

JOINT AGENCY ASSESSMENT REPORT: Displacement from Beletweyne Town
9th to 21st August 2008, Hiran Region

A) Introduction

Since the return of the Ethiopian troops (ETs) from Galgaduud to Beletweyne in early July 2008 the population of Beletweyne anticipated fighting between the ETs and the opposition (who had controlled the town since the departure of the TFG in the end of June). The anticipation of violence triggered an outflow of people from Beletweyne to other areas as early as the beginning of July. The significant fighting between the ETs and the opposition on 24th of July prompted an acute secondary outflow of people from Beletweyne. To date the situation remains unstable and fear exists for both the population that remains inside Beletweyne and prevents families who have left from permanently returning.

Despite the various aid actors on the ground it was difficult to capture accurate information on the number of people who fled Beletweyne and what their key needs were/are. The range of displacement figures given by agencies on the ground ranged from 50,000 to 90,000 people. (WHO estimates a total of 154,789 inhabitants in Beletweyne District¹). Due the lack of basic data a UN and NGO meeting in Nairobi on August 2nd agreed that a joint assessment should be carried out. This assessment was actualized by **IMC, Muslim Aid, SRCS, Hapo-Child, Save the Children, Hiwa, COOPI and DRC.**

B) Objectives

The main objective of the assessment was to capture a snapshot of the numbers of people displaced from Beletweyne to other parts of Hiran², their priority needs and the capacities of the displaced and resident populations. The information would then be disseminated to the wider aid community and used to inform plans of action.

C) Assessment methods

A coordination meeting between the main actors present in Beletweyne was organized in Beletweyne on the 9th of August. In the meeting the main elements of the situation (access, security, IDPs) and the possibility of a joint assessment were discussed. In the following days participating agencies pooled their resources together and planned the joint assessment. Given the limited resources on the ground and the urgent need to gain basic information it was agreed that the assessment would have a rapid approach.

Focus group and household questionnaires were developed and approved by the agencies

- 59 villages were visited in four different districts (Beletweyne, Maxas, Buloburte and Mataban)³.
- At each village there was: one focus group discussion village authorities, elders and community members (women, IDPs, others); 3-6 household interviews of randomly selected IDP and resident households

Data collection was carried out by six teams composed of one Team Leader and two enumerators from the 13th to the 16th of August. A primary debriefing was carried out and after the data was entered and additional debriefings were carried out to clarify questions on some of the data collected. The findings of the report were endorsed by the Team Leaders of participating agencies on the 22nd of August. The following agencies attended that meeting: DRC, IMC, SC-UK, Muslim Aid, CARE, HIWA, Hapo-Child, COOPI.

¹ The boundaries of Beletweyne District go beyond Beletweyne Town.

² People displaced from Beletweyne to locations outside of Hiran Region (such as Middle Shebelle Region and Bakool Region) were not captured.

³ The list of assessed villages can be found in Annex 1

D) Constraints

The follow are the key constraints and limitations that restricted the reliability of the assessment:

- A limited number of agencies participated in the assessment. This was due to a lack of coordination mechanisms/tools on the ground which could have provided needed information on local NGOs operating in Hiran.
- Limited time and limited resources resulted in a narrow number of villages being visited and villages not being randomly selected.
- Because of time constraints it was not possible to test the questionnaires or to conduct follow up visits to clarify questionable data.
- The methodology was not implemented consistently in all the villages
- Errors, inconsistencies, exaggerations and omissions were found in the collected information. Because of this not all the information collected was viable.
- Errors and omissions during data entry further reduced the amount of viable information.
- Due to time constraints only team leaders were able to approve the findings before the report was sent to Nairobi.

Due to these factors the dataset is small and the analysis of the database is limited to basic findings. The information in this report should be read at face value and not be used to fuel broad assumptions—the assessment is limited to illustrating a general picture of what the displaced and host population perceive as their main needs and difficulties.

E) Findings

Population:

WHO population data was used as the primary referral source for population information on Beletweyne. In 2008 WHO estimated a population of 154,789 for all of Beletweyne District (the district is larger than the town). This total is not disaggregated by Beletweyne's four sections. However WHO's population data from 2007 disaggregates by section. This information can be found in the table to the right.

Town Section	WHO 2007 population	Degree of current displacement from this section
Hawl wadag	26,660	High
Bundoweyn	21,980	High
Hawo tako	18,015	Medium
Koshin	21,785	Low
TOTAL		149,560 District

It should be noted that information collected regarding the numbers of displaced people went through a specific review process as the first set of numbers collected were not deemed realistic. The first information collected on the number of displaced people in the 59 villages visited was 19,000 households (or 114,000 to 152,00 people). Given the numbers of people who remain in Beletweyne, that people are displaced all over the region and that WHO's population figure for Beletweyne District in 2008 are 154,789, these first numbers were unrealistic. To rectify this the team leaders were requested to meet and look more critically at the data they collected. The teams concluded that the numbers were inflated and unrealistic. This was primarily due to high expectations in the communities and the enumerators not cross checking or probing information on population numbers. After a full review it was agreed that the estimated number of displaced people living in the 59 villages assessed is: 4,854 household. This number was agreed by the team leaders.

The concentration of IDPs varied greatly from village to village. Higher concentrations of IDPs tended to be found in larger villages and towns, in locations with better access to water and in locations close enough to Beletweyne that people could easily move in and out of the town. A large number of IDPs can be found close to Beletweyne this may be because households cannot afford to move further away.

Demographic data:

The total average household size is 8.4 members, this number is higher than FSAU's baseline data for Hiras livelihoods zones⁴. The assessment team thinks that 8.4 is an overestimate and that FSAU's baseline is more accurate.

Average Household size and composition (HH interview)

Size HH	# male	# female	=/> 12 years	<12	children normally in school
8.4	4.1	4.3	3.9	4.3	2.2

It should be noted that children may not be able to resume school when the summer holiday ends in September as the vast majority of schools are now occupied by IDPs and used as their primary shelter.

Shelter

By enlarge IDPs are welcomed by communities and hosted by community members. Despite the shocks (drought, reduced purchase power, etc.) that host households are experiencing their limited resources are shared.

Percentage of hosting in house (FGD)

House	Shelter	No shelter
37.2 %	31 %	33 %

Focus group discussions (FGD) indicated that in villages between 60-70% of IDPs are provided some form of shelter. The form ranged from being hosted inside someone's home, in their compound or in a public building (mostly schools). It should be noted that by 'no shelter' the FGD were identifying those who are not living in a proper structure.

Interviewed households indicated that the most common form of shelter for IDPs was a dash (small temporary hut), followed by "other" (most commonly a school) and plastic sheeting (often one sheet for a family). It is interesting to note that there were not reports of people living without any form of shelter. As information collected from households was not cross checked with information collected during FGDs this information should not be correlated with the preceding information that was collected by the FGDs.

Type of shelter used (HH interviews)

nothing	plastic	dash	tree	other
0 %	18 %	50 %	10 %	19 %

Food:

IDPs Food Sources						
%	3.3	10.3	71.2	8.7	38.0	4.9
Resident Food Sources						
%	0	16.7	29.2	66.7	33.3	8.33
	INGO	Diaspora	Community	Own	Purchase	Other

The primary sources of food are 'community' and 'purchase'. There may be some overlaps between the different answers as the definition of the categories can blur. Obviously residents and IDPs have different perspectives on 'community'. One assumes that for residents 'community', 'own' and 'purchase' are all foods that the household has provided for themselves. For IDPs 'own' is often food that they bought with them during

⁴ FSAU's baseline: 6-7 people per household in the Riverine LHZ, 4-7 people per household in the Pastoralist LHZ (no households size data for Agro-Pastoral zone)

the displacement. It is interesting to note the high level of dependence the IDPs have on community provided food and the low levels of food aid that IDPs (3.3%) and residents (0%) claimed to have received. The captured 'INGO' food is most probably from CAREs distributions that were carried out before displacement. It is also interesting to note that both IDPs and residents have some level of purchasing power.

Nearly 90 % of interviewees said they eat two meals per day. Two meals is generally typical for poorer households.

Percentage of meals taken (HH interview)

breakfast	lunch	dinner
88 %	11.5 %	84.6 %

Information on the quality and the quantity of how food consumed and food is shared within the household was not captured.

Water:

Information on water was collected by asking what the interviewees perceptions were—water quality testing was not part of the assessment, rates of household consumption was not verified at the water points.

- 67% of interviewees stated that they have problems with water. Mostly this was due to water being muddy or salty.
- 58 % of interviewees stated that they do not have enough water

The following is a breakdown of water sources used by interviewed households:

Percentage of water income (HH interviews)

River	Well	Borehole	RWC	Berkad
54 %	26 %	11 %	0 %	10 %

Note: RWC: rain water catchment

Riverine villages that depend on the Shabelle River for their water experience high levels of turbidity due to the low level of the river; Agro-Pastoral villages who rely on wells often experience salty water. IDPs from town are accustomed to higher quality water and complained that their children are not adapting to the water they access now and that is causing stomach pains and diarrhea. Lack of water containers in places such as Yucubka, Farlibah, Beergadiid, Jawil, Dherimaadle, Jiracle also made it difficult for households to access water. Additionally, the current drought has made access (distance of water point, cost of water) increasingly difficult for families—this is especially a problem in the Pastoral and Agro-pastoral zones.

HH average lt/day	Riverine	Agro Pastoral	Pastoral
	61	74	184

The data collected on water consumption seems counter intuitive, with pastoral households consuming the most and Riverine consuming the least. This may be because in the Pastoral Zone only Maxas and Mokocori were assessed and these areas have good access to sufficient numbers of functioning water points. However it remains unclear why households in the Agro-Pastoral zone are consuming more water than Riverine households. It should be noted that as the assessment team knew that access to water was a major determinant for IDPs selecting new locations, villages/towns with good access to water were prioritized when selecting the villages to visit.

Health:

Health was reported by both IDPs and village elders during FGDs as not to being a priority, but that problems exist. The three main diseases reported were diarrhea, malaria, and respiratory infections.

Main diseases (HH interviews)

Diarrhea	Malaria	Respiratory infection	Skin	Other
74 %	75 %	50 %	27 %	29 %

Only 9 % in interviewees said that they had access to drugs or to health services. It should be noted that IMC manage 25 health posts and 6 OPDs, Muslim Aid runs a health post outside of Beletweyne and CARE manages 30+ health posts. The reason why few people state that they don't access health facilities was discussed during the assessment debrief. The following are the key reasons identified during that discussion:

- Drugs are not sufficient
- People expect all curative/preventive care to be free
- Health structures are known but people doubt quality of services
- Lack of awareness in the communities of the presence of health facilities

Protection/return:

During FGDs the elders did not mention any security problems. (Only one instance of looting of a mini bus with fleeing IDPs was reported). However, 3% interviewees said that they faced problems while traveling to their destination. The problems faced were mostly harassment, looting, theft, and the lack of water/food resulting in the death of infants.

63% of interviewed IDPs stated they will return to Beletweyne after Ramadan, however return would depend on the security situation in Beletweyne. Some interviewees said that the presence of Ethiopians troops in town were also a consideration when planning their return as the presence of troops increases the risk of fighting in town between the Ethiopians and the opposition.

Intention of return (HH interviews)

%	Stay	Return	Go to other location
	32%	63%	1%

Note: not all interviewees answered the question

F) Conclusion

It's important to remember that this assessment was rapid and only aimed to take a snapshot of the current situation and priorities of Beletweyne IDPs in Hiran. These IDPs are spread across the region—only 59 villages were assessed; only a few interviews were carried out at each village. Information collected at the villages was not necessarily totally reliable and was not properly cross checked, the quality of the data collected varied. All that said the assessment shows an obvious need for increase response to the needs of these IDPs and the resident who host them.

During the assessment **access was not a problem**, however time was. Because of this only 59 (out of the original 203) villages were selected. These villages were selected as it was assumed that they had concentrations of IDPs. **These villages may or may not have more needs than villages that were not assessed.** Emergency response should obviously not be limited to, nor necessarily prioritize, the villages that have been assessed. **The 4,854 IDPs captured in this assessment probably account for between 30-50% of the total new Beletweyne IDPs in Hiran.** It is assumed that all active agencies will carry out their own in-depth assessments to determine which areas/villages to intervene in.

Targeting:

A large number of people are displaced close to Beletweyne town and regularly enter/exit the town to seek support, continue their normal activities and observe the situation. This makes monitoring movements difficult and undermines the reliability of population figures.

By enlarge host communities are sharing their limited resources with IDPs. However given the current situation in Hiran it is unclear how long households will be able to continue this or what the negative impact on the hosting households is. If the burden becomes too high it may result in shocks that neither household can

absorb. **Aid should promote resource sharing between hosts and IDPs, and reduce the risk of animosity between these two groups, by targeting both IDPs and hosts.**

New IDPs from Beletweyne can be found across the region and in the neighboring regions of Middle Shebelle and Bakool. One major determining factor of hosting communities abilities to care for IDPs is the ratio of IDPs to resident households. **Targeting should prioritize villages/towns with high concentrations of IDPs.**

Key needs:

Food was identified as the primary need in assessed villages. While people are consuming two meals day (quality/quantity unknown) sharing food between hosts and IDPs is the primary source of food—given the current livelihood and food security distress in Hiran it may be assumed that this has added a heavy burden on to hosting households and their ability to continue this support may be limited. **3% of interviewed IDPs and no residents said that they received food aid.** CARE is the primary provider of food aid in Hiran Region—the agencies that took part of the assessment were not able to gather districts breakdowns of CAREs distributions however to the best of the team’s knowledge CARE distributed nearly 2.5mT of food in Hiran in the last two months. ICRC distributed a 2-month food ration in Mataban and is going to distribute the same amount for the two next months. This tonnage can reduce the risk of extreme hunger, however it should be mentioned that all the enumerators mentioned that people in the assessed villages looked under-fed and had low energy levels. **Given the current food security situation in Hiran increasing household access to food should be prioritized.** Its important to note that **food is available in local markets and that businesses have the capacity to import large quantities of food and commodities.**

The nutritional situation of the population was not assessed however access to therapeutic and supplementary feeding is very limited. To the best of the assessing teams knowledge: MSF-CH has a therapeutic ward in their Beletweyne hospital, IMC has 6 OPDs and Mercy USA has a nutrition program in Bulaburte (details of this program are not known).

Shelter is the second most important need. IDPs are living in schools (which may have the knock-off effect of not allowing schools to reopen after summer recess) and various types of temporary shelter that are not suitable for the longer. **Given that security is the prerequisite for households to return we may see a protracted displacement which will need to be address with shelter that meets basic standards.**

Improving access to water in sufficient quantity/quality was identified as key need. Interviews indicated that improving quality was more of a priority then improving quantity. Improving quality through the promotion of household water treatment/hygiene may be effective activities. **Water trucking should be considered in some specific location where water is not sufficient and/or too expensive.** While the assessment only collected limited information of health, hygiene and sanitation as people are living in increasingly cramped living conditions, have limited access to healthcare and are consuming poor quality water, promotion of hygiene messages/education and the promotion of latrines may be appropriate.

Return

The return of significant numbers of IDPs is not anticipated until the security situation has improved. Tensions between key stakeholders (ARS, ICU, TFG) remains high, Ethiopian troops continue to be present in Beletweyne and it is not likely that peacekeepers will be present any time soon. Therefore, agencies should **prepare emergency preparedness and response plans and have contingency stock on the ground** so that aid agencies can react more appropriately to subsequent displacements.

Coordination

The importance of effective coordination and information sharing to ensure adequate responses, avoid gaps/overlaps and better ensure effective delivery of aid, was raised by agencies in Beletweyne before, during and after the assessment. **Agencies need to hold themselves accountable to engaging proactively in coordination and information sharing** on their planned and actualized interventions. **The return of OCHA to Beletweyne would improve coordination** as implementing agencies have limited capacities to facilitate this.

The lack of international staff and senior staff on the ground increases the pressures that Somalis and implementing staff experience from various stakeholders on the ground. These pressures can make it increasingly difficult to remain neutral.

It should be noted that despite the consensus in Nairobi among key agencies (Unicef, UNHCR, OCHA) there are indications that parallel assessments were implemented at the same time as this joint assessment. This may have further reduced the resources that could have been availed to this assessment. Details on if these assessments were carried out have not been found.

Response

To date there is no clear picture of who is doing what, where and when. OCHA is currently developing a matrix that will map this out. To the best of the assessment teams knowledge, to date, emergency assistance has been limited to ICRC (distribution of 2,600 family kits) DRC (distribution of 4,000 shelter kits and hygiene and water treatment products) and IMC will be opening 3 SFCs, 3 OTPs and distributing BP-5. Save the Children is planning a wat/san response.

NOTE:

Before the recent wave of fighting that triggered the outflow of IDPs that are captured in this assessment there were IDPs inside of Beletweyne town. These people are economic migrants, those fleeing the violence in Mogadishu and long-term IDPs. The settlements these IDPs live in are situated on the frontline of the recent fighting. These people were not assessed during this assessment—however given their current state many cannot afford to leave Beletweyne. While there are agencies that provide for this population the urban response is often not well coordinated. It may be advantageous for an assessment that captures the needs/capacities and current programming targeting this population to be carried out.

Annex 1 Villages visited and numbers/percentages of IDPs and residents (attached excel sheet)