BAIDOA IDP SETTLEMENT ASSESSMENT

REPORT

APRIL 2017

SOMALIA

SUMMARY

Since January 2017, populations have been displaced to Bay and Bakool Regions in increasing numbers due to worsening drought conditions as a result of the failed rain season at the end of the previous year. These displacements have resulted in the development of new informal IDP settlements around Baidoa Town.

The multi-cluster, area-based Baidoa IDP needs assessment aims to inform humanitarian planning and service delivery in informal IDP settlements. Data collection was conducted from 3 to 18 April 2017 in 168 IDP settlements in Baidoa, through 639 household interviews, 168 key informant interviews (KIIs), as well as facility mapping and spatial analysis of the settlements.

Populations arrived mainly since January 2017 predominantly because of drought and pulled by availability of aid. Of the 120,000 estimated IDPs in Baidoa, only 16% have received aid so far. Assessment findings highlight severe humanitarian needs, in particular in terms of food, water and shelter, as well as key gaps in services across IDP settlements in Baidoa. Drought and multiple displacements have resulted in widespread food insecurity among IDPs, with more than 50% having a poor food consumption score.[1] The lack of resources has also largely affected their ability to access sufficient diversity in foods, with only 14% of the households reported to consume vegetables at least once a week.

Forty two per cent of the households reported a decrease in the amount of money spent on food over the month prior to the assessment. This decrease could denote declining resources to purchase food items by households, and increasing market prices of food due to the drought and limited harvests that has affected the region. The majority of households (51%) indicated a decrease in the quality of food consumed in the last month. Households also mentioned choosing less expensive foods as the most frequently applied coping strategy[2] (82%). This indicates an increased reliance on less nutritious staples, which consequently impacts the diversity of food and food consumption scores.

Most households faced difficulties to access food markets due to their distance from the IDP settlements. Despite the existence of five functioning food markets in Baidoa, only 2% of the households reported that the market is within walking distance, while 54% of the households needed one hour or more to reach a market. This can be partly explained by the fact that te IDP settlements are spread out in the district and there is no food market in the south west of Baidoa, an area which has over 50 IDP settlements.

Only 21% of the households in the assessed settlements reported having access to any nutrition services in the past three months. This is concerning given that the majority of households (72%) have children under the age of five. However, the facility mapping found that 12 nutrition facilities were available in the settlements. This indicates a need of raising awareness programmes on nutrition services available and improves access to IDP households.

While all the assessed households were within 500m of a functioning water point, only 57% of these provided drinkable water. As a result, 84% of households indicated water as a priority need and 65% of the assessed households did not meet the Sphere standards of 15 litres of water available per day per person. Among the functioning water points, 22% were trucking distributions points, indicating high reliance of external water sources as an implication of the drought.

Twenty seven per cent of the households reported they do not have access to a latrine of any type, resulting in the prevalence of open defecation in the vicinity of settlements. This can lead to increased vulnerability to water-borne diseases in the settlements, especially as the rainy season approaches with heightened risks of contaminated surface level water being washed in to open water sources used by households.

---

[1] The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups. The FCS is calculated based on the past 7-day food consumption recall for the household and classified into three categories: poor consumption (FCS = 1.0 to 28); borderline (FCS = 28.1 to 42); and acceptable consumption (FCS = >42.0). The FCS is a weighted sum of food groups. The score for each food group is calculated by multiplying the number of days the commodity was consumed and its relative weight.

2 The coping strategies index (CSI) is an indicator used to compare the hardship faced by households by measuring the frequency and severity of the behaviors they engage in when faced with food shortages.

Assessment findings also indicate a high need for shelter assistance, which was cited as a priority need by 82% of assessed households. A considerable number of households reported to live in emergency (57%) or temporary shelters (27%). In addition, 87% of the households indicated having no floor covering material which risks to worsen situations in shelters once the rain season starts. In addition, only 1% of the households had an acceptable NFI score[3], a result of lacking basic non-food items such as sleeping mats, jerry cans and plastic sheeting.

Assessment findings portray relatively high levels of insecurity for the population in the assessed IDP settlements. Interviewed Key Informants (KIs) reported theft (90%) as the main safety issue present in IDP settlements in Baidoa. General assault on community members was also reported by 9% of KIs. In addition, 16% of the KIs interviewed mentioned that women are not able to move freely within the settlement.

---

[3] The NFI scoring aims to provide a standard methodology for assessing NFI vulnerability among IDP households. It is based on a set of questions designed to assess a household's access to six different types of NFIs. The numerical responses, along with baseline data on the size of the household, are then used to calculate the household's NFI vulnerability. The system includes a weighting factor per item due to their importance in a given emergency context. The scoring system is experimental, and is not a global standard.

CONTENT

List of Acronyms

BCG	Bacille Calmette Guerin
CCCM	Camp Coordination and Camp Management
CSI	Coping Strategy Index
DPT	Diphtheria, Pertussis, Tetanus
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FEWSNET	Famine Early Warning Systems Network
FSNAU	Food Security and Nutrition Analysis Unit
IDP	Internally Displaced Person
IMWG	Information Management Working Group
IOM	International Organisation for Migration
KII	Key Informant Interview
NFI	Non-Food Items
OFDA	Office of U.S. Foreign Disaster Assistance
PRMN	Protection and Return Monitoring Network
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOSAT	United Nations Operational Satellite Applications Programme
USAID	United States Agency for International Development

Geographical Classifications

Federal	Highest form of governance
Region	Highest form of governance below the national level
District	Regions are divided into districts.
Settlement	Districts are divided into settlements.

List of Figures, Tables and Maps

INTRODUCTION

Several seasons of consecutive poor and failed rains in Somalia have affected pastoral and agro-pastoral communities negatively, forcing them to travel vast distances to find water and grazing land for themselves and their affected animals. Distress migration[4] has begun on a large scale since January 2017, with rural populations moving towards urban centres in search of relief. The influx of displaced populations to towns and cities in Somalia increases the pressure on the already limited resources.

Baidoa, or Baydhabo as the city is locally known, is a strategic town in south-central Somalia. Capital of the Bay Region of Somalia, this city is situated approximately 250 kilometres (km) west of Mogadishu and 240 km southeast of the Ethiopian border. The city is traditionally one of the most important economic centres in southern Somalia, notably for the importation of cereals, livestock and non-food items.

Primarily as a result of drought, concomitant conflict and loss of livelihoods, there has been an increase in the numbers of internally displaced persons (IDPs), with large population displacement to Bay and Bakool Regions since January 2017. Baidoa hosts an estimated 168[5] IDP settlements as of March 2017, most of them located inside the town. In these settlements, there is an estimated number of 18,479 households, with an estimated population count of 120,114[6]. Due to displacement, the population in these settlements may have lost their assets and sources of livelihoods, such as livestock and land.

In order to support humanitarian response for internally displaced populations, UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs) triggered a series of assessments of the main IDP settlements in Somalia, with technical support from REACH. The aim of these assessments is to fill the need for a multi-cluster, area-based and coordinated information approach for humanitarian planning and service delivery in informal IDP settlements across Somalia. As part of this response, the Baidoa IDP settlement assessment was requested from humanitarian partners to provide up-to-date information on the situation in the IDP settlements, as a result of the increase in displaced populations in Baidoa since January 2017.

Map 1: Baidoa Location Map

Data collection was conducted from 3 to 18 April 2017, through 639 household interviews, 168 key informant interviews (KIIs), facility mapping and spatial analysis in 168 IDP settlements in Baidoa. The assessment was funded by ECHO (European Civil Protection and Humanitarian Aid Operations) and OFDA (Office of U.S. Foreign Disaster Assistance), designed in collaboration with UNOCHA, the IMWG (Information Management Working Group) and humanitarian clusters (WASH, Shelter and NFIs, Education, Food Security, Health, Nutrition and Protection). Data collection in Baidoa will continue on a regular basis to allow for comparison of services, facilities, humanitarian needs and displacement patterns over time.

The first part of this report provides a detailed description of the methodology used to conduct the assessment. Secondly, the report findings are outlined, covering the key following sectors: humanitarian assistance; food security and livelihoods; nutrition; water and sanitation; shelter and NFIs; protection; health; education; and communication.

---

[4] Migration mainly resulting from displacement due to conflict, natural disasters and/or the deterioration of livelihoods
[5] UNHCR, Protection and Returns Monitoring Network (PRMN), March 2017 and REACH Key Informant Interviews February 2017
[6] Population and HH estimates from PRMN (Protection and Return Monitoring network) by UNHCR, March 2017

METHODOLOGY

Based on the needs raised by humanitarian actors and the influx of IDPs in the area, the assessment targeted all 168 IDP settlements in Baidoa for KIIs and a sample of 54 settlements for the household surveys. Facility mapping targeted services in or available to IDP households.

Closed-ended key informant and household questionnaires were used concurrent to a full assessment of available facilities across Baidoa Town in order to provide information on IDP needs and access to services. Perimeter mapping of all the targeted IDP sites was conducted to identify the area borders of the settlements. Secondary data review was done prior to the assessment in March based on existing secondary data from partners, previous site mapping exercises conducted by REACH, Shelter Cluster Mapping Exercise, UNHCR secondary data review, IOM DTM, PRMN, FSNAU seasonal analysis, and FEWS NET data. Data available on settlement names and estimated population count, as well as information from cluster partners on facilities and services, were used to prepare the sample and targeting of facilities and households. This assessment has also confirmed and added to information provided through the secondary data review.

10 enumerators from Baidoa were deployed by REACH to conduct the KIIs, facility and perimeter mapping. 25 enumerators from partner organizations conducted the household surveys. Prior to the data collection, they were trained on mobile data collection, assessment tools, and informed of the purpose and content of the assessment.

Household Interviews

A sampling plan, using the cluster sampling method with settlements as the basic unit, was prepared prior to the data collection, ensuring a 95% confidence level and +/-5% margin of error of the sample in the target areas. Quantitative data collection was conducted between 6 and 9 April 2017 during which 639 households from 54 settlements were interviewed. Questions were asked on their displacement profile, WASH, health, shelter, nutrition, education services and needs, as well as protection issues, community structures and communication.

Facility Mapping

Facility mapping was conducted from 3 to 12 April 2017. Enumerators were asked to cover all markets, health facilities, nutrition facilities, water points and schools in the 168 IDP settlements in Baidoa as well as in Baidoa Town. Only latrines inside the IDP settlement boundaries were covered during the facility data collection.[6]
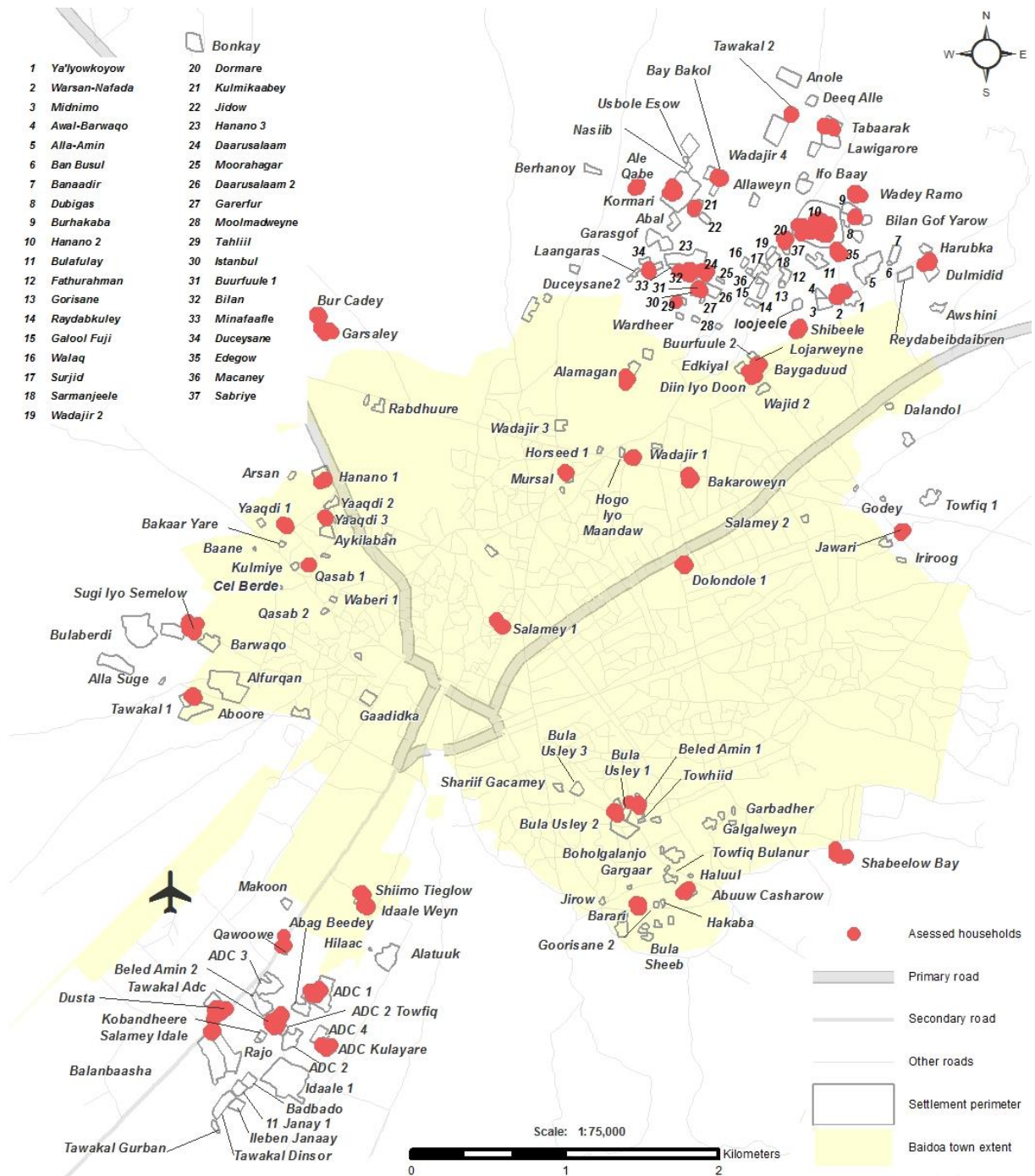
Through PRMN (Protection and return monitoring network) estimated number of households integrated with the household surveys (household size and shelters per household), an estimated population size was estimated. The household survey provided an average household size which was then multiplied with the number of households reported through the PRMN. Based on this information, it could be measured whether the Sphere standards for all households were met (e.g. in terms of distance to water points and number of people per latrine).

Key Informant Interviews

Between 3 and 18 April 2017, 168 key informant interviews were conducted, one per each settlement. KIs were selected based on the knowledge they had on the humanitarian situation, the facilities and services in the settlements and/or the community demographics. Among these KIs, only 19% were women, reflecting the predominance of males acting as community leaders in these IDP settlements. Information from the KIs was used to triangulate findings from the household assessment.

---

[6] Latrines outside the settlements are not within the Sphere minimum standard of 50m access to latrines from a settlement and therefore no covered in the IDP settlement assessment.

Map 2: Sampled Settlements and Households, April 2017

1	Ya'lyowkoyow	20	Dormare
2	Warsan-Nafada	21	Kulmikaabey
3	Midnimo	22	Jidow
4	Awal-Barwaqo	23	Hanano 3
5	Alla-Amin	24	Daarusalaam
6	Ban Busul	25	Moorahagar
7	Banaadir	26	Daarusalaam 2
8	Dubigas	27	Garerfur
9	Burhakaba	28	Moolmadweyne
10	Hanano 2	29	Tahliil
11	Bulafulay	30	Istanbul
12	Fathurahman	31	Buurfuule 1
13	Gorisane	32	Bilan
14	Raydabkuley	33	Minafaafle
15	Galool Fuji	34	Duceysane
16	Walaq	35	Edegow
17	Surjid	36	Macaney
18	Sarmanjeele	37	Sabriye
19	Wadajir 2		

Legend:
- Asessed households
- Primary road
- Secondary road
- Other roads
- Settlement perimeter
- Baidoa town extent
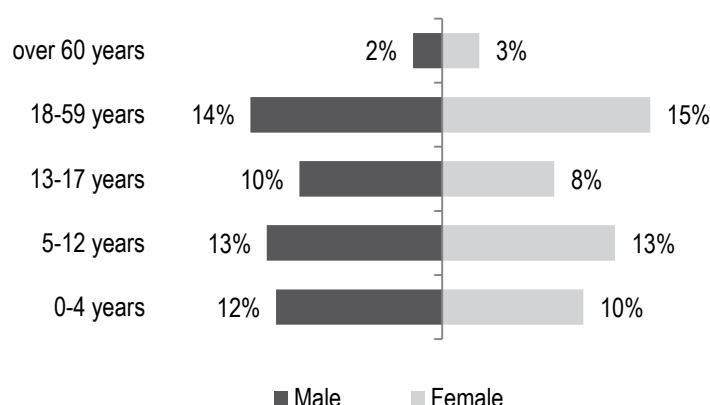
Scale: 1:75,000

0 1 2 Kilometers

FINDINGS

This section presents the main findings from the multi-cluster needs assessment conducted by REACH in April in all IDP settlements in Baidoa. The section is structured around the cluster specific findings from the household survey, KIIs and facility mapping: population and displacement, humanitarian assistance, food security and livelihoods, nutrition, water and sanitation, shelter and NFIs, protection, health, education, and communication.

Population and Vulnerabilities

The estimated population size in Baidoa IDP settlements is 120,114[7], with 18,479 households. The majority of the population (66%) is below 17 years old and women represent 49% of the overall population. (Figure 1)

Figure 1: Baidoa IDP Settlement Demographics (Proportions of male and female in respective age groups)

Age group	Male	Female
over 60 years	2%	3%
18-59 years	14%	15%
13-17 years	10%	8%
5-12 years	13%	13%
0-4 years	12%	10%

■ Male ■ Female

According to the household survey, 40% of the households in Baidoa reported to have pregnant or lactating women. In addition, 11% of the assessed households reported members with disabilities and/or chronic illness and 95% indicated the presence of children in their households. Among them, 4% reported to accommodate unaccompanied or separated[8] children. Of these, 42% were said to have been separated from their direct family accidentally, while 31% were forcibly separated and 27% voluntarily separated.

When asked to identify their three main humanitarian needs, food, water and shelter were by far the most pressing ones according to household respondents, with 100%, 84% and 82% reporting these respectively. Households also indicated other needs such as health care (10%), cooking equipment (7%) and nutrition (4%). (Figure 2)

Figure 2: Main Reported Humanitarian Needs[9]

Humanitarian Needs	% HH
Food	100%
Water	84%
Shelter	82%
Health Care	10%
Cooking Equipment	7%
Nutrition	4%

---

[7] The population estimates presented here is reflecting the population calculation presented in the methodology, based on PRMN household number and REACH household survey.
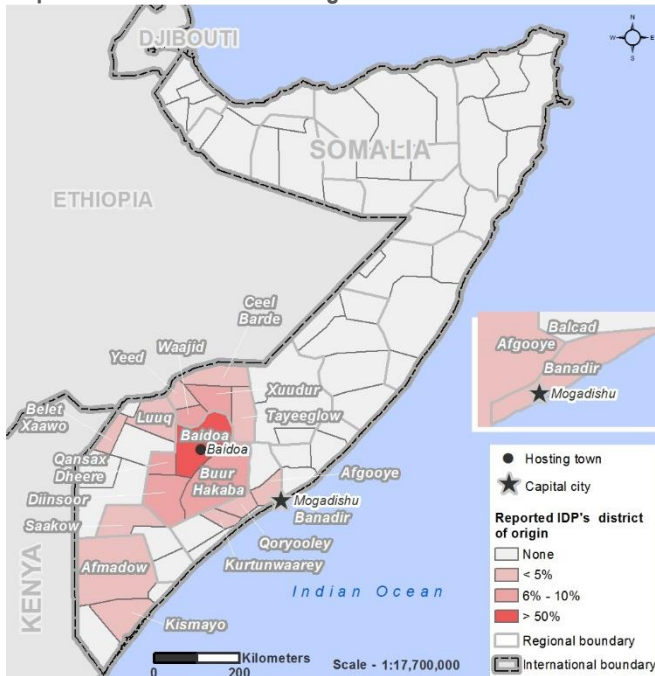
[8] Separated children are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

[9] Households were asked to rank their top three priority needs.

Displacement Patterns

Based on the household survey in the Baidoa IDP settlements, 99% of their inhabitants are IDPs, while 1% is urban poor[10]. Most of them arrived from other districts in Bay region (74%) as well as other regions in South Somalia, mainly Bakool (20%), Lower Shabelle (1%), Middle Juba (1%), Lower Juba (1%), Gedo (2%) and Banadir (1%) (Map 3).

Map 3: Household Areas of Origin

The majority of the households in the IDP settlements in Baidoa arrived in their current location since January 2017 (69%), while 18% arrived during 2016 and 13% earlier than 2016. The main reason for leaving their previous area of long term residence was reported to be drought (60%). Conflict (10%) and loss of livelihoods (8%) were the second and third most reported reasons for leaving. When asked why they chose to come to their present location, 74% of the IDP households reported availability of aid as the pull factor. Other reasons reported by IDP households were search for labour and income (30%), lack of conflict in the destination location (21%), and presence of family and friends in the destination location (4%). The findings illustrate that drought and its consequence in terms of limited resources is a major factors of displacement to Baidoa Town.

Humanitarian assistance

Only a small proportion of the assessed households (16%) reported that they had received any type of humanitarian assistance since they arrived in the settlements. Of those who had received assistance, 60% reported having received it from NGOs and 30% from the local community. The remaining 10% indicated to have received it directly from UN organisations and local government.
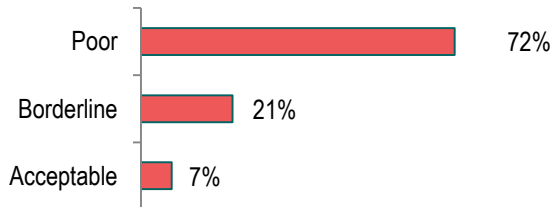
The most commonly reported types of assistance received were food in-kind (55%) and food vouchers (22%). Local community (46%) and NGO (48%) accounted for most of the in-kind food assistance provided, while NGO (68%) provided the majority of the food vouchers.

---

[10] 'Urban poor' refers to households that are originally from Baidoa Town and who reported to have moved to the IDP settlements due to poverty as one main reason.

Food Security and Livelihoods

Food Consumption Score (FCS)[11] was calculated on a household level, assessing the number of days different food types are consumed, i.e. staple food, vegetables, meat/fish, pulses, fruits, dairy products, sugary items and oil/fat. Almost three quarters of the assessed households (72%) had poor food consumption score (FCS), while 21% had borderline consumption score and only 7% had an acceptable one. (Figure 4)

Figure 3: Food Consumption Score (FCS)

Facility mapping showed that there were five functioning food markets within a distance of 5km from the assessed households. Assessment of these food markets revealed that most food groups are available (cereals, tubers, meats, dairy products, sugar products and eggs). However, 90% of the assessed households reported to have experienced challenges in purchasing food due to lack of resources, while 36% reported a lack of available food items in the market. In addition, 31% of the households reported an increase in the amount of money spent on food over the past month, and 47% of the households reported that they cannot afford to purchase food in the markets Consequently, households in the assessed areas reported to regularly employ coping strategies in order to compensate for the lack of food and/or high food prices. Almost all households (96%) reported to be using one of the below coping strategies at least one day a week:

- Choosing less preferred and less expensive foods
- Borrowing food or relying on help from friends or relatives
- Limiting portion size at meal times
- Restricting consumption by adults in order for children to eat
- Reducing the number of meals eaten in a day

Choosing less expensive foods was reported to be the most frequently applied coping strategy, with 82% of the households choosing less expensive food on three days per week on average. Borrowing food or relying on help from friends or relatives was reported as the second most commonly used mechanism (69%). Restricting the consumption by adults was the least employed strategy, as reported by households (61%).

The majority of the assessed households (53%) have a high rCSI score, meaning they are applying any of the more severe coping strategies in the above list on a particular number of days, for example restricting consumption by adults or reducing the number of meals eaten in a day. The average rCSI score for the assessed households was 13.3. (Figure 4).

---

[11] Poor food consumption score entails an expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4 days, oil/fat 1 day a week, while animal proteins are totally absent. An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 3 days, meat/fish/egg/pulses 1-2 days a week, while dairy products are totally absent. Borderline FCS: An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 3 days, meat/fish/egg/pulses 1-2 days a week, while dairy products are totally absent. Acceptable FCS: An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 3 days, meat/fish/egg/pulses 1-2 days a week, with more number of days a week eating meat, fish, egg, oil, and complemented by other foods such as pulses, fruits, milk

Figure 4: Reduced Coping Strategy Index (rCSI) [12]

Coping Strategy Score	% HH
High Coping (> 9)	53%
Medium Coping (</= 9)	26%
No or Low Coping (</= 3)	21%

The majority of the responding households mentioned having experienced a decrease (51%) in the quality of food consumed in the past month. Twenty-six per cent of the households indicated to have experienced an increase, while 23% reported no change. Among the assessed households, only 15% reported to consume meat more than three days in a week, while only 14% of the households reported to consume vegetables at least once a week. The main food types used by households were reported to be cereals, sweets and fats, indicating a lack of food diversity.

Among the assessed households, the average food spending per week amounted to 6 USD,[13] which is quite low compared to the Food Minimum Expenditure Basket (MEB)[14] for Bay region in April, which was 73 USD.[15] In addition, 42% of the households reported a decrease in the amount spent on food, which implies that the majority of households in the assessed settlements has limited financial resources to spend on food. This decrease could also be a result of increasing food market prices.

Over the past year, 39% of the households were reportedly relying on daly labour as their primary livelihood source, while 20% and 13% of the households indicated relying on subsistence farming and cash crop farming respectively. Pastoralism (livestock production) was reported by 5% of households. The low percentage of pastoralists in the displaced communities may be due to poor livelihood zoning, as well as people not owning the livestock they care for as part of their daily labour.

Nutrition

Only 22% of the households in the assessed settlements reported having accessed nutrition services in the past three months. When asked what nutrition facilities were available for the settlement community, 58% of the households responded none and 20% did not know. However, 12 nutrition facilities were identified in the whole vicinity of Baidoa during the facility mapping, all located within 5km of the assessed IDP settlements. Of these, three provided Targeted Supplementary Feeding Programme (TSFP) and Blanket Supplementary Feeding Programme (BSFP) services, five provided Outpatient Therapeutic Programme (OTP), two wet feeding programme while one was a stabilization centre. This may indicate an issue in the awareness of services available to households in the IDP settlements.

Water and Sanitation

During the facility mapping, 75 water points were identified.[16] **All of the assessed households were within 500m of a functioning water point,** which is the suggested maximum distance to a water source according to the Sphere standards.

---

[12] Reduced CSI method was adopted for calculating the CSI in this report. Coping Strategy Index (CSI) is often used as a proxy indicator of household food insecurity. The CSI was based on the above list of behaviours (coping strategies). CSI combines: (i) the frequency of each strategy (how many times each strategy was adopted?); and (ii) their severity (how serious is each strategy?) for households reporting food consumption problems. Higher CSI indicates a worse food security situation and vice versa. Score calculation: </=3 No or Low Coping, </=9 Medium Coping, >9 High Coping
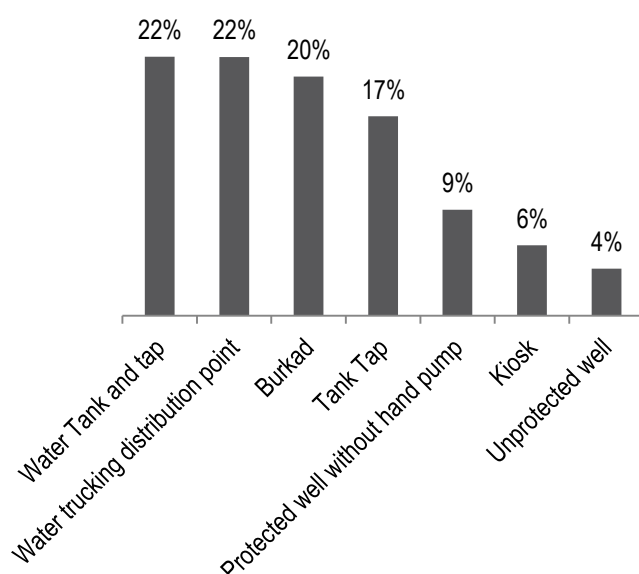
[13] 1 USD = 23000 Somali Shilling as of April 2017

[14] The MEB represents minimum set of BASIC food items such as sorghum, vegetable oil and sugar, comprising 2,100 kilocalories/person/day basic energy requirement for a household of 6–7 and non-food items such as such as water, kerosene, firewood, soap and cereal grinding costs.

[15] Data from Food Security and Nutrition Analysis Unit (FSNAU)- Somalia, April

[16] Only water points inside or within 500m of the settlement boundary were assessed.

Seventy per cent of households reported water trucking distribution as their main drinking water source. Other water sources for drinking purposes reported by households include unprotected well (7%), protected well with no hand pump (6%), water kiosk (5%) and piped system (3%). Only 58% of the water points during the facility mapping reported to provide drinkable water, which may indicate high risks of water-borne diseases. According to the facility mapping, 22% of all the functioning water points with drinkable water were trucking distributions (Figure 5). The high reliance on water trucking distribution indicates the limited access to more sustainable water sources and limited water availability as a result of the drought and increased population in Baidoa.

Of all the assessed water points, 32, representing 43% of all water points, were reported as not functioning. Among them, nine were reported to have dried up, eight had broken pipes while in eight water trucking had stopped. In addition, six water points had broken tanks and one was reported to be contaminated. In addition, 63% of the assessed households did not meet the Sphere Standard of 15 litres of water available per person per day. While 18% of the households did access the minimum standard of water, 19% reported the amount of water available per day as unknown.

When asked if they are treating their water, 77% of assessed households responded that they do not, heightening the risks of water-borne diseases. Of the households that did treat their water, the majority (70%) used chlorination as the treatment method.

Households usually collect water twice a day. In 72% of the assessed households, it is reportedly an adult female who is responsible for collecting the water, while in 5%, water is collected by a child aged 10-18 years and in 3% by a child less than ten years. Venturing away from the household to collect water may imply an increased protection threat to women and children, especially those under the age of ten years old.

When asked what method is commonly used for washing hands, **36% of the assessed households reported that they are only using water** and 20% water and soap, while the majority (43%) used water and ash. The implications of handwashing practices using only water are an increased risk of bacteria and diseases.

In terms of latrine access, 1,207 latrines were reported during the facility mapping. Based on the estimated population size and the population density in the IDP settlements, the average number of people per latrine is 100. Hence, the Sphere standard of maximum 20 people per latrine is not met. This may be explained by the settlements being relatively recent and informal, and the fact that most of them do not have facilities[17]. Based on the facility mapping, only 40% of the shelters were within 50m of a latrine, which is the recommended minimum distance as per the Sphere standards. Sixty eight per cent of the households reported to be using communal latrines, 5% reported private latrines, and 27% households had no access to latrines and thus practiced open defecation. Among the households reporting no access to latrines, 65% reportedly practice open defecation away from home, while 6% practice open defecation in community defecation points. The lack of latrine facilities and the use of open defecation by 27% of the households in the assessed IDP settlements highlights poor hygiene, which may lead to risks in terms of diseases and notably higher spread of diseases with the rainy season approaching.
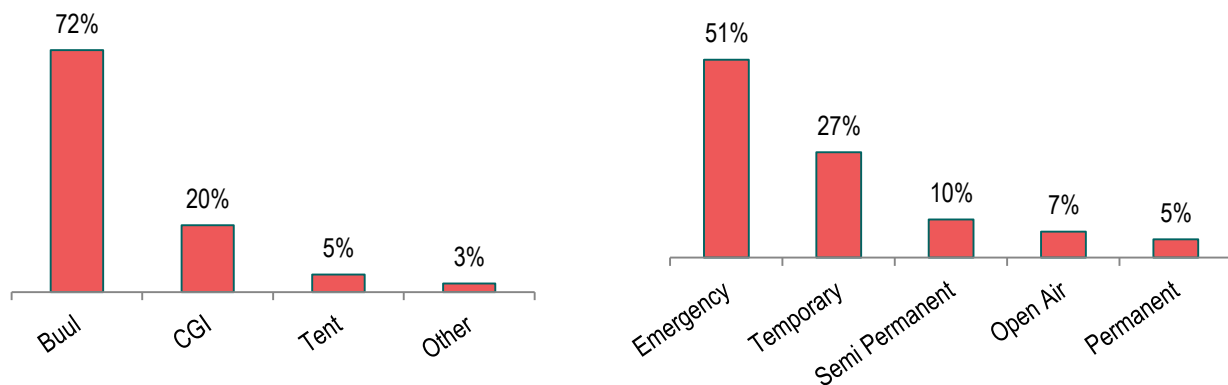
---

[17] In this assessment, facilities include latrines, food markets, non-food markets, health facilities, nutrition facilities, schools and water points.

Shelter and Non Food Items (NFIs)

Of the assessed households, a considerable number reported to live in emergency (57%) or temporary shelters (27%). The majority of the assessed households (72%) reside in Buuls[18] and 20% in Corrugated Galvanised Iron (CGI) shelters. The high percentage of Buuls raises concerns with the quality and protection of shelter arrangements as Buuls are lightweight, offer minimal protection and often do not have locks. As Buuls are culturally widely used in rural areas, an emphasis on providing covering materials and improving the general conditions of the shelters should be prioritised (Figures 6 and 7).

The majority of the shelters (68%) have wooden structure and 87% of the assessed households reported earthen floor in their shelters. The poor shelter conditions suggest a potential high vulnerability of the population in the upcoming wet season, as well as pressing shelter needs for a majority of households in the IDP settlements.

Figure 6: Proportion of Shelter Categories

In addition to the poor shelter conditions mentioned above, 65% of all the assessed households indicated shelter damage. The main reported issues were damage to the structure (52%) and roof (30%). Among the households who reported shelter damage, 11% indicated their shelters as totally destroyed. Clothes and rags were the most commonly used covering material (48%) for walls and roofs, reflecting the prevalence of Buuls.

Figure 7: Most commonly used shelter material

Shelter Section	Shelter Material
Floor	Earth (87%)
Main Structure	Wood (68%)
Wall and Roof	Clothes/Rags (48%)

---

[18] A traditional type of shelter which normally has a structure made of sticks and covered in plastic sheeting or rags of cloth. Buuls are the most common form of shelter in rural areas because of the portability and cheap build.

Eighty per cent of the households had a poor NFI Score[19] and 33% reported having none of their NFIs in good conditions. In addition, only 5% of the households with female members above the age of 13 indicated having access to sanitary items, and only 6% of all the assessed households had access to soap. Rates of households with poor NFI scores and little access to sanitary and hygiene items, as illustrated by the findings, may increase vulnerabilities during the wet season and further result in poor hygiene practices for women and girls in particular.

Protection

KIs reported theft (90%) as the main protection issue present in their specify IDP settlements. General assault on community members was also reported by 9 % of the KIs. The majority of assessed households (94%) reported that they could move freely in their respective settlements**, while 16% of the KIs interviewed mentioned that women are not able to move freely within the settlement.** Of the households reporting restrictions to their movement, 39% reported restriction by gate keepers as the main reason. Other issues reported by the households included threats from armed groups (22%), road blocks (22%) and gender-based violence (9%). All the respondents that reported gender-based violence were female.

When household representatives were asked if any member of the households had experienced any violence, threat or intimidation in their location, only 2% (12 households) answered positive. Of the households that experienced violence, most of the respondents (seven) reported beating, while four respondents reported gender-based violence as the specific type of violence that members of their households experienced. This low rate of household respondents reporting these protection issues could be a result of the high sensitivity of these issues, as well as household members' unwillingness to share their experiences.

Ninety four per cent of the households indicated that they do not own the land on which they are living. In addition, 97% of those households that are renting the shelter in which they live do not pay any rent. Among the households that reported to be paying rent, 3% paid rent in cash on a monthly basis, with the majority (53%) paying the rent to the owner of the land. All the households that pay rent reported that they perceive the risk of being evicted if they fail to pay rent as being high.

In the assessed settlements, the community is represented by different actors. Groups of elders are present in 73% of the settlements and elected committees in 35% of the settlements. In 52% of the settlements, gatekeepers are part of the community representation, while the local authority is represented in 22% of the settlements. The inclusion of the community leaders may be key to a successful humanitarian response in order to identify population intentions and needs.

Only 22% of the households indicated being registered in the settlements. The majority (81%) of these households had registered with the community leader (horjooge)[20], while 7% of the households had registered with an NGO. This low rate of registration creates challenges when assessing the correct population rates and in making sure that the humanitarian response is adapted to the needs of the population.

Health

The facility mapping indicated the presence of 20 functioning health facilities in Baidoa Town including 7 primary health care units (PCU), 6 health centres, 3 pharmacies, 3 referral health centres and 1 hospital. Five of the assessed health centres and one hospital provide maternal health services. All households were within 5km of a functioning health facility and 47% of the households reported having accessed health services in the past month.
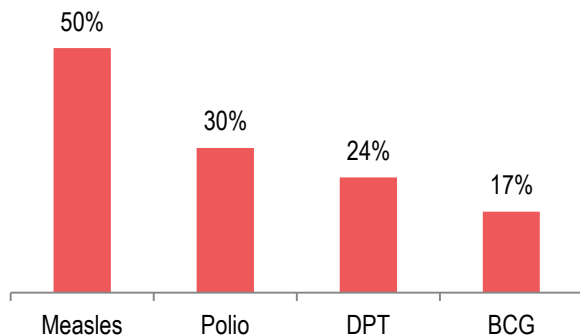
Households in the assessed settlements reported a very low percentage (53%) of vaccinations among children aged 6 months to 15 years. Only 33% of the households with children aged 6 months to 15 years reported that the children had received BCG and Measles vaccinations, while 49% reported to have received Polio and DTP

---

[19] The NFI scoring aims to provide a standard methodology for assessing NFI vulnerability among IDP households. It is based on a set of questions designed to assess a household's access to six different types of NFIs. The numerical responses, along with baseline data on the size of the household, are then used to calculate the household's NFI vulnerability. The system includes a weighting factor per item due to their importance in a given emergency context. The scoring system is experimental, and is not a global standard
20 Horjooge is sometimes translated as "gatekeeper". However, in this report we refer to them as "community leaders" to respect their important role for the community and community cohesion.

vaccinations. These proportions are far below the Sphere standards of 90% of children (6 months to 15 years) to have received vaccination. This could be problematic as unvaccinated children may be particularly vulnerable to diseases, and vaccines may contribute to prevent some, such as measles, polio, DPT and BCG. (Figure 9)

Figure 8**: Proportions of children aged 6 months to 15 years that have received vaccination**[21]
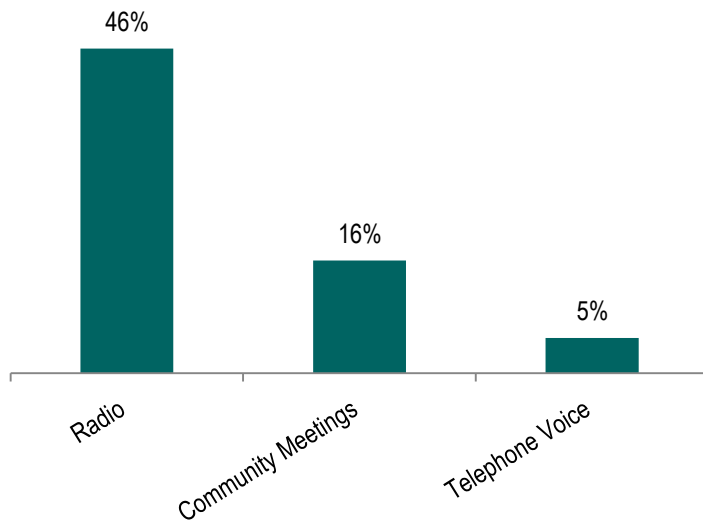

Education

The facility mapping indicated the presence of 46 schools in Baidoa Town, including the following school level/types: 31 primary schools, 12 secondary schools, 2 Qur'anic and 1 Early Childhood Development (ECD). All of the assessed schools were within 1km of the targeted settlements and nine primary schools provide school feeding programmes.

A total of 14,950 children are reportedly enrolled in the assessed facilities, with 52% being male students. **Only 8% of the children in the IDP households attend school**, which corresponds to 1% of the total number of students reported by the school representative during the facility mapping. The household assessment also revealed that the main reason for the low school attendance was the inability to pay for school fees, as mentioned by 88% of households that reported having children who have never attended school. Besides lack of financial resources, the low attendance of children in IDP settlements can be a result of limited capacities of the existing schools as well as recent displacements. The school drop-out rate over the last year, as reported by school administrators, was up to 19% for the male students and 25% for female ones. According to households with school-aged children that had dropped out from school, the main reasons for terminating the education was the inability to pay school fees (85%), no school available for the students (15%) and the schools being located too far away (4%). Among the assessed schools, 21% reported an acceptable teacher-student ratio of 1 teacher to every 45 students, as defined by the Sphere standards.

Communication

Households reported radio (46%) as their most trusted information channel. However, when households were asked whether they have access to radio, 81% answered negatively. This could imply that the majority of the households in the settlements miss out on important information since their level of trust in other information sources is minimal. (Figure 10)

---

[21] Respondents were asked to select all vaccination types that had been received.

Figure 9: Three most trusted information sources reported by households

Most of the households (84%) reported food issues as the most important information needed. The second most reported information need by households was information on missing persons (8%). The majority of the households (97%) speak Maay Somali Language, while the rest (3%) speak Benaadir language.

CONCLUSION

This assessment was initiated with the aim to inform humanitarian planning and service delivery in informal IDP settlements in Baidoa. Food security is one of the most major concerns in Baidoa IDP settlements with 50% of the assessed households having a poor food consumption score and only 14% of the households reporting to consume vegetables at least once a week. The facility mapping identified five functioning food markets in Baidoa but only 2% of the households reported that the market is within a walking distance. In addition, almost half of the households (42%) reported a decrease in the amount spent on food over the month prior to the assessment, which may indicate a decline in resources. A majority of households (96%) reported to have resorted to coping strategies to deal with limited access to food. Choosing less expensive and less preferred foods is the most frequently applied coping strategy (82%), while 68% of the households reported to be reducing the number of meals taken per day. Findings also indicated an increased reliance on cereals, sweets and fats, which consequently impacts the diversity of food and food consumption scores.

Findings from the facility mapping show that there are 12 nutrition facilities available in the settlements. However, only 21% of the households reported having accessed any nutrition services in the past three months. This low proportion may be concerning given the majority of households (72%) have children under the age of five years. Compared to the number of available facilities in the settlements, it could also illustrate a lack of communication for households on where and how to access these services.

Eighty-four per cent of households indicated water as a priority need and 65% did not meet the Sphere standards of 15 litres of water available per day per person. While all the assessed households were within 500m of a functioning water point, which is the suggested maximum distance to a water source according to the Sphere standards, only 57% of the water points were reported as functioning and providing drinkable water. This induces a risk of households using contaminated water, further heightening the risks of water-borne diseases. In addition, 70% of households reported water trucking distribution as their main household water source. This high reliance on water trucking is both expensive and not a long term solution to water shortages. The reported open defecation practice by 27% of the households indicates a vulnerability to water-borne diseases in the settlements, which may increase with the expected onset of the rainy season.

The findings also corroborate the high ranking of shelter assistance as a priority need for households in the increasing displacement crisis, being cited by 82% of households. A considerable number of households reported to live in emergency (57%) or temporary shelters (27%) and 87% indicated having no floor covering material in their shelter. In addition, the findings highlighted high rates of households with poor NFI scores (80%) and little access to sanitary and hygiene items. This may result in poor health and sanitation among IDP households, and induce heightened vulnerabilities during the wet season.

This report has highlighted humanitarian needs as well as key gaps in services for IDP population across Baidoa IDP settlements. Considering the context of the ongoing drought in Somalia, more IDPs may move to Baidoa in search of services, livelihood, food and other resources. The resulting population increase in the settlements over the coming weeks/months may add an additional burden to the already strained services and facilities in the area. For this reason, ensuring sufficient improvements of services, food provision and shelters in particular, should be a priority for the humanitarian community and local authorities. A continuation of this assessment on a quarterly basis will ensure that humanitarian needs and trends in population movements are followed-up and information shared to allow for targeted action by all involved stakeholders.