

Detailed Site Assessment (DSA)

February 2020

Garbahaarrey district, Gedo region, Somalia

SOMALIA

CONTEXT

Somalia continues to experience recurrent droughts, floods, and armed conflict, driving large-scale displacement. The high levels of displacement have resulted in fluctuating population estimates of Internally Displaced Persons (IDPs) in both formal and informal settlements, thereby complicating the provision of basic services to address their needs.

The Detailed Site Assessment (DSA) was initiated in coordination with the Camp Coordination and Camp Management (CCCM) Cluster in order to provide the humanitarian community with up-to-date information on the location of IDP sites, the conditions and capacity of the sites, and an estimate of the severity of humanitarian needs of residents. Data collection for the current round of the DSA took place from November 2019 to February 2020 and assessed 2,344 IDP settlements in 61 districts across Somalia.

This factsheet presents the findings at district level for the 3 assessed IDP settlements in Garbahaarrey district, Gedo region, Somalia.

METHODOLOGY

Primary data collection employed a Key Informant (KI) methodology with KI interviews conducted by REACH enumerators in locations directly accessible by REACH Field Officers (FOs) and by CCCM partner organizations. Targeted urban areas within districts were determined based on a secondary literature review of previous assessments conducted on IDP populations¹. Following the identification of target urban areas, REACH located IDP settlements through contacting the lowest level of governance² in each area to identify the locations of IDP settlements.

The severity calculation for the third round of the DSA was developed in close consultation with clusters and partner organisations and updated to improve the quality and reliability of data collected regarding IDP settlement locations, estimated size of resident populations, and the severity of humanitarian needs. The severity score goes from 1-4, with 1 being the least severe and 4 being the most severe. The categories are none/minimal, stress, severe and extreme.

To provide a local, context-specific overview and allow more targeted responses, this factsheet presents a summary of findings of assessed settlements in Garbahaarrey district only.

The nation-wide, sectoral factsheets are available [here](#).

Assessment information

Total assessed sites **3**

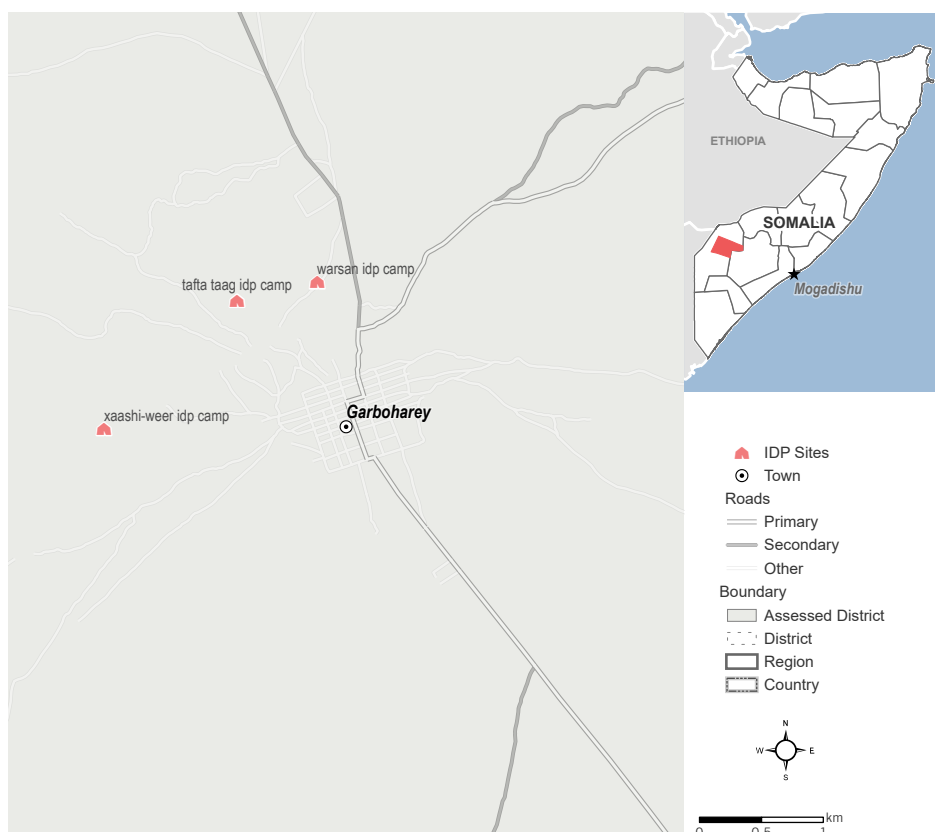
Displacement

Total number of IDPs households arriving into a new settlement: **36**

Total number of IDPs households departing from an old settlement: **4**

The **Bay** was the main reported region of origin for IDPs in the Awdal district. The proportion of IDPs reportedly coming from this district was: **54%**

ASSESSMENT COVERAGE MAP



Summary of severity score*

Overall cluster severity score and severity phase classification at district level:

Clusters	Severity Score	Severity phase
Food security / Livelihoods	2	Stress
Nutrition	3	Severe
Health	3	Severe
Protection	3	Severe
Shelter and Non-food items	3	Severe
Education	4	Extreme
Water, Sanitation/ Hygiene	3	Severe

For the list of indicators and the severity score calculations, see the annex on this factsheet.

*The analysis methodology was adjusted between 2019 and 2020 in order to align with other multi-sectoral assessments carried out by REACH and other partners. This included adapting the ranking system. Therefore, the results for 2020 cannot be compared directly with the previous years, but can be useful to show the differences between the sectors and districts.

¹Previous REACH DSA, JMCNA and CCCM Partner Organization Population Estimates

²District Office, Mayor's Office, etc.

FOOD SECURITY & LIVELIHOODS (FSL)

% of sites per FSL severity score:

No or minimal	Stress	Severe	Extreme
78%	22%	0%	0%

Proportion of sites with no access to food markets, as reported by KIs:



Average time taken to travel to nearest food market, as reported by KIs³: **41 minutes**

Three most common reported primary sources of food⁴:

Market purchases	100%
NA	NA
NA	NA

Proportion of sites in which the majority of residents reportedly conduct the following livelihood sources⁴:

Daily wage labour	100%
Pastoralism	0%
Agriculture	0%

Proportion of sites where the population was reportedly not able to receive food assistance:



NUTRITION

% of sites per nutrition severity score:

No or minimal	Stress	Severe	Extreme
0%	75%	25%	0%

Proportion of sites with no access to nutrition services, as reported by KIs:



Average time taken to travel to nearest nutrition service, as reported by KIs⁵: **63 minutes**

Proportion of sites reporting nutrition items distributed in the past 3 months:

Therapeutic and suppl. food	100%
MUAC tape	100%
Therapeutic milk products ⁶	100%
Super Cereal Plus	46%

Proportion of sites where the population was reportedly not able to receive nutrition support:



HEALTH

% of sites per health severity score:

No or minimal	Stress	Severe	Extreme
0%	78%	22%	0%

Proportion of sites with no access to healthcare facilities, as reported by KIs:



Average time to travel to nearest health facility, as reported by KIs⁷: **38 minutes**

Proportion of sites where KIs reported women are not able to access skilled personnel while giving birth:



Proportion of sites where the population was reportedly not able to receive healthcare support:



Three most common reported types of health facilities available at sites⁴:

District hospital	100%
Mobile clinic	79%
NGO clinic	54%

EDUCATION

% of sites per education severity score:

No or minimal	Stress	Severe	Extreme
0%	0%	78%	22%

Proportion of sites reportedly having no access to learning facilities:



Average time taken to travel to nearest learning facilities, as reported by KIs⁸: **6 minutes**

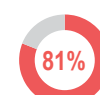
Reported type of learning facilities available at sites:

Primary	79%
Secondary	0%
Quoranic	100%
Basic Literacy/ Numeracy Classes	0%

Average proportion of learning facilities at sites reportedly having no gender segregated latrines:



Average proportion of learning facilities at sites reportedly having no fences and clear demarcation:



³The findings related to a subset of sites where KIs reported having access to food markets.

⁴Respondents could select multiple options. Applies to all questions with reference '4'.

⁵The findings related to a subset of sites where KIs reported having access to nutrition services.

⁶F75 or F100.

⁷The findings related to a subset of sites where KIs reported having access to health facilities.

⁸The findings related to a subset of sites where KIs reported having access to education facilities.

PROTECTION

% of sites per protection severity score:

No or minimal	Stress	Severe	Extreme
0%	0%	100%	0%

Proportion of sites reportedly having no child friendly spaces:



Proportion of sites reportedly having no women spaces:



Proportion of sites where restrictions on movement was reported:



Three most common reported types of safety and security incidents in the 3 months prior to data collection⁴:

Denied access to justice	100%
Violence during aid distribution	54%
Land grabbing	25%

Three most common reported locations of safety and security incidents in the 3 months prior to data collection⁴:

on the way or at food markets	54%
In shelters	0%
On the way or at water sources	0%

SHELTER & NON-FOOD ITEMS (NFIs)

% of sites per shelter & NFIs severity score:

No or minimal	Stress	Severe	Extreme
0%	0%	100%	0%

Proportion of sites reportedly having no access to markets selling NFIs:



Three most common reported types of NFIs available at markets⁴:

Plastic sheets	100%
Cooking utensils	100%
NA	NA

Proportion of sites where KIs reported shelters damaged by fires or floods in the 3 months prior to data collection:



Proportion of sites where KIs reported cases of evictions in the 3 months prior to data collection:



Proportion of sites where the population was reportedly not able to receive shelter and NFI support:



WATER, SANITATION & HYGIENE (WASH)

% of sites per WASH severity score:

No or minimal	Stress	Severe	Extreme
0%	0%	100%	0%

Water:

Proportion of sites reportedly having no access to functioning water sources:



Average time taken to travel to nearest water source, as reported by KIs:⁹ 11 minutes

Three most common reported primary source of water:

Unprotected well	75%
River	25%
NA	NA

The reported types of water treatments were chlorine tablets/aquatabs (100%), boiling (100%), cloth filter (5%) and other kind of filter (membrane, ceramic, or commercial filter) (0%).

Proportion of sites where the population was reportedly not able to receive water support:



Sanitation:

Proportion of sites where KIs reported no access to functioning latrines:



Proportion of sites where KIs reported open defecation:



Proportion of sites with toilets in which KIs reported having:¹⁰

Handwashing facilities	13%
Locks on the inside	13%
Internal lighting	13%

Hygiene:

Proportion of sites reportedly having no access to bathing facilities:



Average time taken to travel to nearest bathing facility, as reported by KIs:¹¹ NA



Proportion of sites where the population was reportedly not able to receive hygiene support:



⁹The findings related to a subset of sites where KIs reported having access to functioning water sources.

¹⁰The findings related to a subset of sites where KIs reported having access to latrine.

¹¹The findings related to a subset of sites with bathing facilities, as reported by KIs.

Accountability to Affected Populations

Three most common used sources of information, as reported by KIs:

Friends / neighborhood / family	100%	<div></div>
Community / religious Leaders	100%	<div></div>
Aid workers	100%	<div></div>

Three most common sources of information for persons with disabilities, as reported by KIs:

Word of mouth	100%	<div></div>
Meetings in person	100%	<div></div>
Community meetings	100%	<div></div>

Three most reported problems experienced in the delivery of humanitarian assistance:

Not enough for all entitled	100%	<div></div>
Some population groups not receiving aid	100%	<div></div>
Assistance did not respond to the actual	79%	<div></div>

Proportion of sites where KIs reported they have access to a feedback mechanism: 0%

Camp Coordination and Camp Management

Three most common reported site management by % of settlements

Community Leader	100%	<div></div>
Gatekeeper	100%	<div></div>
Local community	79%	<div></div>

Three most reported established committees by % of settlements:

Residents' committee	100%	<div></div>
Camp Management Committee	100%	<div></div>
Women's committee	100%	<div></div>

Proportion of sites reporting to have women present in committees: 100%

Note: The indicators for CCCM and Accountability to Affected Population (AAP) are not part of the severity calculations across the sectors. Hence, the CCCM and AAP sections in this factsheet do not present the severity scores.



The indicators and method for calculating the severity scores for each sector were developed in coordination with CCCM partners. The composite indicator for each sector was composed of a set of indicators and a method for scoring these indicators has been developed to evaluate the severity of needs. The scoring of the indicators was based on the responses from the KI interviews. Forty-two (42) indicators were selected to assess the severity of needs across seven sectors. Each indicator was granted a severity score from 1 to 4, with 1 being the least severe and 4 being the most severe. For each sector, the overall score was determined by calculating the median score of all indicators included in the sector. At the national level, the final severity score for each sector was determined by selecting the severity score in which at least 20% of the total proportion of sites fall in.

Indicators per cluster:

Shelter / NFI: Access to and availability of NFI and building material in local/nearby markets; Basic NFIs available; Shelter occupation and density; Shelter quality; Shelter & NFI support activities; Security of tenure; Hazards; Public lighting

WASH: Access to and availability of functional water sources; Access to and availability of functional toilets; Access to and availability of bathing facilities; Primary; secondary; and domestic water sources; Toilets with locks; Toilets with internal lighting; Toilets with handwashing facilities; WASH support activities; Water treatment; Presence of open defecation; Disposal of solid waste

Health: Access to and availability of health facilities; Health services available; Skilled health personnel for women giving birth; Health support activities; Most common health problems

Nutrition: Access to and availability of nutrition services; Distribution of nutrition items; Nutrition support activities

Education: Access to and availability of learning facilities; Gender segregated latrines; Fences and clear demarcation

Food Security: Access to and availability of food markets; Primary and secondary food sources; Food security support received; Land available

Protection: Covered spaces; Women spaces; Child-friendly spaces; Types of safety and security incidents; Locations of safety and security incidents; Restrictions to movement

For a more detailed overview of the methodology and a comprehensive list of all the composite indicators that were used, you can access the terms of reference (ToR) [here](#). The indicators and their respective thresholds are included in the annex section of the ToR, page 56-78.

FUNDED BY:



Funded by
European Union
Civil Protection and
Humanitarian Aid

WITH THE SUPPORT OF:



About REACH:

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.