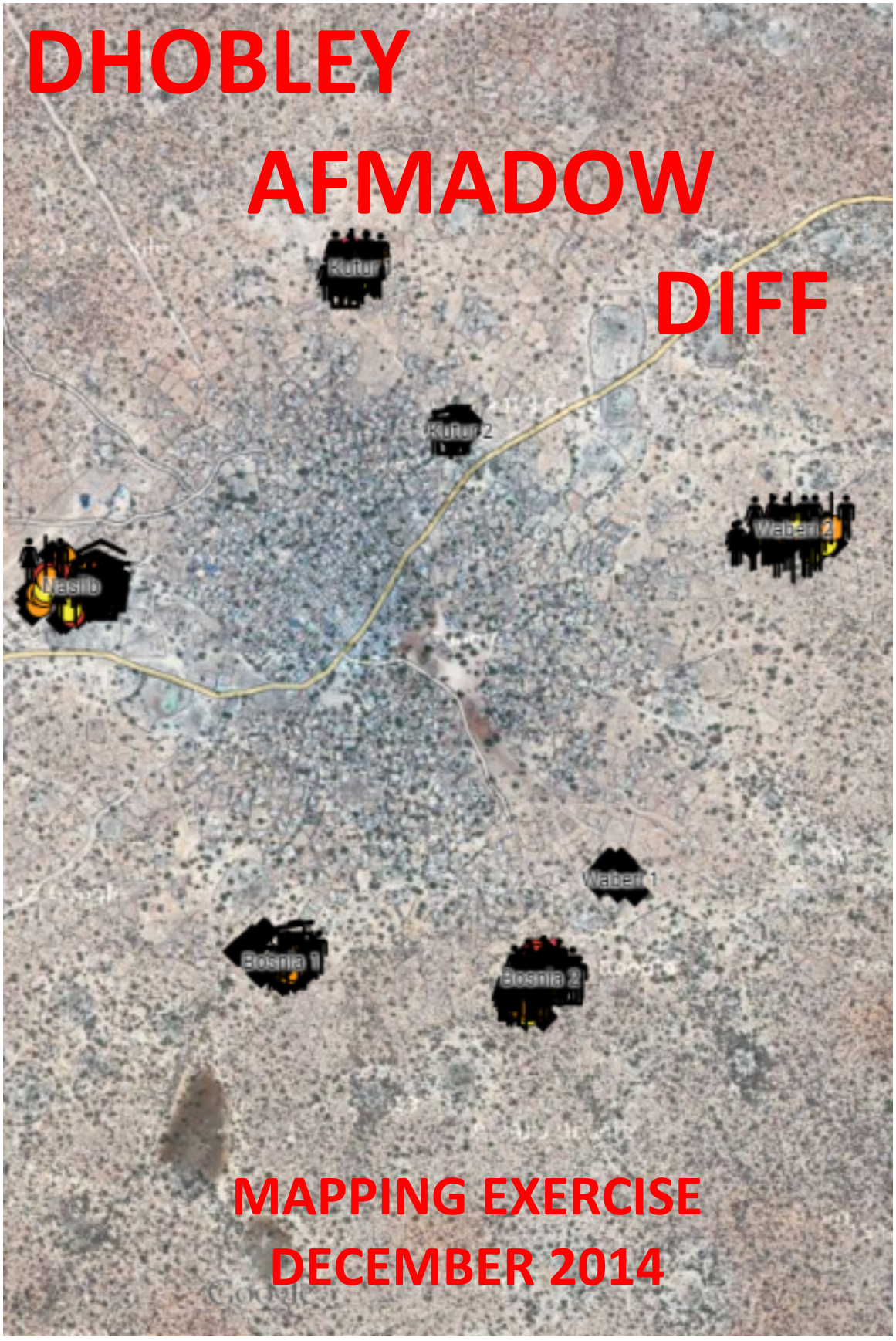
Shelter Cluster Somalia
ShelterCluster.org
Coordinating Humanitarian Shelter

DHOBLEY
AFMADOW
DIFF



MAPPING EXERCISE
DECEMBER 2014

BACKGROUND

Dhobley, Afmadow, Diff are situated in the Jubaland region which is one the most populace regions of Somalia with an estimated population of 953,045 inhabitants (UNDP, 2005). The territory consists of the Gedo, Lower Juba, and Middle Jubba provinces. The largest city of Jubbaland is Kismayo, which is situated on the coast near the mouth of the Jubba River. The IDP population in Jubbaland is estimated at 135,000 IDPs (UNHCR total IDPs per region report, September 2014)

As with other parts of Somalia, vulnerable communities in Jubbaland face harsh living conditions due to the lack of adequate access to basic necessities of life such as food, shelter and save drinking water. As per the latest FSNAU post GU 2014 analysis report, a "comprehensive nutrition assessment conducted in Dhobley IDPs record Critical levels of GAM (>15%), which are Sustained Critical since Deyr 2013/14 or Gu'13. Serious levels of SAM prevalence (>2.4%) were also recorded in Dhobley IDPs in Gu 2014".

This fact-sheet presents an analysis of primary data collected by AVORD and SAF during the month of April in Afmadow, Diff and Dhobley. 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 Afmadow, Diff and Dhobley, 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 0 case-studies and random sampling in the other settlements. *Therefore, it was not possible to come up with average surface areas per household.*
- 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 following provides an overview of the methodology developed:

[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.

- 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 $8,000[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 Afmadow, Diff and Dhobley 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 Afmadow, Diff and Dhobley, 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 Afmadow, Diff and Dhobley 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 Afmadow, Diff and Dhobley. 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]

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

[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.

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 2007 **households** living in **15 settlements.** On average, 7% of the households were reported to be from the host community.

Overview table: Settlements and estimated HHs according to KII[11]

City	15 settlements	HH estimate KII
	TOTAL	**2007**
Afmadow	**Dagmareer**	312
Afmadow	**Danwadaag**	310
Afmadow	**Fanole**	5
Afmadow	**Gubadofaar**	236
Afmadow	**Hargeysa**	215
Afmadow	**Hindey**	111
Afmadow	**Ibrahim qaadi**	156
Afmadow	**Tubaney**	314
Dhobley	**Bosnia**	32
Dhobley	**Kutur**	41
Dhobley	**Nasiib**	35
Dhobley	**Waberi**	40
Diif	**Bula labi**	45
Diif	**Lanbul**	55
Diif	**Welharay**	100

In determining the **place of Origin** of the Displaced Population, the KIIs suggest that the majority of IDPs in Afmadow, Diff and Dhobley are from Lower and Middle Juba and Middle Shabelle.

Table: % of place of origin reported in KII[12]

DISTRICT	%
Lower Juba	60%
Middle Juba	33%
Gedo	%
Bay	%
Bakool	%
Banaadir	%
Hiraan	%
Galgaduud	%
Nugaal	%
Mudug	%
Middle Shabelle	7%
Lower Shabelle	%
Bari	%
Sanaag	%
Sool	%
Togdheer	%
Woqooyi-Galbeed	%
Awdal	%

Table: existence of the settlements in time.

Group	%
less_than_one_month	%
one_3_months_ago	%
three_6_months_ago	7%
one_2_years_ago	27%
two_5_years_ago	47%
five_10_years_ago	%
more_10_years	20%

KII stated that the closest **health** facility that IDPs/host community have access to is on average a **56** minute walk from their place of residence. The closest **school** where IDPs have access to is reported to be (on average) a **56** minute walk.

In % of the KII, it was reported that the population had access to **nutrition** programmes. 20% of KII reported the existence of **Child Friendly Spaces**.

[11] The KII household estimate was discussed and corrected in group, but needs to be validated through an official household estimate exercise.

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

When determining the **type of settlement**, it was concluded that 67% of IDPs live in a planned[13] settlement while 33% lives in an un-planned settlement.

Table: % of different settlement options

Group	%
Living in a planned settlement	67%
Living in an un-planned settlement	33%
Living in a public building	%
Living with host families	%

When asking the key informant on **past emergencies**, it was reported that % reported a fire-outbreak in the past, 67% reported a diseases outbreak and 7% reported flooding in their respective settlement.

PROTECTION & SOLUTIONS

53% of KII reported that they were residing on privately owned land. 100% reported there was No Land Tenure Agreement. % of KII responded that they were currently paying rent.

Table: different land tenure agreements (LTA)[14]

(LTD=land title deed)	%
No LTA	100%
Informal LTA, clan consent	%
Individual permanent LTD	%
Communal permanent LTD	%
2-5 year LTA	%
5-10 year LTA	%
>10 year LTA	%
Don't know	%

When discussing access to protection services, 93% of KII reported the existence of **persons with specific needs**[15] living in the settlement. 7% of KII reported having refugees in their settlement. 80% of all KIIs reported to have new arrivals. In total 192 households arrived in the last month.

Table: % of groups of Refugees reported in the settlements

Group	%
Ethiopia	%
Djibouti	%
Yemen	%

13% of KII reported access to psychological counselling. 7% of KII reported access to legal counselling.

47% of KIIs reported having war remnants in the settlement and 7% of KIIs mentioned the existence of un-safe places.

Regarding **evictions**, it was reported through the KII, that 7% had received an eviction notice.

80% of settlements reported having committees. 33% reported that the committee addresses security concerns.

Table: % of different security concerns addressed by the committee

Security concern	%
Evictions	20%
Disputes with host community	%
Conflict with police	%
Conflict with local militia	%
GBV	20%
Conflict with Amisom	%
Discrimination	40%
Violence against children	20%
Other	20%
None	20%

Table: Host community relationship[16]

Perception	%
Very Bad	%
Bad	%
Varies	7%
Good	27%
Very good	67%
I don't know	%

[13] Definition planned settlements: settlements with a minimum level of site planning with fire-breaks and areas for communal space.
[14] 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.
[15] Includes unaccompanied minors, separated children, single-headed families persons with disabilities, etc.
[16] However, the fact that IDPs and host community members were often both present during discussions may have skewed the accuracy of these responses.

% of KII reported they did not know their preferred option for **Durable Solutions**. % opted to locally integrate, 100% was willing to resettle, while % preferred to return.

Table 8a: preferred option for durable solution

Durable solution	
Local Integration	**%**
Return	**%**
Resettlement	**100%**
Do not know	**%**
Other	**%**

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

Time-period	%
No on-going conflict	53%
Access to land	47%
Access to improved shelter	%
Access to health care	%
Access to education	%
Access to markets	%
Other	%

Table 8b: Vulnerable populations

Time-period	%
Disabled	93%
Elderly_living_alone	50%
Female_Headed_HH	50%
Child_Headed_HH	%
People_with_chronic_illness	%
People_with_mental_health_problems	%
Traumatized_survivors_of_violence	%
Other	%

SHELTER FACTS

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, 309 density points were taken during the exercise. On average, there are **5 persons per household** and each household occupies **1.6599999999999999 buuls**. In total, 22% of all the structures are fixed with **doors,** of which 43% are **lockable**. In total, 96% of all shelters are categorized as buuls.

Table 9: Shelter typologies

What	%
Buul with 1 layer	83%
Buul with 2 layers	10%
Buul with >2 layers	3%
Vernacular Buul	%
Tents	1%
Timber frame / plastic sheeting	3%
Timber shelter	%
Corrugated Iron Sheet	1%
Solid house	%

In general, the IDP population has 20% access to **mats**, 55% access to **jerry cans**, 7% access to **blankets** and 34% access to **cooking pots**.

Table 10: Access to NFIs

Time-period	%
Mats	20%
Plastic Sheeting	4%
Blankets	7%
Jerry can	55%
Washbasin	19%
Knives	38%
Cooking pots	34%

WASH FACTS

In total, 61 **latrines** were captured in all settlements and in total 61 **dropping holes** were reported[17]. 92% of latrines were categorized as **functional** and a total of 58 households were reported using them. % of latrines were segregated male/female.

According to the data collected, 82% of all latrines were categorized as **communal** and 36% were reported **as lockable**. In total, 48% of all latrines are reported to be maintained. 0 of the latrines had hand washing next to it.

Table 11: Reasons of non-functionality latrines

Time-period	%
Pit is full	41%
Super structure cracked	82%
Security	%
Septic tank not connected	%
Other	%
Unknown	20%

In total, 3 **water points** were captured in all settlements, with a total of 8 taps. 67% are connected to the **municipal water system**.

Table 12: Typologies of water points

Time-period	%
Burkad	%
Water tank	%
Tank and tap	67%
Water-trucking	%
Water Kiosk	%
Other piped systems	33%
Protected well w/o pump	%
Protected well with pump	%
Unprotected well	%
River	%
Other	%

67% of all water points were categorized as **functional**. On average, it was reported that 3000 **Somali Shillings** is paid per jerry can. The **storage** capacity of all the water-tanks is around 52.5 m2. 33% 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	%
Taps broken	%
Water contaminated	101%
Water trucking stopped	%
Connection to municipal is broken	%
Insecurity	%
Dominated by host comm.	%
Pump or generator broken	%
Unknown	%
Other	%

HEALTH FACILITY FACTS

1 **Health facilities** were captured. Of this % of them are **functioning** and 100% of health facilities reported to have a **lockable room**. In total, 4 **rooms** were reported in all the health facilities.

Table 14: Typologies of Health Facilities

Typology	%
Health Centres	%
Primary Health Care Unit	100%
Hospital	%
Other	%

Table 15a: Services available

Services	%
Maternal health services	100%
Vaccination services	%
Paediatric services	%
Outpatient services	%
Inpatient services	%

Table 15b: Running of the health facility

Services	%
INGO	%
LNGO	%
Private	%
Public	100%

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

In total, there are 0 **nurses**, 0 **community health workers**, 0 **doctors** and 1 **midwifes** employed in the health facilities.

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

EDUCATION FACTS

9 schools were mapped out of which 78% were functioning. In total, 13 classrooms were reported.

The number of schools with access to **latrines** was reported at 67%. Of these 100% are **functioning**, and % are **segregated** male/female.

% 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	%
Rainwater harvesting	%
Access to borehole	%
Access to watertank	%
Access to shallow well	%
Other	22%
None	78%

In total, 275 **male** students and 227 **female** students are enrolled in the schools. 201 **IDP children** have access to these schools.

OTHER FACILITIES

In total, 0 **markets** and 1 **kiosks** were mapped out.

Table 16: Items for sale at kiosks.

Reason	%
Grains	%
Vegetables	100%
Pulses	%
Meat	%
Fish	%

Table: price of Sorghum (according to KII)

Reason	%
Much cheaper than normal	7%
Cheaper than normal	7%
Normal	13%
Higher than normal	47%
Much higher than normal	27%

Table 16: Price of Maize (according to KII)

Reason	%
Much cheaper than normal	13%
Cheaper than normal	%
Normal	%
Higher than normal	53%
Much higher than normal	33%

In total, 0 **solar lighting posts** were mapped out.

10 **community centres** were mapped out with 20% having access to latrines. Community support activities were reported at 40%.

Table 17: Activities reported at the com centre

Activity	%
Community support	40%
Nutrition programmes	%
Learning opportunities	50%
Recreation	%
Entertainment	10%

15 **garbage collection** points in 15 settlements were mapped out. It was reported that 87% of all garbage collection had been done in the past month.

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.

The data collected regarding densities was not done properly to come up with average surface areas as NO case studies were done. It would be recommended to at least do the case studies in 6 settlements.

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 (if the case studies would be done) 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

No case studies were done so it will not be possible to come up with any average surface areas.

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 Diff, Dhobley and Afmadow surface areas

Average high	Average Medium	Average Low
??? m2/HH	??? m2/HH	??? m2/HH
Average buuls	Average T-Sh	Average P-Sh
??? m2/HH	??? m2/HH	??? m2/HH

[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.