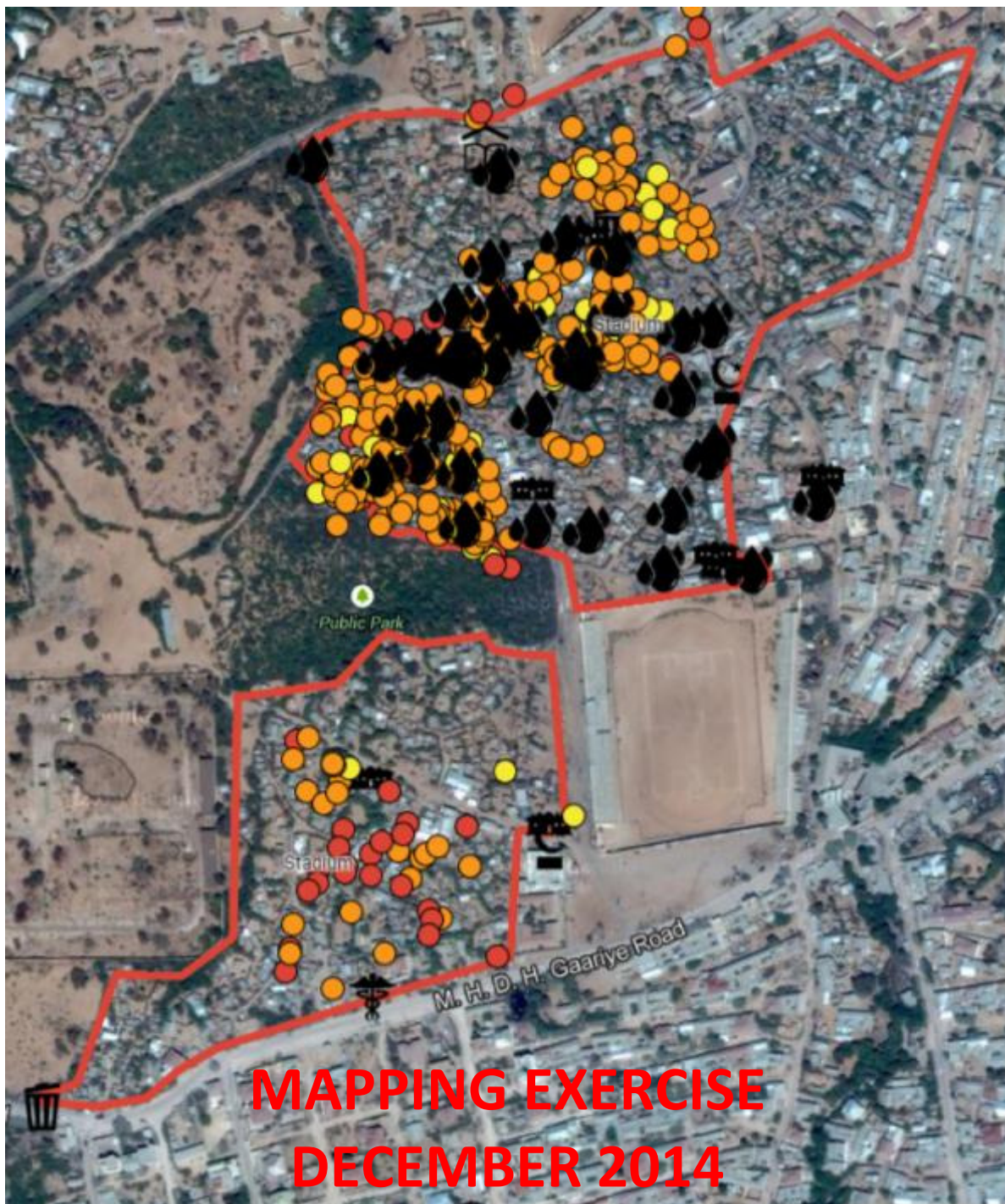# HARGEYSA

MAPPING EXERCISE
DECEMBER 2014

BACKGROUND

Somaliland is a self-independent state of Somalia that is recognized as an autonomous region consisting of five regions, i.e. Toghdeer, Sanaaag, Sool, Woqooyi Galbeed and Awdal with Hargeisa as its capital city. Somaliland is situated in the northern parts of Somalia bordering republic of Djibouti to the west and Puntland state to the east.

Hargeisa town is the biggest urban setting in the Somaliland and as a capital town; it concentrates public administration, private sector and international community interventions. Hargeisa has undertaken significant reconstruction and rehabilitation activities. It is the destination for a large number of refugees, returnees and IDPs in Somaliland.

Somaliland is home of approximately 85,000 (UNHCR, July, 2014) internally displaced persons most of whom are protracted IDPs displaced by conflicts in the neighbouring regions, natural hazards such as the recurrent droughts and access to basic services. The displaced communities that fled their home territories due to civil conflict and severe drought conditions, or both, and have found themselves in northern towns throughout northwest and northeast Somaliland with numbers believed to be 45,000 in Woqooyi Galbeed, 26,000 in Toghdeer, 5000 in Sool, 8,000 in Awdal and 1,000 in Sanaag.

This fact-sheet presents an analysis of primary data collected by NRC, UNHCR and UNHABITAT during the month of April in Hargeysa. The collection of data was closely supervised by the Shelter Cluster in Somalia.

The objective of the infrastructure mapping exercise is to provide a useful and timely 'snap-shot' of the IDP[1] settlements[2] in Hargeysa, with a main aim to **map out the basic services** that IDPs can access in their respective settlements. This factsheet does not aim to provide detailed programmatic information; rather it is designed to share with a broad audience a concise overview of the current situation in this area.

Settlements in Somalia generally are divided into numerous 'umbrellas'. Each umbrella is made up of multiple IDP settlements. Umbrella leaders are responsible for the oversight and management of the settlements. Each of the settlements generally have an elected leader or 'gatekeeper' responsible for multiple IDP settlements and landowner engagement. Settlements in Somalia are often divided by natural land boundaries belonging to one or more landowner.

The report takes into account several key limitations in the collection of data:

- Due to budget restrictions and the short time-scale, general data on each settlement was collected through a key informant interview (KII).[3]
- Due to security restrictions and the capacity of field staff, the methodology used for average shelter density was limited to 3 case-studies and random sampling in the other settlements.
- Data collected may reflect both IDP and host community needs.
- Other approaches based on probability sampling, including cluster and area sampling[4], were considered but were not used due to budget restrictions and non-availability of updated Satellite imagery. Emphasis was given to collecting reliable GPS data for the perimeter, density and facility purposes, which resulted in less representative data at the household level.

METHODOLOGY

The aim of the exercise was to produce quick turnaround 'baseline data'[5] that would enable the production of a map of all settlements including a perimeter, shelter-density checks and an overview of all facilities accessed by IDPs. The exercise was conducted on a limited budget and consequently a restricted timeframe. This, combined with security considerations, led the data collection team to adopt a methodology **that was appropriate for the Somalia context and for the scope of this particular exercise**. The

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[1] IDP: Internally Displaced Person
[2] Majority of the settlements are IDPs but the data collected comprises both IDPs and urban poor.

[3] Key Informants are categorized as follows IDP community leader, IDP elder, Host community leader, Host community elder, religious leader or a focus group.
[4] This methodology is often used to conduct rapid needs assessment of affected communities after natural disasters through household questionnaires.
[5] As the methodology adopted does not provide a basis for a statistical assessment, the results are suggestive and serve as a starting point for improved programming interventions. Nevertheless, as there is a lack of base-line data, this report can be seen as suggestive for base-line purposes.

following provides an overview of the methodology developed:

- General data is collected through a key-informant interview[6].
- Perimeter of each settlement: The data-collectors walk around the settlement and capture one in every ten households who resides on the boundary of the settlement. Data in the household survey is collected through direct observation by the data-collector.
- Facilities mapping: All basic services that IDPs access in their respective settlement are recorded. This includes latrines, water-points, schools, health facilities, kiosks, markets, mosques, garbage collection points, police posts, solar lighting posts and community centres. Most data is collected through direct observation and through meetings with staff available at the facilities or IDPs and host community members living around the facility.
- Density case studies[7]: The aim of the density checks is to conduct a quick turnaround household assessment with data that helps to calculate average surface areas per household. The household survey includes questions regarding shelter-typology and shelter-density. In general, there seems to be a correlation in-between shelter-density/shelter-typology and the surface area that each household occupies in the settlement. The mapping exercise incorporates (1) case studies where all HHs living in pre-selected settlements (or sections of settlements) were mapped out as well as (2) random sampling of households within the remaining settlements.

The total exercise was produced in 2 weeks of field work and to a budget of under $5,000[8]. The methodology adopted does not provide a basis for a statistical assessment of the resulting shelter-density estimate and so p-values and/or confidence intervals could not be prepared. It is therefore strongly recommended that, time and budget permitting, future surveys of this type be

conducted on a probability basis to permit the preparation of a full statistical analysis.[9] Nevertheless, the results are extremely suggestive and serve as a starting point for improved programming interventions.

UNHCR provided the necessary support for payments of the enumerators and the Cluster members contributed with human resources and transport. The Shelter Cluster ensured a coordination task during the data collection and the compilation of the final report.

DATA COLLECTION

The methodology applied for this interagency assessment included two phases of data collection and analysis: secondary data review with the Shelter Cluster partners in Hargeysa and primary data collection. Remote sensing and spatial analysis can be added to this exercise if updated Satellite Imagery could be provided.

Drawing on background information from a secondary data review from key agencies in Hargeysa, the assessment engaged cluster member agencies in the primary data collection. One tool was developed for the primary data collection phase: a settlement infrastructure mapping survey, which included a key informant interview, direct observation surveys for HH data and the facility surveys.

The surveys were all conducted with mobile phones by non-technical staff, engaged through cluster partners in Hargeysa and trained by the Shelter Cluster staff. Before beginning data collection, the assessment officer conducted a one-day training on the tool, methodology and data collection plan for team leaders/enumerators in Hargeysa. The Shelter Cluster secretariat provided feed-back in crucial intervals to the Cluster staff in the field and the team leaders.

Data collection was undertaken by *4* assessment teams, with each team consisting of one team leader and four enumerators responsible for data collection. Assessment teams were comprised of male and female enumerators.[10]

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[6] Due to budget constraints, it was not possible to use the UNHCR participatory assessment methodology which would recommend the use of different focus group discussions divided according to age and gender.
[7] See page 10 for more detailed explication
[8] Including training costs, daily allowances for the teamleaders/enumerators, but excluding salary costs, flights and other related costs for all Shelter Cluster staff.

[10] This is dependent on the availability of female enumerators within the organisations.

Access to the settlements was negotiated in advance through dialogue with the local authority as well as umbrella and settlement leaders, including gatekeepers.

The data was uploaded directly from the mobile phones onto the mFieldwork online platform for analysis by teams based in Nairobi. The assessment databases as well as the methodology and data collection tools are available upon request.

GENERAL DATA

According to data collected during the KII, it was reported that there are 12380 **households** living in **9 settlements.** On average, 19% of the households were reported to be from the host community.

Overview table: Settlements and estimated HHs according to KII

9 settlements	HH estimate KII
TOTAL	**12380**
Statehouse	4761
Stadium	3200
Daami A	434
Daami B	700
Ayaha 2	300
Ayaha 1	1459
Ayaha 3	299
Ayaha 4	298
Digaale	929

In determining the **place of Origin** of the Displaced Population, the KIIs suggest that the majority of IDPs in Hargeysa are from Somaliland and other regions like Banadir, Mudug, Hiraan, Bakool and Galgaduud.

Table: % of place of origin reported in KII[11]

DISTRICT	%
Lower Juba	%
Middle Juba	%
Gedo	%
Bay	%
Bakool	11%
Banaadir	11%
Hiraan	11%
Galgaduud	11%
Nugaal	%
Mudug	11%
Middle Shabelle	%
Lower Shabelle	%
Bari	%
Sanaag	11%
Sool	11%
Togdheer	11%
Woqooyi-Galbeed	89%
Awdal	11%

Table: existence of the settlements in time.

Group	%
less_than_one_month	%
one_3_months_ago	11%
three_6_months_ago	11%
one_2_years_ago	11%
two_5_years_ago	11%
five_10_years_ago	22%
more_10_years	33%

KII stated that the closest **health** facility that IDPs/host community have access to is on average a **15** minute walk from their place of residence. The closest **school** where IDPs have access to is reported to be (on average) a **19** minute walk.

In 22% of the KII, it was reported that the population had access to **nutrition** programmes. 44% of KII reported the existence of **Child Friendly Spaces**.

When determining the **type of settlement**, it was concluded that 44% of IDPs live in a planned[12] settlement while 22% lives in an un-planned settlement.

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[11] In all tables and figures, if the data is nill, data will be shown as "-" % (blank).

[12] Definition planned settlements: settlements with a minimum level of site planning with fire-breaks and areas for communal space.

Table: % of different settlement options

Group	%
Living in a planned settlement	44%
Living in an un-planned settlement	22%
Living in a public building	22%
Living with host families	11%

When asking the key informant on **past emergencies**, it was reported that % reported a fire-outbreak in the past, % reported a diseases outbreak and % reported flooding in their respective settlement.

PROTECTION & SOLUTIONS

33% of KII reported that they were residing on privately owned land. 22% reported there was No Land Tenure Agreement, while 11% reported permanent LTD. % of KII responded that they were currently paying rent.

Table: different land tenure agreements (LTA)[13]

(LTD=land title deed)	%
No LTA	22%
Informal LTA, clan consent	67%
Individual permanent LTD	11%
Communal permanent LTD	%
2-5 year LTA	%
5-10 year LTA	%
>10 year LTA	%
Don't know	%

When discussing access to protection services, 11% of KII reported the existence of **persons with specific needs**[14] living in the settlement. % of KII reported having refugees in their settlement. 33% of all KIIs reported to have new arrivals. In total 420 households arrived in the last month.

33% of KII reported access to psychological counselling. 33% of KII reported access to legal counselling.

11% of KIIs reported having war remnants in the settlement and % of KIIs mentioned the existence of un-safe places.

Regarding **evictions**, it was reported through the KII, that 11% had received an eviction notice.

56% of settlements reported having committees. 22% reported that the committee addresses security concerns.

Table: % of different security concerns addressed by the committee

Security concern	%
Evictions	%
Disputes with host community	50%
Conflict with police	%
Conflict with local militia	%
GBV	%
Conflict with Amisom	%
Discrimination	%
Violence against children	%
Other	50%
None	%

Table: Host community relationship[15]

Perception	%
Very Bad	%
Bad	%
Varies	%
Good	56%
Very good	44%
I don't know	0%

60% of KII reported they did not know their preferred option for **Durable Solutions**. % opted to locally integrate, 40% was willing to resettle, while % preferred to return.

Table 8a: preferred option for durable solution

Durable solution	
Local Integration	%
Return	%
Resettlement	40%
Do not know	60%
Other	%

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[13] The categorization of land tenure used will be further defined through a Housing, Land and Property working group under the protection cluster. This survey cannot confirm the authenticity of the LTA or LTDs.
[14] Includes unaccompanied minors, separated children, single-headed families persons with disabilities, etc.

[15] However, the fact that IDPs and host community members were often both present during discussions may have skewed the accuracy of these responses.

Table 8b: Main reasons reported during the KII to end their displacement.

Time-period	%
No on-going conflict	11%
Access to improved shelter	22%
Access to health care	22%
Access to education	%
Access to markets	11%
Access to land	%
Other	22%

Table 8b: Vulnerable populations

Time-period	%
Disabled	100%
Elderly_living_alone	%
Female_Headed_HH	100%
Child_Headed_HH	%
People_with_chronic_illness	%
People_with_mental_health_problems	%
Traumatized_survivors_of_violence	%
Other	%

The data reflected under the shelter facts are derived from the data from the density HH surveys. The mapping exercise incorporates (1) case studies where all HHs living in pre-selected settlements (or sections of settlements) were mapped out as well as (2) random sampling of households within the remaining settlements. The analysis of the data for shelter incorporates only 20% of the data collected in the case studies to balance out the random sampling in other settlements.

In total, 2103 density points were taken during the exercise. On average, there are **6.59 persons per household** and each household occupies **2.02 buuls**. In total, 99% of all the structures are fixed with **doors,** of which 98% are **lockable**. In total, 43% of all shelters are categorized as buuls.

Table 9: Shelter typologies

What	%
Buul with 1 layer	38%
Buul with 2 layers	4%
Buul with >2 layers	1%
Vernacular Buul	%
Tents	%
Timber frame / plastic sheeting	25%
Timber shelter	%
Corrugated Iron Sheet	22%
Solid house	11%

In general, the IDP population has 26% access to **mats**, 57% access to **jerry cans**, 36% access to **blankets** and 88% access to **cooking pots**.

Table 10: Access to NFIs

Time-period	%
Mats	26%
Plastic Sheeting	30%
Blankets	36%
Jerry can	57%
Washbasin	36%
Knives	86%
Cooking pots	88%

WASH FACTS

In total, 1571 **latrines** were captured in all settlements and in total 1676 **dropping holes** were reported[16]. 89% of latrines were categorized as **functional** and a total of 643 households were reported using them. 60% of latrines were segregated male/female.

According to the data collected, 64% of all latrines were categorized as **communal** and 77% were reported **as lockable**. In total, 58% of all latrines are reported to be maintained. 17% of the latrines had hand washing next to it. 89% of hand washing stations had soap.

Table 11: Reasons of non-functionality latrines

Time-period	%
Pit is full	95%
Super structure cracked	5%
Security	%
Septic tank not connected	1%
Other	2%
Unknown	%

In total, 896 **water points** were captured in all settlements, with a total of 876 taps. 37% are connected to the **municipal water system**.

Table 12: Typologies of water points

Time-period	%
Burkad	6%
Water tank	47%
Tank and tap	20%
Water-trucking	%
Water Kiosk	26%
Other piped systems	%
Protected well w/o pump	%
Protected well with pump	%
Unprotected well	%
River	%
Other	1%

94% of all water points were categorized as **functional**. On average, it was reported that 1718 **Somali Shillings** is paid per jerry can. The **storage** capacity of all the water-tanks is around 3192.5 m2. 26% of the surrounding communities had said that the price of water had increased.

Table 13: Reasons of non-functionality water points reported

Time-period	%
Storage tanks broken	20%
Taps broken	39%
Water contaminated	2%
Water trucking stopped	13%
Connection to municipal is broken	%
Insecurity	%
Dominated by host comm.	%
Pump or generator broken	2%
Unknown	19%
Other	6%

HEALTH FACILITY FACTS

7 **Health facilities** were captured. Of this 86% of them are **functioning** and 86% of health facilities reported to have a **lockable room**. In total, 40 **rooms** were reported in all the health facilities.

Table 14: Typologies of Health Facilities

Typology	%
Health Centres	57%
Primary Health Care Unit	43%
Mobile clinics	%
Hospital	%
Other	%

Table 15a: Services available

Services	%
Maternal health services	29%
Vaccination services	57%
Paediatric services	29%
Outpatient services	43%
Inpatient services	29%

Table 15b: Running of the health facility

Services	%
INGO	%
LNGO	%
Private	43%
Public	57%

100% of health facilities reported having access to **water**. 100% % of the health facilities reported having access to **electricity**.

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[16] All latrines were mapped out, but according to their structures and not according to the dropping holes.

In total, there are 5 **nurses**, 3 **community health workers**, 5 **doctors** and 4 **midwifes** employed in the health facilities.

EDUCATION FACTS

10 schools were mapped out of which 100% were functioning. In total, 43 classrooms were reported.

The number of schools with access to **latrines** was reported at 80%. Of these 100% are **functioning**, and 100% are **segregated** male/female.

10% of all schools reported being connected to the municipal water system.

Table 14: Access to services in the school

Services at schools	%
Access to municipal water	10%
Rainwater harvesting	20%
Access to borehole	%
Access to watertank	20%
Access to shallow well	10%
Other	10%
None	30%

In total, 1245 **male** students and 1502 **female** students are enrolled in the schools. 1701 **IDP children** have access to these schools.

OTHER FACILITIES

In total, 48 **markets** and 1 **kiosks** were mapped out. The markets and kiosks were reported to be *'open after dark'* for respectively 100% and %.

Table: price of Sorghum (according to KII)

Reason	%
Much cheaper than normal	11%
Cheaper than normal	22%
Normal	44%
Higher than normal	22%
Much higher than normal	%

Table 16: Price of Maize (according to KII)

Reason	%
Much cheaper than normal	%
Cheaper than normal	33%
Normal	44%
Higher than normal	22%
Much higher than normal	%

In total, 35 **solar lighting posts** were mapped out, with a functionality rate of 54%.

Table 16: Reasons of non-functionality reported[17]

Reason	%
Battery broken	12%
Parts stolen	%
Lamp broken	62%
Other	31%
Unknown	%

60% of solar posts are reported to improve **night activities** and 57% was reported to improve **the security**. In 40% of all cases, the community committee takes care of the maintenance.

Table 16: Maintenance of solar posts

Who	%
NGO/INGO	51%
Community Committee	40%
Unknown	9%

3 **community centres** were mapped out with 67% having access to latrines. Community support activities were reported at 67%.

Table 17: Activities reported at the com centre

Activity	%
Community support	67%
Nutrition programmes	33%
Learning opportunities	33%
Recreation	%
Entertainment	%

9 **garbage collection** points in 9 settlements were mapped out. It was reported that 11% of all garbage collection had been done in the past month.

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[17] Multiple reasons were provided by water point.

RECOMMENDATIONS[18]

This report only comprises 50% of the collected data. The assessment databases as well as the methodology and data collection tools are available upon request, with confidential information removed.

It is recommended to the **Wash, Education and Health** cluster to look at the functionality of the different wash, health and school facilities.

It is recommended for UNHCR to take into consideration the data collected that relates to persons with specific needs, protection concerns and durable solutions.

It is recommended to UNHCR to triangulate the data collected regarding shelter density in their household estimation exercise. UNOCHA, government and other stakeholders should be incorporated in the final validation workshop.

The **Shelter Cluster** should further develop the mapping tools to become more statistically representative of the population.

It is recommended that the maps produced are **updated on a regular basis** with the support of inter-cluster coordination (For example each eviction should be mapped out).

It is recommended to further continue the efforts in ensuring **improved land tenure**. Forced evictions remain a constant threat to the sustainability of short, mid- and long-term solutions. Strong advocacy towards all stakeholders will be a key activity. There is a strong need to examine the potential usefulness of setting up a separate working group on HLP.

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[18] The methodology adopted does not provide a basis for a statistical assessment of the resulting density estimate and so p-values and/or confidence intervals could not be prepared. Nevertheless, the results are extremely suggestive and serve as a starting point for improved programming interventions in this area.

ANNEX: Household Estimate

The aim of the density checks is to conduct a quick turnaround household assessment with data that helps to calculate average surface areas per household. The household survey includes questions regarding shelter-typology[19] and shelter-density[20]. In general, there seems to be a correlation in-between shelter-density/shelter-typology and the surface area that each household occupies in the settlement. The mapping exercise incorporates (1) case studies where all HHs living in pre-selected settlements (or sections of settlements) were mapped out as well as (2) random sampling of households within the remaining settlements.

There seems to be a strong correlation in-between the density/typology and the average surface area each household occupies. From the data collected from the case-studies average surface areas are derived for low/medium/high shelter density and for buuls/T-shelters/P-shelters. The average surface areas (for each respective density/typology) can used to provide two different household estimates (according to typology and shelter-density).

Although the exercise provides a good base for further discussions on household estimates, the exercise acknowledges the limitations and constraints[21] of the exercise. It is therefore recommended that the data collected regarding shelter density is triangulated with secondary and other primary data to validate any household estimate in close collaboration with all stakeholders (government, UNOCHA, ICCG…).

Table: average Hargeysa surface areas

Average high	Average Medium	Average Low
45.00 m2/HH	115.00 m2/HH	160.00 m2/HH
Average buuls	Average T-Sh	Average P-Sh
50.00 m2/HH	120.00 m2/HH	200.00 m2/HH

Case-study 1 Statehouse: case-study was not done properly. Difficult to identify in which area all households were captured.
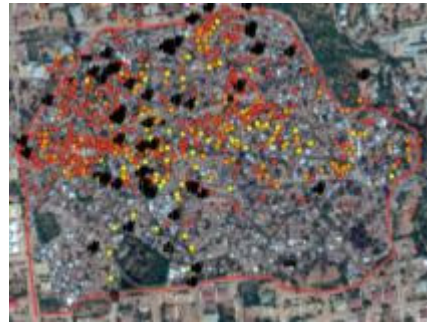
Case-study 2 Daami B: case study area was done very well. Perimeter is bigger than expected due to that the area has a high section of built-up environment (estimated at 30%).
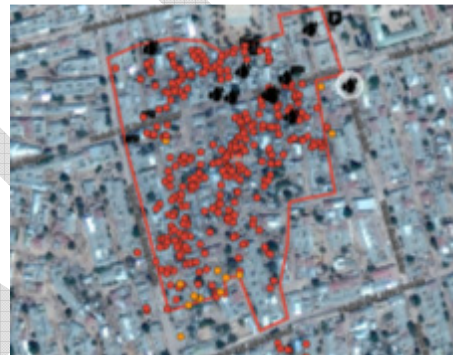
Case-study 3 Digaale: case study was done well in half of the settlement.

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[19] All shelters were classified into three groups: buuls, transitional shelters and permanent shelters.

[20] Definition of Shelter Density: households are classified into low/medium/high shelter density. The following parameters were taken into account: free space around the shelter, width of the access roads, average space in-between the shelters…

[21] (1) Definition of IDP needs to be clarified. Urban poor, migrants and host communities could be included in this exercise. (2) Random sampling was not done adequate (3) the classification methodology (low/medium/high) can be seen as too subjective (4) Household estimates need the buy-in of all stakeholders. (5) Perimeter is not accurate enough.