HARGEISA, SOMALILAND

AREA- BASED DURABLE SOLUTION PROFILE

Ayah 4

March, 2022



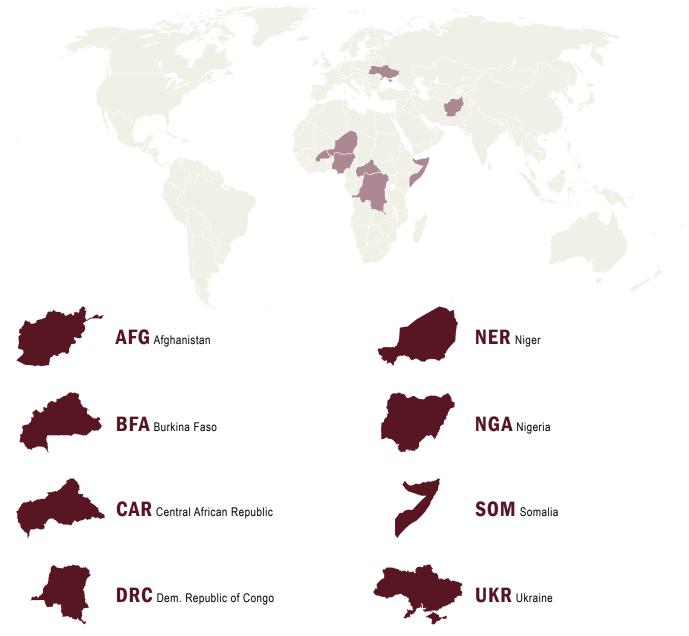








AGORA IN THE WORLD



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.

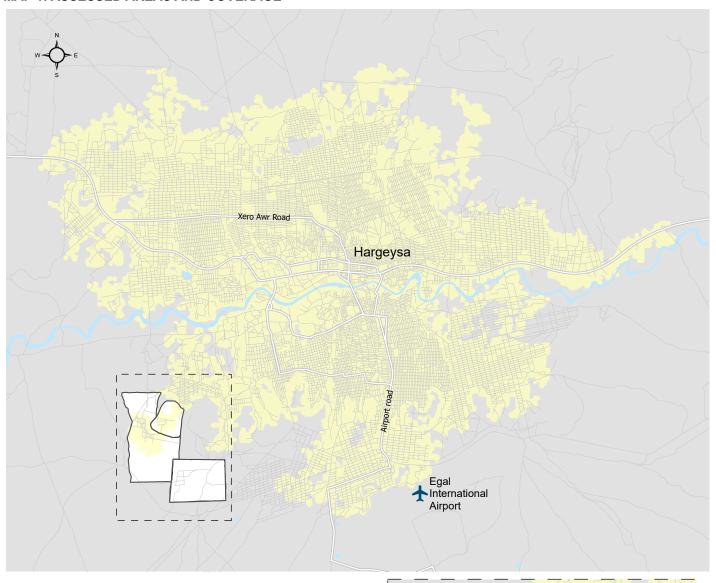
Via an Area Based Assessment (ABA), AGORA conducts a series of comprehensive, mixed-method assessments, providing an analysis rooted in a local understanding of the context and aimed at including multi faceted profiles of IDP sites to inform longer-term solutions, instead of short-term ones.

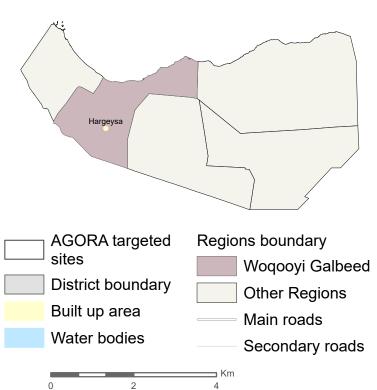
Following this ABA, AGORA intends to go beyond the stages of mapping and needs assessments to co-lead a workshop focused on durable solutions analysis and programme recommendations for ACTED Camp Coordination and Camp Management (CCCM) interventions.

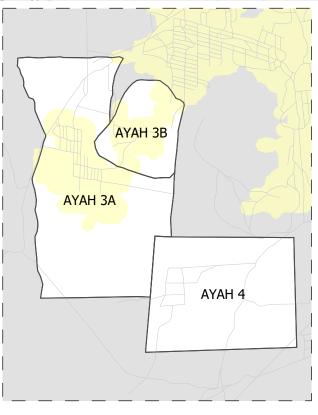
LIMITATIONS

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 Generals 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 & 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 **26**th **of January to 08**th **of March 2022**. AGORA enumerators conducted in Ayah 4:

- **7** KIIs with local leaders,
- 1 Mapping FGDs,
- 12 KIIs with service providers.
- 235 HH surveys.

This report presents the results of Phase 2, for Ayah 4 settlement. Separate reports are available for Ayah $3A^{21}$ and Ayah $3B^{22}$.

SECTION 2 - CORE DEMOGRAPHIC ANALYSIS

Assessment findings reflect that Ayah 4 has become a largely informal extension of the city and the surrounding areas. The majority (98%) of households (HHs) living in Ayah 4 were displaced and have been living in the settlement since 2014.

However, both Focus Group Discussion (FGD) and HH findings do indicate that there has been some migration of recent IDPs from drought-affected rural areas of Marodijeh. Approximately 4% of HHs are reportedly recent IDPs in 2022.

The vast majority (90%) of the Ayah 4 settlement residents are originally from the Marodijeh region, which includes Hargeisa city and the surrounding districts, while Togdheer (6%) as shown in th right table. A minority of residents (2%) reported that they are from Ethiopia and the south-central areas of Somalia. A quarter, (25%) of residents are reportedly host community households that moved to the area before the establishment of the IDP camp.

Some HHs were reportedly relocated by the authorities from informal settlements across Hargeisa to Ayah 4, which may be why 69% of HHs reported one eviction from their previous location at the time of data collection.²³

75% of HHs reported a preference to stay as permanent residents in their current location, and that they will not return to their previous location. In parallel, most community FGD respondents stated that they are permanent residents in their current location, and that they will not return to their previous location. While they may have better community services at the prior location, they prefer to stay here because land is their own.

B DEMOGRAPHIC PROFILE

Average assessed HH members at the time of data collection: 6.75 ≈7

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

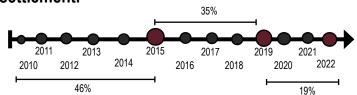
Population	Area of origin	%
Internal Displaced	Marodijeh	90%
Persons (IDPs): 98%	Togdheer	6%
	Sahil	1%
	Sool	1%
Refugees: 2%	Ethiopia	1%
	Somalia	1%

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

i 93%	Somali Maxaad tidhi
	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.

$\langle \rangle \rangle$		69%			25%
	Not displaced	Once	Twice	Trice	Fourth
	25%	69%	4%	2%	1%

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

Lack of shelter	75%	
Lack of access to land	49%	
Government recommendation	20%	
Lack of food	6%	
Lack water and sanitation	4%	L

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

Access to shelter	71%	
Access to land	31%	
Temporary choice	13%	
Availability of Assistance	9%	
Access to food	4%	L
Access to water and sanitation	4%	I

DISCRIMINATION24

FGD and HH survey findings suggest that there is relatively little discrimination in the settlement. FGD participants reported that there is no discrimination, and almost all assessed HHs (94%) in the HH survey reported no incidents of discrimination.

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

Yes	3%	I
No	94%	
Prefer not to answer	3%	1

ACCOMMODATION INFORMATION

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

and category.	
Hosting IDPs	Partially Hosting IDPs
Providing shelter and some basic needs such	Only providing shelter
as food and water.	

89%	No	97%
11%	Yes	3%

* Respondent was able to choose more/less than one option

SECTION 3 - FUTURE PREFERENCES & PLANS

Overall findings indicate that IDP residents intend to remain in Ayah 4 in the long-term. 75% of HHs preferred to stay, and FGD participants also largely reported no intention to settle elsewhere.

HH findings indicate that shelter maybe a key driver behind this preference. Over half (54%) of HHs reported owning a house. In contrast, only 8% of HHs reported that they want to return to their areas of origin with the major reasons of return being lack of shelter within Ayah 4 (55%).

As noted above, FGD participants reported having no intention to settle elsewhere. In parallel with HH survey findings, FGD findings indicate that ownership over their shelter in Ayah 4 maybe a key driver behind this. The most commonly reported reasons among FGD participants which reported no intention to settle elsewhere included ownership in the land they reside in, lower cost of living in Ayah 4 and access to basic services (i.e., health, education, water facilities, markets, and public transportation).

FGD participants further reported that, despite having better quality community services at their previous location, they prefer to stay in Ayah 4.

Furthermore, FGD participants also reported characteristics in common (i.e., religion, ethnicity, and language) as factors enablling an easier for integration and that they feel that they are a part of the community. This is supported by HH survey findings, where 94% of HHs reported they had not experienced discrimination while living in Ayah 4.

% RETURN TO AREA OF ORIGIN

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

Will not return	47%	
Unlikely to return	38%	
Do not know	7%	
Certain to return	4%	I
Likely to return	4%	I

Timeline of HHs' return at the time of data collection, by % of assessed HHs reporting an intention to return.

Do not know	87%
Prefer not to answer	12%
More than 6 months	1%

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

Lack of shelter	55%	
Lack of other assets	22%	
Lack of livelihood opportunities	9%	
Lack of basic services	7%	

• CCESS TO INFORMATION

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

Yes	50%	
No	44%	
Prefer not to answer	4%	I .
Do not know	2%	I

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	31%	
Do not know	20%	
Monthly	18%	
Less than monthly	16%	
Weekly	15%	

Main source of information regarding AoO at the time of data collection, by % of assessed HHs which reportedly receive information about the AoO (n=104). *

19%	Friend who lived in area
12%	HH members who currently live in the area
3%	HH members who have visited the area and
	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=104). *

Access to education	39%
Access to health	24%
Access to food and livelihood	21%
Access to shelter and land	20%
Access to wash	16% ■

^{*} Respondent was able to choose more/less than one option

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



59%	Yes
21%	No
11%	Prefer not to answer
9%	Do not know

ALLOCAL INTEGRATION

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

Certain to stay	59%	
Likely to stay	16%	
Do not know	14%	
Unlikely to stay	5%	•
Will not stay	4%	1
Prefer not to answer	2%	1

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=177).*

Own House	54%	
Cheap rent here	50%	
Feel being part of this community	46%	
There are livelihood opportunities	13%	

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



69%	١
29%	(
2%	ı

Head of household only Consultative in the household Prefer not to answer

• RESETTLEMENT ELSEWHERE

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

Will not resettle	39%	
Unlikely to resettle	34%	
Likely to resettle	17%	
Prefer not to answer	8%	
Certain to resettle	2%	I

Most commonly reported reasons for resettlement at the time of data collection, by % of assessed HHs among HHs reporting an intention to resettle (n=44).*

Not getting expectations here	38%	
Seeking income opportunities	8%	

Preferred areas of resettlement at the time of data collection, by % of assessed HHs reporting an intention to resettle (n=44).

Do not know	46%	
Main urban centre in AoO	31%	
Elsewhere in region of origin	10%	
Elsewhere in the country	10%	
Prefer not to answer	3%	1

Timeline for resettlement at the time of data collection, by % of assessed HHs among the HHs reporting an intention to resettle(n=44).

Do not know	93%	
Prefer not to answer	5%	I
More than 6 months	2%	I

^{*} Respondent was able to choose more/less than one option

SECTION 4 - DURABLE SOLUTIONS CRITERIA

CRITERIA 1 - SAFETY, SECURITY AND FREEDOM OF MOVEMENT

Reporting largely suggests that there are relatively few major threats to safety/security in Ayah 4.

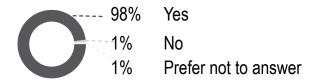
Almost all HH respondents (98%) reported feeling safe in the IDP site, and 86% reported no movement restrictions within the two months prior to data collection, held in March 2022.

Almost all community FGD participants also reported that there were no security/safety concerns. However, FGD participants did report that there are dark places where streetlights should be installed and only one FGD participant reported that there was a police station available in the IDP site.

Fifty-three percent (53%) of HHs receiving assistance in the 6 months prior to the data collection reported a feeling of safety when going to receive assistance, waiting for assistance and returning home after receiving assistance. The same proportion also reported they were treated with respect by aid workers.

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.

No dangers	87%	
Do not know	6%	1
Prefer not to answer	5%	1
Natural disasters	1%	
Forced evicion	1%	

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

No	94%	
Yes	3%	1
Prefer not to answer	2%	I
Do not know	1%	1

Type of dispute that the HH was involved in, by the number of HHs assessed disputes in the past year (n=8).

Family	5 HHs
Land	2 HHs
Property	1 HHs

ROAD INFRASTRUCTURE

FGD participants reported that there are no paved roads into Ayah 4, and confirmed that quality roads connecting the site to Hargeisa aare a priority need. FGD participants reported that paved roads would better connect HHs to basic services including water, healthcare and education.

RESTRICTION & FREEDOM OF MOVEMENT

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

No restriction	86%	
Do not know	8%	
Prefer not to answer	6%	1

Most commonly reported reasons for movement restrictions in the 2 months prior to data collection, by % of assessed HHs reporting movement restrictions (n=176).

Do not know	52%
Prefer not to answer	42%
Self imposed safety	6% •

CRITERIA 2 - ADEQUATE STANDARD OF LIVING

MATER ACCESS AND USE

Overall findings indicate a need for further water infrastructure/repairs to existing water infrastructure. Almost all HHs (99.6%) reported that the primary water source was water trucks, with over half (64%) reporting insufficient water to meet all basic needs at the time of data collection.²⁵

Community FGD participants reported that poor management of water facilities and significant damage to water pipes that have not been used are driving HHs to rely on water trucks. However, the cost of water from the water trucks and the overall insufficient number of water tanks delivered by water trucks is also hindering water access in Ayah 4.

Over half of HH respondents (63%) 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 (34%) and that the queue for water is too long (35%) which likely reflects an insufficient number of water tanks delivered by water trucks.

To cope, FGD participants reported that HHs are limiting water consumption to the most basic needs and sharing with neighbours. Similarly, the HH data shown the majority of HHs (83%) of the respondents reported reducing water consumption. Furthermore, FGD participants reported that people who did not pay in advance were sometimes not brought water from the truck.

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. However, overall findings from FGDs and HH surveys suggest many households perceive that these developments have not improved water access or water infrastructure for households in Ayah 4.

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

Water tru	cks 100%
64%	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=151).*

Reduce water consumption	83%	
Drink with neighbour	61%	
Fetch alternative source	6%	

^{*} Respondent was able to choose more/less than one option

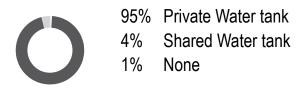
Most commonly reported barrier types to water access at the time of data collection, by % of assessed HHs.*

Water is too expensive	63%
Long queue water point	35%
Long distance water point	34%
No barrier	30%

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

No - water is already clean	38%
No - lack access to resources	31%
Yes - we treat sometimes	10%■
No - other reason	9% ■
None - treat for no reason	9%
Yes - we treat always	3%
•	

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



ı 881 L	Average HH private water tank	
L	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=224).

Every 2 - 3 days	44%	
Every 4 - 6 days	43%	
Monthly	8%	
Once a week	4%	I
Once every 2 weeks	1%	1

	Reported that two HHs shared
8 HHs	one water tank at the time of data
	collection (n=235)

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

Trucks	89%	
Kiosk	5%	1
Water tank	3%	1
Do not know	3%	1

HYGIENE & SANITATION

The findings suggest adequate access to latrines for most households in Ayah 4. Almost all HHs (98%) reported access to a functioning latrine at the time of data collection, with just (6%) of these HHs reportedly using a shared latrine. Over three-quarters of HHs (75%) reported that no improvements are needed and 17% added need of more toilets at the time of data collection.²⁶

HH survey findings also show that HH's face some challenges with regards to access to hygiene items. Over half of households (65%) reported that they do not have access to soap, diapers, and sanitary products for women in the site.

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.

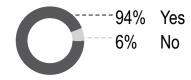
Pit latrine without slab 43%

Open hole 32%

Pit latrine with slab 25%

^{*} Respondent was able to choose more/less than one option

Access to private latrine at the time of data collection, by % of assessed HHs reporting access to a latrine (n=231).



	1
I	Of HHs were satisfied with the latrine I
I 94%	they had access to at the time of
I	data collection, among HHs reporting I
I	access to a latrine (n=231)

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

No improvement	75%	
More toilets	17%	
Separate toilets by gender	2%	I
Toilets closer to living area	2%	I
Nothing, landlord decides	2%	I
Do not know	2%	I .

CRITERIA 2 - ADEQUATE STANDARD OF LIVING

REPORT OF THE PROPERTY OF THE

FGD participants reported that they have access to efficient waste collection services, and that waste management was handled by a private company, which charges a service fee of 3 USD per month per HH.

Close to half of HHs (44%) reported that their trash bins were collected, and 43% of HHs reported using garbage trucks. The strong role of community committees can be seen here, with

FGDs reporting that the families who are not able to pay communities were supported financially by others.

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

Water and soap	57%
Water only	42%
Water and ash	1% ▮

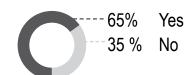
Most commonly reported ways reported for disposing of garbage in the 30 days prior to data collection, by % of assessed HHs.

Trash bins collected	44%	
Garbage truck	43%	
Trash bins not collected	12%	
Prefer not to anwser	1%	1

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

Once a week	87%	
Once every 2 weeks	11%	
Monthly	1%	1
Do not know	1%	1

HH Access to hygiene items at the time of data collection, by % of assessed HHs.²⁷



CRITERIA 2 - ADEQUATE STANDARD OF LIVING

E EDUCATION

Findings show the availability of formal educational facilities in this neighbourhood, however FGDs reported service functionality of these schools was poor. Barriers to education access, as reported by FGDs, included a long commute to school, costly tuition fees for secondary education and the cost of transportation. FGD participants further reported insufficient teachers in the primary and intermediate schools.

Moreover, the secondary school on site was not functional at the time of data collection and 59% of HHs reported living further than 60 minutes from the closest functioning secondary school. FGD participants also reported that the vocational training centre in Ayah 4 was very small.

FGD participants reported that most children who were unable to access education services either stayed at home or worked outside of the home selling gravel to construction trucks or shoeshining.

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 26% Domestic chores 1%

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. *

Too young to attend 38% Unable to pay school fees 32%

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.²⁸

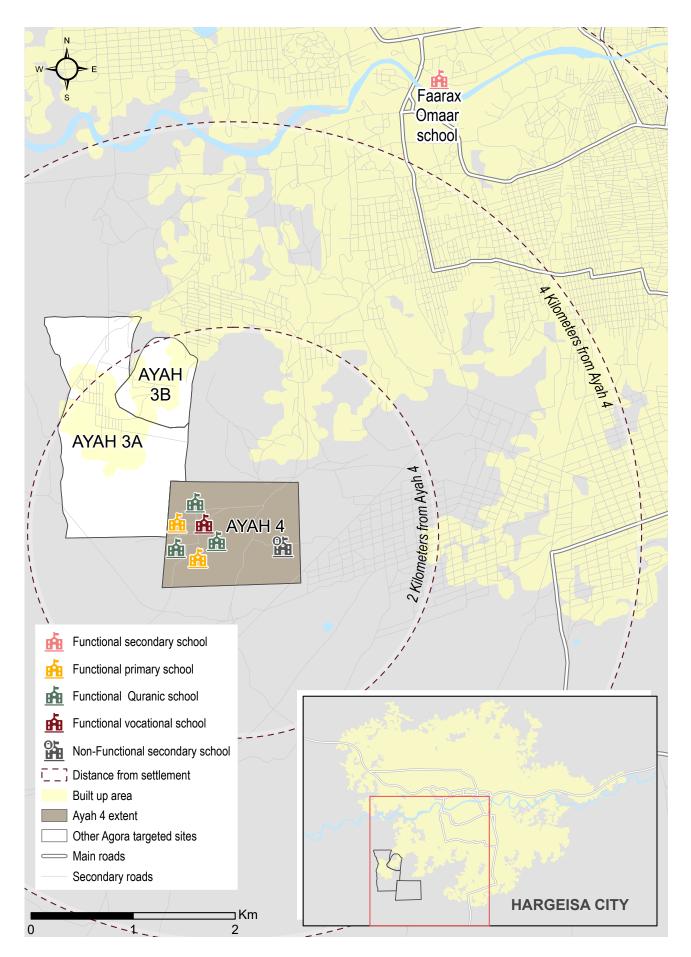
2 km	95%
2 - 4 km	1%
5 km or more	3% I
Do not know - functioning school	1%

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.²⁹

2 km	8%	
2 - 4 km	28%	
5 km or more	59%	
None - lack access restriction (security)	5%	1

^{*} Respondent was able to choose more/less than one option

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



CRITERIA 2 - ADEQUATE STANDARD OF LIVING

\$ HEALTHCARE

Findings indicate that health is a priority need for the community. Community FGD participants reported that the only health centre in Ayah 4, the maternal child health (MCH), was very small with limited medical supplies and the facility was working in an unsuitable space to provide care. They also reported that there was a lack of qualified health professionals (i.e., doctors and nurses) in the MCH and its services were often perceived to be ineffective.

Just over half (52%) of HHs reported that they seek medical services outside the campsite. Community FGD participants similarly reported having to travel long distances to reach the nearest referral health facility (Hargeisa Group Hospital), with high transportation costs and a difficult journey due to the lack of paved roads connecting the site to the city. At the same time, the private health facilities on the site were reportedly unaffordable for many residents. HH respondents also identified cost (44%) and distance (27%) as the most frequently reported barriers to health facilities.

Due to the cost and distance of health services, findings indicate that many residents rely for cheaper healthcare options such as self medication or home remedies. FGD participants reported they prioritize health facilities which offer reduced-cost healthcare services.

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

Outside Campsite	52%	
Within Campsite	44%	
None sought	4%	

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

Health facilities	92%	
Self medication or pharmacy	3%	I .
Do not know	3%	I .
Traditional attendant in site	2%	I

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	69%
More than 60 minutes	23%
Between 30 to 60 minutes	8% ■

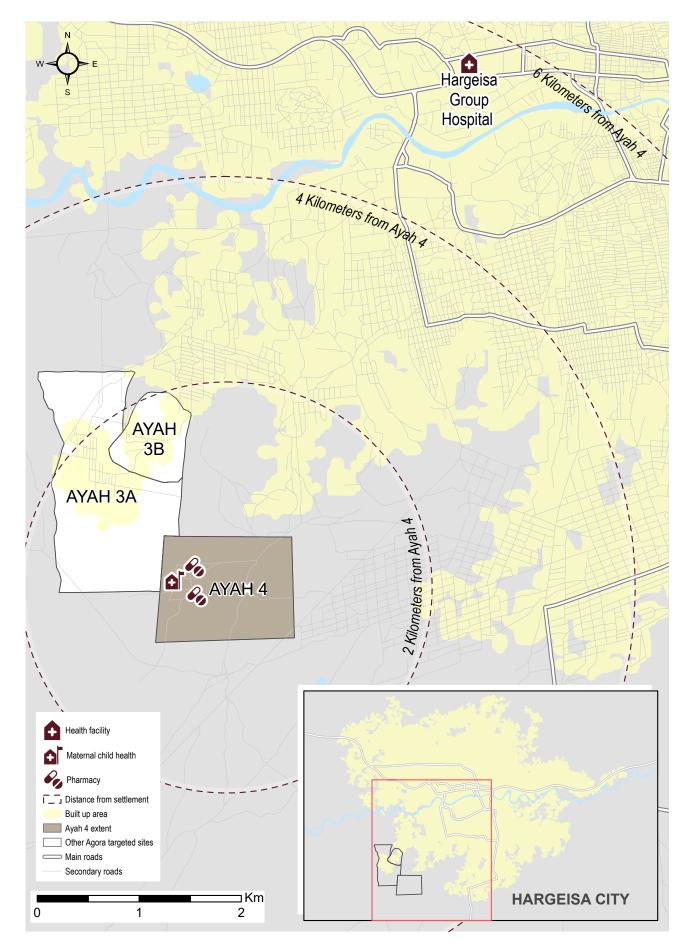
Overall findings suggest that most HHs have access to a health facility within 2 kilometers of where they live. Almost quarter (23%) of Ayah 4 HHs reported having access to a health clinic more than 5 kilometers of where they live, and 8% of them reported having access between 2-5 kilometers.

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

44%	Services and medicine have high cost
29%	No barrier
27%	Health facility is too far away
17%	No qualified staff at health facility
17%	No medicine available

^{*} Respondent was able to choose more/less than one option

MAP 3: DISTANCE IN ACCESSING HEALTH FACILITIES INSIDE AND OUTSIDE THE SETTLEMENT



CRITERIA 2 - ADEQUATE STANDARD OF LIVING CRITERIA 2 - ADEQUATE STANDARD OF LIVING

ELECTRICITY

The findings suggest most HHs had relatively regular access to electricity.

The majority (83%) of HHs have access to electricity and the same percentage reported that the public power grid was their primary source of electricity at the time of data collection. Similarly, 83% of HHs reported access to electricity for 21-22 hours a day at the time of data collection.

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	83%
Torch light	7% ■
Solar lamp	5% ■
Do not know	4% ▮
Community generator	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	2%
5 - 8 hours a day	5% ■
9 -12 hours a day	1% I
21 - 24 hours a day	83%
Do not know	7% I
Prefer not to answer	2% ■

HOUSING CONDITIONS (SHELTER)

Overall findings indicate that shelter needs are largely met including high reliance on improved shelters, high reporting of land ownership and low threats of evictions.

As noted above, findings suggest high land ownership and, correspondingly, a lower threat of eviction. 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 in some areas. 30-31

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 4. In parallel, almost all HHs (93%) reported in the HH survey with no threat of eviction at the time of data collection. Ninety-percent (90%) of HH survey data shows the majority of HHs shelter type is durable masonry building which does indicate that the vast majority of HHs are residing in improved shelters

These findings do indicate that Ayah 4 may be in less shelter needs than other IDP sites within Hargeisa. In the 2022 Multi sectoral needs assessment MSNA, 9% of HHs in recent IDP sites and 21% of old IDP sites reported a threat to eviction.

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

Masonry building	90%
Iron sheets house	7%
Makeshift	1%
Traditional house	1%
Tent	1%

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=10).

Eviction by force 8 HHs Fear eviction 1 HH Prefer not to answer 1 HH

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

48%	No Issues
19%	Inadequate shelter
15%	Land at risk of flooding or landslides
13%	Shelter lacks basic infrastructures & utilities
6%	Shelter not solid enough to offer protection
6%	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 structural stability	43%	
Improve basic infrastructures	24%	
Improve privacy and dignity	18%	
Protect from climatic conditions	13%	
Protection from hazards	9%	

CRITERIA 3- SOCIO ECONOMICS, LIVELIHOODS & MARKETS

Findings suggest overall poor economic conditions. FGD participants reported that there was a market in the settlement, but there were reportedly few job opportunities in the area. FGDs reported that residents largely depend on casual jobs in the Hargeisa city centre and HHs data shown that HHs depend on casual wages (39%). Some FGD participants also reported that, after their relocation to Ayah 4, residents lost their jobs and other sources of income. HH data shows that distance was the most frequently reported barrier to job opportunities 52%, followed by not enough jobs (50%).

Correspondingly, 79% of HHs reported being in debt, of whom 98% reported that this debt was at least partly incurred to pay for food. This suggests that for many HHs, livelihood activities are insufficient to meet basic food needs. However, only 3% of HHs reported facing discrimination at the time of data collection.

FGD participants reported the need for small business incubation grants to restart their small businesses affected by Covid19 shutdown of markets, promote job creation in the settlement and contribute to the availability of goods and services in the settlement. FGDs also recommended further HH-level support to the create and support livelihoods for residents in the settlement such as Technical and Vocational Education and Training (TVET) centre expansion.

^{*} Respondent was able to choose more/less than one option

™ HOUSEHOLD ECONOMY

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

Food	90%
Water	88%
Education	35%
Medicine	19%

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

79% 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=186). *

Traders	87%
Family	12%■
Host family	12%■
Neighbors	8% ■

Major uses of borrowed money, by % of assessed HHs (n=186). *

Food	98%
Water	50%
Medical health costs	13% ■

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 I	ocation (Current location
31%	Casual wage	39%
20%	Small business	16%
13%	Regular employment	ent 16%
24%	No source	16%

^{*} Respondent was able to choose more/less than one option

FOOD SECURITY

Community FGD participants and HH surveys indicate overall limited access to livelihoods in Ayah 4. FGD participants emphasized that community members face increasing economic vulnerability due to a lack of employment or low wages, and increasing prices (inflation). Almost all HHs (97%) reported that were insufficient livelihood opportunities to meet their needs in the settlement.

These findings align with external reporting. According to the National Development plan two (NDP-II),³² less than half of the Somaliland adult population has no work opportunities (50%). Meanwhile, prices are increasing due to the drought and the war in Ukraine.³³

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



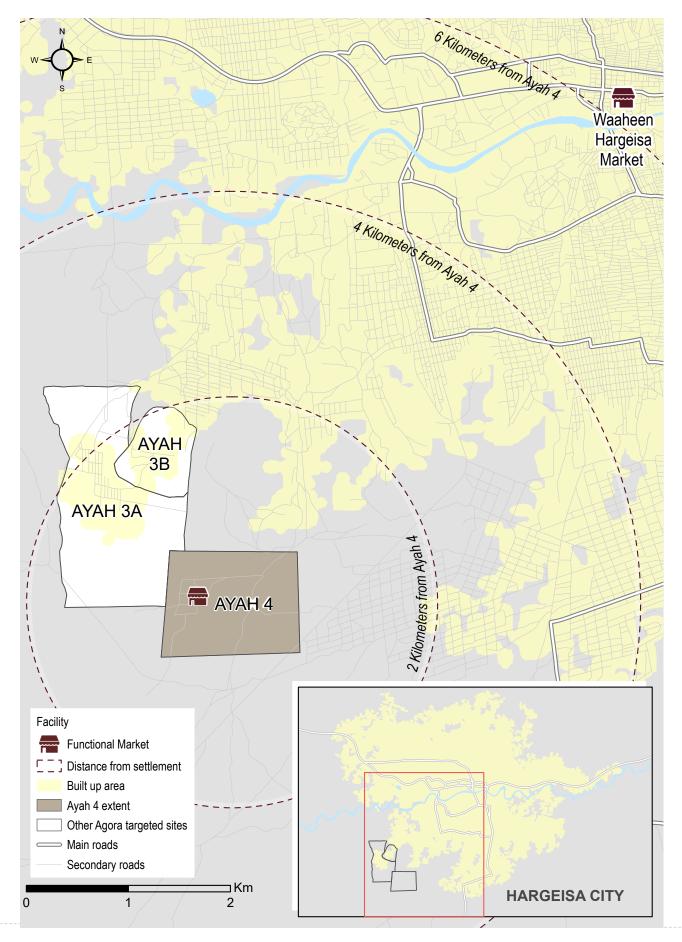
Most commonly reported sources of food at the time of data collection, by % of assessed HHs. *

Purchased on credit (debt)	58%
Purchased with own cash	37%
Received in-kind for labour	18%
Food assistance from UN or INGOs	12%■

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



MAP 4: DISTANCE IN ACCESSING MARKET FACILITIES OUTSIDE THE SETTLEMENT



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. *

Available jobs are too far	52%	
Not enough jobs	50%	
None	13%	

CRITERIA 7 - PARTICIPATION IN PUBLIC AFFAIRS

FGD 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 regard to local affairs.

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

(ib) 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. *

Police/ local law enforcement	93%	
Community leaders	9%	
Friends and family	3%	1

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

FGD findings indicate that the settlement have a police station and that they report insecurity incidents to the Ayah 4 police station.

According to FGD participants, the residents largely rely on community elders 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.

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. 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. Sometimes of the significant system are concentrated in Hargeisa, and access to formal justice mechanisms in rural areas is extremely limited.

^{*} Respondent was able to choose more/less than one option

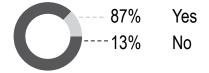
Proportion of HHs regarding the use of official government services providing safety, protection and justice in the year prior to data collection, by % of assessed HHs.

Yes	19% 🖿
No	77%
Prefer not to answer	3%
Do not know	1%

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.

Somehow easy	45%	
Some how difficult	21%	
Do not know	18%	
Very difficult	8%	
Very easy	4%	ı
Prefer not to answer	4%	1

Proportion of HHs that were satisfied with the services provided at the time of data collection, by % of assessed HHs which received services (n=93).



SECTION 5 - ACCOUNTABILITY TO AFFECTED POPULATIONS

HUMANITARIAN ASSISTANCE

Approximately half of the HHs in the settlement (53%) reported receiving humanitarian assistance in the 6 months preceding the data collection.

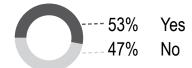
Of the HHs that did reportedly receive assistance, the most reported type of assistance received was livelihood support (78%). The most reported source of humanitarian assistance was international NGOs (INGOs), (98%).

A majority of HHs (85%) who received humanitarian assistance reported they were satisfied with the assistance received.

FGDs participants did report that there is community involvement in development projects conducted by INGOs. FGD participants further reported that IDPs voluntarily contribute manpower to the development programmes on the site such as roads, schools, and mosques.

FGDs added that capacity building of the committee is further needed to maintain INGO community coordination. FGD participants did not report any specific capacity building activities, but did request a community centre building.

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



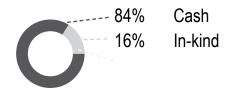
Most frequently reported sources of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs which received humanitarian assistance (n=93).

International NGO	98%	
Local NGO	1%	
Community assitance	1%	

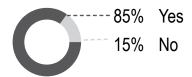
^{*} Respondent was able to chose more than one option

Most frequently reported types of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs who received humanitarian assistance (n=93). *

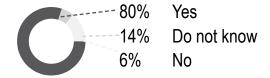
Most frequently reported modalities of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs who received humanitarian assistance (n=124).



HHs reporting on the appropriateness of assistance received, by % of assessed HHs who received assistance (n=124).



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 % of assessed HHs who received humanitarian assistance (n=124).



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

Livelihoods	65%	
Education	63%	
Water services	57%	

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

Face to face home	63%
Face to face office	52%
Phone Call	36%
Face to face community	31%

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	40%
Limited literacy	23%
Financial means	5 % ■

^{*} Respondent was able to choose more/less than one option

END NOTES

- 1. Country Disasters dashboard
- 2. Horn of Africa locust infestation
- 3. Humanitarian needs overview 2022.
- 4. IPC country analysis Som,
- 5. IDMC Global report on internal displacement (GRID 2018)
- 6. Somalia Urbanization review: <u>Fostering cities</u> as anchors of development
- 7. ibid
- 8. Somalia Urbanization review: <u>Fostering cities</u> as anchors of development
- 9. CCCM Cluster Dashboard Sep 2022
- 10. Protection monitoring system dashboard
- 11. Humanitarian Crisis analysis March 2022 Sida
- 12. "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".
- 13. UN Somalia RCO Factsheets.
- 14. IDLO <u>Supporting the return, reintegration, and</u> protection of somali IDPs and Refugees
- 15. NDRA <u>5 years strategic plan 2022-2026</u>, IDMC Natioanal Internal Displacement Draft policy
- 16. Somaliland Durable Solutions Consortium
- 17. Durable Solutions Initiative (DSI)
- 18. Nairobi Comprehensive Plan of Action for Durable Solutions for Somali Refugees [Annex to the Declaration]
- 19. Full methodology of the AGORA can be found in Terms of Reference (ToR).
- 20. Interagency Standing Committee (IASC) Framework on Durable Solutions
- 21. ABA Durable Solutions Profile Ayah 3A
- 22. ABA Durable Solutions Profile Ayah 3B
- 23. 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.
- 24. Discrimination means here the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, or disability.
- 25. 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.
- 26. Within the six months following data collection in March 2022
- 27. Hygiene items , such as soap, diapers and sanitary products for women.
- 28. Primary School is defined as classes over kindergarten at levels between grade 1-4 while elementary school is grades 5-8.
- 29. Secondary School: is defined as schooling after elementary school in grades between 9-12.
- 30. Somalilland urban land management law: 2001
- 31. Urban Insecurity, Migrants and Political Authority, Nairobi, Beirut, Hargeisa and Yangon.
- 32. Ministry of Planning and Development (2017). Somaliland National Development Plan II 2017-2021.
- 33. Joint Martket Monitoring Initiative JMMI REACH Report Aug 2022.
- 34. <u>Participation and Effective Governance in Somaliland Assessment Report. Progressio</u> Rossi, A. (2014)
- 35. The State of the Judiciary in Somaliland, Horizon Institute (2016).



IMPACT Shaping practices Influencing policies Impacting lives

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