

### Highlights

- At the time of the missions, an Acute Watery Diarrhoea (AWD)/cholera outbreak had reportedly killed 10 people over two days. Local authorities, youth groups and NGOs have set-up a cholera treatment centre (CTC) and report that the majority of cases are coming from neighbouring villages.
- Following the withdrawal of the Ethiopian National Defence Forces (ENDF) and the Somalia National Armed Forces (SNAF) from Tieglow and Rabduhure and Tieglow, 840 IDP households have arrived in Xudur.
- There is a functional health and nutrition MCH with integrated nutrition services functioning and run by MARDO and ACF, and supported by UNICEF and WFP. Supplies are available and WASH facilities are adequate.



A drought affected family with their donkey cart carrying firewood and jerry cans in search of water in Xudur district, Bakool region. Photo credit: Protection Cluster /H. Abuya (March 2017).

### Main findings

#### General overview

- The District Commissioner and local authorities indicate the town is safe and humanitarian organisation can operate freely within a 25 km radius. This was echoed by the Ethiopian National Defence Forces (ENDF), non-AMISOM, who are present in Xudur.
- The economy of Bakool massively depends on rearing livestock and farming in addition to inter-regional and inters cross-border trade with Ethiopia. Xudur has been affected by persistent conflict, displacement, drought and siege, which have all contributed to the influx of IDPs and inflation of prices.

- Respondent interviewed narrated that security constraints remain a major challenge making access impossible in areas controlled by Al-Shabaab (AS). This presents a major challenge to humanitarian actors' ability to provide humanitarian assistance.

### **Internal displacements**

- Following the withdrawal of the ENDF and the SNAF from Tieglow and Rabduhure and Tieglow, 840 IDP households have arrived in Xudur.
- Over 60% of the displaced are children who have been separated from part of their families during military operations.
- IDPs reported that the majority of the youth do not have access to high level of education, and is trying to join the new recruitment of the police by the government or engage on any activities like sports.
- Majority of the women have no livelihood opportunities.
- The District Commission of Xudur reported that authorities are registering the populations displaced by both drought and conflict, and will track population movements, with the support of ACWRW, a local protection partner.
- Respondents interviewed stated that any durable solutions or sustainable return depends on improved security situation in their villages/ place of habitual residence.
- In the collective centre visited where authorities report that 300 households live (with about 40 households present at the time of the visit), latrine are available. The IDPs report they have to pay US\$0.2 for 1 Jerry can.
- IDPs reported received different one-off cash assistance for one month with different transfer values from several NGOs. At the time of the mission, NRC had a team in Xudur to register IDPs and other families for a cash response.

### **AWD/cholera response**

- At the time of the missions, an Acute Watery Diarrhoea (AWD)/cholera outbreak had reportedly killed 10 people over two days. Local authorities, youth groups and NGOs have set-up a cholera treatment centre (CTC) and report that the majority of cases are coming from neighbouring villages.
- In the CTC, 50 patients have been admitted in 2 days, 5 deaths the day before and 4 deaths the day of the visit (not confirmed). No stool sample has been collected at the time of the mission.

- The CTC is located on the outskirts of the town making the transport of supplies difficult. The authorities have set-up an ‘ambulance’ system with a vehicle on standby to take affected people to the CTC. A phone number is available and shared with community leaders.
- There are close to 5 different organisations/groups present and working in the CTC with however little expertise in case management. There are 2 ex-MSF staff who prepare chlorine solution. Everyone is working on a voluntary basis.
- There is no isolation in the CTC with about 10 patients and 25 people around in one room. There is also no separation of the patients (male, female, adults, and children).
- The CTC lacks adapted materials to respond such as cholera beds, buckets, chlorine solutions, and soap. There is no access to safe water, sanitation nor hygiene.



Photo credit: Laffey/UNICEF/March 2017.

### **Health & Nutrition**

- Nutrition and health services are integrated in a well-structured compound inside Xudur town. ACF runs the Stabilization Centre, while MARDO runs both the OTP/MCH and TSFP supported by UNICEF and WFP respectively.
- ACF and MARDO both run mobile services. ACF runs an outreach OTP program in the surrounding villages (6 sites) and 1 fixed. They intend to start TSFP program in the same villages (funded by DFID). MARDO also intends to open two additional mobile OTP. There is a total of 14 TSFP mobile teams. OTP and TSFP outreach services are not integrated in most of the villages.
- The MCH is the hub for vaccines in Bakool region, currently there are currently enough vaccines in stock. No cases of measles have been reported in the past 3 months.
- There is strong referral system within the nutrition and health program. An increase in admission to the nutrition programmes has been reported. Families are walking from up to 45 km to bring their children for treatment.
- Partners have noticed increased numbers of admission in March.
- In terms of supplies:
  - WFP nutrition supplies: 321 cartons of Plumpy doz, 155 cartons of RUSF, 72 sacks of Con Soya Blend and 10 cartons of vegetable oil. The stock will last until end of March.
  - UNICEF nutrition supplies: MARDO received 200 cartons of Plumpy Nut in XXX. Currenty, 150 cartons of RUTF were in stock to last end of April.

- ACF procures the nutritional products through the consortium and partly received the therapeutic milk/RUTF from UNICEF.

### **Food security**

- The overall food security response has increased in comparison to January 2017. The food security partners including UN, INGOs, and NGOs are delivering needed food aid through cash-based transfer and in-kind. WFP, FAO, ACF, SCI and NRC are the main food security partners providing assistance to the affected population. WFP and ACF had recently distributed food aid while NRC was registering 1,000 households (mainly IDPs) in Bakool. ACF is supporting rural communities and accessing 75kms away from the Xudur.
- The loss of productive assets and increasing household food insecurity attributable to the cyclic drought conditions has over the last decade become a defining feature for Somalia. The livestock conditions, however, is not as bad as 2011. Livestock conditions especially shoats (goats and sheep) are in a much better state in Xudur than those in Puntland, and this is attributable increased access and mobility. Cattle are emaciated but fair in body conditions. The general livestock conditions in Xudur is fair.
- Access has significantly improved since 2011, and this has a knock-on effect on the general food security situation of Xudur. The market is functioning and providing services. ACF narrated that they are assisting rural communities 75 kilometres away from Xudur town. The security situation according to the partners has improved thus allowing them to support rural communities. However, funding remains a challenge to ensure significant scale up of the response notwithstanding, we anticipate an increase in the number of people assisted in March.

### **Shelter/NFI**

- Key informative findings indicate that 100% of affected displaced community live in collective centres arranged by local authority and host community in Xudur as temporary till they find resettlement area.
- ACF distributed 480 emergency kits out of 800 package including shelter to the displacement HH.
- Although the displaced families are living in the government building, the remaining families left by ACF would need basic house hold items.
- Although there was functional market, shelter items were less found in the market basing the intervention to NFI cash or ESKs (Emergency shelter kits) to cash.
- There was also need for tents as shelter at the CTC to use by the centre to treat the patients.

### **Protection**

- **Child recruitment:** The recruitment and use of children by armed forces and AS continues to be a major challenge. There are unverified reports that SNAF and AS were recruiting and/or have presence of child soldiers in the armed forces/groups.

- **Gender-based violence (GBV):** There are no reported GBV incidents or cases. It is worth mentioning that the underreporting of GBV cases in some communities is attributed to cultural norms and social stigma for survivors.
- **Disarmament, Demobilization and Reintegration (DDR):** Local authorities have established a DDR centre for the ex-combatants/former fighters. The services available include counselling and vocational training to assist former AS fighters with coping mechanism in reintegrating to society. Currently, there are 61 former fighters (including three former child soldiers - this information is however subject to verification).
- There are only two protection partners (ACWRW and South West Mine Action UK) in Xudur district.

## Recommendations

Sector	Recommendations
<b>General</b>	<ul style="list-style-type: none"> <li>• Overall need to improve the coordination of the humanitarian activities to avoid the risk of dual targeting and duplication of effort. The rapid assessment team pointed this out to the DC expressing the need to meet with the partners regularly to ensure better coverage of the assistance beyond the town.</li> <li>• Expand services to ensure mobile teams reach neighbouring villages. Mobile services should be mapped to ensure complementarity and avoid gaps in coverage.</li> </ul>
<b>AWD/cholera</b>	<ul style="list-style-type: none"> <li>• Select one organisation in charge of the CTC management and to implement isolation measures</li> <li>• Send an emergency team (wash and health) to give a first line support/training.</li> <li>• Provide technical guidance (both wash and health) to the organisation that will be selected for the management of the CTC, including on dead bodies management</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• Urgent need to scale-up Wash activities in the town and in accessible surroundings - Wash actors are absent/transparent</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Integrate Mobile Nutrition Services (OTPs/TSFPs)</li> <li>• The partners to continuously conduct Mass screening both quarterly and ad hoc basis –whenever IDPs arrive in Xudur to ensure early detection of cases.</li> <li>• Refresher Training or on-the-job train for the nutrition staff in Hudur.</li> <li>• Prepositioning nutrition supplies ( OTP/TSFP/BSFP) for coming three months</li> <li>• Advocate for the CTC to be moved into the big hospital ( currently not functional)</li> <li>• Conduct hygiene promotion at the HH level, through the CNW and the health educators.</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• Improve the animal health conditions through the provision of treatment and fodder to reduce livestock deaths and loss of livelihoods.</li> <li>• Enhance coordination among the key actors in Xudur. The FSC has taken appropriate steps to ensure that by appointing ACF to lead coordination.</li> </ul>
<b>NFI/Shelter</b>	<ul style="list-style-type: none"> <li>• The shelter cluster is in discussion with ICRC and other actor to see what kind of shelter/NFI intervention will be available.</li> <li>• Distribution of hygiene, dignity kits and mosquito nets as an immediate intervention for the women.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• All armed forces (SNAF) and armed groups/affiliated militia (AS) to stop forced recruitment and/or use of children in the conflict as this contravenes international law and international human rights law. Discussion will be held with UNICEF for follow up</li> <li>• Roll out of the regional protection cluster at Xudur by mobilizing the actors (INGOs and NNGO)</li> </ul>

	<ul style="list-style-type: none"> <li>• Distribution of hygiene, dignity kits, kitchen sets, blankets, sleeping mats, soaps and mosquito nets for the persons with specific needs (women, children, elderly).</li> <li>• Protection Cluster/UNHCR to advocate with the Federal government of Somalia to facilitate the safe, rapid and unimpeded access of humanitarian organization to access all persons in need of assistance within the country.</li> </ul>
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### Additional information

#### Locations visited:

- District Commissioner's office;
- IDP settlement;
- MCH, OTP and Stabilisation centre;
- CTC;
- Market.

#### Partners met:

- Local authorities;
- ACF;
- MARDO;
- GREDO.

#### Mission participants:

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