



MULTI SECTORIAL NEEDS ASSESSMENT IN ELWAK DISTRICT, GEDO REGION IN SOMALIA NOVEMBER, 2020

Assessment Conducted by:
Lifeline Gedo

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Table of Contents

List of Tables	3
List of Figures	3
I. ACRONYMS	4
Chapter One – INTRODUCTION	5
1.1 Context:.....	5
1.1.1 About Elwak	5
1.1.2 Elwak’s Economy	5
1.2 Situation Overview	5
1.3 Objectives of the Assessment	6
1.3.1 Objective 1:	6
1.3.2 Objective 2:	6
1.3.3 Objective 3:	6
1.4 Methodology	7
1.4.1 Assessment Location.....	7
1.4.2 Sample Size	7
1.4.3 Data Collection	7
1.4.4 Conducting the Assessment during COVID-19 Situation	8
Chapter Two: ASSESSMENT FINDINGS.....	8
2.1 Respondent Characteristics	8
2.1.1 Distribution of Respondents According to Age and Sex	8
2.1.2 Head of Households	10
2.1.3 Respondent’s Location of Origin	10
2.1.4 Respondents’ Shelter	10
2.1.5 Household Vulnerability.....	11
2.1.6 Reason for Displacement	11
2.1.7 Relationship with Host Community	12
2.1.8 Households with Information on COVID-19	12
2.2 Assessment Findings on Livelihood.....	13
2.2.1 Respondents’ Sources of Livelihood	13
2.2.2 Household Expenditure.....	14
2.3 Assessment Findings on Food Security	14
2.3.1 Access to Food	14
2.3.2 Household Dietary Diversity Score	15
2.3.3 Food Consumption Score	15
2.3.4 Food Security Categories	16
2.3.5 Consumption-Based Coping Strategies.....	16
2.4 Assessment Findings on WASH.....	17
2.4.1 Access to Water	17
2.4.2 Handwashing.....	19
2.4.3 Access to Latrine	19
2.4.4 Waste Disposal.....	20
2.5 Assessment Findings on Health and Nutrition.....	20
2.5.1 Presence of Oedema in Children	20
2.5.2 Malnutrition Status	21
2.5.3 Children Reporting Illness	22
2.5.4 Exclusive Breastfeeding	23
2.5.5 De-Worming.....	23
2.5.6 Vaccination.....	24

Chapter Three: SUMMARY OF THE FINDINGS	25
3.1 About Community in the Assessment Area	25
3.2 Livelihood Situation	25
3.3 Food Security Situation	26
3.4 WASH Situation	26
3.5 Health and Nutrition Situation.....	26
Chapter Four: RECOMMENDATIONS	27
4.1 About Community in the Assessment Area	27
4.2 Livelihood Situation	27
4.3 Food Security Situation	27
4.4 WASH Situation.....	27
4.5 Health and Nutrition Situation.....	28

List of Tables

Table 1: Partners working in Elwak District, Gedo Region.....	6
Table 2: Number of Households reached during the Assessment.....	7
Table 3: Distribution According to Age and Sex.....	8
Table 4: Respondents' Distribution According to Location.....	10
Table 5: Respondents' cause of displacement.....	11
Table 6: Respondents' Sources of Livelihoods.....	13
Table 8: Issues Affecting Access to Food	14
Table 9: Food Security Categories.....	16
Table 10: Main Source of Water	17
Table 11: Issues hindering access to sufficient amount of water	18
Table 12: Issues affecting quality of Water.....	18

List of Figures

Figure 1: Respondents' Distribution According to Age and Sex	9
Figure 2: Respondent's Household Shelter.....	10
Figure 3: Types of vulnerabilities within respondent households	11
Figure 4: Relationship between IDPs and Host Community	12
Figure 5: Households receiving Covid19 Support	12
Figure 6: Distribution of Livestock as owned by Respondents	13
Figure 7: Respondents' Household Expenditure.....	14
Figure 8: Household Dietary Diversity Score	15
Figure 9: Households Food Consumption Score	16
Figure 10: Consumption-based Coping Strategies.....	17
Figure 11: Respondents' Source of Water	18
Figure 12: Person responsible for fetching water for use at household level	19
Figure 13: What respondents used for handwashing.....	19
Figure 14: Access to a functioning latrine.....	20
Figure 15: Waste Disposal Methods	20
Figure 16: Presence of Oedema.....	21
Figure 17: MUAC Readings.....	21
Figure 18: Malnourished children enrolled in an OTP/SFP Centre	22
Figure 19: Proportion of Children reporting illness	22
Figure 20: Illnesses affecting Children in Elwak	22
Figure 21: Proportion of Children Exclusively Breastfed	23
Figure 22: Proportion of Children who were De-wormed	23
Figure 23: Proportion of Children who have received BCG Vaccine.....	24
Figure 24: Proportion of Children who have received OPV1 Vaccine	24
Figure 25: Proportion of Children who have received OPV3 Vaccine	24
Figure 26: Proportion of Children who have received Measles Vaccine	25

I. ACRONYMS

ACF	Action Against Hunger
LLG	Lifeline Gedo
COVID-19	Corona Virus Disease (2019)
FFA	Food for Asset
FSL	Food Security and Livelihoods
HARD	Humanitarian Africa Relief Development
HH	House Hold
HoH	Head of Household
KI	Key Informants
LLG	Lifeline Gedo
MSNA	Multi-Sectoral Needs Assessment
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
WASH	Water-Sanitation-Hygiene
WVI	World Vision International
HDC	Human Development Concern
HARD	Humanitarian Africa Relief Development

Chapter One – INTRODUCTION

1.1 Context:

1.1.1 About Elwak

Elwak is a divided city on the Somalia-Kenya border. The Somali portion is located in the southwestern Gedo region of Jubaland state, where it is the seat of one of the region's seven districts. The others are Luuq, Belet-Hawa, Dollow, Garbaharey and Bardera.

The district has an estimated population of 30,958 persons (2014), and borders Belet-Hawa and Garbaharey districts to the North, Baardheere district to the South and East, and Kenya to the West. The district is endowed with pastoral and agro-pastoral livelihood zones, with the vast majority of the population engaged in pastoral activities.

1.1.2 Elwak's Economy

Vulnerable communities are settled throughout Elwak district and in the aforementioned 8 villages. These communities rely on a largely a rural pastoral economy. The principle sources of livelihood among the communities that live in Elwak include sale of livestock (about 20%) and livestock products, particularly milk/ghee (about 75%); a small percentage (about 15-20%) also participates in gainful employment. Over half of the population meets its food requirement through household production/subsistence farming (mainly livestock products and cereals). This becomes supplemented by wild food, gifts and purchases (about 40%).

1.2 Situation Overview

Though no major humanitarian or nutrition survey has been done specific to El Wak in the recent times, the GU 2016 assessment results show sustained critical levels of GAM among North Gedo Pastoral (17.2%) since post GU 2014. The SAM rate (3.2%) in 2017 show sustained critical situation compared to GU 2015, but a slight improvement compared to DEYR 15/16 in North Gedo Pastoral (4.1%). HARD, WVI, and HDC are currently the other partners implementing programmes in the district as indicated in table 1 below:

Table 1: Partners working in Elwak District, Gedo Region

Name	Type of Agency	Services offered	Details
Humanitarian Africa Relief Development (HARD)	National NGO	Nutrition services	Providing mobile outreach services that include treatment of SAM, MAM, essential maternal and child health services through mobile outreach.
World Visions International (WVI)	INGO	Health services Food security and livelihood School feeding program.	- Currently supporting health system through HPF funds implemented by CHD. - Ongoing Food for asset (FFA) project that includes feeder roads and dyes construction activities. - Supporting farmers with seeds (groundnuts, sorghum, amaranths, onions, tomatoes, and water melon). - Schools feeding program and school girls' incentives program.
Human Development Concern (HDC)	Local NGO	Health services	Providing basic health services with support from World Vision main HPF (Health pool fund) partner.

1.3 Objectives of the Assessment

The multi-sectoral needs assessment focused on achieving the following objectives: -

1.3.1 Objective 1:

The overarching objective of the multi sectoral needs assessment (MSNA) was to identify current WASH, FSL, Health and Nutrition gaps and needs of the population living in Elwak District.

1.3.2 Objective 2:

The assessment also aimed to assess the scope of population vulnerability and targeted people in need of humanitarian assistance so that you deliver need based intervention that takes into account vulnerability of the populations needs of the Elwak population.

1.3.3 Objective 3:

To verify presences of actors providing Humanitarian and development support in the area, map their scope of works and area of implementation identify gabs in assistance and determine how those could be closed.

1.4 Methodology

1.4.1 Assessment Location

The multi-sectoral needs assessment was conducted by Lifeline Gedo (LLG) with valuable technical support from Action Against Hunger (ACF). The assessment was carried out in eight [8] villages of Elwak district within Gedo Region between the days of 11th and 19th of November, 2020. These villages were as listed below:

Bulo-Adey, Bulo-Garas, Dharkeyn-dhoqa, Dheeka, Dul-cad, Howlwadaag, Oktobar and Qansaxley.

1.4.2 Sample Size

The assessment covered **390** households within the 8 villages with data from these households analyzed and used to derive the information presented in this report. Table 2 below indicates the number of households reached by the assessment per village:

Table 2: Number of Households reached during the Assessment

Date	Bulo-Adey	Bulo-Garas	Dharkeyn-Dhoqa	Dheeka	Dul-Cad	Howlw ad-aag	Oktobar	Qansaxley	Total
20-11-01						6			6
20-11-12		17				16	16		49
20-11-14		32				20	26		78
20-11-15			31			30	11		72
20-11-16	33					24	9	26	92
20-11-17				24	51		1	10	86
20-11-19		6	1						7
Total	33	55	32	24	51	96	63	36	390

1.4.3 Data Collection

In line with standard assessment protocols, an assessment tool (questionnaire)¹ was developed followed by the training and orientation of enumerators (8 in number) to enable them effectively undertake the collection of data (qualitative and quantitative). This process was technically facilitated by an ACF M&E team. Some of the key issues discussed during the training included the background and purpose of the study, as well as the methodology and familiarization of data collection tools. The training also covered best practices for data collection, ethics, confidentiality, logistics, communication and data entry guidelines.

A pre-testing of the tool was undertaken to ensure potential challenges in data collection were identified and handled. During this pre-testing phase, feedback from the enumerators and respondents was captured to review and finalize the tools. Eight [8] trained enumerators, under the

¹ sample herewith attached as Annex 1

stewardship and technical guidance of LLG's Program Director participated in the assessment effectively covering all targeted 8 villages with sample size of 390HH.

In addition to the household-level interviews using the questionnaire, general information was also corroborated from key informants (KI). In the process of data collection, we reviewed data on a regular basis for quality assurance and to identify any errors that may have arisen in data collection and to re-code entries if needed. Also, answers with numerical values were checked to identify any potential anomalies and or inconsistencies.

1.4.4 Conducting the Assessment during COVID-19 Situation

We also took into account the existence of the COVID-19 pandemic because of the need to adhere to recommended infection prevention and risk control measures, principally social distancing. We, therefore, exploited opportunities offered by technology such as usage of telephone and internet-based applications like Skype and Zoom, not only as additional options for remote orientation and training of staff, but also in supervision and technical support!

Chapter Two: ASSESSMENT FINDINGS

2.1 Respondent Characteristics

2.1.1 Distribution of Respondents According to Age and Sex

The respondents' distribution according to sex was as indicated in table 3 and further illustrated in figure 1 below:

Table 3: Distribution According to Age and Sex

Age	Males	Females
0 to 4 years	8%	9%
5 to 12 years	13%	12%
13 to 17 years	9%	9%
18 to 40 years	13%	13%
40 years	7%	7%

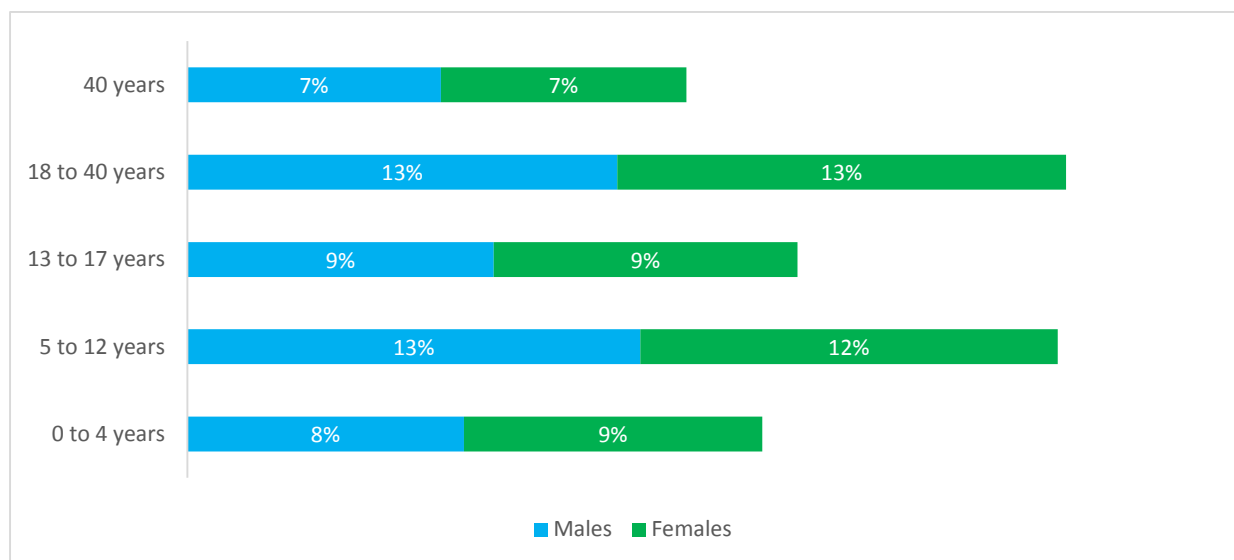


Figure 1: Respondents' Distribution According to Age and Sex

2.1.2 Head of Households

The assessment found that 45% of the households covered in the exercise were headed by women.

2.1.3 Respondent's Location of Origin

The assessment findings revealed that a majority of the respondents were from Elwak district. This is further indicated in table 4 below:

Table 4: Respondents' Distribution According to Location

Location (District)	Percentages
Baardheere	1%
El Wak	96%
OTHER	2%
Total	100%

Further analysis of the assessment findings revealed that a majority (79%) of the respondents who were IDPs had settled at the camp at least six [6] months prior to the undertaking of the exercise while the remaining (29%) arrived at the camp just 3 months prior.

2.1.4 Respondents' Shelter

All the respondents covered by the assessments were from Elwak district with 93% of these households being IDPs. Further analysis of the assessment findings revealed that the respondents derived their shelter from the following sources as indicated in figure 2 below:

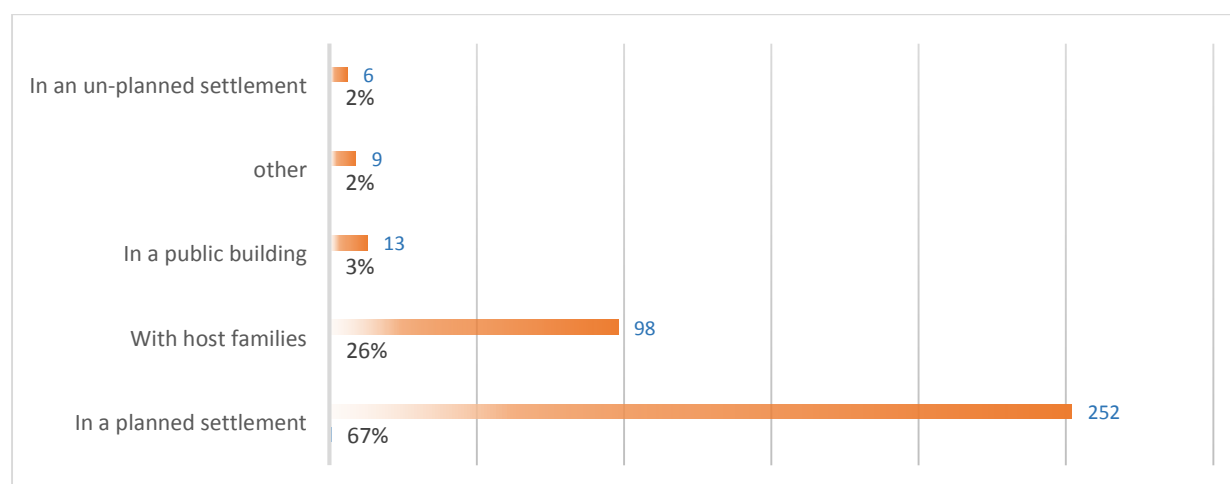


Figure 2: Respondent's Household Shelter

2.1.5 Household Vulnerability

The assessment findings revealed that households covered in the exercise had the following types of vulnerabilities as illustrated in figure 3 below:

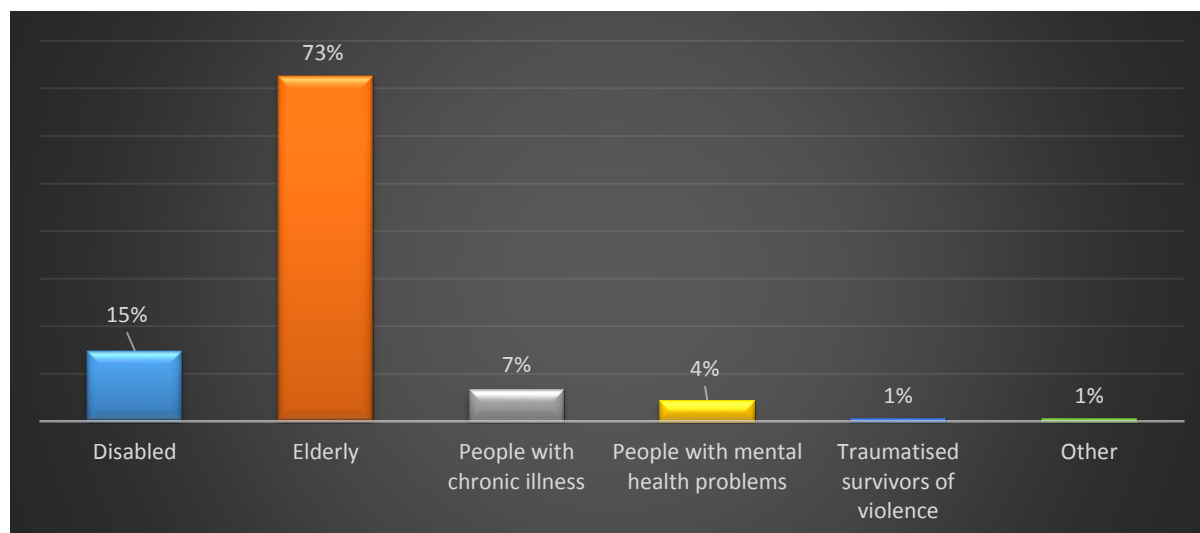


Figure 3: Types of vulnerabilities within respondent households

2.1.6 Reason for Displacement

The assessment findings revealed that the respondents who had reported being IDPs had been displaced from their homes by the reasons indicated in table 5 below:

Table 5: Respondents' cause of displacement

Reason for Displacement	Percentage
Drought	46%
Fear of or from military offensive	17%
Inter-clan conflict	25%
Market disruption	4%
Others (did not specify any factor but just moved)	8%
Total	100%

2.1.7 Relationship with Host Community

The assessment findings revealed that on the overall the relationship between IDPs and host community was either termed 'good' or 'very good'. This is further illustrated in figure 4 below:

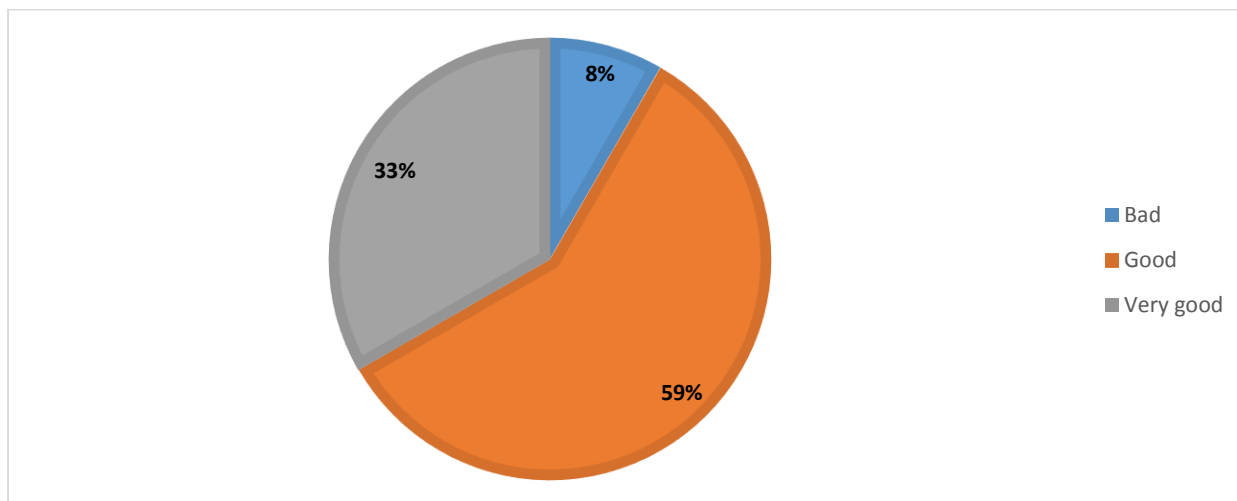


Figure 4: Relationship between IDPs and Host Community

2.1.8 Households with Information on COVID-19

The assessment found that only 11% of the households covered in the exercise had either been sensitized or provided with information or material meant to inform and help them prevent themselves from contracting Covid19.

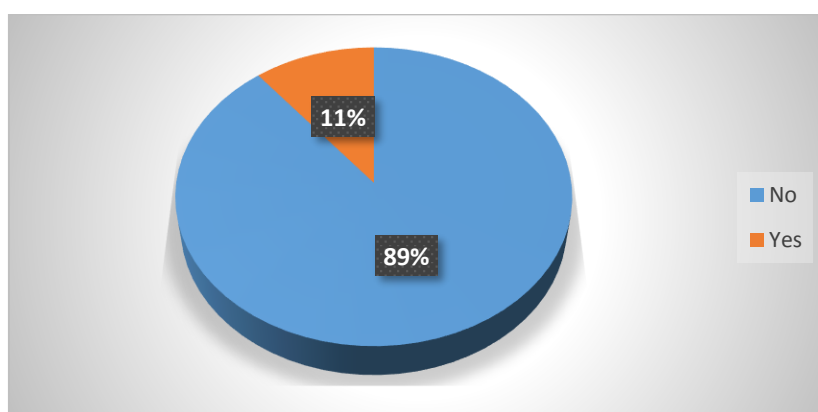


Figure 5: Households receiving Covid19 Support

2.2 Assessment Findings on Livelihood

2.2.1 Respondents' Sources of Livelihood

The assessment findings revealed that the respondents relied on the following sources of livelihoods as indicated in table 5 below:

Table 6: Respondents' Sources of Livelihoods

Source of Livelihood	Percentage
Agro-pastoral	3%
Internally Displaced People (IDP)	5%
Pastoral	21%
Urban Resident (Casual labour)	71%
Total	100%

Further analysis of the assessment findings revealed that the distribution of livestock as owned by the respondents were as illustrated in figure 6 below:

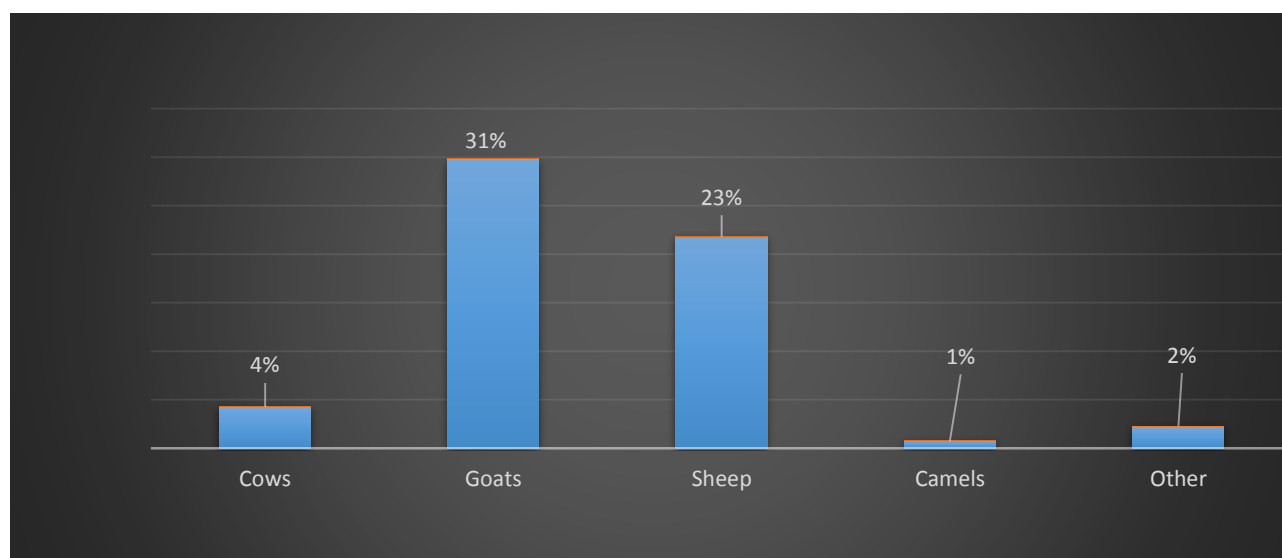


Figure 6: Distribution of Livestock as owned by Respondents

2.2.2 Household Expenditure

The findings revealed that food accounted for the biggest proportion of the cash expenditure with a score of 22%, followed by debt repayment as reported by 14% of the respondents, rent and medical expenses (like healthcare) both scored 10% and 9% respectively. Other expenditures are also presented in figure 7 below:

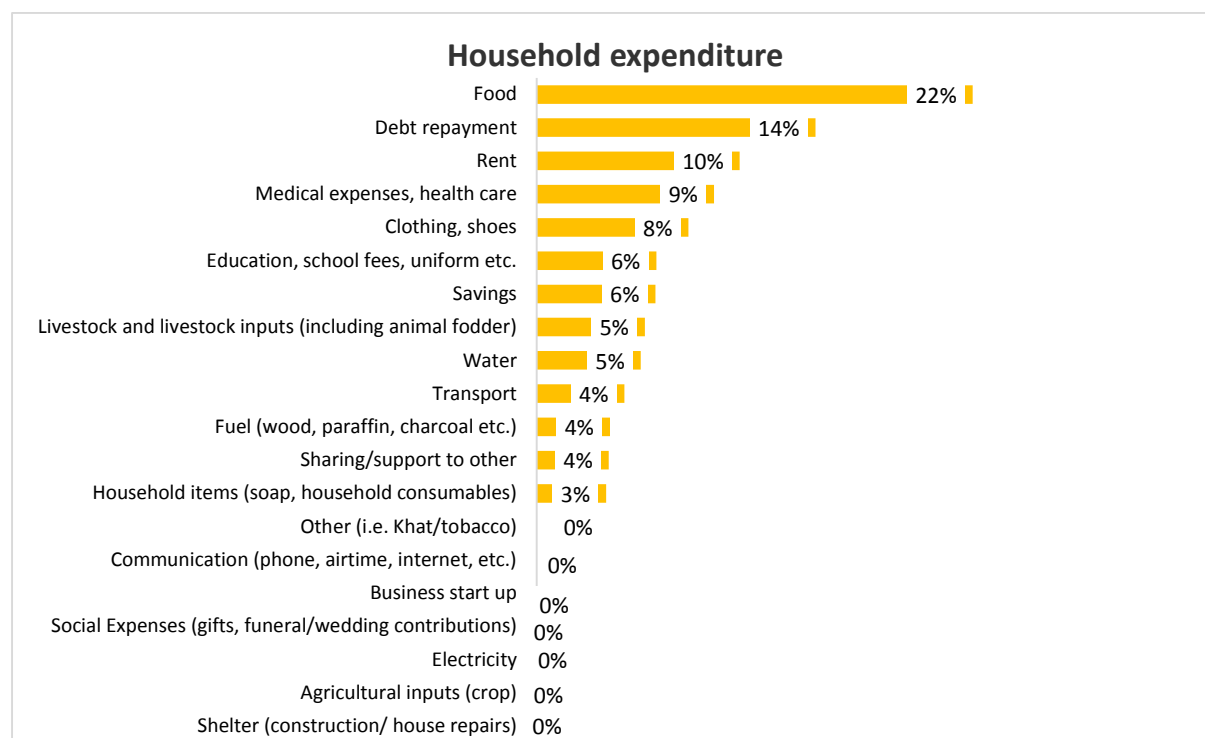


Figure 7: Respondents' Household Expenditure

2.3 Assessment Findings on Food Security

2.3.1 Access to Food

The assessment findings revealed that the following issues as illustrated in table 8 below hindered access to food security:

Table 7: Issues Affecting Access to Food

ISSUE	PERCENTAGE
Little or no availability of items	18%
No cooking fuels	1%
No diversity of items	3%
No resources to buy food	77%
Total	100%

Further analysis revealed that 99% of the respondents had food rations that could not last them more than 7 days.

2.3.2 Household Dietary Diversity Score

The household dietary diversity score (HDDS), which is another measure of the food consumption, indicated that a majority (78%) of households consumed more than four food groups, which means that they had rationally diverse diet. This compared to a lesser proportion of households (22%) which consume less than four food groups.

The most commonly consumed foods by the IDPs included cereals, vegetable oil, sugar, milk and, less frequently, meat.

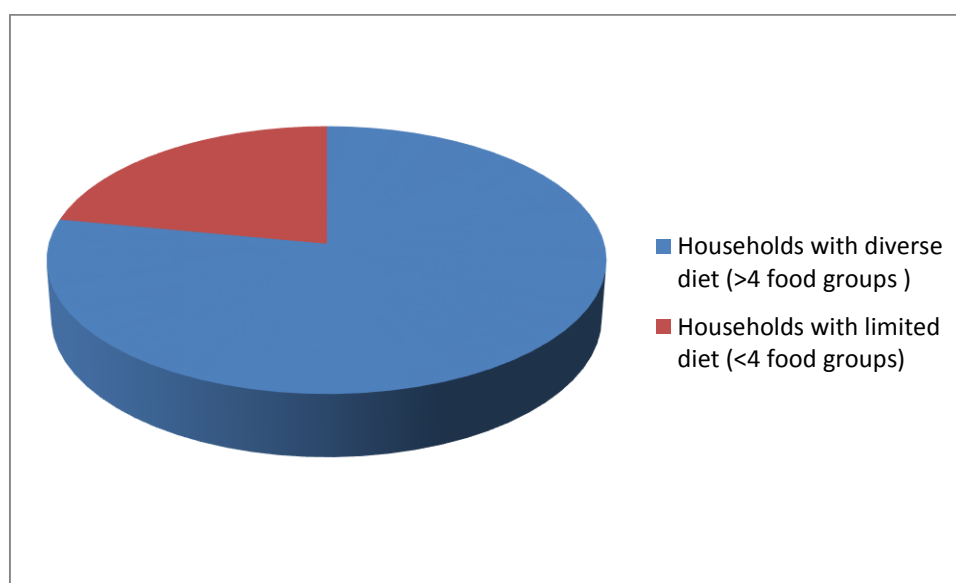


Figure 8: Household Dietary Diversity Score

2.3.3 Food Consumption Score

The assessment exercise analyzed data on “Food consumption score” (FCS) which was calculated using the frequency of consumption of different food groups consumed by a household during the 7 days period before the survey. Food consumption measured through Food Consumption Score (FCS) indicated ‘acceptable’ levels among the majority of the respondent households at 75% with 25% of the respondents falling below the acceptable levels.

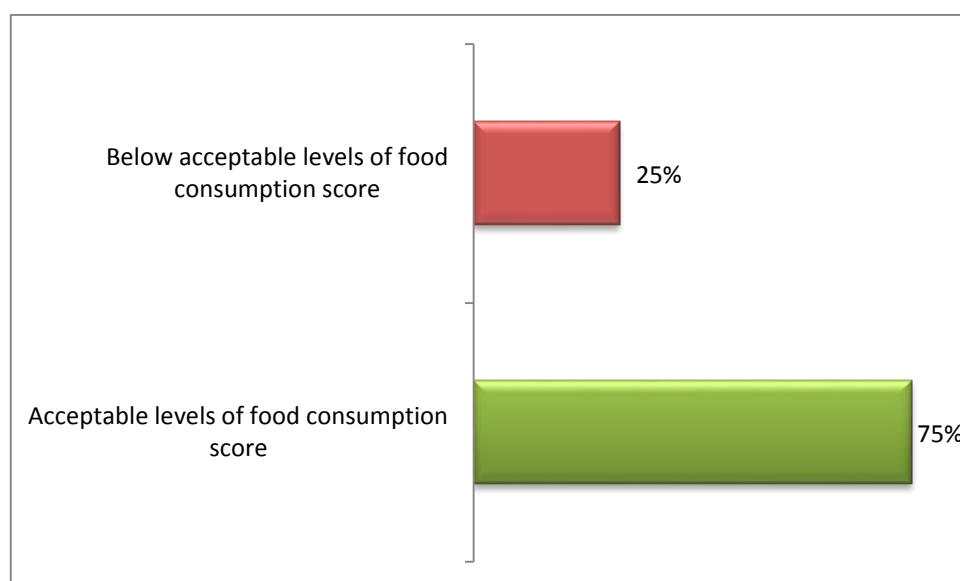


Figure 9: Households Food Consumption Score

2.3.4 Food Security Categories

Assessment findings revealed that the respondents could be categorized as indicated in table 9 as regards food security:

Table 8: Food Security Categories

Category Type	Proportion
Marginally food secure - 50% - 64.9%	11%
Moderately food insecure - 65% - 74.9%	16%
Severely food insecure - 75% through highest	44%
Food secure - Zero through 49%	29%
Total	100%

2.3.5 Consumption-Based Coping Strategies

The findings revealed that the following constituted the respondents' coping strategies: In this case the rCSI measured indicator during the survey, thus making the average of negative coping strategy mechanism that households employed to be 10.5 score which indicates high coping index as shown in figure 10 below.

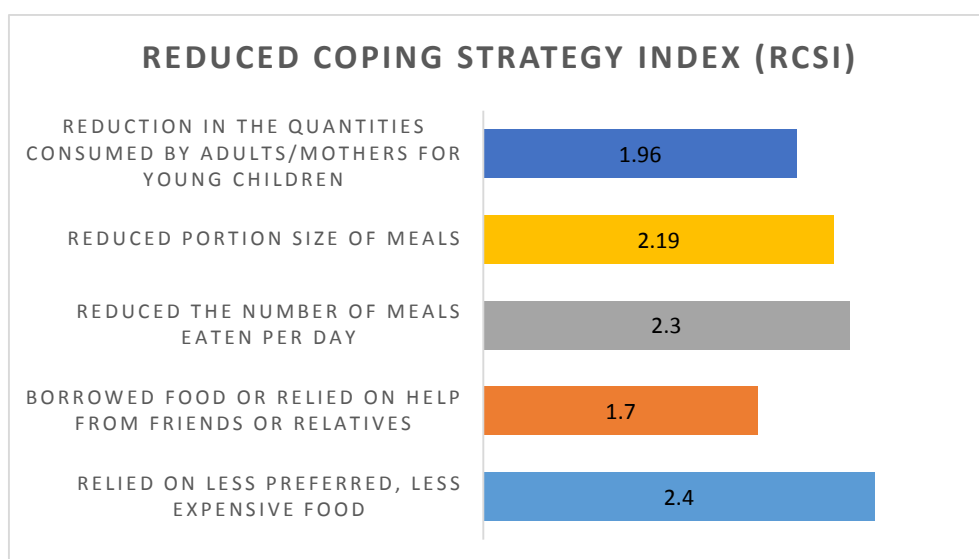


Figure 10: Consumption-based Coping Strategies

2.4 Assessment Findings on WASH

2.4.1 Access to Water

The assessment found that the respondents had access to a number of water sources as indicated in table 10 and figure 11 below:

Table 9: Main Source of Water

Source of Water	Proportion
Water kiosk	3%
Other piped system	30%
Protected well or hand pump	5%
Protected well with hand pump	3%
Unprotected well	34%
Burkad	6%
Tank and tap	27%
Water trucking distribution point	1%
Water tank	15%
Total	100%

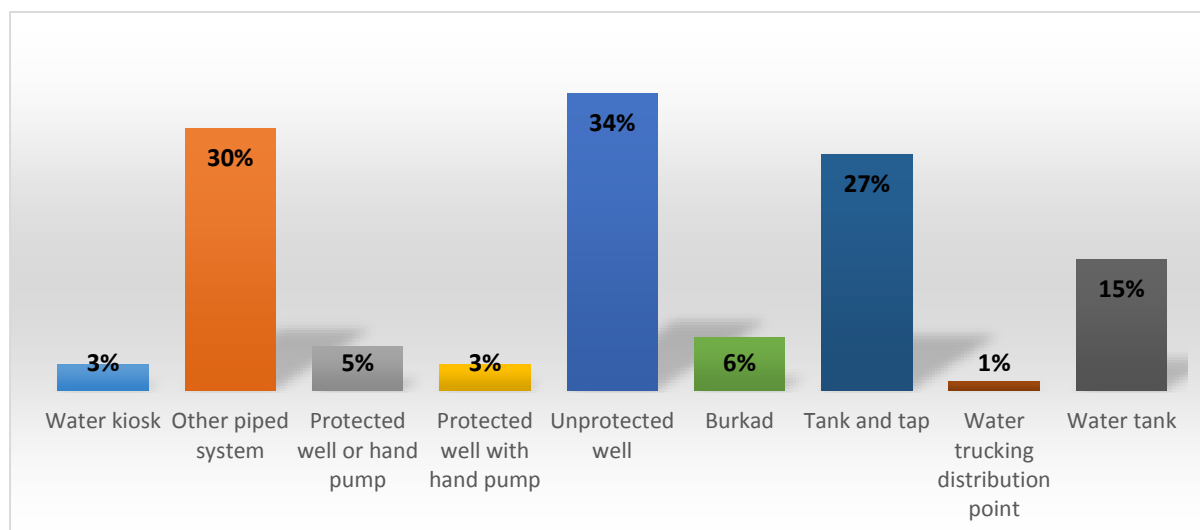


Figure 11: Respondents' Source of Water

Further analysis of the assessment findings revealed that more than half of the respondents (52%) faced a challenge accessing water from their main source of water. Tables 11 and 12 indicate the challenges faced by these respondents with regard to accessing viable quantity and quality of water from their main water source.

Table 10: Issues hindering access to sufficient amount of water

Challenge	Proportion
Water point is often broken	7%
Long waiting time	8%
Long distance to water point	7%
Lack of sufficient water containers	22%
Price of water is too high	3%
Water point is controlled by host community	1%
Insufficient amount of water produced by water source	26%
Insecurity	27%
Total	100%

Table 11: Issues affecting quality of Water

Issue	Proportion
Water has bad taste	72%
Water has bad smell	14%
Water coloured/unclear	6%
Water makes people sick	8%
Total	100%

Further analysis of the assessment findings revealed that children were most tasked with collecting water for use at the respondents' households, followed by adult females and adult males respectively. These findings are illustrated in figure 12 below:

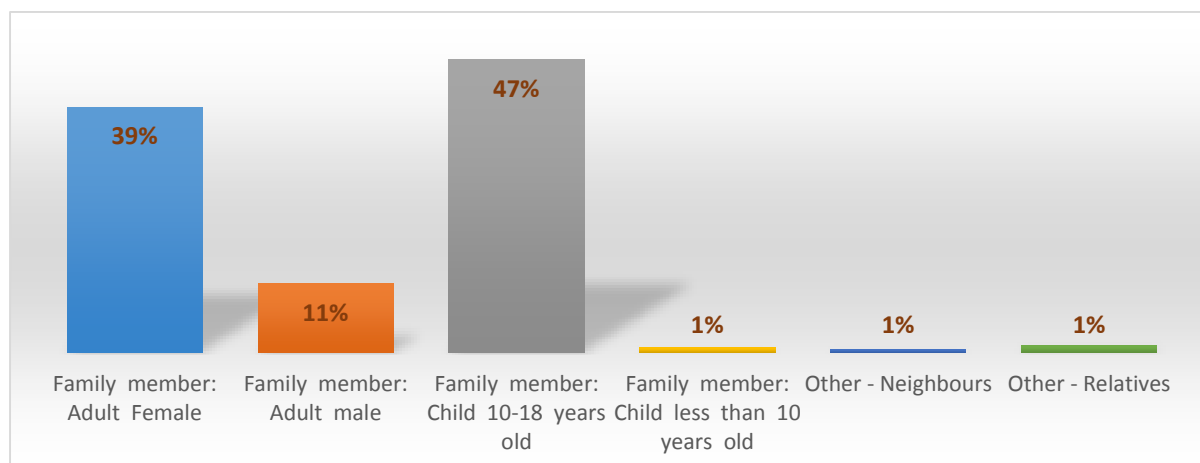


Figure 12: Person responsible for fetching water for use at household level

2.4.2 Handwashing

The assessment found that only 5% of the respondents had dedicated handwashing facilities for use at the household level. The assessment also found that a majority of the respondents washed their hands with water only followed by those who washed their hands with water and soap. These findings were as illustrated in figure 13 below:

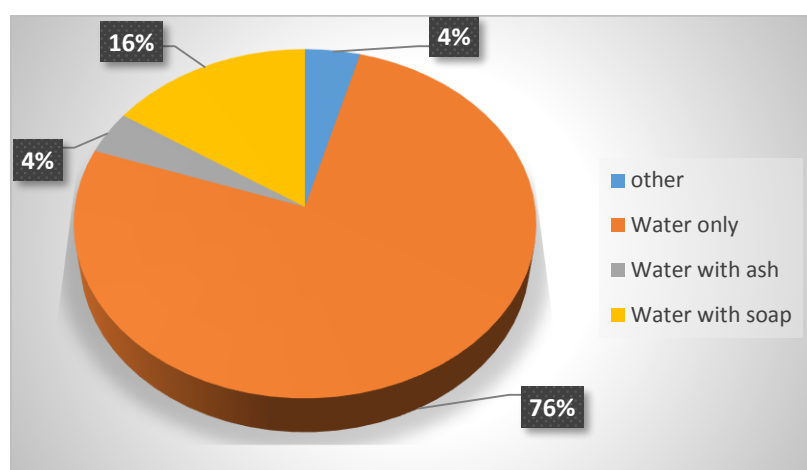


Figure 13: What respondents used for handwashing

2.4.3 Access to Latrine

The assessment found that the proportion of respondents who had had access to a functioning latrine was slightly less (49%) than that which did not have access to one (51%).

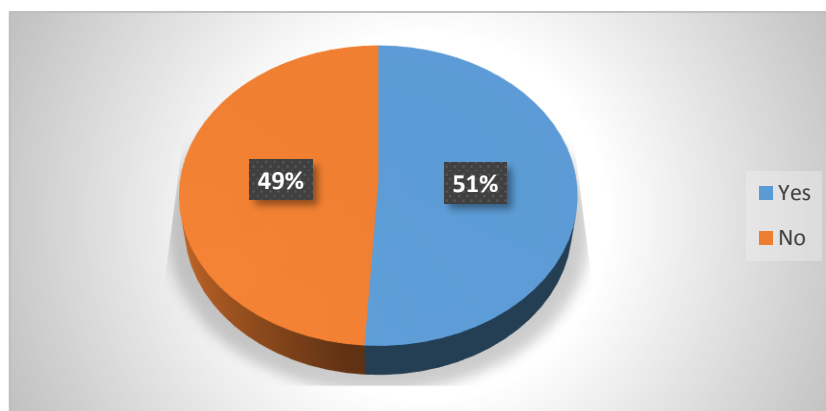


Figure 14: Access to a functioning latrine

Further analysis of the assessment findings revealed that more respondents had access to privately owned latrines as reported by 83% of the respondents compared to those that had access to communally owned latrines, reported by 17% of the respondents interviewed during this exercise.

2.4.4 Waste Disposal

The assessment found that a significant proportion of the respondents burnt their household waste as a means of waste disposal followed by those who just threw their household waste within and outside the settlement with the least proportion of respondents reportedly burying their household wastes. These findings are as illustrated in figure 15 below:

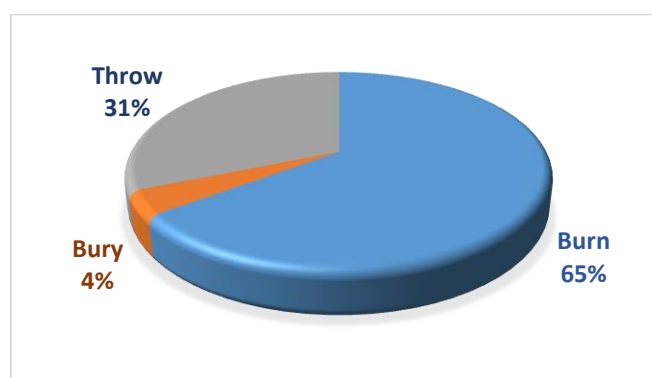


Figure 15: Waste Disposal Methods

Further analysis of the assessment findings revealed that 61% of the respondents disposed of their waste outside the settlement, while 27% used a bin located within the home with 12% proportion of respondents disposing their household waste anywhere within the settlement.

2.5 Assessment Findings on Health and Nutrition

2.5.1 Presence of Oedema in Children

The assessment found that 12% of children screen during the exercise had oedema.

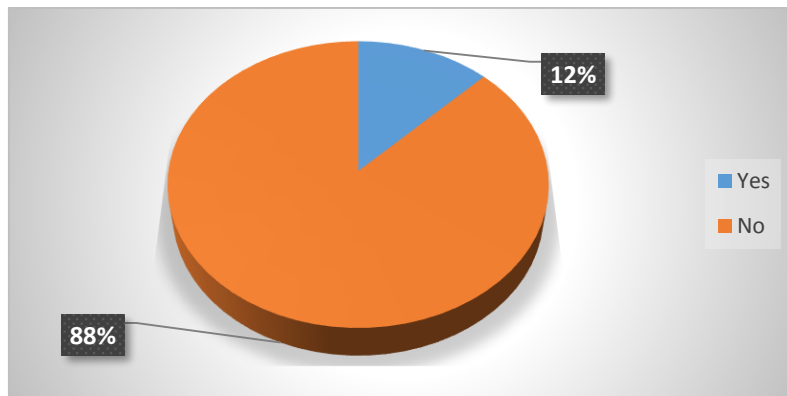


Figure 16: Presence of Oedema

2.5.2 Malnutrition Status

The assessment found that a majority of children screened during the exercise through MUAC either presented a 'Yellow' or 'Red' reading. These findings are illustrated in figure 17 below:

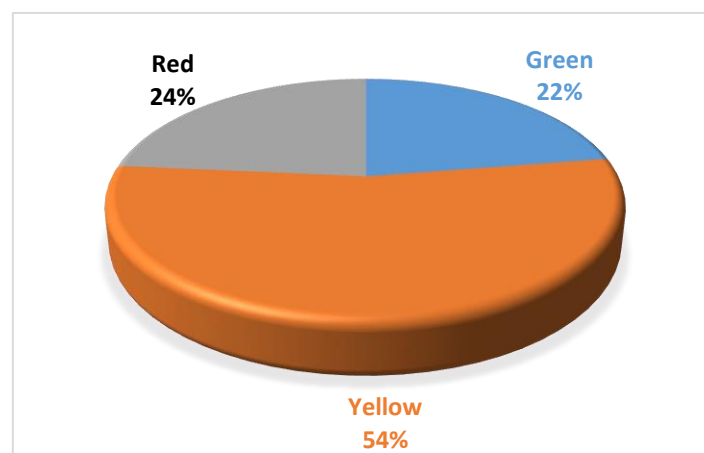


Figure 17: MUAC Readings

Further analysis of the assessment findings revealed that more children with 'Yellow' MUAC readings were enrolled into an OTP/SFP programme than those with 'Red' readings. These findings are illustrated in figure 18 below:

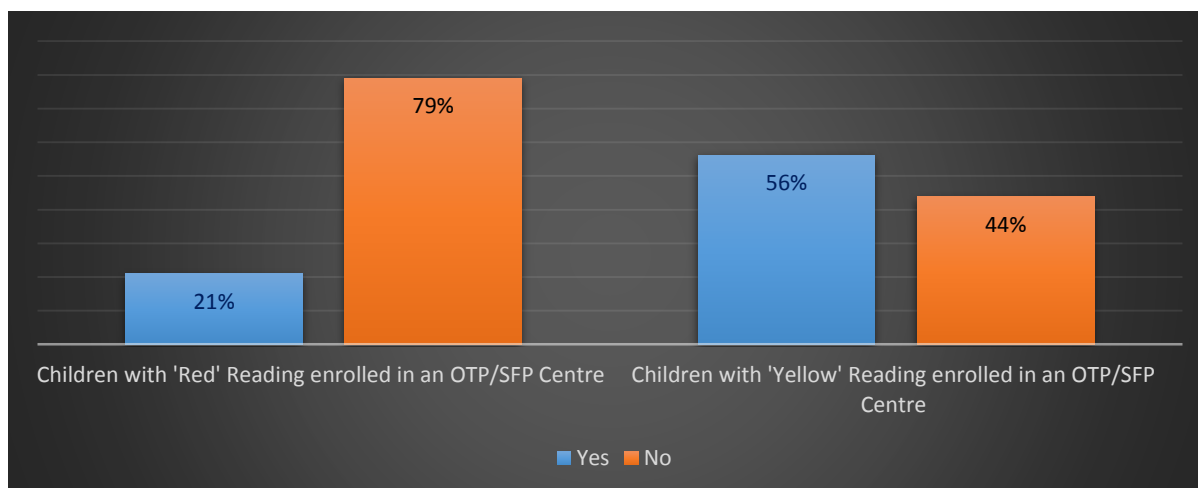


Figure 18: Malnourished children enrolled in an OTP/SFP Centre

2.5.3 Children Reporting Illness

The assessment found that 33% of children screened during the exercise had been ill within a period of two weeks prior to the assessment.

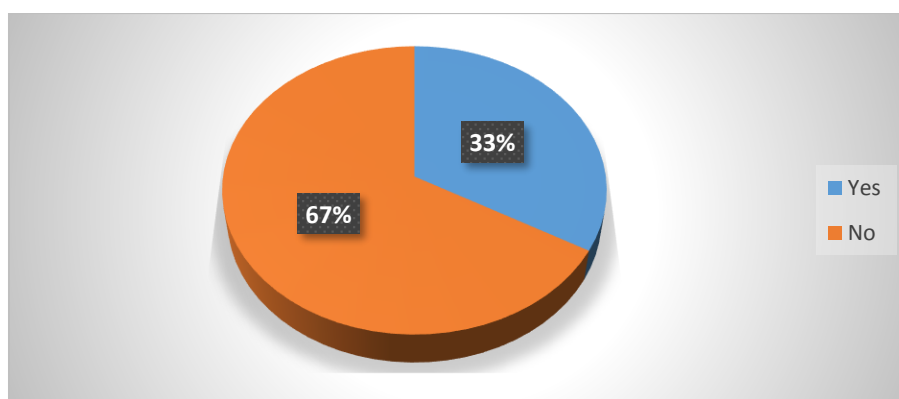


Figure 19: Proportion of Children reporting illness

Further analysis revealed that children who reported illness suffered from the following illnesses:

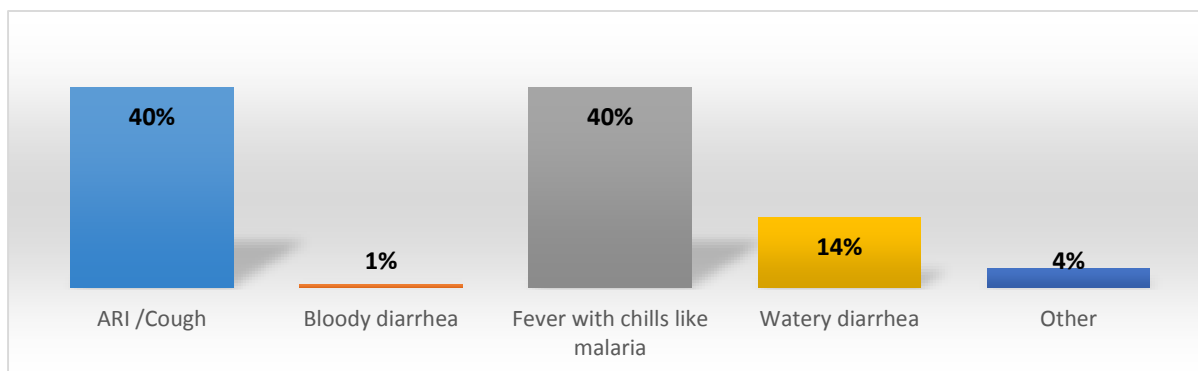


Figure 20: Illnesses affecting Children in Elwak

Further analysis of the assessment findings revealed that only 30% of the children who had watery diarrhea in the last two [2] weeks prior to the assessment received therapeutic Zinc

supplementation. The assessment also found that 80% of the sick children whose parents sought assistance took their children private health facility compared to only 20% who sought assistance from a public health facility.

2.5.4 Exclusive Breastfeeding

The assessment findings revealed that only 26% of children screened during the exercise had been exclusively breastfed.

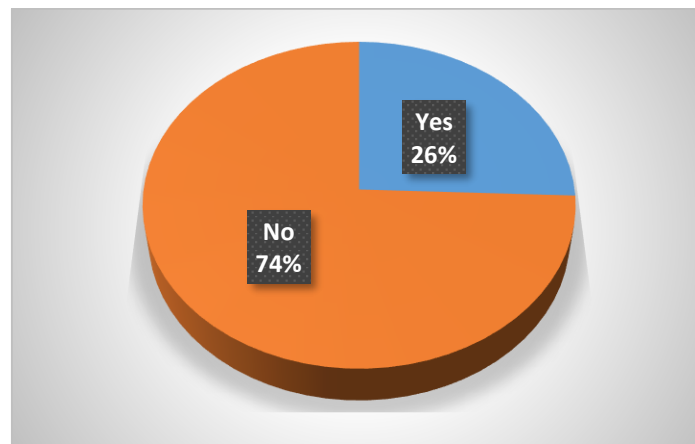


Figure 21: Proportion of Children Exclusively Breastfed

2.5.5 De-Worming

The assessment found that a slight majority of children covered during the exercise were de-wormed.

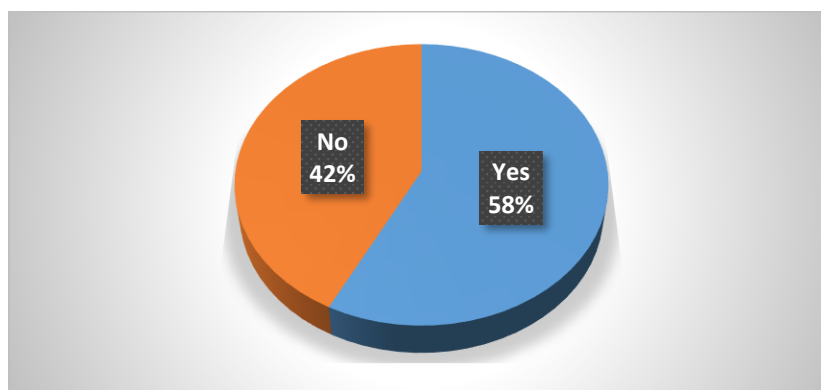


Figure 22: Proportion of Children who were De-wormed

2.5.6 Vaccination

The assessment found that only 43% of children screened in Elwak had received BCG vaccine.

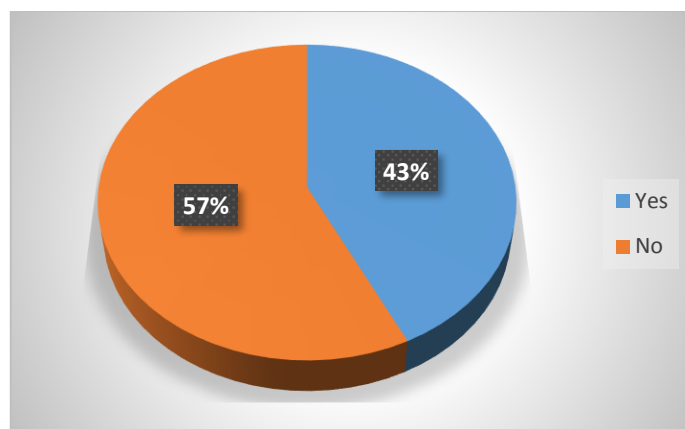


Figure 23: Proportion of Children who have received BCG Vaccine

The assessment then found that 58% of children screened in Elwak had received OPV1 vaccine.

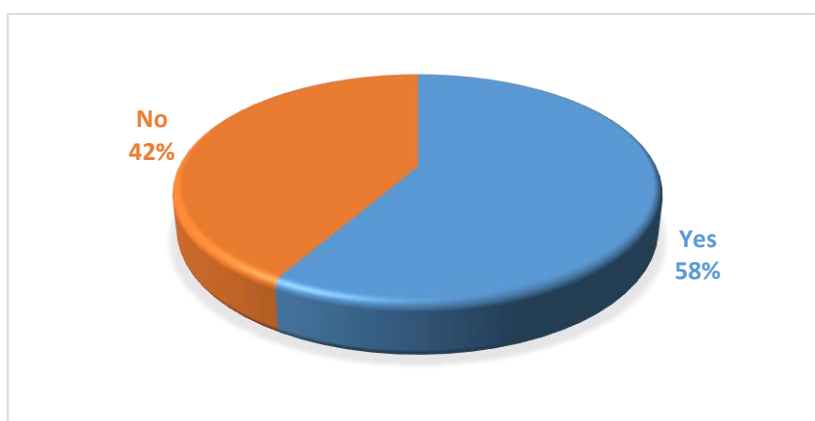


Figure 24: Proportion of Children who have received OPV1 Vaccine

The assessment then found that 56% of children screened in Elwak had received OPV3 vaccine.

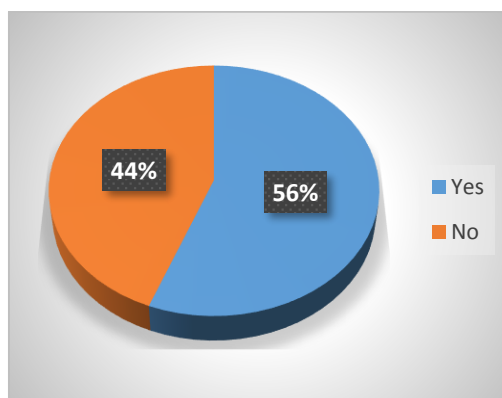


Figure 25: Proportion of Children who have received OPV3 Vaccine

The assessment then found that 55% of children screened in Elwak had received Measles vaccine.

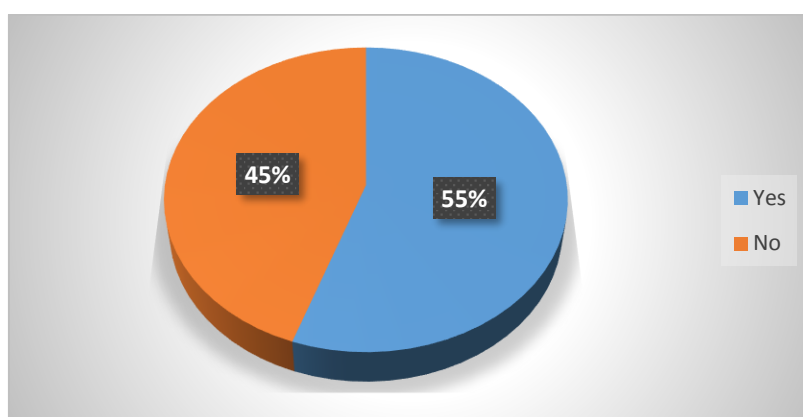


Figure 26: Proportion of Children who have received Measles Vaccine

Chapter Three: SUMMARY OF THE FINDINGS

3.1 About Community in the Assessment Area

Following the findings presented above, the assessment concludes that:

- I. A significant proportion of households covered in the exercise was vulnerable and not resilient to prevailing shocks as evidenced by the findings that indicated 73% of the households having elderly persons, 15% with persons living with disability, 7% with chronic illness and 4% with persons living with mental illness.
- II. Drought was a major cause of displacement for the households covered by the exercise
- III. The relationship between the IDP and host communities was good

3.2 Livelihood Situation

Following the findings presented above, the assessment concludes that:

- I. A majority (71%) of the community covered by the assessment are Urban Resident (Casual labour)
- II. Goats were the most kept livestock by households which kept livestock as reported by 31% of the respondents.
- III. 22% of households spent a significant amount of money on buying food

3.3 Food Security Situation

Following the findings presented above, the assessment concludes that:

- I. Main issue affecting communities in the assessment area is lack of resources to buy food according to 77% of the respondents.
- II. 44% of the community in Elwak reported severe food insecurity.
- III. The average negative coping strategy mechanism that households employed is 10.5 score which shows that there is high coping index

3.4 WASH Situation

Following the findings presented above, the assessment concludes that:

- I. The main source of water for the community in Elwak was unprotected well according 34% of the respondents
- II. The main issues that hindered the community from accessing sufficient amount of water were insufficient amount of water produced by water source and insecurity according to 53% of the respondents
- III. The main water quality issue that affected the community covered in the survey was that the water from main water sources had bad taste according to 72% of the respondents
- IV. Children were most tasked with collecting water for use within the community's households according to 47% of the respondents

3.5 Health and Nutrition Situation

Following the findings presented above, the assessment concludes that:

- I. 12% of children screened during the exercise had oedema
- II. 78% of children in the assessment area were malnourished
- III. Only 21% of the severely malnourished children had been taken to OTP/SFP centres
- IV. 33% of children were reported to be ill with most of them suffering from ARI/Cough and fever with chills like malaria
- V. Only 26% of children were exclusively breastfed
- VI. Only 58% of children had been de-wormed
- VII. Only 43% of children had been vaccinated

Chapter Four: RECOMMENDATIONS

4.1 About Community in the Assessment Area

Following the findings presented above, the assessment recommends that:

- I. Interventions that produce both emergency response and resilience-building outcomes targeting the most vulnerable households within the communities covered in the assessment should be implemented.
- II. Provision of sustainable water sources should be prioritized in existing and new projects within that benefit communities covered in the assessment exercise.
- III. Actors working within the assessment area should leverage on the cordial relationship between the IDP and host communities

4.2 Livelihood Situation

Following the findings presented above, the assessment recommends that:

- I. Interventions aimed at supporting communities within the assessment area should include Cash for Work activities which will be utilized by the majority (71%) of the community covered by the assessment who are Casual labourers.
- II. Project interventions aimed at supporting pastoralists should consider providing goats which were the most kept livestock.
- III. Food vouchers should be included in any livelihoods or food security interventions targeting the community covered by the assessment.

4.3 Food Security Situation

Following the findings presented above, the assessment recommends that:

- I. Interventions aimed at boosting food production among the community covered by the assessment should be implemented to improve their food security

4.4 WASH Situation

Following the findings presented above, the assessment recommends that:

- I. More, safer water sources should be constructed to improve access to water for the community covered by the assessment
- II. The communities should work hand in hand with local authorities to protect water sources and ensure they are safe for use especially since most of the people who draw water for use at household level, were children.

- III. Water quality testing and treatment should be scaled up to improve quality of water consumed by community covered in the assessment.

4.5 Health and Nutrition Situation

Following the findings presented above, the assessment recommends that:

- I. Frequent screening of children should be undertaken to identify nutrition and other health issues in good time to assist timely interventions
- II. Regular screening and referrals to health facilities should be undertaken at community level.
- III. The community should be sensitized on the importance of exclusive breastfeeding, de-worming and vaccination.
- IV. There is need to embed COVID-19 awareness raising activities with community level actions in order to scale up the concerted efforts to reach more individuals in containing the COVID-19 from continuing transmission.
- V. There is need to provide mobile outreach services that include treatment of SAM and MAM, and essential maternal and child health services in order to address severe malnutrition and health gaps in the area.