

HARGEISA, SOMALILAND

**AREA- BASED
DURABLE SOLUTION
PROFILE**

-

Ayah 3A

March, 2022



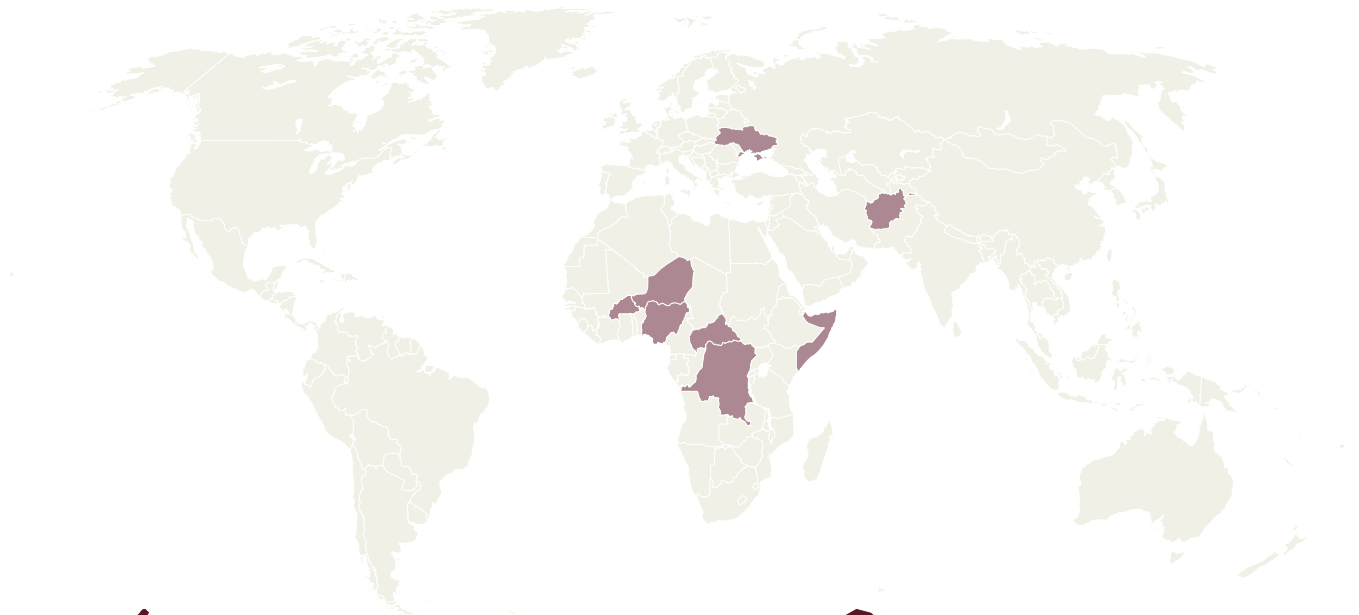
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AGORA

AGORA IN THE WORLD



AFG Afghanistan



NER Niger



BFA Burkina Faso



NGA Nigeria



CAR Central African Republic



SOM Somalia



DRC Dem. Republic of Congo



UKR Ukraine

The boundaries of this map are provided by a third party and do not represent the views of IMPACT Initiatives.

JS map by amCharts

Concerning AGORA Initiative

In 2016, AGORA was created to practically implement the ambition of ACTED and IMPACT Initiatives to ground humanitarian and development work in local knowledge, in keeping with their motto : « Think local, Act global ».

AGORA is a bottom-up territorial approach that promotes the resilience and recovery of crisis affected communities in fragile contexts by putting local territories and their people at the center, supported and guided by local knowledge, structures and capacities.

AGORA is an approach providing concrete solutions to implement the humanitarian-development-peace Nexus, the Localisation and the Accountability to Affected People agendas.

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SECTION 1 - INTRODUCTION

CONTEXT

Somaliland, a de-facto state in the Horn of Africa, continues to grapple with a multi-faceted, protracted humanitarian crisis. Cyclical climatic shocks (including four consecutive years of drought¹ and locusts²) coupled with protracted displacement and impeded development are driving emergency levels of need.^{3,4} Need is particularly acute in Togdheer and Awdal districts, causing displacement from these areas into the outskirts of the state capital Hargeisa city.

The movement of IDPs, in parallel with other rural-urban migrants, has led to an increase of land prices and competition in already economically stressed urban centres.^{5,6} Property disputes in neighbourhoods where real estate is a prized and scarce commodity are a major source of violence, evictions, and inter-communal tension along clan lines.⁷

Partially due to this, the majority of IDPs are increasingly concentrated in semi-urban areas where more vacant land is available. IDPs are then more likely to be left out of networked services and segregated from the rest of the city. This makes it difficult for them to navigate new environments and access basic services, and increases the future influence of natural disasters and socio-economic constraints on their lives.⁸

Finally, displacement, in itself, is a traumatic event for households from both a material (loss of land and goods) and a psychological perspective (isolation and separation from family). Most IDPs are children⁹ under the age of 18 years, and IDP household members are more likely to separate from their family and to marry earlier than planned.¹⁰

In parallel, as reported by the 2022 Humanitarian Needs Overview, IDP households are more likely to rely on child labour.¹¹

RATIONALE

The AGORA approach was launched as a pilot in Somaliland. The underlying objective of AGORA, in the specific context of Hargeisa, is to integrate the displacement-related vulnerabilities and needs of IDP communities into durable solutions deliberations and planning.¹²

Finding durable solutions entails creating an enabling environment for persons in forced displacement to reduce their vulnerabilities, increase self-reliance and promote equal access to rights and opportunities in a location of choice, whether it is at the place of displacement, in the area of origin or anywhere else in the country.¹³

Although new displacements are occurring, the majority of internally displaced people (IDPs) in Somaliland are caught in a protracted situation (i.e. living in a state of crisis for years).¹⁴

The Somaliland government has considered durable solution as a cross-cutting theme for all development-related goals in the draft national development plan, which is to be completed in 2022.

In the interim, the Somaliland government has been incorporating durable solutions into the overall IDP response. This includes the incorporation of a specific component regarding durable solutions for the IDP response into the National Displacement and Refugee Agency (NDRA) Strategic Plan for 2022 - 2026 and the 2015 National Internal Displacement draft Policy.¹⁵

These policies aim to establish a systemic, coordinated and principled response to displacement and improve living conditions for IDPs through the facilitation of durable solutions.

Additionally, NDRA has established a Durable Solutions targeted department to fulfil the governmental structures and also actively work on the coordination of durable solutions for IDPs, focusing on some key elements in order to impact both the advancement of durable solutions for those in protracted displacement and the improvement of the ability of aid organisations to deliver lifesaving assistance in complex urban environments.

Separately, the humanitarian response has also incorporated durable solutions into the coordination structure. This includes the Durable Solutions Working Group in Somaliland and the Somaliland Durable Solutions Consortium (SDSC).¹⁶ Key priorities of the Durable Solutions Working Group include joint field assessments and support to upcoming durable solutions-related frameworks. In parallel, the SDSC has implemented the Durable Solutions Programme 2018-2021.¹⁶

Furthermore, the Resident Coordinator Office (RCO) has recently started a Durable solutions Initiative (DSI) to support a principled collective approach to durable solutions by all relevant actors and guide the implementation of the Comprehensive Refugee Response Framework in Somalia and other commitments made under the Nairobi Declaration and Action Plan with regard to the reintegration of refugee returnees in the country.¹⁷⁻¹⁸

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

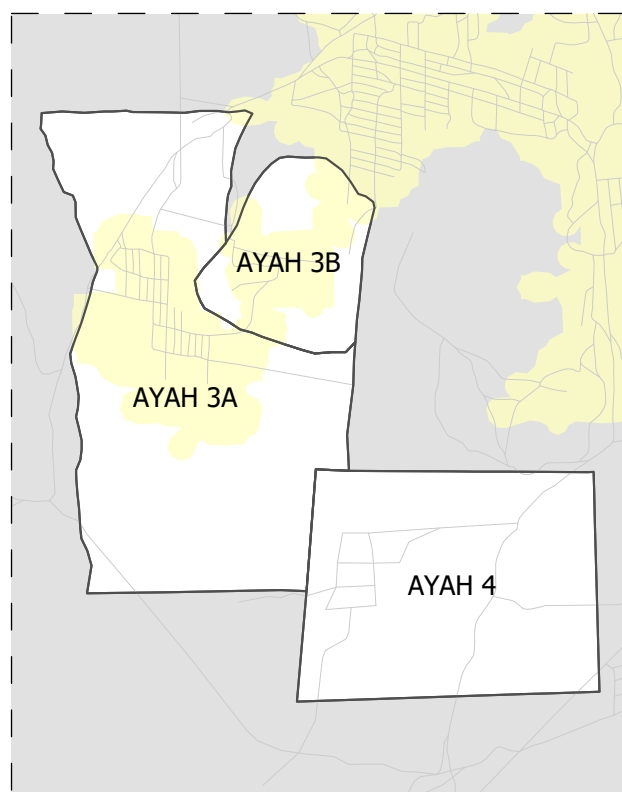
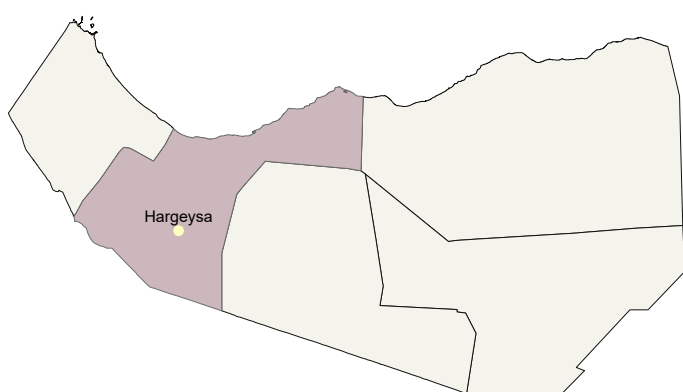
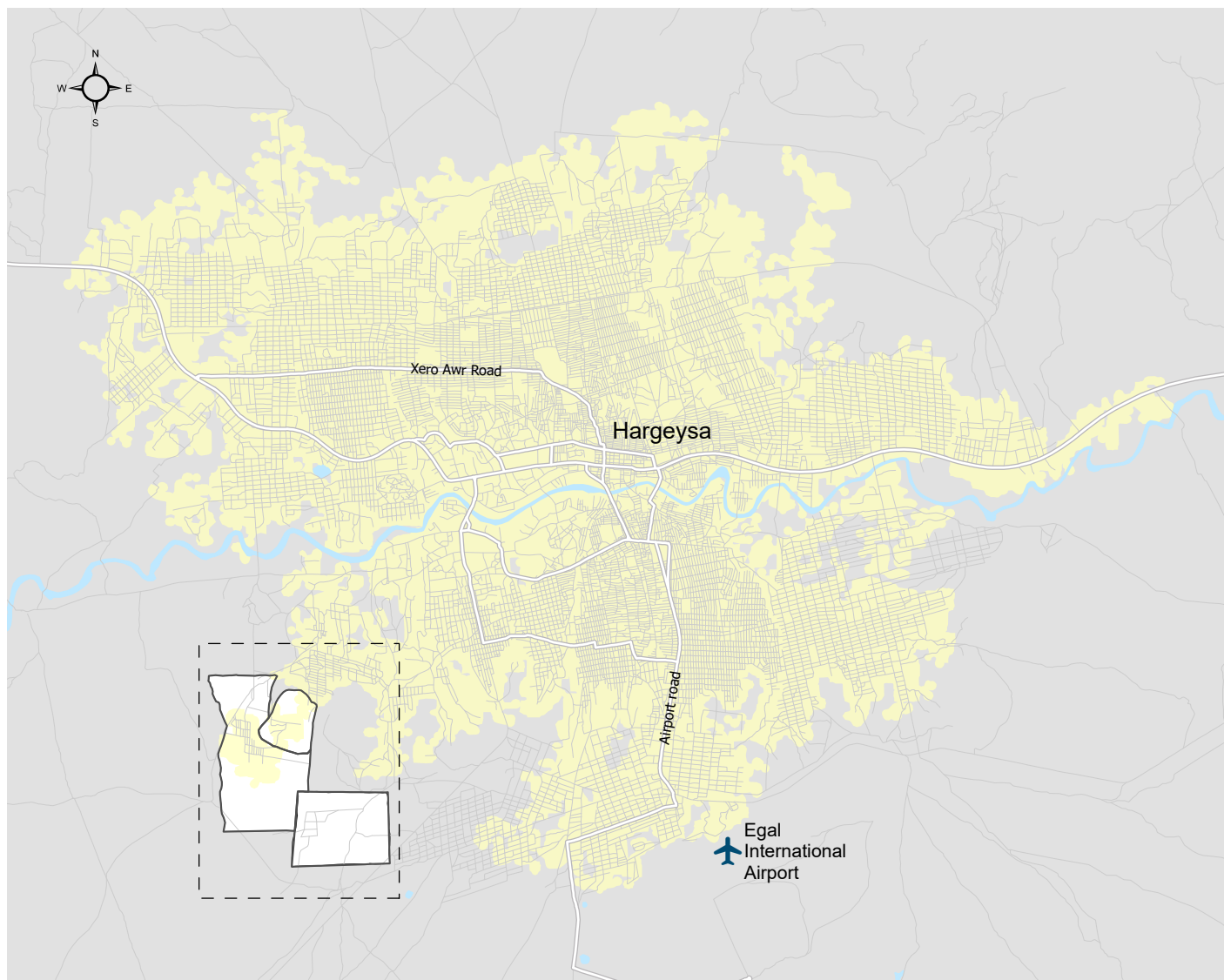
Via an Area Based Assessment (ABA), AGORA conducts a series of comprehensive, mixed-method assessments, providing an analysis rooted in a local understanding of the context and aimed at including multi faceted profiles of IDP sites to inform longer-term solutions, instead of short-term ones.

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

! LIMITATIONS

The limitation of assessment include that some durable solutions criterias were not taken into account because of lacking contextuality. Specifically, reference is made to family reunification, personal and other documentation, land and property, and effective remedies. Another limitation was the fact that we do not have a comparison with the host population living in the same area because of no or small number of host populations around the settlement.

MAP 1: ASSESSED AREAS AND COVERAGE



- | | |
|----------------------|------------------|
| AGORA targeted sites | Regions boundary |
| District boundary | Woqooyi Galbeed |
| Built up area | Other Regions |
| Water bodies | Main roads |
| | Secondary roads |



METHODOLOGY OVERVIEW ¹⁹

The AGORA pilot in Hargeisa was implemented to carry out an ABA, in order to identify programmatic recommendations for further CCCM activities.

The 2010 Inter-agency Standing Committee (IASC) Framework on Durable Solutions for Internally Displaced Persons is widely recognized as the benchmark on durable solutions for IDPs.²⁰ To assist in the achievement of durable solutions, eight criteria or benchmarks for durable solutions to displacement are set out in the IASC Framework on Durable Solutions for Internally Displaced Persons, cross-referenced in the UN Secretary General's Decision's Framework, and complementary to it:

- Long-term **safety, security and freedom of movement**;
- **Adequate standard of living**, including a minimum access to adequate food, water, housing, health care and basic education;
- Access to **employment and livelihood opportunities**;
- Access to mechanisms to restore **housing, land and property** or provide compensation for lost housing, land or property;
- Access to, replacement of or updating of **personal documentation**;
- Voluntary **reunification with family** members separated during displacement;
- **Participation in public affairs**, at all levels, on an equal basis with the resident population;
- Effective **remedies for displacement-related rights violations**, including access to justice, reparations, and information on root causes.

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

Phase 1: Territory mapping and understanding.

Phase 2: Identifying priorities for supporting IDPs in achieving their preferred durable solutions.

Phase 3: Discussions on future programmes.

The assessment used a mix of quantitative and qualitative approaches to investigate humanitarian and service-related needs in the three selected IDP sites (Ayah 3A, Ayah 3B & Ayah 4), and progress towards durable solutions across key sectors including: Basic Infrastructure, Education, Health, Livelihoods, Protection, Shelter, and WASH. This included key informant interviews with community leaders, household surveys and focus-group discussions.

Data was collected through quantitative and qualitative methods between **26th of January to 08th of March 2022**. AGORA enumerators conducted in Ayah 3A:

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

This report presents the results of Phase 2, for Ayah 3A settlement. Separate reports are available for Ayah 3B and Ayah 4.

SECTION 2 - CORE DEMOGRAPHIC ANALYSIS

Assessment findings reflect the camps have more or less become an informal extension of the city and the surrounding areas. HH survey results suggest that those living in Ayah 3A were displaced in the initial phase of the relocation in 2012 and have been living in the settlement for 10 years.

The profiling survey results show that 92% of the Ayah 3A settlement residents are originally from Marodijeh region which includes Hargeisa city and the surrounding districts. The dwellers were relocated by the authorities from informal settlements across Hargeisa.²¹

79% of the assessed HHs reported just one eviction from a previous location while only 14% reported never being displaced. This implies that a significant minority (1 in 5 households) are host community households that were present before the establishment of the IDP camp.

Similarly, findings indicate that few households (5%) are facing discrimination while living in the site i.e. IDP HHs have largely integrated into the area.

Finally, findings indicate that the settlement has experienced population growth caused by migration from rural areas affected by drought as reported by Community FGDs. 10% of the assessed HHs also reported hosting other families at the time of data collection - including the provision of some basic services (i.e. food and water).

👤 DEMOGRAPHIC PROFILE

Average assessed HH members at the time of data collection: 6.67 ≈ 7

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

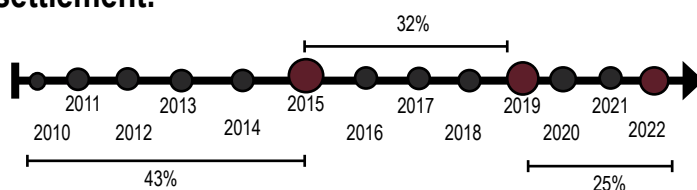
Population	Area of origin	%
Internal Displaced Persons (IDPs): 98%	Marodijeh	92%
	Awdal	3%
	Togdheer	1%
	Sahil	1%
	Sanaag	1%
Refugees: 2%	Ethiopia	2%

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

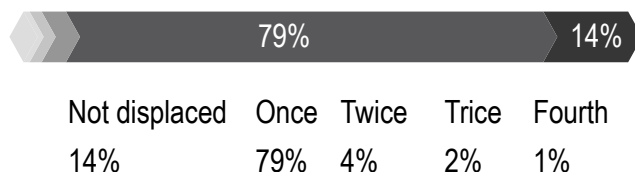
99%	Somali Maxaad tidhi
1%	Somali Maay

➡ DISPLACEMENT HISTORY

Timeline of assessed HHs arrival at the settlement.

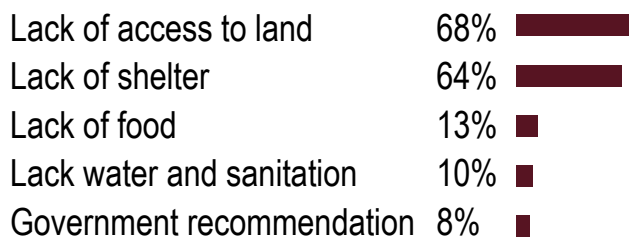


Number of times that HH had been displaced from Area of Origin (AoO) at the time of data collection, by % of assessed HHs.

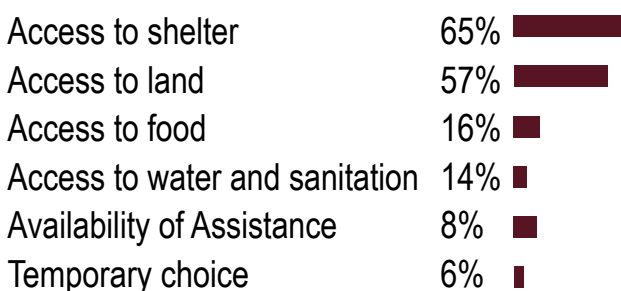


SECTION 3 - FUTURE PREFERENCES & PLANS

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

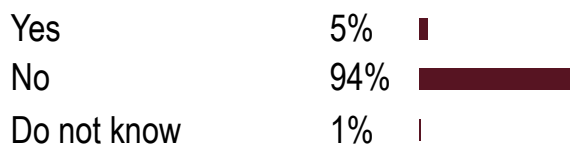


Reasons for choosing the current location, by % of assessed HHs.



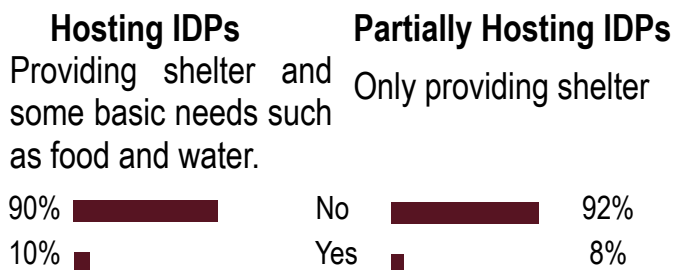
DISCRIMINATION²²

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



ACCOMMODATION INFORMATION

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








Overall findings, from HH surveys and community FGDs, indicate that most IDPs in Ayah 3A generally intend to remain,²³ with FGD findings indicating that secure access to shelter/livelihoods is the primary reason for that. Almost all HH respondents (87%) reported that they want to remain in the current location, while only 3% reportedly want to return to the Area of Origin (AoO). Similarly, almost all FGD participants reported that they want to remain. FGD participants largely reported secure shelter/livelihoods as the reason to remain, including owning land or houses in the IDP site and, conversely, lack of permanent shelter in the AoO. The majority of HH respondents similarly reported lack of access to land (68%) and to shelter (64%) as push factors from the AoO and access to shelter (65%) and to land (57%) as pull factors to the current location.

An underlining reason to remain seems to be strong relations with host communities in the IDP site. FGDs largely reported mutually beneficial relationships between IDP and host communities, with reports of IDPs and host sharing or borrowing food, water and aid among each other. Some FGD participants noted that there are no socio-economic differences between IDP and host communities in the IDP sites. In parallel, almost all HH respondents (94%) reported no discrimination from host communities in Ayah 3A in the month prior to data collection. Intention to remain due to secure access to shelter/livelihoods, coupled with mutually beneficial relations with host communities, could indicate that IDPs in Ayah 3A are likely to integrate further into the socio-economic-political systems within the site and could benefit from programs predicated on local integration in the current location rather than resettlement elsewhere.






➤ RETURN TO AREA OF ORIGIN





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

Will not return	67%	
Unlikely to return	25%	
Certain to return	1%	
Likely to return	2%	
Do not know	5%	

Timeline of HHs' return at the time of data collection, by % of assessed HHs reporting an intention to return (n=103).




Do not know	98%	
Within the next month	1%	
Between 2 - 6 months	1%	

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






Lack of shelter	48%	
Lack of other assets	35%	
Lack of basic services	21%	
Lack of livelihood opportunities	14%	

➤ ACCESS TO INFORMATION

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

Yes	61%	
No	37%	
Do not know	2%	






How often HHs receive information about the current living and return conditions in the AoO at the time of data collection, by % of assessed HHs which reportedly receive information about the AoO.

Daily	43%	
Monthly	22%	
Weekly	20%	
Less than monthly	12%	
Rarely	3%	

Main source of information regarding AoO at the time of data collection, by % of assessed HHs which reportedly receive information about the AoO (n=146).

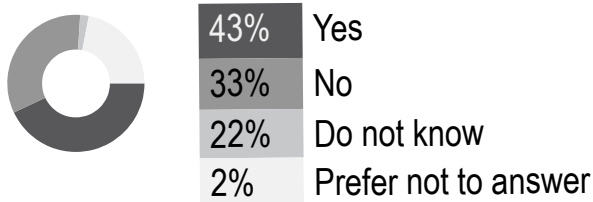
16%	Friend who lived in area
15%	HH members who currently live in the area
10%	HH members who have visited the area and returned

Type of information received regarding the AoO at the time of data collection, by % of assessed HHs reportedly receiving information regarding the AoO (n=146).

Access to health	19%	
Access to education	18%	
Access to food and livelihood	18%	
Access to wash	16%	
Access to shelter and land	14%	

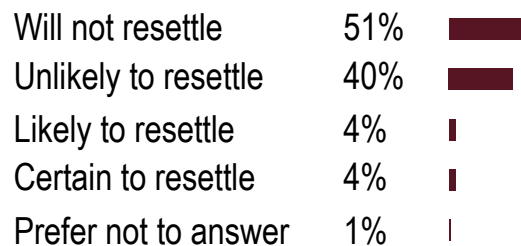


Proportion of HH that trust information received, at the time of data collection, by % of assessed HHs.



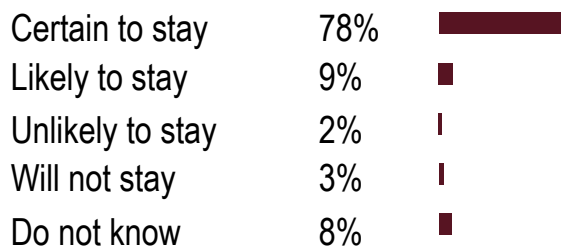
✈ RESETTLEMENT ELSEWHERE

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

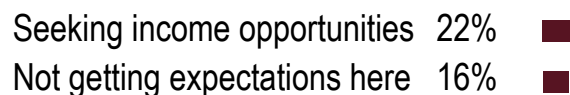


🏠 LOCAL INTEGRATION (STAY)

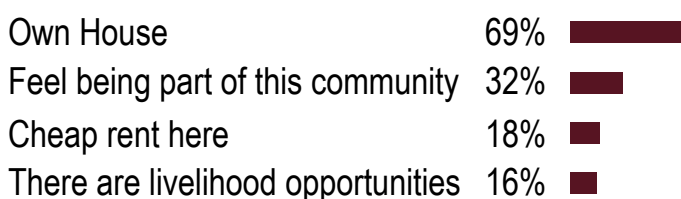
Intention to resettle in a new location (other than AoO or current location), by % of assessed HHs.



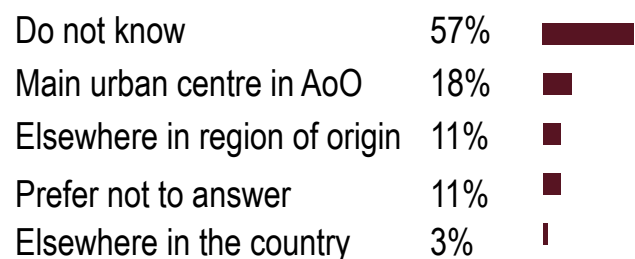
Most commonly reported reasons for resettlement at the time of data collection, by % of assessed HHs among HHs reporting an intention to resettle (n=33).



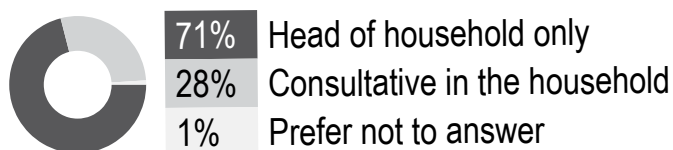
Most commonly reported reasons for staying in current location at the time of data collection, by % of assessed HHs reportedly willing to stay in the current location (n=349).



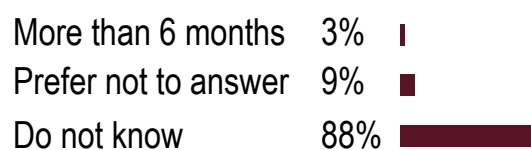
Preferred areas of resettlement at the time of data collection, by % of assessed HHs reporting an intention to resettle (n=33).



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



Timeline for resettlement at the time of data collection, by % of assessed HHs among the HHs reporting an intention to resettle(n=33).



SECTION 4 - DURABLE SOLUTIONS CRITERIA

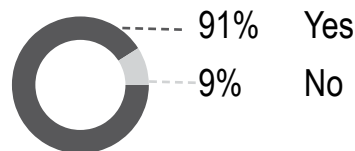
CRITERIA 1 - SAFETY, SECURITY AND FREEDOM OF MOVEMENT

Reporting largely suggests that there are no major threats to safety/security in Ayah 3A. Almost all HH respondents (91%) reported feeling safe in the IDP site, and 96% reported no movement restrictions within the two months prior to data collection, held in March 2022. Almost all community FGD participants also reported that there were no security/safety concerns at the time of data collection. According to the HHs, 100% of HHs received assistance in the 6 months prior than the data collection reported feeling of safety when going to receive assistance, waiting for assistance and returning home after receiving assistance at the time of data collection. Same percent also reported they were treated with respect by aid workers.

However, FGD participants did report that there are dark places where street lights should be installed and only one FGD participant reported that there was a police station available in the IDP site. This might indicate that the IDP site may require further infrastructure and programming to strengthen the overall safety/security of the area.

THREATS TO SAFETY AND SECURITY

Proportion of HHs feeling safe at IDP site at the time of data collection, by % of assessed HHs.



Perception of danger in the IDP site at the time of data collection, by % of assessed HHs.



Proportion of HHs who reportedly were involved in civil disputes within the year prior to data collection, by % of assessed HHs (Total :401 HHs).





Type of dispute that the HH was involved in, by the number of HHs assessed disputes in the past year (n=1).






RESTRICTION AND FREEDOM OF MOVEMENT

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

No restriction	96%	
Do not know	2%	
Prefer not to answer	2%	

Most commonly reported reasons for movement restrictions in the 2 months prior to data collection, by % of assessed HHs reporting movement restrictions (n=104).

Do not know	64%	
Prefer not to answer	33%	
Self imposed safety	3%	

CRITERIA 2 - ADEQUATE STANDARD OF LIVING

💧 WATER ACCESS AND USE




Overall findings indicate a need for further water infrastructure/repairs to existing water infrastructure. Almost all HH respondents (98%) reported that the primary water source was water trucks, with over half (66%) reporting insufficient water to meet all basic needs at the time of data collection.²⁴ Community FGD participants further confirmed that there are no permanent water sources in Ayah 3A - which would parallel with high HH reporting of reliance on water tanks. Poor management of water facilities and significant damage to water pipes due to heavy rainfall, reported by FGD participants, is likely driving this strong reliance on water tanks.

The cost of water and the insufficient number of water tanks is, in turn, hindering water access in

the IDP site. Over half of HH respondents (61%) reported the cost of water as a barrier to water access at the time of data collection, while just under half of HH respondents reported that the water source is too far (42%) and that the queue for water is too long (37%) which likely reflects an insufficient number of water tanks. To cope, FGD participants reported that HHs are sharing water source and limiting water consumption to the most basic needs.




The principal water supply for Hargeisa was rehabilitated and an upgraded 23km main pipeline from new water boreholes in the north of Hargeisa was installed in September 2022 ; however , overall findings from FGDs and HH surveys suggest that these improvements have not improved water access/water infrastructure for households in Ayah 3A and that further interventions are needed.

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

Water trucks	98%	
Kiosk	1%	
Water tank and tap	1%	

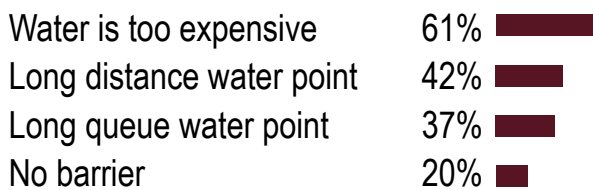
66% Of assessed HHs reported insufficient water for basic HH needs.

Most commonly reported coping strategies for a lack of water used by HHs at the time of data collection, by % of assessed HHs reporting insufficient water to meet needs (n=265).

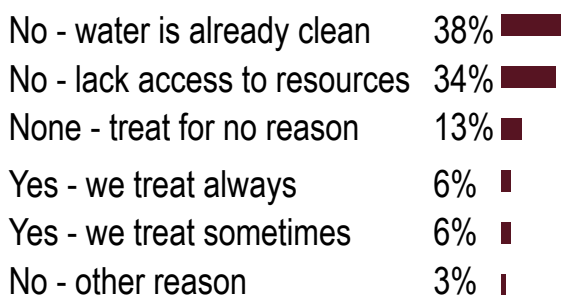
Drink with neighbour	61%	
Reduce water consumption	55%	
Fetch alternative source	12%	



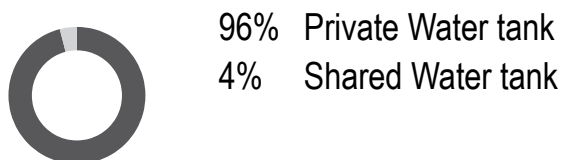
Most commonly reported barrier types to water access at the time of data collection, by % of assessed HHs.



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

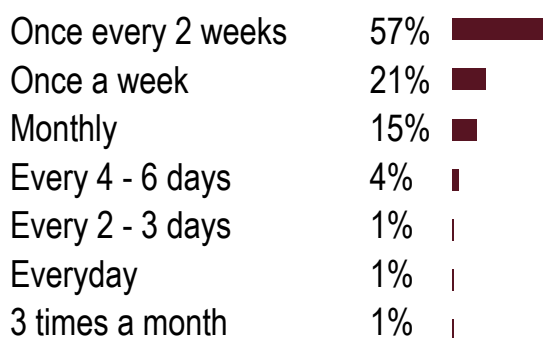


Proportion of HHs with access to a water tank at the time of data collection, by % of assessed HHs.



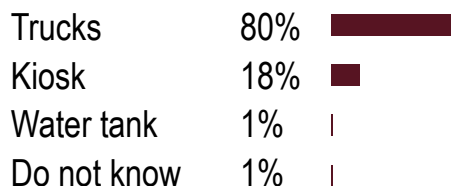
984 L Average HH private water tank capacity

Frequency of re-filling water tanks at the time of data collection, by % of assessed HHs which reported having access to a private water tank (n=382).



16 HHs Reported that two HHs shared one water tank at the time of data collection (n=401)

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



🚽 SANITATION

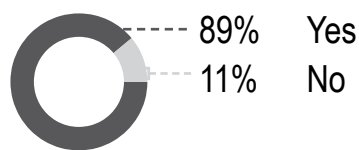
Reporting indicates that sanitation infrastructure and systems are adequate in Ayah 3A. Almost all HHs (89%) reported access to a functioning latrine at the time of data collection, with just 12% of these HHs reportedly using a public latrine. Over half of HHs (53%) reported that improvements to latrines were not needed at the time of data collection. Similarly, over half of HHs (53%) reported using garbage trucks to dispose of HH waste, and just 2% of HHs reported leaving waste out in the open at the time of data collection.

Adequate sanitation infrastructure and systems maybe, at least partially, due to efforts by IDP site residents. Community FGD participants reported that there are community committees which manage garbage disposal and fine HHs which dispose of garbage in the neighbouring valley.

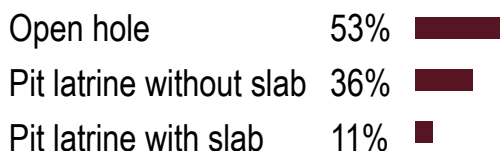
This might be the result of previous programmes by WASH and CCCM partners who have been working in the settlement by providing sanitation supplies to socially excluded population groups in urban areas and together with sustainable sanitation services and hygiene promotion.²⁵



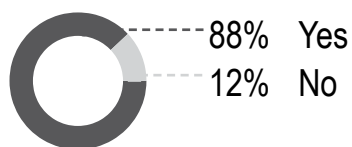
Access to functioning latrines at the time of data collection, by % of assessed HHs.



Most commonly reported latrine types at the time of data collection, by % of assessed HHs.



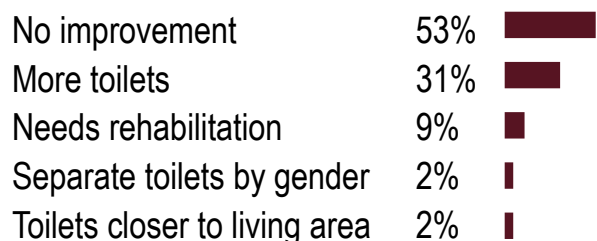
Access to private latrine at the time of data collection, by % of assessed HHs reporting access to a latrine (n=357).



Of HHs were satisfied with the latrine they had access to at the time of data collection, among HHs reporting access to a latrine (n=357)

78%

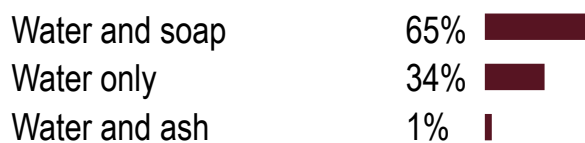
Most commonly reported improvements needed to HH toilet arrangement at the time of data collection, by % of assessed HHs.



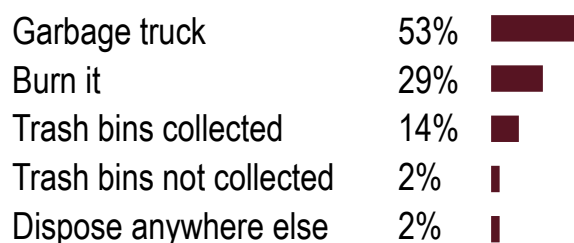
CRITERIA 2 - ADEQUATE STANDARD OF LIVING

HAND-WASHING & WASTE MANAGEMENT

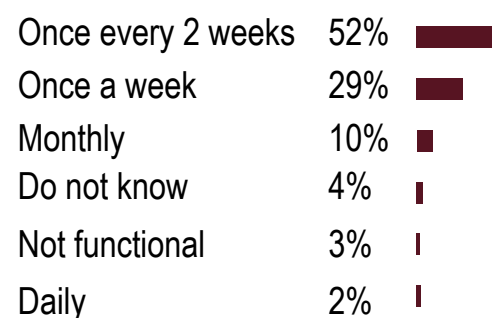
Hand-washing method of HH at the time of data collection, by % of assessed HHs.



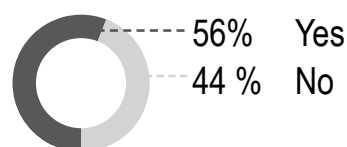
Most commonly reported ways reported for disposing of garbage in the 30 days prior to data collection, by % of assessed HHs.



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



HH Access to hygiene items at the time of data collection, by % of assessed HHs.²⁶



CRITERIA 2 - ADEQUATE STANDARD OF LIVING

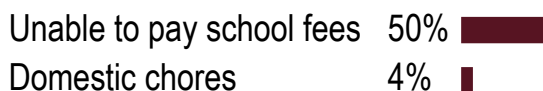
EDUCATION

Overall findings, from community FGD participants and HH surveys, indicate that lack of schools and economic factors are inhibiting access to education for school-aged children in Ayah 3A. Community FGD participants reported that there are not enough primary schools to accommodate the child population in the IDP site, and that there are no secondary schools. Just 4% of HH respondents reported a secondary school within 2km at the time of data collection.

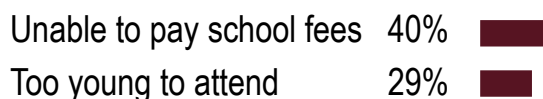
This lack of schools is subsequently increasing the influence of socio-economic barriers to education for school-aged children. FGD participants reported increased protection risks for children who have to walk long distances due to the lack of transportation. Separately, FGD participants reported that teachers were not receiving salaries from the government at the time of data collection, so teachers were charging students school fees and one FGD group noted that there are significant challenges to affording a secondary education. In parallel, HH findings suggest that the primary barrier to education was the inability to pay for school fees (40% for boys, 50% for girls) at the time of data collection. In turn, FGD participants reported that HHs are pulling children out to work or (in rare cases) marrying children earlier than planned.

In sum, further interventions, more schools and the reduction of socio-economic barriers, might be needed to address education needs in Ayah 3A.

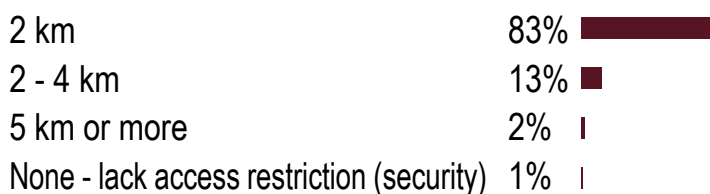
Most commonly reported barriers to education for girls at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.



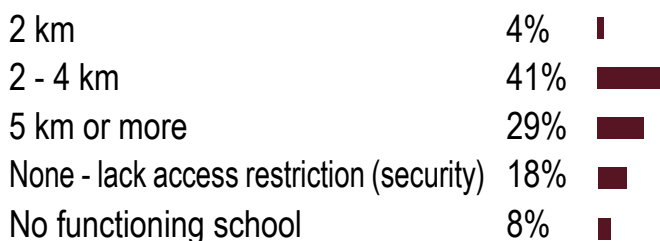
Most commonly reported barriers to education for boys at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.



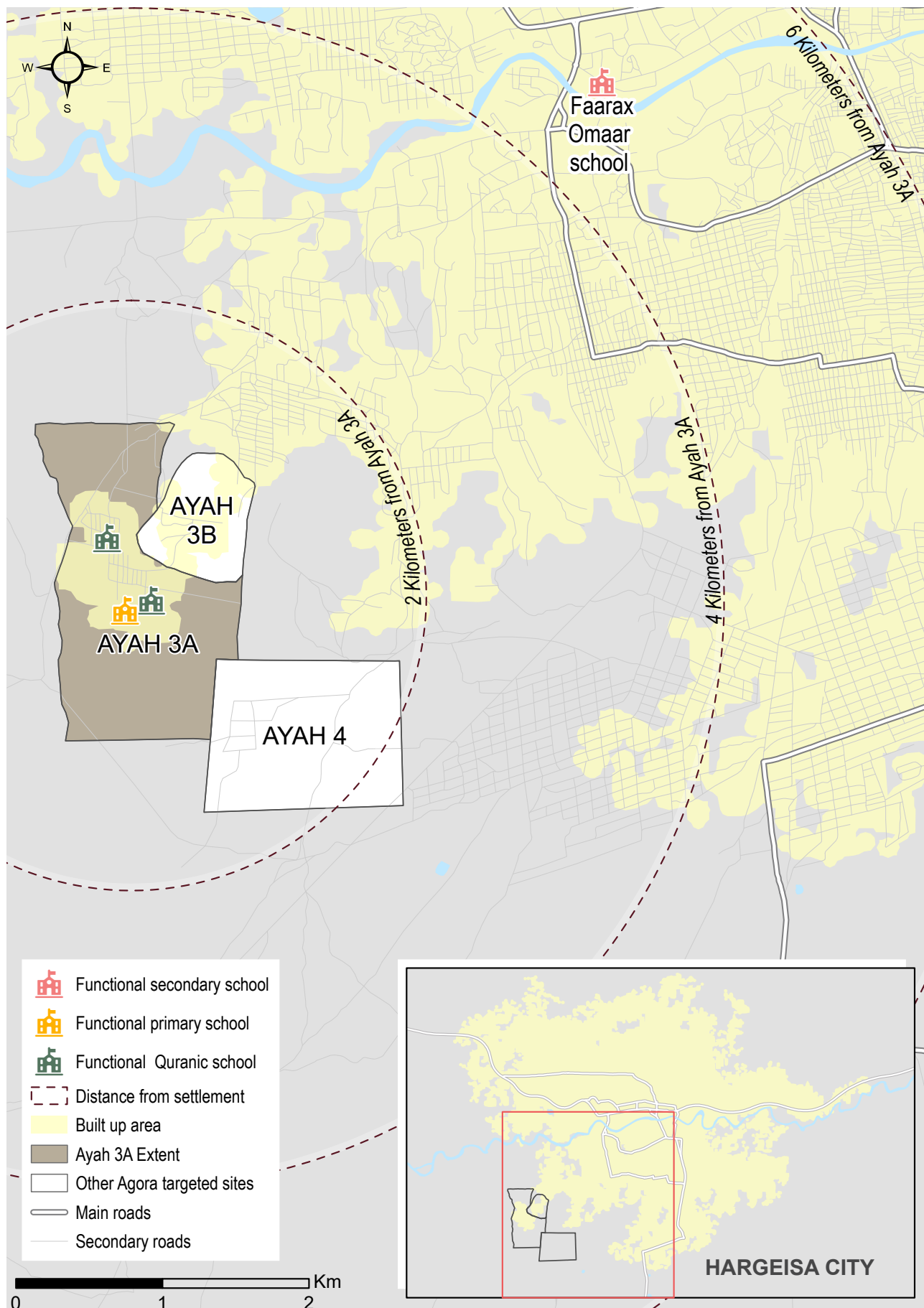
Distance to the closest functioning primary school at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.²⁷



Distance to the closest functioning secondary school at the time of data collection, by % of assessed HHs reporting children 5 - 17 years under HH care.²⁸



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



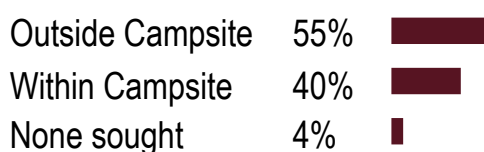
CRITERIA 2 - ADEQUATE STANDARD OF LIVING

HEALTHCARE

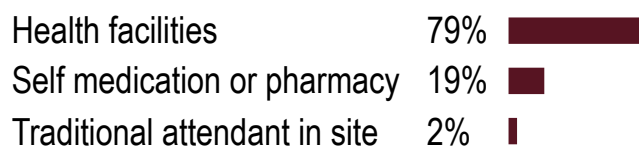
Findings overall suggest that the Ayah 3A community is largely relying on religious or traditional alternatives due to severely limited healthcare access. Community FGD participants reported that there was only one healthcare center at the time of data collection - a maternal child healthcare center (MCH) with an insufficient amount of professional health workers (i.e. midwives and doctors) and no ambulance. A small number of FGD participants said that community members visit the health center in Ayah 4 or the Hargeisa City Hospital.

To cope with this limited healthcare access, FGD participants reportedly relied on religious and traditional alternatives including reading the Quran and self-medicating with herbs.²⁹ Female FGD participants reported that women largely rely on home births facilitated by informally trained midwives.

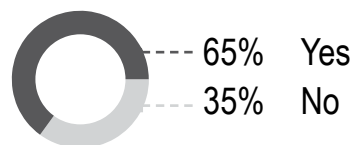
HHs reporting on seeking medical treatment within the last 30 Days, by % of assessed HHs.



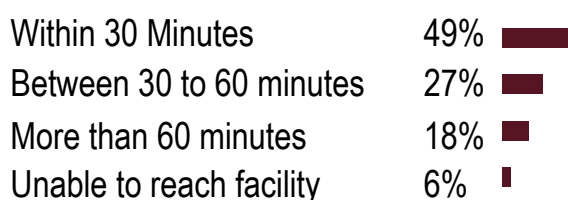
Most frequently reported health facility access category at the time of data collection, by % of assessed HHs.



HH ability to access health services or treatment in the 30 days prior to data collection, by % of assessed HHs which reportedly needed access to health services or treatment in the 30 days prior to data collection.

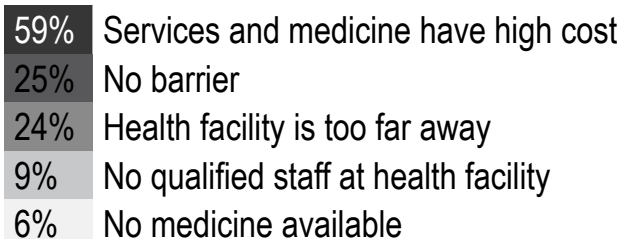


Distance to closest health facility at the time of data collection, by % of assessed HHs.

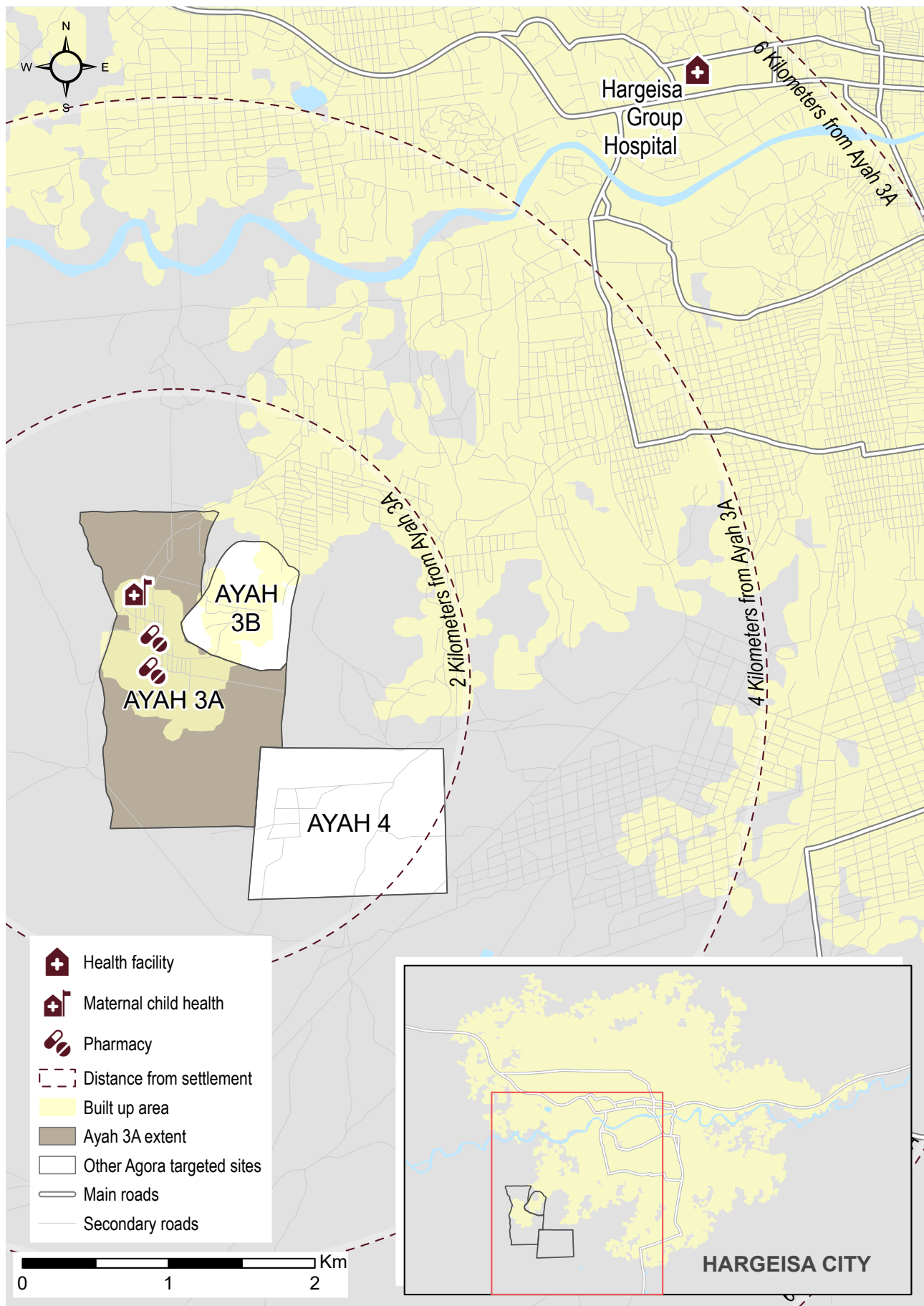


Overall findings suggest that most HHs have access to a health facility within 5 kilometers of where they live. Almost half (49%) of Ayah 3A HHs reported having access to a health clinic within two kilometers of where they live, and 27% of them reported having access between 2-5 kilometers. Just 18% of HHs reported that the closest health facility was more than 5 kilometers far from the camp, and 6% reported no access to health facilities at all.

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



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



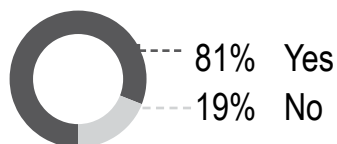
CRITERIA 2 - ADEQUATE STANDARD OF LIVING

⚡ ELECTRICITY

Overall findings indicate that the vast majority of households had access to electricity. Community FGD participants reported that almost all households in the town had access to the public grid according to community FGD.

Almost all HHs (82%) reported the public power grid as their primary source of electricity, with almost all HHs (81%) reporting access to electricity for 21-22 hours a day at the time of data collection.

Access to electricity at the time of data collection, by % of assessed HHs.



Primary source of electricity at the time of data collection, by % of assessed HHs.

Power grid	82%
Torch light	7%
Don't have electricity	5%
Do not know	3%
Solar lamp	2%
Community generator	1%

Number of hours that HH had electricity at the time of data collection (including both public grid and generator), by % of assessed HHs.

0 - 4 hours a day	1%
5 - 8 hours a day	1%
9 -12 hours a day	2%
21 - 24 hours a day	84%
Do not know	10%
Prefer not to answer	2%

🏠 HOUSING CONDITIONS (SHELTER)

Overall findings suggest that land ownership may be more common in Ayah 3A than in other IDP sites and, in parallel, that the threat of eviction is low. In Somaliland, almost all land in urban areas is privately owned and disagreement regarding ownership/tenancy is a key tension between IDP and host populations. Although there are laws in place focused on land governance, including the Urban Land Management Law 16 and the Agricultural Land Ownership Law 17, their implementation and enforcement is limited.³⁰

In contrast, community FGD participants reported that most households had documentation of land ownership. This documentation had been provided by the local government when relocating the population from the city to Ayah 3A. In parallel to high reporting of land ownership from FGD participants, almost all HHs (95%) reported no threat of eviction at the time of data collection.³¹

However, findings do indicate high need for shelter repair. Over half (66%) of HHs reported at least one immediate shelter concern at the time of data collection.

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

Iron sheets house	54%
Emergency shelter	29%
Masonry building	7%
Makeshift	5%
Traditional house	4%
Collective shelter	1%

Assessed HHs threatened with eviction from current location at the time of data collection

5%






Most commonly reported reasons for eviction threats at the time of data collection, by number of assessed HHs reporting an eviction (n=5).

Eviction by force	3 HHs
Fear eviction	1 HH
Do not know	1 HH

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

34%	No Issues
31%	Inadequate shelter
20%	Shelter not solid enough to offer protection
19%	Shelter has structural defects
18%	Shelter lacks basic infrastructures & utilities
17%	Land at risk of flooding or landslides

Most commonly reported need to make shelter a better place to live at the time of data collection, by % of assessed HHs.

Improve structural stability	41%	
Improve basic infrastructures	28%	
Protection from hazards	23%	
Protect from climatic conditions	22%	
Improve privacy and dignity	19%	





CRITERIA 3- SOCIO ECONOMICS, LIVELIHOODS & MARKETS

Community FGD participants and HH surveys indicate high need for livelihood interventions. FGD participants emphasized that community members face increasing economic vulnerability due to a lack of employment and low wages vs. increasing prices. Almost all HHs (75%) reported at least one barrier to employment, and approximately 1 in 5 HHs reported no income source at all at the time of data collection (17%).

Key findings above align with external reporting according to the NDP-II,³² less than half of the Somaliland adult population is working (70%) due to the drought. Meanwhile, prices are increasing due to the drought and the war in Ukraine.³³

HOUSEHOLD ECONOMY

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

Food	96%	
Water	92%	
Education	48%	
Medicine	42%	

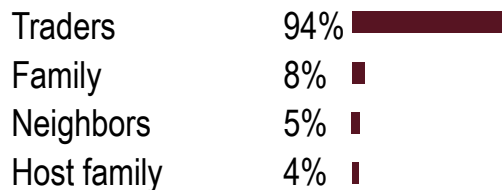
Reported presence of HH debt by % of assessed HHs at the time of data collection.

66% Of surveyed HHs reported being in debt at the time of data collection.

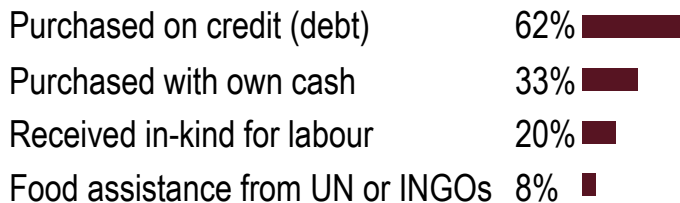
↳ **94%** of the money was borrowed from traders.



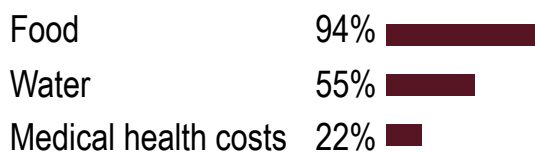
Most commonly reported debt lenders at the time of data collection, by % of assessed HHs which reported HH debt (n=263).



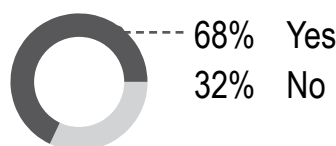
Most commonly reported sources of food at the time of data collection, by % of assessed HHs.



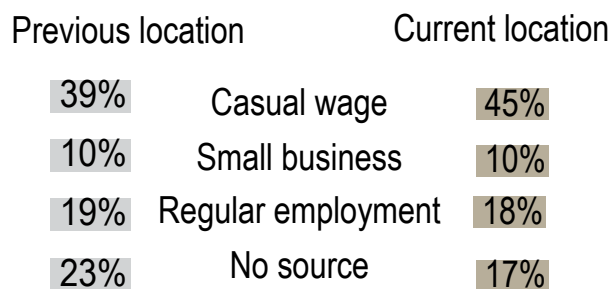
Major uses of borrowed money, by % of assessed HHs (n=263).



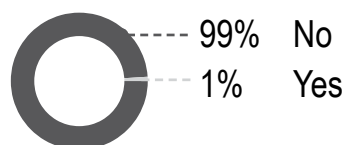
HH access to functioning market at the time of data collection, by % of assessed HHs.



Most commonly reported HH income sources in the IDP site at the time of data collection and in the previous location, by % of assessed HHs.

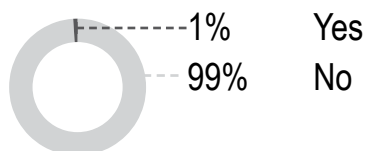


Proportion of HHs which reported on sufficient livelihood opportunities in IDP site to meet recurring HH needs, by % of assessed HHs.

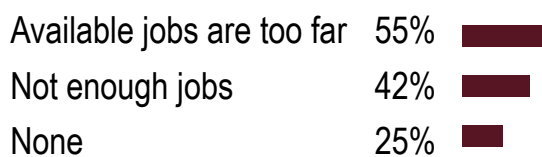


 FOOD SECURITY

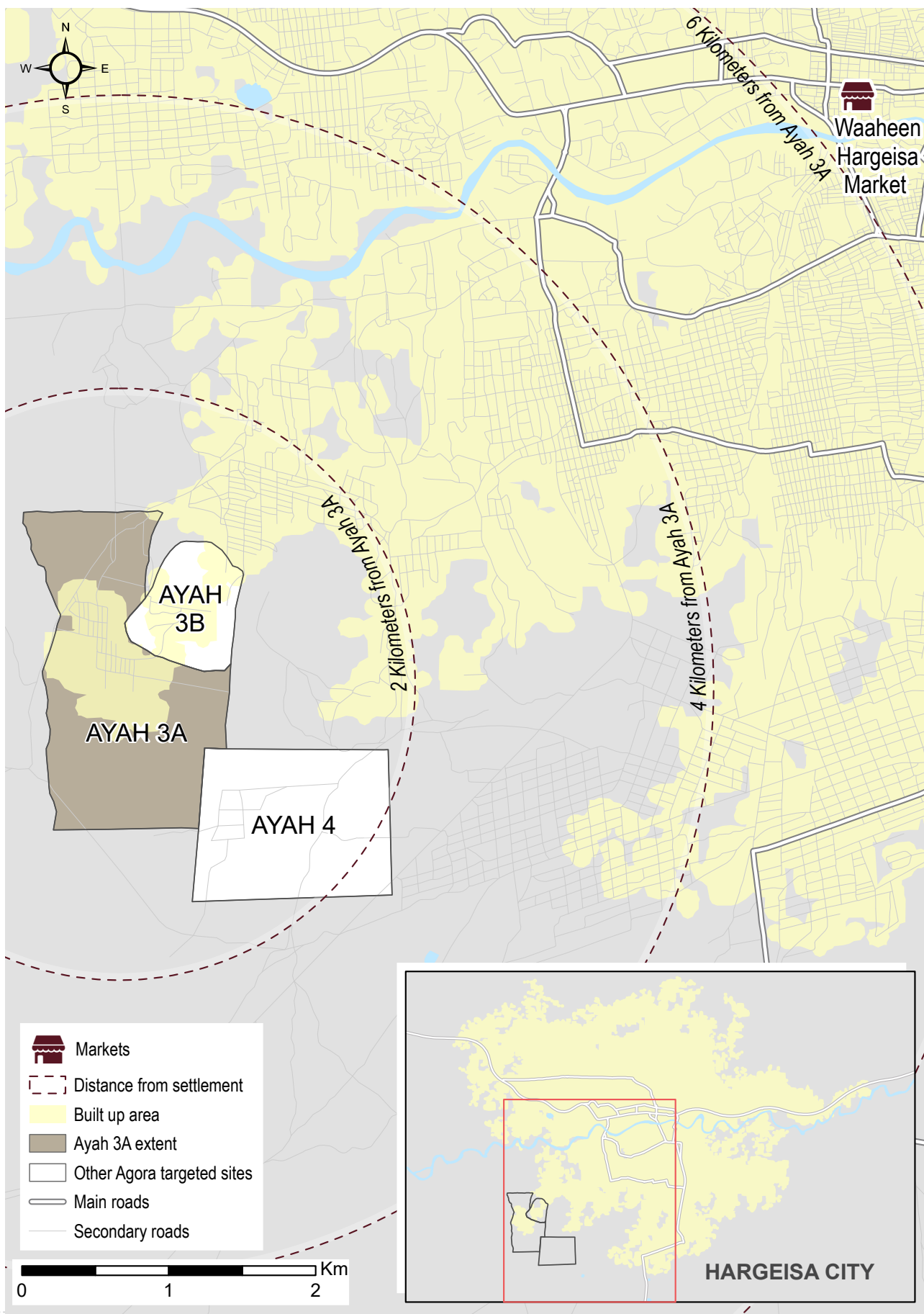
Proportion of HHs with children contributing to HH income at time of data collection, by % of assessed HHs.



Most frequently reported obstacles to finding jobs, by % of assessed HHs.



MAP 4: DISTANCE IN ACCESSING MARKET FACILITIES OUTSIDE THE SETTLEMENT



CRITERIA 7 - PARTICIPATION IN PUBLIC AFFAIRS

The assessment findings indicate that National Displacement and Refugee Agency International Non-Governmental Organisations (NGO's), Local NGOs and community committees were mobilized when making decisions. Moreover, the majority of the HH survey results have shown that HHs were not aware of any development planning initiatives led by local authorities and community-based NGOs.

This indicates that most of the communities voices are not heard in terms of participation of local affairs.

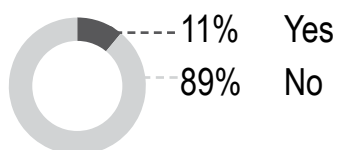
Among HHs which were asked about their perception concerning their involvement in the decision making processes within their settlement, 51% reported not being involved while only 37% reported yes.

👥 LOCAL COMMUNITY PARTICIPATION

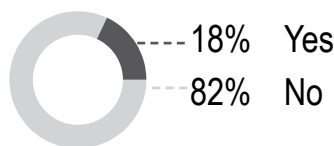
Most frequently reported staff type that HHs report safety concerns and unfair treatment to at the time of data collection, by % of assessed HHs.

Police/ local law enforcement	73%	<div style="width: 73%; height: 10px; background-color: #800000;"></div>
Community leaders	24%	<div style="width: 24%; height: 10px; background-color: #800000;"></div>
Friends and family	12%	<div style="width: 12%; height: 10px; background-color: #800000;"></div>

Proportion of HHs reportedly aware of development planning initiatives in the IDP site led by local authorities at the time of data collection, by % of assessed HHs.



Awareness of development planning initiatives in the IDP site by community based organisations at the time of data collection, by % of assessed HHs.



CRITERIA 8 - EFFECTIVE REMEDIES

⚖️ ACCESS TO JUSTICE

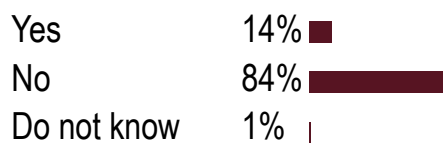
Overall findings indicate that there are justice-related services available, but that these are largely not used by HHs. Community FGD participants stated that the community committee, community older people, the police and the other parts of the community use to solve conflicts together. Small number of community FGD participants reported that no formal justice mechanisms exist in the camp.

However, the HHs data shows that 84% of HHs did not use any services providing safety and justice in the past year.

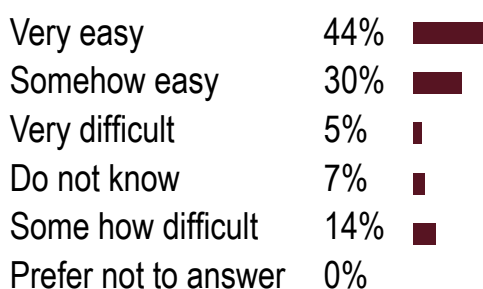
The formal justice system in Somaliland faces significant challenges, including a shortage of qualified professionals, limited resources and infrastructure, and a paucity of data and record keeping.³⁴ There are some legal aid providers, although provision is limited. Resources in the formal justice system are concentrated in Hargeisa, and access to formal justice mechanisms in rural areas is extremely limited.³⁵



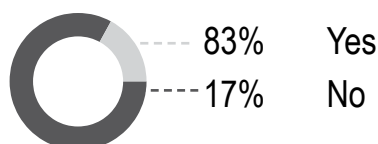
Proportion of HHs regarding the use of official government services providing safety, protection and justice in the year prior to data collection, by % of assessed HHs.



Proportion of HHs regarding ease of legal assistance and justice service at the time of data collection, among % of assessed HHs which reportedly needed these services.



Proportion of HHs that were satisfied with the services provided at the time of data collection, by % of assessed HHs which received services (n=58).



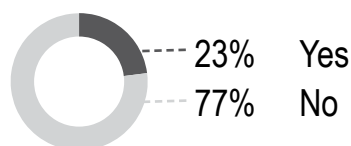
SECTION 5 - ACCOUNTABILITY TO AFFECTED POPULATIONS

HUMANITARIAN ASSISTANCE

Overall findings indicate the vast majority of households in the settlement (77%) reported not receiving any type of humanitarian assistance in the 6 months preceding the data collection.

The most commonly reported types of assistance received was livelihoods support. A majority of HHs (97%) who reportedly received humanitarian assistance said they were satisfied with the assistance received.

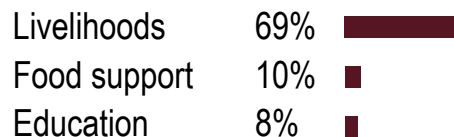
Proportion of HHs which received assisted assistance in the six months prior to data collection, by % of assessed HHs.



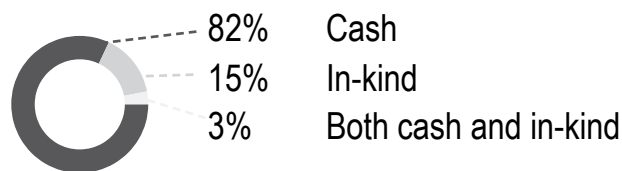
Most frequently reported sources of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs which received humanitarian assistance (n=93).



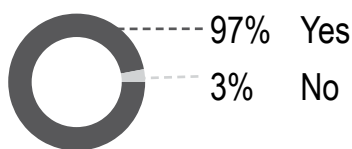
Most frequently reported types of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs who received humanitarian assistance (n=93).



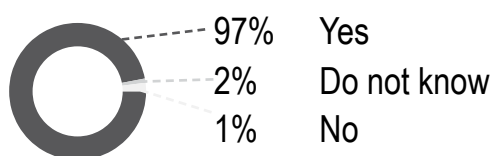
Most frequently reported modalities of humanitarian assistance received in the six months prior to data collection, by % of assessed HHs who received humanitarian assistance (n=93).



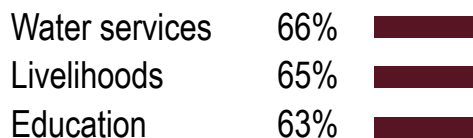
HHs reporting on the appropriateness of assistance received, by % of assessed HHs who received assistance (n=93).



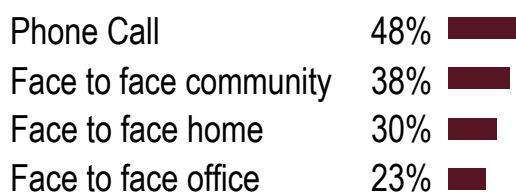
Proportion of HHs regarding feeling that every member of HH/community that needed it was included in the humanitarian assistance received in the six months prior to data collection, by % of assessed HHs who received humanitarian assistance (n=93).



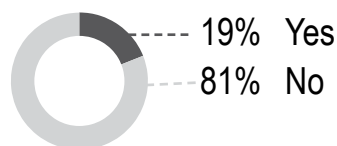
Most commonly reported information that HHs would like from aid providers at the time of data collection, by % of assessed HHs.



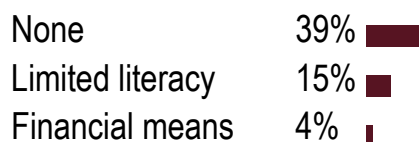
Most frequently reported preferred means for information provided by aid providers at the time of data collection, by % of assessed HHs.



HHs reporting on existence of barriers to accessing information regarding assistance at the time of data collection, by % of assessed HHs.



Most commonly reported barrier types to accessing information from aid providers at the time of data collection, by of assessed HHs.



END NOTES

1. [Country Disasters dashboard](#)
2. [Horn of Africa locust infestation](#)
3. [Humanitarian needs overview 2022.](#)
4. [IPC country analysis Som.](#)
5. IDMC Global report on internal displacement ([GRID 2018](#))
6. Somalia Urbanization review: [Fostering cities as anchors of development](#)
7. *ibid*
8. Somalia Urbanization review: [Fostering cities as anchors of development](#)
9. [CCCM Cluster Dashboard Sep 2022](#)
10. [Protection monitoring system dashboard](#)
11. Humanitarian Crisis analysis March 2022 [Sida](#)
12. “A durable solution is reached when a displaced person no longer has any protection or assistance needs related to their displacement, and can exercise their rights without discrimination linked to their displacement”.
13. [UN Somalia RCO Factsheets.](#)
14. IDLO [Supporting the return, reintegration, and protection of somali IDPs and Refugees](#)
15. NDRA [5 years strategic plan 2022-2026](#), IDMC [National Internal Displacement Draft policy](#)
16. Somaliland Durable Solutions [Consortium](#)
17. [Durable Solutions Initiative \(DSI\)](#)
18. Nairobi Comprehensive Plan of Action for Durable Solutions for Somali Refugees [[Annex to the Declaration](#)]
19. Full methodology of the AGORA can be found in Terms of Reference ([ToR](#)).
20. Interagency Standing Committee (IASC) [Framework on Durable Solutions](#)
21. Informal settlements (ISET)s are areas where groups of housing units have been constructed on land that the occupants have no legal claim to, or occupy illegally.
22. Discrimination means here the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, or disability.
23. Within the six months following data collection in March 2022
24. Basic need means here, in terms of quantity and quality for four basic human needs; drinking water for survival, water for human hygiene, water for sanitation services, and modest household needs for preparing food.
25. WHO Somalia: Health Emergency Programme [Update, September 2022](#)
26. Hygiene items , such as soap, diapers and sanitary products for women.
27. Primary School is defined as classes over kindergarten at levels between grade 1-4 while elementary school is grades 5-8.
28. Secondary School: is defined as schooling after elementary school in grades between 9-12.
29. Quran: the Islamic sacred book, believed to be the word of God as dictated to Muhammad by the archangel Gabriel and written down in Arabic.
30. [Somaliland urban land management law: 2001](#)
31. Ayah 3A Settlement Facsheet AGORA [March 2022](#)
32. Ministry of Planning and Development (2017). Somaliland National Development Plan II 2017-2021.
33. Joint Market Monitoring Initiative JMMI REACH [Report May 2022](#) .
34. [Participation and Effective Governance in Somaliland Assessment Report. Progressio](#) Rossi, A. (2014)
35. [The State of the Judiciary in Somaliland.](#) Horizon Institute (2016).



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