Detailed Site Assessment (DSA)

March 2021

Laas Caanood district, Somaliland

SOMALILAND

CONTEXT

The protracted humanitarian crisis in Somaliland is multi-layered and complex. Limited development coupled with recuring climatic shocks, such as drought and riverine-/flash-flooding give rise to high levels of need among affected populations, while insecurity and conflict severely hinder access to humanitarian actors. The majority of internally displaced persons (IDPs) reside in overcrowded shelters in densely populated urban areas, further increasing their exposure to the risks and impact of COVID-19.

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 December 2020 to March 2021 and assessed **207 IDP settlements** in 17 districts across Somaliland.

METHODOLOGY

Findings are based on key informant (KI) interviews with purposefully sampled KIs who reported on the settlement level. Interviews were conducted by REACH in accessible locations. Targeted areas within districts were determined based on a secondary data review, which drew on previous assessments conducted on IDP populations. After identifying target areas, REACH located IDP settlements by contacting the lowest level of governance[1].

The methodology for the fourth 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 humanitarin needs. The severity scale goes from 1 to 4+ and the severity phases are none/minimal, stress, severe, extreme and extreme+. For the list of indicators and the severity score calculations, see page 4 of this factsheet. All findings presented on this factsheet relate to the % of sites with a given response, and should be considered indicative, rather than representative, of the humanitarian situation in assessed sites.

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

Assessment information

13 assessed sites hosting

3,231 households*

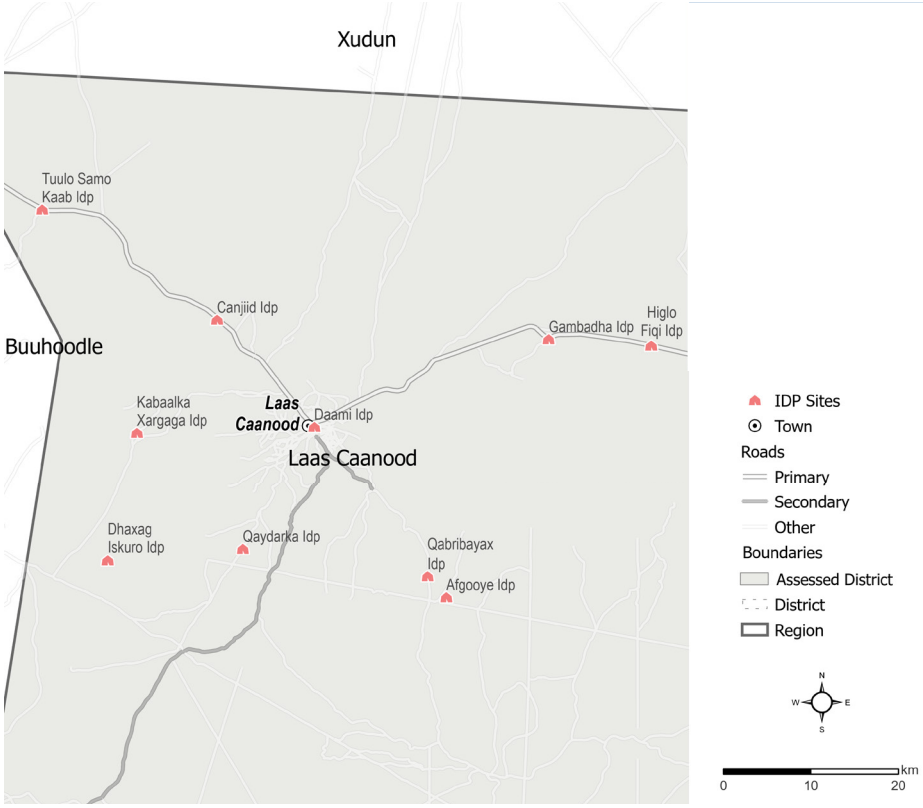
18,327 individuals*

Displacement

Total number of IDP individuals* arriving into a new settlement in the past 3 months	**363**
Total number of IDP individuals* departing from an old settlement in the past 3 months	**31**

*This is an estimated number

ASSESSMENT COVERAGE MAP



[1]District Office, Mayor's Office, etc.

Summary of severity score*

Clusters	Severity Score	Severity phase
Food Security & Livelihoods	4	Extreme
Nutrition	4	Extreme
Health	4	Extreme
Protection	2	Stress
Shelter & Non-Food Items	2	Stress
Education	3	Severe
Water, Sanitation & Hygiene	4	Extreme

For the list of indicators and the severity score calculations, see page 4 on this factsheet.

*The analysis methodology was adjusted between 2020 and 2021 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 2021 cannot be compared directly with the previous years, but can be useful to show the differences between the sectors and districts.

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FOOD SECURITY & LIVELIHOODS (FSL)

% of sites per FSL severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
23%	0%	15%	62%	0%

Proportion of sites with no access to food markets: 85%

Proportion of sites where the nearest market is more than 60 minutes away on foot: 0%

Three most commonly reported primary sources of food[2]:

Market purchases	92%
Debt	8%
NA	

Most commonly reported strategies used by people in the settlement to cope with a lack of food[2,4]:

Borrowing food	75%
Reduce number of meals	75%
Rely on less expensive food	67%

Proportion of sites where the population was reportedly not able to access enough food in the month prior to data collection: 9%

NUTRITION

% of sites per nutrition severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
0%	23%	54%	23%	0%

Proportion of sites with no access to nutrition services: 27%

Proportion of sites where the nearest nutrition facility is more than 60 minutes away on foot: 18%

Proportion of sites where the following nutrition items had been received in the 3 months prior to data collection[2,3]:

Therapeutic & Supplementary Food	92%
Super Cereal Plus	92%
Therapeutic milk products	92%

Proportion of sites by most common barriers to accessing nutrition services[2,3]:

Facility not open	38%
Treatment center is too far	31%
No issues	23%

HEALTH

% of sites per health severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
0%	0%	23%	77%	0%

Proportion of sites with no access to healthcare facilities: 31%

Proportion of sites where KIs reported no women are able to access skilled personnel while giving birth: 0%

Proportion of sites by type of health services reportedly available in the site[2,3]:

Vaccinations	92%
Basic primary healthcare	62%
Child healthcare	46%

Proportion of sites by type of health facilities available in the site[2,3]:

District hospital	31%
No access to any health facility	31%
Government run clinic	23%

EDUCATION

% of sites per education severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
0%	54%	46%	0%	0%

Proportion of sites reportedly having no access to learning facilities: 8%

Proportion of sites where the nearest education facility is more than 60 minutes away on foot: 10%

Reported type of learning facilities available at sites[2,3]:

Primary	85%
Quoranic	77%
No facilities available	8%

Most commonly reported barriers accessing education for girls[2]:

School fees	77%
Poor school infrastructure/facilities	62%
Marriage and/or pregnancy	54%

Most commonly reported barriers accessing education for boys[2]:

School fees	69%
Poor school infrastructure/facilities	69%
Lack of qualified teaching staff	54%

[2]Respondents could select multiple options. *Applies to all questions with reference '2'.*
[3]This relates to most common responses. *Applies to all questions with reference'3'.*
[4]The findings related a subset of 10 sites where KIs reported not having access to enough food.

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PROTECTION

% of sites per protection severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
31%	54%	0%	15%	0%

Proportion of sites reportedly having no child friendly spaces: 62%

Proportion of sites reportedly having no designated spaces where women and girls can gather: 92%

Proportion of sites where restrictions on movement during the day were reported: 0%

Proportion of sites by types of safety and security incidents that reportedly happened in the site in the 3 months prior to data collection[2,3,5]:

No incidents occurred	85%
Armed violence	8%
Friction with host communities	8%

Proportion of sites by reported locations where safety and security incidents typically occur[2,3,6]:

In shelters	100%
When leaving IDP site	50%
On the way or at the NFI markets	50%

SHELTER & NON-FOOD ITEMS

% of sites per nutrition severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
0%	92%	8%	0%	0%

Proportion of sites reportedly having no access to markets selling NFIs: 92%

Three most commonly reported types of NFIs available at markets[2,7]:

Medicines	100%
Local construction materials	100%
Clothes	100%

Proportion of sites where KIs reported fires occurred in the sites in the 3 months prior to data collection: 23%

Proportion of sites where KIs reported floods occurred in the sites in the 12 months prior to data collection: 8%

Most commonly reported types of shelters at sites[2,8]:

Buul	92%
CGI sheet wall and roof	92%
Stone/brick wall with CGI roof: Type 2	69%

WATER, SANITATION & HYGIENE (WASH)

% of sites per WASH severity score:

No or minimal	Stress	Severe	Extreme	Extreme+
15%	15%	23%	46%	0%

Water

Proportion of sites where the nearest functioning water source is more than 60 minutes away on foot: 70%

Three most commonly reported primary sources of water[2,4,9]:

Berkad	31%
Protected well with hand pump	23%
Borehole with submersible pump	23%

Proportion of sites by reported methods used to treat water[2,3]:

Boiling	46%
Do not treat water	46%
Chlorine tablets/aquatabs	31%

Sanitation:

Proportion of sites where the nearest functional latrine is more than 60 minutes away on foot: 0%

Proportion of sites by reported strategies for disposing of solid waste[2,3]:

Burning	50%
In open	30%
Burial if in designated areas far from houses	20%

Hygiene:

Top three groups reportedly facing impediments in accessing latrines[2,10]:

Elders (Persons aged 60 and more)	83%
Children	67%
Persons with disabilities	50%

Proportion of sites where the population reportedly received hygiene support in the 3 months prior to data collection: 15%

[5] Incidents due to UXO ("Unexploded ordnance (UXO) is any sort of military ammunition or explosive ordnance which has failed to function as intended")
[6] The findings related a subset of 2 sites where KIs reported incidents occurred in the sites in past 3 months prior to the data collection
[7] The findings related a subset of 1 sites where KIs reported having access to NFI markets.
[8] Corrugated Iron Sheets.
[9] The findings related a subset of 1 sites where KIs reported presence of water sources at the sites.
[10] The findings related a subset of 12 sites where KIs reported having access to functioning latrines or bathing facilities.

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Accountability to Affected Populations (AAP)

Proportion of sites by sources of information reportedly used to receive information about humanitarian services[2,3]:

Radio	69%
Community leaders	62%
Aid Workers	62%

Three most common sources of information for persons with disabilities[2]:

Community leaders	85%
Friends / Neighborhood / Family	77%
Aid Workers	54%

Proportion of sites by problems reportedly experienced during the delivery of humanitarian assistance[2,3]:

Some population groups not receiving aid	100%
Political interference in distribution of aid	100%
Not enough for all entitled	50%

Proportion of sites where KIs reported people have access to a feedback mechanism: 23%

COVID-19 Knowledge, Attitude, and Practices (KAP)

Proportion of sites where most people reportedly think of COVID-19 as an important issue:

Yes	60%
No	40%
Do not know	0%

Proportion of sites by reported actions taken by most people to prevent the spread of COVID-19[2,3]:

Avoiding gatherings	77%
Stopping physical contact	69%
Reducing movement	38%

Average of reported estimate proportions of households per site with access to functioning hand-washing facilities with water and soap:

0 - 25%	26 - 50%	51 - 75%	76 - 100%
100%	0%	0%	0%

Camp Coordination and Camp Management

Proportion of sites by reported type of site management[2,3]:

Local community	69%
Community leader	31%
No management	31%

Proportion of sites by committees reportedly available in the site: settlements[2,3]:

Residents committee	100%
Camp management committee	100%
Health committee	62%

Proportion of sites where KIs reported that women are present in committees: 100%

SEVERITY SCORE CALCULATION

The severity scores for a given sector is produced by aggregating unmet needs indicators per sector. For this round of the DSA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each site is assigned a deprivation score according to its deprivations in the component indicators. The deprivation score of each site is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each site lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a site is considered to have a particular gap or not is determined in advance for each indicator. The DSA IV aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines guidance on how to produce the aggregation using KI data.

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;
2) Identified critical indicators that, on their own, indicate a gap in the sector overall;
3) Identified individual indicator scores (0 or 1) for each site, once data had been collected;
4) Calculated the severity score for each site, based on the following decision tree (tailored to each sector);

a. **"Super" critical indicator(s)**: could lead to a 4+ if an extreme situation is found for the site;
b. **Critical indicators**: using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;
c. **Non-critical indicators**: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity sector;
d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators.

The indicators for each cluster were selected in coordination with all the clusters. In total 53 indicators were selected to assess the severity of needs across 7 clusters.

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.

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

Assessment Working Group

Information Management Working Group

FUNDED BY:

Funded by
European Union
Humanitarian Aid

WITH THE SUPPORT OF:

Protection Cluster

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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.

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.

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