Key mission findings

- According to the local authority, 41,530 people were displaced to Dhobley due to the drought. Most of the displaced households are integrated into host community.
- Most of the drought-displaced households in Dhobley came from riverine and agro-pastoral areas of Middle Juba and Bay regions, particularly from Qansaxdhere, Sakow, Buale and Jilib, which are inaccessible to humanitarian partners.
- There are well-connected and structured district management teams including the District Commissioner, District Health Officer and Health cluster partners.
- There are currently very limited education options in Dhobley. There are a few public schools with WFP school feeding, but most schools are private with fees new IDPs are not able to pay.

Recommendations/Action points:

Health Cluster Findings

- Health partners in Dhobley include Jubaland MOH District Medical officer, SCI, ARC, WRRS, IOM and WHO.
- IDPs in Nasiib settlement mostly women and children are generally well catered for by partners. Most IDPs are from Qansaxdhere in Bay region and Middle Juba region. The housing of Nasiib IDP camp did not look good as this might contribute disease outbreak and infection transmission.
- Nasiib IDP communities reported only one death in March of a 7 year old boy displaced from Qansaxdhere.
- There were no reports of increased AWD in the settlement while main conditions noted were respiratory tract and skin infections.
- Dhobley hospital is working well despite funding constraints. Service utilization rates have increased during the last one month since more IDPs have arrived in Dhobley. This had led to overuse of available resources and more so supplies.
- There has been 25 AWD cases seen at Dhobley hospital during the last two weeks and no deaths were reported. No measles outbreak was reported. Increased MAM cases were noted at OTP – over 100 cases in one month.
- The hospital does not fulfill full requirements of a hospital though it has to fulfill all basic hospital/referral HC functions.
- The hospital has OTP site, ANC section and OT for Emergency Obstetric care complications. No other in-patients word for pediatrics and general wards. Rooms for ANC and delivery services are not adequate as per the standard.
- The Stabilization Centre (SC) is outside hospital and children who are SAM have to be re-referred to WRRS SC outside hospital while the only section that works at night is the delivery and OT for emergency obstetric services. Despite ANC and OT functioning, they do not do PMTCT (Prevention of Mother to Child HIV Transmission) services.
The SC together with OTP and EPI services are going on well at the facility with 10 SAM cases in then SC during the visit.

They also have WFP cash transfer services in the same compound.

There is a pharmacy room with many essential supplies some of which are not needed at the SC level and BCG is out of stock for over one month.

Recommendations

Since Dhobley has been a host spot area for AWD/Cholera outbreak for so many years and most IDPs are from regions that are seriously affected by AWD/Cholera outbreak, there is need for emergency preparedness.

For the facilities, there is need to preposition/replenish essential supplies, identification and set up of Cholera Treatment Centres/Cholera Treatment Units, cholera case management training for health facilities staff, printing protocols and guidelines,

At community level including IDP settlement level there is need for hygiene and sanitation education and promotion, chlorination of water sources and distribution of aqua tabs and IEC materials. There is need to include Dhobley in the OCV campaign sites.

There is a need for measles immunization campaign due to increase in malnutrition and measles outbreak.

Since Dhobley is now a home of over 4,500 households IDPs from drought and returnees from Dadaab camp, there is need to upgrade Dhobley hospital to a referral health center with all basic minimal requirements in place including pediatric wards, general wards and HIV/TB services that services residents round the clock.

There is need to move and integrate the Stabilization Center located outside to within hospital premises.

Strengthen referral and community health services through deployment of additional mobile teams to nearby locations and IDP sites.

There is need for additional essential supplies and BCG is out of stock for over a month.

Food Security and livelihoods

Findings

The food security situation in Dhobley city is considerably better than other districts of the Jubas because of improved humanitarian responses by partners including early start of Gu’ rains and availability of stable foods in the market.

The livelihoods of the Dhobley population mainly depend on livestock, agriculture, and small scale business activities. Due to current drought conditions, animal body condition is below average and numbers of salable animals are few. However, starting of Gu’ rain (received in last two weeks) has slightly improved the browse and water availability in the areas.

Field reports also indicates that most pastoralist in the areas have lost around of 20-50% of their livestock assets (goats and cattle) during Jilal dry season. This is resulting in economic losses as a result of the droughts particularly among poor households with small herd size.

The community has been struggling to continue their traditional livelihoods due to the current drought which has reduced the availability of the seeds, salable animal and family labor due to displacement and family splits.

Although the rural communities have received support, they are struggling to continue their traditional livelihoods due to the drought which reduced the availability of the seeds, salable animal and causal labor.

The long absence of agricultural support mechanisms to the farmers such as access to inputs, training /good agricultural practices have made subsistence agricultural production in the area very challenging.

The displacement of the population happened during the dry season, but since rainy season is expected to start in coming weeks, access and movement of people and goods will be difficult due to poor roads during rainy season; this also will affect the scale up of humanitarian intervention and deliveries.

Recommendations

Scale up and improve food access and safety net measure to the affected population particularly drought displaced, poor and economically impoverished households.

Support conditional cash/free cash/food transfer for rehabilitation of basic agricultural infrastructure and water catchments that ensure food access through market.

Stimulate local economy and rehabilitate the basic/ key infrastructure that has effect on production of the area. These activities will create labour opportunities for poor households and unemployed youth that are target for insurgent recruitment.
• Most of the current interventions have been free food distribution as the preferred strategy to improve food security and mitigate the impact of drought, however, building resilience and livelihood support should be considered.
• Support affected farmers with appropriate agricultural input including seeds and tractor hours in both rain-fed and riverine areas of Juba to enhance agricultural production. This will also increase resilience of the affected communities.
• Support livestock vaccination and training of community animal health workers to improve animal health delivery in the drought affected area in close consultation with local authorities
• Further assessment using teleconferencing approaches used by FSNAU to have a broader understanding of the situation to make actionable recommendation
• Sustain household purchasing power with targeted cash transfers and/or cash for work activities in the most drought impacted areas.
• Farmers have seen a significant reduction in their incomes from agriculture, livestock and milk sales in the last two seasons, resulting in a drop in purchasing power and increases in household debt. Support should be targeted until the next harvest when farmers would be able to generate income from the sale of their products.

Shelter/NFI Cluster

Findings
• According to JRIA, there are massive displacements into Dhobley town and its environs due to drought affecting the hinterlands of Jubaland.
• Two livelihood groups have been affected include pastoralists, and the riverine community. There are over 3000 riverine displaced households in Dhobley. 619 households have been received in Dhobley since January. These have joined settlements within Dhobley. Over 100 households have joined Nasib Camp, which is the only formal IDP camp in Dhobley. Nasib Camp has a population of over 690 households. Dhobley authorities discourage the formation of formal settlements in the town citing the fact that there are not enough resources to sustain them in a humane standard through the provision of basic services.
• Other riverine IDPs have joined have been integrated with host communities in Qorah and Sheyqal settlements in Kuturs, Athar and Eldig settlements in Bosnia, and Lawi and Kawan Digle settlements in Waberi sections of Dhobley town.
• There are over 20,000 pastoralist households displaced in some 29 settlements in the peripheries of Dhobley town.
• The pull factor of IDPs to Dhobley is the relative stability of the town, peace, and presence of humanitarian organizations proving hope of assistance.
• These IDPs live in makeshift and deplorable shelters. These structures are made of clothes and some insufficient plastic covering. They are exposed to rains and extreme weather. Shelter assistance has not been provided in this town since 2012.
• There is a functional market in Dhobley where shelter materials and NFIs can be purchased. An interview with one IDP who had purchased tarpaulin revealed the one tarpaulin is sold for 20 USD.
• UNHCR in collaboration with DRC intend to distribute NFIs to some 500 IDP households in the next few weeks.
• There is constant movement across the border between Kenya and Somalia at Dhobley. Some come from Kenya as spontaneous returnees, where some pastoralist dropouts and returnees who had received assistance are crossing back to Dadaab due to drought. IOM and UNHCR have records of these movements.
• Shelter cluster partners in Dhobley are UNHCR, IOM, WRRS, ARC and Mercy Corps.

Recommendations
• There is limited funding for the Shelter Cluster to respond to the shelter/NFI needs related to the drought.
• For quick response, the local markets can be leveraged through provision of cash assistance for shelter and NFIs. This can only work optimally if assistance is scaled up in other sectors like food security, WASH and Nutrition.
• There is need for full scale mapping of IDP settlements in Dhobley to ascertain their population, rate of influx, and pressing needs.
• The idea of integrating IDPs among the host community is lauded. However, this can only be sustained by providing assistance to families who have absorbed IDPs.
Education Cluster
Findings
- There are currently very limited education options in Dhobley. There are a few public schools with WFP school feeding, but most schools are private with fees new IDPs are not able to pay
- There are currently no schools in the IDP settlements
- The feedback from the people interviewed is that they are coming from rural areas where they did not attend formal education, but rather Quranic schools. The newly arrived IDPs are enrolling their children in Quranic schools in Dhobley, but not regular schools.

Recommendation
- There is a need for establishing schools in the IDP settlements

Nutrition Cluster
Findings
- Save the Children International Out-patient Therapeutic Care (OTP) site is inside the hospital and this project is under the JHNP/EPHS which will end at the end of April.
- SCI’s OTP was well organized and proper flow of services, there is good recording and management of cases with appropriate follow up and referral linkages.
- They have close relationship with WRRS in terms of referrals and that evident. The Stabilization Center is adjacent to the hospital where SCI sends the severe complicated cases that need inpatient management.
- Children discharged from the OTP are also referred to WRRS managed Targeted Supplementary Feeding Programme (TSFP).
- SCI OTP staff confirmed increased numbers of admissions. And average of 15 children is admitted in the centre.
- SCI have scaled up a mobile integrated OTP/TSFP as part of the Drought response in Dhobley, the team visits two sites per week. The OTP part is fully functional but still waiting the supplies for the TSFP.
- WRRS has all the curative components of the Integrated Management of Acute Malnutrition (IMAM) available in the same compound managed one organization. UNICEF supports all these projects.
- At the time of the visit, 15 children were in the Stabilization Centre while 50 others were in the OTP sites.
- The supplies for the nutrition supplies (OTP/TSFP) are not matching with the current caseloads.
- WRRS is experiencing shortage of nutrition supplies in the OTPs and the SC and no supplies in the TSFP.
- Staff were not trained for the last one year while new staff have joined.
- No food for the caretakers in the Stabilization Center.
- No medical doctor/clinical officer in the Stabilization Center. The SC needs specialized person to properly manage the medical complications.
- No supplies for the recently established SCI mobile TSFP.
- Limited TSFP services. Children discharged from the OTP can sometimes wait till the end of the month when TSFP distribution is happening.

Recommendations
- Monitor the nutrition situation, partners to continuously conduct bi-weekly MUAC screening.
- Dhobley partners to continuously visit the IDP settlements for early case detection and case finding. It’s good to identify malnourished cases earlier than waiting them to come to the nutrition site.
- WASH partners to provide hygiene kits to the families in the nutrition centres.
- WFP to urgently consider providing quarterly supply of TSFP/BSFP commodities, this way children do not have to wait for a month to get treatment and consequently reduce the OTP relapses/readmissions.
- SCI to urgently deliver the expected TSFP supplies to Dhobley to ensure the community is getting nutrition integrated responses.
Protection Cluster

Findings

- Young women with early marriage were considerably visible at Nasiib Camp.
- The protection impact of the drought situation has triggered movement of affected rural communities from specified locations in Bay, Bakol and Middle Juba regions largely controlled by AS.
- The only IDP settlement in Dhobley town is Nasiib which is an informal camp with the land temporarily donated by private land owner. Some returnees opt to stay in Dhobley even if it is not their final destination and this is associated with the relative security and the availability of humanitarian assistance.
- Immediate needs as noted by people interviewed include education, provision of shelter and lack of ambulances
- IDP women in Nasib settlement indicated that there are limited protection issues to raise especially with regards to incidents of GBV. Women were only concerned when going outside the town especially during times when pastoral men migrate with their animals in the outskirts of Dhobley town.
- Shortage of latrines is exerting pressures on women not to be able to go outside IDP settlement during night time that been a trigger for protection risks.
- IDP families feel safe been in Dhobley. A few men claim that they previously sought refuge in places like Ethiopia but due to arbitrary detentions they opted to move back to Somalia and later displaced by the drought to Dhobley. Overall IDPs enjoy safety in Dhobley though there is no enough access to job opportunity.
- IDPs in Dhobley reported to have freedom of movement within and outside the town except when women and girls are bothered by pastoral men and youths by AS in the town’s outskirts.
- Presence of separated children-though they live with relatives, a number of the IDP children struggle to undertake challenging activities for livelihood support but rather they required education support is misplaced as they are currently burdened by going to work like shoe shining to sustain their lives.
- Due to the inhabitance of one clan, land and property history in the area are clear and every resident of Dhobley is aware of their properties and has been possible for them to visit and see their belongings even while in refuge outside.
- There has been no information or concerns over human rights and protection violation.
- Some of the main obstacles raised were funding gap and access issues.

Recommendations

- Further monitoring would benefit to establish displacement dynamics; a more coordinated system of local displacement surveys would have been useful to measure coping mechanism of the displaced people as a result of drought, insecurity and conflict.
- Authorities requested for a continued support of UN to scale up the capacity of the authority to improve the security of IDPs and Dhobley community.

WASH Cluster

- There were no reported cases of water shortage in the town
- New IDP arrivals need additional latrines

Recommendations

- There is need to continue hygiene awareness for the new arrivals to prevent outbreak of AWD/Cholera
- Additional latrines to be provided in the Nassib IDP settlement

Purpose of mission:

To assess the impact of drought and other humanitarian issues in Dhobley and the surrounding areas.

Mission participants:

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Photos from the mission