



Preliminary draft report of the Listening Tents Project

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The Listening Tents Project is a collaboration between Mothers First Organisation from Ireland and Daami Youth in Somaliland.

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Location: Naasa Hablood B IDP Camp Hargeisa.

About the camp:

The community consists of 524 registered households. The community was relocated to Naasa Hablood B in July of this year. The community views their relocation as very positive because they now believe that they have a permanent settlement for the first time in over 10 years. However, the move has placed significant burdens on the community which this draft report will seek to identify.

The first Stage 1 of the Listening Tents Project has been completed. This project carried out in-depth household surveys in the camp. Of the 524 households data was collected on 414 households. This report focuses only on the analysed data of the households. The project aimed to collect data that crossed the boundary between qualitative and quantitative data.

The qualitative data considered particulars such as

- Age,
- Weight,
- Height

We used this data to build up a nutritional profile of the community using WHO methodology.

The second part of the survey consisted of lived experience questions such as

- Reason for displacement
- What did you eat for your last meal?
- Particular problems in the community?
- A story you would like to share?

We carried out 3 focus group discussions

- Pregnant women,
- People with disabilities,

- Men's group.

Contained within this report is an initial assessment of needs based on the data we collected and analysed. This is a draft version of the report and will be presented at the monthly coordination meetings within IDP camps on the 23rd of September.

The findings of the project:

From discussions we have had with local NGOs and government ministries such as the NDRA, there is a clear understanding of the core basic needs of the community such as WASH, access to medical care and education. This report and presentation will describe those needs and help distil a coordinated needs-based approach.

Special note

The single biggest anomaly of our findings is that while 90% of households reported eating only Laxoox. (Canjeero) two times a day. Given such a diet we would have expected to find a significant number of cases suffering from Severe Acute Malnutrition.

While we found no clinical signs of acute malnutrition however we found that the majority of children are moderately to severely stunted (too small and underweight for their age.) Using WHO Standard Z scores.

A possible explanation for the absence of acute malnutrition may be the severity of the stunting and the high reliance and a diet based on carbohydrates and sugar. This may then mask the true malnutrition status of the children in the camp.

Recommendation:

- A more detailed household food security and livelihoods survey is urgently required for the community.
- Reach out to local experts to understand the regional differences in Acute Malnutrition
- All children under 2 should be regularly screened for acute malnutrition.

The Listening Tents household survey:

Overview of findings

Access to employment was seen as the single biggest obstacle the community faced due to the relocation which is 18km from the city. Loss of income has significantly decreased their food security and ability to access health care and education. Access to healthcare and education is further exacerbated due to the physical location of the camp.

Food security and nutrition survey outcomes:

Using the recall method, over 90% of households stated that they eat only two times a day and that food consisted of Lahoo and black tea in the morning and evening, 10% of households stated that they used either white rice or spaghetti.

Nutritional survey:

Using WHO guidelines to ascertain age again the variables of weight and height we found that almost 90% of children under 5 presented as severely stunted (-2SD) Surprisingly we did not find any children presented as acutely malnourished using the MUAC standard of under 120mm. Possible reasons may be the severity of stunting and the high carbohydrate diet may have served to mask the severity of the malnutrition.

Pregnant Mothers

28 pregnant mothers were identified in the camp. 4 mothers were suffering from acute malnutrition with a BMI under 18.5 km/m². Using the pallor test to assess anaemia we established that all the mothers were suffering from some degree of anaemia and over half were suffering from severe anaemia

Recommendation:

- A more detailed household food security and livelihoods survey is urgently required for the community.
- All children under 2 should be regularly screened for acute malnutrition

Services within the camp:

Water

Water has been provided by trucks 2 to 3 times a week. The water storage tanks are not considered enough. The committee of the camp has raised specific concerns regarding how long more water will be provided to the community. According to the community Save the Children who are delivering 1 lorry every week is due to stop this service in September.

Another truck is being donated each week by a private donor and is also due to stop in September.

Recommendations

- A clear plan was detailed to the committee for the delivery of water to the camp
- A coordinated plan to ensure the near availability of water to the most vulnerable households to have their own family water tank

Latrines

The community has only 40 Latrines for the entire community. These Latrines have been prioritised by Save the Children for the most vulnerable households.

Recommendation

- There is a significant need to prioritise the establishment of more latrines based on household vulnerability.

Shelter

While shelter is very basic even within the community there is considerable disparity in the durability of the tents.

Recommendation

- There is an urgent need to support the most vulnerable households to weatherproof their tents. A significant issue due to the terrain is flooding of tents when it rains.

Provision of Medical Care:

Currently, the community has virtually no access to healthcare. PLAN International with local partners will be providing health care services in the coming weeks. It is our understanding however that the medical care provided will not include the provision of care that is required outside of the community.

There is an immediate need to start providing essential medical services. For example, of the 28 pregnant women in the Camp, only 2 of them have seen a doctor. We identified at least 4 high-risk pregnancies with severe anaemia and acute malnutrition

The traditional midwives of the camp have specifically asked for training and equipment. They have also asked for a way to refer to high-risk pregnancies and complicated deliveries to hospitals.

Recommendations

- A minimum acceptable standard of care will need to be agreed.
- A pathway developed for life-threatening medical emergencies was established including delivery services.
- Provision of essential nutrition actions during pregnancy established
- Access to doctors and tests during pregnancy

Please find in Appendix 1 which are five cases which we have identified that need immediate medical attention.

Children in the camp

Based on 414 household surveys we identified 603 children (0 to 15 years of age).

Age profile

- Children under 2

- Children between 2 and 5 179
- Children between 5 and 10 209
- Children above 10 112

Education

We have found certain anomalies in our data collection to question the accuracy of this data. However, there is a very high percentage of children who are not receiving an education.

According to our data.

Children of school-going age (5-15 years)

Going to school	119
Not going to school	180

It should be noted that our survey may have had some flaws as a significant number of children who were going to school were not living in the camp but staying with family members.

Recommendation

- Review data and repeat questions to the community.

Children/adults Identified with disabilities:

We identified 23 children and adults with disabilities. Their disabilities were mainly intellectual with cerebral palsy being the most common disability identified.

Only 1 child was receiving support outside the camp. Without exception, the children/ young adults were very well taken care of and loved by their families and accepted by the community.

Their disability makes life for them and their family significantly more difficult in the camp. Access to toilets at night is a particular hardship they expressed, the hilly terrain made walking difficult for many and fetching water could be a very significant hardship.

They have asked for doctors who specialise in their family's disability so that they could understand better how to help their loved one.

Recommendations

- This group in particular would benefit from follow-up group discussions to understand their needs better.

Problems identified by the community within the household surveys and group discussions:

The questionnaire asked to identify 3 things that they and their community needed

The vast majority of households identified access to

- Food/water,
- Education
- Medical care

Employment opportunities, shelter, access to the market/transport, and fencing from hyenas were common themes that arose during the process.

Men's focus group discussions.

The focus group discussion with men deserves special mention in this report. Their central concerns were similar to that of the community but they also highlighted that access to employment was a central area of concern for them.

They highlighted the issue that contractors were coming into the camp but were not willing to hire people from the camp.

Given the significant amount of work that will need to take place during the coming years the group felt that employment opportunities such as this should first use labour and skills within the camp first.

Conclusion

We have found that the relocation of this camp lacked any formal coordinated approach both among UN agencies and NGOs. We hope that this report will help guide action for this community and serve as a template of needs for further relocations planned in the future.

Looking ahead, the projections of urban growth pose unprecedented challenges, particularly in fragile countries. An estimated 96% of the expected 2.3 billion urban growth by 2050 is anticipated in such regions, leading to inevitable relocations and complex challenges for informal settlements lacking land tenure. There is an urgent need to develop a coordinated approach to such resettlements among governments, UN Agencies and NGOs.

The Global Action Plan on Wasting (GAP) includes many of the key components required to fill the immediate needs of lidaan camp and future relocations. While successful implementation of the plan remains a formidable task, we need to start somewhere. ladaan camp and future relocations in Somiland offer us an opportunity to pilot the plan in practice. Building back better can be and must be possible.

We at Mothers First and its partners here in Hargesia look forward to working with Unicef and UN Partners and NGOs to play our part in implementing the Global Action Plan on Wasting

The End.

Update of a report carried out on Jan 27th 2024

Report: Visit to Nasahablood C IDP Camp now renamed as **lidaan IDP Camp**

Introduction

On 27 January 2024, we visited Nasahablood C IDP camp and assessed the situation. The

purpose of the visit was to gather information about the education, health, food, and WASH (Water, Sanitation, and Hygiene) conditions in the camp.

.Education

The community expressed a strong desire for education, but unfortunately, no progress has been made in implementing educational facilities. As of now, there are no primary or secondary schools available in the camp. The cost of school transport to a school 10km away has increased from 10 dollars/month to 20 dollars per month which is beyond the reach of households.

Health

The health situation in the camp is extremely poor. There is a lack of essential healthcare services such as MCH (Maternal and Child Health) centres, hospitals, and ambulances. The midwives in the camp have not received any training, equipment, or support as of yet. Two of the high-risk mothers identified in our initial survey babies died during delivery.

The traditional midwives have requested again the opportunity to receive training and equipment to provide proper care to pregnant women. Pregnant women in the camp are facing serious challenges, including heat due to cramped living conditions and a lack of referral systems.

1. Midwives

The midwives suggested the following key action support for the support birthing.

Make a designated birthing area in the tent: create a private space the tent in the camp where

women can give birth, and also this should also be equipped with basic essential supplies such as clean bedding, sterile instruments and a clean water source

to provide nurse skills training: midwife's request to received training on nurse skill and basic knowledge of birthing and caring.

Food

During our visit, the registration of 205 households was in process to identify the most vulnerable households with food assistance. This assistance is going to be provided by SOS for 3 months only. A longer-term solution is required as the situation of food security remains a major concern for the camp.

WASH

Currently, there are no active WASH activities in the camp. 42 additional latrines have been constructed since September with a projected 60 more to be completed in the coming months. Approximately 20 households have received hygiene kits.

Housing

The most vulnerable households living in the poorest conditions have reported a deterioration in their living conditions due to the weather (sun). An urgent reassessment is required of the housing for the camp.

Workers' Union and Employment

Lack of employment opportunities remain a central reason for the ongoing dire situation. As in the previous report, the location of the camp is far away from employment opportunities and there is very little public transport available. In a slightly positive update, a small number of men in the camp have gained employment building the latrines.

Workers Union.

As from the previous report and as an outcome of the men's groups discussion work is underway to form a workers Union in the camp. It is hoped this will help skilled men in the camp to find employment in the construction sector. This initiative aims to create sustainable livelihoods for the camp. Two individuals have been assigned to contact Mahmoud, the director of DYDO to help set up the union.

Conclusion

The visit to Nasahablood C IDP camp revealed that the significant challenges in education, health and food, and WASH remain within the camp. The urgent need for educational facilities, improvements in healthcare services, and addressing food insecurity continue to be identified as key priorities. Additionally, efforts to establish a workers' union and create employment opportunities for skilled men are underway.

End

Appendix 1

Appendix 1 Five Medical cases in need of urgent attention.



Special medical assistance case requirements

Assessment carried out by Pat Mc Mahon Registered General Nurse by Mothers First from Ireland

Case number 1

Contact details

Name Khadra cumar cismaan age 42 phone 7056977
camp registration number unavailable at the time of assessment

History

8 months ago she fell down and injured both here eyes

For 3 weeks after experiencing severe pain in her right eye and deteriorating sight. After 3 weeks she went to an eye specialist in hargeisa and was diagnosed with a detached retina. She has lost the sight of that eye.

In the past 3 days she has experienced the same severe pain in her left eye and her sight is deteriorating

Based on her symptoms we are very concerned that her left eye might also become detached from her retina.

Due to her financial situation she has been unable to go to seek treatment.

We have given her the money to see a doctor today, the 15th of September.

Needs urgent follow up



Case number 2

Contact details

Name

Humar age 15 phone number
063729363

Symptoms

The child has been suffering from weight loss for the past 4 years. They moved to the camp 1 month ago from a previous berbera camp some 200km away



Upon arrival to Hargeisa they were referred to the T.B hospital where he was diagnosed with T.B. They were advised to stay in the hospital but due to the family circumstances they took him back to the camp.

Due to the distance from the camp to the hospital they are supplying him with 1 week's medicine at a time.

Nutritional status

The child is severely malnourished therefore we would recommend extreme care with providing food. Specialist advice on diet is required in this case.

Recommendation

The family urgently needs to be supported to allow him to stay in the hospital

Special requirements

If not he needs food such as. We suggest additional advice is required on introducing diet chapity, egg, fish veg, green leaf sunflower, oil veg soup boiled egg, gee

Case number 3

Contact details

Name Mahda Abdi Hussein age 5 phone 3502850

Caregiver Grandmother camp registration number 430

History of problem

12 months ago. she woke up her eyes "brown" , iration and weeping. Complaining of pain in eye.Describes the pain is in the "front of the left eye"

Can see out of both eyes but on initial presentation appears to have a 30% sight loss

Physical examination



Appears to have a cataract

Medical treatment received

7 months ago they went to the doctor for “eye drops but they did not work”.

Grandmother concerned that her granddaughter will lose the sight of her eye

Recommendation

Due to the length of the problem and pain we recommend that she needs a urgent medical assessment with an eye specialist

Suspected diagnosis

Cataract.

Case number 4

Contact details

Special medical assistance requirements

Name and contact details

Name Safwaan abdi osman age 5 phone
grand mother 4593818 Aunt 3316829

camp registration number 173 (Daughters card)

History

5 months ago he had a fall “ down” and hit his head and became unconscious.

They saw a neurologist but were unable to afford treatment.



Physical assessment

Decreased power in his legs and unable to walk unaided.

Decreased movements in hands and his fingers shows signs of atrophy

Speech and language

Unable to speak but his swallow is normal

Cognitive function

Appears to have mild cognitive impairment

Diagnosis

Brain injury

Recommendation

Needs to be referred to a neurologist

Requires speech and language

Requires physiotherapy

Case number 5

Name Afnan phone number 4085047

2 years old

History

On the 27th of February this year she received a severe burn to her leg. Looks like a grade 3 burn. The burn has healed up very well but is still causing her considerable pain and is very itchy which is normal for such a case.

Complication

Due to where she was burnt there may be some ligament damage. Her mother said she has difficulty



walking. Unable to do an assessment on her walking but she needs referral to a physio and may require a small operation due to possible ligament damage