

**1 CONTEXT ANALYSIS**

The underserved **Rab-Dhuure district** is located in the Bakool region of southwestern Somalia. The area has been under the control of **Non-State Armed Groups (NSAGs)** for over a decade, severely limiting access to goods, services, and humanitarian support. On **September 25th**, DRC's **Mobile Emergency Response Team (MERT)** conducted a **Multi-Sectoral Rapid Needs Assessment (MSRNA)** focusing on settlements identified as highly vulnerable by leadership structures within the area. This included **Rab-Dhuure town, Isdhoorti, Gubey, Imilo, Wardhujiley, and Warxinshile**. The DRC assessment team conducted **18 Key Informant Interviews (KIIs)** with community leaders who travelled to a safe meeting point in Wajid. Further triangulation was also conducted with local authorities. Key findings from the assessment have highlighted **severe food insecurity** due to limited rainfall, leading to crop failures and household displacements. Rab-Dhuure has also been flagged by the Somali Disaster Management Agency (SODMA) as a **Priority One district** for the anticipated **La Niña-driven drought**, expected to impact the country starting from October. This is set to further deteriorate food security conditions. Lack of access to health care and clean drinking water was highlighted as additional critical gaps for the population.

**3 NEEDS ANALYSIS & KEY FIGURES**

Access to food was cited as one of the biggest concerns across all assessed locations. Rab-Dhuure District has been recently classified by SODMA as a **"Priority One" district expected to be hardest hit by the upcoming La-Niña-induced drought**, with effects anticipated as early as this month of October. Rab-Dhuure is already facing a severe food security crisis due to recently **failed cultivation, drought-like conditions, high levels of forced taxation by Non-State Armed Groups (NSAGs)**, and the restriction of food and goods into the district. Despite no IPC data being collected due to limited or no access by humanitarian actors, Rab-Dhuure is surrounded by **Phase 3 (serious) and Phase 4 (critical)** locations, indicating a similar situation in terms of food security. Currently, **100% of key informants reported that the community lacks sufficient food**, with assessment findings revealing that 50% of the population are **consuming less than two meals per day and 92% relying on borrowing or support from relatives**. All villages have access to some form of small shop at their village. All assessed villages rely on **the main market in Rab-Dhuure town** to purchase most goods. The main market is up to **four hours away traveling via Tuk-Tuk** from the furthest village and costs approximately **\$6 per round trip**. The community regularly moves from their village to the town to access the market.

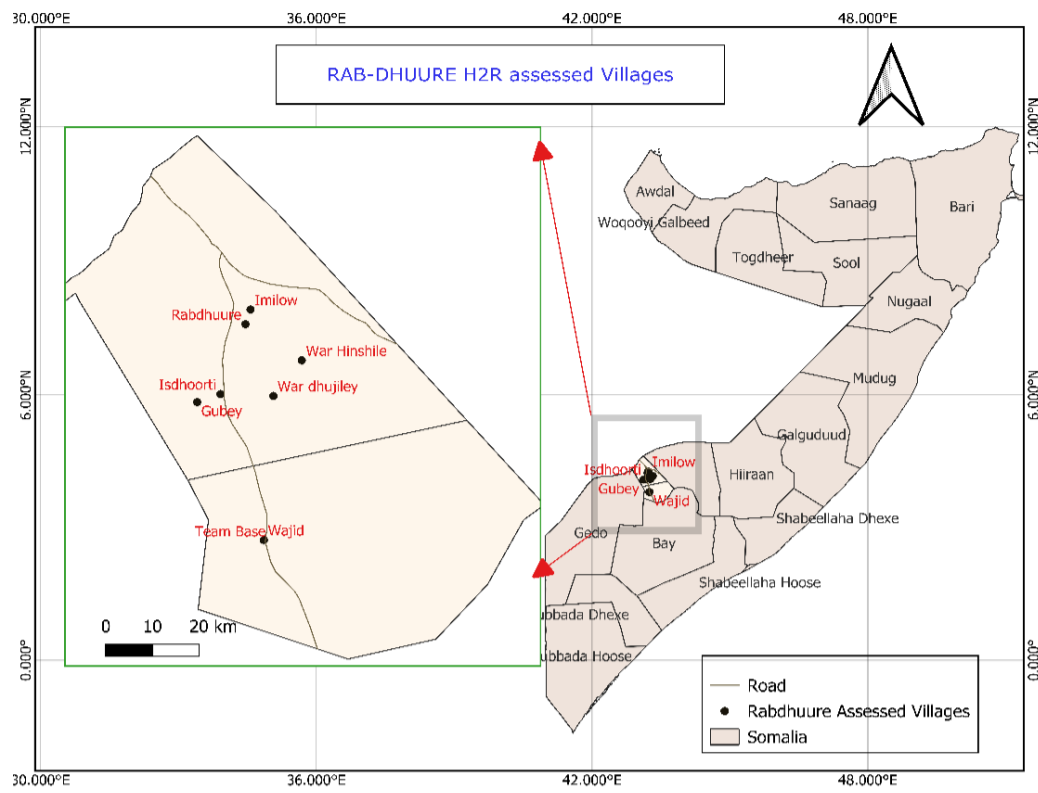
Access to clean drinking water is a serious gap in Rab-Dhuure District, with 92% of key informants reporting that people in the assessed villages rely on **untreated ponds (Barkads)** as their **primary water source**, contributing to waterborne diseases. Additionally, many households lack water storage containers and do not have access to water purification tablets. For populations living in Gubey, Isdhoorta and Imilo they travel more than **one hour by foot to reach water points (Barkad)**, while the remaining have access to shallow wells, which are largely polluted with debris.

Assessment findings revealed **significant shelter needs**, with 42% of people in the settlements living in Hoori shelters made of sticks, ropes, and grass, while 33% reside in emergency shelters made of plastic sheets. **The communities' current shelter situation has been worsened by the impacts of El Niño flooding in the latter half of 2023**, leaving them without sufficient resources to rebuild the shelters that were damaged and lost. Additionally, respondents reported a significant shortage of non-food items (NFIs), with most households having less than two jerry cans, highlighting the urgent need for shelter support and basic household items to restore dignity and safety.

During the assessment, 42% of respondents reported **key protection concerns**, specifically highlighting **Gender-Based Violence (GBV), including sexual assault**, with cases being most prevalent when women are travelling far distances to farm or to collect firewood. Female respondents reported that sexual assault, including rape, was a frequent occurrence. However, in order to charge the perpetrators through local structures, a witness is required, which is rarely possible. Some respondents noted that in instances where rape has resulted in pregnancy, cases have been reported to the governing NSAG body. There are currently **no protection partners operating** in these communities, and there is **no access to Post-Exposure Prophylaxis (PEP) kits**, leaving survivors without essential support. Additionally, Key Informant Interviews (KIIs) revealed cases of **forced recruitment of children into NSAGs** and early or **forced marriages**, further emphasizing the severity of protection concerns in the area.

Health and nutrition were cited as critical gaps for these communities, with 100% of KIIs reporting a lack of health and nutrition services. There are **no medical clinics within any of the assessed villages**, and the closest available healthcare option is a single pharmacy in Rab-Dhuure town, where residents pay for medication. The second closest pharmacy is in Ceel Boon which is 40kms from the town. Malaria and frequent stomach issues were identified as the main health concerns, while recently cholera has severely impacted the community, linked to a lack of access to safe drinking water. Maternal healthcare is also a significant issue, with the **nearest hospital located 60 kms from the town in Wajid**. Respondents noted that if they need to access the hospital they travel at night to limit the detection of NSAGs. They travel via Tuk Tuk. The cost is \$15- \$20 USD one way. KIIs also revealed a high number of **maternal deaths, typically caused by pregnancy and birth complications**, highlighting the dire need for accessible healthcare services.

**2 MERT ASSESSED VILLAGES MAP**



**4 RESPONSE RECOMMENDATIONS**

**Access:** State and national coordination bodies, including the Somalia **Access Working Group** and OCHA, should continue to advocate for **the safe passage of humanitarian actors to provide services** in NSAG-controlled areas through relevant channels. This advocacy is crucial to ensuring that life-saving assistance can reach vulnerable populations in these hard-to-access regions.

**MPCA:** It's recommended agencies **prioritize the provision of multi-round Multipurpose Cash Assistance (MPCA)** to the assessed villages due to the critical needs identified around food security and the upcoming predicted La-Niña-induced drought. This approach would help households meet their urgent needs, including access to food, healthcare, and essential services, while also providing flexibility for families to cope with the worsening drought conditions.

**WASH:** WASH partners who are able to operate in this area are recommended to prioritize conducting a technical survey to determine the **most appropriate WASH infrastructure** to ensure access to clean drinking water, particularly for communities in Gubey, Isdhoorta, and Imilo. Additionally, partners should also consider **cleaning and rehabilitating shallow wells** in the remaining districts. In the interim, partners should provide **water purification tablets** to households relying on contaminated water sources to mitigate the immediate risk of waterborne diseases.

**Health and Nutrition:** Due to the significant Health and Nutrition needs it's recommended Clusters identify health and nutrition actors who have access to the assessed villages. Once identified, these locations should be prioritized by donors to establish **health and nutrition activities within Rab-Dhuure, either through mobile or static services**. This will ensure that critical health and nutrition services are made available to the affected communities, addressing urgent needs and reducing the risk of preventable diseases and malnutrition

**Protection:** The provision of protection services within NSAG-controlled areas is extremely challenging. For partners who can access these areas, support should focus on **delivering cross-cutting protection and health services, including the clinical management of rape through the provision of Post-Exposure Prophylaxis (PEP) and comprehensive Gender-Based Violence (GBV) case management**. These services are critical to addressing the immediate needs of survivors and ensuring their safety and well-being. Additional services, such as information dissemination, Psychological First Aid (PFA) and awareness-raising, are required but may not be possible in this context.

**SNFI:** Shelter-related gaps have been identified, and the provision of both immediate **emergency shelters as well as more durable, long-term shelter solutions** is needed. Additionally, partners should supply essential non-food items (NFIs) such as **jerry cans, blankets, sleeping mats, and mosquito nets** to support the affected population and aid in the prevention of malaria. These interventions are critical to improving living conditions and protecting vulnerable households from further risks

**5 DRC RESPONSE**

DRC, through its **Mobile Emergency Response Team (MERT)**, is currently registering **500 of the most vulnerable households in Rab-Dhuure district**, including Rabdhhuure town, Isdhoorti, Gubey, Imilo, Wardhujiley, and Warxinshile, for a Multipurpose Cash Assistance (MPCA) response. DRC will continue to advocate with relevant bodies and structures for the establishment of **safe humanitarian corridors** to enable access to support these vulnerable groups.



KEY GAPS AND NEEDS

