

**FINAL Inter-Agency Assessment Report in
Laascaanood Displaced people in Sool region**

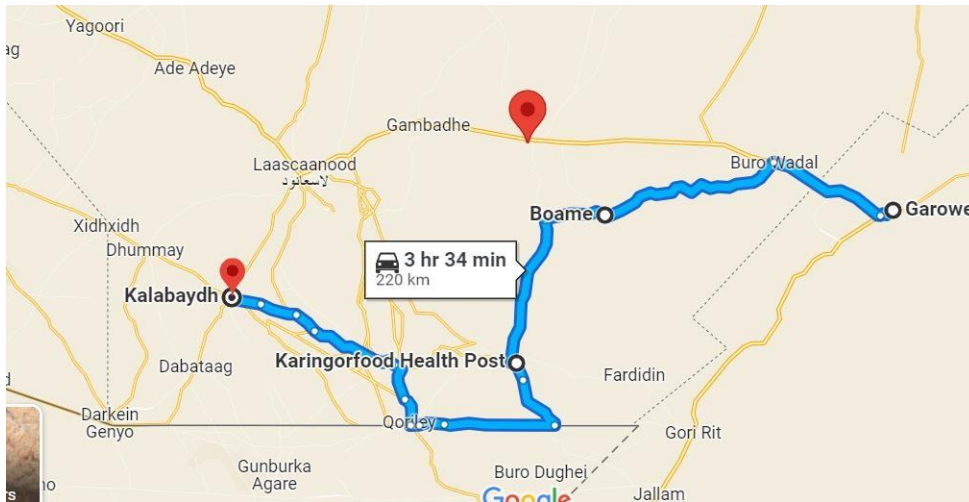
27 February 2023



Caption: The inter-agency team visiting in Kalabeyr hospital engaging meeting the management of the hospital to enquire more about their humanitarian needs.

Kalabeydh village under Laascaanood District, Sool region.

Introduction:



Parts of Sool region suffer humanitarian plight created by the conflict between local SSC militias from Sool region and Somaliland forces. The report on the humanitarian dilemma created by the outbreak of the war between the two contesting parties. Inter-agency mission was conducted in several villages of Sool region on 27 February led by OCHA SNC, WFP, UNHCR, UNFPA, IOM, CARE, NRC,

DRC, HRDC, SERDO, SOHREF and SABA 2 visited in Kalabeydh village in Laascaanood District. Kalabeydh is 28km southwest of Laascaanood town; The inter-agency assessment team met the supreme council of SSC Garaad's and 33 members in Kalabeydh village.

High vulnerabilities among the community: Sool region was already affected by the ongoing drought, and the ongoing conflict has aggravated the vulnerabilities of the most affected groups that include women, children, and the elderly. The failure of three consecutive rains (Gu' and Deyr in 2021 and Gu' in 2022) resulted in severe drought that has affected thousands of people in Sool and Buuhoodle, where communities in Sool, Togdheer regions were the most affected. Generally, the Gu rains were delayed, and the performance was poor in terms of coverage and distribution in most of the areas visited. This aggravated the already poor conditions that resulted from below-average of Gu and Deyr rains.

The team discussed humanitarian access, humanitarian delivery, response and gaps in Sool and Buuhoodle. The Supreme Council of SSC Garaad's and 33 members welcomed the humanitarian community and committed their readiness to support all efforts of humanitarian except those coming from the Somaliland side which they were denied and could not guarantee the security of staff personnel.

The Inter-agency mission from Puntland have accessed the areas of the displaced people who fled from Laascaanood to Buuro wadal, Har Qaboobe, Falayryaale, God Qaboobe, Boocame, Buulal, Karin Dabayl weyn, , Karin Garfood, Dan and Kalabeydh. Laascaanood is inaccessible currently as the conflict continues. The fighting has led to attack on civilian facilities including indiscriminate. The shelling of the main hospitals, destruction of property, electricity, schools, mosques, markets and water points and all social life.

Accountability of Affected People: The existing lack of information about the ongoing or planned humanitarian assistance among beneficiaries may increase the risk of misinformation, increase protection risks, and further undermines the ability of displaced communities to use their own coping mechanism. The mission observed the need to set up protection desk offices within Kalabeydh and Buuhoodle. The desk office will provide lifesaving community engagement and accountability activities at Kalabeydh and Buuhoodle, create site-level complaints feedback mechanisms (CFM).

Co-ordination structure: Inter-Agency mission set up four areas in Sool and Buuhoodle Area Based Coordination (ABC). IOM is leading in Buuhoodle, NRC is leading Kalabeydh, CARE is leading Taleex, DRC is leading Boocame while SERDO LNCO is leading Xudun.

Overall objective

The main purpose of the assessment was to monitor and assess the humanitarian impact of the conflict on civilians, ongoing or planned response in Laascaanood and surrounding areas of Sool region and adequately addressed the needs of the affected communities and to see first-hand the extent to establish the number of displaced and or affected.

- Assess the humanitarian situation of the displaced people and ensure if the needs were addressed.

- Assess the impact and status of the humanitarian response and, if necessary, the need to reprogram
- Assess the impact of the displacement
- Identify gaps and emerging needs

Methodology

- Interviews with selected individuals or key informants
- Focus group discussions for women and men (two groups in each location)
- Direct observation including ranking of problem areas and identification of most affected sub-groups within the community.
- Teams which visited Sool were strictly advised to conduct a low-profile basis assessment based on the SOP for the region.
- Sample templates were also provided to all teams aimed to serve as guidance for the mission. In addition, the monitoring teams also agreed to have different focus group discussions for both men and women during meetings with the community in each location.
- Observation and transect walk were also used to facilitate the triangulation of information gathered from the targeted areas.
- The teams initially held a general meeting with local authorities and community leaders upon arrival at Kalabeyr village.

HUMANITARIAN ACCESS

- There is humanitarian access in Sool and Buuhoodle and surrounding villages through Puntland side where humanitarian actors can reach populations affected by the conflict as well as an affected population's ability to access humanitarian assistance and services.
- The meeting between Inter- agency mission and the supreme council of SSC Garaad's and representative 33 members committee in Kalabeydh had given green light the humanitarian agencies to access the affected people from Somalia side and denied access humanitarian response from Somaliland.

Purpose of the mission

- The purpose of the mission is to monitor the humanitarian impact of the displaced people in Buuro wadal, Har Qaboobe, Falayryaale, God Qaboobe, Boocame, Buulal, Karin Dabayl weyn, , Karin Garfood, Dan and Kalabeydh, strengthen the relationship with local authorities and humanitarian partners, monitor living conditions of displaced people, monitor existing response, gaps and challenges faced by the partners as well as the affected population.

Mission Findings

General observation



The displacement of Laascaanood in Sool region has adversely affected the population in all spheres of their life. According to the last inter-agency mission an estimated 185,280 people has been displaced in Laascaanood. The displaced families have no access to safe drinking water, sanitation facilities and improved hygiene practices, Shelter/NFI, Food and Health and Nutrition. According to the traditional elders there are an estimated 15,498 newly displaced people that have joined with host communities stretching existing social services beyond their capacity after the joint assessment on 11-13 February 2023.

The mission observed that the displaced families do not have access to proper housing. Those

who have housing space do not always have enough space for all family members. Majority are co-habiting with relatives and Kalabeydh communities, while some are staying in public places (schools, mosques). The displaced are moving into temporary shelters often competing for the same resources and public facilities with the host communities. As the current level of assistance is extremely limited, the situation could cause further conflict among the IDPs and host communities. This was visible during NRC distributing 950 NFIs in Kalabeydh on 27 Feb 2023 under UNHCR funding.

Local community, business people, Puntland Inter-Ministerial committee, diasporas, religious leaders were actively involved in the response. Though data on the number of people assisted was not systematically collated, local authorities reported that water was provided to 19 locations in Sool region. The team estimated that 36,822 people (6137 households) were assisted.

According to media reports, fighting has spread many other new locations surrounding to Las Anod town. Every time an area is caught by the fighting there will be a fresh displacement born out of it. In addition, assessed families indicated that majority of the remote areas surrounding Kalabeydh, including the town of Kalabeydh itself rely on non-state actor security structures as there is no formal local authority administration that exist, thus bringing out further risks related to violence or intimidation among the IDPs and host communities. The mission stressed to the traditional leaders the urgent need to establish functional local authority in Kalabeydh that coordinate and facilitate humanitarian activities as well as provide rule of law services to the community.

Accountability of Affected People: The existing lack of information about the ongoing or planned humanitarian assistance among beneficiaries may increase the risk of misinformation, increase protection risks, and further undermines the ability of displaced communities to use their own coping mechanism. The mission observed the need to set up protection desk offices within Kalabeydh. The desk office will provide lifesaving community engagement and accountability activities at Kalabeydh, create site-level complaints feedback mechanisms (CFM). The use of mortar and heavy artillery in the conflict has reportedly caused psychological trauma especially to the elderly, women and children, pregnant and lactating mothers as well as other persons with disabilities.

According Kalabeydh hospital management information gathered during the visit to Kalabeydh all assistance from Somaliland such as Health, Education, Food, and any other support is completely stopped in Sool Region. For example, Kalabeydh Health Centre was supported by Somaliland through the payment of Salary of staff, provision of drugs, etc, and since December of 2022, such support ceased including those funded by agencies like UNFPA and UNICEF through the Ministry of Health-Somaliland. Similarly, WFP Somaliland nutrition support to the health center was stopped.

- Local authority, elders and the displaced people expressed their gratitude for the responses made by the humanitarian partners during the conflict. However, they have underlined that the response was quite little compared to the impact of the displaced people. They appealed for humanitarian assistance to continue and to be scaled up and recommended that more emphasis should be on rehabilitation of boreholes, water pans and building the capacity and coping mechanism of the community, Food, Health and Nutrition to be resilient against future crisis.
- Main social amenities (community facilities) such hospitals, police/judiciary and market are operational in Kalabeydh but with very poor capacity and they all require rehabilitation to upgrade their standard. The absence of district offices has further limited the capacity of the local administration to deliver services to the population.

Finding by Cluster

Food security and livelihood

- During the mission, the teams observed and were informed by local communities of emerging locations that they have received humanitarian assistance and need immediate interventions in the following sectors: The prices of basic commodities including food have increased by about 10 – 15 per cent in the past four week due to less commodities reaching the markets especially in the areas the displaced families are living Taleex, Boocame, Xudun, Kalabeydh and Buuhoodle as a result of the cut access roads to the said areas Berbera to Laascaanood and Bossaso-Laascaanood. The increase is compounded by

the inflation or weakening of the exchange US dollars to other shillings which is compromising the purchasing power of most displaced people.

- Based on the displaced estimates as per the interagency assessment report; at this stage and given the presence of actor food security actors in the area, WFP plans to cover 70% of the need as other food security actors will definitely come in with food assistance for one month of “no regrets” in kind relief distribution targeting 2115 HHs in Laascaanood, Taleex; Xudun, Buuhoodle, Garowe and Burtinle Districts while CARE International intervention type is Multipurpose cash assistance and targeting 7746 HHs between in three months.
- The mission noted that though these areas received Unconditional cash transfer, MPCA and general food distribution, the number of conflict displaced people rose considerable in a very short period. Therefore, the above programmes are among the activities that are required by the beneficiaries and should be scaled up.
- Most of the IDP population get their food/income through gifts, casual labour, and insufficient humanitarian assistance through cash/food assistance programmes.
- Large population is food insecure. This is due to non-existence of alternative livelihood opportunities such as job creation. Limited access by humanitarian organizations to the most affected population catalyzes the condition.
- There are limited livelihood support skills for the youth and women which can push the youth to join harmful and dangerous armed groups.
- NRC Cash transfers through MPCA activities to 1678HHs in Kalabeydh while SCI is planning to start unconditional multi-purpose 1st line response Cash Transfer for 1 month. 350HHs.
- IOM's target caseload for the ongoing multi sectoral emergency response will aid 5,000 families and an estimated population of 30,000 individuals directly impacted by the ongoing violence in Las Anod.
- The livelihood activities of majority displaced people from Laascaanood town and its surrounding villages used to depend mainly on livestock, small scale business activities, manual labour, wholesale and retail shops, hardware shops, and clothing shops where food commodities, construction materials and clothes, skills like masonry and carpentry but majorly are done by local people are not existence.

WASH

- Generally, there are gaps in WASH interventions with no agency implementing WASH projects in Kalabeydh despite increasing IDP population from Laascaanood, urban poor host communities and surrounding villages.
- Drought conditions persist in most of the areas visited between Garowe and Kalabeydh of Laascaanood districts where severe water shortages, poor livestock conditions, and high concentration of animals and livestock diseases in areas were observed by the teams as unequivocal signs of a looming crisis. Livestock conditions are not expected to improve including limiting saleable animals and milk availability.
- There is concern for increase of water borne/related and communicable diseases such as malaria, Cholera, respiratory infection including pneumonia for under five children and skin diseases due to salt water from boreholes and polluted water sources and disrupted sanitation system and this could form breeding sites for mosquitos.
- According to Kalabeydh local committee reported lack sanitation infrastructure, people have no single latrine, cases of AWD and other water related diseases were reported.
- Lack of enough and reliable safe water supply, lack of sanitation infrastructure and they lack means of transporting solid waste/garbage, dumping sites for safe waste disposal is major challenge in Kalabeydh,
- IDPs have no access to hygiene kits and hygiene promotion services. Outbreak of AWD and other water related diseases such as malaria, typhoid and dysentery are common the displaced areas especially Kalabeydh.
- The assessment team noted that 60 per cent of the villages assessed have no access to water owing to the empty and dysfunctional Berkeds, most of which are cracked.

- Access to safe and clean water is the main challenge faced by both displaced and the host community and provision of safe water is a key priority according to the local administration and well as the local community. The population solely depends on Berkedes that depends on good rains.

Nutrition/Health



The caption of DRC registering the displaced families from Laascaanood conflict.

According to the inter-agency assessment teams' data from the field, most of the locations visited had some sort of health facility with only few without any health facility or services from mobile health teams. The team recommended a detailed health and nutrition technical assessment especially in areas where household interviews showed prevalence of acute malnutrition in elderly and children.

- High shortages of medical supplies, adequate space to receive patients and essential drugs have been reported in Kalabeydh. Prior the fighting, Kalabeydh used to have an MCH, and after the fighting the MCH is being used to treat the injured civilians from the shelling and thus operated as Hospital. This hospital covers 12 villages surrounded in Kalabeydh area the population covers 30,000 people.
- Therefore, the function to deliver services to mother and child health care is very limited due to availability of space. UNHCR is planning to be provided 2 tents and 8 RHU units to SCI to extend the services of the MCH in Kalabeydh. Therefore, an urgent scale up in terms of human, supplies, incentive for staff is required.
- Emergency Kits and blankets, tents, outside health centre (Maternity) fully needed, emergency drugs: anti-biotics, anti-pains and OT drugs and operation theater instruments and building. The hospital needs Doctors, like G. surgery, Ortho-pedic Surgeon and Neuro-surgeon and Imagine: Ultrasound, X-Ray and Ct-scan and laboratory CBC, Biochemistry, Microscope and blood bank (refrigerator).
- Lack of stabilization center for children with complicated medical conditions and has no nutritional hubs to response nutrition emergencies. (Children, Women, Elderly and the injured are staying in same room and there is no separation).
- Insufficient essential drugs supply at the health facilities for pregnant mothers and children both at the hospital and the MCHN.

- Electricity in Kalabeydh town is not reliable this affects the cooling system of the vaccines since there is no standby generator or solar.
- There are no proper maternity services in Kalabeydh town. Any delivery complication must be referred to Garowe which is 200 km respectively. All these challenges caused by the situation of the crisis in Laascaanood.
- There are not enough essential drugs including vitamins and nutritional support for the patients. The center is located within the town and possibility of cross infection is very high.
- There is limited distribution of nutrition supplements since the beneficiaries do not receive their rations due to lack of presence Mercy USA which used to support the hospital.
- All the malnourished children and pregnant and lactating women are not receiving referral nutrition services (TSFP) to seek nutritional intervention but there are no OTP services for referral of SAM cases.
- In parts of Sool region for example, the services are either totally non-functional or not regularly functioning due to unavailability of supplies and trained health personnel.

Protection/CCCM

- During the assessment, it was also found that the persons who are most affected by this situation are children including boys and girls, women, and older persons. Since the conflict has affected most vulnerable group in society and facing protection risks.
- All communities assessed indicated that majority of the remote areas rely on community security and or non-state actors rather than other forms of law and order enforcements such as police or national armies.
- With regards to protection needs of the visited locations, it is recommended that mitigation measures be put in place to conduct awareness raising activities to further increase the protection of vulnerable groups.
- There is lack of Gender Based Violence Stop Centre and no legal aid center for GBV victims and there is lack of qualified personnel despite having several traumatized people from the crisis.
- There are gaps in community awareness and sensitization on protection concerns to the community particularly women and young girls of SGBV.
- The team observed lack of psychological support and counselling for addressing the depression and mental trauma related to the crisis.
- There is no single latrine built in Kalabeydh and other areas which the displaced families are living, women and girls openly defecate in the bush exposing them to protection risks. Women and girls from also fetch water from the main bore hole of Kalabeydh approximately 1km away.
- There are gaps in community awareness and sensitization on protection concerns as large portion of the community particularly women and young girls consider reporting incidences, lack of dignity kits and referral system and there is low reporting of SGBV incidences.
- The living cost has increased in these areas due to poor road conditions and the price of food commodities is increasing coupled with inflation.

Shelter/NFI

- There is presence of conflict displaced destitute households in some areas visited by the teams who may require non-food items in all the visited locations. Furthermore, emergency shelter and NFIs are needed for Boocame, God Qaboobe and Kalabeydh villages in Sool region, where people have been affected by stormy rains that caused severe havoc to their shelters.
- 90 per cent of the IDPs are living with relatives and they are very vulnerable and has no privacy while the other 10 per cent joined the IDPs.
- Following the conflict those who migrated to safe areas women, children and elderly are sleeping anywhere they could find such as in the schools, boarding schools and inside the houses in the villages if they were lucky enough.

Education cluster

- The current conflict has only compounded the situation to a population that was struggling to cope with the impact of prolonged drought following failure of past rainfall seasons. According to district education committees, 54 primary schools and 13 secondary schools have been closed resulting in dropout of 17,690 and 4,870 primary and secondary schools' students respectively. About 700 primary and secondary school teachers have been rendered out of work affecting the livelihoods of their families

- All the hosting locations have not schools and children have not access to the free education (primary and Secondary).

Recommendations

- The mission established Area Based Coordination model (ABC) in Sool and Buhoodle. Agencies having an active response in each location were given the lead responsibility. IOM- Buhoodle, NRC- Kalabeyr, CARE-Taleh and Boocame, DRC- Xudun. The mission recommends lead ABC agencies to recruit local staff, set up temporary offices that coordinates humanitarian activities.
- Rehabilitation of Kalabeydh hospital, provision of medical supplies, equipment and establishment of Cholera treatment Centre in Kalabeydh town.
- Upscale food and cash based programmes for chronically food insecure households until they can rebuild their livelihoods and participate in markets more effectively.
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- Support market systems and link the women groups who are involved in basketry and other activities to more stable market.
- WASH facilities infrastructure rehabilitation, construction and institutional capacity building trainings on best WASH practices.
- Assistance such as cash-based interventions CBIs for all groups of persons including persons with chronic illness, destitute older persons, families headed by older persons.
- Community capacity building training such as cholera case management, prevention and control,
- Construction of new communal latrines for the IDPs settlements and construction/rehabilitation for institutional latrines for both health facilities and schools.
- Provision of protection services/materials such as dignity kits, PEP kits and safe maternal delivery kits
- Establishment of GBV Stop Centre with qualified personnel such as counsellor.
- Emergency shelter and NFIs to the affected persons. About 80 per cent of the affected people needs support in emergency shelter and NFIs.
- Urgent mobile health teams to be sent to these remote districts in Buhoodle under Togdheer and Sool regions for the immediate response and reactivate health structures of the affected are for the long-term sustainable solutions.
- To prevent outbreak of acute watery diarrheas (AWD), intensify Health promotion sessions, awareness raisings Through C4D approach and outreaches in more specifically the displaced people and other vulnerable communities. This can be integrated distribution of ORS and Zinc in early detection of diarrheas treatments.
- Urgent Delivery of Health Care services to prevent the outbreak of epidemic diseases given more consideration to Laascaanood IDPs and affected pastoral communities.
- Increasing Provision of multiple Micro-Nutrient supplementations for 2 years children for prevention of micro- deficiencies.
- Expansion of the number of health personnel to control the workload of staff and to improve the quality of services.
- Rehabilitate/construct communal Berkeds in locations that largely depend on rain water and water trucking.
- Promotion of awareness raising campaigns on sanitation and hygiene in the drought and conflict affected areas to minimize the incidences and decrease in recurring disease related to poor sanitation and hygiene.
- Extension of health facility both service and infrastructure, establishment of outreach program, support of transportation for referral cases, Staff motivation incentives and capacity building, Community awareness rising for prevention of communicable disease where recommended all areas there is health facility.
- Access to therapeutic (OTP/SC) and supplementary (TSFP) nutrition programmes to address acute malnutrition was also low in Kalabeyr and surroundings. The result of Sool shows that 60% of assessed communities have no access to nutrition interventions.

ANNEX



Schools are closed and resided by new arrivals in Xudun



Provision of water trucking in Boocame



NFI distribution in Kalabeyr village under Laascaanood.



Emergency Food distribution in Buuhoodle



Figure 1: The IOM response team made verification at Sheikh Abdinasir Institute, where displaced communities are in Buuhoodle district.



Figure 2: The IOM response meet community elders at Xir-xir villages where displaced communities are in Laas-canod district.



Figure 3: The IOM response team made verification at THAHIROGLU school, where displaced communities are in Buhoodle district.



NRC distributed 950 NFI kit in Kalabeyr under funded UNHCR