

JOINT INTER-AGENCY ASSESSMENT REPORT ON LAASCAANOD DISPLACEMENT ON 11-13 FEBRUARY 2023.



This is a caption of displaced people in Kalabeydh (second largest town after Laascaanood). Photo Credit NRC



Photo shows displaced families living in Kalabeydh primary school Photo credit: DRC

Inter-Agency assessment on the humanitarian plight created by the conflict between local SSC militias from Sool region and Somaliland forces was conducted in several villages of Sool region and other parts of Puntland on 11 - 13 February by the humanitarian partners in Puntland.

The main purpose of the assessment was to assess the impact of the conflict on civilians in the Laascaanood and surrounding areas of Sool region and establish the number of displaced and affected.

The main cause of the fighting is related the killing of popular community members in Laascaanood and resultant demonstrations that kicked off from 26th of December 2023. The violence in the town has been increasing since. According to the Puntland authorities, about 190,000 people have been displaced from Laascaanood and an additional 50,000 are trapped in the town since the fighting started. The Puntland authorities report that over 170 people have been killed many of them civilians and over 500 injured so far. Majority of the displaced are women, girls, children, elderly and disabled who need special care. Among the killed is a health worker killed while on duty in Gargaar Hospital in Laascaanood.

On the 6th of February,2023, prominent traditional leaders (Garaads) and the 33 SSC committees released a declaration stating these regions are under the jurisprudence of the federal government of Somalia and that Somaliland forces must leave the region. This resulted in fierce clashes between Somaliland forces and organized clan militia. The fighting has been ongoing to date.

The displacement has adversely affected the population in all spheres of their live including the education, WASH, health, Nutrition, livelihood and shelter. Among the displaced and affected are those whose lives and livelihoods have been disrupted or destroyed by past drought episodes and conflict. The displaced people are struggling to access basic services including water, food, shelter, health and protection needs.

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,33 primary schools and 7 secondary schools have been closed resulting in dropout of 11,690 and 3,560 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.

Humanitarian partners in Puntland can access the areas the displaced they have fled to such as Taleex, Boocame, Xudun, Kalabeyr, Widhwidh and Buuhoodle. Laascaanood is inaccessible currently as the conflict continues. The fighting has led to attack on civilian facilities including indiscriminate shelling hospitals, destruction of property, electricity, schools, mosques, markets and water points.

The authorities in Puntland as well as community / traditional leaders have appealed to humanitarian partners, donors and diplomatic missions for immediate de-scalation of the fighting and unhindered humanitarian access for the affected people including those trapped in Laascaanood.

The government of Puntland has created an inter-ministerial committee and civil society, religious leaders and business community on humanitarian response to the affected people in Laascaanood. The humanitarian partners and authorities in Puntland are holding regular weekly and ad hoc meetings to take stock of the response to the displaced and affected while advocating for scale up in the response. The government has established situation room to coordinate the respond.

Objectives of the assessment

The overall objective of the assessment mission was to assess the impact of the conflict affected people and general humanitarian situation and visit where the displaced HHs are staying to address the needs of the displaced families and to see first-hand the extent to which the response must be addressed such as needs.

Specific objectives of the mission were to:

- To determine actual figures of displacement affected people to harmonize conflicting reports.
- To build network and relationship with affected communities for further engagement.
- Identify and inform on the gaps and priority areas for advocacy, resource mobilization and live saving response

Methodology

- FGDs: The team conducted FGDs across the displaced areas during the assessment period. this was important in triangulating the information and for carrying out in-depth questioning on the displaced HHs.
- Key Informants: The team met key informants in the nascent traditional elders, IDP community elders, social workers from local organizations who provided important information on the situation.
- Interviews with selected individuals and key informants
- Direct observation including ranking of problem areas and identification of most affected sub-groups within the community.
- As such, this kind of assessment paints a picture of humanitarian needs and gives a voice to those affected by these crises. This information can be combined with other sources including secondary data on the ground, brainstorming of the cluster heads and historical prior assessments to make assumptions of overall needs.

Acknowledgement to participating organizations.

We hereby wish to extend gratitude to the following organizations who played a great role in data collection, analysis, technical support and successful conclusion of this assessment. Humanitarian partners: OCHA, UNFAO, UNHCR, IOM, UNFPA, WHO, SNC, DARYEEL, NRC, SWA, TASS, CARE, SCI, SOHREF, DRC, SAAI, HRDC, IRC, OXFAM, ISLAMIC RELIEF, ACF, PMWDO, /UNICEF, SERDO/WFP, WADA, SRCS, CIAUD, KAALO, NODO, SABA 2,

Covered areas

Mission managed to visit and met the community in Boocame, Taleex, Buuhoodle and Xudun

1. Taleex, Carooley, Godaalo, Xudun, Darayo, Geesawyne, Hol Hol, Xalin, dhummay, kalcad, Labaas, Guryosan, Laabaas, Sarmaanyo, Dhubuq Dhubuq, Awrboogays, Xabaalo Camaarre, Dhaban, Lafweyne, Saxagebo Gebo, Lasacurdan, Gorofley, Higlo fuullaan.
2. Boocame, Dan, Karin, Garfood, Fardin, Qorille, Karin dabayl wayn, Kalabayr, Buro wadaal, Gad qaboowe, Faleryaale, Harwanag,
3. Buuhoodle: Buuhoodle, Widh Widh, Xamar Lagu Xidh, Balicad, Dandan, Sarmaan, Qararo, Banyaal, Dhalaamacune, Carrowayn, Farjano, Ceegaag, Horufadhi, Gocondhaale, Maygaagle, Sooljoogto, Xadhadhan, Horyaal, Daarusalaam, Maroodikadhac, Dhilaalo, Galoolay, Tuulo Barwaaqo, Kaamshangalle, Kaamshabelle, Kaam Balidocol 2 and Kaartada.

4. Qardho, Garowe, Buurtinle and Bossaso.

Assessment Findings



The displacement of Laascaanood in Sool region has adversely affected the population in all spheres of their life including the education, WASH, health, Nutrition, livelihood and shelter an estimated 185,280 people in the districts of Laascaanood displaced the armed conflict between SSC militias and Somaliland forces. Those affected include women, elderly, children, pastoralists, farmers, traders, and other urban/rural inhabitants. Unquantifiable buildings/houses were completely or partially destroyed or damaged in Laascaanood due to the shelling and artillery fire using

Somaliland forces. There was mass destruction of their personal belongings, and the families have nothing in hand, and they live with the host community where they seek refuge and shelter. Women and children affected by the conflict reported they slept in open areas and due to the current cold season children, the elderly, and persons with chronic illnesses got sick. Interviewed women reported they rely on daily casual labor mainly income from the host community, and previous savings. The team met number of headed HHs by children 17-19 years of age whose parents could not come with them, this can lead to a negative coping mechanism to sustain their younger siblings. Families with sick and elderly persons with no food support, and no medications, the displaced families mentioned



Newly displaced children are fetching water from deep and open shallow well in Carrooley, Talex

that they are taking care of the parents {father and mother} who have a mental health issue and a traumatized child who witnessed the death of his elder brother who was hit by a motor shield. There is land donated by the government with no infrastructure in place, though people are willing to live there due to the high rent, electricity, and water bill which they can't manage to pay. 33 primary schools and 7 secondary schools have been closed resulting in dropout of 11,690 and 3,560 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. 517 civilians have been wounded with about 170 killed among them seven children and a health worker killed in the line of duty. There is reported lack of medicines in Laascaanood hospital especially for

trauma patients from the conflict. The fighting has also led to damage to the hospitals in the town including the only oxygen production plant to Laascaanood referral Hospital, the largest medical facility in Sool region. 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 inundation of overcrowded and polluted water sources and disrupted sanitation system.

Cluster Specific Findings

Food security and livelihood

- During the assessment the displaced people were asked about their food security and livelihood. The affected people resorted to one meal a day since almost all basic essential commodities were displaced. 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.
- People main sources of livelihood were borrowing, food assistance and gifts from the household families.
- According to the Key informants interviewed from those displaced at spontaneous camps, and host communities are most at risks due to limited of food availability
- Provision of relief food for 6 months of the most displaced HHs from Laascaanood

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

| # | Commodity | Before crisis | After crisis |
|---|----------------------------|---------------|--------------|
| 1 | Rice 1 Sack (50kg) | \$ 30- 32 | \$37-39 |
| 2 | Sugar 1 sack (50 kg) | \$35- 36 | \$38-40 |
| 3 | Flour 1 sack (50kg) | \$35- 36 | \$38-40 |
| 4 | Water for drink (1 parrel) | \$2-3 | \$6-9 |

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Water Sanitation and Hygiene (WASH)

- Sensitization of the community on the essentials of water purification like boiling and chlorination.
- Rehabilitate boreholes and shallow wells in some of the location assessed with high potential such as Boocame, Taleex, Widh Widh, Kalabayr and Buuhoodle in Sool region.
- Water scarcity in all affected areas – overstretched community coping mechanism, IDP exacerbating the situation by putting pressure on the scarce resources available (Water, Food in the markets and health facilities).
- Provide hygiene kits to areas where diarrhea and skin infections have been reported
- Promotion of awareness raising campaigns on sanitation and hygiene the displaced people to minimize the incidences and decrease in recurring disease related to poor sanitation and hygiene.
- Distribution of household hygiene kits and awareness raising and education on hygienic practices in rural settlements in Sool and Cayn particularly Boocame, Taleex, Karin Gorfood, Karin Dabayl weyn, Xudun, Kalabayr, Widh Widh and Buuhoodle.
- All the displaced families and the host community have not access to hand washing facilities and they don't remember the critical hand washing times.
- Approximately 80% of the displaced community are using an open defecation which can finally lead poor health and disease outbreak. The displaced people don't treat or boil the water before drinking.
- Most of the assessed families have not water storage tools (jerry cans, barrels, water tanks, water bladders).

- All the children in the assessed location are at risk of diarrhea outbreak due to the poor sanitation and hygiene.
- Rehabilitation of water piping system for the settled areas in Xudun, Taleh and around locations such as Carooley village in Taleh district.

Shelter and NFI

- Provision of emergency shelter to the displaced families hosted by poor host community members in all assessed areas.
- NFI distribution includes and is not limited to blankets as there are cold seasons to support for elderly, chronically sick, children, and persons with disabilities.
- The displaced people were sleeping under trees while some families are living in the schools and public buildings.
- 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. In the other half the men are sleeping outside.
- The assessment team recommended humanitarians to reach emergency tents among the displaced families to protect themselves from the cold climate in the night and hot sun in the morning.

Education

- All education institutions including primary and secondary in Laascaanood are closed. Schools outside Laascaanood, but in Sool region were also closed due to the influx and become inhabit for affected families.
- Most of the displaced facilities in the assessed areas have a children less than 10 year who was previously in school in Laascaanood but currently have not this opportunity.
- In the assessed areas all schools were closed and temporarily resided by new arrivals after all rooms and house were occupied
- All the hosting locations have not schools and children have not access to the free education (primary and Secondary)

Health and Nutrition:

According to the assessment teams' data from the field, most of the locations visited had some sort of health facility but without medical supplies 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.

- Provision of essential drugs to address chronic diseases such as diabetes and hypertension.
- Expansion of the number of health personnel to control the workload of staff and to improve the quality of services.
- Extension of health facility both service and infrastructure, establishment of outreach program, support of transportation for referral cases, Staff motivation and capacity building, Community awareness rising for prevention of communicable disease where recommended all areas there is health facility.
- Approximately 90% of the under 1-year children who are displaced from Laascaanood didn't receive immunization service against the communicable diseases.
- The settled areas of displaced people have no adequate access of health/Nutrition services those can cover the needs of these new arrivals, and there were at that moment so many children and women suffering malnutrition and other diseases due to the lack of care

- The pregnant mothers in the assessed community have not access to the save delivery services.
- There are severe acute malnourished children who were not have a treatment nutrition programs due not exit OTP and TSFP sites.

Protection and CCCM

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.

- Most of the displaced persons who reached in the assessed areas 89% of them are female and children with few men who couldn't fight or stay back due to their health status. Anytime GBV incidents can occur due to the movement of girls to and from the hospitals to see their relatives who got injured and are being nursed in the hospitals. Girls may be victims and fall in the wrong hands probably people wearing government force uniforms who may promise them safe passage to the hospitals or may accompany them to their homes.
- The interviewed persons reported psychological trauma is more common amongst older age groups, pregnant and lactating mothers, single/widowed women as well as persons with disability, and those from conflict zones.
- Targeted HHs are living in a very perilous condition with significant protection concerns., both boys and girls share the same confined shelter and are expected high prevalence of sexual gender-based violence, Insufficient water, and other sanitary products expose HHs to health-related complications like malaria.
- Women and girls in all assessed areas have an urgent unmet need for dignity kits and clothes while the host communities are trying their best to cover some need of clothes needs, the living condition limits their freedom to manage their private lives and they are at risk of abuse and harassment although the community elders are doing their best. If such practices continue this way and unable to address their basic needs within the short time possible, it will result in sexual and GBV, and protection risks including violation, theft, and other crimes in society.
- Closely monitor the incoming displaced populations in existing IDP sites or the in the host community, as well as monitor the formation of new IDP sites due to the displacement.
- Regularly update the NAT and with the HLP continue reporting the PRMN tools and there are several child-headed households who arrived in Garowe, most often due to children being separated or losing parents to the current fighting in Laascaanood.
- Continuously monitor displacement trends and provide immediate protection assistance and advocate for immediate support for unaccompanied and separated children.
- Conduct detailed child protection and GBV assessments
- Provide immediate psychosocial counseling, psychological first Aid, and dignity kits.
- Conduct GBV awareness among the affected people
- Engage Identification, Documentation, Tracing, and Re-unification (IDTR) services for separated children and unaccompanied children.
- Most of the displaces families contain the different marginalized social groups e.g. displaced people, age factors, female adolescent, and children.
- All the displaced community are exposed to all GBV forms.
- Most of the families are sleeping an open area, under threes and there are at risk of being raped. Roped and violented.
- Establish community service measures that protect persons with specific needs such children, women, elderly, and persons with disabilities.

Recommendations

- Emergency General Food distribution and immediate provision of in-kind and cash assistance to the displaced people.
- Undertake urgent water trucking for human consumption to the displaced people from Laascaanood.
- 11 boreholes in Sool region are urgently in need emergency rehabilitation, as the region is receiving largest number of displaced people by the ongoing conflict in Laascaanood.
- Assistance cash-based interventions CBIs and UCT for all groups of persons including persons with chronic illness, destitute older persons, families headed by older persons.
- Provision unconditional cash transfers to the most vulnerable affected people particularly those lost their assets to buy crucial items in the conflict.
- Emergency rehabilitation is also needed to repair damaged schools and other services in schools such as water and sanitation facilities.
- Through Camp Management Committee (CMC) and complaint and feedback mechanism, reinforce early warning of water shortage in the camp, formation of new sites, and/or demarcation for lands donated to the displaced populations.
- Reinforce protection monitoring, especially follow-up population movement and negative coping mechanisms, and identify increased risks for vulnerable populations, particularly persons with disabilities and female-headed households. The impact of the fighting on vulnerable populations requires close monitoring.
- Setup and empower and increase the supply the health centers to get at least primary health services included maternity and childcare in this host locations.
- Promote infant and young children's feeding practice; this will contribute to the prevention of acute malnutrition for under 2 years children
- Address the underlying causes of malnutrition among women and children through food distribution and unconditional cash transfer.
- Scale up nutrition interventions in Sool region and other remote areas in Buuhoodle Cayn region
- Construction of temporary learning centers, rehabilitation of education infrastructure and distribution of teaching and learning materials and support displaced children in this host locations through school payment.
- Provide school teaching and learning materials to neighboring school for smooth uptake of displaced children.
- Facilitate awareness creation sessions for parents on the importance of inclusive education for all children
- Provide ambulance service to support referral of cases new arrived IDPs in the assessed locations of Sool, Nugaal and Cayn region.
- Setup and empower and increase the supply the health centers to get at least primary health services included maternity and childcare in this host locations.
- Provide multi-purpose cash to cater for rent, NFIs and ESKs needs and immediate provision of NFIs and emergency shelters kits and provide portable household solar lamps in the villages assessed which has no light.
- To distribute tents among the displaced families to protect themselves from the cold weather in the night.
- There is need for more medical out-reaches to treat the huge number of injured scattered among the displaced community, diarrhea, acute respiratory infection and fever and to cover the far to reach areas where the displaced population is hosted.

Annex Photos



The caption of tent housing casualties of Laascaanood conflict.



Displaced people from Laascaanood in Kalabeydh living under trees without shelter, water, and food.



The caption of the assessment team having an engaging meeting with the Kalabeydh health center to enquire more about the casualties in the hospital and drug supplies available.



Displaced people live in the classrooms at Kalabeydh secondary and primary, and the schools are closed unexpected displacement to host the evictees.



More than 8 Displaced families in Xudun same compound and using one Toilet.

Primary and secondary schools are closed and resided by new arrivals in Xudun

ANNEX 2

| S/N | Location | District | # of displacement (HH) |
|-----|-------------------|---------------------|------------------------|
| 1 | Xalin | Taleex | 120 |
| 2 | dhummay | Taleex | 165 |
| 3 | kalcad | Taleex | 150 |
| 4 | Laabaas | Taleex | 145 |
| 5 | Guryosan | Taleex | 138 |
| 7 | Sarmaanyo | Taleex | 210 |
| 8 | Dhubuq Dhubuq | Taleex | 170 |
| 9 | Awrboogays | Xudun | 700 |
| 10 | Xabaalo Camaarre | Xudun | 175 |
| 11 | Dhaban | Xudun | 110 |
| 12 | Lafweyne | Xudun | 230 |
| 13 | Saxagebo Gebo | Xudun | 182 |
| 14 | Lasacurdan | Xudun | 150 |
| 15 | Gorofley | Xudun | 240 |
| 16 | Higlo fuullaan | Xudun | 220 |
| 17 | Kalabeydh | Laascaanood | 1678 |
| 18 | Bocame | Boocame/Laascaanood | 890 |
| 19 | Daan | Boocame/ | 205 |
| 20 | Karin Garfood | Boocame | 347 |
| 21 | Fardhidin | Boocame | 200 |
| 22 | Qorille | Boocame | 223 |
| 23 | Karin Dabayl wein | Boocame | 383 |
| 24 | Buro Wadaal | Boocame | 128 |
| 25 | God qaboobe | Boocame | 185 |
| 26 | Faleryaale | Boocame | 250 |
| 27 | Harwanag | Boocame | 120 |
| 28 | Buuhoodle | Buuhoodle | 5650 |
| 29 | Widh Widh | Buuhoodle | 4780 |
| 30 | Xamar Lagu Xidh | | 560 |
| 31 | Balacad | | 347 |
| 32 | Dandan | | 200 |
| 33 | Sarmaan | | 223 |
| 34 | Qararo | | 383 |
| 35 | Banyaal | | 185 |
| 36 | Dhalaamacune | | 185 |
| 37 | Carrowayn | | 250 |
| 38 | Farjano | | 700 |
| 39 | Ceegaag | | 300 |
| 40 | Horufadhi | | 320 |
| 41 | Gocondhaale | | 120 |
| 42 | Maygaagle | | 165 |
| 43 | Sooljoogto | | 135 |
| 44 | Xadhadhan | | 120 |
| 45 | Horyaal | | 320 |
| 46 | Daarusalaam | | 80 |
| 47 | Maroodi kadhac | | 65 |
| 48 | Dhilaalo | | 200 |

| | | | |
|----|---------------------|--------|-----------------------|
| 49 | Galoolay | | 320 |
| 50 | Tuulo Barwaaqo | | 120 |
| 51 | Kaamshangalle | | 48 |
| 52 | Kaamshabelle | | 45 |
| 53 | Kaam Balidocol 2 | | 320 |
| 54 | Kaartada | | 260 |
| 55 | Garowe | Nugaal | 3786 |
| 56 | Buurtinle | Nugaal | 738 |
| 57 | Qardho | Bari | 736 |
| 58 | Bossaso | Bari | 1360 |
| | Total HHs | | 30880 HHs |
| | Total People | | 185,280 People |