

INTER AGENCY ASSESSMENT TO LUUQ DISTRICT, GEDO REGION:

March 16, 2017

Background:

The ongoing drought in Somalia has led to high levels of internal and external displacement. According to recent reports by UNHCR an estimated 256,000 people are newly displaced within Somalia. The humanitarian situation is deteriorating by the day with up to 6.2million people in need of urgent aid. The drought is affecting people's wages and food and water prices. Moreover, livestock deaths are increasing, malnutrition rates are rising and many people are moving in growing numbers from the rural areas which are hard hit in search of food and water. People across Somalia have been forced to walk hundreds of miles in search of food, water and shelter- with women and children disproportionately affected. Without assistance, many people face malnutrition, significantly increased risk of disease, loss of livelihoods and even death.

This number continues to sour every day. In response to this drought various UN bodies have set up a Drought Operation Center (DOC) to have a coordinated approach to the response on the affected population. It is within this background that a multidisciplinary team comprising Protection Cluster (UNHCR), Shelter Cluster (UNHCR) Food Security Cluster (FAO & WFP), GBV Sub Cluster (UNFPA) and Nutrition Cluster (UNICEF) visited Luuq in Gedo region to conduct a joint assessment on 16th March 2017.

Objectives of the assessment

- To assess the humanitarian needs of drought /AWD affected IDPs, host communities in Luuq
- Update current and ongoing responses
- Identify urgent gaps and needs for humanitarian assistance.

Assessment Methodology

The assessment was conducted through observation, bilateral interviews with key informants including traditional leaders, local authority, women, and members from Local NGO organizations. Upon arrival in Luuq, the team was introduced to the local leaders before embarking onto the several sites.

The areas visited included;

- Outpatient Therapeutic Program (OTP) Centre and TSFP (Targetted supplementary feeding centre) – managed by SDRA
- Dhuya'ley Internally Displaced People (IDP) camp and Host Community
- CTC (Quarantine center) & Busley IDPs Camp
- Luuq District Hospital
- Al Jazeera IDP Camp
- Meeting with the DC and Local leaders

General Observations:

IDPs: There has been a major displacement of rural communities into IDP camps in Luuq. Three major IDP camps were visited holding up between 6000 to 9000 HHs and continue to soar every day. This number needs to be clarified with IOM who are currently tracking mobility of IDPs. The Local Authority reported that 70% to 80% of Luuq district households (approximately 90,000 peoples) has been affected by the drought.

The major issues in the IDP camps are:

- Protection
- Shelter
- Food
- Water
- Sanitation and general hygiene in the camps
- Health
- Death due to water borne diseases (cholera/AWD outbreak)

PROTECTION

Access: Security constraints remain a major challenge making access impossible in areas controlled by Al Shabaab. This presents a major challenge to protection actors' ability to provide humanitarian assistance. Respondents interviewed stated that any durable solutions or sustainable return depends on improved security situation in their place of habitual residence. The curfew in the town also impacts on people's movement during night time.

Physical safety and security: All IDP settlements are open / not fenced and exposed to protection risks or possible infiltration of intruders/criminals. There are no street lighting for protection of IDPs specially women or girls going to toilet or call of nature. The local authorities have imposed a curfew restricting movement after 8.00 PM. Some of the IDPs in the settlements reported that they feel safe and protected against violence while many others have raised concerns over potential protection risks due to absence of security personnel in the areas. There are reported increase of robbery and theft incidents in the town, tension building between IDPs and the host communities as the latter believe humanitarian actors were only targeting IDPs.

Child recruitment: There are unverified reports that the Somali National Army Forces (SNAF) and Al Shabaab were recruiting and/or have presence of child soldiers in the armed forces/groups. The recruitment and use of children by armed forces and Al Shabaab continue to be a major challenge

Education: IDP children in the settlements were not going to school. There are no children friendly space (CFS) for learning and recreation facilities which, if established, will benefit IDP children in addressing their educational and psychosocial needs.

Gender based violence: Women and girls are at high risk of GBV and domestic violence compounded with cultural norms and fear of stigmatization of GBV survivors from community members. Moreover, reported of a case of theft that occurred in IDP settlement the previous night created fears of sexual and gender-based violence.



An elderly woman lamenting the death of her children and livestock attributed to severe drought in Luuq district. Majority of the displaced /drought affected persons are women and children. Women and girls are at high risk of GBV and domestic violence compounded with cultural norms and fear of stigmatization of GBV survivors from community members. Photo credit: Protection Cluster /H. Abuya (16 March 2017)

Protection Concerns:

Health: AWD cases are on the increase in drought affected areas. Patients with AWD are receiving treatment at Cholera treatment Centre (CTC) in Luuq (the centre is ill equipped and run by TROCAIRE). The head of Luuq health committee confirmed that AWD had affected 590 people and 63 deaths in total since the outbreak. Majority of cases were children under age of five. AWD cases are coming from surrounding villages approximately 40km from the centre. Elbon, Subxanallah, Harurle and Dhulmurux are among the villages with high incidence of AWD.

There are some partners who have extended their operation into the north and east of the district including Bohol Garas and Yurkut areas. Measles and polio campaign reaches all the district, but rest of the programs are limited to 25km south, 20 km east, while west and north are fully accessible. Mothers in Cakaaro section and Herakobaad section of Luuq town cannot access Luuq district hospital for delivery due to the Ethiopian Defense Forces (ENDF) check points, who are not allowing people from those sites to go to the other side of the town.

WASH: IDPs do not have sufficient water for drinking, cooking and personal hygiene. Water supplied through water trucking is provided to the displaced persons through a local partner although still inadequate. Further, access point is 5kms away as the camp is situated in the outskirts

of town. Open defecation by IDPs is common practice owing to adequate latrines thereby exposing them to protection and health risks. For instance, Dhuyacley IDP sites face health risks due to absence of sanitation facilities. There are no enough latrines that sometimes bring an issues to the safety of women who will want to go out at night instead of queuing to wait the toilet

Livelihood Concerns:

Water levels in Juba river: Due to the current drought the water levels in in Juba river in Luuq is very low to an extent that water is turning green due to stagnation. There is still some water extraction for irrigated farming along the river through the use of pumps.

Farming: Farmers are using the water for vegetable, fruit and even maize farming along the juba river. Some 100 HHs in Dhuyaley IDP camp are participating in farming as share croppers where they give back half of the produce to the land owners. However, it is important to note that in areas where they do not have access to water the scenario is different with no water and pasture leading to livestock deaths. With loss of livelihoods the rural people are moving into the IDPS camps in Luuq. Most of the displaced communities are coming from Garbolow, Shirgalole, Garasow, Maganey, Elbon, Doryanley, Bohol garas, shatilow and Golweyn villages.

Shelter Concerns:

Shelter, NFIs and land issues: Although there has been some NFI distribution by the shelter organization in Luuq, there is still a gap in terms of NFI distribution to the new arrivals due to the drought. WVI assisted total of 1300 HHs with the following: Distribution of Vitameal Commodities for 800 HHs, distribution of GIK/NFI kits for 500 HHs, which included plastic sheets, water containers collapsible Jerrycans, completed kitchen sets, fabricated (Bags, Clothes and rolls), Baby Blankets, Assorted T-Shirts, Slippers Shoes as well as sleeping mats. There is wide spread epidemic diseases that have effected young children. TROCAIRE admitted several malnourished children at the district hospital which is increasing at alarming rate.

Presently the land being occupied by the IDPs in Luuq has been donated by the local authorities. IDPs are allowed to use it for settlement or construction of shelters. Luuq weather is too hot and the shelter needs will further exacerbate upon the expected rain where families would be requiring plastic sheets that protect their makeshifts and blankets against cold especially for children.

Key Protection findings:

- Women and girls are at high risk of GBV and domestic violence compounded with cultural norms and fear of stigmatization from community members
- IDP settlements are open /not fenced and exposed to protection risks or exposing the affected population to intruders

- The recruitment and use of children by armed forces and Al Shabaab continue to be a major challenge thereby contravening international law and international human rights law
- Remoteness and inaccessibility to the conflict affected areas controlled by Al Shabaab remain a challenge and limits protection partners ability to ensure effective protection monitoring
- Majority of the women have no livelihood opportunities and/ or lack income to engage in economic activities to sustain their livelihood.
- Although there has been some NFI distribution by the shelter organization in Luuq, but still there is gap in terms of NFI distribution to the new arrivals due to the drought
- Open defecation by IDPs is common. There is no adequate latrines thereby exposing the displaced persons to protection and health risks
- AWD cases are on the rise in drought affected areas. Patients with AWD are receiving treatment at Cholera treatment Centre in Luuq (the centre is ill equipped and run by TROCAIRE
- 90% of patients at the Health Care Centre are IDPs from the 11 villages in Luuq that have been affected by the severe drought. It is reported that over the last week 20 there are AWD reported cases
- Access to health care is inadequate due to limited number of agencies supporting the health programs of the overwhelming IDP numbers that has sharply increased and hence coverage is minimized. Until currently limited urgent need assistances including nutritional supplements, food shortage had led drought affected families to eat unclean food remnants which have contributed to the AWD outbreak. According to IDP community in Jazeera camp, since January 30 deaths have been reported in the same camp which is attributed to drought impacts.
- According to the local authority' the displaced affected/displaced persons are 5000-8000 HHs. A spot check on ground by the mission team observed that the numbers have been estimated at 2000 HHs and overall cumulative IDP numbers of 6000 families (conflict and drought driven) in the entire Luuq town. In every 48 hours new reported IDP families arrive in Luuq. Though, some newly displaced families are reported to have joined relatives while no tangible figures on this were provided.
- Generally there are IDP sites/settlements at Luuq: Dhuyacley IDP settlement hosting of about 600 HH, Busley IDP settlement with 2000 HH and Jazeera IDP settlement holding about 2000 HH.
- The hot spot/areas affected by drought and AWD are Elbon, Dulmurux, Subhanallah, and Haruble.
- District drought committee (chaired by the District Commissioner) is functional at Luuq with participation of international and local NGOs including government line ministries. Though no huge mobilization by the private sector to support the drought affected families has been but efforts are ongoing.
- According to local authority, Al Shabaab (AS) is active in Elbon and was reportedly restricting civilians/ IDPs movement to Luuq. AS was apparently allowing some partners

to access their areas and provide humanitarian assistance to drought affected population but does not allow deployment of humanitarian assistances, However, in regards to information received from some of the LNGOs and community elders, it is possible for humanitarian supplies to be taken to AS controlled areas as they have already piloted and AS had no objection.

- Some of the IDPs in the settlement reported that they feel safe and protected against violence while many others have raised concerns over potential protection risks due to absence of security personnels in the areas. Moreover, reported of a case of theft that occurred the previous night which created in them fears of sexual and gender-based violence.
- IDP camps are been managed by chairpersons nominated by the district authority who are in charge of the camps and report to the district authorities. The chair manages security in the camps, conflict and coordination at camp level on behalf of the district authority.
- Though there could be fears associated with AS infiltration with the newly arriving families who could be among the affected families. The local authority does not conduct prior security screening on immediate arrivals of IDPs but gathers information about suspected individuals over time with clan members and establish security background in such a manner. A few suspects have been arrested but matters is pending investigation. Nevertheless, arrests may occur after curfew times but these are blanket and not specific to IDPs.
- Over 100 AWD affected cases are been reported from one of the AS controlled areas i.e. Elbon and an additional 50 individuals who are affected but have been taken care at a different place and are suspected to be families of AS members - these households are anticipated to move to Luuq because of its geographical proximity.
- Some IDPs have expressed concerns that some of the camps have been set up by the host community in order to attract humanitarian assistance which will also benefit them (this information is however subject to verification).
- CTC facility is found to be ill equipped and lack adequate medical personnel/drugs
- Tension building among IDPs and host community as the latter believe humanitarian partners were only targeting IDPs in the drought response
- Local authorities imposed curfew to restrict freedom of movement at night (after 8pm)
- Unemployed youths are reportedly engaging in stealing or criminalities at night
- IDP camps are not fenced and people are living in appalling conditions in makeshift and exposed to protection risks

Key Nutrition Findings;

- SRDA (UNICEF and WFP partner) is implementing an integrated nutrition services with EPI and resilience program at 7 nutrition sites, 2 fixed and 5 outreach. IDPs confirmed they access the 2 fixed OTPs/TSFP (Jazeera and Dhuyacle) nutrition sites. There are 56 Food Distribution Sites(FDPs)

- TROCAIRE is implementing a Stabilization Center inside the hospital –UNICEF supports the Stabilization Centre supplies. Seven severely malnourished children with complications were in the hospital, of which three were admitted in the last 24 hours.
- Caretakers in the Stabilization Centre (SC) are provided with 3 meals a day. On discharge they receive a food basket comprising of 15 kg of rice, 15 kg of Wheat, 15 of Pulse, 3 kg of Sugar and 3 litters of cooking oil.
- It was evident that a strong referral system exists amongst the nutrition implementing partners.
- The stabilization center had ran out of the F100 therapeutic Milk.
- In the last two weeks, SRDA recorded 102 children were admitted in the Out-patient Therapeutic Programme (OTP), 161 children in the TSFP and 52 Pregnant and Lactating Mothers in the Targeted Supplementary Feeding Programme (TSFP). From January, 4105 beneficiaries are benefiting the Blanket Supplementary Feeding Programme (BSFP).
- Hand washing facility was available in the nutrition facility.
- 523 Cartons OTP supplies were in SRDA stock enough to last them for a period of three months.
- Mothers and children were queuing under the scorching sun for nutrition screening in Dhuyacle IDP.
- A lot of readmissions, relapse occurs at the Outpatient Treatment center (OTP) partly attributed to WFP monthly distribution of TSFP nutrition commodities. At the time of the visit SRDA didn't have any TSFP commodities in stock and were expecting the next batch on the 25th of March. There is a big challenge as the OTP discharges and new admissions do not receive treatment immediately as they wait for the monthly distribution.
- Both RUTF and RUSF are shared with the other children as the family do not have any other source of income and therefore insufficient food available at the household level. This has in turn compromised the impact of nutrition treatment.
- OTP/TSFP facilities lack hygiene kits, very vital especially now with the AWD outbreaks.

Recommendations:

Livelihoods.

To prevent further displacements of people from the rural areas to town, FAO and other agencies should intervene in the rural areas with the four main interventions:

- Immediate cash to prevent further displacement and keep the farmers in the rural areas
- Provision of food items in the rural areas
- Water trucking and provision of fodder and other supportive emergency treatment to keep their animals alive
- Preparation of land and provision of agricultural inputs in preparation of the coming Gu season

It is important to note that from the FSNAU data Luuq had less than 600 HHs under IPC 3 and 4 thus was not originally targeted under the agricultural input distribution. 700HHs were targeted with CfW. However, from the observation from the number of households displaced from the rural areas into the Urban center of Luuq this numbers are raising indicating a worsening drought scenario. Information from the Local Administration indicate the over 80% (approximately 80,000) of Luuq district population is affected by the drought. If no intervention is undertaken

especially in the villages indicated above the number of IDPs will continue to increase in Luuq town further straining the coping mechanisms and capacity of the local authority.

Protection & Shelter.

- 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
- Protection Cluster 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
- AMISOM to establish presence in response to deteriorating security situation to protection of civilians
- Allow full access for the United Nations and NGOs to effectively deliver humanitarian assistance and to monitor and report on human rights violations
- There is need for provision of protection kits (solar lamps , torches) for IDPs especially the extremely vulnerable (women, girls, elderly)
- Provision of shelters kits/NFIs to address the needs/gaps identified by Shelter Cluster
- Prioritization of the vulnerable groups (women, children elderly, disabled persons, single female single headed households) providing cash based assistances. ICRC and NRC to be approached to prioritize interventions to such groups who seem to be missing most of the assistances provided by humanitarian stakeholders due to the groups weakness and are not been heard or seen.
- Use of local partners/NGOs and private sector willing to provide humanitarian assistance to drought affected population in AS controlled areas.
- There need to ensure continued and scaled up water trucking for drinking and domestic use)
- Establishment of a mobile team for CFS learning and recreation activities in the IDP camp

Nutrition

- WFP to urgently consider providing quarterly supply of TSFP/BSFP commodities, this way children don't have to wait for a month to get treatment and consequently reduce the OTP relapses/readmissions.
- The partners to continuously conduct bi weekly MUAC screening
- Establish waiting area for screening for the beneficiaries in Dhuyacle IDP camp.
- Provide hygiene kits to the families in the nutrition centers.
- UNICEF to urgently deliver F100/Therapeutic milk to Luuq Stabilization Centre.
- Continue advocating for an integrated nutrition and health program(TSFP/BSFP/OTP/MCH).

Table 1. Summary of findings in IDP camps & Luuq Hospital

Locations visited	Key finding /Services	Gaps	Recommendations
<p>Aljazeera IDP camps(1,2,3) Total HHs : 1600</p>	<ol style="list-style-type: none"> 1. Nutrition : There was a fixed outpatient therapeutic program run by SRDA, a local NGO servicing the communities, the services offering include screening, admission and treatment of children <5 for Severe acute malnutrition. 2. Food Food security situation has been severely hit in IDP camps. Most displaced people stated that they did not have any food for their families and access to markets was a big challenge, resources to survive have been hard by drought as majority of them are farmers originally from Bay region. 3. Health: The nearest health facility is Luuq hospital and the accessibility of general hospital by IDPs is very difficult due to distance between the IDP camps and the hospital (six km distance) which made women and children to walk for an hour to seek for medical care. In side IDP camps, Traditional birth attendants (TBAs) are conducting deliveries of women which are not acceptable according to MISP standard. 	<ul style="list-style-type: none"> • Lack of SFP supplies • Lack of EPI supplies for OTP site. • Require mobile clinic to be integrated to OTP site. • Limited sanitation facilities serving • An estimated 900 HHs (around 5400 persons) do not have shelter while majority of them are living in makeshift structures which are overcrowded, and the structure fails to provide any protection from sun , privacy, comfort 	<ul style="list-style-type: none"> • Based on the observation and discussion it has been clear that food aid is required in all areas affected by drought and particularly at IDP camps • Services integration (nutrition, health) and accessibility is very importation to ensure that affected people are to multi sector response. <ol style="list-style-type: none"> 1. Ensure that adequate nutrition supplies like TSFP to take care of anticipated increase in numbers of MAM cases. 2. Adequate communal sanitation facilities

	<p>The main disease reported include: diarrhea, malaria, sexual transmitted infections.</p> <p>There is need to establish health post and mobile clinic and to be staffed with qualified midwives and nurses.</p> <p>4. WASH:</p> <p>WASH (Water sanitation and Hygiene) was identified to be a major issue of concern in rural villages in Luuq district.</p> <p>In the IDPs visited, there was ongoing emergency water trucking and water taps providing safe drinking water to IDPs by local NGO SHAD/UNICEF and IOM.</p> <p>Water price increased from 1000 Somali shillings to 3000 SShs per 20L jerry can a price beyond the reach of displaced families with no source of income if water trucking end.</p> <p>Sanitation: an estimated of 50 latrines for 1600 HHs. The IDPs practice open defecation (OD).</p> <p>5. Protection :</p> <p>Although there was no GBV case reported, however according to observation, there was no fencing, no lighting available and limited awareness of protection issues, limited sanitation facilities reported.</p>	<p>or dignity to the displaced people.</p>	<p>(latrines and washing areas) to be constructed in Al Jazeera and Duraclely IDP camps. In addition hygiene promotion should be carried through hygiene campaigns to avert emergence of any water and sanitation related disease outbreak</p> <p>3. Ensure that CP and GBV services are available in IDP camps.</p> <p>4. Ensure that exist strategy for water voucher to long term water solution.</p>
<p>Duraclely IDP camps</p> <p>Total HHs: 386</p> <p>Origin :Barbakad village in Bay region</p>	<p>1. Nutrition</p> <p>The team observed mobile OTP function for 3 days per week.</p> <p>2. WASH</p> <p>Water :Emergency water trucking run by SDRA</p> <p>Latrines : no latrines</p> <p>3. Food Security</p> <p>VSF Germany distributed food ration to 34 households for 3 months ended on February 2017.</p>	<ul style="list-style-type: none"> • During our visit in IDP camps, there were no functional sanitation facility (latrine) observed. The IDPs practise open defecation (OD).This method of faecal disposal, despite it being a serious 	

		<p>health hazard; it poses a risk to women and girls, who in most cases due to privacy issues go to the bush at night.</p> <ul style="list-style-type: none"> • The IDPs mentioned that walking for long distances to seek for medical care to Luuq hospital (5 km) 	
Cholera treatment centre	<p>The cholera treatment centre was opened on 5th march 2017, 41 cases were admitted (95% of the cases came from inaccessible villages like Dulmurush village (30 km from Luuq). Two deaths of over five reported (3 female, one male) within last 24 hours of reporting period.</p> <p>The CTC has the capacity of 30 beds staffed with one doctor, four nurses.</p> <p>The CTC has 3 latrines with hand washing.</p> <p>Drugs: ORS available, ringer lactate were available.</p>	<ul style="list-style-type: none"> • There is risk of AWD/cholera transmission due to lack of infection control while families were staying inside CTC. • Lack of food ration for families staying with patients • Inadequate community knowledge about cholera preventive measures observed. 	<ul style="list-style-type: none"> • Refresher training on case management protocol. • Enhance community knowledge about cholera preventive measures • There is need to coordinate with WFP to provide food to the caregivers.
Luuq Hospital	<p>Luuq hospital is run by TROCAIRE and function as Referral hospital, the services offered include: emergency obstetric and neonatal care /Gynecology/Obstetric services, which assists normal and complicated delivery and Caesarean section</p>	<ul style="list-style-type: none"> • Low supplies at the facility. • Lack of CMR services 	<ul style="list-style-type: none"> • Due to increasing displacement due to drought , there is need to introduce CMR services in the hospital

	Inpatient treatment and outpatient services. Delivery ward has capacity of 10 beds (2 delivery beds and 8 for antenatal and postnatal care		
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