

FINAL Inter-Agency Needs Assessment Report in Buuhoodle

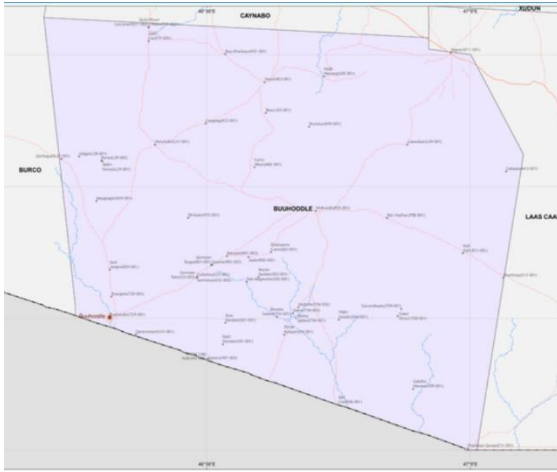
11-13 March 2023.



Photo credit: PGI

Caption: The inter-agency team visiting in Buuhoodle District and engaging meeting with the management of the hospital and community leaders.

Introduction:



Parts of Buhoodle is the regional capital of Cayn region (as per Puntland administrative structure). Other major towns, villages and settlements include; Widhwidh, Horufadhi, Dandan, Sooljoogto, Xamar Lagu Xidh, Shangalle, Gocondhalle, Goljanno, Xadhadhan etc.

Inter-Agency assessment on the humanitarian dilemma created by the conflict between local SSC militias from Sool region and Somaliland forces was conducted in several villages of Cayn region on 11 - 13 March by the humanitarian partners in Puntland led by OCHA WFP, UNFAO, WHO, UNICEF, IOM, CARE, DRC, ACF, ACTED, OXFAM, PMWDO, SCI, HRDC, TADAMUM, HORDA, PGI, SWA, WVI, SERDO, SOHREF, KISIMA, SABA, TASS, SRO, DAMAL, YPEER, NODO and APDWORLD.

The Inter-agency mission from Puntland have accessed the areas of the displaced people who fled from Laascaanood to Buuhoodle, Widhwidh, Horufadhi, Darusalam, Bilcile, Qararo, Xamar-lagu-xidh, Shangalle IDP sites, Balidocol IDP 1 and 2 sites and Dandan which is located on the eastern side of the Buuhoodle district and the border of Ethiopia and Somalia. The fighting has led to attack on civilian facilities including indiscriminate shelling of the main hospitals, destruction of property, markets and water points and all other community facilities.

According to the last FSNAU recent post-Deyr assessment of FSNAU already this area (North Hawd zone) had a critical level rate of 20.2 GAM rate. In this also Health facilities reported a slight increase in SAM and MAM admissions in OTP and TSFP programs from December 2022 to Jan 2023. Malnutrition comes later as a result of other aggravating factors. If food security, Health services, and WASH services are limited or not available at all, these trigger an increase in malnutrition cases under-five children and pregnant and lactating mothers. This depicts the nutrition situation at is serious level in this district.

According to the local authorities from Buhoodle, the affected people are in a humanitarian crisis and humanitarian assistance is offered. The failure of 3 consecutive rains (Gu' and Deyr in 2020 and Gu' in 2022) resulted in severe drought that has affected thousands of people in Buuhoodle and surroundings where communities in the region reported that there is no currently accurate figure of officially registered total IDPs across all settlements under Buhoodle district. However, prior to this interagency assessment.

The main purpose of the assessment was to assess the impact of the conflict on civilians from Laascaanood and surrounding areas of the Cayn region and establish the number of displaced and or affected populations. The team met the traditional elders of Buuhoodle and discussed humanitarian access, response, and gaps in Buuhoodle district. The traditional elders welcomed and committed their willingness to support all efforts of humanitarian support from Somalia.

Following humanitarian appeals by authorities and traditional leaders for assistance from the displaced people in Buhoodle. The humanitarian partners meeting recommended an inter-agency assessment of the affected people to establish the impact of the displacement and to make humanitarian partners and authorities informed proposed solution and measures. OCHA organized an inter-agency rapid assessment mission to Buhoodle on 11-13 March 2023 with the leadership of OCHA and Cluster leads.

Co-ordination structure: Inter-Agency mission attended first Area Based Coordination meeting chaired by IOM in Buuhoodle where more than 25 humanitarian organizations including the UN attended. The coordination meeting is to update each other on new developments and to discuss humanitarian response and continuous support to the affected people.

Objective

The primary objective of the assessment was to assess the overall humanitarian situation of the affected population in Buhoodle with a focus on IDPs and other vulnerable communities throughout the Cayn region. In particular, the assessment focused on understanding and assessing the critical needs, gaps as well as ongoing humanitarian responses and services related to the various inter-cluster field missions organized by OCHA. Other specific objectives including but were not limited to the following:

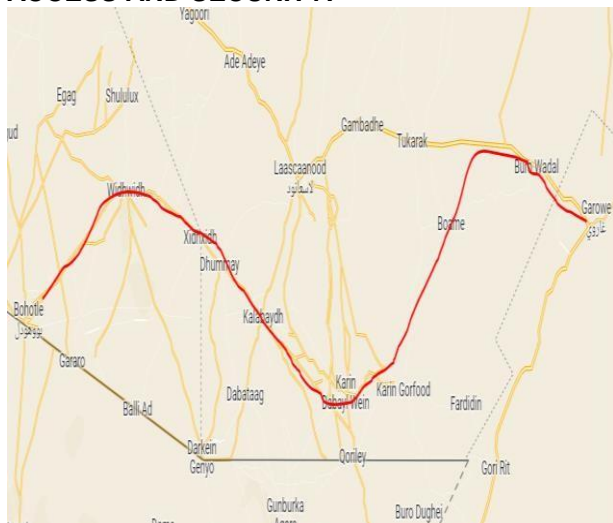
- Collect information pertaining to the general context in all the assessment target locations such as the current overall humanitarian situation, access, and security, population numbers as well as approximate numbers of those affected by both IDPs and the host community.
- Assess the impact of the crisis on the local population with a particular focus on the effects, needs, and gaps pertaining through observation, plenary meetings with communities, key informant interviews, and focus group discussions.
- Map and numbers and types of existing health facilities in terms of their respective catchment population, service coverage as well their current conditions throughout major settlements in Cayn/Buhoodle region to inform about major gaps in the health cluster.
- Understand and assess the humanitarian situation of the displaced people from Laascaanood and IDPs in the Buhoodle district.
- Draw recommendations from the assessment findings as well as the observations from assessment teams to inform appropriate humanitarian responses by respective clusters.
- Help humanitarian decision-makers such as the regional and the national Cluster leads, ICCG, the humanitarian country team, and the wider humanitarian partners including the regional authority and relevant state and national administrations.

METHODOLOGY

The main assessment methodology involved interviews with key informants of community leaders and local authority using the field checklist – initial investigations tool. In addition, other formal methods of field assessments such as Focus Group Discussions (FGDs), only in some locations by some of the clusters, and general plenary meetings with community representatives in each location was also used. These following is summary steps for the assessment methodology used:

- Observation, intersect walk through settlements (used as part of the “Go and See” missions)
- Key informant interviews (KIIs), health facility checklist, and in some locations, focus group discussions (FGDs) with different groups and members of the community.
- Initial Investigations (“Go and See” missions).
- Spot check and sites visits to facilities in the assessment target locations.
- The inter-agency / inter-cluster joint assessments were spread out over a period where various groups of four team members by respective clusters undertook field missions. All the various individual cluster missions employed all or most of the above methodologies. Meanwhile, some clusters reported used some additional techniques to gain more understanding of their respective clusters. For example, the Health cluster assessment team, in locations with health facilities, they used an additional checklist of questions. This checklist was used to obtain more information about the facility, its estimated catchment population, the service it provides as well as any gaps both in the facility and in the target population.

ACCESS AND SECURITY:



Cayn region and particularly Buhoodle district has been generally stable and without any recent security incident and challenge which could negatively affect access, movement and the overall humanitarian operations in the area.

Apart from the deadly clashes between Somaliland forces and local militias in Buhoodle district in 2010 and subsequent minor skirmishes there in early 2011, the area enjoyed a relative peace and stability ever since. This conflict which initially started as inter-clan conflict over grazing and water points in Kalshaale was eventually resolved in late 2011 following the withdrawal of Somaliland from the conflict zone.

Despite the limited presence of humanitarian partners (INGOs in particular), there are no evident restrictions and challenges to humanitarian access in any of the assessed areas visited. As was earlier mentioned, the assessment team did not observe any security and access challenges in the whole areas they visited. There had not been any administrative/bureaucratic impediments nor access challenges encountered by the assessment team in their planning, field work, interaction with local communities as well as access to the affected population during the entire period of the assessment. To the contrary, the community was receptive and welcoming to the assessment team members in every settlement visited.

The assessment team observations were further concurred by the outcome of the assessment tool analysis. According to the findings of the Initial Investigations questionnaires, the majority (100%) of the respondents in all the visited areas indicated that access is good without any security issues.

Mission Findings

General observation



Findings the inter-agency mission on 11-13 March that an estimated 11,727 HHs total of (70,362 people) from 12 villages that has been assessed in Buuhoodle and surroundings who have displaced from Laascaanood, Hargeisa, Boorame and Burco settled in Buuhoodle and surroundings. The displaced families have no access to safe drinking water, sanitation facilities and improved hygiene practices, Shelter/NFI, Food, Education, Health, however, there was ongoing nutrition services supported by UNICEF and WFP . The assessment team also met separately the committee of the displaced people from Boorame, Burco and Hargeisa which are estimated 2700 HHs (16,200 people) who crossed the border between Ethiopia and Somalia who are mainly women, elderly and children fled in the past few weeks to escape

insecurity. More than half of them arrived earlier last three weeks and crossed the border. The displaced families sheltering in schools and other public buildings while others are living with their relatives who are already suffering overstretched resource.

The mission observed that there is functional referral hospital in Buhoodle town which doesn't have any financial support in terms of Incentive and medical supplies. This facility was ex- district Hospital constructed by former Somalia Government, and it is recently re-established with local resources. The hospital consists of 8 rooms, one

incineration, six toilets including maternity department, inpatient wards, OPDs, Pharmacy and laboratory. According to the Buhoodle Hospital management, (Health Poverty Action) was supporting the District Hospital before the conflict with UNICEF support, but support due to internal challenges. Hospital materials and equipment were taken during transition stage. It is not clear who has taken all the equipment of the hospital. (After two months closure (December 2022 and January. 2023), some local businessmen from Buhoodle community took over the hospital management with no support from aid agencies).

The team observed that the health facilities/ referral did not have any means of transport facility or Ambulance in place for referral cases. The family of the patients was responsible to make such arrangements on their own. According to the discussions by the elders and community representatives, WASH is considered as priority. However, there is an urgent need for rehabilitation of boreholes in Buhoodle district such as Furaat, Faarax Bulay 1&2, Xadhadhan, Quraca Buuhoodle 1&2, Dowjaleelo, Dan Dan, Xamar lagu xidh, Buuhoodle boreholes despite increasing IDP population from Laascaanood, urban poor host communities, and surrounding villages.

The mission observed that the displaced families do not have access to proper housing. UNICEF, WFP and WHO support SAM and SC medical supplies, equipment, and capacity-building training on complicated SAM Case management. 305 SAM cases were admitted to the Buhoodle stabilization center for the last three months (Dec 2022, Jan, and Feb 2023). The malnutrition level for Buhoodle district is critical with GAM rate of 20.2 due to the impact of drought (FSANU Post deyr Assessment).

Despite the availability of schools in Buuhoodle and Widh Widh town, the displaced children enrollment rate is very low because education at most schools is privatized and parents cannot afford to pay school fees and uniforms for the students this led hundreds of school children to drop out. The livelihood activities of the majority of displaced people from Laascaanood, Hargeisa, Boorame and Burco towns used to depend mainly on livestock, farming, small-scale business activities, casual labor, 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 exist and this led food insecurity to the displaced people.

Findings by Cluster

Food security and livelihood

During the assessment, the inter-agency assessment team found that there is a shortage of food available on the market because these villages were depending on Laascaanood market as the main market and they are currently shifted to the Bosaso market which takes more time for items to reach these Areas. Pre-conflict economic access to food was already seriously constrained as a result of the prolonged droughts and the rain failed for four consecutive rainy seasons. During the discussing with local authority it was expressed that food, shelter, health and water are priority needs and the authorities requested to scale up humanitarian assistance to support most vulnerable and food insecure population.

- All the visited villages are predominately pastoral community and their purchasing power has been negatively affected by recurrent drought cycle and loss of livelihoods. All the sites visited experienced similar context common challenges and negative coping mechanism therefore the situation these villages can be categories homogeneous food and nutrition insecurity.
- Without a reliable income source to meet their food and other basic requirements, these households are currently relying on: external humanitarian assistance; support from relatives and neighbors; and credit authorized by shop-keepers.
- According to the Key informants interviewed from those villages we have visited the displaced people due to conflicts and host communities are most at risks due to limited of food availability. The host communities were suffering from prolonged droughts and shared what they had with newly arrivals from and Laascaanood and surrounding villages.
- The conflict in Laascaanood has significantly impacted the food security of the IDPs in Buuhoodle, as it has disrupted the communities' livelihood systems by limiting the availability of basic needs and access to markets.
- The food security of most people is affected negatively by the perpetual conflict because it has disrupted the communities' livelihood systems by restricting availability of the essentials and access to markets. As a result of inadequacy of food, the affected community reported that they are reducing number of meals

on daily basis, borrowing or relying on less preferred foods and limiting portions at meal times is in common place.

- More than half (70%) of the surveyed IDPs households reported experiencing shortage in food and reported adopting one or more food consumption strategies to cope. Strategies most commonly adopted involved modifying food intake habits, such as buy food by debt, reduce number of meals per day, reduce adult food intake to avail more food for children.
- Despite assistance from local communities, business sector, diaspora and humanitarians, it was observed that food insecurity is common among IDPs and most of them survive on one meal a day.
- Most of the displaced people get their food/income through gifts, casual labour, and insufficient humanitarian assistance through cash/food assistance programmes.
- The levels of food stocks kept in houses can last for average of 2 - 5 days for most of the households on the visited areas.

The cost of the essential food increased during the war because of accessibility.

#	Commodity	Before Crises	After Crises
1	Rise 1 sack (50KG)	\$26 - \$28	\$32 - \$ 34
2	Sugar 1 sack (50KG)	\$34 - \$36	\$38 - \$40
3	Flour 1 Sack (50KG)	\$32 - \$34	\$36 - \$38
4	Water for drink (1 parrel)	\$2 - \$3	\$5 - \$8

HEALTH/NUTRITION

- 11 Health and Nutrition Facilities (10 Health centers and 1 Stabilization center) are fully supported from Health/Nutrition Partners from Puntland in terms of incentives, trainings, and medical supplies and equipment. UNICEF/MOH supports 9 health facilities and CARE international Supports 1Health center with integrated health and Nutrition. All these health facilities have integrated health and Nutrition services. CARE also supports one mobile team with integrated Health and Nutrition mobile team covering five villages in Buuhoodle district. There are four health centers (Naado HC, Hanad1 HC, Hanad 2 HC and Buhoodle Central HC) in Buhoodle district were supported by health partners from Somaliland which is not functioning and used to support UNICEF/Shine project. The project has stopped after Laascaanood conflict. It is not clear if these health Partners will continue their support for these health facilities or not.
- There is one mobile clinic team supported by IOM deployed in 5 locations in Buuhoodle district including Dhilaalo, Balidocol Camp, Sarmaan, Barwaaqo Camp and one day inside of Buuhoodle town that provide health services to the IDPs.
- There is functional referral hospital in Buhoodle town which don't have any humanitarian support. This facility ex- district Hospital constructed by former Somalia Government, and it is recently re-established with local resources. The hospital consists of 8 rooms, one incineration, six toilets including maternity department, inpatient wards, OPDs, Pharmacy and lab.
- There are 10 OTPs fixed sites, one mobile team and one Stabilization center that manage and treat SAM cases in the region The SC is supported by UNICEF while WHO support SAM Medical supplies, equipment, and capacity building trainings on Complicated SAM Case management. 305 SAM cases admitted for Buhoodle stabilization center for last three months (Dec 2022, Jan and Feb 2023). The malnutrition level for Buhoodle district is critical with GAM rate of 20.2 due to impact of drought (FSANU Post deyr Assessment)
- 16 out of 23 Health facilities carry out normal deliveries and ANC/PNC Services but there are no CeMOC Services for all Public health facilities in Ayn region which cause communities to go private health facilities which they are not able to cover the cost for this operation.
- 4 Health facilities (Alrahma HC, SAHAN HC, Widhwidh HC and Horufadhi HC) are reporting priority diseases through Early Warning and response network (EWARN) disease surveillance System that monitors the disease trends in the community. Community based Surveillance teams (CHWs, Social Mobilisers) and District/regional RRT teams were deployed by WHO through MOH Puntland to support monitoring the disease at the community in Buhoodle town. No disease outbreak reported during the assessment.
- 16 out of 23 functional health (HCs/Hospital) facilities provide routine immunization Services in the region. All 16 these health facilities have EPI refrigerator with Solar power.

- All 23 functional Health centers don't have full solar power for electricity except 16 Health centers which have Solar power for EPI registration, so availability of electricity for all health facilities are challenging since some of the villages don't have town electricity while other have city power which requires financial support to pay the cost of electricity bill.

Education cluster

- During the assessment the schools assessed were only 3 schools (Qararo, Dandan, and xamar-lagu-xidh primary schools) the total enrolment before conflict in Laascaanood was 763 students which 46 per cent of them were girls (44 per cent of those enrolment were from Xamar-lagu-xidh, 27.5 percent were from Qarar, and lastly 28.5 per cent were from Dandan primary schools).
- Currently, no formal education is functioning in Widhwidh. Pupils dropped out due to access issues as the 25 per cent IDPs are accommodated the only school of Widhwidh Primary and Secondary school
- Most of the newly arrived IDPs families cannot afford schools fees for their pupils if access of the schools gets easy
- The enrolment of displaced students from Laascaanood were 238 only 98 of them were girls, there is low level of admission to the displaced children in the schools.

WASH



Water trucking is urgently needed in Ballidocol, Widh widh, Xamar Lagu Xidh, Horufadhi, Darussalam and Dan Dan IDP and surrounding villages.

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.

The Inter-agency team noted that 70 per cent of the villages assessed have no access to water owing to the empty and dysfunctional Berkeds, most of which are cracked.

- Shangale IDP health facility do not have sanitation facilities, access to water and need

construction of latrines, hygiene education and water connection.

- In case of AWD, distribute of jerry cans, buckets, soap and aqua tabs to the households and routine chlorination of the water taken from the wells
- Hygiene promotion campaign (hand washing with soap at appropriate moments, use of latrine) at MCH, schools and communities' level.
- Provision of limited quantities of fuel to allow the pumps of the most functional boreholes to function during a longer period and to provide accordingly more water to the population.
- 3000 IDPs families including old and new displaced to Buhoodle town, Shangale IDP and Balidocol, all need urgent response including hygiene kit distribution, hygiene promotion, emergency latrines.

Protection/CCCM/

Key protection issues reported and observed by the assessment teams included; lack of appropriate shelters for the displaced which makes them vulnerable to potential abuses especially women and young girls,

- During the assessment, it was also found that No CCCM support has been given the displaced people from Laascaanood only ACTED has built 2021 a community center and installed 4 solar lights to support community resilience CCCM support in terms camp management.
- Displacement and the consequent school among children could also make many young and children to be recruited by rival clan militias unless the conflict is resolved, life is back to normal and schools are open.

- There is no awareness regarding in any kind of protection hence displaced HHs in the villages may occur increasing incidence of rape, GBV, and any other kind of protection.
- There is no GBV Stop Centre and no legal aid center for GBV victims despite having several traumatized people from the crisis.
- The assessment team observed that poor host community welcomed the new arrivals from Laascaanood, Hargeisa, Burco and Boorame with convenient hospitality and allowed them to reside with them in their homes.
- The Inter-agency assessment highlighted that CCCM and Protection clusters together did not work to alleviate the individuals and groups in service delivery and complaint/feedback mechanisms was not established or communication with communities (CwC) was not prioritized across the displaced villages under Buuhoodle district.

Shelter/NFI

- During the assessment, the team has witnessed lack of basic household items, people are sharing rooms with no or limited sleeping mats.
- Families and children were exposed to hot and cold weather, as very few can be having blankets and mosquito nets.
- The team recommended the following shelter and NFIs items for distribution for the IDP as per the verification need assessment exercise, cooking Sets, Water Buckets, Blankets, Sleeping Mats and Mosquito Nets
- 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 in Buuhoodle.
- Most of the affected households are those living or accommodating in traditional huts and make-shift houses both IDP settlements and host community
- The average duration period that people were displaced from their houses and settlements was 45 days.
- 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.

Main Gaps and Challenges

- There is no support for Buhoodle referral Hospital. All the staff are working voluntarily while the community support for medical supplies – Lack of staff incentives and Severe shortage of medical supplies as well limitation of equipment (delivery beds, screening Beds and sterilization equipment). Lack of laboratory, OT and shortage of health staff are main challenges facing the hospital. Only Kalkal hospital which is private owned hospital treat the referral cases which is financial burden to the vulnerable communities in Ayn region + Internal displaced people from Laascaanood, Hargeisa, Burco and Boorama.
- All twenty-three health facilities did not have any means of transport facility or Ambulance in place for referral cases. Patients' families were responsible to make such arrangements on their own.
- 23 Functional Public Health facilities (Hospital/HCs/PHUs) don't have support in terms of Incentives and medical supplies since there is funding gap from the partners although most of the health facilities continue providing health services as voluntarily while some of them receive some support from the community.
- 6 out of 23 functional health (HCs/Hospital) had no WASH/IPC facilities including toilets, hand washing, Water supply and incinerator etc. These are health facilities are Gocondale HC, xadhadhan HC, Saado Ali HC, Horseed HC, Banyaal HC and Maygaag HC
- Some of health facilities assessed were in a gap regarding the medical equipment, especially maternal and newborn equipment such as resuscitation and sterilization equipment. There were also shortage of routine and emergency medical supplies reported.
- In general, the availability and the coverage of health facilities and services is very limited comparing the total number of settlements and displaced people from Laascaanood, Hargeisa and Boorame mainly major rural and urban settlements. There are 9 major settlements and 19 small rural settlements with no health facilities/services in the whole Buhoodle district, Cayn region.

- According to MoEHE in Puntland JRENA conducted 21st and 25th Feb 2023, A total of 176 schools from affected areas were assessed. The results of analysis showed that crisis in Sool region was the most impacted that has been identified, where 70 schools closed in Sool and Ayn regions. A total of 22,680 pupils were affected and only 15% representing (3402) (8 percent in Sool & 7 per cent in other regions of Puntland) of these have accessed education in Sool & other parts of Puntland, in which 56 percent boys and 44 per cent girls.
- IDPs lack the necessary cooking utensils, majority were depending on donations from the host community, since the families fled from Laascaanood without any HH items.
- Lack or limited accommodations space for the recently arrived IDPs. IDPs have filled public services places such as the formal and Quranic schools. To imagine the amount of overcrowding that the IDPs are facing, 8 families, each consisting of seven individuals are sharing three rooms of the school, that's 56 people in three small rooms.

Recommendations

Health and Nutrition

- Advocate resource mobilization to support 23 Functional Health facilities, regarding the availability of medical supplies, equipment and the staff incentives. As well as the strengthening of the referral mechanism between the health facilities and the referral hospitals.
- Advocate support of integrated Health and Nutrition mobile teams to reach villages with limited access to the health services. And strengthening of routine immunization and campaigns.
- Scale up of TSFP and OTP programmes for villages with high populations and ensure the availability of F-100/F-75 therapeutic milk and all the necessary equipment for Buhoodle stabilization center.
- Advocate to support Buhoodle referral hospital by fencing the hospital and rehabilitation, incentives, provision of medical supplies and equipment and establishing maternal services, Laboratory depart and OT department. As well as recruiting specialized medical personnel.
- Support the construction and rehabilitation of new health facilities to overcome challenge rental costs for the health facilities and rehabilitate old health facilities, and the rehabilitation of the solar system for electricity. Whereas most of the solar system of the facilities were not functioning.

Education

- Improve enrolment rate in schools by advocating for the expansion of school feeding programmes, payment of school fees for children who come from low-income households and provision of learning materials; enhance teacher training, provide salary subsidy for teachers to retain teaching staff especially female teachers.
- Strengthen linkages between the Education Cluster and other clusters notably, the Protection Cluster on child-friendly spaces.
- Need for education assessment to understand the impact of the on access to education and the need to conduct mobile schools and provide teacher incentives, school feeding and water to reduce school dropout rates.

WASH

- There is an urgent need for rehabilitation of 5 boreholes in Buhoodle district.
- Provisions of emergency water trucking for the worst conflict-affected households.
- Provisions of household water treatment products to reduce the risk of an outbreak of AWD.
- Construction of emergency latrines to improve the sanitation status and to stop the current ongoing bad behavior of defecating in the open that poses more health threats and can be a major cause of an outbreak of contagious diseases in the target villages/IDP camps.
- Drill additional boreholes in Buhoodle, Bali Docol and Widh Widh towns and provide pumping and power generating equipment and associated spare parts.

Food Security and Livelihood

- Food Security cluster to support the IDPs with cash/voucher assistance for nutrition outcomes e.g. purchase of meats, fruits and fresh vegetables to increase diet diversity.

- Upscale food and cash based programmes for chronically food insecure households until they can rebuild their livelihoods and participate in markets more effectively.
- Scale up relief assistance to cover immediate food needs of new arrivals.

Shelter/NFI

- Provide shelter and NFI kits for the IDPs in the assessed site.
- Distribute non-food items (NFI's) that would include blankets, sleeping mats, jerry cans, soap, buckets, mosquito nets, kitchen cookware sets and dignity kits.

Protection/CCCM

- Target the most vulnerable social groups-women and girls, men and boys, people with disabilities, the elderly and ethnic minorities.
- 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.

Annex I

5 Boreholes in need emergency rehabilitation in Buuhoodle and below are their details.

Source Type	District	Settlement/Water source	Status	Urgent Needs
Borehole	Buuhoodle	Ceegaag BH2	Needs Rehabilitation	pump 15kw, Main raising pipes GI class C 2 inches 52 pcs, Cable 350m
Borehole	Buuhoodle	Buqraas	Needs Upgrading	Generator 45kva, elevated tank, kiosk and animal troughs, Generator and caretaker room
Borehole	Buuhoodle	Buuhoodle BH1	Needs Rehabilitation	Pumb 22kw, Main raising pipes GI class C 2 inches 64 pcs and Cable 500m, rehabilitation to animal troughs, kiosks and elevated tank 50m3
Borehole	Buuhoodle	Baliga	Needs Rehabilitation	Pump 22kw, Main raising pipes GI class C 2 inches 64 pcs and Cable 450m, kiosks and 2 animal troughs
Borehole	Buuhoodle	Baayir BH	Needs Upgrading	construction elevated tank, animal troughs

ANNEX II

LIST OF VILLAGES ASSESSED BY THE INTER-AGENCY TEAM (WITH GPS COORDINATES, ESTIMATED DISPLACED PEOPLE FROM LAASCAANOOD, HARGEISA, BOORAME AND BURCO)

S/N	Village Name / Community	Estimated households displaced	Latitude (N) coordinate	Longitude (E) Coordinate
01	Xamar lagu xidh	580	8.13627	46.60643
02	Balidocol	360	8.285657	46.403703
03	Gocondhale	125	8.56859	46.32031
04	Maygaagle	198	8.47257	46.29159
05	Shangale	56	8.28684	46.314721
06	Dandan Village	185	8.241972	46.535328
07	Daarasalaam	160		
08	Horufadhi	345	8.57904	46.39939
09	Qararo	320	8.169304	46.504028
10	Goljano	48	8.65189	46.55593
11	Widhwidh	2850	8.45558	46.70553
12	Buuhoodle	6500	8.1358.97	46.1929.01
	Total	11,727 HHs Total People 70,362		

ANNEX III

PHOTOS



FIGURE 1: COMMUNITY MEETING FOR XAMAR-LAGU-XIDH VILLAGES.



FIGURE 2: HEALTH AND NUTRITION TEAM OBSERVING MCH IN XAMAR-LAGU-XIDH VILLAGE.





FIGURE 3: HEALTH AND NUTRITION TEAM INTERVIEWING MCH STAFF IN QARARO VILLAGE.



FIGURE 4: DANDAN PRIMARY SCHOOL HAS IN ADEQUATE OF SCHOOL FURNITURE



FIGURE 5: COMMUNITY MEETING FOR DANDAN VILLAGE



FIGURE 6: WASH TEAM OBSERVING THE CONDITION OF BARKEDS IN QARAR VILLAGE, POOR WASH FACILITIES.



FIGURE 8: POOR WASH FACILITIES IN XAMAR-LAGU-XIDH VILLAGE.



FIGURE 7: WASH TEAMS INTERVIEWING ON WASH COMMITTEE IN THE QARARO VILLAGE.



Shangalle Health center – Shangalle IDP- inter agency assessment team doing HC staff meeting



Shangalle Health center – Shangalle IDP- inter agency assessment team doing IDP community meeting



Balidocol IDP – inter agency assesment team doing community elders meeting





SAHAN HC/Stabilization center - Buhodle



Buhodle referral Hospital assessment.