

HARGEISA, SOMALILAND

**AREA- BASED
DURABLE SOLUTION
PROFILE**

-

AYAH 3B

March, 2022



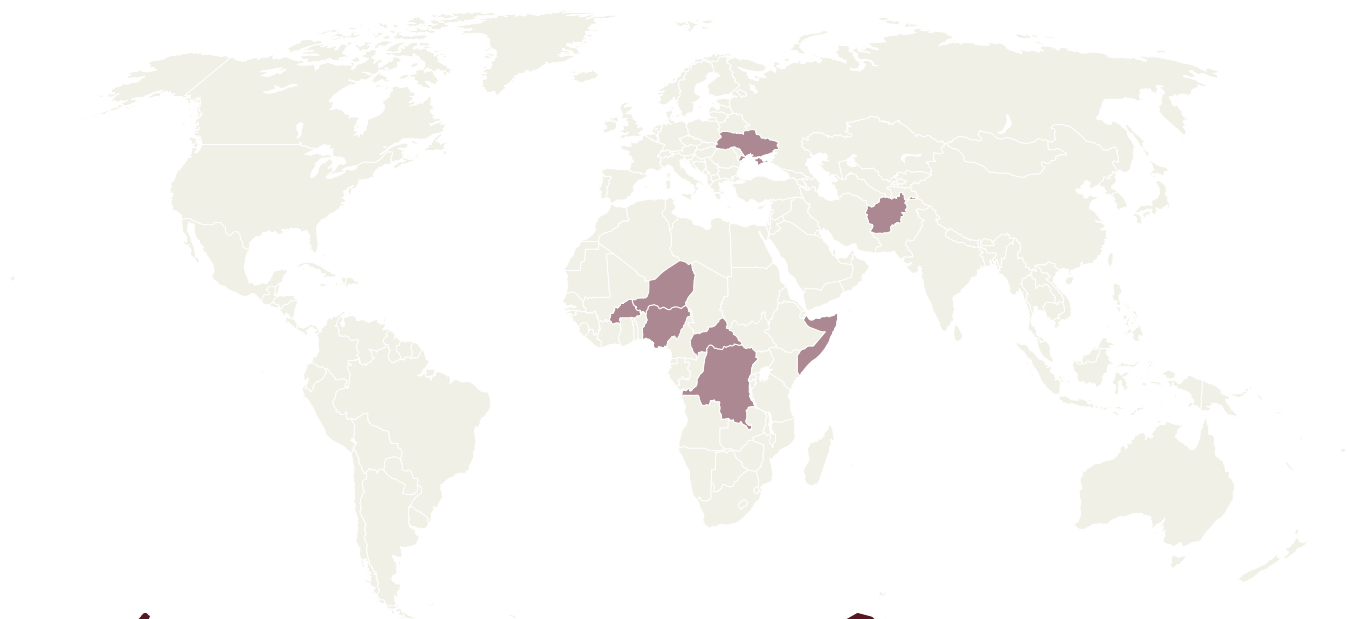
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AGORA

AGORA IN THE WORLD



AFG Afghanistan



NER Niger



BFA Burkina Faso



NGA Nigeria



CAR Central African Republic



SOM Somalia



DRC Dem. Republic of Congo



UKR Ukraine

The boundaries of this map are provided by a third party and do not represent the views of IMPACT Initiatives.

JS map by amCharts

Concerning AGORA Initiative

In 2016, AGORA was created to practically implement the ambition of ACTED and IMPACT Initiatives to ground humanitarian and development work in local knowledge, in keeping with their motto : « Think local, Act global ».

AGORA is a bottom-up territorial approach that promotes the resilience and recovery of crisis affected communities in fragile contexts by putting local territories and their people at the center, supported and guided by local knowledge, structures and capacities.

AGORA is an approach providing concrete solutions to implement the humanitarian-development-peace Nexus, the Localisation and the Accountability to Affected People agendas.

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SECTION 1 - INTRODUCTION

CONTEXT

Somaliland, a de-facto state in the Horn of Africa, continues to grapple with a multi-faceted, protracted humanitarian crisis. Cyclical climatic shocks (including four consecutive years of drought¹ and locusts²) coupled with protracted displacement and impeded development are driving emergency levels of need.^{3,4} Need is particularly acute in Togdheer and Awdal districts, causing displacement from these areas into the outskirts of the state capital Hargeisa city.

The movement of IDPs, in parallel with other rural-urban migrants, has led to an increase of land prices and competition in already economically stressed urban centres.^{5,6} Property disputes in neighbourhoods where real estate is a prized and scarce commodity are a major source of violence, evictions, and inter-communal tension along clan lines.⁷

Partially due to this, the majority of IDPs are increasingly concentrated in semi-urban areas where more vacant land is available. IDPs are then more likely to be left out of networked services and segregated from the rest of the city. This makes it difficult for them to navigate new environments and access basic services, and increases the future influence of natural disasters and socio-economic constraints on their lives.⁸

Finally, displacement, in itself, is a traumatic event for households from both a material (loss of land and goods) and a psychological perspective (isolation and separation from family). Most IDPs are children ⁹ under the age of 18 years, and IDP household members are more likely to separate from their family and to marry earlier than planned.¹⁰

In parallel, as reported by the 2022 Humanitarian Needs Overview, IDP households are more likely to rely on child labour.¹¹

RATIONALE

The AGORA approach was launched as a pilot in Somaliland. The underlying objective of AGORA, in the specific context of Hargeisa, is to integrate the displacement-related vulnerabilities and needs of IDP communities into durable solutions deliberations and planning.¹²

Finding durable solutions entails creating an enabling environment for persons in forced displacement to reduce their vulnerabilities, increase self-reliance and promote equal access to rights and opportunities in a location of choice, whether it is at the place of displacement, in the area of origin or anywhere else in the country.¹³

Although new displacements are occurring, the majority of internally displaced people (IDPs) in Somaliland are caught in a protracted situation (i.e. living in a state of crisis for years).¹⁴

The Somaliland government has considered durable solution as a cross-cutting theme for all development-related goals in the draft national development plan, which is to be completed in 2022.

In the interim, the Somaliland government has been incorporating durable solutions into the overall IDP response. This includes the incorporation of a specific component regarding durable solutions for the IDP response into the National Displacement and Refugee Agency (NDRA) Strategic Plan for 2022 - 2026 and the 2015 National Internal Displacement draft Policy.¹⁵

These policies aim to establish a systemic, coordinated and principled response to displacement and improve living conditions for IDPs through the facilitation of durable solutions.

Additionally, NDRA has established a Durable Solutions targeted department to fulfil the governmental structures and also actively work on the coordination of durable solutions for IDPs, focusing on some key elements in order to impact both the advancement of durable solutions for those in protracted displacement and the improvement of the ability of aid organisations to deliver lifesaving assistance in complex urban environments.

Separately, the humanitarian response has also incorporated durable solutions into the coordination structure. This includes the Durable Solutions Working Group in Somaliland and the Somaliland Durable Solutions Consortium (SDSC).¹⁶ Key priorities of the Durable Solutions Working Group include joint field assessments and support to upcoming durable solutions-related frameworks. In parallel, the SDSC has implemented the Durable Solutions Programme 2018-2021.¹⁶

Furthermore, the Resident Coordinator Office (RCO) has recently started a Durable solutions Initiative (DSI) to support a principled collective approach to durable solutions by all relevant actors and guide the implementation of the Comprehensive Refugee Response Framework in Somalia and other commitments made under the Nairobi Declaration and Action Plan with regard to the reintegration of refugee returnees in the country.¹⁷⁻¹⁸

AGORA's main aim is to support durable solutions programming by providing actors with programmatic, context-specific recommendations, based on area-based assessments, drawing on participatory and inclusive tools.

Via an Area Based Assessment (ABA), AGORA conducts a series of comprehensive, mixed-method assessments, providing an analysis rooted in a local understanding of the context and aimed at including multi faceted profiles of IDP sites to inform longer-term solutions, instead of short-term ones.

Following this ABA, AGORA intends to go beyond the stages of mapping and needs assessments to co-lead a workshop focused on durable solutions analysis and programme recommendations for ACTED Camp Coordination and Camp Management (CCCM) interventions.

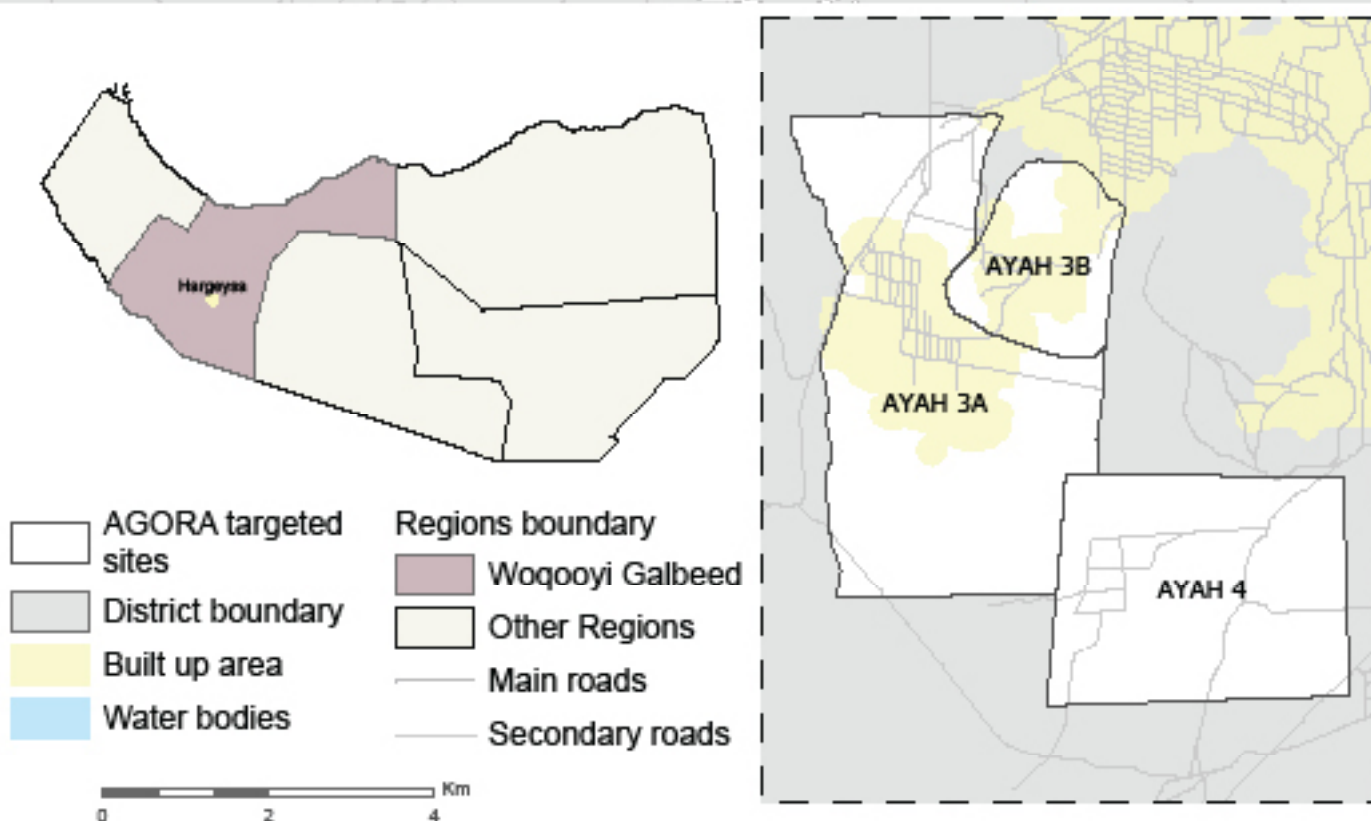
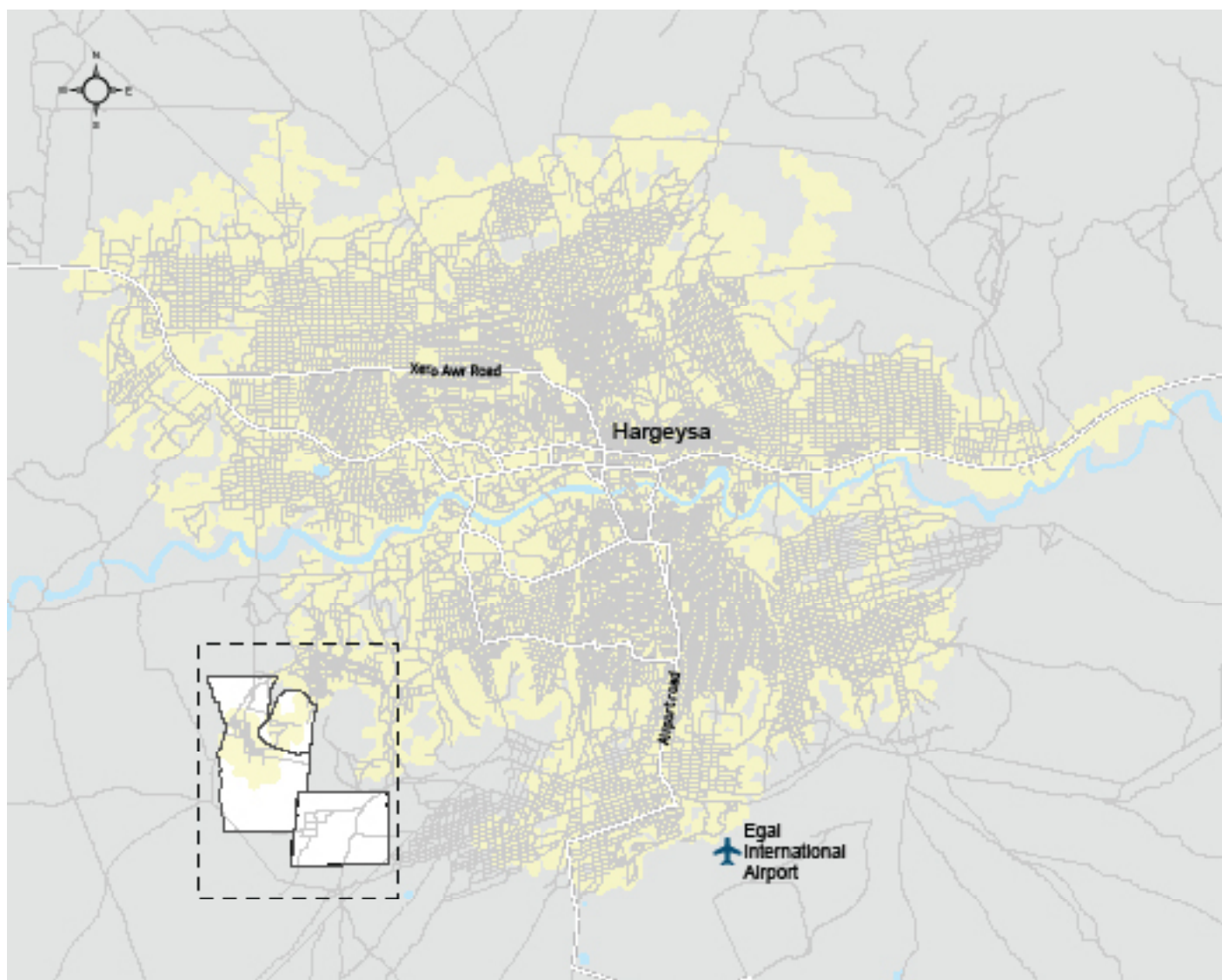
! LIMITATIONS

The limitation of assessment include that some durable solutions criterias were not taken into account because of lacking contextuality. Specifically, reference is made to family reunification, personal and other documentation, land and property, and effective remedies.

Another limitation was the fact that we do not have a comparison with the host population living in the same area because of no or small number of host populations around the settlement.



MAP 1: ASSESSED AREAS AND COVERAGE



METHODOLOGY OVERVIEW [19](#)

The AGORA pilot in Hargeisa was implemented to carry out an ABA, in order to identify programmatic recommendations for further CCCM activities.

The 2010 Inter-agency Standing Committee (IASC) Framework on Durable Solutions for Internally Displaced Persons is widely recognized as the benchmark on durable solutions for IDPs.²⁰ To assist in the achievement of durable solutions, eight criteria or benchmarks for durable solutions to displacement are set out in the IASC Framework on Durable Solutions for Internally Displaced Persons, cross-referenced in the UN Secretary General's Decision's Framework, and complementary to it:

- Long-term **safety, security and freedom of movement**;
- **Adequate standard of living**, including a minimum access to adequate food, water, housing, health care and basic education;
- Access to **employment and livelihood opportunities**;
- Access to mechanisms to restore **housing, land and property** or provide compensation for lost housing, land or property;
- Access to, replacement of or updating of **personal documentation**;
- Voluntary **reunification with family** members separated during displacement;
- **Participation in public affairs**, at all levels, on an equal basis with the resident population;
- Effective **remedies for displacement-related rights violations**, including access to justice, reparations, and information on root causes.

The overall area-based assessment has been implemented according to a methodological sequencing:

Phase 1: Territory mapping and understanding.

Phase 2: Identifying priorities for supporting IDPs in achieving their preferred durable solutions.

Phase 3: Discussions on future programmes.

The assessment used a mix of quantitative and qualitative approaches to investigate humanitarian and service-related needs in the three selected IDP sites (Ayah 3A, Ayah 3B and Ayah 4), and progress towards durable solutions across key sectors including: Basic Infrastructure, Education, Health, Livelihoods, Protection, Shelter, and WASH. This included key informant interviews with community leaders, household surveys and focus-group discussions.

Data was collected through quantitative and qualitative methods between **26th of January to 08th of March 2022**. AGORA enumerators conducted in Ayah 3B:

- 6** KIIs with local leaders,
- 1** Mapping FGDs,
- 3** KIIs with service providers.
- 156** HH surveys.

This report presents the results of Phase 2, for Ayah 3B settlement. Separate reports are available for Ayah 3A and Ayah 4.



SECTION 2 - CORE DEMOGRAPHIC ANALYSIS

Assessment findings reflect that the camps have more or less become an informal extension of the city and the surrounding areas. HH survey results suggest that the majority of households living in Ayah 3B were displaced in the initial phase of the relocation in 2012 and have been living in the settlement for 10 years or with small number of host community households.

The profiling survey results show that 96% of the Ayah 3B settlement residents are originally from Marodijeh region, which includes Hargeisa city and the surrounding districts. A significant minority, (28%), are reportedly host community households that moved to the area before the establishment of the IDP camp. Some HHs were then relocated by the authorities from informal settlements across Hargeisa - which may be the reason for 53% of the assessed HHs for reporting one eviction from their previous location at the time of data collection.²¹

Findings further suggest that IDP HHs have largely integrated into the area. Just 1% of HHs reportedly faced discrimination while they were living in the site, and only 4% of assessed HHs reported hosting other families at the time of data collection.

However, both Focus Group Discussion (FGD) and HH survey findings do indicate migration of recent IDPs from drought-affected rural areas in Ayah 3B. Approximately 66% of HHs are reportedly recent IDPs.

👤 DEMOGRAPHIC PROFILE

Average assessed HH members at the time of data collection: 4 persons per HH

Displacement category at time of data collection, by % of assessed HHs:

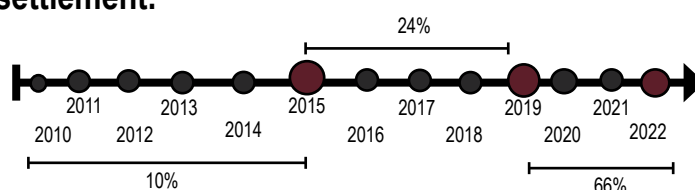
Population	Area of origin	%
Internal Displaced Persons (IDPs): 98%	Marodijeh	96%
	Togdheer	1%
	Awdal	1%
	Sahil	1%
Refugees: 1%	Ethiopia	1%

Spoken Language in the household at the time of data collection, by % of assessed HHs.

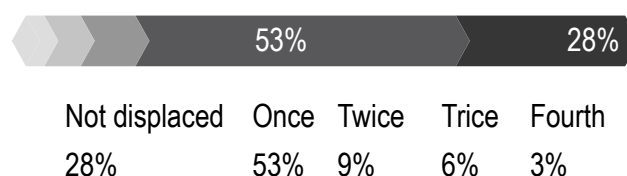
100%	Somali Maxaad tidhi
0%	Somali Maay

➡ DISPLACEMENT HISTORY

Timeline of assessed HHs arrival at the settlement.

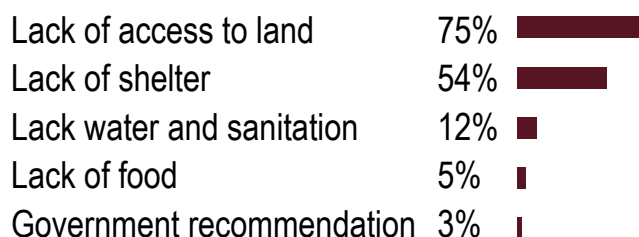


Number of times that HH had been displaced from Area of Origin (AoO) at the time of data collection, by % of assessed HHs.

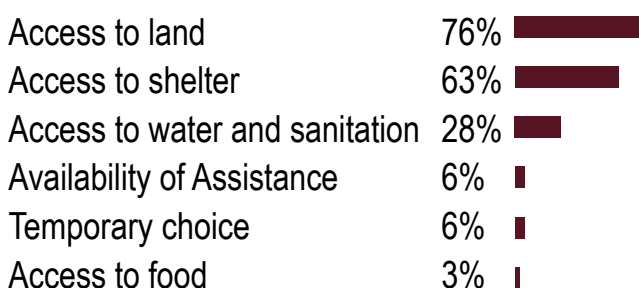


SECTION 3 - FUTURE PREFERENCES & PLANS

Primary reason for the first displacement from the AoO, by % of assessed HHs.

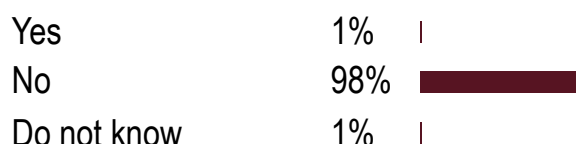


Reasons for choosing the current location, by % of assessed HHs.



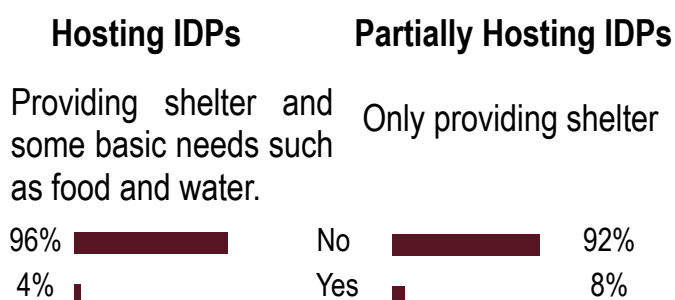
DISCRIMINATION²²

HHs which reportedly faced discrimination while living in the current location, by % of assessed HHs.



ACCOMMODATION INFORMATION

HHs reportedly hosting or sharing IDPs at the time of data collection, by % of assessed HHs and category.



Overall findings, from HH surveys and community FGDs, indicate that most IDPs in Ayah 3B intend to remain,²³ with FGD findings indicating that secure access to land is the primary reason for that. Almost the majority of HH respondents (76%) reported that they want to remain in the current location, while only 3% reportedly want to return to the Area of Origin (AoO). Similarly, almost all FGD participants reported that they want to remain. FGD participants largely reported secure shelter/livelihoods as the reason to remain, including owning land or houses in the IDP site and, conversely, lack of permanent shelter in the AoO. The majority of HH respondents similarly reported lack of access to land (75%) and to shelter (54%) as push factors from the AoO and access to land (76%) and to shelter (63%) as pull factors to the current location.

An underlining reason to remain seems to be strong relations with host communities in the IDP site. FGDs largely reported mutually beneficial relationships between IDP and host communities, with reports of IDPs and host sharing or borrowing food, water and aid among each other. Some FGD participants noted that there are no socio-economic differences between IDP and host communities in the IDP sites. In parallel, almost all HH respondents (98%) reported no discrimination from host communities in Ayah 3B in the month prior to data collection.

According to the majority of FGD participants, communities have no intention to settle elsewhere as they have ownership in the land they reside in, the cost of living is lower than in the previous location and there is better access to basic services (i.e. health, education, water facilities, markets and public transportation). Findings from FGDs and HH survey data do indicate that a minority of Ayah 3B residents may be interested in resettlement elsewhere as reported by 28% of HH respondents and a small minority of FGD participants.

This small minority of FGD participants noted that resettlement would have to come with the condition that there are livelihood opportunities and income generation activities available in the new location.

RETURN TO AREA OF ORIGIN

Likelihood of return at the time of data collection, by % of assessed HHs.

Unlikely to return	56%	<div></div>
Will not return	41%	<div></div>
Certain to return	2%	<div></div>
Likely to return	1%	<div></div>

Timeline of HHs' return at the time of data collection, by % of assessed HHs reporting an intention to return (n=56).

Do not know	76%	<div></div>
Prefer not to answer	24%	<div></div>

Most commonly reported reasons for not return at the time of data collection, by % of assessed HHs reporting an intention to return.

Lack of shelter	56%	<div></div>
Lack of other assets	46%	<div></div>
Lack of livelihood opportunities	8%	<div></div>
Lack of basic services	5%	<div></div>

ACCESS TO INFORMATION

HHs receiving information from AoO at the time of data collection, by % of assessed HHs.

Yes	65%	<div></div>
No	35%	<div></div>

How often HHs receive information about the current living and return conditions in the AoO at the time of data collection, by % of assessed HHs which reportedly receive information about the AoO.

Daily	25%	<div></div>
Rarely	23%	<div></div>
Monthly	15%	<div></div>
Weekly	14%	<div></div>
Less than monthly	5%	<div></div>

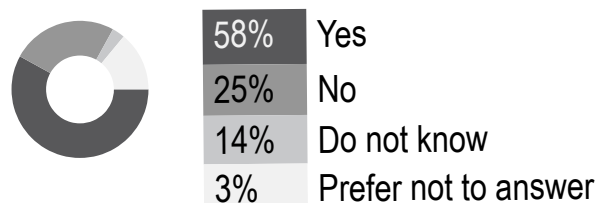
Main source of information regarding AoO at the time of data collection, by % of assessed HHs which reportedly receive information about the AoO (n=54).

40%	Friend who lived in area
12%	HH members who currently live in the area
15%	HH members who visited the area & returned

Type of information received regarding the AoO at the time of data collection, by % of assessed HHs reportedly receiving information regarding the AoO (n=54).

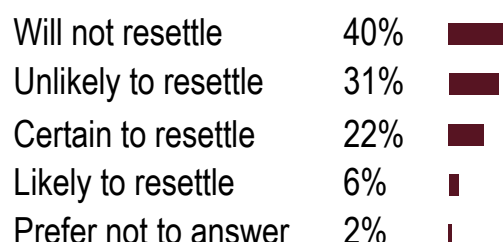
Access to shelter and land	38%	<div></div>
Access to wash	13%	<div></div>
Access to health	8%	<div></div>
Access to food and livelihood	4%	<div></div>
Access to education	2%	<div></div>

Proportion of HH that trust information received, at the time of data collection, by % of assessed HHs.



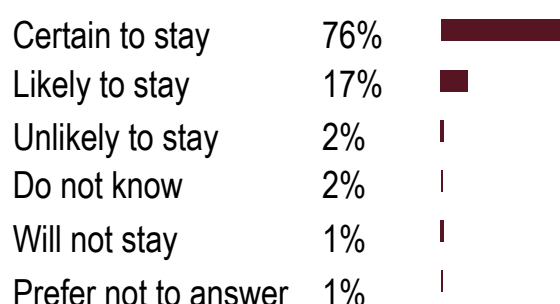
✈ RESETTLEMENT ELSEWHERE

Likelihood of resettlement in a new location at the time of data collection, by % of assessed HHs.

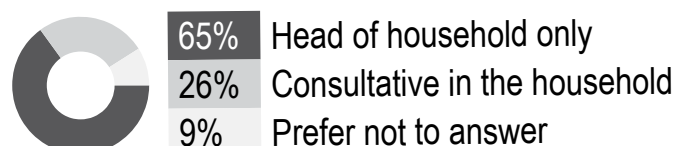


🏠 LOCAL INTEGRATION (STAY)

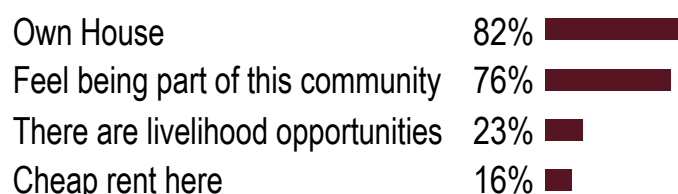
Intention to resettle in a new location (other than AoO or current location), by % of assessed HHs.



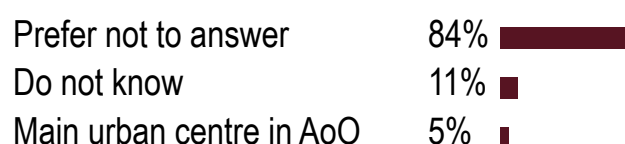
Most commonly reported primary decision maker in the household at the time of data collection, by % of assessed HHs.



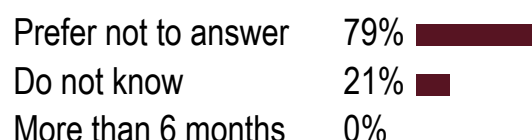
Most commonly reported reasons for staying in current location at the time of data collection, by % of assessed HHs reportedly willing to stay in the current location (n=146).



Preferred areas of resettlement at the time of data collection, by % of assessed HHs reporting an intention to resettle (n=43).



Timeline for resettlement at the time of data collection, by % of assessed HHs among the HHs reporting an intention to resettle (n=43).



📍 SITE SPECIFICS

There is no public transportation to the site because it is located on top of the mountain and the road infrastructure in the area is poor.

The site is near a military camp and the residents get down from the mountain and take public transportation within the nearby Ayah 3A settlement, however, as reported by FGD participants it's difficult to transport all HH needs up to the mountain.

SECTION 4 - DURABLE SOLUTIONS CRITERIA

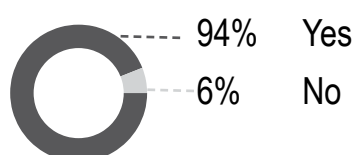
CRITERIA 1 - SAFETY, SECURITY AND FREEDOM OF MOVEMENT

Reporting largely suggests that there are no major threats to safety/security in Ayah 3B. Almost all HH respondents (94%) reported feeling safe in the IDP site, and 96% reported no movement restrictions dangers within the two months prior to data collection, held in March 2022. Almost all community FGD participants also reported that no security/safety concerns at the time of data collection except for minor conflicts between families that share latrines. According to the HHs, who received assistance (6%) in the 6 months prior than the data collection reported (100%) feeling of safety when going to receive assistance, waiting for assistance and returning home after receiving assistance at the time of data collection. Same percentages also reported being treated well with respect by aid workers.

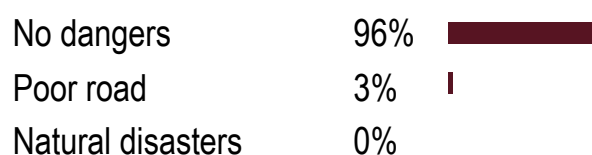
However, FGD participants did report that there are dark places where street lights should be installed and only one FGD participant reported that there was no police station available in the IDP site, which they share with neighbouring settlement Ayah 3A. This might indicate that the IDP site may require further infrastructure and programming to strengthen the overall safety/security of the area.

THREATS TO SAFETY AND SECURITY

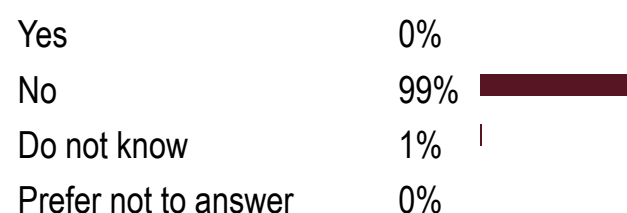
Proportion of HHs feeling safe at IDP site at the time of data collection, by % of assessed HHs.



Perception of danger in the IDP site at the time of data collection, by % of assessed HHs.



Proportion of HHs who reportedly were involved in civil disputes within the year prior to data collection, by % of assessed HHs.

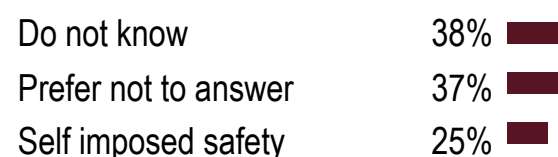


RESTRICTION AND FREEDOM OF MOVEMENT

Movement restrictions in the IDP site in the 2 months prior to data collection, by % of assessed HHs.



Most commonly reported reasons for movement restrictions in the 2 months prior to data collection, by % of assessed HHs reporting movement restrictions (n=73).



CRITERIA 2 - ADEQUATE STANDARD OF LIVING

💧 WATER ACCESS AND USE

Overall findings indicate a need for further water infrastructure/repairs to existing water infrastructure. Almost all HH respondents (98%) reported that the primary water source was water trucks, with over half (66%) reporting insufficient water to meet all basic needs at the time of data collection.²⁴ Community FGD participants further confirmed that there are no permanent water sources in Ayah 3B - which would parallel with high HH reporting of reliance on water tanks. Poor management of water facilities and significant damage to water pipes due to heavy rainfall, reported by FGD participants, is likely driving this strong reliance on water tanks. FGD participants further reported that the poor road infrastructure prevents water truck access.

The cost of water and the insufficient number of water tanks is, in turn, hindering water access in the IDP site. FGD participants reported that water has become very expensive with consecutive price increases. FGD participants reported that, when HHs have limited water access, they reduce water consumption and/or borrow that from neighbors. Similarly, over half of HH respondents (59%) reported the cost of water as a barrier to water access at the time of data collection, while just under half of HH respondents reported that the water source is too far (23%) and that the queue for water is too long (19%) which likely reflects an insufficient number of water tanks. To cope, FGD participants reported that HHs are sharing water source (93%) and limiting water consumption to the most basic needs (27%).

The principal water supply for Hargeisa was rehabilitated and an upgraded 23km main pipeline

from new water boreholes in the north of Hargeisa was installed in September 2022.

Most commonly reported primary source of drinking water at the time of data collection, by % of assessed HHs.

Water trucks	99%	<div></div>
Water tank and tap	1%	<div></div>
Kiosk	0%	<div></div>

87% Of assessed HHs reported insufficient water for basic HH needs.

Most commonly reported coping strategies for a lack of water used by HHs at the time of data collection, by % of assessed HHs reporting insufficient water to meet needs (n=135).

Drink with neighbour	93%	<div></div>
Reduce water consumption	27%	<div></div>
Fetch alternative source	2%	<div></div>

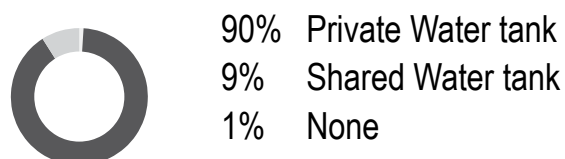
Most commonly reported barrier types to water access at the time of data collection, by % of assessed HHs.

Water is too expensive	59%	<div></div>
No barrier	33%	<div></div>
Long distance water point	23%	<div></div>
Long queue water point	19%	<div></div>

HHs reporting on water treatment at the time of data collection, by % of assessed HHs.

No - water is already clean	52%	<div></div>
No - lack access to resources	35%	<div></div>
Yes - we treat sometimes	9%	<div></div>
Yes - we treat always	2%	<div></div>
No - other reason	1%	<div></div>
None - treat for no reason	1%	<div></div>

Proportion of HHs with access to a water tank at the time of data collection, by % of assessed HHs.



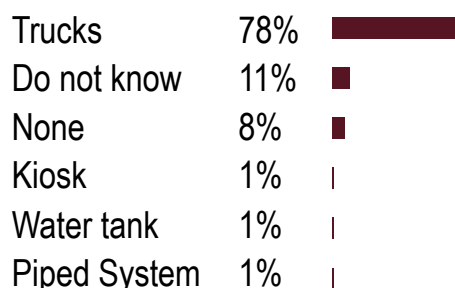
1084 L Average HH private water tank capacity

Frequency of re-filling water tanks at the time of data collection, by % of assessed HHs which reported having access to a private water tank (n=141).



16 HHs Reported that two HHs shared one water tank at the time of data collection (n=156)

Secondary sources of water at the time of data collection, by % of assessed HHs.



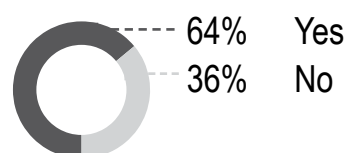
SANITATION

Reporting indicates that sanitation infrastructure and systems are inadequate in Ayah 3B. The majority of HHs (64%) reported access to a functioning latrine at the time of data collection, with just (13%) of these HHs reportedly using a public latrine.

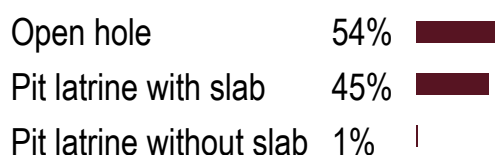
Over quarter of HHs (35%) reported that more toilets are needed and 12% added need of separate toilets by gender at the time of data collection. Similarly, close to half of HHs (47%) reported burning garbage, and just 3% of HHs reported using trash pins that was not collected at the time of data collection.

FGDs added sanitation as the pressing need of the settlement as there are HHs sharing latrines and that needs immediate intervention.²⁵

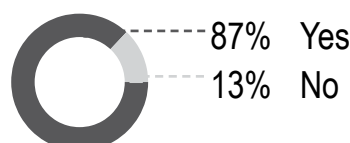
Access to functioning latrines at the time of data collection, by % of assessed HHs.



Most commonly reported latrine types at the time of data collection, by % of assessed HHs.



Access to private latrine at the time of data collection, by % of assessed HHs reporting access to a latrine (n=100).



Of HHs were satisfied with the latrine they had access to at the time of data collection, among HHs reporting access to a latrine (n=100)

54%

Most commonly reported improvements needed to HH toilet arrangement at the time of data collection, by % of assessed HHs.

No improvement	31%	
More toilets	35%	
Needs rehabilitation	5%	
Separate toilets by gender	12%	
Toilets closer to living area	8%	

HAND-WASHING & WASTE MANAGEMENT

FGDs participants confirmed that they didn't have access to efficient waste collection services, and that waste management was handled by a private company, Horseed, which charges a service fee of 3 USD per month per HH. Likewise, (47%) of the HHs reported burning the rubbish due to a lack of access to proper functioning waste collection facilities.

Access to hygiene items such as soap, diapers and sanitary products for women is also a challenge (77%) of the HHs assessed reported they do not.

Hand-washing method of HH at the time of data collection, by % of assessed HHs.

Water and soap	62%	
Water only	34%	
Sand	4%	

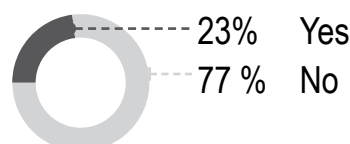
Most commonly reported ways reported for disposing of garbage in the 30 days prior to data collection, by % of assessed HHs.

Burn it	47%	
Trash bins collected	28%	
Garbage truck	22%	
Trash bins not collected	3%	
Dispose anywhere else	1%	

Frequency of garbage collection in the 30 days prior to data collection, by % of assessed HHs.

Once a week	60%	
Once every 2 weeks	28%	
Monthly	8%	
Daily	3%	
Not functional	1%	

HH Access to hygiene items at the time of data collection, by % of assessed HHs.²⁶



EDUCATION

Overall findings, from community FGD participants and HH surveys, indicate that lack of schools and economic factors are inhibiting access to education for school-aged children in Ayah 3B. Community FGD participants reported that there are no formal education facilities in the settlement, and subsequently share a primary school with the neighbouring Ayah 3A settlement. FGD participants further identified formal, functional educational facilities as a top priority need. Just 37% of HH respondents reported a secondary school within 2-4km at the time of data collection.

This lack of schools is subsequently increasing the influence of socio-economic barriers to education for school-aged children. FGD participants reported increased protection risks for children who have to walk long distances due to the lack of transportation. Separately, FGD participants reported that teachers were not receiving salaries from the government at the time of data collection, so teachers were charging students school fees and one FGD group noted that there are significant challenges to affording a secondary education. In parallel, the long commute to school, costly tuition fees for secondary education and the cost of transportation were the most frequently reported reason for dropping out of school by HHs at the time of data collection. Additionally, HH survey results present that 11% of the children aged 5-17 years walk 5 km or more to the closest functioning secondary school at the time of data collection. In turn, FGD participants reported that children who were unable to access education services largely either stay at home or work.

FGD participants further reported that boys who are not attending school mostly sell collected gravel to construction trucks or shoe-shining and that girls tend to work in the house as housewives.

In sum, further interventions, more schools and the reduction of socio-economic barriers, might be needed to address education needs in Ayah 3B.

Most commonly reported barriers to education for girls at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.

Unable to pay school fees	25%	■
School too far	3%	■
Domestic chores	2%	■

Most commonly reported barriers to education for boys at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.

Unable to pay school fees	32%	■
Too young to attend	31%	■
No open school area	6%	■

Distance to the closest functioning primary school at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.²⁷

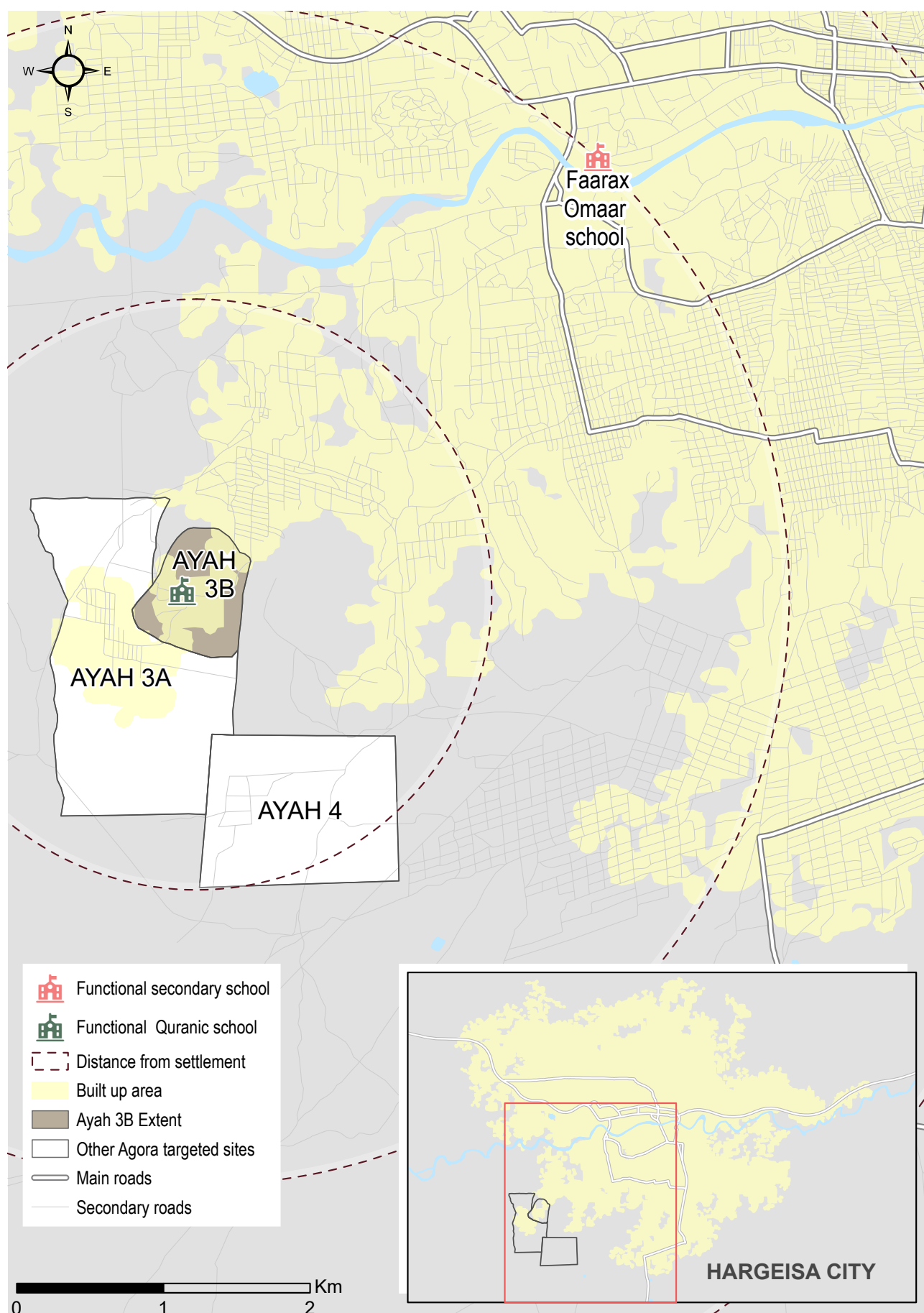
2 km	50%	■
2 - 4 km	34%	■
5 km or more	11%	■
None	4%	■
No functioning school	1%	■

Distance to the closest functioning secondary school at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.²⁸

2 - 4 km	37%	■
5 km or more	36%	■
No functioning school	22%	■
Prefer not to answer	3%	■
None	1%	■
2 km	1%	■



MAP 2: DISTANCE IN ACCESSING EDUCATION FACILITIES INSIDE AND OUTSIDE THE SETTLEMENT



CRITERIA 2 - ADEQUATE STANDARD OF LIVING

HEALTHCARE

Findings overall suggest that the Ayah 3A community is largely relying on religious or traditional alternatives due to severely limited healthcare access. Service mapping conducted in the first phase of the assessment and FGD participants reported that the settlement has no health facility, which FGD participants reported is partially due to the poor quality of the roads. FGD participants reported that ambulances are not able to reach the site, and cost (48%) and distance (39%) were also the most frequently reported barriers to health facilities by HH respondents.

Due to the cost and distance of health services, findings indicate that residents search for cheaper healthcare options or home remedies. FGD participants reported that HHs prioritize health facilities which offer reduced-cost healthcare services, and a minority of HHs (28%) reported that they rely on home remedies for treatment.

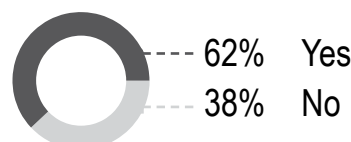
HHs reporting on seeking medical treatment within the last 30 Days, by % of assessed HHs.

Outside Campsite	90%	
None sought	10%	

Most frequently reported health facility access category at the time of data collection, by % of assessed HHs.

Health facilities	71%	
Self medication or pharmacy	27%	
Traditional attendant in site	1%	
No health facilities	1%	

HH ability to access health services or treatment in the 30 days prior to data collection, by % of assessed HHs which reportedly needed access to health services or treatment in the 30 days prior to data collection.



Distance to closest health facility at the time of data collection, by % of assessed HHs.

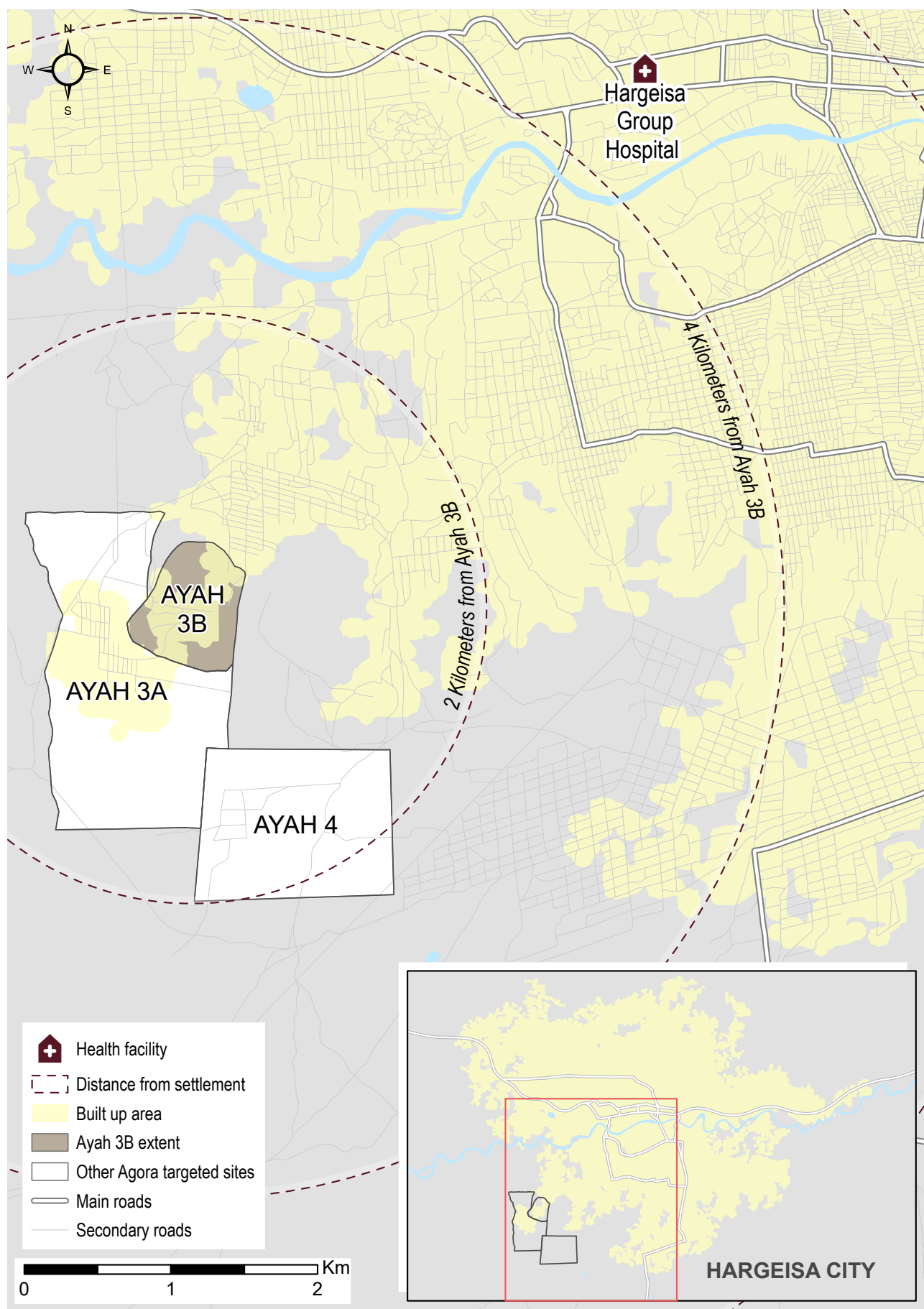
Within 30 Minutes	47%	
Between 30 to 60 minutes	29%	
More than 60 minutes	24%	

Overall findings suggest that most HHs have access to a health facility within 5 kilometers of where they live. Almost half (47%) of Ayah 3B HHs reported having to walk to the nearest health clinic within two kilometers of where they live, and 29% of them reported having access between 2-5 kilometers. Just 24% of HHs reported that the closest health facility was more than 5 kilometers far from Ayah 3B.

Most commonly reported barriers to medical treatment and/or medical advice at the time of data collection, by % of assessed HHs.

48%	Services and medicine have high cost
39%	Health facility is too far away
29%	No barrier
21%	No medicine available
9%	No qualified staff at health facility

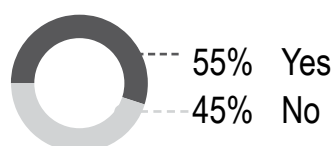
MAP 3: DISTANCE IN ACCESSING HEALTH FACILITIES OUTSIDE THE SETTLEMENT



CRITERIA 2 - ADEQUATE STANDARD OF LIVING
⚡ ELECTRICITY

Overall findings state that nearly half (45%) of the HHs assessed don't have access to electricity at the time of data collection. Almost 1 in 3 HHs (35%) reported that the public power grid as their primary source of electricity, with almost half of those HHs (44%) reporting access to electricity for 21-22 hours a day at the time of data collection.

FGD participants confirmed that electricity is available, but that the cost is too high for residents. Similarly, 17% of HHs reported no access to electricity at all. Satellite imagery shows that there is an electricity factory station, managed by SOMPOWER, near this settlement which supplies electricity to this and other nearby settlements.

Access to electricity at the time of data collection, by % of assessed HHs.

Primary source of electricity at the time of data collection, by % of assessed HHs.

Power grid	35%	■
Community generator	31%	■
Don't have electricity	17%	■
Private generator	15%	■
Torch light	1%	
Do not know	1%	

Number of hours that HH had electricity at the time of data collection (including both public grid and generator), by % of assessed HHs.

0 - 4 hours a day	16%	■
21 - 24 hours a day	44%	■
Prefer not to answer	33%	■
Do not know	7%	■

🏠 HOUSING CONDITIONS (SHELTER)

Overall findings suggest that land ownership may be more common in Ayah 3B than in other IDP sites and, in parallel, that the threat of eviction is low. In Somaliland, almost all land in urban areas is privately owned and disagreement regarding ownership/tenancy is a key tension between IDP and host populations. Although there are laws in place focused on land governance, including the Urban Land Management Law 16 and the Agricultural Land Ownership Law 17, their implementation and enforcement is limited.²⁹

In contrast, community FGD participants reported that most households had documentation of land ownership. This documentation had been provided by the local government when relocating the population from the city to Ayah 3B. In parallel to high reporting of land ownership from FGD participants, almost all HHs (97%) reported no threat of eviction at the time of data collection.³⁰

The HH survey data also shows that 42% of the respondents reported living in makeshift houses while 23% of the HHs reported living in iron sheets buildings. This makes that 65% of HHs living in non-durable buildings. Similarly, FGDs data indicate that most HHs live in iron sheet house which are particularly vulnerable to natural disasters – i.e. extreme temperatures, lightening, heavy rain or winds.

Finally, community FGDs prioritised shelter as a pressing need.

Shelter that HH lives in at the time of data collection, by % of assessed HHs.

Makeshift	42%	<div></div>
Masonry building	26%	<div></div>
Iron sheets house	23%	<div></div>
Traditional house	8%	<div></div>
Emergency shelter	1%	<div></div>

3% Assessed HHs threatened with eviction from current location at the time of data collection

Most commonly reported reasons for eviction threats at the time of data collection, by number of assessed HHs reporting an eviction (n=4).

Do not know	2 HHs
Lack documentation	1 HH
Fear eviction	1 HH

Most commonly reported issues with shelter at the time of data collection, by % of assessed HHs.

58%	No Issues
22%	Inadequate shelter
21%	Shelter not solid enough to offer protection
19%	Shelter lacks basic infrastructures & utilities
10%	Land at risk of flooding or landslides
8%	Shelter has structural defects

Most commonly reported need to make shelter a better place to live at the time of data collection, by % of assessed HHs.

Improve basic infrastructures	65%	<div></div>
Improve privacy and dignity	57%	<div></div>
Protect from climatic conditions	44%	<div></div>
Protection from hazards	42%	<div></div>
Improve structural stability	39%	<div></div>

CRITERIA 3- SOCIO ECONOMICS, LIVELIHOODS & MARKETS

Assessment findings suggest overall poor economic conditions. FGD participants reported no markets in the settlement, and that there were no job opportunities in the settlement. HHs largely depend on casual jobs in the city centre. Some FGD participants also mentioned that, after their relocation to Ayah 3B, residents have lost their jobs and other sources of income. Distance was the most frequently reported barrier to job opportunities by FGD participants, followed by lack of education/skills.

The key findings above align with external reporting according to the NDP-II, more than half of the Somaliland adult population has no work opportunities (70%).³¹ Meanwhile, prices are increasing due to the drought and the war in Ukraine.³²

Findings from the HH survey parallel reporting by FGD participant state that majority of HHs (63%) reported not having access to functioning markets at the time of data collection. 84% of HHs also reported debt with food as the most commonly reported reason for debt, which would indicate that HHs are relying on debt rather than livelihood activities to meet basic food needs due to the absence of a market or lack of job opportunities in the settlement. Some FGD participants further reported that clan affiliation is a factor that supports access to jobs and livelihoods in the settlement, which could suggest that clan membership or lack of social connections within the settlement could exacerbate other barriers to job opportunities (i.e. distance and lack of education/skills). However, only one (1%) of HHs reported facing discrimination at the time of data collection.

FGD participants recommended that building a market within the settlement could promote job creation in the settlement as well as contribute to the availability of goods and services in the settlement.

FGDs also recommended further HH-level support with regards to the creation and support of livelihoods for residents in the settlement.

HOUSEHOLD ECONOMY

Largest HH expense, by % of assessed HHs and category.

Food	90%	<div></div>
Water	81%	<div></div>
Medicine	37%	<div></div>
Education	35%	<div></div>

Reported presence of HH debt by % of assessed HHs at the time of data collection.

72% Of surveyed HHs reported being **in debt** at the time of data collection.

↳ **87%** of the money was borrowed from **traders**.

Most commonly reported debt lenders at the time of data collection, by % of assessed HHs which reported HH debt (n=112).

Traders	87%	<div></div>
Neighbors	17%	<div></div>
Host family	7%	<div></div>
Family	5%	<div></div>

Major uses of borrowed money, by % of assessed HHs (n=112).

Food	84%	<div></div>
Water	31%	<div></div>
Medical health costs	21%	<div></div>

Most commonly reported HH income sources in the IDP site at the time of data collection and in the previous location, by % of assessed HHs.

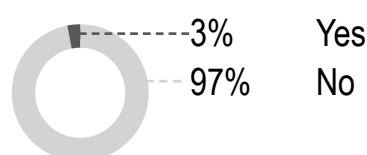
Previous location		Current location
16%	Casual wage	32%
19%	Small business	12%
7%	Regular employment	12%
39%	No source	34%

FOOD SECURITY

Community FGD participants and HH surveys indicate high need for livelihood interventions. FGD participants emphasized that community members face increasing economic vulnerability due to a lack of employment and low wages vs. increasing prices.

Almost all HHs (96%) reported no sufficient livelihood opportunities, and approximately 1 in 3 HHs reported no income source at all at the time of data collection (34%). Community FGD findings indicate that IDPs prioritize access to sufficient food as one of their priorities.

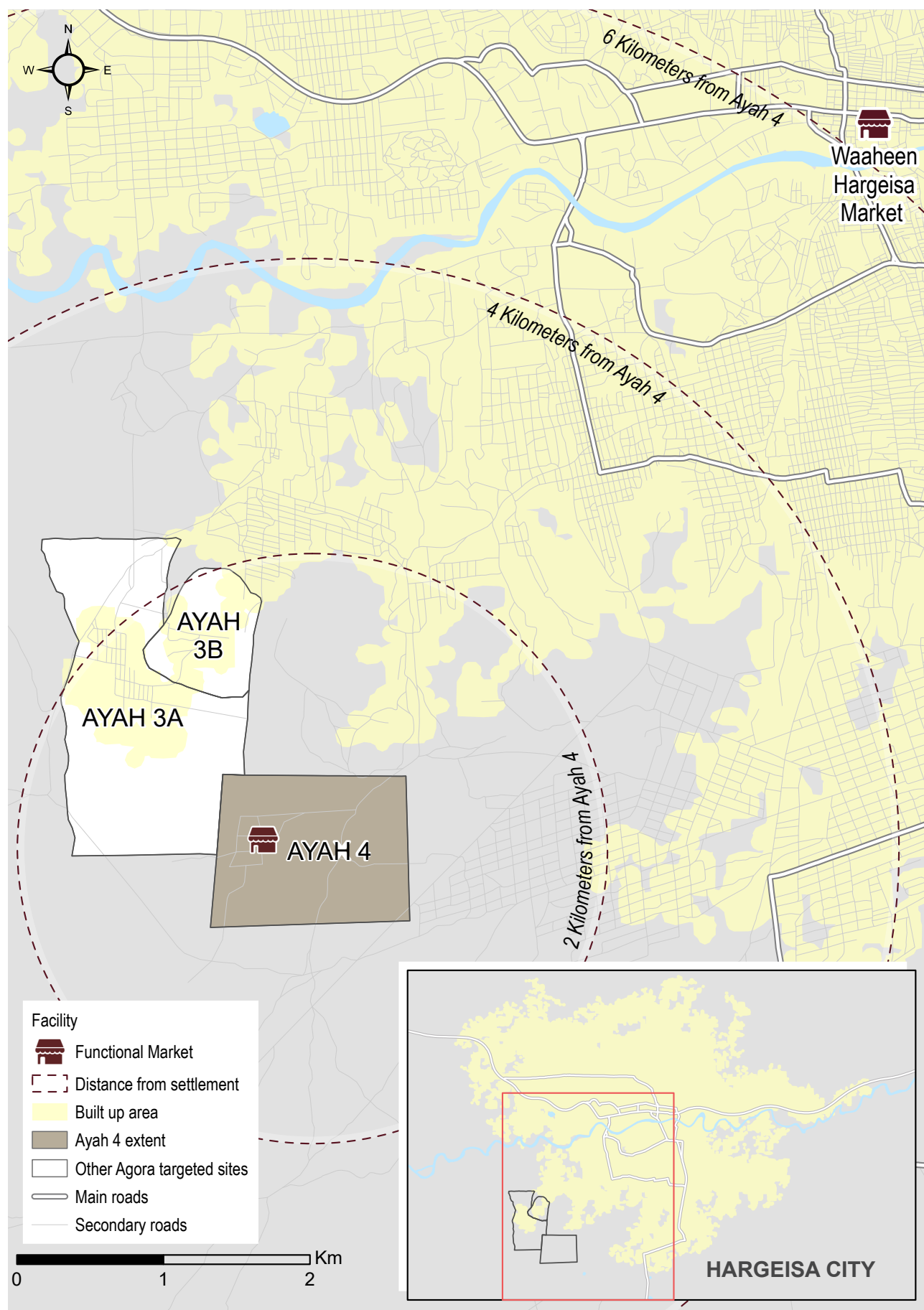
Proportion of HHs with children contributing to HH income at time of data collection, by % of assessed HHs.



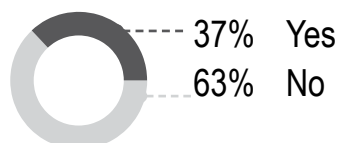
Most commonly reported sources of food at the time of data collection, by % of assessed HHs.

Purchased with own cash	62%	<div></div>
Purchased on credit (debt)	60%	<div></div>
Received in-kind for labour	2%	<div></div>
Food assistance from UN or INGOs	2%	<div></div>

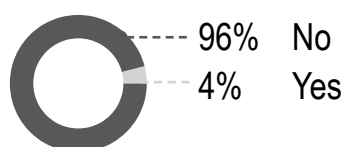
MAP 4: DISTANCE IN ACCESSING MARKET FACILITIES OUTSIDE THE SETTLEMENT



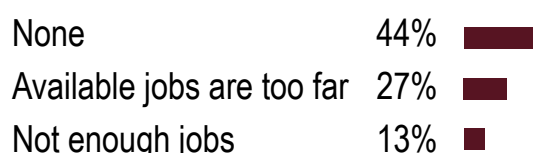
HH access to functioning market at the time of data collection, by % of assessed HHs.



Proportion of HHs which reported on sufficient livelihood opportunities in IDP site to meet recurring HH needs, by % of assessed HHs.



Most frequently reported obstacles to finding jobs, by % of assessed HHs.



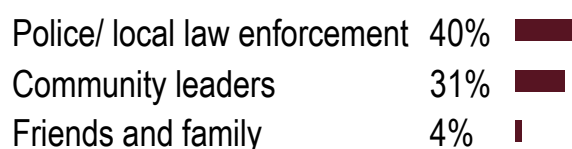
CRITERIA 7 - PARTICIPATION IN PUBLIC AFFAIRS

The assessment findings indicate that community committees rather than affected populations were mobilized when making decisions. Moreover, the majority of the HH survey results have shown that HHs were not aware of any development planning initiatives led by local authorities and community-based NGOs. This indicates that members of community committees, rather than voices across the affected population, are not heard with regards to local affairs.

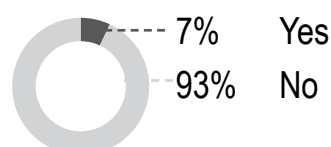
Findings further confirm that residents do feel that they are able to make decisions regarding their settlement. Almost all assessed HHs (93%), reported that they felt able to participate in decision making processes in their settlement.

LOCAL COMMUNITY PARTICIPATION

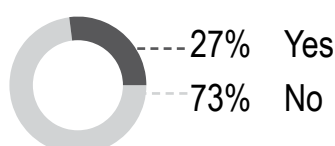
Most frequently reported staff type that HHs report safety concerns and unfair treatment to at the time of data collection, by % of assessed HHs.



Proportion of HHs reportedly aware of development planning initiatives in the IDP site led by local authorities at the time of data collection, by % of assessed HHs.



Awareness of development planning initiatives in the IDP site by community based organisations at the time of data collection, by % of assessed HHs.



CRITERIA 8 - EFFECTIVE REMEDIES



ACCESS TO JUSTICE

Overall findings indicate that there are justice-related services available, but that these are largely not used by HHs. FGDs data show that the residents largely rely on community older people and traditional leaders to mediate and resolve disputes after arising. Those who do not accept the aforementioned resolutions reach out to the formal justice mechanisms in Hargeisa city






However, the HHs survey data shows that 94% of HHs did not use any services providing safety and justice in the past year.

The formal justice system in Somaliland faces significant challenges, including a shortage of qualified professionals, limited resources and infrastructure, and a paucity of data and record keeping.³³ There are some legal aid providers, although provision is limited. Resources in the formal justice system are concentrated in Hargeisa, and access to formal justice mechanisms in rural areas is extremely limited.³⁴

Proportion of HHs regarding the use of official government services providing safety, protection and justice in the year prior to data collection, by % of assessed HHs.

Yes	6% 
No	94% 

Proportion of HHs regarding ease of legal assistance and justice service at the time of data collection, among % of assessed HHs which reportedly needed these services.

Very easy	42% 
Somehow easy	34% 
Very difficult	16% 
Do not know	5% 
Somehow difficult	3% 

Proportion of HHs that were satisfied with the services provided at the time of data collection, by number of assessed HHs which received services (n=26).

Yes	16 HHs
No	10 HHs

SECTION 5 - ACCOUNTABILITY TO AFFECTED POPULATIONS

HUMANITARIAN ASSISTANCE

FGDs findings indicate that actors providing a response in the settlement are mostly international NGOs who then involve local NGOs and the NDRA. The community committee is responsible for identifying and responding the needs of the community.

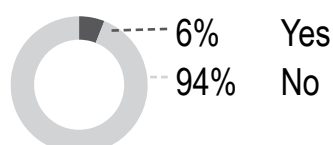
Overall findings indicate that the majority of HHs did not receive humanitarian assistance in the past six months. The vast majority of households in the settlement (94%) reported not receiving any type of humanitarian assistance in the 6 months preceding the data collection. Of the HHs that did reportedly receive assistance (6%), the most commonly reported types of assistance received was livelihoods support.

A majority of HHs (97%) who reportedly received humanitarian assistance said they were satisfied with the assistance received.

FGDs data also indicates community involvement in any development projects conducted by INGOs in response to their needs. FGD participants further reported that men and women contribute to humanitarian programmes on the site differently. Men are primarily involved in construction and road clearance activities, while women are not involved at all. FGD findings indicate that households receive information regarding general security, access to basic services and humanitarian services from media - i.e., televisions, radio, and social media. Community committees also inform HHs of major interventions via face to face interactions.

FGDs added that support needed to maintain these community coordination structures includes capacity building of the committee. FGD participants did not report any specific capacity to build, but did request an added community centre building.

Proportion of HHs which received assistance in the six months prior to data collection, by % of assessed HHs.



Most frequently reported sources of humanitarian assistance received in the six months prior to data collection, by number of assessed HHs who received humanitarian assistance (n=9).

International NGO	9 HHs
Community Assistance	0 HHs
Local NGO	0 HHs

Most frequently reported types of humanitarian assistance received in the six months prior to data collection, by number of assessed HHs who received humanitarian assistance (n=9).

Livelihoods	9 HHs
Food support	0 HHs
Education	0 HHs

Most frequently reported modalities of humanitarian assistance received in the six months prior to data collection, by number of assessed HHs who received humanitarian assistance (n=9).

Cash	9 HHs
In-kind	0 HHs
Both cash and in-kind	0 HHs

Proportion of HHs regarding feeling that every member of HH/community that needed it was included in the humanitarian assistance received in the six months prior to data collection, by number of assessed HHs who received humanitarian assistance (n=9).

Yes	9 HHs
Do not know	0 HHs
No	0 HHs

HHs reporting on the appropriateness of assistance received, by number of assessed HHs who received assistance (n=9).

Yes	9 HHs
No	0 HHs

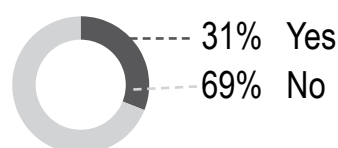
Most commonly reported information that HHs would like from aid providers at the time of data collection, by % of assessed HHs.

Water services	89%	<div></div>
Education	67%	<div></div>
Livelihoods	33%	<div></div>

Most frequently reported preferred means for information provided by aid providers at the time of data collection, by % of assessed HHs.

Phone Call	46%	<div></div>
Face to face community	36%	<div></div>
Face to face office	32%	<div></div>
Face to face home	24%	<div></div>

HHs reporting on existence of barriers to accessing information regarding assistance at the time of data collection, by % of assessed HHs.



Most commonly reported barrier types to accessing information from aid providers at the time of data collection, by % of assessed HHs.

None	21%	<div></div>
Limited literacy	17%	<div></div>
Financial means	8%	<div></div>

END NOTES

- [Country Disasters dashboard](#)
- [Horn of Africa locust infestation](#)
- [Humanitarian needs overview 2022.](#)
- [IPC country analysis Som.](#)
- IDMC Global report on internal displacement ([GRID 2018](#))
- Somalia Urbanization review: [Fostering cities as anchors of development](#)
- ibid*
- Somalia Urbanization review: [Fostering cities as anchors of development](#)
- [CCCM Cluster Dashboard Sep 2022](#)
- [Protection monitoring system dashboard](#)
- Humanitarian Crisis analysis March 2022 [Sida](#)
- “A durable solution is reached when a displaced person no longer has any protection or assistance needs related to their displacement, and can exercise their rights without discrimination linked to their displacement”.
- [UN Somalia RCO Factsheets.](#)
- IDLO [Supporting the return, reintegration, and protection of somali IDPs and Refugees](#)
- NDRA [5 years strategic plan 2022-2026](#), IDMC [National Internal Displacement Draft policy](#)
- Somaliland Durable Solutions [Consortium](#)
- [Durable Solutions Initiative \(DSI\)](#)
- Nairobi Comprehensive Plan of Action for Durable Solutions for Somali Refugees [\[Annex to the Declaration\]](#)
- Full methodology of the AGORA can be found in Terms of Reference ([ToR](#)).
- Interagency Standing Committee (IASC) [Framework on Durable Solutions](#)
- Informal settlements (ISET)s are areas where groups of housing units have been constructed on land that the occupants have no legal claim to, or occupy illegally.

22. Discrimination means here the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, or disability.
23. Within the six months following data collection in March 2022
24. Basic need means here, in terms of quantity and quality for four basic human needs; drinking water for survival, water for human hygiene, water for sanitation services, and modest household needs for preparing food.
25. WHO Somalia: Health Emergency Programme [Update, September 2022](#)
26. Hygiene items , such as soap, diapers and sanitary products for women.
27. Primary School is defined as classes over kindergarten at levels between grade 1-4 while elementary school is grades 5-8.
28. Secondary School: is defined as schooling after elementary school in grades between 9-12.
29. [Somaliland urban land management law: 2001](#)
30. Ayah 3B Settlement Facsheet AGORA [March 2022](#)
31. Ministry of Planning and Development (2017). Somaliland National Development Plan II 2017-2021.
32. Joint Market Monitoring Initiative JMMI REACH [Report May 2022](#)
33. [Participation and Effective Governance in Somaliland Assessment Report. Progressio](#) Rossi, A. (2014)
34. [The State of the Judiciary in Somaliland.](#) Horizon Institute (2016).



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