

CONTEXT

Somaliland is experiencing a prolonged, complex, and multi-faceted humanitarian situation characterised by climate-related droughts, communicable disease outbreaks and fragile social protection mechanisms.¹ The complex nature of the crisis continues to influence displacement patterns and constrain the availability of resources. Since the beginning of 2020, two additional shocks have contributed to a deterioration of humanitarian conditions across the country: vast swarms of desert locusts and the COVID-19 pandemic.² In addition, two consecutive below-average rainfall seasons impacted crop and livestock production in late 2020 and early 2021, driving a sharp increase in the food insecure population in Somaliland.³ These compounding shocks have exacerbated humanitarian needs among vulnerable populations.

Due to the ongoing shocks, cities like Hargeisa are receiving large waves of internally displaced persons (IDPs) and other rural-urban migrants, leading to increased land prices and competition for resources.⁴ 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.⁴ As a result, the majority of IDPs are increasingly concentrated in semi-urban areas where more vacant land was available.⁵ As a consequence, these populations are likely to be left out of networked services and segregated from the rest of the city.

ASSESSMENT BACKGROUND

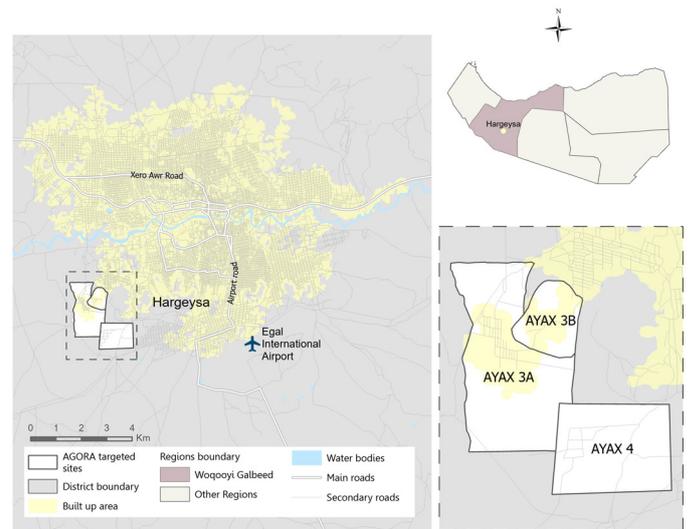
The AGORA assessment was launched as a pilot in Somaliland. The underlying objective of AGORA, in the specific context of Hargeisa, was to integrate the foreseen regular flux of IDPs as a key parameter when planning for durable solutions.⁶ The assessment was designated to align with the increasing willingness of humanitarian actors and local authorities to target longer-term solutions and avoid repeated short-term interventions.

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

By conducting a series of comprehensive, mixed-method assessments ranging from settlement mapping and delineation, key informant (KIs) interviews with community leaders and service providers, focus group discussions (FGDs) and household surveys (HH surveys) with settlement residents, AGORA can provide an analysis rooted in a local understanding of the context.

Moreover, AGORA intends to go beyond the stage of mapping, needs assessment and planning to propose a durable solutions analysis as well as programme recommendations for ACTED Camp Coordination and Camp Management (CCCM) interventions.

MAP 1: ASSESSED AREAS AND COVERAGE



KEY FINDINGS

- **Spatial and social organisation:** Findings suggest that residents were relocated from two different urban neighbourhoods in Hargeisa city, and they live in a settlement with an unequal spatial distribution of housing during the assessment. KIs reported that the settlement was established on the top of a mountain that lack paved roads causing access to services in Hargeisa city arduous.
- **Social Cohesion:** Findings indicate that residents were supportive to one another and that Ayah 3B residents were generally well-integrated in the Hargeisa urban community with no conflict reported. This could be explained by the fact that the settlement has been established for several years.
- **Health:** There was no health facilities in the settlement. KIs reported that residents sought medical services in Hargeisa city centre and face consistent challenges such as the distance to the nearest health facility.
- **Education:** There was only one Quranic school⁷ in the settlement, and no formal education facilities were found. Residents sought the primary education in Ayah 3A settlement.
- **Water Sanitation and Hygiene:** Findings suggest there were two water facilities exist in the settlement (one kiosk and one piped system) that was not functioning at all and residents were getting water from private water trucks. There were no public sanitation facilities reported in the site.
- **Community Infrastructures:** The settlement's roads were found to be unpaved, negatively affecting residents' ability to connect to Hargeisa city centre and there was a rented community centre⁸ available for the community.
- **Markets:** Findings suggest there were no markets found in the settlement. KIs indicated they needed to travel long distances back to Hargeisa in order to purchase essential goods.

METHODOLOGY OVERVIEW ⁹

The AGORA pilot in Hargeisa was implemented to carry out an area based assessment (ABA)¹⁰, in order to identify programmatic recommendations for further CCCM activities.

Data was collected through quantitative and qualitative methods between **26th of January to 08th of March 2022**.

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

- Phase 1: Territory mapping and understanding of settlement layout (neighbourhood delineation, facilities mapping);
- Phase 2: Needs assessment (HH surveys, FGDs) and durable solutions identification (participatory workshops);
- Phase 3: Programmatic recommendations (Relief/Recovery/Durable solution interventions prioritisation and coordination workshop).

This factsheet only presents the results of Phase 1, for Ayah 3B settlement. Separate factsheets are available for Ayah 4 and Ayah 3A.

The first stage of phase one aimed at mapping the IDP settlement, with the help of community representatives, in terms of spatial organisation and social interactions. The purpose of this preliminary understanding of the territory was to define the most coherent and relevant geographical unit for future local interventions.

The AGORA team first conducted interviews with local leaders in order to understand the spatial and social organisation of the settlement.

Following these key informant interviews (KIIs), the AGORA team organised a mapping FGD ¹¹ with all the KIIs interviewed previously. The main objective of this FGD was to map the internal and external boundaries of the settlement as well as the key infrastructures available for the community. A printed satellite imagery map of the settlement was used as a support for the discussion.

Finally, AGORA conducted structured interviews with service providers KIIs within the IDP site (water sources, sanitation facilities, health structures, schools and educational facilities, markets) of previous identified facilities in the MFGD, recording their exact GPS points.

The aim of this tool was to comprehensively measure gaps in the provision of essential services, both in terms of number and level of functionality.

The limitations of the assessment include authorities understanding of the AGORA approach which has taken more time than anticipated and it is important to note that qualitative findings are not generalisable with a known level of precision and should hence be considered indicative only.

In Ayah 3B, the AGORA team conducted:

- 6** KIIs with local leaders,
- 1** Mapping FGD,
- 3** KIIs with service providers.

SPATIAL AND SOCIAL ORGANISATION

SETTLEMENT INFORMATION

According to the AGORA assessment, Ayah 3B had been established in 2012. KIIs reported that government authorities owned the vacant land before the settlement was established.

Most of the KIIs reported that residents had been forcibly relocated to the settlement from various parts of Hargeisa city without any consultation. They were moved from two neighbourhoods of Hargeisa city; Governor office building and Xisbiga market. In addition, according to KIIs there were some residents displaced from other parts of the country due to the severe drought conditions.

KIIs reported that the settlement particularities included the location of the camp on the top of a mountain that had no well paved road infrastructure, this had caused difficulties for residents to connect with the centre of Hargeisa because of the lack of public transportation.

The assessment found that there were diverse social groups present in the settlement. The main population group was reportedly Somalilanders,¹² some belonging to minority groups and the Oromo community. Despite the existence of multiple social groups, KIIs commonly indicated that there was no particular group that held more power than other groups in the settlement.

Furthermore, KIIs reported that the settlement had limited security incidents because it had a border from the east side with an army base of the Somaliland military forces.

In addition, KIIs reported that there were no social or leisure facilities existing in the settlement. Finally, KIIs added that most of the residents sought livelihood and employment opportunities to Hargeisa city centre.

LAND TENURE

The majority of the KIIs reported that residents owned a piece of land and had documents proving their ownership. According to KIIs, this documentation had been provided by the local government when relocating the population from the city to Ayah 3B.



SPATIAL ORGANISATION

KIs reported there was an unequal spatial distribution in place within the settlement, some areas were more concentrated than others, with narrow roads/streets between the houses. Interviewed KIs specified that the centre of the camp was more populated than other parts because it was where people settled first.

Taken together, the concentration of the people in the centre of the settlement is likely to cause increased vulnerability to natural and man-made disasters.

SOCIAL COHESION

Social cohesion is one of the main indicators considered when informing solutions for displaced people living in settlement.¹³ KIs commonly reported perceiving that site residents had a good relationship with Hargeisa’s urban population.

Most KIs reported perceiving that social cohesion in the settlement was strong and communities were supportive of one another.

Conflicts that arise in the settlement are reportedly handled via community mediation. In situations where disputes cannot be resolved this way, KIs reported that community members are able to report grievances to the police. KIs also mentioned the security committee¹⁴ and local leaders as potential conflict mediation means.

Most of the KIs reported that traditional elders and the police were the main stakeholders mobilised to ease tensions between families in the settlement.

SERVICES AND INFRASTRUCTURES

WATER, SANITATION AND HYGIENE

Reported number and type of water facilities

Water kiosk	1
Piped system	1
Wells	0
River/Pond	0
Water tank and tap	0
Borehole with submersible pump	0

According to the interviewed service providers there were two water facilities in the site built by an international nongovernmental organizations (INGOs) and municipal

authorities. The water facilities were found not functioning at all due to lack of maintenance and drying up spring.

KIs added that there was no water service management committees reported for the existing infrastructures. In addition KIs reported that residents were getting water from private water trucks.

The second phase of the assessment will present constraints residents face access to water sanitation and hygiene in the settlement.

Main constraints reported by water service providers were:

Lack of materials and equipment	2 KIs
Lack of qualified personnel for maintenance	2 KIs
Lack of financial resources	2 KIs

Main support needed for the facilities reported by the water service providers were:

Allocation of building materials and equipment	1 KI
Community sensitisation on facility use	1 KI
Training of personnel for service management	2 KIs
Direct cash provision	1 KI

According to KIs there was no public sanitation facilities at the settlement level. The participants of the mapping FGD indicated that there were 42 private latrines in the site, shared by multiple households.

It was reported that waste collection was undertaken by a private company, charging three USD per month per household. No public latrines nor hand washing facility were reported available at the site level.

HEALTH

According to the KIs there were no health facilities available in the site.

Residents face access challenges to health services and sought Hargeisa city centre as a result of a lack of basic health facilities even first-aid posts and a pharmacy in the settlement.

MARKETS

KIs reported that there was no market infrastructure exist in the site, only street shops were available for the communities. KIs reported that economic generation opportunities such as employment were sought in the centre of Hargeisa.

Residents reported difficulty for the commodities to be transported from the city centre because of the lack of road infrastructure and that associated with a limited supply of stock causing high prices of goods in the settlement.



EDUCATION

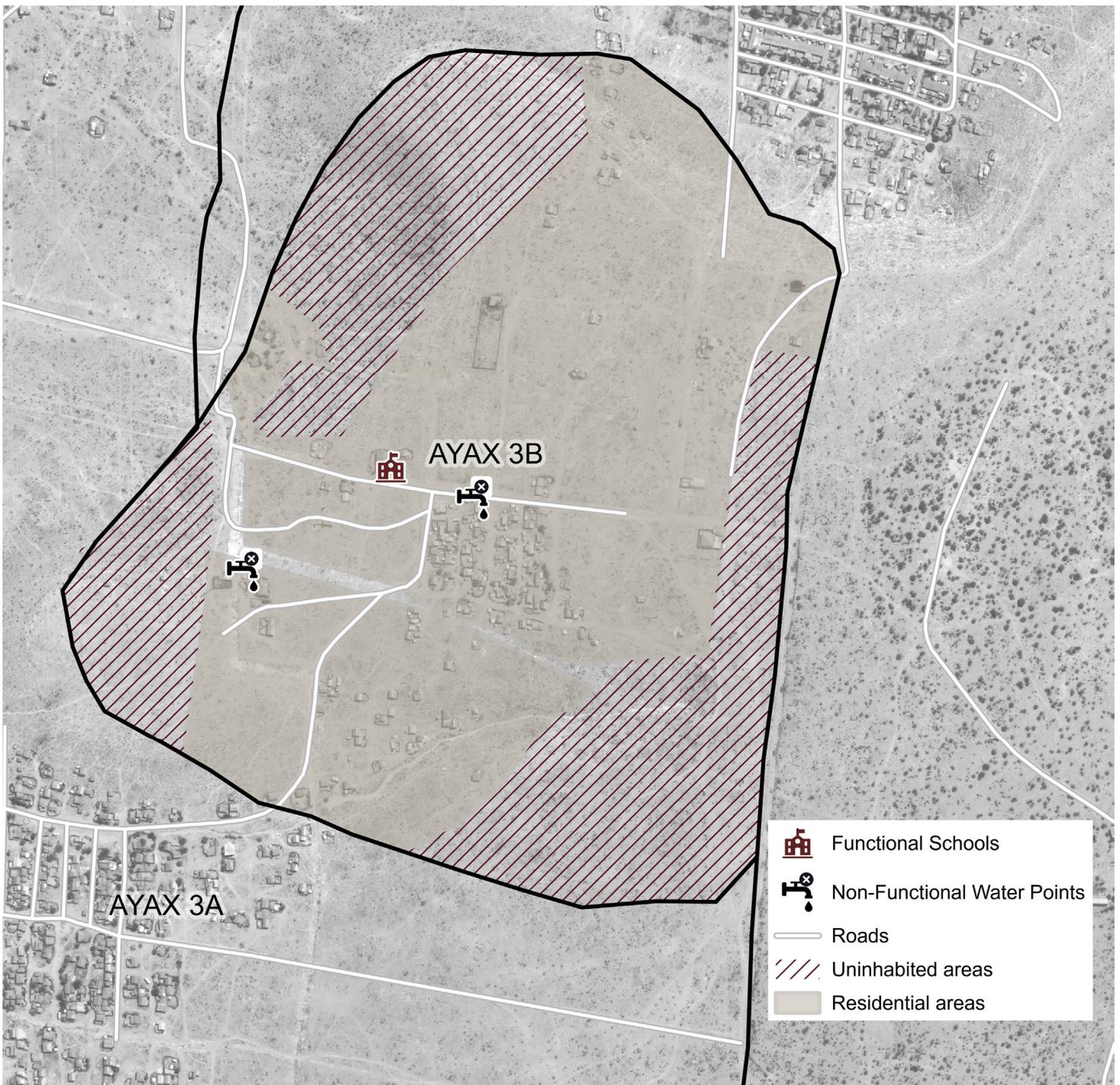
Reported number and type of education facilities

Quranic schools	1
Primary schools	0
Intermediate schools	0
Secondary schools	0
Technical and vocational schools	0

According to KIs the Quranic school was the only education facility available at the site level.

There was no formal education facilities to be available in the settlement. KIs reported that residents sent their children to Ayah 3A for primary school,¹⁵ and others mentioned secondary and higher education were sought at Hargeisa city.

MAP 2: BASIC SERVICES INFRASTRUCTURES AVAILABLE AT THE SITE LEVEL



COMMUNITY INFRASTRUCTURES

Reported number and type of community infrastructures

Community centre (rental)	1
Persons with disability centre	0
Information centre	0

According to KIs the community centre was a rented building, that put a financial burden on the community committee. Community committees used the centre for their regular meetings and additionally, the workshops and trainings for the community were convened at the centre.

According to KIs the roads that connect Ayah 3B to the rest of the city were unpaved; resulting that public transportation were found to be unavailable in the settlement.

Participants from the mapping FGD indicated that there were no persons with disability centres nor information centres existing in the settlement. Residents seek services regarding disability in the Ayah 4 settlement persons with disability centre.¹⁶

Road conditions	Unpaved
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STAKEHOLDER AND INTERVENTIONS

KIs reported the partners working on the development of the site such as the

1. Danish Refugee Council (DRC) and
2. Humanity and Inclusion (HI);

were the only INGOs working in the settlement a couple of years before data collection. KIs mentioned mental health support and WASH activities conducted by DRC.

Overall, KIs reported that the support provided to Ayah 3B was not sufficient. However during the assessment KIs outlined there were no partners working in the settlement.

Finally, regarding durable solutions, KIs reported they were not aware of any durable solution activity implemented or planned in the settlement.

Annex 1: Endnotes & References :

1. United Nations Office for the Coordination of Humanitarian Affairs (UNCOHA), [Humanitarian Needs Overview](#), October 2021.
2. [IPC Acute food insecurity and acute malnutrition analysis January - June 2021](#)
3. Famine Early Warning Systems Network and Food Security and Nutrition Analysis Unit (FewsNet and FSNAU), [Food Security Outlook: June 2021 to January 2022](#)
4. [World Bank data, Urbanization review 2021](#).
5. Ibid.
6. "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." [Inter Agency Standing Committee \(IASC\) Framework On Durable Solutions for internally displaced people](#).
7. Quranic school: is an Islamic institute where typically children at age of 5-14 acquire familiarity with the Quran, it is also known as a madrasah.
8. Private owned house rented by the community committee to convene for their meetings.
9. Full methodology of the AGORA assessment can be found in terms of reference (ToR) and is available upon request.
10. An Area Based Assessment (ABA) employed a mixed methods approach, composed of both qualitative and quantitative components. The qualitative component included: semi-structured key informant interviews (KIIs) with community leaders, and with individuals with specialised knowledge of service provision in the area, community focus group discussions (FGDs), and participatory mapping sessions in neighbourhoods that make up the area.
11. Mapping focus group discussion [MFGD]: brought together the interviewed Key informants who participated in Key informant interview with local leaders to map where the services are located in the settlement, and to identify the boundaries of the settlement. To support the discussion printed satellite imagery maps were presented to the participants.
12. Somalilanders is referred here that all clans that reside in the Somaliland territory were present in the settlement.
13. [Core elements to inform Solutions planning and programing ReDSS](#)
14. The security committee is not a stand-alone committee it is a sub-committee of the community committee.
15. Phase two of the AGORA assessment which is included the Household level surveys will present more on how the settlement residents access key services such as education health and WASH.
16. Ayah 4 disability centre is 2 KM away from the residents..



AGORA Localised Response
Inclusive Recovery
Effective Stabilisation

AGORA is a local planning initiative that promotes the recovery of fragile territories. By encouraging aid actors to work more effectively with local stakeholders, it provides concrete and concerted orientations to the specific recovery challenges of areas affected by humanitarian crises.

The AGORA initiative directly strengthens territorial mechanisms for basic services recovery, based on a approach built on understanding multi-sectoral needs, multi-stakeholder planning, community participation and good governance enhancement.

ACTED and IMPACT bring together their expertise through the AGORA Initiative, which brings together local institutions, humanitarian and development actors around a common agenda, specific to each territory, in order to support the move towards recovery and local development.

For more information, please visit our website: www.agora-initiative.org.

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