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National Displacement and Refugee Agency



Multi-Sectoral Refugee Assessment Report

Findings and Recommendations

May, 2024

Abbreviations

RMSA	Refugee Multi-sectoral Assessment
NDRA	National Displacement and Refugee Agency
UNHCR	United Nations Higher Commission for Refugees
HH	Household
WASH	Water, Sanitation, and Hygiene
GBV	Gender Based Violence

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Introduction

Somaliland hosts 19,522 individuals who are members of 8,198 households which 11,347 of them are refugees while 8,175 are asylum seekers (based on a report produced by NDRA on May, 2024) fleeing from persecution and violence. Notwithstanding, the fortitude exhibited, the prolonged duration of displacement has exacerbated vulnerabilities and burdened scarce resources. The Department of Refugee and Asylum seekers of the National Displacement and Refugee Agency (NDRA) conducted a Refugee Multi-Sectoral Assessment (RMSA) to evaluate the present state of affairs and pinpoint critical areas that require intervention.

The assessment provides a thorough examination of the humanitarian circumstances pertaining to asylum applicants and refugees in Somaliland. The objective of this report is to furnish a comprehensive analysis of the obstacles encountered by individuals seeking asylum and refugees, including but not limited to their protection, health, job, and socioeconomic requirements. The assessment aims to provide humanitarian organizations and stakeholders with an understanding of the critical needs and priorities for intervention in Somaliland's 8031 refugee crisis by illuminating these concerns.

The assessment commenced on January 14, 2024, and it encompassed refugees and asylum applicants residing in Hargeisa, Marodi-jeh Region. There are eight subdistricts in Hargeisa. 500HH reside in the Ibrahim Koodbuur district, 358HH in the 26-June district, 149HH in the Ahmed Dhagax district, 199HH in the Macalin Haaruun, 14HH in the Maxamed mooge, 155HH in the Maxamuud Haybe, 30HH in the 31st of May, 87HH in the Gacan Libaax, and the remaining 8HH are from the subdistricts surrounding Hargeisa, including Darussalam and Halleya. A total of 1,500 households were contacted, of which 627 were female and 873 were male. Among the migrants assessed, Ethiopian refugees comprise the largest proportion, followed by individuals from Arab countries such as Yemen and Syria. The purpose of this report is to facilitate cooperation and synchronization among humanitarian actors in order to optimize the effectiveness of interventions and guarantee a more cohesive response.

Objectives:

1. In order to gain a comprehensive understanding of the multifaceted requirements and vulnerabilities of asylum seekers and refugee communities in relation to housing, food security, protection, health, education, and livelihoods.
2. Determine intervention priority areas in accordance with the most critical requirements that were identified throughout the assessment period.
3. Foster enhanced coordination and collaboration among government authorities, humanitarian organizations, donors, and other relevant stakeholders engaged in efforts to respond to the plight of refugees.

Methodology

The assessment employs the Kobo data collection instrument to methodically amass and assess information spanning various sectors, with the objective of understanding the requirements and vulnerabilities of the target populations. The methodology encompasses the utilization of key informant interviews and household surveys as means to gather quantitative data pertaining to demographic attributes, quality of life, accessibility to services, and needs.

A stratified sampling strategy was implemented in order to guarantee a sample that is representative, taking into account significant variables including nationality, legal status, and geographic location. This approach facilitates the incorporation of varied viewpoints and guarantees that the sample sufficiently mirrors the diversity present in the population.

The study utilized a sample size of 1,500 households to ensure an exhaustive cross-section of the population being evaluated. By utilizing this sample size, a comprehensive examination of the gathered data can be conducted, yielding significant insights into the current circumstances and requirements of the target populations.

The assessment utilizes the Kobo data collection tool to systematically gather and analyze information across multiple sectors, aiming to comprehend the needs and vulnerabilities of the target populations. The methodology involves conducting household surveys and key informant interviews to collect quantitative data on demographic characteristics, living standards, service accessibility, and requirements.

General Reflections:

The humanitarian situation concerning asylum seekers and refugees is critical, characterized by inadequate access to food, services, and means of subsistence. As a result, refugees are predominantly reliant on assistance from host communities and humanitarian organizations. Regrettably, the substantial reduction in the substance allowance, which was formerly provided by UNHCR but is now unavailable to around 89% of beneficiaries, has further compounded the precarious situation of numerous refugees and asylum seekers who depended on it to cover lodging costs.

Furthermore, the lack of access to fundamental necessities such as potable water, sanitation infrastructure, and hygiene supplies continues to be appalling. In the refugee and asylum seeker communities, health hazards and sanitation-related concerns are further intensified by the limited availability of potable water.

Furthermore, the educational opportunities for children who are asylum seekers or refugees are a concern, as 75% of them are school dropped-out. In addition to its immediate repercussions on individuals' lives, this disparity in education could potentially contribute to more extensive societal issues such as increased crime and insecurity.

Moreover, the lack of a comprehensive emergency response framework further complicates

matters for the refugee and asylum seeker communities, rendering them susceptible to unanticipated emergencies and worsening an already precarious circumstance. It is critical to consider these urgent humanitarian needs immediately in order to mitigate the risks that may arise from further disregard.

Key recommendations:

1. Promoting Nutrition and Well-being: Establish food distribution initiatives to mitigate food insecurity among refugees and asylum seekers, thereby guaranteeing their access to nourishing meals and enhancing their holistic state of health.
2. Provision of Non-Food Items: Disseminate toiletries and essential non-food items to asylum seekers and refugees in order to fulfill their fundamental hygiene and sanitation requirements, thereby promoting their health and dignity.
3. Water, Sanitation, and Hygiene (WASH) Initiatives: Implement all-encompassing WASH programs with the aim of enhancing accessibility to potable water, sanitation infrastructure, and hygiene materials; thereby mitigating the potential for waterborne illnesses and advancing general well-being.
4. Tackling Education Obstacles: Formulate interventions aimed at mitigating the issue of school attrition among refugee children. These interventions should incorporate support systems that promote regular attendance and persistence in school, and if required, provide alternative educational opportunities.
5. Support Programs for Livelihoods: Commence livelihood support initiatives with the objective of cultivating self-sufficiency among refugees. These initiatives should encompass vocational training, assistance with income-generating endeavors, and provision of resources to nurture economic empowerment and sustainability.
6. Emergency Response Readiness: Implement emergency response initiatives that are customized to address the unique requirements of refugees and asylum seekers, establish expeditious response systems, and foster collaboration with pertinent stakeholders to guarantee prompt and efficient aid.

Sector findings:

Protection

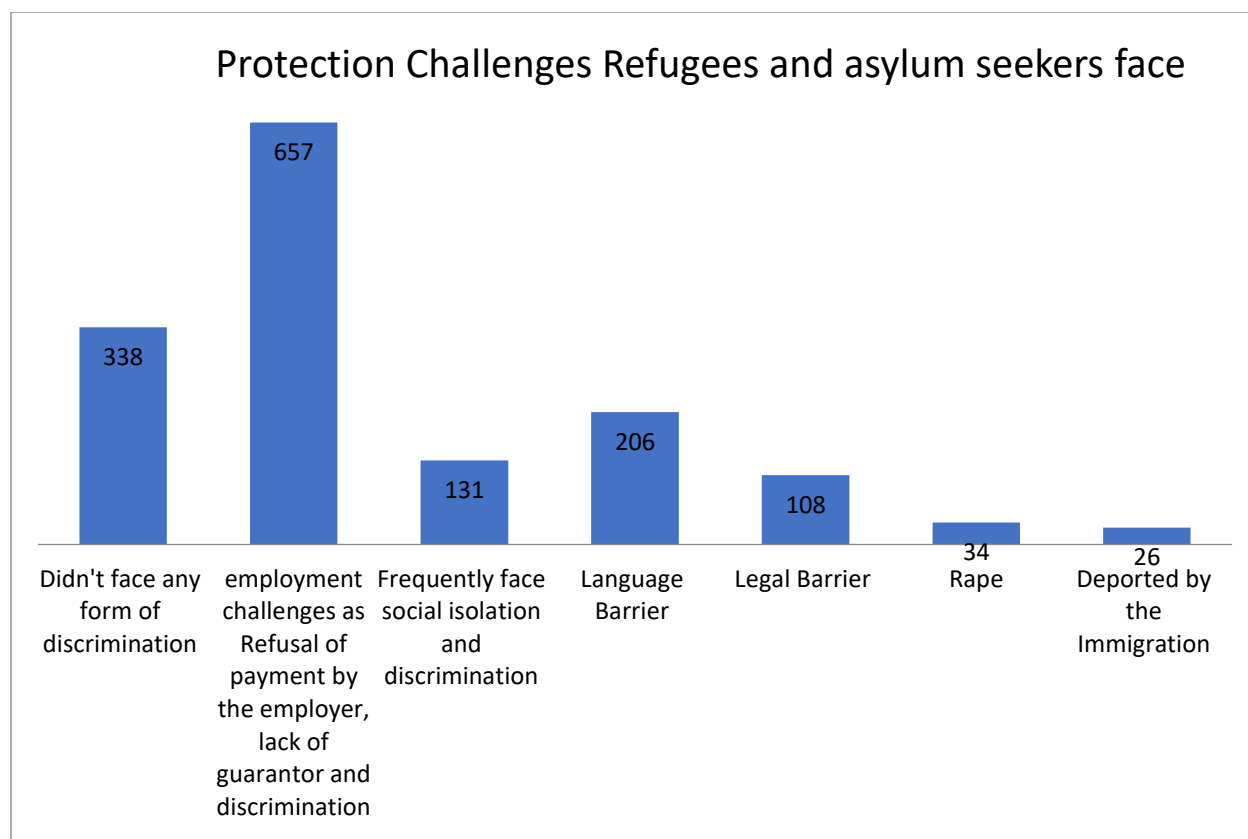
Its purpose is to evaluate the degree to which the safety and fundamental rights of refugees are maintained and to identify protection gaps and obstacles. This encompasses the analysis of concerns such as the availability of legal aid, the protection against exploitation and violence, and the freedom of movement.

The assessment comprises a number of inquiries, including whether refugees and asylum seekers encounter any form of discrimination or barrier to employment opportunities, whether they have

been victims of gender-based violence, and what are the most prevalent challenges they encounter on a broader scale?

Findings:

A total of 336HH equivalent to 22% reported not encountering any type of discrimination in the workplace. However, 657 households equivalent to 44% encountered employment difficulties, such as guarantor requirements, payment or salary denials, and discrimination. Additionally, 206 households (14%), 131 households (9%), and 108 households 7% encountered legal barriers. Furthermore, 26 households (2%), were frequently deported by Somaliland Immigration for wrongful reasons, and 34 households (2,2%) were victims of rape.



Recommendations

Enhance Legal Frameworks: Ensure the application and implementation of national and international legal frameworks that safeguard the rights of refugees, encompassing but not limited to protection against violence, non-refoulement, and access to justice.

Promote Integration in the Community: Promote social integration and cohesion between refugee populations and host societies by means of community-building initiatives, cultural

exchange campaigns, and awareness campaigns. This can aid in the reduction of tensions and the mitigation of xenophobia and discrimination.

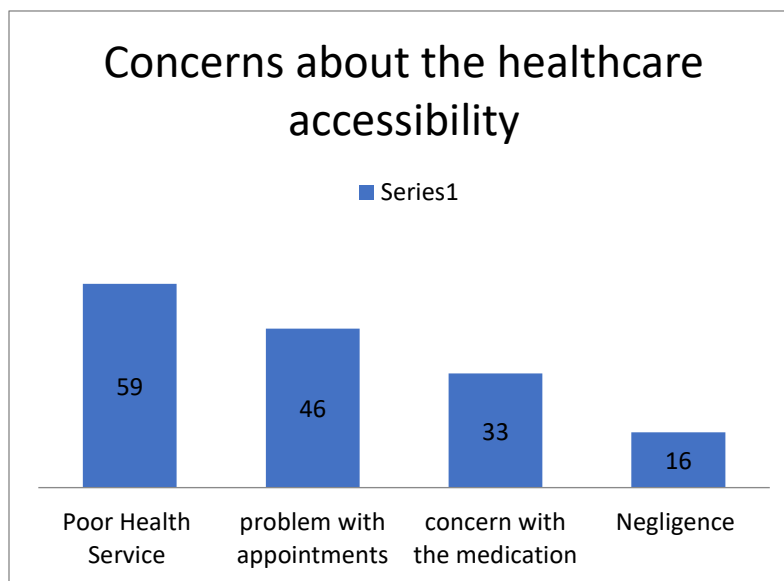
Consider the following regarding Gender-Based Violence (GBV): Establish measure to mitigate and address gender-based violence (GBV) among the refugee population, such as the provision of secure areas, psychosocial support, and specialized support services for survivors. Enhance endeavors to contest detrimental gender norms and advocate for gender equality.

Health

The Healthcare Assessment looks at the problems that refugees and people seeking protection face when they try to get medical care. It gives an outline of the different things that make it hard for refugees and asylum seekers to get the medical care they need. Many questions were asked that gave us a deep understanding of the health care situation of refugees and asylum seekers. Here are some of them. What are the primary health problems that refugees have? What types of sickness do they have? Do they have difficulties getting medical care? Are there any diseases that refugees often bring? Is there someone or some group living with special needs or disabilities right now?

Findings:

A total of 1344 HH (90%) didn't have any problems getting it; 154 HH (10%) had problems getting it, which could be a variety of things; 59 HH (4%) were worried about bad health services and language barriers; 46 HH (3%) were worried about appointment changes at the doctor's office; 33 HH (2%) were worried about medication; and 16 HH (1%) were worried about discrimination and neglect in hospital and healthcare centers.

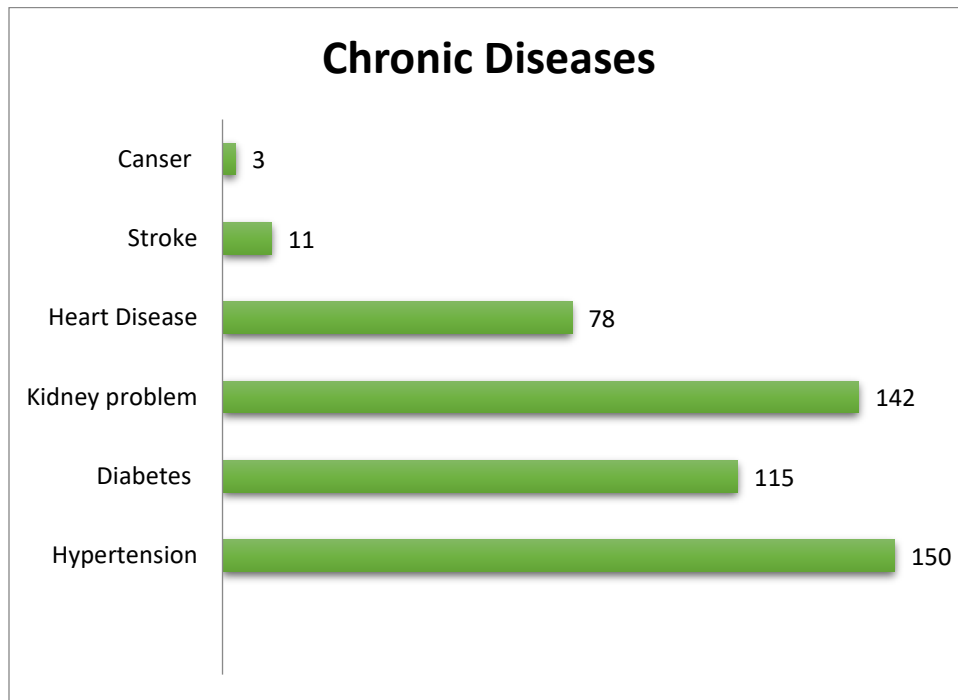


Out of the 1500 HH, 938 [62.49%] are mentally and physically healthy and don't have any health problems. Another 499 [33.24%] have some kind of chronic disease, and the last 63 [3.66%] have some sort of infectious disease.

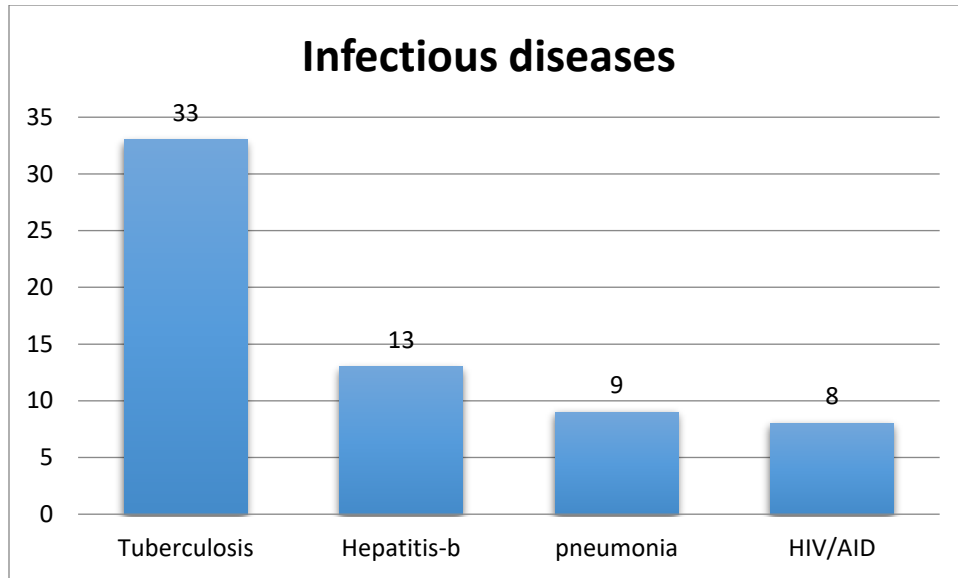
It was found that 142 HH (9.46%) had kidney disease, 115 HH (7.66%) had diabetes, 150 HH (10%) had high blood pressure, 78 HH (5.2%) had heart disease, 11 HH (0.73%) had a stroke, and 3 HH (0.2%) had cancer.

938 HH [62.49%] out of 1500 HH are mentally and physically well and they don't have any health complain, while 499 HH [33.24%] are having any form of chronic diseases spectra while the remaining 63 HH [3.66%] have any form of infectious diseases spectra.

Those with the chronic diseases,142 HH [9.46%] had kidney diseases, 115 HH [7.66%] had a diabetes, 150 HH () had hypertension, 78 HH [5.2%] had heart diseases, 11 HH [0.73%] had stroke and 3 HH [0.2%] had Cancer.

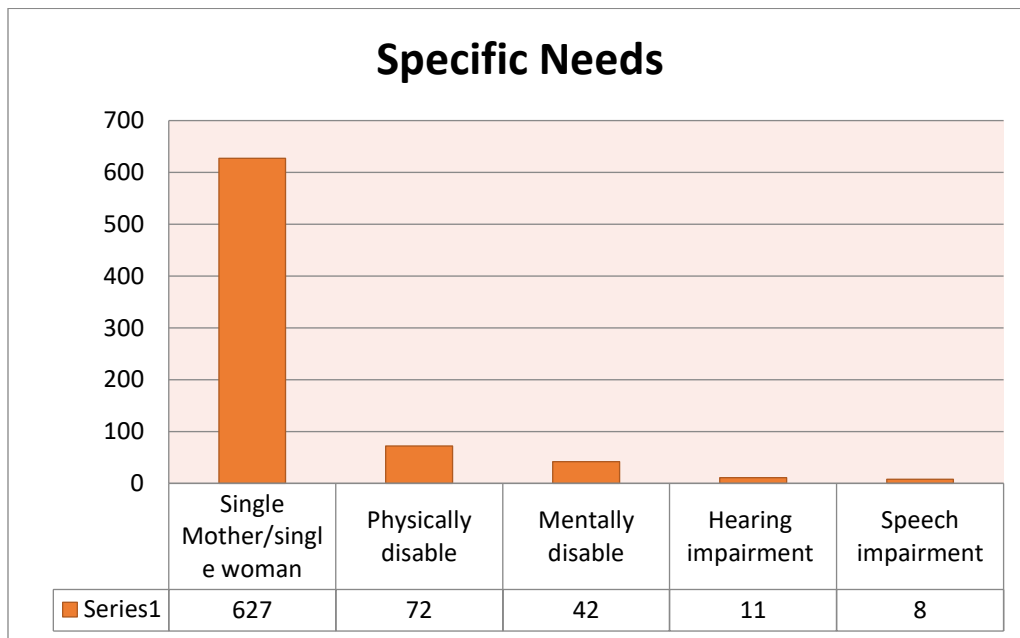


Those living with any form of infectious diseases spectra are as follows, 33 HH [1.53%] are having Tuberculosis,8 HH [0.53%] had HIV/AIDS, 13 HH [0.2%] had a Hepatitis-b, 9 HH [0.13%] had a pneumonia



Specific Needs

627HH [42%] heads out of 1500 HH were female single parents, 72 HH [5%] had physical disabilities while 42 HH [3%] had a mental disability, 11 HH [1%] had hearing impairment, while 8 HH [1%] had speech impairment.



Recommendation

Health information and awareness programs: Implementing health awareness programs specifically designed for asylum seekers and refugees can effectively raise awareness and encourage the adoption of preventative measures. By incorporating community health professionals or peer educators who are members of the refugee population, information can be efficiently distributed.

Improvements to Primary Health: Increasing the quantity of primary healthcare service stations in order to enhance the community's access to and outcome from health care.

Promoting Coordination and Collaboration: Encourage synergy and preventive measures by fostering cooperation among local communities, international organizations, government agencies, and non-governmental organizations (NGOs). Coordination mechanisms, such as task forces or health clusters, have the potential to enhance the exchange of information and the mobilization of resources.

Education

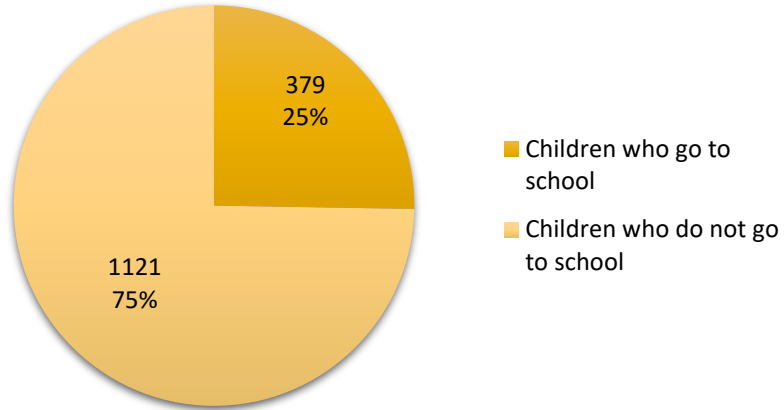
Education is a fundamental and primary privilege that all individuals, including Refugees and asylum seekers, are entitled to. Asylum seekers and refugees frequently face a multitude of barriers that impede their capacity to obtain and derive advantages from educational opportunities. Language barriers, socioeconomic disparities, and discrimination are a few examples of these obstacles. In order to advocate for the educational rights and overall welfare of refugee communities, it is vital to comprehend and confront these obstacles.

The assessment report investigates multiple facets of refugee education, including formal schooling, including the percentage of refugees who attend classes and the percentage who do not, as well as the rationale for their non-attendance.

Findings:

379 HH [25%] children who are under the age of 15 years have access to go to schools without any barrier, while 1121 HH [75%] children of the same age do not go to schools with multi-dimensional range of barriers , such as 409 HH [27%] can't avoid to pay the school fee, 19 HH [1%] financially support (work) for their families, and 15 HH [1%] are disable to go to schools, they are suffering some sort of disabilities, and the children of 678HH [45.2%] are drop out from the schools.

Children Attending Vs Children not Attending to Schools



REASONS OF REFUGEES CHILDREN UNDER 15YRS ARE NOT GOING TO SCHOOLS



Recommendations

Address Socio-Economic Challenges: Offer financial assistance, scholarships, or fee waivers to mitigate the economic burden of education on refugee families, particularly those facing unemployment. Implement income-generating programs or vocational training initiatives to empower refugee youth and adults with marketable skills and economic opportunities.

Address the needs of dropout school children: Address the needs of dropout school children by identifying root causes, implement early intervention programs, and create flexible learning pathways.

Language programs: Providing language programs for refugees in Somaliland can be instrumental in facilitating their integration, communication, and access to essential services.

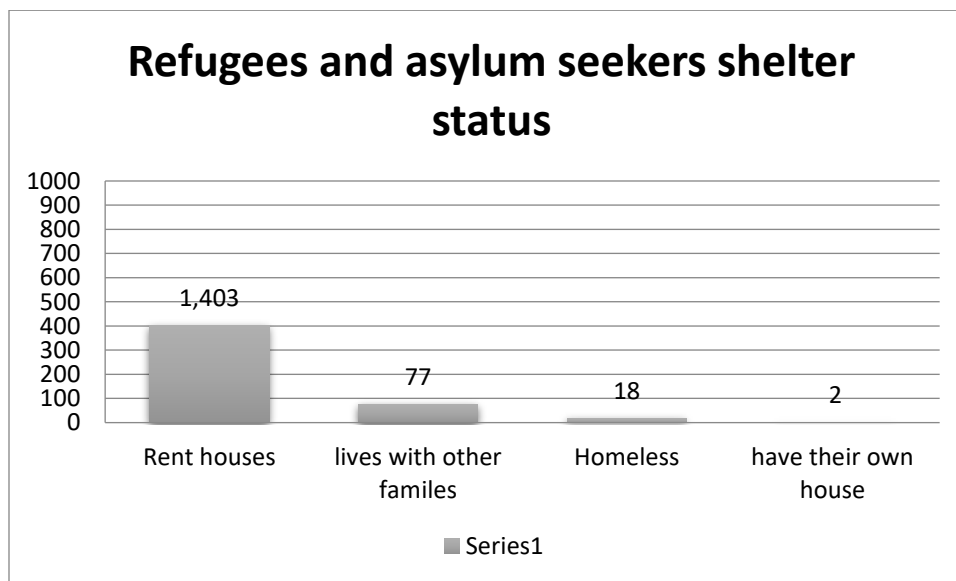
Shelter

Refugees in Somaliland primarily are urban refugees living with in the host community. They often face challenges including housing, water, sanitation, and healthcare facilities. The housing conditions vary widely, with many refugees living in makeshift shelters constructed from materials such as plastic sheets and mud, these houses are mainly ‘buul iyo jingad’. The overcrowding and limited resources often result in substandard living conditions.

Addressing the housing status of refugees/asylum seekers requires a comprehensive approach that considers multi-dimensional aspects; we stand on their own description of the housing status and if there are any concerns about the safety of their current houses.

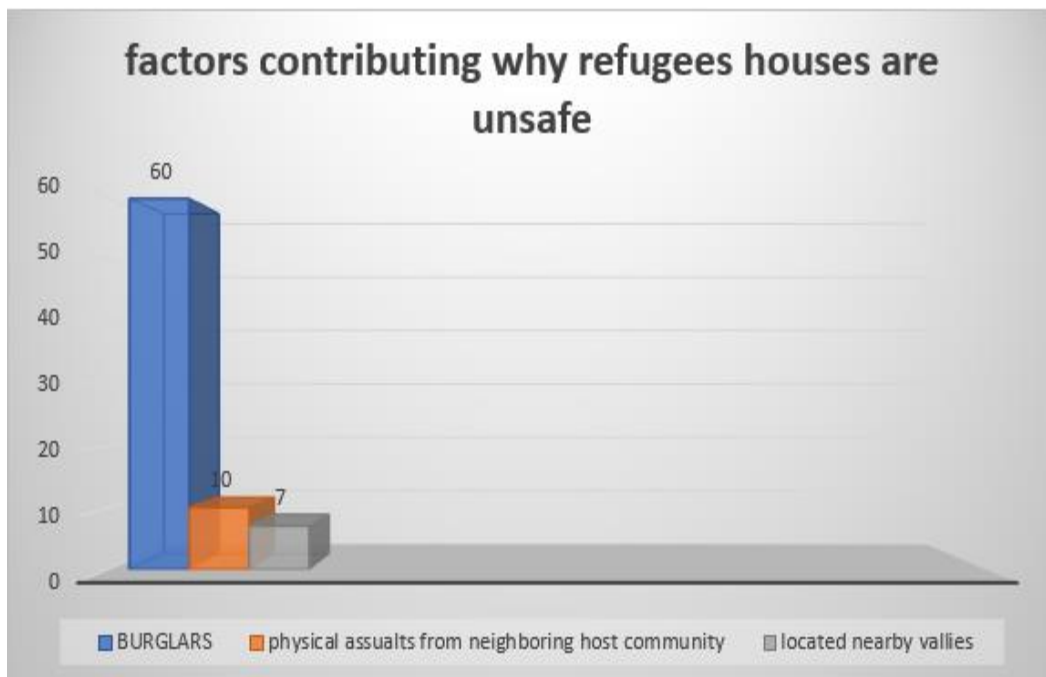
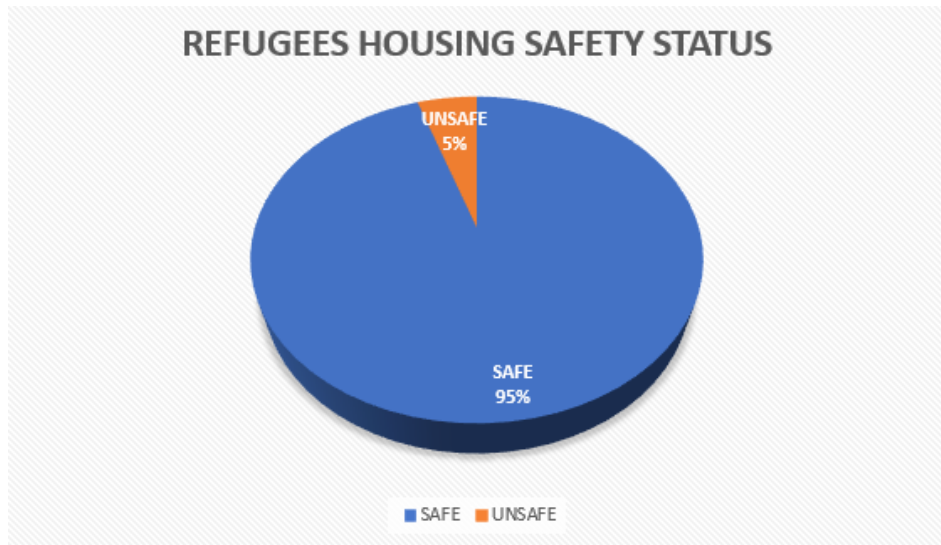
Findings:

1403 HH [93.47%] out of the 1500 HH live in rent houses, 77 HH [5.13%] live with other families, 18 HH [0.4%] are homeless and 2HH [0.13%] live in their own houses.



It also explored how safe their house are, 1423 HH [94.8%] had no any concern about the safety of their houses while 77 HH [5.13%] have concern about the safety and they told it's not safe, 60 HH [4%] were complaining about the burglars, 10 HH [0.7%] had complain about harassment from their neighboring host community, 7 HH [0.49%] their houses were located edge of nearby

a valley so the fear for their child and themselves taken away by the valley stream during the rainy seasons.



Recommendations:

Livelihood Opportunities: Promote economic opportunities for refugees to increase their ability to afford decent housing. This could include vocational training, job placement programs, and support for small business development.

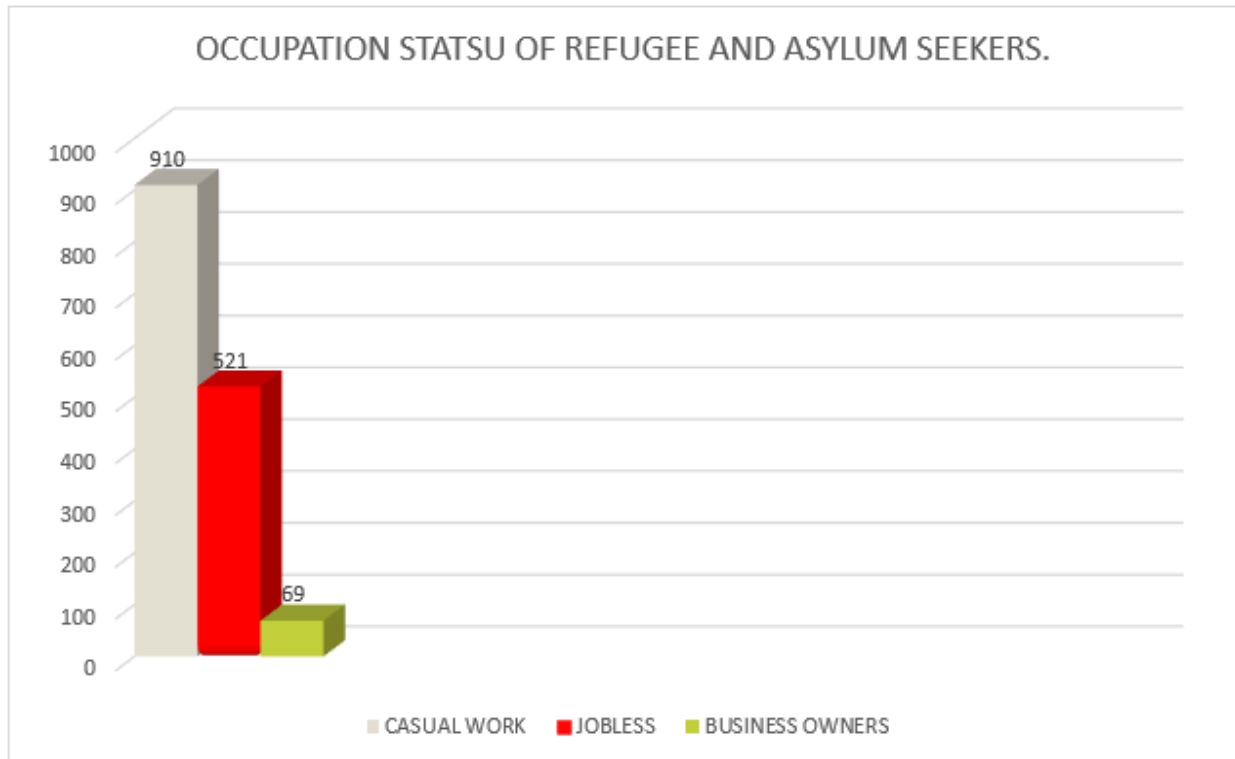
Community Integration: Foster community integration by encouraging interactions between refugees and host communities. This can help reduce social tensions and create opportunities for refugees to access housing outside of traditional refugee settlements.

Livelihood

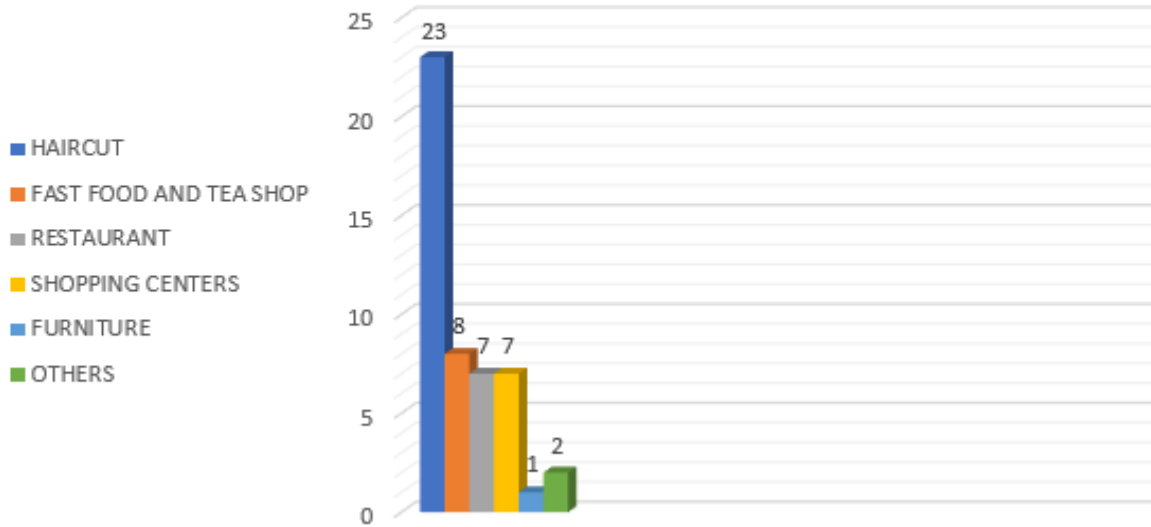
It's obvious that the refugees often encounter numerous challenges when seeking employment and pursuing meaningful occupations in their host countries. These barriers can stem from a variety of factors, here in Somaliland we have being through the kind of occupations of the refugees residing in Hargeisa did and the sort of barriers they encounter in their job seeking period.

Findings:

910HH [60.63%] are working casual work, while 521HH [20.72%] are jobless, 69HH [4.6%] have their own business. 23HH [1.53%] of business owners have haircut salons, 8HH [0.53%] have fast-food and tea shops, 7HH[0.47%]have restaurants,7HH[0.47%] Have shopping centers,4HH[.027] have beauty salon,1HH[.007%] have furniture,1HH[0.07%] is his own hotel and 18HH [1.2%] have business other than we mentioned.

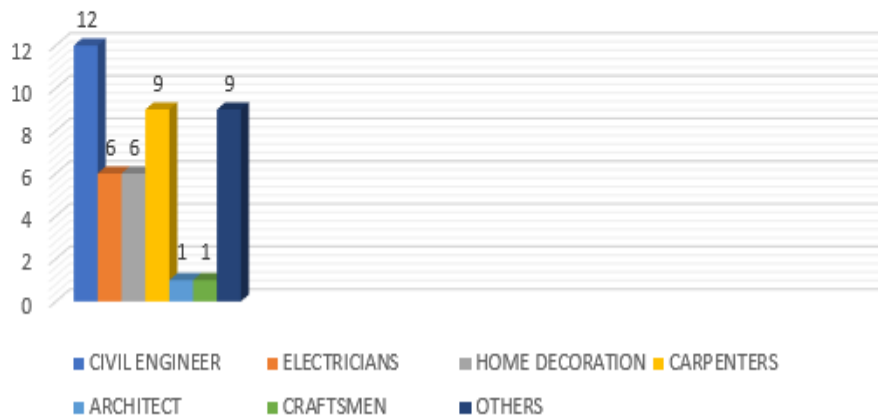


REFUGEES WHO OWN BUSINESS

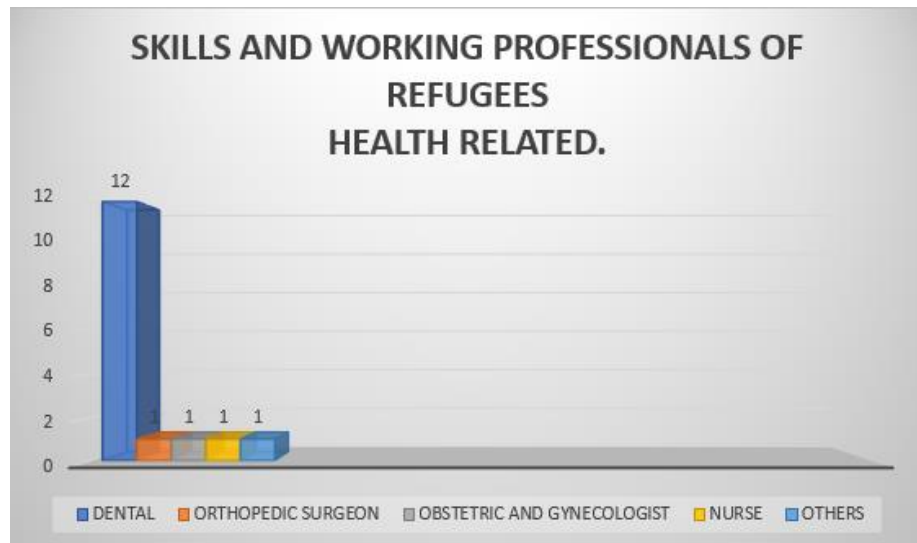


44HH [2.93%] are working building related jobs, such as ,12HH [0.8%] are civil engineering's, 9HH [0.65] are carpenters, 6HH [0.4 %] are electricians, 6HH [0.4%] works Home decorations,1HH [0.07%] are craftsmen,1HH [0.07%] are architect while 9HH [0.6%] have jobs other than we mentioned.

SKILLS AND WORKING PROFESSIONALS OF REFUGEES BUILDING RELATED.



16HH [1.07%] are health professionals and are follows, 12HH [0.8%] are Dentists, 1HH [0.07%] are orthopedic Doctors, 1HH [0.07%] are obstetrics and gynecologists, 1HH [0.07%] are Nurses and 1HH [0.07%] are health professionals other than we mentioned.



Recommendations

Credential Recognition and Skills Assessment: Develop streamlined processes for recognizing the qualifications and skills of refugees. This could involve establishing specialized credential evaluation programs or providing pathways for refugees to demonstrate their skills through practical assessments or alternative credentials.

Education and Training Programs: Offer targeted education and training programs to bridge any gaps in refugees' skills or knowledge that are necessary for their desired occupations. These programs could focus on language proficiency, technical skills training, or industry-specific knowledge.

Internship Programs: Create opportunities for refugees to gain hands-on experience in their chosen fields through internships or apprenticeships. Partnering with employers willing to provide training and mentorship can help refugees build networks and gain valuable work experience.

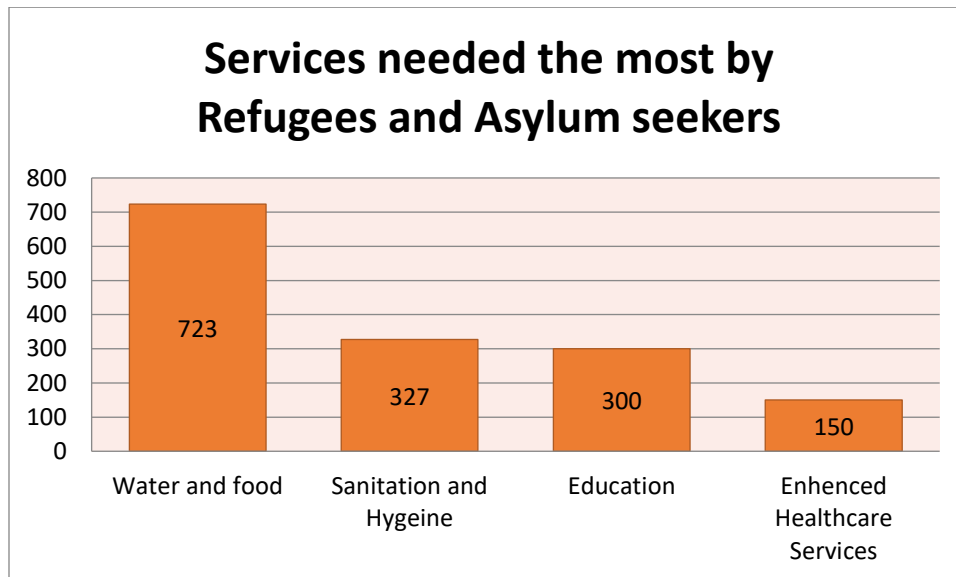
Financial Support: Provide financial support to help refugees overcome financial barriers to employment. This could include assistance with transportation costs, work-related expenses, or funding to start small businesses or entrepreneurial ventures.

Legal Assistance and Advocacy: Ensure that refugees have access to legal assistance and advocacy to address any legal barriers they may encounter in pursuing their chosen occupations. This could involve providing information on employment laws, advocating for refugees' rights, and offering support in navigating bureaucratic processes.

Cultural Sensitivity and Diversity Training: Offer cultural sensitivity and diversity training to employers and coworkers to promote inclusive work environments. This can help mitigate discrimination and bias against refugees in the workplace and foster greater understanding and acceptance.

Most needed support by the respondents:

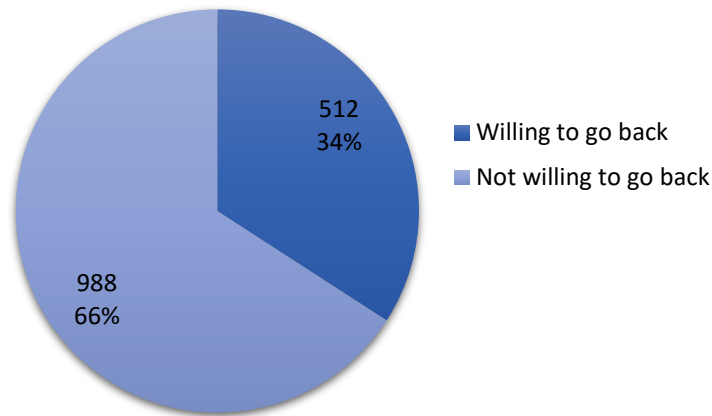
The assessment had explored asylum seekers and refugees’ suggestions about the services they need the most; 723 HH [48%] suggested clear water and food, 150 HH [10%] suggested enhancing Healthcare service, 300 HH [20%] suggested Education for their children and 327 HH [22%] suggested Sanitation and hygiene



Voluntary Repatriation

512 HH [38.4%] out of the 1500 HH are willing to go back to their own countries if the situation become normal, while 988 HH[56.16%] are not willing to go back for varied issues, 282 HH[17.58%] had security issues, 344hh[2.93%] said they don’t have any settlements out there, , 135HH [2.34%] they had no one/ any relatives back to their country, 227HH[1.67%] said they adopted the life of this country “SOMALLAND”.

Voluntary Repatriation



REASONS OF REFUGEES AND ASYLUM SEEKERS WHO ARE NOT WILLING TO GO BACK THEIR COUNTRIES



Conclusion

This assessment report provides a comprehensive depiction of the diverse array of obstacles encountered by the refugee communities residing in Somaliland.

In conclusion, the Somaliland refugee assessment report emphasizes the critical need of implementing coordinated and all-encompassing strategies to tackle the complex obstacles that the refugees encounter. Improving housing conditions, fortifying protection mechanisms, expanding educational opportunities, fostering economic empowerment, and guaranteeing access to essential healthcare services are all critical areas that require increased support and interventions. Through a comprehensive approach, stakeholders have the ability to safeguard the rights of refugees and promote their ability to Resilience

Annex

