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RESEARCH ARTICLE



Prevalence of Malaria among Patients Visiting Public Hospitals in Mogadishu, Somalia-Cross-Sectional Study

Mohamed Salad Abdi^{1,2*}

¹Faculty Health Science, Horseed International University, Mogadishu, Somalia; ²Department of Public Health, Horseed International University, Mogadishu, Somalia

Abstract:

Background: In tropical and subtropical areas, malaria is one of the main causes of death and morbidity. Malaria is a major worldwide health concern, especially in sub-Saharan Africa, which includes Somalia, where the majority of cases and deaths from the disease occur. Malaria has a negative impact on both public health and the economic growth of many developing nations. Examining and quantifying the prevalence of malaria among outpatients who have visited hospitals were the study's goal. Study was conducted between September, and November 2023.

Methods: A structured questionnaire was administered to 278 were collected patients visit two general hospitals at single time with obtained consented, blood samples were diagnosis used by rapid diagnosis test (RDTs), this study was identified the species of plasmodium used standard keys. Thus this study design was cross-sectional and quantitative study. The data source was primary information, and was nonrandom sampling. The data generated was analysis using percentage and present in graph forms. Chi-square was used to determine the degree of association between malaria prevalence and factors influencing its transmission, performed by (SPSS 20 version).

Results: total of 278 was recruited to conduct the study at out-patient department OPD in two hospitals, Mogadishu, Somalia. Out of 278 persons examined for malaria parasites, 12 (4.3%) were positive. Females were more participated than males 185 (66.5%). The respondents were observed 43.5% use it most of the time sleep under mosquito net.

Conclusion: The investigation clearly showed that the persons with malaria infection was minimal. Because the participants aware of the threat posed by mosquitoes in their area, they placed a strong emphasis on vector control measures as reduce the number of mosquito breeding sites. They also understood the significance of indoor residual spray (IRS), which is essential for both mosquito prevention and control.

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Keywords: Malaria, Vector-borne, Somalia, Febrile, IRS.

1. INTRODUCTION

Malaria is a life-threatening infectious disease caused by Plasmodium parasites that are transmitted to humans through the bites of infected female Anopheles mosquitoes. In many underdeveloped countries, it is also one of the main causes of mortality and morbidity. Malaria is one of the major worldwide health issues. The World Health Organization (WHO) estimates that there were 229 million cases of malaria

*Correspondence should be addressed to Mohamed Salad Abdi Faculty Health Science, Horseed International University, Mogadishu, Somalia; Department of Public Health, Horseed International University, Mogadishu, Somalia; E-mail: mohamedsaladabdi114@gmail.com

worldwide in 2019. In the same year, malaria was responsible for almost 409,000 deaths as well. It's crucial to remember that malaria mostly strikes people in tropical and subtropical areas, with Africa bearing the brunt of the disease. However, initiatives like bed nets, mosquito control, and better access to diagnosis and treatment are being made in an effort to prevent and manage malaria (Kamau, Alice, 2020). Malaria is a serious problem for public health in Africa. The World Health Organization (WHO) estimates that 94% of malaria infections and fatalities globally occurred in Africa in 2019 (De Oliveira, Alexandre Macedo, 2011). Africa is still suffering malaria infection based on poor access to healthcare, and difficulties in exercising earlier at control and preventive measures in places that more common the mosquitoes. On combat malaria, however, a number of programmers and interventions are being put into place throughout Africa for illumination of malaria infection. These include the provision of antimalarial medications, indoor residual spraying, bed nets sprayed with insecticides, prevention and early treatment for lowering the fatality rates from malaria infection (Brousse, O., 2020). In Somalia, malaria is one of the problem about 51% of the total population (7.6 million) living in areas where the burden of disease is > 1 case per 1000 population. The most common of malaria species in the Somalia is *p falciparum* accounting of 95% of the malaria infection. There are limited national data on the true burden of malaria in Somalia. The World malaria report 2020 estimated that there were around 759,000 cases and 1942 deaths in Somalia in 2019. Somalia has taken steps to malaria eradication, including distributing bed nets treated, insecticide, antimalarial medications and public media awareness that aimed to minimize the national morbidity and mortality of malaria infection (Warsame, 22 May 2021). The objective of this study was examining and determines the magnitude of malaria prevalence among the population arrived at two public hospitals for health purpose. Though there has been mainstay of malaria control efforts in Mogadishu city about the distributions of Insecticide-treated bed nets (ITNs, and indoor residual spraying (IRS).

2. MATERIAL AND METHODS

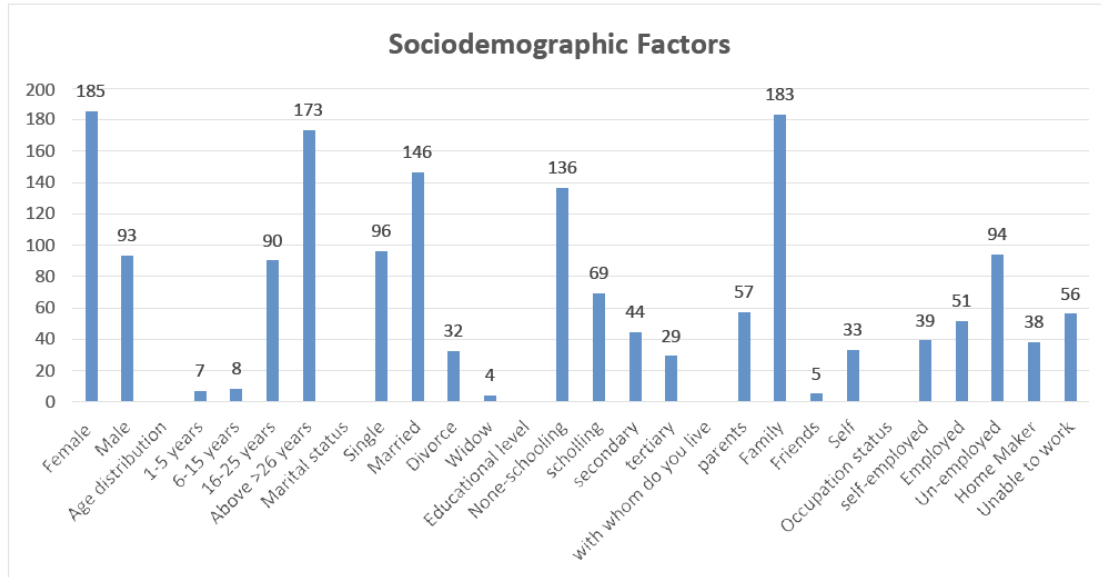
A structured questionnaire was administered to 278 were collected patients visit two general hospitals at single time with obtained consented, blood samples were diagnosis used by rapid diagnosis test (RDTs). The study was identified the species of plasmodium used standard keys. Thus this study design was cross-sectional and quantitative study. The data source was primary data and was nonrandom sampling. The data generated was analysis using percentage and present in graph forms. Chi-square was used to determine the degree of association between malaria prevalence and factors influencing its transmission, performed by (SPSS 20 version). Confidence interval was 95%, and marginal 0.5%. With conducted data collection at the out-patient's department OPD on September 2023 to November 2023. In addition, data collection was done by two general hospitals naming Banaadir and De Martino hospitals. Since persons with sign and symptoms of malaria regarded history crime, economic, disease and also age. Since out of 278 persons examined for malaria parasites, 12 (4.3%) were positive. Females were more participated than males 185 (66.5%). The respondents were observed 43.5% use it most of the time sleep under mosquito net. Furthermore, the result expressed that most of the respondents were no schooling.

3. RESULT

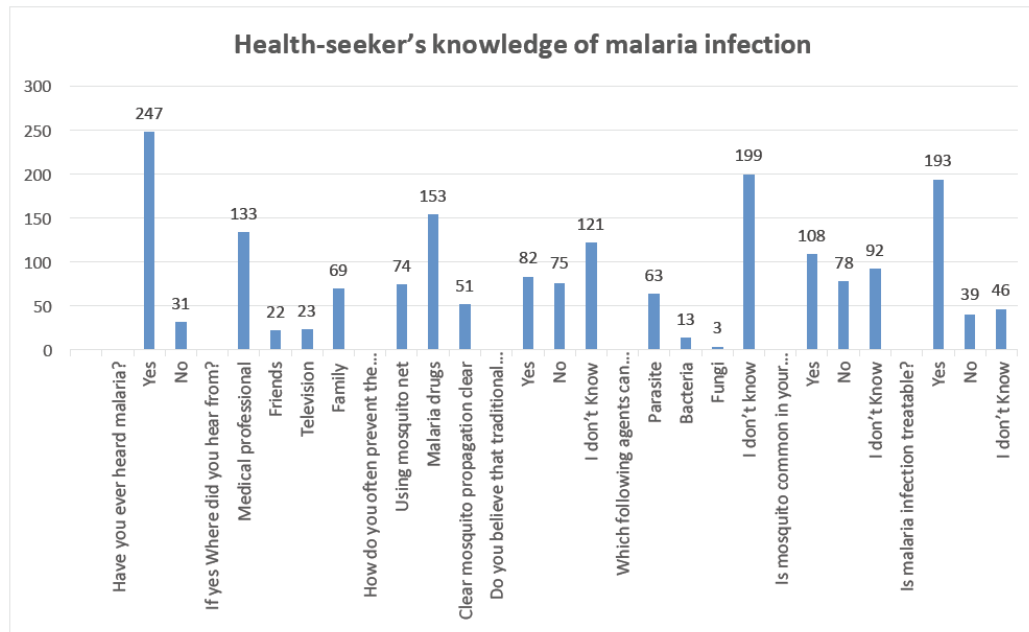
Total of 278 was recruited to conduct the study at out-patient department OPD in two general hospitals, Mogadishu, Somalia. This study was an observation based on factors influenced the malaria prevalence and impact of sociodemographic characteristics of malaria. The outcome of study was avoided information bias regarded on patients' response, of fever for the last 24hrs were only allowed to participate this study while more patients were visited both hospitals.

Researcher collected data at two hospitals for an interview and used RDTs for blood investigation. Researcher was adhering the ethical consideration, patients take them a consent at time of interview and examination. The researcher brought Vaxpert RDTs for blood sample test. This study was non- probability sampling used for the participants who fit the criteria, such as patients with history of fever in the previous 24 hours, pain joints, loss appetite, and bitter mouth (**Graphs 1-3**).

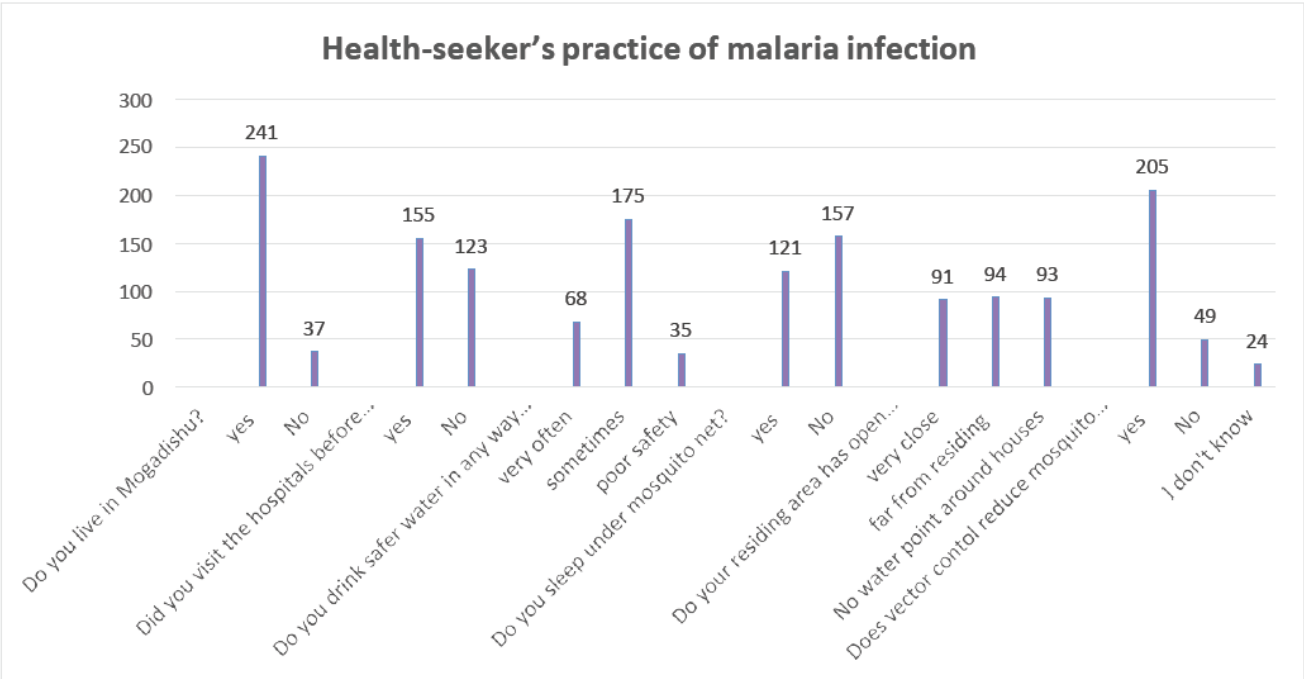
Used on a population proportion of 50% and a signal proportion of the population, the study's total sample size was 278. In addition, the researcher has obtained approval letter from the National Institute of Health Somalia (NIH) and as well as approval letters from two hospitals about data collection.



Graph 1 Presented: The majority of the participants 185 (66.5%) were female. Moreover, the most participants of age group were 173 (62.2%), older than 26 years of age. Furthermore, the marital status of participants was married 146 (52.5%), on top of that the educational attainment of the interviewees, 136 (48.9) had not attended school at all for their lives, in addition the participants whom live with families were 183, (65.8%). Another point is occupation status of the participants was 94 (33.8%) un-employed.



Graph 2 Presented: The most participants in this study 247 (88.8%), was perceiving the malaria, where more participants have gotten messages about the malaria from the medical professional as individuals and collectively 133 (49%), in addition most of the participants 153 (55%) were making at the prevent of mosquitoes, with majorly they used malaria drugs, on top of that more participants didn't believe 121 (43.5%) the traditional medicine treating patients with malaria infection, moreover, majority of the participants didn't aware the primary cause of malaria infection 199 (71.6%), another point is half of participants 108 (48.8%) reported the mosquito is in common at their residence. Despite the participants were recognizes 193 (69.4%) of malaria is treatable.



Graph 3 Presented: The participants of this study was reported 241 (86.7%) live in Mogadishu city, furthermore, the participants 155 (55.8%) were visit the hospitals before, another point is, most of the participants were 175 (62.9%) reported they get sometime safe water which is in-adequate, on top of that more participants reported 157 (56.5%) didn't sleep under mosquito net, due to poor perception, villages are living the participants 94 (33.8%) are far away a water points, and in addition 205 (73.7%) of participants have reported more emphasize to vector control and protect the transmission of mosquitoes in order to reduce, they use all measurement to mitigate the malaria case.

Table 1: Shows the outcome of the study that factors influenced the malaria prevalence was analyst by chi-square used to determine the degree of association between variables. Even though, the result was revealed no significant regarded p value >0.005. So that's why this table indicate that no significant relationship between the dependent and independent variables.

Table 1: Association between sociodemographic characteristics and prevalence of malaria.

VARIABLES	Malaria Positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Gender							
Male	6	6.5	89	93.5	1.542	1	0.214257
Female	6	3.2	179	96.8			
Age distribution							
1-6 years	0	00	7	2.6	1.215976	3	0.749175
6-15 years	0	00	8	3			
16-25 years	3	25	87	32			
>26 years	9	75	164	61			
Marital status							

(Table 1) Contd....

VARIABLES	Malaria Positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Single	5	41.7	91	32.2	0.490443	3	0.920986
Married	6	50	140	52.6			
Divorce	1	8.3	31	11.5			
Widow			4	1.4			
Education level							
No schooling	4	33	132	49.6	1.462044	3	0.691
Schooling	4	33	65	24.4			
Secondary	2	16	42	15.7			
Tertiary	2	16	27	10.1			
Occupation status							
Self-employed	3	25	36	59.8	8.196636	4	0.0846
Employed	4	33	47	55.8			
Un-employed	0	00	94	53.4			
Home maker	1	8.3	37				
Unable to work	4	33	52				
With whom do you live							
Parents	4	33.3	53	19.9	1.471561	3	0.688849
Family	7	58.3	176	66.2			
Friends	0	00	5	1.9			
By my self	1	8.3	32	12			

Table 2: Revealed on the outcome of patients' knowledge was associated with malaria prevalence in certain factors didn't have an impact at p value above 0.05. Another point is the outcome of the study was shown the treatment of traditional medicine has strongly associated with prevalence of malaria infection and has effectively treated patients with malaria infection regarded $P < 0.005$.

Table 2: Association between health-seeking knowledge and prevalence of malaria.

VARIABLES	Malaria positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Have you ever heard malaria?							
Yes	11	91.6	236	88.7	0.1005	1	0.751227
No	1	8.3	30	11.3			
Did you visit the hospitals before today?							
Yes	5	41.6	150	56.3	1.009	1	0.315115
No	7	58.3	116	43.6			
How do you often prevent the mosquito bite?							

(Table 2) Contd....

VARIABLES	Malaria positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Using net	2	16.6	72	27.0	2.0601	2	0.356983
Malaria drugs	9	75.0	144	54.1			
Cleaning place	1	8.3	50	18.7			
Do you believe that traditional medicine cured malaria infection?							
Yes	6	50.	76	28.571	6.3588	2	0.041609
No	5	41.6	70	26.315			
I don't know	1	8.3	120	45.112			
Which following agents can cause malaria infection?							
Parasite	4	33.3	59	22.1	1.431809	3	0.698096
Bacteria	1	8.3	12	4.5			
Fungi	0	00	3	1.1			
I don't know	7	58.3	192	72.2			
Is your village common a mosquito?							
Yes	4	33.3	104	39.1	0.22284	2	0.894563
No	4	33.3	74	27.8			
I don't know	4	33.3	88	33.1			
Do you live in Mogadishu?							
Yes	10	83.3	231	86.8	0.122518	1	0.726320
No	2	16.6	35	13.2			

Table 3: Shows all factors influencing the malaria prevalence was analysed quietly as to identify the degree of association between predictable factors and explanatory factor along the p value 0.005. On top of that patients who have taken malaria treatment was statistically significant $p < 0.005$. Despite of that the most generated outcome has expressed the statistically not significant, because H_0 is supported accordingly. However, the results were figured out the malaria infection was less association with factors influencing malaria prevalence. Furthermore data was drawn there was weak correlations between factors.

Table 3: Association between health-seeking practices and prevalence of malaria.

VARIABLES	Malaria Positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Is malaria treatable?							
Yes	12	6.2	181	93.8	5.523394	2	0.063184
No	00	100	39	100			
I don't know	00	100	46	100			
Did you ever take malaria treatment?							
Yes	11	6.4	161	93.6	4.719765	1	0.029818
No	1	0.9	105	99.1			

(Table 3) Contd....

VARIABLES	Malaria Positive		Malaria negative		X ² value	DF	P value
	No.	%	No.	%			
Do you drink safer water in any way to make treatment?							
Very often	3	4.4	65	95.6	0.209506	2	0.900547
Sometimes	7	4	168	96			
Poor safety	2	5.7	33	94.3			
Did you often sleep under mosquito net?							
Yes	6	5	115	95	0.213897	1	0.643730
No	6	3.8	151	96.2			
Does your village close with wet area, and stagnant water?							
Very close	4	4.39	87	95.6	0.002284	2	0.998859
Far from villages	4	4.25	90	95.7			
No water surrounding	4	4.30	89	95.6			
Does vector control reduce mosquito transmission?							
Yes	7	3.4	189	96.6	2.160564	2	0.339500
No	4	8.2	45	91.8			
I don't know	1	4.1	23	95.9			

4. DISCUSSION

This study indicates the magnitude of malaria in Mogadishu city and expressed the low incidence of malaria among the health seekers attending at Banaadir and Martine hospitals, each hospital the participants arrived have done blood test used RDTs, seeking for malaria cases, therefore the hospitals are also located at different districts, these two hospitals are public hospitals providing all medical services in need. The present study was analysed the following variables such as sociodemographic characteristic, health-seeker knowledge, and health-seeker practices based on the malaria infection and mosquito control. Thus, this study found 12 (4.3%) of malaria infections cases among the health-seekers after being diagnosed with malaria parasites, however the diagnostic was done seems mostly negative. In addition, the positive patients were 12 patients aged 15 and 26 years old above, once as a gender both male and female have consisted. Moreover, the positive patients with malaria are mostly living in Mogadishu city according to the outcome. Also this outcome of positive malaria indicates the low incidence in Mogadishu city, regarding the number with malaria patients have obtained the study, which the largely of participants are strongly exercise the family hygiene and vector control measurement. Compare support study in low estimate for malaria prevalence obtained in this study is in agreement with another study carried out at a similar altitude in Ethiopia (Woyessa, 2012). Similar support study among 706 patients with complete information, 111 (15.7%) cases were identified: 105 were positive for *Plasmodium falciparum* only (De Oliveira, 2011). The present result conforms with the recorded higher prevalence of *Plasmodium* infection in males than in females in the hospital. However, studies have shown that females have better immunity to parasitic diseases and this was attributed to genetic and hormonal factors (Science, 2015). Compared to support the average of age in our study was 27.28 years as compared to the range of 10-60 years in their study. The prevalence of malaria in febrile patients was 20% in our study as compared to 34.85% in that study (Khan, 2006). On top of that this study didn't express any statistically significant correlation with the prevalence of malaria infection has observed the inferential statistics, hence a couple of variables have indicated the association with malaria cases. So regarded the MoH of Somalia has been providing efforts to intervene and control the malaria infection in the society and has also effective cooperation with

governmental bodies, non-governmental organizations, and foreign entities, it is a vital to maintaining malaria control initiatives and mitigating the malaria prevalence in Mogadishu and throughout Somalia. Similarly, numerous actions carried out by international organizations and local health authorities in Mogadishu have had an impact. like provision of bed nets treated with insecticide, indoor residual spraying, and the availability of potent antimalarial drugs are some of these initiatives. Moreover, public education awareness and community involvement are essential for spreading knowledge and practices about malaria prevention measures, including using bed nets and getting medical attention as soon as possible for suspected cases.

CONCLUSION

The results of this investigation clearly showed that the participants' incidence of malaria infection was minimal. Because the participants were aware of the threat posed by mosquitoes in their area, they placed a strong exercise on vector control measures that reduce the number of mosquito breeding sites. They also understood the significance of indoor residual spray (IRS), which is essential for both mosquito prevention and control. The findings highlight the importance of ongoing surveillance, early detection, and prompt treatment strategies to reduce the impact of malaria on public health. Additionally, efforts should be intensified to enhance public awareness and education on preventive measures, such as the use of bed nets, mosquito repellents, and environmental management to minimize mosquito breeding sites. Furthermore, collaborations between healthcare providers, governmental agencies, and non-governmental organizations are essential to implementing and sustaining effective malaria control programs. Strengthening the healthcare infrastructure, ensuring the availability of diagnostic tools and appropriate antimalarial medications, and investing in research for new preventive and treatment methods are crucial steps in mitigating the prevalence of malaria. In conclusion, addressing the prevalence of malaria requires a multi-faceted and coordinated approach involving healthcare professionals, policymakers, and the community at large. By implementing comprehensive strategies, which can make substantial progress in reducing the impact of malaria on the health and well-being of individuals attending public hospitals. None of them was not indicated specific area with high burden of malaria morbidity.

RECOMMENDATION

Enhanced Surveillance Systems

Strengthen malaria surveillance systems to continually monitor and report cases accurately and implement real time or near real time reporting mechanisms to facilitate prompt responses to outbreaks.

Public Awareness and Education

Launch targeted public awareness campaigns to educate communities about malaria prevention, symptoms and the importance of seeking timely medical care and emphasize the use of bed nets, appropriate clothing and other preventive measures.

Vector Control Measures

Intensify efforts in vector control, such as indoor residual spraying and larval source management and ensure the availability and accessibility of insecticide treated bed nets especially in high risk areas.

Improved Diagnostic Facilities

Upgrade diagnostic facilities in public hospitals to ensure accurate and timely diagnosis of malaria cases and provide training for healthcare professionals on the latest diagnostic techniques.

Capacity Building

Invest in training healthcare professionals to enhance their capacity for early detection and effective management of malaria cases and provide ongoing education on updated treatment guidelines and emerging trends in malaria.

Community Engagement

Foster community engagement in malaria control programs, encouraging communities to actively participate in preventive measures and reporting suspected cases.

AUTHORS' CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

CONSENT FOR PUBLICATION

Participants in this study provided informed consent, acknowledging that their anonymized data could be used for research purposes, including publication in academic journals or presentations at scientific conferences. No personal identifying information will be published, ensuring confidentiality throughout the process.

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DATA AVAILABILITY STATEMENT

Data are available upon request.

CONFLICT OF INTEREST

The author confirms that this article's content has no conflict of interest.

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RESEARCH ARTICLE



The Impact of WFP on Local Production in Lower Shebelle Somalia

Abdirahman Ibrahim Mohamed^{1*}, Asma Ibrahim Omar¹, Ahmed Mubarak Ahmed¹,
Mohamed Farah Ali¹ and Yusuf Hassan Harun¹

¹*Horseed International University College of Economics and Management Science, 21 October Street, Waaberi, Mogadishu, Somalia*

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Abstract: This study will seek to investigate the impact of WFP on local production in lower Shebelle, Southern west region, Somalia.

Emphasis was put on trying to establish the relationship between WFP harvesting time and local production in lower shabelle- Somalia. The study farmers the use of descriptive and research design. To analyze the data, SSPS 20.0 was used with the aim of Analyzing above variables. This formed the basis of the detailed analysis, conclusions and recommendations. The findings revealed the existence statistically significant has a negative WFP harvesting time and local production in lower shabelle- Somalia., the study also indicate that there is a statistically significant moderate negative WFP harvesting time and local production on the basis of the findings, the researcher made the following conclusions. The farmers of Local production they immoral caused by WFP, some of farmers they arrive Mogadishu areas because they don't have food aid produce little production.

Keywords: WFP, Local production, Harvesting time, Farmers.

1. INTRODUCTION

In WFP's is an organization that works food aids all over the world and it also work in protracted crises and recovery situations often involves working with refugees, displaced people and surrounding communities, and at times with demobilized soldiers and their families, and helping these groups to build food security during displacement, encampment, resettlement or return. Efforts to deliver food or restore food security during or after conflict may be hindered by landmines. These issues were addressed by the Board at the 1998 Annual Session review of From Crisis to Recovery 48. The Board considered policies related to displaced people most recently in 200149 but reached no decisions pending resolution of outstanding issues in the Economic and Social Council and the United Nations General Assembly. (Panlilio, 2005)

WFP food assistance in emergency and development settings should address urban food insecurity when appropriate. WFP will expand its analysis of food needs in urban settings and its efforts in urban programming, as the number of people experiencing poverty, food insecurity and malnutrition in urban areas is increasing. Urban programming will be consistent with existing WFP policies. WFP will develop a set of guidelines to assist country offices in programming more effectively in urban settings, drawing on its own experiences and those of others.66 while urban food insecurity is a growing problem requiring greater attention, the majority of WFP's interventions will continue to be in rural areas. (Samkange, 2005).

*Correspondence should be addressed to Abdirahman Ibrahim Mohamed, Horseed International University College of Economics and Management Science, 21 October Street, Waaberi, Mogadishu, Somalia; E-mail: c.yamani56@gmail.com

Historically, the vast majority of global food aid transfers fit the category of program food aid which is foreign aid in the form of food that is usually given bilaterally as a government to government grant or concessional sale or loan (Barrett and Maxwell, 2005).

Program food aid could be used to alleviate the recipient countries' macroeconomic problems due to balance of payment or budgetary constraints. Given that food aid donations tend to replace some commercial imports, it could serve as a form of balance of payments support when some of the foreign exchange that would have been spent on food imports is saved. This form of food aid is usually monetized (sold at market prices) and the counterpart funds generated could be used for supplementing government budget allocations for economic development. This implies that program food aid is usually not used as food assistance directly targeted towards the most impoverished and undernourished segment of the population. The size and scope of this form of aid has declined in recent years partially because it has been widely criticized as being ineffective in reducing food insecurity problems in recipient developing countries (Clay et al 1996). In contrast, project food aid is primarily given on a grant basis as support for specific social and economic development projects (e.g., food-for-work programs (FFW), and food For education programs).

It could be given to a recipient government, a multilateral development agency or to domestic and international non-governmental organizations (NGOs). The World Food Program (WFP) is the primary agency responsible for administering multilateral food aid. The WFP and various NGOs administer project food aid to support a wide range of developmental projects targeting the poor in developing countries. Food aid resources are used to relieve unemployment, provide physical infrastructure, and in nutritional programs to alleviate food insecurity of the poor (Shaw and Clay, 1993). In recent history, parts of this form of food aid are also monetized and the proceeds from such market sales are used to fund project operational costs of the concerned NGOs. Barrett and Maxwell (2005, p. 13) noted that "it has become increasingly difficult to differentiate project and program food aid flows as the former has become increasingly monetized by NGO recipients much as the latter has been monetized by government recipients". According (Barrett and Maxwell, 2005) the overall performance and effectiveness of several decades of food aid programs have been under scrutiny by policymakers and food aid analysts

Since the inception of food aid programs, there has been an ongoing debate among analysts on the motivations of donors and the impact of food aid allocations on recipients. Some observers still espouse the virtues of food aid programs and contend that it has been effective in achieving its objectives. They highlight the positive contributions of food aid in disaster relief and in assisting several European and East Asian countries improve their economies. In contrast, many other analysts have argued that food aid has been ineffective and has produced dismal results (Clay et al., 1996).

They contend that food aid programs have not fulfilled its promise to alleviate hunger and stimulate economic development in many Asian and Sub-Sahara African recipient nations. In between these two extreme views are those who recognize the positive contributions of food aid in reducing poverty and food insecurity, but advocate new and improved strategies to making food aid programs more effective in achieving its objectives (Barrett, Maxwell, 2005).

Food aid has different meaning for various people. Many who are unfamiliar with the complexities of food aid programs view it as homogeneous in its form and purpose. The popular perception is that food aid primarily serves as temporary humanitarian assistance freely given to provide relief to victims of natural disasters (e.g., famines, tsunamis) and man-made conflicts (e.g., civil war). In reality food aid is more than just humanitarian assistance and the accompanying allocation and distribution issues are much more complex. Modern food aid, which began with the passage of United States Public Law 480 (PL 480) in 1954, is normally classified into three broad categories: program, project, and emergency (humanitarian) food aid.

In contrast, project food aid is primarily given on a grant basis as support for specific social and economic development projects (e.g., food-for-work programs (FFW), and food

For education programs). It could be given to a recipient government, a multilateral development agency or to domestic and international non-governmental organizations (NGOs). The World Food Program (WFP) is the primary agency responsible for administering multilateral food aid. The WFP and various NGOs administer project food aid to support a wide range of developmental projects targeting the poor in developing countries.

Critics of food aid have contended that it has the potential to create disincentive effects in recipient countries (Schultz, 1960; Isenman and Singer, 1977; Maxwell and Singer, 1979; Cathie, 1981; Clay and Stokke, 1991). In addition, the role of food aid in combating global food insecurity has received more attention recently as food aid levels fluctuate with international cereal prices. Food Program (WFP) is the primary agency responsible for administering multilateral food aid. Local Production: in this case we mean that farming is production for digging land to produce primary need for foods for example Maize, bean and sorghum.

1.1. Problem Statement

Disincentive effects of food aid on domestic agricultural production may Result from farm level responses to price reduction caused by increased food Supplies (Clark, 2001). A recent case in Somalia provided a clear picture of how Food aid could potentially impact local maize production. The negative effects of food aid may only be realized when certain conditions prevail. According to Donovan *et al.* (2006),

Somali Formers are suffering to produce productions their farm for purpose of to cover their daily life and the remaining out of their need to sale inside the markets for possible price in order to prepare next season there production, and WFP are interrupt local producers because of they brought food aid at the harvesting time that causes to reduce market price of the local productions for example maize and sorghum and bean there are selling for other countries to brought food aid to vulnerably people that cause reduce price to local produce therefore WFP must sell local producers in order to encourage more people for digging farms.

However, this study investigates the effect and food aid distributed by World Food Program (WFP) on Somali farmers, such as maize, bean, and sorghum.

2. SIGNIFICANCE OF THE RESEARCH

This study is important since it focuses on the negative effects of world food program on local production in lower Shebelle, the study may provide relevant information regarding the weakness of local production in lower Shebelle, and the importance production in the region.

This study also important to the researchers whom will continue for specific of this study because they get secondary data for us.

This paper was beginning with a reflection on the theory of WFP before an overview of the context is presented. The research methods used in this research were being described before the results are presented and discussed. Finally, this study contributes to the importance WFP on Local Production,

3. OPERATIONAL DEFINITION

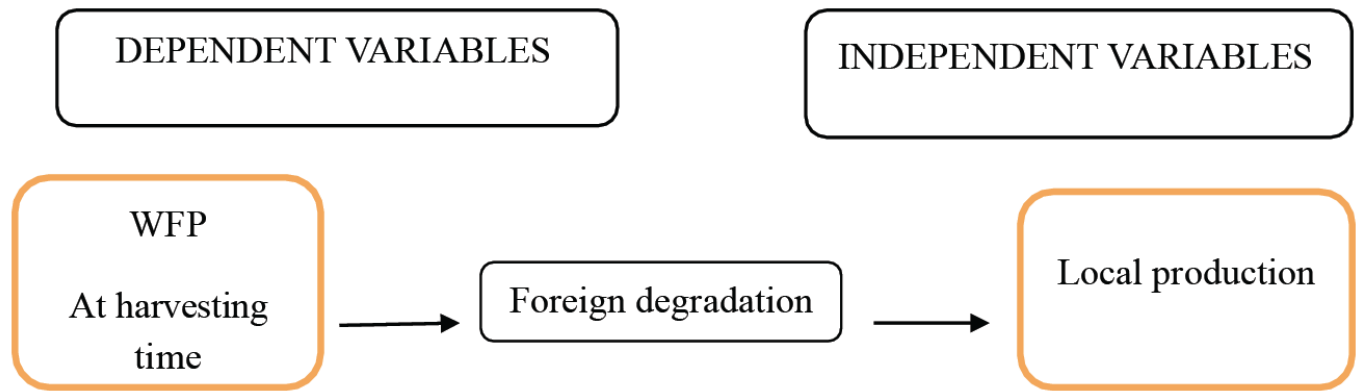
World Food Program: is an international Humanitarian agency that provide temporary food aid freely given to provide relief to victims of natural disasters to vulnerable peoples in IDP's Camps.

Measurement: Number of countries they are support

Local Production: is a farming production that exist in our Country for example Maize and bean

Measurement: Increase or decrease of productivity in lower shabelle.

CONCEPTUAL FRAMEWORK



4. METHODS AND MATERIALS

4.1. Research Population

Population refers to the entire group of people that the researcher wishes to investigate (Sekaran, 2003). The study population is 55 respondents that consist of Extension workers, Farmers and Other Agricultural experts. These are selected because they work under agricultural activities.

4.2. Sample Size

From the target population of 55 respondents that consist of Extension experts, Farmers and Other Agricultural experts, the researcher selected 48 respondents as the sample size. The key respondents comprised of 18 Farmers, 14 Extension workers, 16 Other Agricultural Experts (**Table 1**).

Table 1: Showing Categories of Respondents & Sample Size.

Category of Respondents	Population	Sample size
Farmers	20	18
Extension workers	30	14
Other Agricultural Experts	15	16
Total	55	48

The researcher used Slovine's formula to select the respondents of the study from the population; using the following formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the required sample size, N is the target population size and e is the standard error or level of significance, which is popularly known to be $=0.05$ or 5% . For this study, $N = 55$ and so the sample size was calculated as follows;

$$n = \frac{55}{1 + 55(0.05)^2} = 48$$

4.3. Sampling Procedure

In this study, purposive sampling technique was employed. According to Amin (2005), purposive sampling is the type of sampling where the researcher uses his/her judgment or common sense regarding par-

ticipants from whom the information was collected. The researcher used purposive sampling in order to choose the respondents that he believes to have the information concerning this study by using his own judgment, and then the researcher distributed the questionnaire to them. Moreover, the researcher chose purposive sampling because the researcher wanted to get the key informants of this study, for that reason; selecting the respondents is more useful for this study than the representativeness of the sample.

5. DATA GATHERING PROCEDURES

After the researcher gets an approval from the academic, the authorities concerned attach letter to the questionnaire confirming that the researcher is a student of horseed international university and then questionnaire is distributed to the selected respondents of extension workers, farmers and other agricultural experts.

5.1. Data Analysis

This part addresses, processing and analysis. The data was collected through descriptive analysis. The data was collected from the study area, edited, collated and tabulated. Data was collected through questionnaire and interview, and A-4 point liker scale was used to measure the output of each item answered by the respondent. SPSS statistical computer software was used to tabulate the data.

5.2. Ethical Issues

Under this, the respondents are informed that participation is voluntary so that they make informed decision to participate or not. The researcher also goes with an introductory letter Protecting respondents through data confidentiality also minimizes links between answers and identifiers, to avoid putting respondents in trouble. In addition, the researcher avoids racial or tribal remarks, which are not gender sensitive.

The ethical committee of Horseed International University has reviewed and approved this study.

6. RESULTS

6.1. Demographic Information

This part presents the background information of the respondents who participated in this study the purpose of this background information is to find out the characteristics of the respondents. Furthermore, the respondents have also been given the promise that all the data they provided is used for the purpose of Academic research and the identities of the respondents were confidential (**Table 2**).

Table 2: Gender of the respondent.

-	Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	26	54.2	54.2	54.2
	Female	22	45.8	45.8	100.0
	Total	48	100.0	100.0	-

Note: Displays the gender of respondents the table illustrates that 54.2% of the respondents were male while 45.8% were female so the majority of the respondents were male.

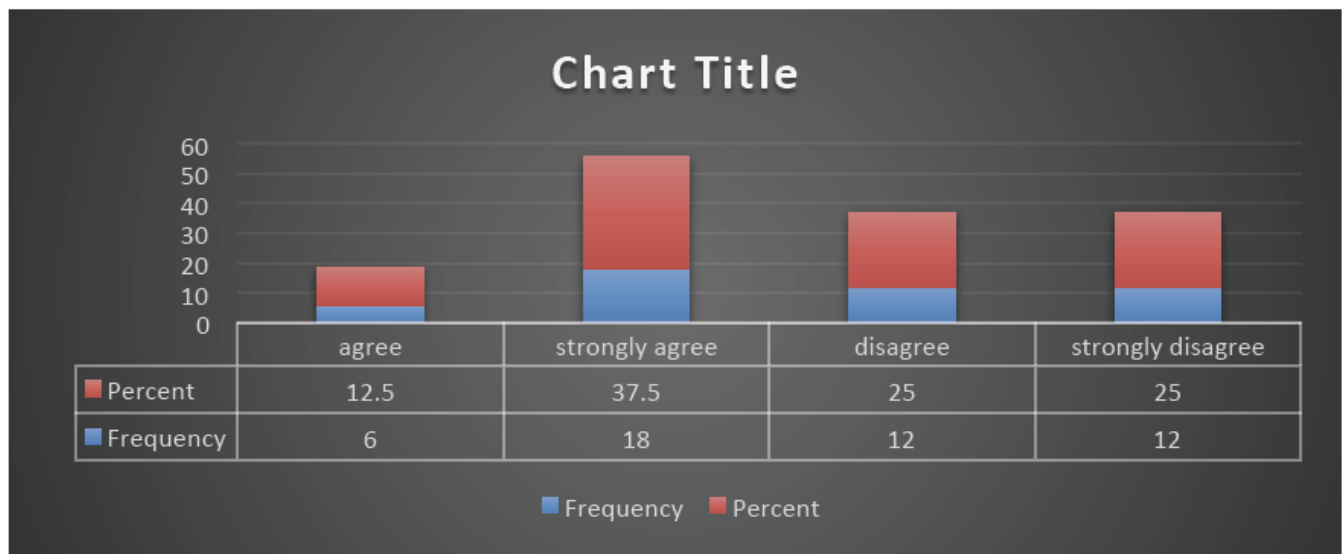
As the table below shown that 54.2% of the respondents were male while 45.8% were female so the majority of the respondents were male. On the other hand the age of respondents of 20-39. 40-59, > 60 were 56.3%, 39.6%, 4.2% respectively, as result showed the majority of the respondents were 20-39. According to the present study their educational level majority of respondents were Bachelor 54.2% (**Table 3**).

Table 3: Socio demographic status of respondents.

Gender	Frequency	Percent
Male	26	54.2%
Female	22	45.8%
Age		
20-39	27	56.3%
40-59	19	39.6%
Above 60	2	4.2%
Education level		
Primary	3	6.3%
Secondary	8	16.7%
Bachelor	26	54.2%
Master	11	22.9%

6.2. WFP Food Aid Program During Harvesting Stage

Figure 1 indicate WFP food aid program during harvesting time can lead absence of cultivation to the local farmers because majority of respondent were responded (35.4%) strongly agree, while other respondents responded, (20.8%) agree, 14.6% disagree, 29.2% strongly disagree respectively.

**Figure 1:** WFP food aid program during harvesting stage.

Distribution of food to local farmers made them to be dependent to WFP and decrease their productivity as shown above figure 38% of respondent responded Strong agree.

Table 4 indicates how world food program impact the local farmers. 41.7% of respondents responded disagree where other 35.4%, Strong agree, 22.9% strong disagree. WFP food aid program in Somalia can cause local farmers to sell their production below average costs. For several reasons of the respondents the table illustrates that 8.3% agree, 22.9% strongly agree, 37.5% disagree, 31.3% strongly disagree. The majority of the respondents were disagree. WFP food aid program in Somalia can cause decline in local production units. For several reasons of the respondents the table illustrates that 2.1% agree, 22.9% strongly agree, 50.0% disagree, 25.0% strongly disagree. The majority of the respondents were disagree. On the

other hand table also indicate that the local farmers are not having enough skills to produce more products. 4.2% agree, 18.8% strongly agree, 43.8% disagree, and 33.3% strongly disagree. The majority of the respondents were disagree **Figure 2**.

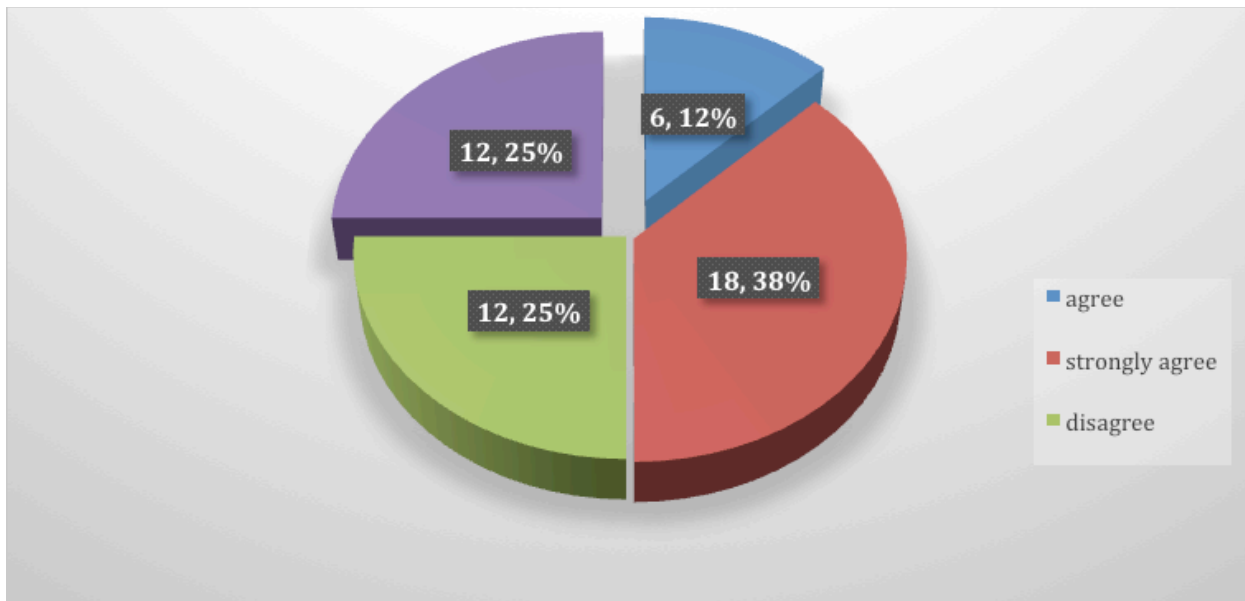


Figure 2: WFP food aid program can cause local farmers to depend on food aid distributed by WFP.

WFP food aid is not making training to the local farmers. For several reasons of the respondents were responded that 22.9% strongly agree, 47.9% disagree, and 29.2% strongly disagree. The majority of the respondents were disagree. WFP food aid gives farmers immoral for production and economic production of country as whole. For several reasons of the respondents the table illustrates that 6.3% agree, 18.8% strongly agree, 41.7% disagree, 33.3% strongly disagree. The majority of the respondents were disagree. Finally WFP food aid can close the market of local farmers and cause immoral to local farmers. For several reasons of the respondents the table illustrates that 2.1% agree, 22.9% strongly agree, 47.9% disagree, 27.1% strongly disagree. The majority of the respondents were disagreeing.

Table 4: World Food Program (WFP).

Questions	Frequency	Percent
1. WFP purchases food aids from abroad instead of purchasing from local farmers.		
A) Strongly agree	17	35.4%
B) Disagree	20	41.7%
C) Strongly disagree	11	22.9%
2. WFP food aid program in Somalia can cause local farmers to sell their production below average costs.		
A) Agree	4	8.3 %
B) Strongly agree	11	22.9%
C) Disagree	18	37.5%
D) Strongly disagree	15	31.3%
3. WFP food aid program in Somalia can cause decline in local production units.		
A) Agree	1	2.1%
B) Strongly agree	11	22.9%

(Table 4) Contd....

Questions	Frequency	Percent
C) Disagree	24	50.0%
D) Strongly disagree	12	25.0%
4. The local farmers are not having enough skills to produce more products.		
A) Agree	2	4.2%
B) Strongly agree	9	18.8%
C) Disagree	21	43.8%
D) Strongly disagree	16	33.3%
5. WFP food aid is not making training to the local farmers.		
A) Strongly agree	11	22.9%
B) Disagree	23	47.9%
C) Strongly disagree	14	29.2%
6. WFP food aid gives farmers immoral for production and economic production of country as whole.		
A) Agree	3	6.3%
B) strongly agree	9	18.8%
C) Disagree	20	41.7%
D) Strongly disagree	16	33.3%
7.WFP food aid can close the market of local farmers and cause immoral to local farmers		
A) Agree	1	2.1%
B) Strongly agree	11	22.9%
C) Disagree	23	47.9%
D) Strongly disagree	13	27.1%

7. DISCUSSIONS

First, the researchers found that there is significant Negative relationship between Harvesting stage and WFP food distribution. Many who are unfamiliar with the complexities of food aid programs view it as homogeneous in its form and purpose. A recent case in Somalia provided a clear picture of how Food aid could potentially impact local maize production. The negative effects of food aid may only be realized when certain conditions prevail. According to (Donovan *et al*, 2006), Second this study to examine the effect of food aid distributed by World Food Program (WFP) on Somali farmers at harvesting time on production of local farmers in lower Shebelle.

At harvesting stage WFP distributes food to sell local farmers below average cost that cause take of digging farm, and WFP are interrupt local producers because of they brought food aid at the harvesting time that causes to reduce market price of the local productions for example maize and sorghum and bean there are selling for other countries to brought food aid to vulnerably people that cause reduce price to local produce therefore WFP must sell local producers in order to encourage more people for digging farms.

Finally, the study revealed a moderate Negative relationship between Local Farmers and WFP Because WFP goal is to stop farming production and the people become waiting only food distribution.

CONCLUSION

The purpose of this study was to investigate the relationship between Local Farmers in lower Shebelle and WFP food distribution in Afgoi, Somalia. An empirical investigation was undertaken, using the sim-

ple correlation analytical technique, specifically the Pearson product movement correlation coefficient (PPMC).

The first objective of this study to examine the effect of food aid distributed by World Food Program (WFP) on Somali farmers at harvesting time on production of local farmers in lower Shebelle. The maturity of the people agree that WFP purchases food for foreign instead of local farmers to sell local farmers below average cost.

The second objectives of this study were to describe to examine the effect of food aid distributed by World Food Program (WFP) on Somali farmers at harvesting time on production of local farmers in lower Shebelle. WFP food aid program during harvesting stage can cause immoral to local farmers, 3.46 it means that most of the farmers agree that WFP can cause immoral.

AUTHORS' CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

CONSENT FOR PUBLICATION

Participants in this study provided informed consent, acknowledging that their anonymized data could be used for research purposes, including publication in academic journals or presentations at scientific conferences. No personal identifying information will be published, ensuring confidentiality throughout the process.

FUNDING

None.

CONFLICT OF INTEREST

The author confirms that this article's content has no conflict of interest.

ACKNOWLEDGEMENTS

Declared none.

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REVIEW ARTICLE



Community Participation and Ownership: Catalysts for Reconstruction and Rebuilding of the Nation - Somalia

Ahmed Madey Mohamoud^{1*}

¹*Horseed International University, Mogadishu, Somalia*

Abstract: This article explores the crucial role that community participation and ownership play in advancing the reconstruction and revitalization of Somalia. By examining empirical data and case studies, the study assesses how engaging communities in decision-making processes and empowering them to take ownership of development projects contribute to sustainable rebuilding efforts. Despite decades of conflict, instability, and humanitarian crises, traditional top-down development approaches have often fallen short in addressing the root causes of conflict or in meeting the needs of local communities. In contrast, community participation and ownership offer promising pathways for sustainable reconstruction by enabling local actors to shape and lead development initiatives.

Nevertheless, Somalia continues to face challenges in its reconstruction and development efforts, with limited community involvement and insufficient local ownership of projects often undermining their effectiveness and longevity. This article seeks to address these challenges by examining how community participation and ownership can enhance the impact of reconstruction efforts in Somalia, fostering greater resilience, inclusivity, and sustainability in the rebuilding process. The primary aim of this research is to analyze the contribution of community participation and ownership to the reconstruction and revitalization of Somalia. By exploring the mechanisms through which local engagement and ownership affect reconstruction outcomes, the study aims to provide evidence-based recommendations for improving the effectiveness and sustainability of development interventions in Somalia. The research sets out to evaluate the extent of community participation in reconstruction efforts, examine the role of local ownership in shaping development projects, analyze the impact of community participation and ownership on the effectiveness and sustainability of reconstruction initiatives, and identify best practices and insights from successful community-led reconstruction projects in Somalia. By emphasizing the importance of bottom-up approaches to nation-building, this research offers valuable insights for policymakers, practitioners, and scholars working to facilitate effective and inclusive reconstruction processes in post-conflict settings.

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Keywords: Community participation, Nation, Somalia, Ownership.

1. INTRODUCTION

Somalia has experienced decades of conflict, instability, and humanitarian crises, necessitating extensive reconstruction and rebuilding efforts. Traditional top-down approaches to development have often failed to address the root causes of conflict or meet the needs of local communities. These top-down mod-

*Correspondence should be addressed to Ahmed Madey Mohamoud, Horseed International University, Mogadishu, Somalia; E-mail: amadey@hiu.edu.so

els often involve external experts and organizations dictating the reconstruction agenda without adequately consulting local populations, which can lead to a mismatch between community needs and the solutions being implemented (Kaplan, 2017).

In contrast, community participation and ownership offer promising pathways for sustainable reconstruction by empowering local actors to shape and lead development initiatives. These bottom-up approaches not only ensure that projects are more aligned with local needs but also foster a sense of ownership and responsibility among community members, which is critical for the long-term sustainability of these initiatives (Mansuri & Rao, 2013). This article examines the potential of community participation and ownership to contribute to the reconstruction and rebuilding of the Somali Nation, addressing critical gaps in existing literature and informing policy and practice in the field of international development.

2. PROBLEM STATEMENT

Despite significant international assistance, Somalia continues to face challenges in its reconstruction and development efforts. The complexity of these challenges is compounded by the protracted nature of the conflict, which has eroded trust in governmental institutions and left large segments of the population disenfranchised (Menkhaus, 2018). Limited community engagement and insufficient local ownership of projects often undermine the effectiveness and sustainability of reconstruction initiatives. This article seeks to address these challenges by exploring how community participation and ownership can enhance the impact of reconstruction efforts in Somalia, fostering greater resilience, inclusivity, and sustainability in the rebuilding process.

3. GOAL

The overarching goal of this research is to analyze the contribution of community participation and ownership to the reconstruction and rebuilding of the Somali Nation. By investigating the mechanisms through which local engagement and ownership influence reconstruction outcomes, the study aims to provide evidence-based recommendations for enhancing the effectiveness and sustainability of development interventions in Somalia.

4. SPECIFIC OBJECTIVES

1. To assess the extent of community participation in reconstruction efforts in Somalia.

- This involves evaluating the levels at which communities are engaged in decision-making processes and how their input is integrated into project planning and implementation (Pieterse, 2019).

2. To examine the role of local ownership in shaping development initiatives in post-conflict contexts.

- This objective focuses on understanding how communities perceive their role in these projects and the extent to which they feel responsible for their success or failure (Fukuyama, 2004).

3. To analyze the impact of community participation and ownership on the effectiveness and sustainability of reconstruction projects.

- The analysis includes studying the correlation between high levels of community involvement and the long-term success of reconstruction efforts (Tosun, 2000).

4. To identify best practices and lessons learned from successful community-driven reconstruction initiatives in Somalia.

- Drawing from various case studies, this objective aims to distill the key factors that have contributed to the success of these initiatives and how they can be replicated or adapted in other contexts (World Bank, 2013).

5. SIGNIFICANCE OF THE STUDY

This research holds significant implications for policymakers, practitioners, and scholars working in the field of international development and peacebuilding. By highlighting the importance of community participation and ownership in reconstruction efforts, the study seeks to inform more inclusive, responsive, and sustainable approaches to nation-building in Somalia and other post-conflict contexts. The findings could also provide valuable lessons for other regions facing similar challenges, offering a blueprint for how community-driven initiatives can contribute to long-term peace and development (Cramer, 2006).

6. SCOPE OF THE STUDY

This study centers on examining the pivotal role that community participation and local ownership play in the ongoing reconstruction and revitalization of Somalia. The research places a particular emphasis on exploring how involving communities in decision-making processes and empowering them to take ownership of development projects can significantly contribute to rebuilding the Somali nation. By conducting an extensive review of existing literature, policy reports, and case studies, as well as analyzing empirical research related to post-conflict reconstruction, the study aims to highlight the effectiveness of community-driven approaches. Specifically, it delves into how these participatory strategies influence long-term sustainability, resilience, and inclusivity in Somalia's development efforts. Moreover, the research seeks to provide critical insights into best practices and challenges in fostering community involvement, while offering evidence-based recommendations for future development interventions. Through a comprehensive exploration of both theoretical perspectives and real-world applications, the study underscores the importance of local actors in shaping sustainable post-conflict recovery efforts.

LITERATURE REVIEW

1. INTRODUCTION

This literature framework, with its detailed topics and sub-topics, provides a comprehensive structure for exploring how community participation and ownership influence the reconstruction of Somalia. Each sub-topic thoroughly examines different aspects of community engagement, offering valuable insights into the challenges, opportunities, theoretical foundations, and practical recommendations for promoting inclusive and sustainable development initiatives.

Moreover, this comprehensive framework not only outlines the importance of involving local communities in the reconstruction process but also emphasizes the significance of empowering them to take ownership of the initiatives. By exploring the complexities and nuances of community participation, this framework aims to shed light on the dynamic interactions between stakeholders, institutional frameworks, and socio-political contexts that shape the effectiveness and longevity of reconstruction projects (Fisher & Ury, 1991).

Furthermore, the sub-topics within this framework offer a nuanced understanding of the theoretical frameworks that underpin community engagement, drawing on concepts such as participatory development, empowerment, and social capital. These theories suggest that when communities are involved in the decision-making process, they are more likely to support and sustain development projects over the long term (Putnam, 1995). Additionally, by examining real-world examples and case studies, this framework highlights best practices and lessons learned from successful community-led initiatives, providing actionable insights for policymakers, practitioners, and donors involved in post-conflict reconstruction efforts.

This framework is a valuable resource for researchers and practitioners aiming to enhance their understanding of how community participation and ownership can promote sustainable development in Somalia and other conflict-affected areas. By thoroughly exploring key themes and issues, it seeks to advance inclusive and participatory methods for reconstruction and nation-building (Mosse, 2005).

1.1. Historical Context of Reconstruction Efforts in Somalia

Somalia, a nation marked by protracted conflict and political turmoil, has been the focal point of numerous reconstruction efforts aimed at fostering stability and development. Understanding the historical context of these endeavors provides crucial insights into the challenges and achievements in Somalia's journey towards reconstruction.

Since the collapse of the Siad Barre regime in 1991, Somalia has grappled with statelessness, clan-based violence, and humanitarian crises (Menkhaus, 2014). The absence of effective governance structures and the proliferation of armed groups have posed formidable obstacles to reconstruction efforts. These challenges were further exacerbated by the international community's initial reluctance to engage deeply with Somalia, largely due to the perceived risks and complexities associated with the conflict (Doornbos, 2002).

In the early 2000s, international attention turned towards Somalia's reconstruction, with various initiatives launched to address the country's multifaceted challenges. Efforts such as the establishment of the Transitional Federal Government (TFG) in 2004 aimed to restore stability and governance (Ahmed, 2016). However, internal divisions and external interference hampered the effectiveness of these efforts. The TFG, while recognized internationally, struggled to exert control beyond the capital, Mogadishu, due to the fragmented nature of Somali politics and the persistent influence of clan-based militias (Hagmann & Hoehne, 2009).

The emergence of the Islamic Courts Union (ICU) in the mid-2000s and its subsequent ousting by Ethiopian forces marked a turbulent period in Somalia's reconstruction journey (Bradbury, 2013). The rise of the Al-Shabaab insurgency further complicated matters, exacerbating insecurity and hindering humanitarian access in many parts of the country. This period also saw the international community grappling with how to support reconstruction efforts without inadvertently empowering extremist groups or undermining the fragile political process (Marchal, 2011).

Despite these challenges, the international community continued to support Somalia's reconstruction through various channels, including humanitarian aid, peacekeeping missions, and capacity-building initiatives (UNDP Somalia, 2020). The formation of the Federal Government of Somalia (FGS) in 2012 signaled a renewed commitment to state-building and governance reform (Hansen & Bradbury, 2017). However, progress remained slow and uneven, with recurrent political crises and external interventions undermining stability and state legitimacy.

Furthermore, Somalia's reconstruction efforts have been impeded by recurrent humanitarian crises, including droughts, floods, and other climate-related shocks (UNDP Somalia, 2020). These crises have exacerbated food insecurity and displacement, placing additional strains on already fragile reconstruction efforts. The interplay between these natural disasters and ongoing conflict has created a vicious cycle, where each crisis reinforces the other, making sustainable development even more challenging (Maxwell & Majid, 2016).

In conclusion, the historical context of reconstruction efforts in Somalia underscores the complex interplay of political, social, and economic factors. While there have been notable achievements in state-building and governance reform, significant challenges persist, including insecurity, humanitarian crises, and institutional weaknesses. Moving forward, sustained international support, inclusive governance, and community-led initiatives will be crucial for achieving lasting peace and development in Somalia. This historical perspective highlights the importance of learning from past efforts and adopting more holistic, community-centered approaches to reconstruction that address both the symptoms and root causes of conflict (Kaplan, 2008).

1.2. Theoretical Frameworks for Community Participation and Ownership

The theoretical underpinnings of community participation and ownership are grounded in several key concepts that have evolved over time. One of the foundational theories is participatory development, which argues that the involvement of local communities in the planning, implementation, and evaluation

of development projects is essential for achieving sustainable outcomes. This theory posits that development should not be imposed from above but should instead emerge from the needs and aspirations of the people it is intended to benefit (Chambers, 1997).

Empowerment theory is another critical framework that informs the study of community participation and ownership. Empowerment refers to the process by which individuals and communities gain control over their lives and the decisions that affect them. In the context of post-conflict reconstruction, empowerment is seen as a way to restore dignity, agency, and a sense of purpose to communities that have been devastated by war and violence (Friedmann, 1992). This theory suggests that when communities are empowered, they are more likely to take ownership of development projects and work towards their success.

Social capital theory also plays a significant role in understanding the dynamics of community participation. Social capital refers to the networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit. In Somalia, where formal institutions have often been weak or absent, social capital has been a critical resource for communities as they navigate the challenges of reconstruction. By leveraging social capital, communities can mobilize resources, share information, and support one another in rebuilding efforts (Putnam, 2000).

Each of these theories provides a lens through which to analyze the role of community participation and ownership in reconstruction efforts. They highlight the importance of involving local communities in decision-making processes, empowering them to take control of their development, and building the social networks that are essential for sustaining these efforts over the long term. In the context of Somalia, these theories suggest that successful reconstruction will require not only material resources but also a deep commitment to fostering the social and political conditions that enable communities to thrive (Mosse, 2005).

1.3. Challenges and Opportunities in Community-Driven Reconstruction

Community-driven reconstruction in Somalia faces a number of challenges, but it also presents significant opportunities for sustainable development. One of the primary challenges is the fragmentation of Somali society along clan lines. Clan identity remains a powerful force in Somali politics and society, often leading to competition and conflict between different groups. This fragmentation can hinder efforts to build broad-based, inclusive development initiatives that benefit the entire community (Kaplan, 2017).

Another challenge is the lack of trust in formal institutions. After decades of conflict and political instability, many Somalis are skeptical of government initiatives and may be reluctant to engage with official reconstruction efforts. This mistrust is exacerbated by the perception that international donors and NGOs often prioritize their own agendas over the needs of local communities (Menkhous, 2008). As a result, building trust between communities, the government, and international partners is a critical prerequisite for successful community-driven reconstruction.

In contrast, the opportunities for community-driven reconstruction are also significant. One of the most important is the resilience of Somali communities. Despite the many challenges they face, Somali communities have demonstrated remarkable resilience in the face of adversity. This resilience is evident in the way that communities have adapted to the harsh conditions of conflict and displacement, finding innovative ways to support one another and rebuild their lives (Bradbury, 2013). By harnessing this resilience, community-driven reconstruction efforts can build on the strengths of local communities and ensure that development projects are rooted in local realities.

Another opportunity lies in the rich cultural heritage of Somalia, which can be a source of inspiration and pride for communities as they work to rebuild their nation. Traditional Somali values such as hospitality, generosity, and respect for elders can be leveraged to foster a sense of unity and collective responsibility for reconstruction efforts (Lewis, 1999). By drawing on these cultural resources, community-driven initiatives can create a sense of ownership and commitment among participants, which is essential for the long-term sustainability of development projects.

1.4. Case Studies of Successful Community-Driven Reconstruction in Somalia

Case studies of successful community-driven reconstruction initiatives in Somalia provide valuable insights into what works and why. One notable example is the Barawe Livelihood Support Project, which was implemented by a consortium of local NGOs with funding from international donors. The project aimed to improve food security and livelihoods in the coastal town of Barawe by supporting small-scale farmers and fishermen. What made this project successful was its strong emphasis on community participation. From the outset, local residents were involved in designing the project, selecting beneficiaries, and monitoring progress. This high level of community engagement ensured that the project was well-aligned with local needs and priorities, leading to its success (Ahmed, 2017).

Another successful initiative is the Somaliland Water Management Project, which focused on improving access to clean water in rural areas of Somaliland. This project was notable for its use of participatory approaches to water management, which involved local communities in the planning, construction, and maintenance of water infrastructure. By giving communities a direct role in managing their water resources, the project fostered a sense of ownership and responsibility, which contributed to its long-term sustainability (Bradbury, 2008).

These case studies highlight several key factors that contribute to the success of community-driven reconstruction initiatives. First, they underscore the importance of community participation in all stages of the project cycle, from planning to implementation to evaluation. When communities are involved from the beginning, they are more likely to feel a sense of ownership and commitment to the project, which increases the chances of success (World Bank, 2013).

Second, the case studies illustrate the value of building on local knowledge and capacities. In both the Barawe and Somaliland projects, local knowledge was recognized as a critical resource for effective project design and implementation. By respecting and utilizing this knowledge, project implementers were able to create solutions that were tailored to the specific needs and conditions of the communities they were working with (Ahmed, 2017).

Finally, the case studies demonstrate the importance of fostering partnerships between communities, local organizations, and international donors. Successful community-driven reconstruction requires collaboration between different stakeholders, each of whom brings unique strengths and resources to the table. By building strong partnerships, these projects were able to leverage the expertise and resources of all involved, leading to more effective and sustainable outcomes (Bradbury, 2008).

1.5. Recommendations for Enhancing Community Participation and Ownership

Based on the insights gained from the literature review and case studies, several recommendations can be made for enhancing community participation and ownership in reconstruction efforts in Somalia. First, there is a need for greater investment in capacity-building at the community level. This includes providing training and support to local leaders and organizations so that they can effectively participate in and lead reconstruction efforts. Capacity-building should also focus on strengthening the social capital of communities, including the networks and relationships that are essential for collective action (Putnam, 2000).

Second, it is important to promote inclusive decision-making processes that ensure the voices of all community members are heard, including women, youth, and marginalized groups. Inclusive decision-making can help to build trust and foster a sense of ownership among all members of the community, which is critical for the success of reconstruction initiatives (World Bank, 2013).

Third, donors and international organizations should adopt more flexible approaches to project design and implementation, allowing for greater local adaptation and innovation. This means moving away from rigid, top-down project frameworks and instead supporting community-driven approaches that are responsive to local needs and conditions. Flexibility is particularly important in post-conflict contexts, where conditions are often fluid and unpredictable (Mosse, 2005).

Finally, there is a need to strengthen the role of local institutions in the reconstruction process. Local governments, traditional leaders, and civil society organizations all have important roles to play in supporting community-driven reconstruction efforts. Strengthening these institutions can help to ensure that reconstruction initiatives are more effective, sustainable, and aligned with local priorities (Kaplan, 2008).

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