BAIDOA IDP SETTLEMENT ASSESSMENT

SOMALIA

SITUATION OVERVIEW
APRIL 2017
Acknowledgements

The evaluation was conducted by REACH as part of its partnership with OCHA and the ICCG and through funding from ECHO and USAID. All of the reports, maps, and factsheets can be accessed directly from the REACH Resource Centre: www.reachresourcecentre.org, www.humanitarianresponse.info, www.reliefweb.org and data.humdata.org

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About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACTS Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH’s mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org.

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SUMMARY

The Baidoa IDP settlement assessment report reflects the findings from a multi-cluster needs assessment of 168 IDP Settlements in Baidoa. Data collection was conducted from 3rd April to 18th April 2017, through 639 household interviews, 168 key informant interviews (KIs), facility mapping and spatial analysis in IDP settlements in Baidoa.

72% of households in the IDP settlements are caring for children under 5 years, which implies more vulnerability in the settlements as household resources become strained. Of the households with children (95%), 4% reported to accommodate unaccompanied or separated children.

High food insecurity was reported when looking at food consumption score (FCS), dietary diversity and coping strategies. More than 50% of the assessed households had a poor food consumption score. The poor food consumption score implies deteriorating food security in the IDP settlements. This is largely caused by limited ability to access sufficient diversity in foods as a result of limited resources. In food consumption patterns, only 14% of the households reported to consume vegetables at least once a week. This is linked to the ongoing drought and failed rainfall. The facility mapping identified five functioning food markets in Baidoa. Only 2% of the households reported that the market is within a walking distance. Consequently, most households find it difficult to access the food markets due to their distance from the IDP settlements.

Drought can affect the market prices of food, which consequently reduces the amount of food bought by the households as a coping strategy. 31% of the households reported an increase in the amount spent on food over the month prior to the assessment while 42% reported a decrease. This decrease could denote declining resources to purchase food items. The majority of households (51%) reported a decrease in the quality of food consumed in the last month. Households also reported choosing less expensive foods as the most frequently applied coping strategy (82%). This indicates an increased reliance on less nutritious staples, which in consequently impacts the diversity of food and food consumption scores.

Only 21% of the households in the assessed settlements had accessed any nutrition services in the past three months. This is concerning given the majority of households (72%) have children under the age of five years. This is despite nutrition services being available in the IDP settlements: findings from the facility assessment show that there were 12 nutrition facilities available in the settlements.

While all the assessed households were within 500m of a functioning water point, which is the suggested maximum distance to a water source according to the Sphere standards, 84% of households indicated water as a priority need and 65% of the assessed households did not meet the sphere standards of 15 litres of water available per day per person. 70% of households reported water trucking distribution as their main household water source. However, according to the facility mapping, only 22% of all the functioning Waterpoints with drinkable water were trucking distributions. This is the result of water truck distributions filling traditional rainwater catchments such as Burkads (20% of water points).

27% of the households said they do not have access to a latrine of any type, resulting in the prevalence of open defecation in the vicinity of settlements. This can lead to increased vulnerability to water borne diseases in the settlements; especially as the rains arrive resulting in surface level contaminates being washed into open water sources such as Burkads.

The assessment findings also indicate a high need for shelter and NFI assistance in the increasing displacement crisis, and this was cited as a priority need by 82% of households. Of the assessed households, a considerable number reported to live in emergency (57%) or temporary shelters (27%). In addition, 87% of the households reported having no floor covering material. These findings corroborate the high ranking of shelter as a priority need for households, with 84% citing. Only 1% of the households had an acceptable NFI Score, a result of lacking basic non-food items such as sleeping mats, jerry cans and plastic sheeting.

The KIs reported theft (90%) as the main safety issue present in Baidoa. General assault on community members was also reported by 9% of the KIs. 16% of the KI’s interviewed mentioned that women are not able to move freely within the settlement. The assessment findings portray relatively high levels of insecurity for the population in the assessed IDP settlements in Baidoa.
# Contents

List of Acronyms .................................................................................................................. 3

Geographical Classifications .................................................................................................. 3

List of Figures and Maps ......................................................................................................... 3

Household Interviews ............................................................................................................ 5

Facility Mapping .................................................................................................................... 5

Key Informant Interviews ...................................................................................................... 5

Population & Vulnerabilities ................................................................................................. 6

Displacement Profile ............................................................................................................. 6

Humanitarian Situation .......................................................................................................... 7

Food Security & Livelihoods ................................................................................................. 7

Nutrition ................................................................................................................................. 8

Water & Sanitation ................................................................................................................ 8

Shelter and NFIs’ .................................................................................................................. 9

Protection ............................................................................................................................... 10

Health .................................................................................................................................. 10

Education ............................................................................................................................... 10

Communication ................................................................................................................... 11

Conclusion ............................................................................................................................. 12
List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BCG</td>
<td>Bacille Calmette Guerin</td>
</tr>
<tr>
<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
</tr>
<tr>
<td>CSI</td>
<td>Coping Strategy Index</td>
</tr>
<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis, Tetanus</td>
</tr>
<tr>
<td>DTM</td>
<td>Displacement Tracking Matrix</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>FCS</td>
<td>Food Consumption Score</td>
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<tr>
<td>FEWSNET</td>
<td>Famine Early Warning Systems Network</td>
</tr>
<tr>
<td>FSNAU</td>
<td>Food Security and Nutrition Analysis Unit</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>IMWG</td>
<td>Information Management Working Group</td>
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<tr>
<td>IOM</td>
<td>International Organisation for Migration</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>NFI</td>
<td>Non-Food Items</td>
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<tr>
<td>OFDA</td>
<td>Office of U.S. Foreign Disaster Assistance</td>
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<tr>
<td>PRMN</td>
<td>Protection and Return Monitoring Network</td>
</tr>
<tr>
<td>UNOCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>UNOSAT</td>
<td>United Nations Operational Satellite Applications Programme</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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Geographical Classifications

- **Federal**: Highest form of governance
- **Region**: Highest form of governance below the national level
- **District**: Regions are divided into districts
- **Settlement**: Districts are divided into settlements

List of Figures and Maps

- Figure 1: Baidoa IDP Settlement Demographics (% of male and female in respective age group) ........................................ 6
- Figure 2: Importance of humanitarian needs, ranked by the household representatives .................................................. 6
- Figure 3: Coping Strategy Index ................................................................................................................................. 7
- Figure 4: Food Consumption Score (FCS) ....................................................................................................................... 8
- Figure 9: % of functioning water points with drinkable water according to REACH facility assessment ..................... 8
- Figure 6: % of shelter types as per typology of the Shelter Cluster ............................................................................. 9
- Figure 7: Most commonly used shelter material ......................................................................................................... 9
- Figure 8: % of children aged 6 months to 15 years that have received vaccination (target is 90%) ............................ 10
- Figure 5: 3 most trusted information sources reported by households ....................................................................... 11

- Map 1: Baidoa Location Map ......................................................................................................................................... 4
- Map 2: Sampled Settlements and Households ........................................................................................................... 5
- Map 3: Area of Origin ................................................................................................................................................. 7
INTRODUCTION

Several seasons of consecutive poor and failed rains have taken their toll on pastoral and agro-pastoral communities, forcing them to travel vast distances to find water and grazing land for themselves and their dying animals. Distress migration has begun on a large scale, with rural populations gravitating towards urban centres in search of relief. The influx of displaced populations to towns and cities in Somalia is already overwhelming limited services as the drought intensifies in most parts of Somalia and families struggle to meet basic needs.

Baidoa, or Baydhabo as the city is locally known, is a strategic town in south-central Somalia and the capital of the Bay region of Somalia; situated approximately 250 kilometres west of Mogadishu and 240 km southeast of the Ethiopian border. The city is traditionally one of the most important economic centres in southern Somalia, conducting significant trade in local and imported cereals, livestock and non-food items.

The combined effects of drought and on-going crisis in Bay and surrounding areas have had a harmful impact on economic stability and livelihoods, leading to a chronic humanitarian situation and major displacements of population.

There has been an increase in internally displaced persons (IDPs) who, primarily as a result of drought and concomitant conflict and loss of livelihoods, have been moving to Bay and Bakool regions in increased numbers since January 2017. Baidoa is a home to an estimated 1681 IDP settlements, most of them in the town. An approximated 70002 households have moved to Baidoa since March 2017, resulting in loss of assets and sources of livelihood including livestock and land due to displacement. In IDP Settlements people have little access to stable employment; while food insecurity and water shortages continue to exacerbate the IDP situation.

In order to support humanitarian response, and internally displaced and returnee populations, OCHA triggered a series of assessments on the main IDP settlements in Somalia, with technical support and coordination of partners by REACH. The Baidoa IDP settlement assessment was triggered as a result of the need for a multi-cluster, area-based and coordinated information approach for humanitarian planning and service delivery in informal IDP settlements. This report reflects the findings from a multi-cluster needs assessment of 168 IDP Settlements in Baidoa.

Data collection was conducted from 3rd April to 18th April 2017, through 639 household interviews, 168 key informant interviews (KII), facility mapping and spatial analysis in IDP settlements in Baidoa.

The assessment is funded by ECHO (European Civil Protection and Humanitarian Aid Operations) and OFDA (Office of U.S. Foreign Disaster Assistance), designed in collaboration with UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs), the IMWG (Information Management Working Group) and the humanitarian clusters (WASH, Shelter & NFIs, Education, Food Security, Health, Nutrition and Protection). Data collection in Baidoa will continue on a regular basis to allow for comparison of services, facilities, humanitarian needs and displacement patterns over time. This report provides a detailed description of the methodology used to conduct the assessment and outlines the key assessment findings.

Map 1: Baidoa Location Map3

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1 UNHCR, Protection and Returns Monitoring Network (PRMN), March 2017 and REACH Key Informant Interviews Feb 2017
2 UNHCR, PRMN March 2017
3 Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associated, donors mentioned on this map.
METHODOLOGY

Based on the needs raised by humanitarian actors and the influx of IDPs in the area, the assessment targeted all IDP settlements in Baidoa for Key Informant Interviews and a sample of 54 Settlements for the household surveys. Facility mapping targeted services in or available to IDP settlements.

Closed ended key informant (KI) and household questionnaires were deployed concurrent to a full assessment of available facilities in the selected settlements. Therefore, the assessment provides information on both the needs of IDPs in the settlements and the available service access to meet these needs. Secondary data review was conducted prior to the assessment based on existing secondary data from partners, previous site mapping exercises conducted by REACH, Shelter Cluster Mapping Exercise, UNHCR secondary data review, IOM DTM, PRMN, FSNAU seasonal analysis, and FEWSNET. Data available on settlement names and estimated population count, as well as information from cluster partners on facilities and services was used to prepare the sample and targeting of facilities and households. The activity has also confirmed and added to information provided through the secondary data review.

10 Enumerators from Baidoa were deployed to conduct the KIs, facility and perimeter mapping. 25 enumerators from partner organizations were deployed to conduct household surveys. Prior to the data collection, they were trained on mobile data collection, assessment tools, and informed of the purpose and content of the assessment.

Household Interviews

A sampling plan, consisting of random cluster sampling with settlements as the basic clusters, was prepared prior to the data collection, ensuring a 95% confidence level and +/-5% margin of error of the sample in the target areas. 54 settlements were covered in total. Quantitative data collection was conducted between the 6th and 9th of April 2017. 639 households from 54 settlements were interviewed. Questions were asked on their displacement profile, WASH, health, shelter, nutrition, education services and needs, as well as protection issues, community structures and communication.

Facility Mapping

Facility mapping was conducted from the 3rd to 12th of April 2017. Enumerators were asked to cover all available facilities in the settlements. Markets, health facilities, nutrition facilities and schools were captured in and around the settlements. Latrines and water points inside as well as outside the settlement perimeters were also covered.

Through PRMN estimated number of households integrated with the household surveys (household size and shelters per household), an estimated population size was acquired. The household survey provided an average household size which was then multiplied with the number of households reported through the PRMN. Based on this information, it can be measured whether the Sphere standards for all households are met (e.g. in terms of distance to water points and number of people per latrine).

Key Informant Interviews

Between 3rd and 18th of April 2017, 168 key informant interviews were conducted. KIs were selected on the pre-condition that they had knowledge of the humanitarian situation, the facilities and services in the settlements and/or the community demographics. The data collected represents the response from 19% women and 81% male, reflecting the predominance of males acting as community leaders. Information from the KIs was used to triangulate findings from the household assessment and to inform the development of the household questionnaire.
**FINDINGS**

This section presents the main findings from the multi-cluster needs assessment in Baidoa. The section is structured around the cluster specific findings from the household survey, KII and facility assessment.

**POPULATION & VULNERABILITIES**

Based on the PRMN Household number and the household survey’s information on the average number of members in the household, the estimated population size is 120,114\(^4\) the majority of the population (66\%) is below 17 years of age. Women make up 49\% of the overall population in Baidoa IDP Settlements, while 51\% are male. The assessment covered only IDP settlements and not the whole of Baidoa, where generally males are more than females at observation.

Figure 1: Baidoa IDP Settlement Demographics (% of male and female in respective age group)

40% of the households in Baidoa reported to have pregnant or lactating women. Of the households with children (95\%), 4\% reported to accommodate unaccompanied or separated children. 4\% of the assessed households reported to have children that have been separated from the household. Of these, 42\% were said to have been separated from their direct family accidentally, 31\% were forcibly separated while 27\% were voluntarily separated. 11\% of the assessed households reported members with disabilities and/or chronic illness.

When asked to identify their three main humanitarian needs, food, water and shelter were by far the most pressing needs as reported by the household representatives. Other priority concerns reported by households include healthcare, cooking equipment and nutrition.

Figure 2: Importance of humanitarian needs, ranked by the household representatives.

<table>
<thead>
<tr>
<th>Priority Concern</th>
<th>% HH</th>
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<tbody>
<tr>
<td>Food</td>
<td>100%</td>
</tr>
<tr>
<td>Water</td>
<td>84%</td>
</tr>
<tr>
<td>Shelter</td>
<td>82%</td>
</tr>
<tr>
<td>Health care</td>
<td>10%</td>
</tr>
<tr>
<td>Cooking Equipment</td>
<td>7%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4%</td>
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</table>

**DISPLACEMENT PROFILE**

Based on the household survey of informal settlements in the town, 99\% of settlement inhabitants are IDPs that have mainly arrived from Bakool (20\%), Lower Shebelle (1\%), Middle Juba (1\%), Lower Juba (1\%), Gedo (2\%), Banadir (1\%) and other parts of Bay region (74\%).

IDPs’ main reason for leaving their previous area of long term residence was reported to be Drought (60\%). Conflict (10\%) and Loss of livelihoods (8\%) were the second and third most reported reasons for leaving respectively, which could be linked to ongoing drought. When asked why they chose to come to the present location, 74\% of the IDP households reported availability of aid as the main reason. Other reasons reported by IDP households were search for labour and income (30\%) lack of conflict in the destination location (21\%), and presence of family and friends in the destination locations (4\%).

\(^4\) The population estimates presented here is reflecting the population calculation presented in the methodology, based on PRMN Household number and REACH household survey.
HUMANITARIAN SITUATION

Only a small proportion of the assessed households (16%) reported that they had received any type of humanitarian assistance from external actors since they arrived in the settlements. Of those who had received assistance, 60% reported having received this assistance from NGO’s and 30% received the assistance from the local community. The rest, 10%, reported that they received the assistance from UN directly and local government. Respondents are often not fully aware from who the assistance came from, in that it could be poorly messaged. The most commonly reported types of assistance received were food in-kind and food vouchers. Local community (46%) and NGO (48%) accounted for the most food in-kind assistance provided.

Food Security & Livelihoods

Households in the assessed settlements have access to 5 functioning food markets within a distance of 5km. Assessment of the food markets revealed that most food groups are available. Foods that were covered in the assessment include: sorghum, cereals, rice, milk, meat, eggs, fruits and vegetables, fats sugar and condiments.

Households in the assessed areas reported to regularly employ coping strategies in order to compensate for the lack of food or high food prices. 96% of the households reported to be using one of the below coping strategies at least one day a week:

- Choosing less preferred and less expensive foods
- Borrowing food or relying on help from friends or relatives
- Limiting portion size at meal times
- Restricting consumption by adults in order for children to eat.
- Reducing the number of meals eaten in a day

Figure 3: Coping Strategy Index 5

<table>
<thead>
<tr>
<th>Level of Coping</th>
<th>% HH</th>
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<tbody>
<tr>
<td>High Coping</td>
<td>53%</td>
</tr>
<tr>
<td>Medium Coping</td>
<td>26%</td>
</tr>
<tr>
<td>No or Low Coping</td>
<td>21%</td>
</tr>
</tbody>
</table>

HH Average Reduced CSI: 13.3

Choosing less expensive foods was reported to be the most frequently applied coping strategy (82%). Assessed households reported to use this coping mechanism three days a week on average. Borrowing food or relying on help from friends or relatives was reported as the second most commonly used mechanism (69%). Restricting the consumption by adults was the least employed strategy, as reported by households (61%).

The majority of the responding households had experienced decrease (51%) in the quality of food consumed. 26% of the households reported to experience an increase while 23% experienced no change. In the assessed households, only 15% of the households reported to consume meat more than three days in a week. Only 14% of the households reported to consume vegetables at least once a week. The main food types used by households were reported to be cereals, sweets and fats.

More than 50% of the assessed households had poor food consumption score. Only 7% of the

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5 Reduced CSI method was adopted for calculating the CSI in this report. Coping Strategy Index (CSI) is often used as a proxy indicator of household food insecurity. The CSI was based on the above list of behaviours (coping strategies). CSI combines: (i) the frequency of each strategy (how many times each strategy was adopted?); and (ii) their severity (how serious is each strategy?) for households reporting food consumption problems. Higher CSI indicates a worse food security situation and vice versa.
households had an acceptable food consumption score.

Figure 4: Food Consumption Score (FCS)

In the assessed households, the average food spending per week amounted to 6 USD. This average spending per week is quite low compared to the Food Minimum Expenditure Basket (MEB) for Bay region in March, which was 70 USD. 31% of the households reported an increase in the amount spent on food over the month prior to the assessment while 42% of the households reported a decrease.

Over the past year, 39% of the households were relying on day labour as their primary support source while subsistence farming (20%) and cash crop farming (13%) played a secondary role for household sustenance. Pastoralism (livestock production) was reported by 5% of the households. The low percentage of pastoralists in the displaced communities may be due to poor livelihood zoning as well as the fact that most people care for livestock that they do not own as part of daily labour.

Nutrition

Only 21% of the households in both settlements had accessed nutrition services in the past three months. When asked what nutrition facilities are available for the settlement community, 58% responded none. However, 12 nutrition facilities were assessed during the facility assessment. Of these, three provided Targeted Supplementary Feeding Programme (TSFP) and Blanket Supplementary Feeding Programme (BSFP) services. Five provided Outpatient Therapeutic Program (OTP), two provided wet feeding programme while one was a stabilization centre.

This indicates an issue in the awareness of services available to households.

Water & Sanitation

75 water points were assessed during the facility mapping data collection. Of the assessed water points, 37 were reported as not functioning. 10 water points were reported to have dried up while in 15 water points, water trucking had stopped. 4 water points had broken taps. All the assessed households were within 500m of a functioning water point, which is the suggested maximum distance to a water source according to the Sphere standards. The Sphere standards for amount of water available per day per person is 15 litres. 65% of the assessed households did not meet the sphere standards of 15 litres of water available per day per person. Only 16% of the households met the sphere standards. The rest (19%) reported the amount of water available per day as unknown.

When asking the households if they are treating their water, 77% responded that they do not. Of the households that did treat their water, the majority (70%) used chlorination as the treatment method.

In 72% of the assessed households, an adult female collects water for the household, while in 5% of the households water is collected by a child aged 10-18 years. In 3% of the assessed households, water for the household is collected by a child less than ten years. Households usually collect water twice a day.

70% of households reported water trucking distribution as their main household water source. According to the facility mapping, only 22% of all the functioning Waterpoints with drinkable water were trucking distributions. Other water sources reported by households include Unprotected well (7%), Protected Well with no hand pump (6%), water Kiosk (5%) and Piped system (3%).

Figure 5: % of functioning water points with drinkable water according to REACH facility assessment

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6 1 USD = 23000 Somali Shilling as of November 2016

7 Only water points inside or within 500m of the settlement boundary were assessed
When asked what method is deployed for washing hands, 36% of the assessed households reported that they are using only water and 20%, with soap while the majority (43%) used water and ash, as reported in the household assessment.

In terms of latrine access, 1207 facilities were assessed during the facility mapping. Based on the estimated population site and the population density in specific settlements, the average number of people per latrine is 100. Hence, the Sphere standard of maximum 20 people per latrine is not met. The high number of average number of people per latrine is due to the fact that most of these settlements are new and most of them do not have facilities. Through the facility mapping, only 40% of the shelters were within 50m of a latrine.

When households were asked the latrine types available, 68% reported to using communal latrines, 5% reported private latrines while 27% of the households said they do not have access to a latrine. All these households that reported no access to a latrine, 65% reported to practice open defecation away from home while 6% reported that they practice open defecation in community defecation points.

The shelters occupied by the assessed households were generally not of good quality with 65% of the households reporting shelter damage. The main reported issues were damage to the structure (52%) and roof (30%). 11% of the shelters in the assessed households were reported as totally destroyed. Cloths and rags were the most commonly used covering material (48%) for walls and roofs, reflecting the prevalence of buuls.
33% of the households reported having none of their Non Food Items in good condition. Only 1% of the households had an acceptable NFI Score.\(^8\)

Protection

The KIs reported theft (90%) as the main protection issue present in Baidoa. General assault on community members was also reported by 9% of the KIs. 16% of the KI’s interviewed mentioned that women are not able to move freely within the settlement. However, when household representatives were asked if any member of the household had experienced any violence, threat or intimidation in their current location, only 2% (12 households) answered positive. Of the households that experienced violence, most of the respondents (7) reported beating while 4 respondents reported gender based violence as the specific type of violence that members of their households experienced. The generally low rate of household respondents reporting violence and insecurity can be a result of the high sensitivity of these issues, as well as household members’ unwillingness to share their experiences.

The majority of assessed households (94%) reported that they could move freely in their respective settlements. Of the households reporting restrictions to their movement, 39% reported gate keepers as the main issue. Other issues reported by the households include armed groups (22%), road blocks (22%) and Gender based violence (9%). All the respondents that reported Gender based violence were female.

When household representatives were asked about the risk of eviction from their current location, 10% in reported that they fear having to leave their shelter due to threat of eviction.

Only 6% of the assessed households reported owning the land they are living on. Of the remaining 94%, 3% of the households reported that they pay rent in cash on a monthly basis. All these households that pay rent reported that they would be evicted if they fail to pay rent.

In the assessed settlements the community representation is based on groups of elders and elected committees. 78% of the households reported to have registered in the settlement. The majority (81%) of these households had registered with the community leader (horjooge).\(^9\) 7% of the households had registered with an NGO.

Health

The assessment covered 20 functioning health facilities; including six health centres, one hospital, three pharmacies, seven primary health care units (PCU) and three referral health centres. All households were within 5km of a functioning health facility. Five of the assessed health centres and one hospital provide maternal health services.

Households in the assessed settlements reported a very low percentage of vaccinations among children in the vaccine age. If an unvaccinated child is exposed to a disease germ, the child’s body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as, measles, polio, DPT and BCG.

Figure 8: % of children aged 6 months to 15 years that have received vaccination (target is 90%)

![Vaccination Graph](image)

Education

The facility assessment in Baidoa covered 31 primary, 2 quranic, one ECD and 12 secondary schools that are operational. All of the assessed

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\(^8\) The NFI scoring aims to provide a standard methodology for assessing NFI vulnerability among IDP households. It is based on a set of questions designed to assess a household’s access to six different types of NFIs. The numerical responses, along with baseline data on the size of the household, are then used to calculate the household’s NFI vulnerability. The system includes a weighting factor per item due to their importance in a given emergency context. The scoring system is experimental, and is not a global standard.

\(^9\) Horjooge is sometimes translated as “gatekeeper”. However, in this report we refer to them as “community leaders” to respect their important role for the community and community cohesion.
schools were within 1km of the targeted settlements. The assessed school facilities reported current enrolment of students to be 14,950, with 52% male and 48% female students. The drop-out rate over the last year was up to 19% of the male students and 25% of female. 21% of the operational schools reported an acceptable teacher-student ratio of 1 teacher to every 45 students. Nine primary schools provided school feeding programmes.

The facility assessment of the schools in both areas reported relatively high student enrolment rates. However, when households were asked how many school aged children attend education, only 8% of the children attend school. The discrepancy can be explained by the fact that children from surrounding areas have access to the education facilities. The household assessment also revealed that the main reason for the low school attendance was the inability to pay for school fees. High enrollment and low attendance of IDPs suggests schools are already stretched with the host population, additional IDP burden is unlikely to be able to be absorbed into the existing schools.

**Communication**

Households reported Radio (46%) as the most trusted information channel. However, when households were asked whether they have access to radio, 81% answered no. This means that majority of the households in the settlements might miss out on important information since their level of trust in other information sources is minimal.

![Figure 9: 3 most trusted information sources reported by households](image)

The majority of the households (97%) speak Maay Somali Language while the rest (3%) speak benaadir language. Most of the households (84%) reported food issues as the most important information. Other households (8%) reported information on missing persons as the most important information need.
CONCLUSION

This activity was initiated with the aim to inform humanitarian planning and service delivery in informal IDP settlements. The assessment of Baidoa IDP settlements is one part of a larger strategy to facilitate the development of stable settlement-based approaches through improved understanding of community needs.

As household resources become strained, there is increased vulnerability in the settlements since 72% of households in the IDP settlements are caring for children under 5 years.

Food security is a major concern in Baidoa IDP settlements with 50% of the assessed households having a poor food consumption score. This is largely caused by limited ability to access sufficient diversity in foods as a result of limited resources. The ongoing drought and failed rainfall have affected food consumption patterns in IDP settlements. The findings show that only 14% of the households reported to consume vegetables at least once a week. The facility mapping identified five functioning food markets in Baidoa. However, only 2% of the households reported that the market is within a walking distance. These findings indicate that food items are not easily accessible by IDP households, contributing to worsen food consumption and diet diversity scores.

42% of the households reported a decrease in the amount spent on food over the month prior to the assessment. This decrease could denote declining resources to purchase food items. Drought can affect the market prices of food, which consequently reduces the amount of food bought by the households as a coping strategy. 68% of the households reported reducing the number of meals taken per day as a coping strategy.

The findings indicated an increased reliance on less nutritious staples, which consequently impacts the diversity of food and food consumption scores. This is because majority of households (82%) chose less expensive and less preferred foods as the most frequently applied coping strategy.

Findings from the facility assessment show that there were 12 nutrition facilities available in the settlements. However, only 21% of the households in the assessed settlements had accessed any nutrition services in the past three months. This is concerning given the majority of households (72%) have children under the age of five years.

84% of households indicated water as a priority need and 65% of the assessed households did not meet the sphere standards of 15 litres of water available per day per person. However, all the assessed households were within 500m of a functioning water point, which is the suggested maximum distance to a water source according to the Sphere standards. 70% of households reported water trucking distribution as their main household water source. However, according to the facility mapping, only 22% of all the functioning Waterpoints with drinkable water were trucking distributions. This is the result of water truck distributions filling traditional rainwater catchments such as Burkads (20% of water points).

The findings indicate an increased vulnerability to water borne diseases in the settlements; especially as the rains arrive resulting in surface level contaminates being washed into open water sources such as Burkads. This is because 27% of the households said they do not have access to a latrine of any type, resulting in the prevalence of open defecation in the vicinity of settlements.

The findings corroborate the high ranking of shelter and NFI as a priority need for households, in the increasing displacement crisis. This was cited as a priority need by 82% of households. Of the assessed households, a considerable number reported to live in emergency (57%) or temporary shelters (27%). In addition, 87% of the households reported having no floor covering material.

Considering the context of the ongoing drought, more internally displaced persons my move into Baidoa hence more settlements established. For this reason, ensuring sufficient improvements of services, and shelters in particular should be a priority.

This report has highlighted humanitarian needs as well as key gaps in services across Baidoa. Continuation of the assessment on a quarterly basis will follow up on trends as more people are expected to settle in the area for a shorter term, or on a more permanent basis.