

MSRNA: Alkowsar, Boos-Hareeri, Miiro & Tawakal villages

Adan Yabal District: Middle Shabelle, Somalia

9th October 2024

1 CONTEXT ANALYSIS

In response to the updated release of the Integrated Food Security Phase Classification (IPC) analysis in September 2024, the Danish Refugee Council (DRC) deployed its **Mobile Emergency Response Team (MERT)** to support populations in both **Hard-to-Reach (H2R) and accessible villages within Adan Yabal district**, including **Alkowsar, Miiro, Tawakal, and Boos-Hareeri**. The recent IPC analysis revealed that Adan Yabal is projected to transition from an IPC Phase 2 (Alert) location with pockets of IPC Phase 3 (Serious) to a **full IPC Phase 3 status, signaling a deepening food security crisis**. The district has also been recorded as being in Phase 3 (Serious) in terms of malnutrition rates, highlighting the urgency of the humanitarian situation. **Adan Yabal has a history of conflict and instability**. After 15 years under Non-State Armed Group (NSAG) control, in December 2022, the Somali National Army (SNA) conducted an **offensive operation against a NSAG to reclaim Adan Yabal**, which once served as a critical NSAG base in the Middle Shabelle region. The conflict caused widespread destruction of properties, water sources, and structures, resulting in secondary displacement of over **5,643 households (33,858 individuals)**. Currently, the district is relatively stable in terms of security, as there has been no retaliatory action by NSAGs since their withdrawal. Despite the regained stability, the district lacks social amenities and essential basic services. Under the time of NSAG control, people faced **recurrent droughts, which led to livestock losses and disrupted agricultural practices**, while due to local taxation, movement restrictions, and limited economic opportunities, further exasperated already vulnerable communities. These factors severely deteriorated living standards and threatened the livelihoods of the local population. **On September 29th, DRC's MERT conducted a Rapid Needs Assessment (RNA) in Alkowsar, Miiro, Tawakal, and Boos-Hareeri conducting 10 KIIs and 6 FGDs**. The findings revealed that **access to basic needs remains a critical challenge** for these communities, with the most urgent needs being **food, healthcare, and clean drinking water**. Immediate intervention is essential to prevent further deterioration of the humanitarian situation and to support the recovery and resilience of these vulnerable populations.

3 NEEDS ANALYSIS & KEY FIGURES

99% of the respondents highlighted **food as a pressing need** across all the assessed villages. A majority of the population are agropastoral, however, over the past decade they have faced challenges in practicing their livelihoods due to **access to seeds, taxes by NSAGs, and recurrent climate conditions**. Livestock has also been impacted by recurrent droughts. KIIs highlighted that these populations have very limited or **no access to income-generating activities**, which **worsens the livelihood condition** of the assessed families.

100% of KIIs highlighted **access to clean drinking water as a primary challenge**. The population reported that they consume saline water which has negative impact on their health. Alkowsar relies on drawing drinking water from a pond that has high levels of impurities, including animal wastes. In some areas including Alkowsar and Boos-Hareeri, the population travels up to **25 kilometers to access drinking water**. **The initial water points in these communities were destroyed by NSAGs**. The assessment team observed the communities' water containers as being **unclean with visible algae build up**. Populations in assessed sites reported that **33% of HHs** engage in open defecation practices which could lead to an increase in water borne diseases including cholera and AWD.

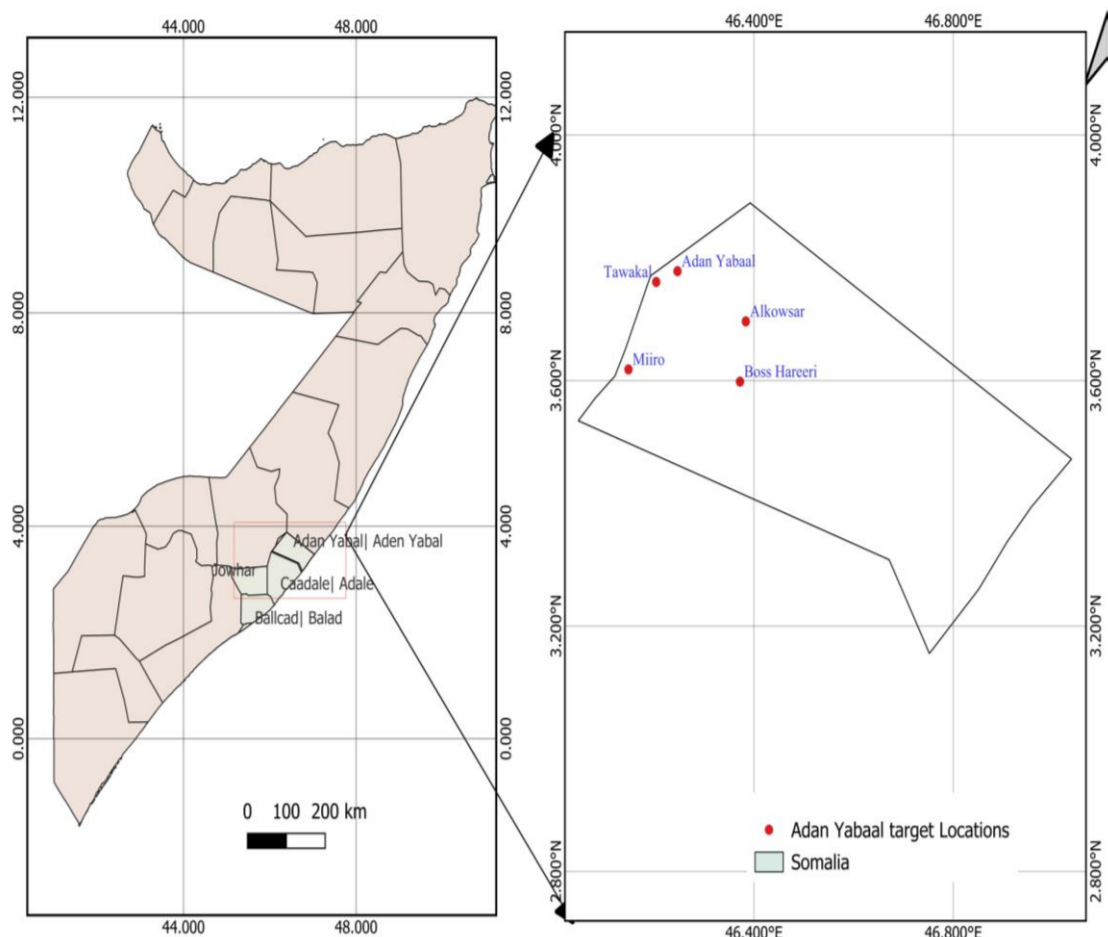
The assessment team observed that **a majority of the shelters in the settlements were in poor condition**. Findings revealed that this was due to limited construction materials being available and damage caused by the late 2022 conflict. The team observed that a majority of the shelters were constructed from locally available materials. Additionally, from KIIs and team observations indicated that a majority of the sites required the provision of Non-Food Item (NFI) with a particular emphasis on **Mosquito Nets due to the presence of Malaria**.

67% of KIIs reported issues related to protection including **sexual and Gender-Based Violence (SGBV)** and civilian killings. **Civilian killings are largely related to conflicts between clans and targeting by NSAGs**. Participants also noted that cases of rape and early marriage had **increased throughout the months of August and September** due to an increase in clan conflicts. The increase in sexual violence has reportedly impacted women and girls' ability to move freely between villages. 100% of KIIs revealed that women and girls have no access to feminine hygiene products. **No partners implementing protection activities or functional referral pathways within the assessed villages have been identified**.

Adan Yabal District has been **classified as Phase 3 (Serious) in terms of malnutrition rates**. During registration, the DRC team conducted MUAC (Mid-Upper Arm Circumference) screening for over 112 households in the villages surrounding Adan Yabal District. From the screened households, **5 children were identified as suffering from Severe Acute Malnutrition (SAM) and 36 as Moderately Acute Malnourished (MAM)**. One nutrition partner had previously operated in the area but had its permissions revoked on the 6th September, 2024 and since then there's been no nutrition assistance.

100% of the assessed population highlighted a **lack of healthcare facilities as a critical gap** across all villages. **87% of respondents** identified **Malaria** and other waterborne diseases as being the main health conditions experienced by the population. Neonatal and maternal healthcare services/facilities were also highlighted as significant concerns to the affected populations. The villages previously had access to a Child and Maternal Health Centre but this has been **closed for the past month** due to challenges related to operational permissions. **The closest hospital is located in Mogadishu, approximately 350km and a 7hour drive**. For less severe concerns, the community seeks medical assistance in Jowhar.

2 TARGETED LOCATIONS



4 RESPONSE RECOMMENDATIONS

MPCA: Access to basic needs and services was identified as a critical gap in the assessed areas. It is therefore crucial for partners to **expedite the provision of Multipurpose Cash Assistance (MPCA)** to the affected population. Although all assessed sites have access to some form of market, the availability of stock varies significantly by location. Nevertheless, basic goods are generally accessible.

WASH: Access to clean water remains a major challenge for the assessed communities. WASH partners are urged to **support water source treatment and distribute household-level water purification chemicals** as an immediate short-term solution. Additionally, partners should prioritize the construction of emergency communal latrines in hard-to-reach and newly accessible areas to minimize potential health risks, while encouraging good hygiene practices.

SNFI: Shelter and Non-Food Item (SNFI) partners should **prioritize the distribution of essential non-food items to the affected population**. These items include blankets, water purifiers, jerrycans, torches, solar lamps, and mosquito nets to help prevent the spread of malaria and mitigate other health risks.

Protection: It's recommended Protection partners prioritize **emergency case management and psychosocial support (PSS) to GBV survivors**. Additionally, distributing female hygiene materials, such as dignity kits and sanitary pads, is essential to reduce the vulnerability of women and girls to protection risks. Awareness-raising campaigns should also be conducted to enhance community understanding of issues that have been adversely impact.

Nutrition & Health: Health and nutrition partners are encouraged to establish at least **one mobile health unit per location to address the lack of healthcare facilities**. This will help close the maternal and neonatal gaps identified through KIIs as significant needs within the community. Additionally, **a set up of a referral system** to ensure that SAM and MAM cases identified in the community can quickly access nearby stabilization centers.

Coordination: Adan Yabal is not included in the Area Based Coordination structures. **However, district-level quarterly coordination meetings, led by WARDI, were conducted until April 2024**, however due to funding and low participation, did not continue. **Partners are urged to resume these coordination meetings to ensure that outstanding needs are escalated in relevant forums**, including state and national clusters, for a timely and effective response.

5 DRC RESPONSE

The Danish Refugee Council (DRC), through its Mobile Emergency Response Team (MERT), is currently registering vulnerable families in Alkowsar, Boos-Hareeri, Miiro, and Tawakal, aiming to provide **Multipurpose Cash Assistance (MPCA)** to approximately **450 households**. Meanwhile, WARDI, in partnership with UNICEF, plans to distribute 25,319 mosquito nets across the Adan Yabal district to combat the spread of mosquito-borne diseases. DRC will continue to advocate with the Nutrition Cluster to establish a **functional referral pathway** for identified **SAM/MAM** cases. Additionally, further advocacy will be done with the Protection Cluster to ensure that **Gender-Based Violence (GBV) survivors within these locations can access specialized services**.

KEY GAPS AND NEEDS

