1. Executive Summary
Galmudug sate of Galgaduud and Mudug regions is newly established state in Central Somalia which is politically divided and unable to effectively function.

The state administration is temporarily based in Addado town and the supposedly capital of the state is controlled by the Ahlusana group known (ASWJ).

Efforts of reconciliation and negotiation between the parts have been under process for some time but failing to yield any result so far.

There are active hostilities in the ground between various groups and clan revenge based killings which have displaced thousands of families.

The situation is exacerbated by recurrent droughts and failing of rains in more than 3 successive years where community in rural areas lost all their animals, coming to urban locations seeking better live condition but ending in pathetic situations in IDP camps.

There has been an escalating severe inflation on the Somali shillings in the entire country but more severely in the central parts where business rejected to accept all the Somali shillings and people completely unable to buy food and other essentials.

This rapid humanitarian assessment conducted by DBG in the period between 2nd and the 9th of August - 2017 covered large parts of Galgaduud and Mudug regions and has found an alarming and dire situation amongst the displaced population and without immediate humanitarian interventions, high level of morbidity, disease outbreaks and full scale of famine is very likely in the most and worst affected areas of these regions.

The result of the assessment shows a widespread and immediate needs in the areas of Food, health & nutrition, WASH and livelihoods.

- **Immediate priority needs identified**
  - Only 36% of 300 households been interviewed had food access and 55% of them reported that they can only offer only one meal per day with severe market volatility and price fluctuation that has extremely diminished their purchasing power, leading to negative copying mechanism including reduction of meals taken per day and without food support or distribution to them since they arrived months ago.
  - More than half (152) of the households been assessed responded that rice is the only stable food available for them.
  - There is urgent need to establish a stabilization center in Miirjiiclay village (~ 45KM) south of Abduwaq district to cater the high number of severe malnutrition cases by the IDPs fleeing from Conflict in nearby Heraale district.
  - Supplementary feeding to moderately malnourished children under five is needed, many children of the interviewed households have shown signs of malnutrition including Odema.
  - Nutrition and Health services are very limited, facilities are unequipped/ under supplied in all assessed urban areas & almost non-existent in rural villages in spite of large dependent agro-pastoral populations and villagers who had to travel 30 minutes or more to reach health facilities.
  - More than a quarter (29%) of the households in the assessed areas reported a loss of household member within the past six months and diarrhea to be the main cause of the deaths.
• Health community education, promotion awareness campaigns are needed to reduce prevalence of preventable diseases such acute watery diarrhea, malaria, respiratory infections and to also increase and create awareness for community uptake of nutrition and health services.

• Provision of adequate, clean and safe water through rehabilitation and construction of sustainable water structures i.e. boreholes, shallow wells and immediate water distribution through water tracking for the conflict and drought displaced households in the camps is crucial.

• The main water sources for the people of these regions are boreholes where most of them are not working as they either over used/exhausted and producing less and salted water or deliberated and becoming out of function.

• Most of the water points are privately owned and charge higher fee and more expensive in remote areas. On average cost of 20 liter of water is 60 thousand Somali Shillings (~3 USD), huge burden and inaccessible by most of affected households who earn $2-3 US dollars per day if any. 62% of the interviewed households do nothing to make water safer to drink and don’t aware to the risks related bad sanitary, hygienic practices and how to clean water.

• Access to Latrines is very low and covers roughly only 38% of assessed population, a significant number of existing communal latrines are not functioning as they are either full, or provides no protection and 57% have no any hand washing facilities.

• Provisions of emergency and transitional shelter for the drought and conflict displaced population is critically needed, 70% of interviewed households responded that emergency shelter is their first priority living in severe and very hot and dust weather conditions.

2. Objectives and Methodology

2.1 Objectives of the assessment

• Obtain clear multi-sectoral needs of the region to map out the exiting gaps and plan affective and appropriate projects.

• Contribute to the availability of accurate and fresh needs reports and share for advocacy and humanitarian appealing

2.2 Methodology

• The study profiled some 300 IDPs whom are displaced by the armed conflict, violence and droughts who live in camps in Dhusamareb, Abudwaq, Adaado and Galkayo districts of Galmudug state.

• The study used online data collection software (ODK), a team of enumerators were trained to visit IDPs door to door to collect data.

• Complementary to the primary data, key secondary data including but not limited to: DBG weekly and monthly field reports, direct observation and desk reviews were also applied to inform the assessment findings and supplement data narration

1.1 SiteProfiling of the respondents
The assessment targeted urban populated districts and remote villages in both Galgadu and Mudug regions, the assessment team identified these locations based on the existing information over the coming of newly displaced people from various locations with gaps and dire humanitarian situations.

Table 2: Assessment Site Profiling

<table>
<thead>
<tr>
<th>Name of District</th>
<th>Name of the Village/camps</th>
<th>Target Area</th>
<th># of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abudwak</td>
<td>Mirjiiclay (~ 45 south of Abdudwaq district)</td>
<td>Village/IDP camps</td>
<td>51</td>
</tr>
<tr>
<td>Adaado</td>
<td>Galbeed</td>
<td>IDP camp</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Qaradhi</td>
<td>IDP camp</td>
<td>51</td>
</tr>
<tr>
<td>Dhusamareb</td>
<td>Dayax</td>
<td>Village</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Gadoon</td>
<td>Village (~ 40KM east of Dhusamareb)</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Horseed</td>
<td>IDP camp</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Mareerger</td>
<td>Village (~ 30KM north of Dhusamareb)</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Waxaracade</td>
<td>IDP camp</td>
<td>50</td>
</tr>
<tr>
<td>Galkacyo</td>
<td>Alanley</td>
<td>IDP camp</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Garsoor</td>
<td>IDP camp</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Hormar</td>
<td>IDP camp</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Wadajir</td>
<td>IDP camp</td>
<td>11</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td>300</td>
</tr>
</tbody>
</table>

2. Assessment Findings

2.1 Household characteristics

Female heads of households account for 63.7% of all the interviewed IDP families while male heads are 31.7%, there is overwhelming majority of households in IDP camps being headed by females.

Figure 1: Gender of Household head
Male members of the IDP families including husbands were likely left behind to protect family belongings and properties or been engaged by the wars.

This is can be furthermore attributed to the massive arrest of elders by Al-shabaab (AS) fighters in areas of north east of Galgadud and south of Mudug regions where at least 300 elders were arrested during the period from May -2017.

AS has been forcibly recruiting youth, imposed a compulsory contribution on each family to provide child to join and be trained by them.

A core cause of the enormous displacement of hundreds of pastoralist families absconding from the violence leaving all their belongings behind.

More than 7% of the interviewed households are led by teenagers under 18 years, it is shocking that most of these families led by these under aged children have either lost both of their parents or one of them in the armed conflicts, disease or drought throughout years in this region.

Galgadud region witnessed one of the most devastating and deadliest armed conflict in recent years, the deadly fighting between the ASWJ and Al-shabaab militias in the region that was going in more than 6 years caused a major loss of men, displacement of people and destruction of property.
The fresh fighting in Heraalle town northwest of Dhusamareb, the clan revenge based brutal killings of key community people like business, elders and the escalation of the violence by AS in south Mudug and north east of Galgaduud region exacerbated by the natural disasters is why there are so many orphanage children who live in IDPs camps desperately.

Figure 2: Population age group compositions

Children under the age of five-year group have accounted for 28% of all household member followed by those of age braked between 6-11 years, these children have no access to any form of education, most of them from pastoralist families who have recently moved to urban camps and third (33%) of the households have family members joining in the next 6 months.

More than 92% of the interviewed female headed households are expecting or lactating women, an indication of how clinical services are important.

35% of the households have persons who are physically or mentally challenged in the household reflecting to the reality of the wars, loss of family members and properties which are utterly affecting these community.
2.2 Sectoral Findings

2.2.1 Food Security & Livelihood (FSL)

The food and livelihood sources of the surveyed population were predominantly pastoralism, highly dependent on livestock assets as a major source of food.

These households are now facing a severe food shortage due to critical depletion of livestock assets where those would have had any savings are bankrupted by inflation caused by counterfeit money.

More than 35% of the households don't get food every day, majority of the households (55%) been interviewed manage only one meal per day, another 36% get two meals per day while those who can offer three meals per day account for only 3.33%, this is adversely having impact on the dietary nutritious food balance/intake, increasing rates of malnutrition in remote villages and in the IDP camps. 79% of those who get daily food have rice as the only stable food to them.

Figure 3: meals per day

![Pie chart showing how many meals households have per day](image)

There are variety of food available in the local markets but IDPs unable to access, prices are high and increased by taxation, insecurity and poor road network.

Assistance from relatives is the main source of income (73%), followed by handouts from humanitarian organizations (6%) and casual labor (5%).

56.67% of them have 2-3 US dollars as income per day followed by those who earn 1 US dollars accounting for 26.67 %.

Figure 4: household income per day

![Bar chart showing household income per day](image)
2.2.2 Health and Nutrition

Of the households assessed in Galkacyo, Abduwak (Muirjicley village) and Dhusamareb, 46.15%, 45.10% and 24.34% respectively had family member died during the past six months.

Majority of those deaths were caused by diarrhea (34.7%), other diseases (29.5%), malnutrition (14.9%), Malaria (9.29%), Measles (6.6%) and respiratory infections (3.18%).

**Figure 5: Causes of deaths**
These are more epidemic in the most concentrated camps in Gadoon, Mareergur, Miirjiiclay villages and in Adaado town, situation is deteriorating in daily bases since there isn’t save dirking water and no knowledge and awareness of good hygienic practice at personal, household and at community level.

Table 3: Distance to the nearest health facility

<table>
<thead>
<tr>
<th>How long it takes to reach Health facility</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-60 minutes</td>
<td>128</td>
<td>42.67%</td>
</tr>
<tr>
<td>30 minutes or less</td>
<td>72</td>
<td>24.00%</td>
</tr>
<tr>
<td>1 -3 hours</td>
<td>39</td>
<td>13.00%</td>
</tr>
<tr>
<td>3+ hours</td>
<td>39</td>
<td>13.00%</td>
</tr>
<tr>
<td>Don't know</td>
<td>22</td>
<td>7.33%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>300</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Distance to nearest health facilities for households in Mirjicle of Abdudwak town and Adaado takes an on average 30 to 60 minutes to reach and it’s around 30 minutes in Dhusamareb.

No nutrition interventions and no provisions of therapeutic food distribution in either of all the assessed camps.

Children under the age of five in 51% of households interviewed were not vaccinated. Of the children vaccinated, 39% were Measles while 33% polio, 12% received pentavalent vaccines and 10% received BCG vaccination.
2.2.3 Water & Sanitation and Hygiene (WASH)

Most of the population rely on water from boreholes or open unprotected water sources including hand-dug by local communities and water bladders.

A number of challenges continue to impede the communities’ access to reliable volumes of safe water counting on very limited sustainable water structures, water storage, high salinity levels, silt concentration, low water handling capacity, contamination and often, water source are not adequately protected. Boreholes if available are over-stretched, and with no proper maintenance and repair, they are prone to breakages and repairing takes long time.

The average walking distance to water sources varied widely per location, however, 80% of respondents reported a range between 30-60 minutes from the main villages, the average distance need to walk in Miirjiclailay village is more than 60 minutes. It’s often the responsibility of women and young girls to fetch water, poses possible risks of rape and other forms of violence.

The assessment established that on average a household spends US$2-3 per 20 liter of water, a high cost given to the reduced income and consequently diminished purchasing power, the quantity of water therefore families can afford does not meet Sphere minimum standards of 15 liters a day per person.

The water sources are not protected from human and animal access and are prone to contamination from open defections, water usage and point management was observed to be equally unsafe, access to, knowledge and practices of water treatment/purification is very minimal if exist at all.

61.67% of the households directly fetch water from unprotected water sources exposing them to water related diseases like diarrhea, skin diseases, typhoid and malaria. High trends of such ailments were observed within the camps been visited.

Only 14% use chlorine to make water safe for drinking while another 13% boil water and 8.33% said they strain it through clothes to drink.

Figure 8: What do you do to make water safer to drink?
Access to latrines is very minimal in all of the assessed locations including IDPs settlements, too few latrines are available. The assessment found that approximately only less than 60% of the population in Miirjiiclay of Abduwak, 40% in IDP camps in Galkacyo and as 30% in Adado villages have access to proper latrines. The rest of the assessed and newly established IDP camps in Miirjiiclay and Galkacyo population practice open defecation in the open bushes surrounding the settlements.

In rural villages, & most of the urban IDP settlements visited, the few available communal latrines are over-used and poorly maintained, conditions are debilitating posing serious health hazards. The assessment found out that on average, each latrine was used by more than 15 households surpassing standards of should not be used by more than 5 households and must be properly maintained. This situation has also adversely affected and disadvantaged women’s access to latrines as most often feel shy because majority of the latrines are not gender segregated and provide no protection or privacy means at all and are in open space in a very conservative community.

### 2.2.4 Shelter and Nonfood items

Majority of IDPs (60%) in assessed camps live in makeshift traditional huts (Buuls) made of worn out clothes and local sticks, around (40%) of households had plastic sheeting cover for protection against sun and
windy climate conditions. The shelter materials and conditions were far worse for landless IDPs & those living with poor relatives, materials currently used by IDPs are unsafe, leaking, and susceptible to fire.

More than (43%) of IDPs interviewed reported that essential household items such as cooking utensils, blankets, tents, mosquito nets, as well as household lighting as torches/lamps are widely lacking, causing significant protection, livelihood and health concerns especially those households with vulnerable and disabled family members.

IDPs stated that their shelters don't lock neither from inside (88.5%) nor from outside (88.4%), unsafe when sleeping at night, and when leaving the shelter with no one to look after their belongings.

91.1% stated that even windows don't lock; while 83.8% stated that their shelters don't have any barrier/fence around the plot.

Sleeping in a shelter that has no doors/windows that don't lock, and no fence to provide protection and privacy exposes girls and women to the risk of gender Based Sexual Violence including rape.

When asked to describe the condition of their shelters, 52.8% described their shelters as either poor (45.1%) or bad (7.7%). Table 5 presents shelter conditions.

![Internally displaced camps in Dhusmareb](image)

### Table 4: shelter conditions

<table>
<thead>
<tr>
<th>Describe Shelter conditions of your household:</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>13</td>
<td>4.33%</td>
</tr>
<tr>
<td>Poor</td>
<td>124</td>
<td>41.33%</td>
</tr>
<tr>
<td>Bad</td>
<td>88</td>
<td>29.33%</td>
</tr>
<tr>
<td>Other</td>
<td>75</td>
<td>25.00%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
</tbody>
</table>

When asked to identify their most immediate needs in terms of shelter, 72.7% stated that they need emergency shelters.
When participants been asked to describe the kind of concerns they have about their shelters, 59.7% stated that their main concern is theft; while 17.5% stated that they fear violence. Such fears are well founded because majority of the IDP shelters assessed don’t have barriers/fences to protect them and they cannot lock doors from inside or outside in IDP camps.

### 2.2.5 Education

The children of IDP households interviewed have the lowest access to school. Only 20% said they have access to school, and of these households, 85% said their children attend Madarassa that teaches only the Quran. The main barrier cited for children not attending schools was lack of fees (82%) as they cannot afford to pay school fees.

**Figure 10: Reasons children are not in school**
3. Recommendations

There is alarming humanitarian situation among the pastoralist community who lost their animals by the drought, the families been displaced by the conflict and the violence and those who are affected by the inflation which are live threatening factors and weakening the resilience of these community by the day.

The shocking reality is that is how coincidently those negative combined factors are happening. Most of parts of the region is accessible and authorities in power are not hostile to aid organizations, though, historically, there is less presence of humanitarian organizations in Galmudug sate and those who have presence mostly operate in major towns where people keep to surfer in the far remote villages and rural places.

A holistic immediate humanitarian intervention is needed in various sectors including shelter/Non Food items, food, nutrition, WASH and health.

Food and Nutrition:

Immediate food distribution through flexible vouchers to the IDPs households to address the alarming food shortage and supply of nutritional food packages to minimize the risk of malnutrition among children and the elderly people are absolutely essential and are more critical in the far remote hardly accessible villages and locations.

With flexible voucher, beneficiaries are empowered to redeem on which type of food they mostly need which should be supplemented with the awareness raising on most nutritious food types.

Programs that can reduce malnutrition rates and related under-five morbidity and mortality, increasing access to and utilization of essential nutrition care services, with a focus on the most vulnerable segments of the population (children under five years and pregnant and lactating women should be developed and supported.)
Develop programs that are aimed at improving the purchasing power, cash earning opportunities and productive assets of those most vulnerable households of the assessed population. Specifically, increase access to food through improved household incomes and access roads to markets through income generation and self-employment activities, cash for work by rehabilitation of productive assets.

Health and WASH:

A set up of new health posts/clinics and feeding programs in the IDPs camps and the remote village, provision of supplies and equipment to the established and the existing facilities is critical.

Water sources improvement through rehabilitation, desilting, removal of debris, supply of submersible pump, generators to boreholes in remote villages and towns to improve water for pastoralists and their animals and supporting means of water supply to those in IDPs including construction of water kiosks, water management and safety awareness is highly recommended.

Increasing access to potable safe water for human consumption and other domestic purposes as well as promoting safe hygiene and sanitation activities in communities aimed at prevention of water-borne and water-related diseases as well as sustainable management of water and pit latrines.

Majority of deaths case among the displaced families were caused by diarrhea (34.7%), the assessment found out that on average, each latrine was used by more than 15 households without maintenance, surpassing standards of should not be used by more than 5 households

Livestock health is a priority, the communities complained of livestock diseases and no similar intervention has been done in the area, in Gadoon and Mareerguur villages of Dhusamareb, health officials told the mission of prevalence of zoonosis diseases.

Shelter and Nonfood items:

Majority of IDPs (60%) in assessed camps live in makeshift traditional huts (Buuls) made of worn out clothes and local sticks, around (40%) of households had plastic sheeting cover for protection against sun and windy climate conditions their most immediate needs in terms of shelter, (72.7%)

Provision of emergency shelter and NFI kits are thus needed to be provided, especially single female headed households or with pregnant and lactating women that otherwise would not have the ability to access support from elsewhere.

A flexible unconditional but restricted shelter and NFI vouchers can be best used to address the various needs of shelter and NFI among the IDP papulation, through the flexible vouchers, beneficiaries will have choice to select items which most in need to them and ovoid imposing something which may not be a
priority to them. This can be applied in anywhere with available local construction shops and beneficiary can go and redeem vouchers

**Education:**

Only 20% of IDP households said they have access to school and those school are only the Qur’anic school, there are school available in those camps but parents are unable to afford school fee too

Programms that are focused on creating sustainable access to education for children (girls and boys) in the assessed areas especially in IDP camps is absolutely necessary for the future for those children that can be achieved through the conditional and restricted school vouchers and construction of transitional learning space in place like IDP camps.