of poverty and fostering a healthier, more educated, and productive population (de Neubourg & et.al, 2012).

In this report, MODA is applied to assess Somalia's multidimensional childhood deprivation levels, utilizing data from the 2022 Somali Integrated Household Budget Survey. By integrating these data with the MODA framework, the report aims to provide a comprehensive picture of child poverty across the country, offering critical insights and actionable recommendations for effective policy and programme interventions.

1.2 Purpose of the Report

The purpose of this report is to assess child poverty in Somalia in all its dimensions, recognizing that children can be deprived of multiple basic needs or services simultaneously, and that these needs vary depending on a child's age and circumstances. This report utilizes the MODA framework to provide a comprehensive assessment of multidimensional childhood deprivation across the country.

The report aims to:

- Assess the extent and intensity of child poverty across various age groups and geographic regions
- Identify the most prevalent and overlapping deprivations experienced by children across dimensions
- Determine the most vulnerable groups of children who are experiencing multiple deprivations and require targeted interventions.
- Highlight disparities in child deprivation by sex, age, and other relevant socio-demographic characteristics to inform equity-focused policy responses.
- Provide evidence-based insights and recommendations to support the development and implementation of child-sensitive policies and programs at national and sub-national levels.

1.3 Scope of the Report

This report focuses on assessing child poverty in Somalia using the 2022 Household Budget Survey data, supplemented by other relevant sources. The analysis covers children under the age of 18, as defined by the CRC and the Somali constitution. The report provides a comprehensive examination of multidimensional child poverty across Somalia, with a particular focus on key dimensions such as housing, education, nutrition,information and WASH. Geographically, the report covers all regions of Somalia, with analyses disaggregated by sex, location, and age groups. The report assesses child poverty for the year 2022, providing a baseline for future monitoring and comparisons with previous years where data is available.

Chapter 2: Methodology

2.1 Conceptual Framework of Child Poverty

A conceptual framework of multidimensional child poverty provides a comprehensive approach to understanding poverty by spotting that a child's experience of poverty is not only distinct by monetary deprivation. This framework enlarges the analysis to include various dimensions related to health, education, and living standards, such as access to clean water, sanitation, electricity, schooling, and nutrition. It acknowledges that children can be deprived in multiple ways simultaneously, and these deprivations are often interconnected, exacerbating their overall experience of poverty. For instance, a lack of access to education can limit future income opportunities, while poor health and nutrition can hinder cognitive development. By incorporating these diverse aspects, the multidimensional framework offers a more holistic view of child poverty, highlighting the need for integrated policies and interventions that address the variety needs of the child, thereby ensuring a more equitable and sustainable path out of poverty (de Neubourg & et.al, 2012).

"According to the Somali Poverty Report 2023, 59% of Somali children live below the national poverty line, compared to 54% of the general population. The poverty rate among children residing in rural and urban areas is 69.4% and 51.2%, respectively, while nomadic children experience the highest poverty rate at approximately 81% (Somalia National Bureau of Statistics [SNBS], 2022)."

Addressing child poverty is critical to ensuring the future development and stability of Somalia. Several countries in the region, such as Tanzania, Zimbabwe, Botswana, Ethiopia, Burundi, and Rwanda have already used this approach to measure child poverty. It is also worth noting that Somalia in collaboration with UNICEF has already published child poverty analysis report using Multiple Overlapping Deprivation Analysis (MODA) based on the 2020 Somali Health and Demographic Survey, so this report applies the same methodological approach using the more recent 2022 Household Budget Survey data. The dimensions and the indicators used in this report are the same were all covered in the previous report. Table 2.1 presents dimensions and indicators applied to defining deprivation in each dimension by age. Some of the dimensions presented in the table are measured at the household level like housing, sanitation and water while others are measured at the individual level.

Table 2.1: deprivation dimensions and indicators

Dimension	Indicator	Age group	Threshold deprived if
(1) Nutrition	Food Security	0-5 years	Deprived if the household has experienced limited food variety, skipped meals or ate less than expected or felt hungry but did not eat or ran out of food, or went a full day without eating due to a lack of money or resources
(2) Water	Access to an improved water source	0-17 years	Deprived if household uses an unimproved water source during the rainy and dry season
	Distance to water source		Deprived if it takes more than 30 min to search for water for rainy and dry season (go, get, come back). WHO Standard
(3) Sanitation	Access to an improved sanitation source	0-17 years	Deprived if household uses an unimproved toilet type or uses improved toilet type but shared with other households
	Hand-washing facility		Deprived if the household has no observed soap at the handwashing facility
(4) Housing	Overcrowded	0-17 years	Deprived if more than 3 individuals sleep in each room
	Electricity		Deprived if household has no access to electricity
(5) Education	School attendance	5-17 years	Child is not attending school currently
	Literacy		Child cannot read and write any language
(6)Information	Mobile	5-17 years	Deprived if child is resident in a household without a mobile phone
	Internet		Deprived if child is resident in a household that has not used internet in last three months from any location

2.2 Data

The analysis uses data from the most recently available and nationally representative household survey conducted in Somalia, which is the 2022 Somali Integrated Household Budget Survey (SIHBS). The SIHBS contains data on household consumption expenditure, used by the national statistical agencies to estimate national monetary poverty rates, and other key indicators of living standards, such as access to water, sanitation and housing conditions. In addition, the survey included modules containing child-specific questions for children under 18, such as school attendance, access to information, access to water and sanitation. The survey, conducted between 10th May and 31st July 2022, is a nationally representative sample of 7,212 households living in urban, rural and nomadic areas across 17 regions of the country.

2.3 Analytical Approach

The report follows the analytical stages outlined in the general guidelines on the MODA methodology (de Neubourg et al., 2013). The analysis begins with a single-deprivation analysis, which measures the headcount rates of deprivation across indicators and dimensions to identify the extent of deprivation children face. For dimensions consisting of more than one indicator, the union approach is used as an aggregation method.

Subsequently, the study proceeds to a multiple-deprivation analysis, which includes two components:

1. Distribution Analysis: examining how many dimensions of deprivation each child experiences, thereby identifying the intensity of multidimensional deprivation; and
2. Overlap Analysis: exploring the extent to which deprivations in different dimensions coincide among children, providing insights into the interlinkages between various forms of deprivation.

2.4 Limitations of the Report

The use of the 2022 SIHBS for child poverty analysis presents several important limitations since the survey is primarily designed to measure household income, expenditure, and consumption. The survey lacks many child-specific indicators essential for a comprehensive understanding of multidimensional child poverty.

A key limitation lies in the absence of adequate data to measure all dimensions, particularly health and child protection such as anthropometric measures, skilled birth attendance, or experiences of violence. Additionally, proxy indicators were used in place of direct measures like food security. Furthermore, incomplete regional coverage especially in areas affected by insecurity limit the ability to track progress and ensure full national representation. These limitations may affect the accuracy and generalizability of the findings.

Ballard, T. J., Kepple, A. W., & Cafiero, C. (2013). The food insecurity experience scale

Chapter 3: Results

3.1 Key Findings

This chapter presents the main findings of the analysis on child deprivation and multidimensional poverty in Somalia. It begins with a description of the socio-demographic characteristics of children by place of residence, followed by an assessment of single (Uni-dimensional) deprivations across key dimensions of child well-being, including housing, sanitation, water, education, nutrition, and information. The chapter then examines disparities in deprivation by age group, residence, sex, wealth quintile, and region, highlighting important spatial and socio-economic inequalities.

Building on the single-dimension analysis, the chapter further explores patterns of multiple and overlapping deprivations to capture the extent and intensity of children lived disadvantages. Finally, it presents the distribution of multidimensional child poverty in line with the MODA framework, identifying the most affected population groups and regions. Together, the results provide a comprehensive picture of the breadth, depth, and overlap of deprivations affecting children in Somalia and form the basis for policy-relevant conclusions and targeted interventions.

3.2 socio-demographic characteristics of Somali children

Table 3.1 shows the socio-demographic characteristics of Somali children as covered in the survey; the average age of Somali children is 8.1 years. Living with a primary caretaker is common in the country at 87.6% indicating relatively strong household-based child care arrangements and it is the highest among nomadic households at 90% approximately. Somali women play a major role in child rearing and household leadership across the country, indicating 52.4% of all households are female headed households. According to education level of household head, the table shows that education attainments among household heads remain very low where 69.2% of them have no formal education and only 4% have higher education while 6.8% have completed secondary education and 13% for primary education, finally Quranic is reported for 7%.

Table 3.1 : Distribution of children by socio-Demographic Charectristics

Background Characteristics	National	Rural	Urban	Nomadic
Average Age of Children (in years)	8.1	7.7	8.3	7.8
Child lives with primary caretaker (%)	87.6	87.6	87.2	89.6
Female HH Headed (%)	52.4	51.5	55.3	40.2
Education Level of HH Head (%)				
No Education	69.2	70.2	64.9	86.9
Quranic	6.8	9.1	5.5	7.7
Primary	13.0	13.7	14.5	4.8
Secondary	6.8	5.0	9.0	0.6
Higher	3.9	2.0	6.2	0
Income Quintile of the household				
Lowest	20.0	22.4	18.5	22.3
Second	20.0	18.1	20.3	22.8
Middle	20.2	21.9	19.7	18.6
Fourth	19.8	19.5	20.7	16.4
Richest	20.1	18.1	20.9	20.0
Region %				
Awdal	3.4	3.8	3.3	3.2
Bakool	5.7	6.0	5.5	6.0
Banadir	9.3	..	15.1	..
Bari	5.8	4.7	6	7.2
Bay	6.3	6.2	5.8	8.9
Galgaduud	5.1	4.7	5.2	4.9
Gedo	6	7.1	5.3	7.5
Hiraan	5.8	6.6	5.2	6.7
Lower Juba	5.3	5.6	5.1	5.4
Lower Shabelle	6.0	6.8	5.8	5.5
Waqooyi Galbeed	6.8	8.0	6.4	6.6
Middle Shabelle	5.9	7.5	5.2	6
Mudug	6.4	7.4	5.7	7.3
Nugaal	6.3	7.0	5.9	7.3
Sanaag	5.0	5.8	4.7	5.3
Sool	4.8	6.8	3.8	5.7
Togdheer	6.0	6.0	5.8	6.6

Income quintiles divide households into five equal groups based on the relative income status as captured by the consumption aggregate. Regarding the income quintiles, Table 3.2 shows that the distribution of all children across income quintiles is relatively similar at national level, with each quintile accounting for approximately 20% of the child population. However, notable disparities are observed based on the place of residence. In rural and nomadic areas, a higher concentration of children is observed in the lowest wealth quintile (22.4% & 22.3% respectively), compared to urban areas (18.5%), indicating a greater prevalence of poorer households in these areas. Conversely, urban areas show a higher share of children in the rich (20.7%) and richest quintiles (20.9%), suggesting relatively better welfare conditions among urban households. Regionally, Banadir records the highest concentration of children at 9.3% reflecting its status as an urban while other regions with notable child concentration include Waqooyi Galbeed (6.8%), Mudug (6.4%), Bay (6.3%), Nugaal (6.3%), Lower Shabelle (6%) & Gedo (6%). The regions with lowest child concentration are observed in Sool (4.8%), Sanaag (5%) & Awdal (3.4%).

3.3 Uni- Dimensional Depriva-tion Analysis

Figure 3.1: Dimensions Deprivation by area for children 0-4 (%)

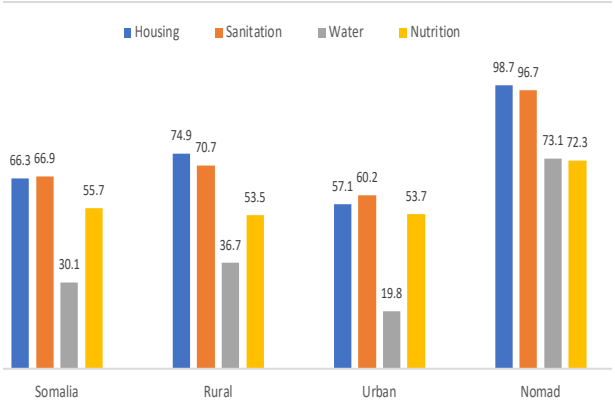


Figure 3.2: Dimensions Deprivation by area for children 5-17 (%)

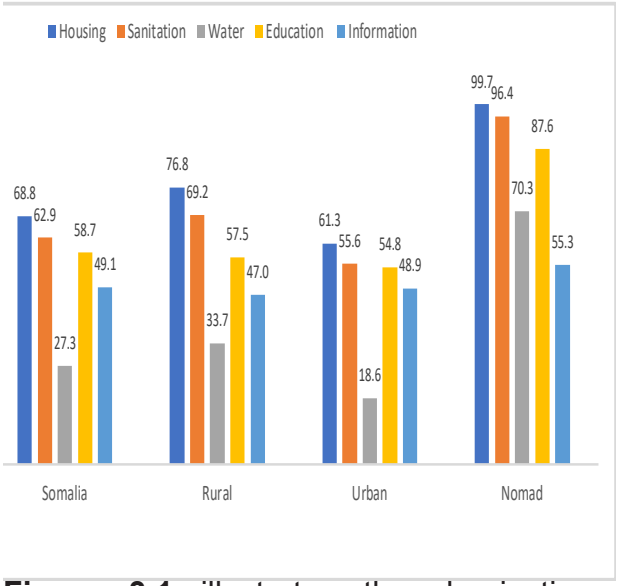


Figure 3.1 illustrates the deprivation rates across four dimensions for children 0-4 in Somalia. Sanitation and housing show the highest deprivation levels affecting about two third of children nationally. These are followed by nutrition deprivation, which affects more than half of all children, indicating widespread challenges related to food security. Water deprivation is comparatively lower at the national level (around 30%). According to place of residence, Nomadic children are consistently the most deprived across all dimensions, with deprivation rates in housing (98.7%), sanitation (96.7%), water (73.1%) and nutrition (72.3%). This is followed by rural children, who also experience a high level of deprivation, particularly in housing (74.9%), sanitation (70.7%), nutrition (53.5%) and water (30.1%).

Figure 3.2 demonstrates the deprivation rates across five dimensions for children aged 5–17 years in Somalia. Housing and sanitation deprivation remains the most prevalent deprivations at national level representing 68.8% and 62.9% respectively followed by education deprivation accounting 58.7%. Additionally, about half of the children have deprived information while 27.3% of them deprived

water during both rainy and dry seasons. Regarding residence, nomadic children experience the most extreme levels of deprivation with rate 99.7% in housing, 96.4% in sanitation, 70.3% in water, 87.6% in education, and 55.3%. By area, rural children experience the second highest levels of deprivation, particularly in housing (76.8%), sanitation (69.2%), and education (58.3%). On the other hand, urban children are the least deprived across all dimensions, though deprivation remains notable, especially in housing and sanitation. These findings highlight persistent disparities in child well-being by area of residence, with nomadic and rural children facing the greatest challenges.

Table 3.2: Deprivation headcount rate by indicator and age-group (%)

Dimension	Indicator	Somalia	Rural		Urban		Nomad	
			Chil<5	Ch5-17	Chil<5	Ch5-17	Chil<5	Ch5-17
Housing		68.2	74.9	76.8	57.1	61.3	98.7	99.7
	Overcrowding	60.5	54.8	62.6	51.4	57.7	82.7	90.9
	Electricity	37.2	61.9	60.1	23.0	19.3	91.5	91.1
Sanitation		63.9	70.7	69.2	60.2	55.6	96.7	96.4
	Toilet Type	50.7	56.7	53.2	46.0	41.9	92.4	91.2
	Handwash	43.9	48.3	49.3	38.1	36.3	81.1	75.7
Water		28.0	36.7	33.7	19.8	18.6	73.1	70.3
	Water Source	23.5	32.2	29.1	17.9	16.8	50.7	48.4
	Distance to Water	9.1	10.7	11.5	3.7	3.6	39.1	39.2
Education		58.7		57.5		54.8		87.6
	School Attendance	54.6		52.8		50.9		83.0
	Literacy	47.5		47.8		42.6		79.2
Information		49.1		47.0		48.9		55.3
	Mobile	72.7		73.2		71.4		80.0
	Internet	85.4		89.2		82.3		98.8
Nutrition	Food Security	55.7	53.5		53.7		72.3	

Table 3.2 presents the extent of deprivation based on individual indicators within dimensions and age groups. All dimensions are composed of more than one indicator, except the nutrition dimension, which is represented by a composite food security indicator. Nationally, 55.7% of children under five are deprived in food security. Furthermore, residential disparities are also evident, with nutrition deprivation levels slightly higher among children in nomadic areas (72.3%) compared to rural areas (53.7%).

Within the education dimension, deprivation remains high among children aged 5–17, with 58.7% of children nationally deprived. At the indicator level, school attendance deprivation affects 54.6% of children, while literacy deprivation affects 47.5%. Again, education deprivation is substantially higher among children in nomadic settings, where 83% are deprived in school attendance and 79.2% in literacy. In contrast, as would be expected, deprivation levels are comparatively lower in rural and urban areas, indicating persistent educational access and learning challenges in nomadic children.

Regarding the water dimension, deprivation affects 28% of children under five and 36.7% of children aged 5–17 nationally. With respect to the indicators of the water dimension, the lack of access to improved water sources for both seasons (rainy and dry) is the primary driver of deprivation, affecting 23.5% of children under five and 32.2% of older children. Meanwhile, deprivation related to distance to water sources is comparatively lower at the national level (9.1% among children aged under 5 year and 10.7% among children aged 5–17 years. However, distance to water remains a significant challenge in nomadic areas, where approximately 39% of children are deprived under this indicator.

Concerning the sanitation dimension, deprivation also remains widespread, affecting 63.9% of children under 5 years and 70.7% of children aged 5–17 nationally. Within the sanitation-hygiene dimension, the lack of access to improved toilet facilities is the main contributor to deprivation, affecting 50.7% of children under 5 and 56.7% of children aged 5–17. Similarly, deprivation in access to handwashing facilities affects 43.9% of younger children and 48.3% of older children. The highest levels of deprivation occur in nomadic areas, where more than 96% of children lack access to improved sanitation and over 75% lack handwashing facilities.

For the housing dimension, deprivation affects 68.2% of children under 5 and increases to 74.9% among children aged 5–17 nationally. With respect to housing indicators, overcrowding remains a significant contributor, affecting 60.5% of children under 5 and 54.8% of older children. However, deprivation in access to electricity is particularly obvious among older children, affecting 61.9% compared to 37.2% among children under 5. Residential disparities are substantial, as electricity deprivation exceeds 91% in nomadic areas, compared to only 60.1% and 23% among children under 5 in rural and urban areas respectively. Again, the overcrowding deprivation is highest in nomadic settings, affecting 82.7% of children under 5 years and 90.9% of children aged 5–17, while it remains relatively lower in rural and urban areas.

Finally, the information dimension

shows that 49.1% of children aged 5–17 are deprived nationally. Deprivation is particularly high with respect to internet access, affecting 85.4% of children nationally and reaching 98.8% in nomadic areas. Similarly, deprivation in mobile phone own ship affects 72.7% of children nationally and 80% in nomadic settings, highlighting limited digital connectivity, especially among nomadic children.

3.4 Single dimensional depriva-tions disparities by regions

Fig 3.3 Deprivation of Housing indicators by regions, children 0-4 years

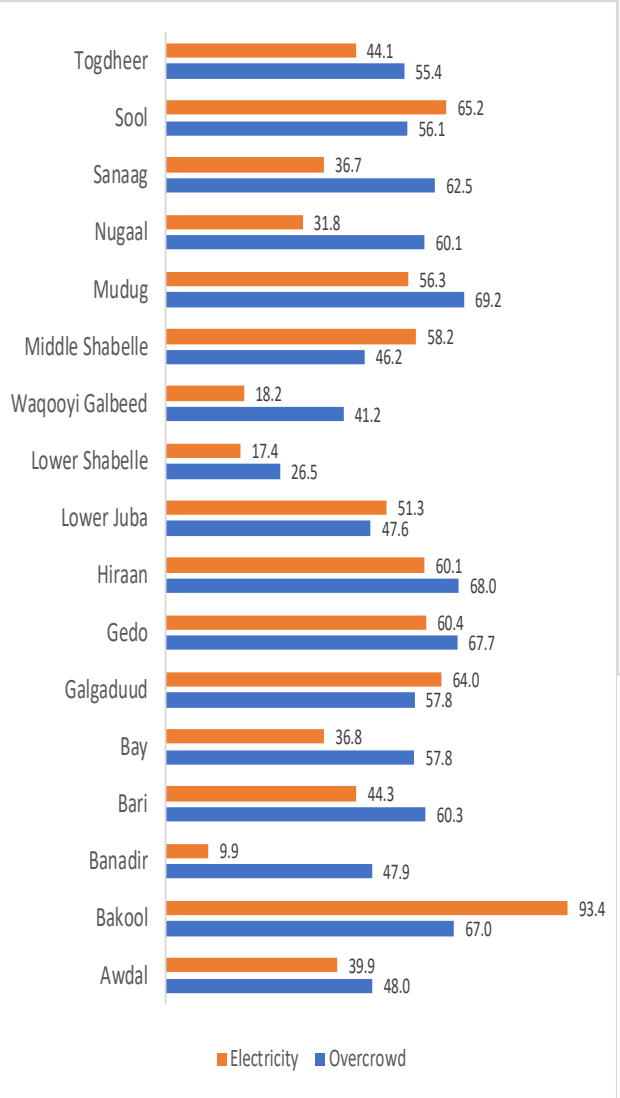


Fig 3.4 Deprivation of Housing Indicators by regions, children 5-17 years

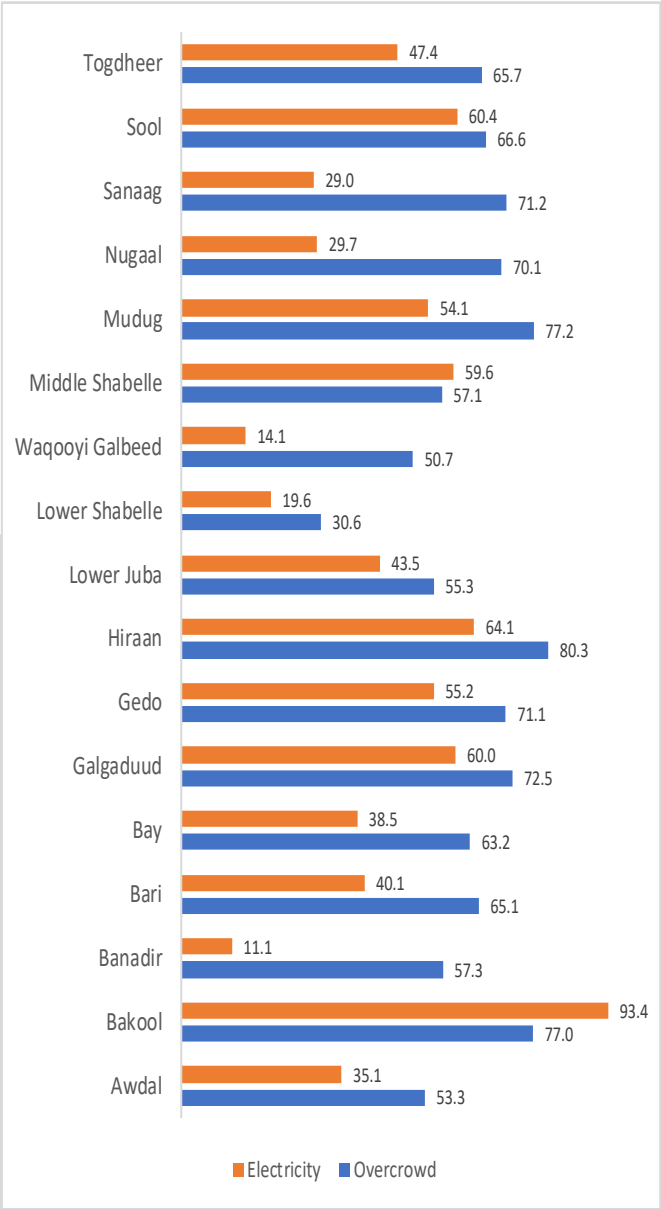


Figure 3.3 profiles the housing dimension indicators, notably access to electricity and overcrowding, for children aged 0–5 years across Somali regions. Bakool reports the highest electricity deprivation at 93.4 %, followed by Sool at 65.2%. The regions Mudug and Hiraan report the highest levels of overcrowding, at 69.2 % and 68%, respectively. These regions face severe challenges in accessing essential amenities, which adversely affect household functionality and overall living conditions.

In contrast, urbanized regions like Banadir (which has the Capital Mogadishu) and Lower Shabelle (with a port city and other infrastructure amenities) show significantly lower electricity deprivation rates, at 9.9% and 17.4%, respectively, indicating better access to electricity in urbanized areas. Overcrowding is notably lower in regions like Lower Shabelle (26.5%) and Waqooyi Galbeed (41.2 %), reflecting relatively lower average number of household members, better household space and living arrangements.

Figure 3.4 considers the same housing dimension indicators, for children aged 5–17 years across Somali regions. Bakool region again registers the highest electricity deprivation at 93.4%, followed by Hiraan at 64.1%. In terms of overcrowding, Hiraan and Mudug region report the highest deprivation levels, at 80.3% and 77.2%, respectively.

In contrast, regions like Banadir and Waqooyi Galbeed show significantly lower electricity deprivation rates, at 11.1% and 14.1%, respectively, indicating better access to electricity in urbanized areas. Overcrowding is notably lower in regions like Lower Shabelle (30.6%) and Waqooyi Galbeed (50.7%), reflecting relatively improved household space and living arrangements.

Fig 3.5 Deprivation of Sanitation indicators by regions, children 0-4 years

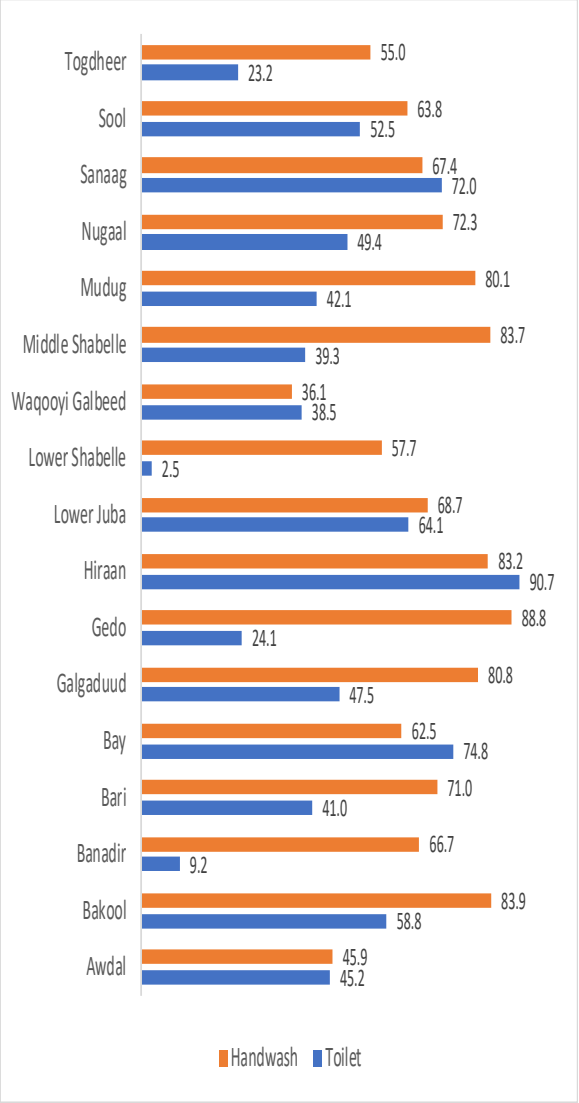


Fig 3.6 Deprivation of Sanitation indicators by regions, children 5-17 years

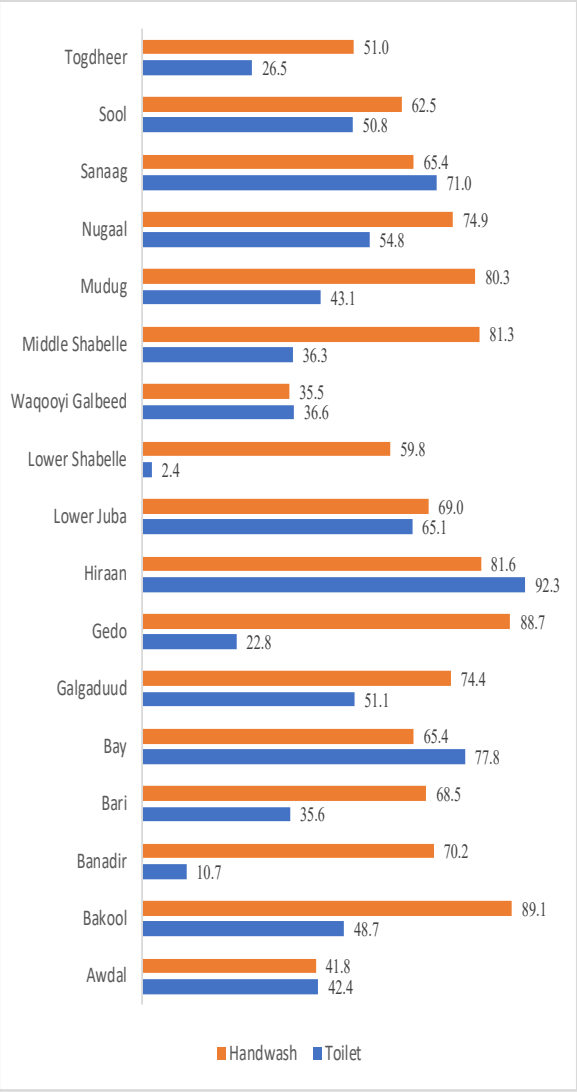


Figure 3.5 profiles sanitation dimension indicators, of access to handwashing and toilet facilities, for children aged 0–5 years across Somali regions. For infant children, Hiraan and Bay regions depict the highest deprivation rates for improved toilets, at 90.7 % and 74.8 %, respectively, underscoring severe gaps in sanitation infrastructure. Deprivation for handwashing facilities is most acute in Gedo at 88.8 % and Bakool at 83.9 %. In contrast, regions like Banadir and Lower Shabelle report the lowest deprivation rates for toilet access, at 9.2 % and 2.5 %, respectively. Similarly, Waqooyi Galbeed (36.1%) and Awdal (45.9%) have the lowest deprivation rates for handwashing facilities, suggesting relatively better household hygiene conditions in these two regions.

Figure 3.6 examines sanitation dimension indicators for children aged 5–17 years across Somali regions. Again, the Hiraan and Bay regions register the highest deprivation rates for toilet access, at 92.3 % and 77.8 %, respectively, underscoring severe gaps in sanitation infrastructure. Handwashing deprivation is most acute in Bakool (89.1 %) and Gedo (88.7%) regions. In contrast, urbanized regions such as Banadir and Lower Shabelle report the lowest toilet deprivation rates, at 10.7% and 2.4%, respectively, highlighting stronger infrastructure and service delivery. Similarly, Waqooyi Galbeed (35.5%) and Awdal (41.8%) show the lowest deprivation in handwashing facilities, suggesting relatively better household hygiene conditions.

Fig 3.7 Deprivation of Water indicators by regions, children 0-4 years

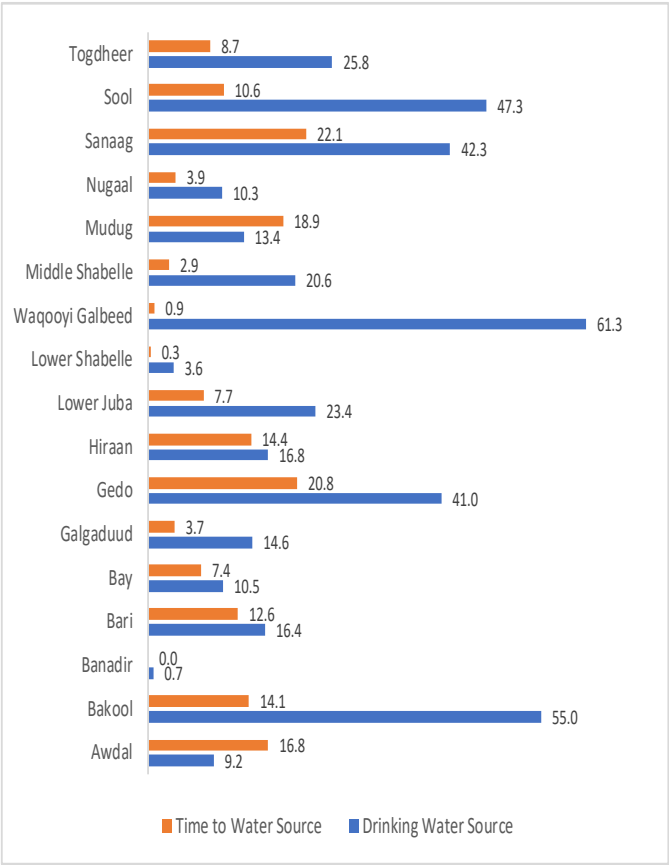


Fig 3.7 Deprivation of Water indicators by regions, children 0-4 years

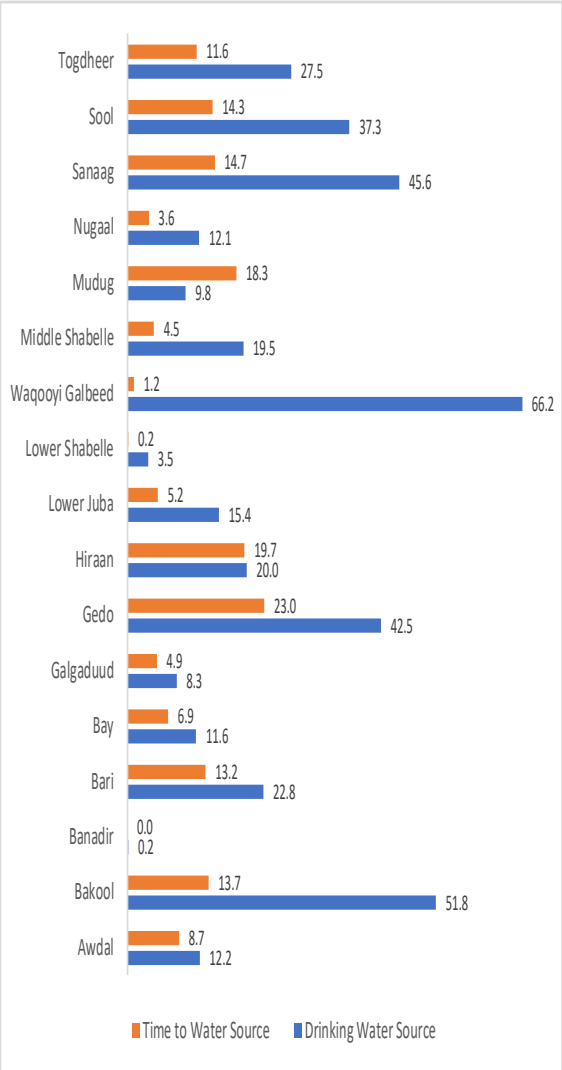
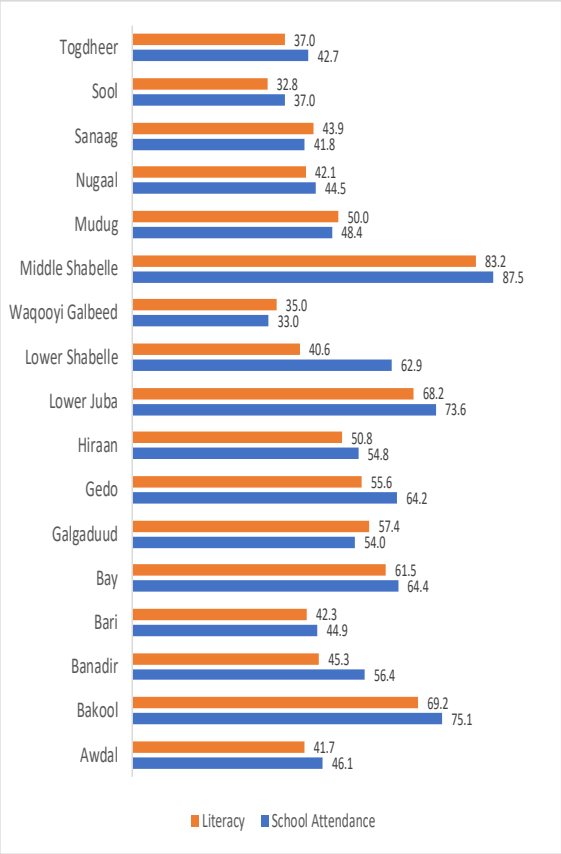


Figure 3.7 shows the water dimension indicators for children aged 0–5 years across Somali regions. Sanaag and Gedo regions report the highest deprivation for time to water sources, with 22.1 % and 20.8 % of children, respectively, reflecting significant barriers to immediate water access. Access to clean drinking water varies significantly across regions. Waqooyi Galbeed reports the highest deprivation at 61.3 %, followed by Bakool at 55.0 % and Sool at 47.3 %. In contrast, regions like Banadir and Lower Shabelle show the least deprivation for both indicators, indicating better water access and shorter travel times to reach water sources. This figure highlights substantial regional disparities in water access, with some areas facing both long travel times and limited availability of clean drinking water.

Figure 3.8 illustrates water deprivation indicators for children aged 5–17 years across Somali regions, focusing on time to reach water sources and access to clean drinking water. Access to clean drinking water varies significantly across regions. Waqooyi Galbeed reports the highest deprivation at 66.2 %, followed by Bakool at 51.8 % and Sanaag at 45.6 %. On the other hand, Gedo and Hiraan report the highest deprivation for time to water sources, with 23.0 % and 19.7 % of children, respectively, reflecting significant barriers to immediate water access. In contrast, regions like Banadir and Lower Shabelle show the least deprivation for both indicators, reflecting better water access and shorter travel times to reach water sources.

Fig 3.9 Deprivation of Education indicators by regions, children 5-17 years



Moyi, P. (2012). School Enrollment and Attendance in Central South Somalia. S
https://doi.org/10.1177/2158244012464060

Cumar, M., Abdi, M., Ali, T., Muse, A., Abdulahi, B., & Ali, J. (2025). Geography of opportunity: a multilevel analysis of regional and school-level inequities in Somaliland's educational outcomes. Frontiers in Education. https://doi.org/10.3389/feduc.2025.1659267.

Figure 3.9 presents the education deprivation indicators for children aged 5–17 years across Somali regions, focusing on literacy and school attendance. Middle Shabelle shows the highest deprivation in school attendance and literacy, at 87.5 % and 83.2 %, respectively, indicating severe educational challenges in the region. Similarly, Bakool also shows high deprivation rates, with 69.2 % for literacy and 75.1 % for school attendance, these challenges reflect the insecurity and presence of extremists in some districts of the two regions. Indeed, Previous analysis of Central South Somalia (which includes Middle Shabelle and Bakool) highlights that continued violent conflict and lack of a proper functioning education system in the regions make parents fear for children's safety en route to and in school; Parents—especially of girls—keep children home due to risks of abduction and recruitment by armed groups (Moyi, 2012).

In contrast, regions such as Sool and Waqooyi Galbeed report lower deprivation rates. Sool shows 32.8 % literacy deprivation and 37.0 % school attendance deprivation, while Waqooyi Galbeed records 35.0 % and 33.0 % for literacy and school attendance, respectively. Overall, the figure highlights stark regional disparities in educational outcomes. Waqooyi Galbeed includes Hargeisa which is characterized by urban residence and better-resourced schools. In addition, these regions have had more stable institutions, and less intense conflict than regions in south central Somalia, enabling continuous service delivery and school operation (Cumar et al., 2025). On the other hand, regions like Middle Shabelle, Bakool, Lower Juba and Bay show face significant educational challenges, suggesting the need for focused educational support in these areas.

Fig 3.10 Deprivation of Information indicators by regions, children 5-17 years

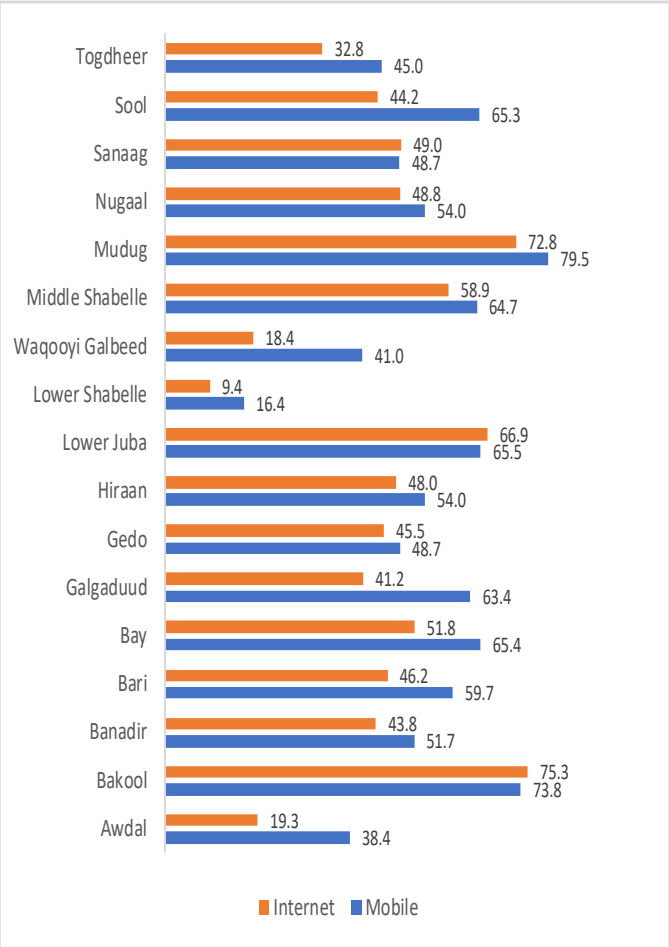


Figure 3.10 presents information deprivation indicators for children aged 5–17 years across Somali regions, focusing on access to the internet and mobile phones. Mudug and Bakool report the highest levels of information deprivation, with internet deprivation at 72.8 % and 75.3 %, and mobile phone deprivation at 79.5 % and 73.8 %, respectively, indicating limited access to digital information and communication tools. Middle Shabelle and Bay also show high deprivation levels, particularly for mobile ownship, at 64.7 % and 65.4 %, respectively.

The low access to information devices or internet in Mudug and Bakool may be explained by conflict-related disruptions, remoteness and weak infrastructure, deep poverty, and commercially

Chonka, P., & Bakonyi, J. (2021). Precarious technoscapes: forced mobility and mobile connections at the urban margins. Journal of the British Academy. https://doi.org/10.5871/jba/009s11.067

Ahmed, M. (2024). Revolutionizing healthcare in Somalia: the role of digital innovations in enhancing access and quality. Exploration of Digital Health Technologies. https://doi.org/10.37349/edht.2024.00034

driven, uneven telecom expansion. For example, conflict has disrupted access to information networks: in south central areas like Bakool, extremist groups have destroyed and disrupted communication services in areas controlled by extremists, directly limiting coverage and use (Chonka and Bakonyi, 2021). Also, previous reviews note that internet access is inconsistent and unreliable, especially in distant rural areas, with overall penetration only 27.6% and a marked urban–rural digital divide (Ahmed, 2024). Mudug and Bakool are largely rural and pastoral, fitting the profile of underserved areas.

In contrast, regions such as Lower Shabelle and Waqooyi Galbeed report substantially lower levels of information deprivation. Lower Shabelle records the lowest deprivation rates, at 9.4 % for internet access and 16.4 % for mobile phones, while Waqooyi Galbeed reports 18.4% internet deprivation and 41.0 % mobile deprivation. Overall, the figure highlights pronounced regional disparities in access to information and communication technologies, with children in several regions facing significant digital exclusion.

Fig 3.11 Deprivation of Nutrition indicators by regions, children 0-4 years

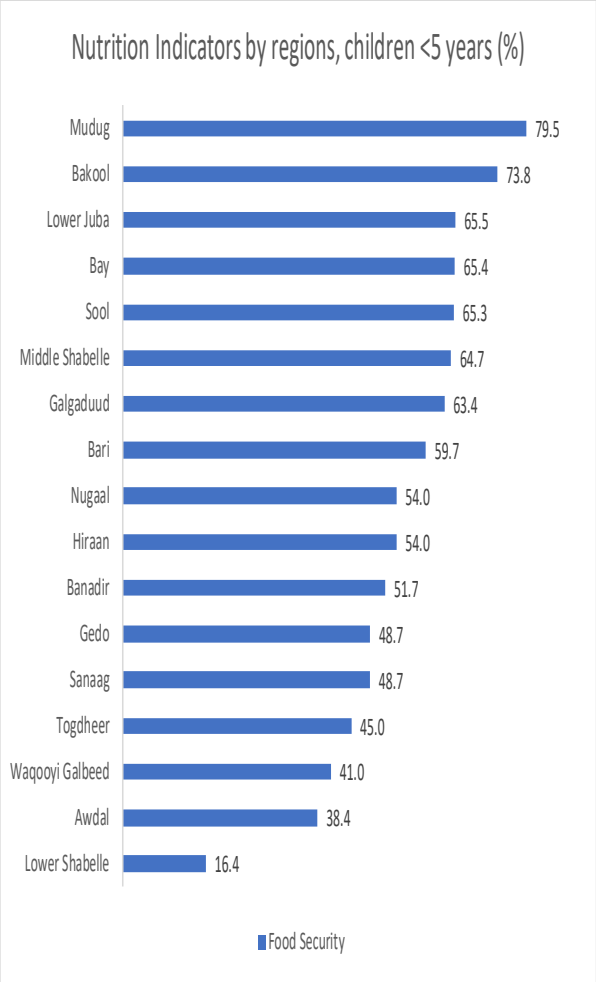


Figure 3.11 highlights nutrition deprivation among children under five across Somali regions, focusing on food security. Mudug records the highest deprivation at 79.5%, followed by Bakool (73.8%) and Bay (65.4%), underscoring severe nutritional/food security challenges in these specific regions. Sool, Lower Juba, and Middle Shabelle also show high deprivation levels, each above 64%, reflecting widespread food insecurity.

In contrast, Lower Shabelle (16.4%) and Awdal (38.4%) report markedly lower deprivation, suggesting relatively better access to adequate nutrition in these regions. Waqooyi Galbeed also shows comparatively lower deprivation at 41.0%. These findings reveal sharp

regional disparities, with rural and conflict affected areas facing critical food security challenges, while urbanized regions benefit access to resources.

3.5 Single dimensional deprivations disparities by Sex

Table 3.3: Indicators Deprivation by sex, children 0-4years

Dimension	Indicator	Sex	
		Boys	Girls
Housing	Overcrowd	55.2	56.4
	electricity	40.5	40.5
Sanitation	Toilet	54.6	53.3
	Handwash	45.5	45.4
Water	Water Source	26.1	24.3
	Time To water	9.3	9.6
Nutrition	Food Security	55.3	56.2

Table 3.4: Indicators Deprivation by sex, children 5-17 years (%)

Dimension	Indicator	Sex	
		Boys	Girls
Housing	overcrowd	62.6	61.8
	electricity	36.9	35.3
Sanitation	Toilet	50.6	48.5
	Handwash	44.4	42.3
Water	Water Source	22.9	22.8
	Time To water	9.6	8.5
Education	School Attendance	52.8	56.5
	Literacy	45.5	49.5
Information	Mobile	73.1	72.3
	Internet	85.7	85.1

Table 3.3 provides deprivation indicators by sex for children aged 0–4 years across dimensions. Housing deprivation is slightly higher for girls than boys, with 56.4% of girls living in overcrowded conditions compared to 55.2% of boys. Electricity deprivation is identical for both sexes, affecting 40.5% of boys and girls alike.

For sanitation, deprivation levels are broadly similar between sexes. Toilet deprivation affects 54.6% of boys and 53.3% of girls, with boys experiencing slightly higher toilet deprivation. Handwashing facility deprivation is also marginally higher among boys (45.5%) than girls (45.4%), indicating negligible gender differences.

For the water dimension, deprivation in access to an improved water source is higher among boys (26.1%) than girls (24.3%). Time to access water also shows slightly higher deprivation among girls (9.6%) compared to boys (9.3%).

Nutritional deprivation, measured through food security, is marginally higher for girls at 56.2% compared to 55.3 % for boys. Overall, deprivation levels are largely comparable between boys and girls across all dimensions, with only minor gender differences observed.

Table 3.4 presents deprivation indicators for children aged 5–17 years, disaggregated by sex across several dimensions. In the housing dimension, overcrowding is slightly higher among boys (62.6%) than girls (61.8%). Electricity deprivation also affects boys more than girls, at 36.9% compared to 35.3%, indicating marginally better access for girls.

Sanitation indicators show consistently higher deprivation among boys. Toilet deprivation affects 50.6 % of boys versus 48.5% of girls, while handwashing facility deprivation is higher for boys (44.4%) than girls (42.3%).

In the water dimension, deprivation in access to an improved water source is almost identical for boys (22.9%) and girls (22.8%). Time to access water is slightly higher among boys (9.6%) compared to girls (8.5%).

Education indicators reveal notable gender disparities disadvantaging girls. School attendance deprivation is higher for girls at 56.5%, compared to 52.8% for boys. Literacy deprivation is also higher among girls (49.5%) than boys (45.5%), indicating poorer educational outcomes for girls in this age group. For information access, deprivation is marginally higher among boys for both mobile (73.1% vs. 72.3%) and internet access (85.7% vs 85.1%).

Overall, deprivation levels are broadly comparable between boys and girls across most dimensions. However, boys experience slightly higher deprivation in housing, sanitation, water access time, and information, while girls face higher deprivation in education, highlighting the need for gender-sensitive interventions, particularly in improving educational outcomes for girls.

3.6 Multiple Deprivation Analysis by place of residence, Sex and wealth quintile

Fig 3.12 multiple deprivation analysis for children 0 - 4

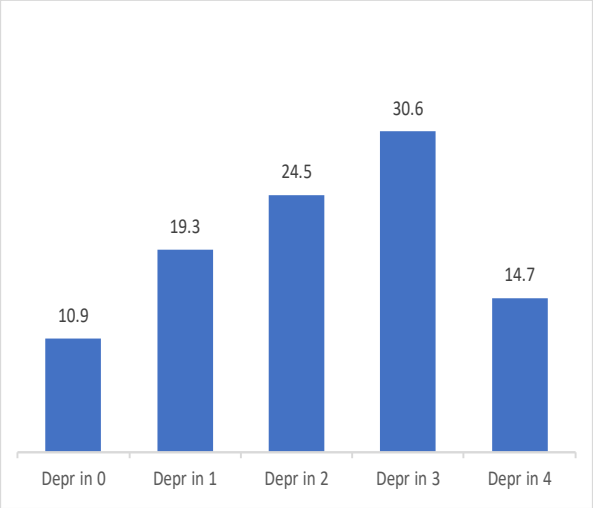
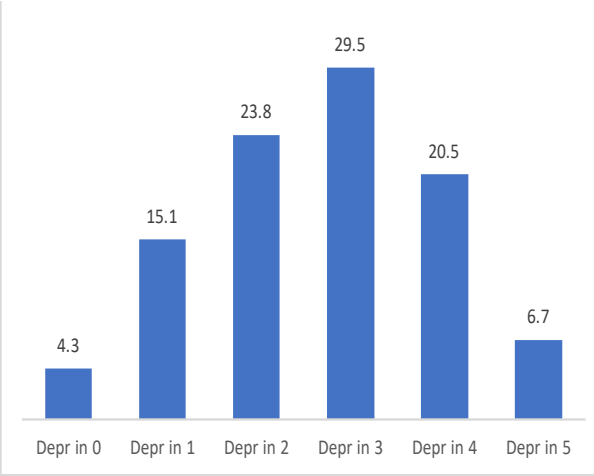


Fig 3.12 multiple deprivation analysis for children 0 - 4



The figure 3.12 illustrates the distribution of multiple deprivations experienced by children aged 0–4 years across 4 dimensions. It is shown that at least 69.8% of all Somalian children are identified as being affected by multidimensional poverty. On the other hand, at least 30.6% of children aged 0–4 are deprived in three dimensions, while 1 in every four children are deprived in two dimensions, showing that multidimensional deprivation is widespread. Additionally, 14.7% are deprived in in all four dimensions and nearly 11% of them are free from deprivation. Addressing these multidimensional deprivations is critical for improving child well-being and ensuring equitable opportunities for development.

Figure 3.13 presents the distribution of multiple deprivations faced by children aged 5–17 years across five dimensions. At least 80.6% of the children aged 5-17 years are multidimensionally deprived. Furthermore, 29.5% of children are deprived in three dimensions, while 23.8% experience deprivation in two dimensions. 29.5% of children are deprived in three dimensions, while 23.8% experience deprivation in two dimensions. Moreover, about 7% of children are deprived in all five dimensions and only very small proportion of them are free from deprivation. Overall, the analysis reveals that a majority of children aged 5–17 face deprivation in three dimensions, emphasizing the urgent need for comprehensive interventions to address these simultaneous challenges and improve the living conditions and opportunities for children in this age group.

Fig 3.14 multiple deprivation analysis by area for children 0-4

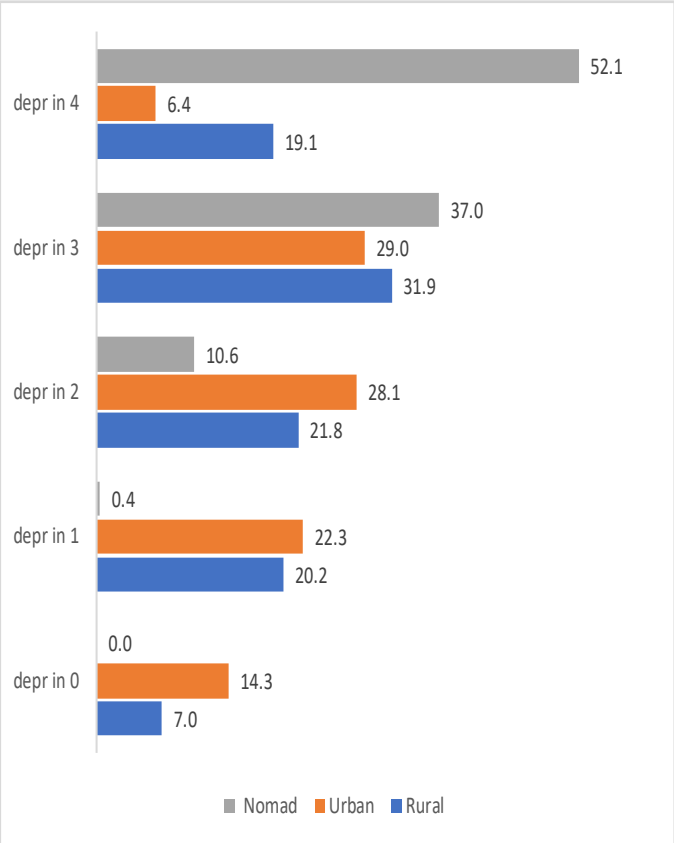
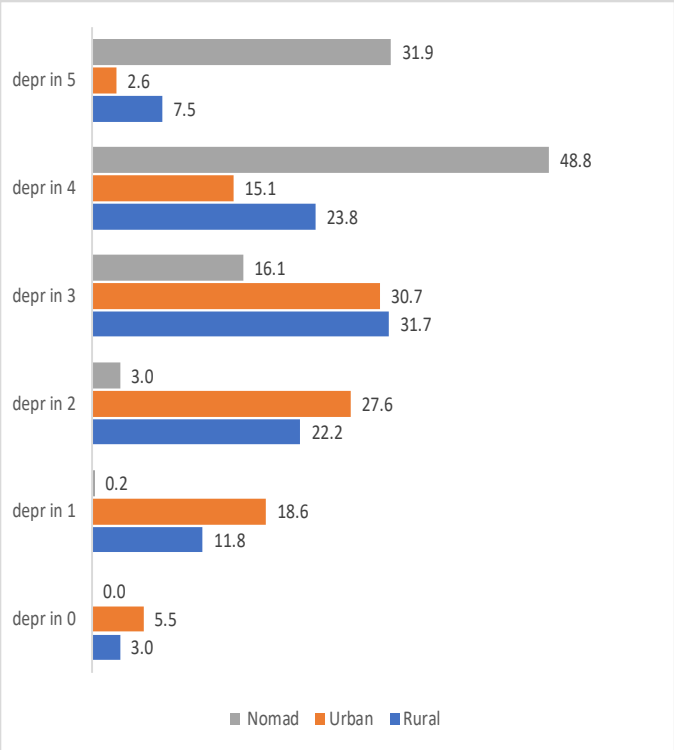


Fig 3.15 multiple deprivation analysis by area for children 5-17



The figure 3.14 illustrates a multiple deprivation analysis for children aged 0–4 years, comparing the extent of deprivation across nomadic, urban, and rural areas. Nomadic children experience the highest levels of deprivation in four dimensions, with 52.1%, followed by rural children at 19.1%.

When considering deprivation in three dimensions, nomadic children also lead at 37%, rural children at 31.9% and urban children at 29%. none of the children are free from deprivation in all four dimensions while only 7% of them are free from deprivation in rural compared to urban (14.3%). Overall, the figure highlights significant multiple deprivation among children in nomadic and rural areas. The results underscore the importance of tailored interventions to alleviate deprivation across all areas, with a particular focus on addressing high deprivation levels in nomadic areas. Previous assessments by the World Bank note that the livelihood risks and climate shocks are enormous among households in Nomadic areas. Specifically, the heavy dependence on livestock and rain fed resources makes mobile households highly exposed to drought and conflict-related displacement, undermining assets and income stability (Pape & Karamba, 2019).

The figure 3.15 depicts a multiple deprivation analysis for children aged 5–17 years, comparing deprivation across nomadic, urban, and rural areas. Nomadic children face the highest levels of severe deprivation, with 48.8% deprived in all four dimensions simultaneously compared to rural (23.8%) and urban (15.1%). Furthermore, deprivation in all five dimensions affects nearly one-third of nomadic children (31.9%), compared with 7.5% of rural children and only

Pape, U., & Karamba, R. (2019). Somali Poverty and Vulnerability Assessment (Vol. 1 of 2) : Findings from Wave 2 of the Somali High Frequency Survey Washington, D.C. : World Bank Group.Abdi, Y., Abdullahi, Y., Abdi, M., Bashir, S., Ahmed, N., Alasow, A., & Hassan, G. (2025). Regional disparities and sociodemographic determinants of food insecurity in Somalia: a secondary cross-sectional analysis of a National survey. Journal of Health, Population, and Nutrition, 44. https://doi.org/10.1186/s41043-025-01078-9

2.6% of urban children. In contrast, urban areas record the highest share of children free from deprivation (5.5%), while none of the children in nomadic areas are free from deprivation. Very low schooling and adult literacy among nomadic populations reduce access to better jobs and information, reinforcing poverty and food insecurity (Abdi et al., 2025).

Fig 3.16 multiple deprivation analysis by sex for children 0-4

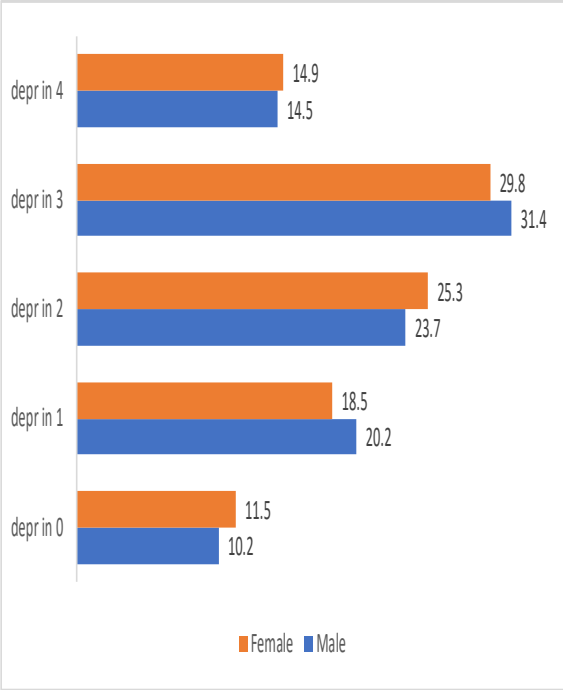


Fig 3.17 multiple deprivation analysis by sex for children 5-17

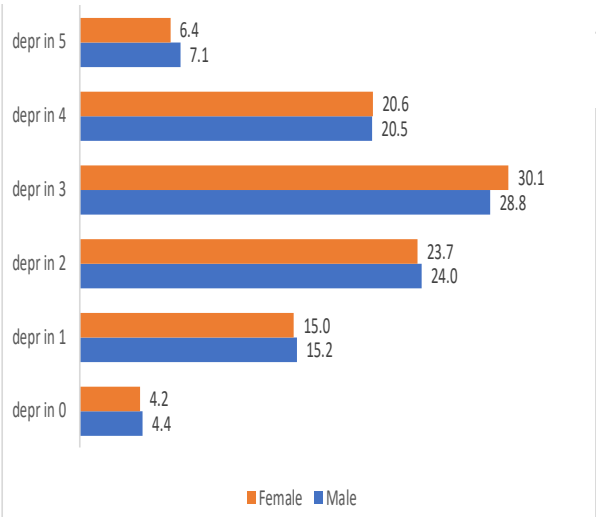


Figure 3.16 reveals notable disparities in the levels of deprivation experienced by male and female children under five. It is indicated that deprivations most frequently occur in three dimensions for children under 5 years. Male children U5 show a higher deprivation in two specific dimensions-- three and one dimensions whereas female children at the same age have higher deprivation in two and zero dimensions. Furthermore, the results of figure 3.17 indicate that the majority of children aged 5-17 experience deprivation in three dimensions, accounting for 30.1% of males and 28.8% of females. Across all other levels of the deprivation distribution, the proportions for boys and girls are nearly similar, indicating minimal gender disparity in multidimensional deprivation among children.

Fig 3.18 multiple deprivation analysis by wealth quintile for children 0-4

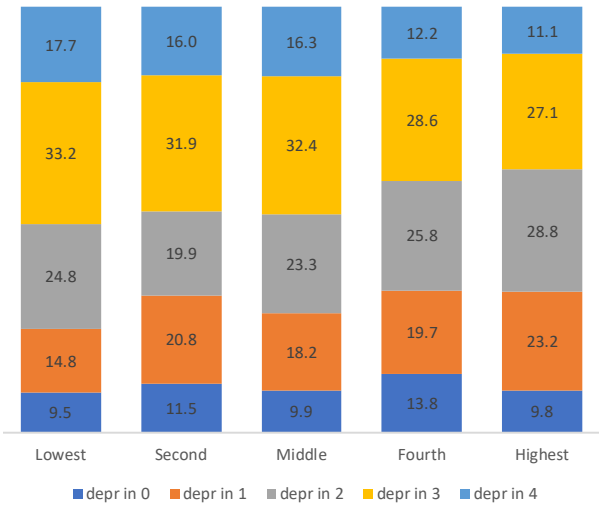


Fig 3.19 multiple deprivation analysis by wealth quintile for children 5-17

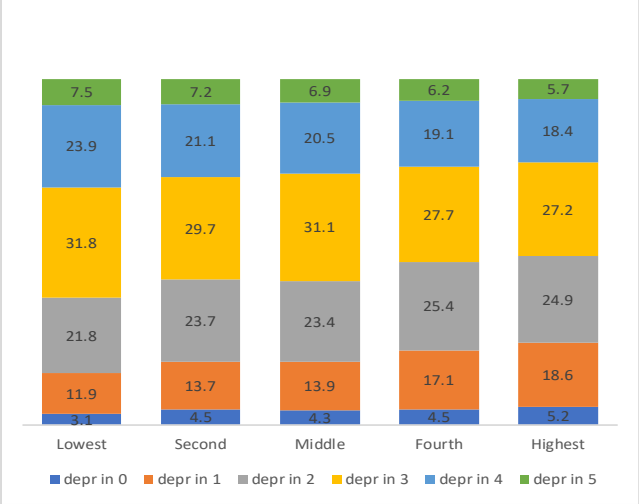


Figure 3.18 presents the distribution of multiple deprivations by wealth quintile among children aged 0–4, revealing a clear wealth gradient. Children from the lowest wealth quintile are more likely to experience higher levels of multiple deprivation, with 50.9% deprived in three or four dimensions combined. This proportion declines progressively as household wealth increases. By contrast, only 38.2% of children from the highest wealth quintile experience three or more deprivations. On the other hand, 24.3% of children from the lowest quintile are deprived in none or one dimension compared to 33.0% from the lowest quintile. Moreover, the share of children deprived in four dimensions decreases steadily from 17.7% in the lowest quintile to 11.1% in the highest quintile, underscoring the protective effect of household wealth during early childhood.

Figure 3.19 shows a similar, though more pronounced, pattern of inequality among children aged 5–17. Children in the lowest wealth quintile experience the highest levels of multiple and severe deprivation, with 31.4% deprived in four or five dimensions, compared to 24.1% among children in the highest quintile.

3.7 Distribution of multidimensional poverty for children under 18 years by place of residence, wealth quintile, and region

Fig 3.20 distribution of multidimensionally poor children by area

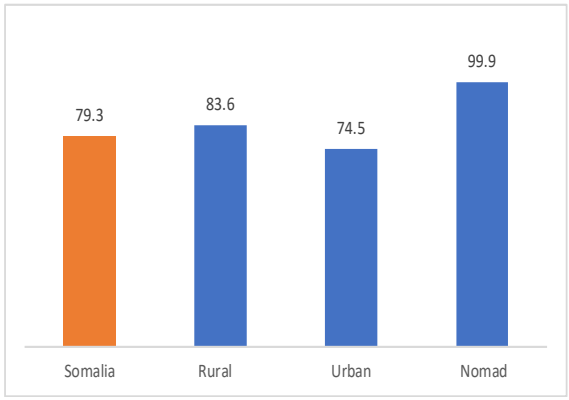


Fig 3.21 distribution of multidimensionally poor children by wealth quintile

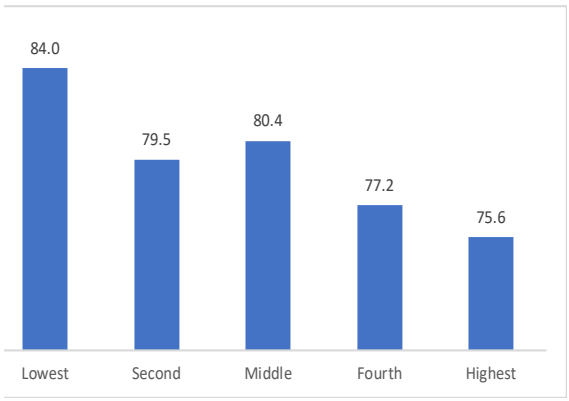


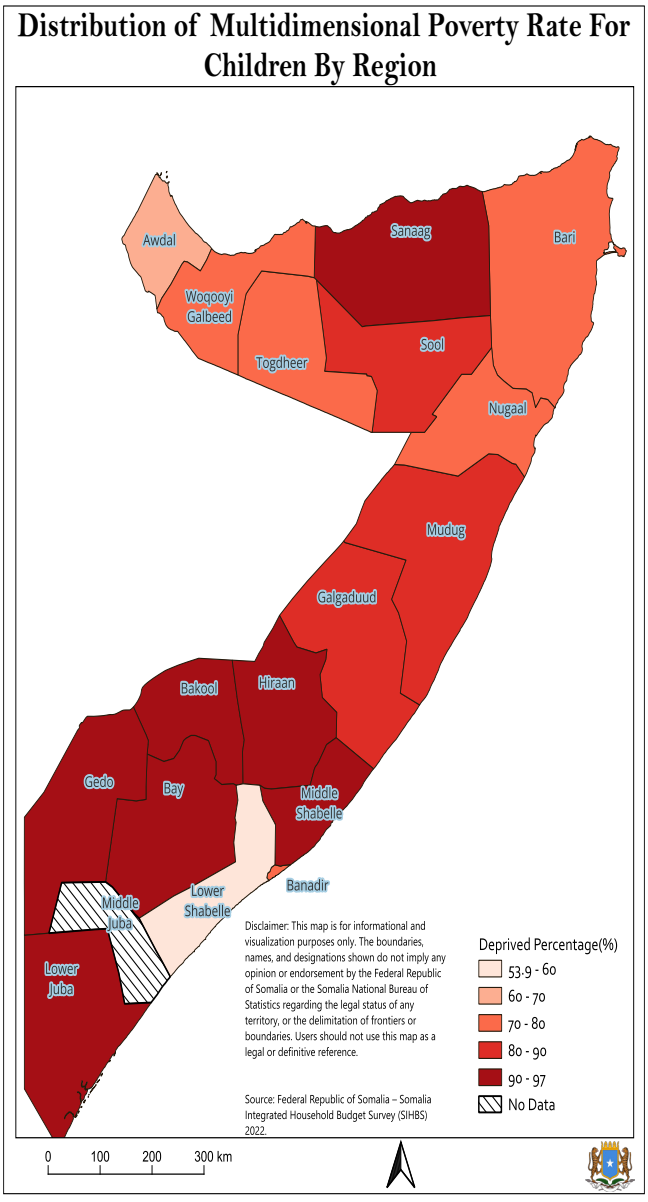
Figure 3.20 presents the distribution of multidimensional child poverty by area of residence, where children experiencing deprivation in two or more dimensions are classified as multidimensionally poor, in accordance with the MODA methodology. The results indicate that multidimensional poverty among children aged 0–17 is widespread in Somalia, affecting 79.3% of children at the national level. Multidimensional poverty levels vary by area of residence, with nomadic children the most affected (99.9%), followed by rural children (83.6%), while urban children experience lower

but still high multidimensional poverty levels (74.5%). Overall, the figure highlights strong spatial disparities in child multidimensional poverty, pointing to the need for targeted interventions, particularly for nomadic and rural populations. On the other hand, Figure 3.21 shows that multidimensional poverty is highest among children from the lowest wealth quintile (84.0%) and decreases gradually with increasing household wealth. At least 79.5% of children in the second quintile and 80.4% in the middle quintile are affected by multidimensional poverty, while a slightly lower levels are observed in the fourth (77.2%) and highest (75.6%) wealth quintiles.

Figure 3.21 presents the distribution of multidimensional child poverty by area of residence, where children experiencing deprivation in two or more dimensions are classified as multidimensionally poor, in accordance with the MODA methodology. The results indicate that multidimensional poverty among children aged 0–17 is widespread in Somalia, affecting 79.3% of children at the national level. Multidimensional poverty levels vary by area of residence, with nomadic children the most affected (99.9%), followed by rural children (83.6%), while urban children experience lower but still high multidimensional poverty levels (74.5%). Overall, the figure highlights strong spatial disparities in child multidimensional poverty, pointing to the need for targeted interventions, particularly for nomadic and rural populations. On the other hand, Figure 3.21 shows that multidimensional poverty is highest among children from the lowest wealth quintile (84.0%) and decreases gradually with increasing household wealth. At least 79.5% of children in the second quintile and 80.4% in the middle quintile are affected by multidimensional poverty, while a slightly lower levels are observed in the fourth (77.2%) and highest (75.6%) wealth quintiles.

Overall, the figure indicates that children from poorer households are more likely to be multidimensionally poor, although high levels of multidimensional poverty persist across all wealth groups

Figure 22. Map distribution of multidimensional poverty rate for children by region



The map shows regional disparities in distribution of multidimensional poverty among children in Somalia. Overall, child poverty is widespread, with most regions recording very high deprivation levels.

The highest poverty rates (90–97%) are concentrated in Bay, Bakool, Hiraan, Gedo, Lower Juba, Sanaag, and Galgaduud representing more than 90% which indicates severe and overlapping deprivations across multiple dimensions of child well-being. The higher rates of multidimensional poverty in the Somali regions of Bay, Bakool, Hiraan, Gedo, and Lower Juba stem from a combination of regional disadvantages—such as nomadic, climate exposed livelihoods—alongside conflict and insecurity, and severe food shortages in south central Somalia (Hassan et al, 2025). Together, these factors directly undermine economic activity, governance, and the delivery of essential services. On the other hand, Sanaag's high poverty is best understood as the outcome of its pastoral, climate sensitive economy, remoteness and weak infrastructure, and limited education (Omer, (2024).

These regions represent the most critical hotspots requiring urgent, multisectoral interventions. Regions with high poverty levels (80–90%) include Mudug, Sool, Nugaal, Togdheer, and Bari, reflecting persistent structural challenges affecting children's access to basic services such as adequate housing, sanitation, education, nutrition, information and water. Furthermore, regions like Woqooyi Galbeed, Togdheer, Nugaal, Banaadir and Awdal are observed lower (60-80%) suggesting comparatively better conditions, likely influenced by urbanization and improved service availability. Lower Shabelle shows the lowest deprivation level (around 54–60%), consistent with Somali MPI report.

Overall, the spatial pattern underscores strong geographic inequality in child multidimensional poverty, with children in southern and central regions facing the most acute deprivations. These findings support the need for region-specific, equity-focused policies and targeted investments aligned with MODA principles, prioritizing the most deprived regions and population groups.

3.8 Overlap deprivation Analysis

This section looks at which deprivations are experienced simultaneously among children and to what extent these deprivations overlap. Deprivation overlaps analysis helps understanding to what extent each of the sectoral deprivations can be seen as a unique problem with no or little overlap with other deprivations, and which deprivations coincide with the others the most. It examines the most common deprivation combinations children suffer from and the characteristics of children who experience several deprivations at a time. Analysis based on the place of residence and sex of the child were also undertaken.

Fig 3.23 Triple Overlapping Deprivation for children 0-4

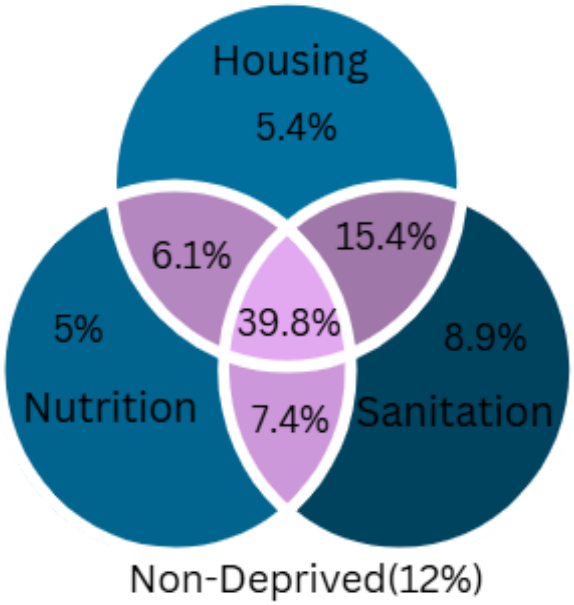
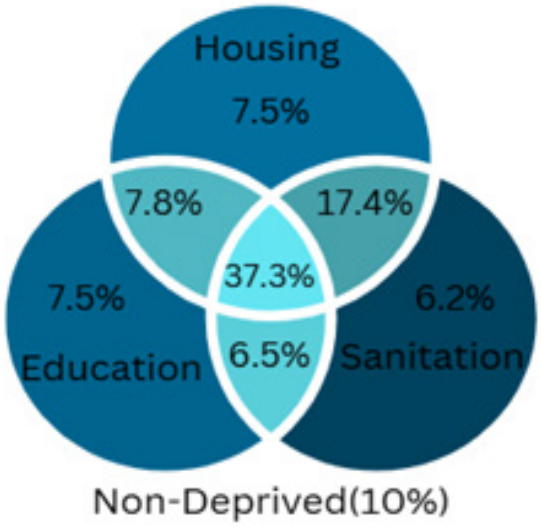


Fig 3.24 Triple Overlapping Deprivation for children 5-17

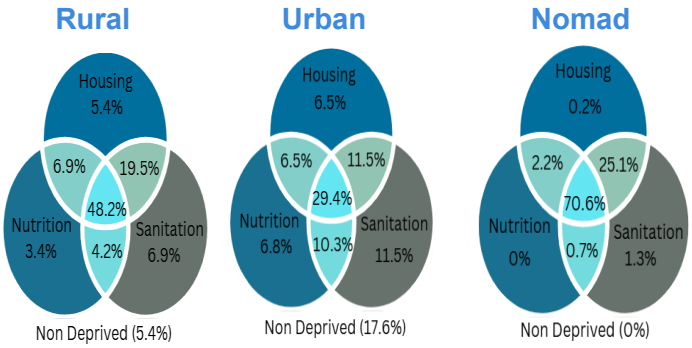


The figure 3.23 show high levels of overlapping deprivation for 0-4 years age group. Among children under 5, at least 39.8% experience simultaneous deprivation in sanitation, housing, and nutrition dimensions, indicating severe and compounded vulnerability during early childhood. Dual deprivation is most commonly driven by sanitation and housing (15.4%), while only 12% of under 5 children experience no deprivation across housing, sanitation and nutrition dimensions.

A similar pattern is observed among children aged 5–17 years as depicted in figure 3.24, with 37.3% experiencing triple deprivation in sanitation, housing, and education. In this age group, sanitation and housing again constitute the dominant overlap (17.4%), highlighting the central role of inadequate living conditions in shaping multidimensional child deprivation.

3.9 Overlap deprivation Analysis by place of residence

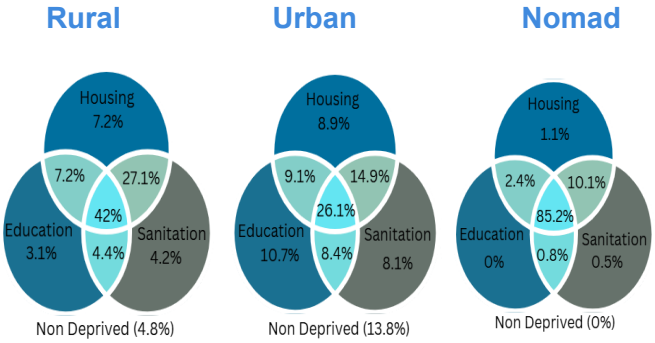
Fig 3.25 Triple Overlapping Deprivation by place of residence for children 0-4



Hassan, A., Muse, A., & Chesneau, C. (2024). Machine learning study using 2020 SDHS data to determine poverty determinants in Somalia. Scientific Reports, 14. https://doi.org/10.1038/s41598-024-56466-8.

Omer, M. (2024). Climate variability and livelihood in Somaliland: a review of the impacts, gaps, and ways forward. Cogent Social Sciences, 10. https://doi.org/10.1080/23311886.2023.2299108

Fig 3.26 Triple Overlapping Deprivation by place of residence for children 5-17



The figure 3.25 shows disparities in overlapping deprivation by place. Among children under 5, triple deprivation in sanitation, housing, and nutrition is highest among nomadic children (70.6%), followed by rural (48.2%) and urban children (29.4%). In contrast, the share of 0-4 children experiencing no deprivation is considerably higher in urban areas (17.6%), while virtually no nomadic children are free from deprivation. Across all place of residence, sanitation and housing remain the dominant overlapping deprivations, particularly among nomadic (25.1%) and rural children (19.5%).

A similar pattern is evident among children aged 5–17 years as shown figure 3.26. Triple overlapping deprivation in sanitation, housing, and education affects the vast majority of nomadic children (85.2%), compared to 42% of rural and 26.1% of urban children. Urban children are again more likely to experience no deprivation (13.8%), while this share is negligible among nomadic children. Overall, the results highlight extreme and concentrated multidimensional deprivation among nomadic children, with rural children also facing substantially higher risks than their urban counterparts.

3.10 Overlap deprivation Analysis by Sex

Fig 3.27 Triple Overlapping Deprivation by place of residence for children 0-4

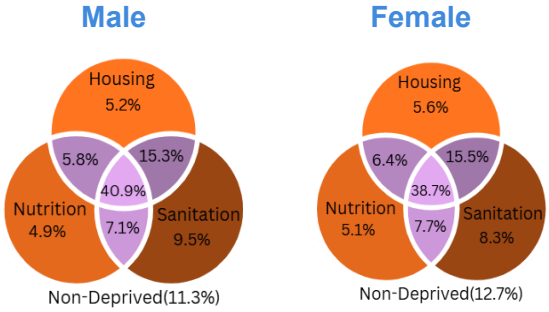
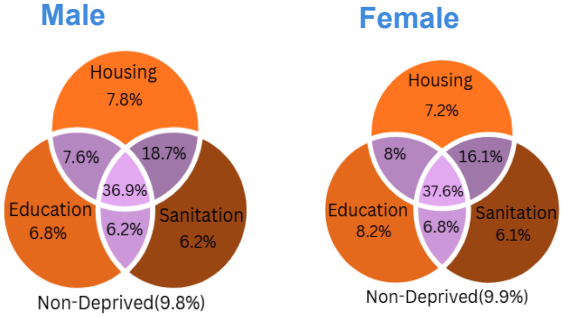


Fig 3.28 Triple Overlapping Deprivation by place of residence for children 5-17



The sex disparities of in overlapping deprivation are observed as presented figure (3.27), it is relatively modest across both age groups. Among children under 5, triple deprivation in sanitation, housing, and nutrition affects 40.9% of boys and 38.7% of girls, indicating only a slight boy disadvantage. The share of children experiencing no deprivation is broadly similar between boys (11.3%) and girls (12.7%), while patterns of dual deprivation, particularly sanitation and housing, are nearly identical across sexes. A similar pattern is observed among children aged 5–17 years. Regarding to figure 3.28, the triple overlapping deprivation in sanitation, housing, and education affects 36.9% of boys and 37.6% of girls. Single and dual dimension deprivations show minor variations by sex, suggesting that multidimensional child deprivation is largely gender-neutral, with disparities driven more by living conditions and access to services than by sex.

Chapter 4: Conclusion & Recommendation

4.1 Conclusion

This report provides robust evidence that child poverty in Somalia is deeply multidimensional, with children frequently experiencing multiple and overlapping deprivations that undermine their well-being and development. The MODA-based analysis highlights that deprivation is not confined to a single sector but reflects interconnected deficits in living conditions, access to basic services, and opportunities for development.

Housing and sanitation deprivation are identified as the most persistent and widespread challenges affecting children across all age groups. These deprivations often overlap with nutrition deprivation among children under five and education deprivation among children aged 5–17, creating compounded vulnerabilities that begin early in life and persist into adolescence. Such overlapping deprivations significantly increase the risk of poor health outcomes, low educational attainment, and continued poverty across generations.

The findings reveal pronounced inequalities by area of residence, with nomadic children facing extreme levels of deprivation across nearly all dimensions. Rural children also experience consistently high deprivation, while urban children, though relatively better off, are not immune to multidimensional poverty. Regional disparities further illustrate that children in several regions face near-universal deprivation, reflecting uneven access to services and infrastructure.

Gender disparities in multidimensional

This report provides robust evidence that child poverty in Somalia is deeply multidimensional, with children frequently experiencing multiple and overlapping deprivations that undermine their well-being and development. The MODA-based analysis highlights that deprivation is not confined to a single sector but reflects interconnected deficits in living conditions, access to basic services, and opportunities for development.

Housing and sanitation deprivation are identified as the most persistent and widespread challenges affecting children across all age groups. These deprivations often overlap with nutrition deprivation among children under five and education deprivation among children aged 5–17, creating compounded vulnerabilities that begin early in life and persist into adolescence. Such overlapping deprivations significantly increase the risk of poor health outcomes, low educational attainment, and continued poverty across generations.

The findings reveal pronounced inequalities by area of residence, with nomadic children facing extreme levels of deprivation across nearly all dimensions. Rural children also experience consistently high deprivation, while urban children, though relatively better off, are not immune to multidimensional poverty. Regional disparities further illustrate that children in several regions face near-universal deprivation, reflecting uneven access to services and infrastructure.

Gender disparities in multidimensional
deprivation are relatively limited,

suggesting that child poverty in Somalia is driven primarily by structural, geographic, and socioeconomic factors rather than sex. However, specific disadvantages remain, particularly for girls in education, underscoring the need for targeted attention in certain dimensions.

In conclusion, addressing child poverty in Somalia requires moving beyond fragmented, sector-specific responses toward integrated and multisectoral strategies that address the root causes of deprivation. Strengthening basic living conditions, expanding equitable access to essential services, and targeting the most deprived children and regions are essential to breaking the cycle of poverty and advancing children's rights and well-being.

4.2 Policy Recommendations

The recommendations emphasize the need for a holistic and integrated approach to address the multidimensional deprivations faced by children in Somalia. The following key suggestion are recommended

1. Develop integrated child welfare programs that simultaneously address housing, sanitation, and nutrition for children under five, and housing, sanitation, and education for school-age children since they face high levels of overlapping deprivation

2. Incorporate gender-responsive strategies to address disparities in education and nutrition. Special attention should be given to improving girls' access to education in nomadic and rural areas through flexible schooling models and community engagement.

3. Focus on nomadic and rural areas children, including mobile and flexible service delivery models for education, water, sanitation, and nutrition which show the highest intensity and overlap of deprivations

4. For children under five, investments should prioritize food security, adequate housing, and improved sanitation, recognizing the critical importance of early childhood for long-term development.

5. Reducing education deprivation requires expanding access to inclusive and quality schooling, particularly in regions and communities with the highest deprivation levels, while addressing barriers to school attendance and literacy.

6. Sustained investments in adequate housing, electricity, and improved sanitation facilities are essential to reducing the most common and persistent drivers of child deprivation across all age groups.

7. Improving the availability of child-specific indicators, particularly in health and protection, will enhance future analyses and support evidence-based policymaking. Regular MODA-based monitoring should be institutionalized to track progress over time.

8. Policy responses should explicitly address regional and wealth-based disparities, prioritizing regions with the highest levels of multidimensional child poverty to ensure more equitable outcomes.

9. Institutionalize the MODA framework in national monitoring and reporting systems to strengthen evidence-based policymaking and track progress toward NTP and SDG 1.2, ensuring that no child is left behind.

5. References

1. United Nations. 1989. “Convention on the Rights of the Child.” Accessed June 29, 2024. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.
2. United Nations. 2015. “Transforming our world: the 2030 Agenda for Sustainable Development.” Accessed June 29, 2024. https://sdgs.un.org/2030agenda.
3. Sen, A. 1979. Development as Freedom. Oxford: Oxford University Press.
4. Townsend, P. 1987. Poverty in the United Kingdom. London: Allen Lane.
5. Gordon, D., et al. 2003. Child Poverty in the Developing World. Bristol: The Policy Press.
6. United Nations Children’s Fund (UNICEF). 2012. “Multiple Overlapping Deprivation Analysis (MODA)–AMultidimensional Poverty Measure for Children.” UNICEF Office of Research Innocenti. Accessed June 29, 2024. https://www.unicef-irc.org/publications/695-moda-a-multidimensional-poverty-measure-for-children.html.
7. Alkire, S., and J. Foster. 2011. “Counting and Multidimensional Poverty Measurements.” Journal of Public Economics 95: 476-487. https://doi.org/10.1016/j.jpubeco.2010.11.006.
8. Gordon, D., et al. 2003. “Child Poverty in the Developing World.” Bristol: The Policy Press. Accessed June 29, 2024. https://www.bris.ac.uk/poverty/downloads/child%20poverty/Child%20poverty%20in%20the%20developing%20world.pdf.
9. United Nations. 1989. “Convention on the Rights of the Child.” Accessed June 29, 2024. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.
10. United Nations. 2015. “Transforming our world: the 2030 Agenda for Sustainable Development.” Accessed June 29, 2024. https://sdgs.un.org/2030agenda.
11. https://sonna.so/en/weekly-cabinet-meeting-approves-somali-childrens-rights-bill/
12. Multidimensional Poverty Index (MPI) For Somalia Report 2024
13. Somali Poverty Report 2023
14. de Neubourg, C., Chai, J., de Milliano, M., & Wei, I. P. Z. (2012). Multiple Overlapping Deprivation Analysis (MODA).