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Impact of the Ongoing Drought on Vulnerable Communities in Gedo Region, Somalia

MULTI-SECTORAL RAPID NEEDS ASSESSMENT REPORT
JANUARY 2026

Conducted by: Lifeline Gedo, with technical support from Concern Worldwide, in collaboration with the Ministry of Humanitarian Affairs and Disaster Management of Jubbaland State of Somalia.



Contents

ACRONYMS.....



II. ACKNOWLEDGEMENTS.....	4
III. EXECUTIVE SUMMARY.....	5
2.0 THE ASSESSMENT.....	1
2.1 Purpose of the Assessment.....	1
2.2 Methodology.....	1
2.2.1 Data Collection Methods.....	1
2.2.2 Data Analysis and Triangulation.....	2
2.2.3 Assessment Tool.....	2
2.3 Assessment Outcome.....	1
2.3.1 Livelihoods.....	1
2.3.2 Health and Nutrition.....	1
2.3.3 Water, Sanitation and Hygiene (WASH).....	1
2.3.4 Food Security.....	1
2.3.5 Protection.....	2
3.0 CONCLUSION OF THE OUTCOME.....	1
4.0 RECOMMENDATIONS.....	2

Table 1: Summary of Assessment Methodology.....	1
Table 2: Table: Priority Livelihood Response Recommendations.....	4
Table 3: Table: Pre-Drought vs Current Market Prices (USD).....	1
Table 4: Market Prices, Percentage Increase, and Linkage to Minimum Expenditure Basket (MEB).....	1
Table 5: Priority Food Security Response Recommendations Aligned to Somalia Food Security Cluster Strategic Objectives.....	1
Table 6: Priority Protection Response Recommendations.....	1
Table 7: Priority Emergency Response Recommendations (Life-Saving).....	2
Figure 4: Assessment's Areas of Focus.....	1
Figure 5: Farm with failed crop in Bardhere District. Error! Bookmark not defined.	
Figure 6: Proportion of Community members who reported food shortage...1	
Figure 7: Effects of the ongoing drought on Livestock Production.....2	
Figure 9: Proportion of Community Members Reporting Access to Functional Health Facility.....	1
Figure 11: Dilapidated Latrine in Gedo.....	0

Figure 12: Assessment Team undertaking an FGD Session in Luuq.....1

Figure 13: Proportion of Community Members who Report Access to Food Assistance..... 2

Figure 14: Dry Rainwater catchment in Bardhere.....1

Figure 15: LLG Enumerator Taking Notes during an FGD Session in Garbaharey.....1

Figure 16: Assessment Enumerator having a Discussion with IDP communities in Bardhere..... 1

I. LIST OF ACRONYMS

Acronym	Full Meaning
ANC	Antenatal Care
AWD	Acute Watery Diarrhea
CfW	Cash-for-Work
CP	Child Protection
FSC	Food Security Cluster
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HH	Household
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LLG	Lifeline Gedo Organization
MEB	Minimum Expenditure Basket
MPCA	Multi-Purpose Cash Assistance
MUAC	Mid-Upper Arm Circumference
OTP	Outpatient Therapeutic Program
PNC	Postnatal Care
PWDs	Persons with Disabilities
SC	Stabilization Centre
SO	Strategic Objective
WASH	Water, Sanitation and Hygiene

III. EXECUTIVE SUMMARY

Gedo Region is facing a rapidly worsening humanitarian crisis driven by prolonged drought, consecutive failed rainy seasons, conflict-related displacement, and declining livelihood productivity. Independent seasonal analysis by FSNAU and FAO confirms that Deyr 2025 rainfall was predominantly poor to failed across most of the region, with precipitation deficits ranging from 5 to 50 mm below normal levels. Rainfall was limited in both duration and geographic coverage, resulting in widespread crop failure, deteriorating pasture conditions, and severe water shortages.

These climate shocks have significantly disrupted livelihoods, particularly among pastoral and agro-pastoral communities that depend on livestock and rain-fed agriculture. FSNAU data shows that cereal production during the Deyr 2025 season reached only approximately 1,000 metric tons—equivalent to just 21% of the long-term average and 54% of the five-year average—indicating a major collapse in agricultural output. Livestock conditions have also deteriorated sharply due to pasture depletion and water scarcity. Poor livestock body condition and abnormal migration patterns toward riverine areas, Shabelle region, and Ethiopia have reduced milk production, weakened herd productivity, and increased livestock mortality risks.

To inform humanitarian response planning, Lifeline Gedo (LLG) conducted a Multi-Sectoral Rapid Needs Assessment in January 2026 across 18 locations in six districts using Key Informant Interviews, Focus Group Discussions, and direct observation, triangulated with secondary data. The assessment confirms widespread and severe needs across food security, livelihoods, water, health and nutrition, and protection sectors.

An estimated 33,496 households (approximately 200,000 people) are facing critical water shortages as water sources dry up and water costs rise significantly. Approximately 69% of households reported accessing less than 7.5 litres of water per person per day—less than half of the Sphere emergency standard. Water scarcity has forced households to rely on unsafe sources, increasing the prevalence of waterborne diseases such as Acute Watery Diarrhea.

Food insecurity has worsened significantly due to crop failure, livestock losses, rising food prices, and declining household income. Approximately 65% of households reported severe food shortages. Household purchasing power remains critically low, with most families spending between USD 1 and USD 2.5 per day on food—far below minimum requirements. Markets remain the primary food source, but rising prices and reduced income have made essential commodities increasingly unaffordable. FSNAU analysis

confirms cereal price increases of up to 22%, while declining livestock value has further reduced household purchasing power.

Households are increasingly adopting negative coping strategies, including reducing meal frequency, borrowing, selling productive assets, and migrating in search of assistance. Displacement has increased significantly as families move to urban centers and IDP settlements after losing livelihoods and access to water and food.

Health and nutrition conditions are deteriorating rapidly. FSNAU nutrition surveys report Global Acute Malnutrition rates ranging from 13.3% to 15.1%, reflecting serious to critical nutrition conditions. Limited access to healthcare services, unsafe water, disease outbreaks, and poor dietary diversity have further worsened health outcomes, particularly among children and pregnant and lactating women. Approximately 75% of assessed villages lack functional health facilities, severely restricting access to essential services.

Protection risks have also increased, particularly for women, children, and displaced populations. Women and girls face heightened exposure to violence while collecting water, and vulnerable groups, including internally displaced persons, elderly individuals, and persons with disabilities, face increased risks due to limited access to services and weakened social support systems.

Humanitarian assistance remains insufficient to meet growing needs. Approximately 75% of households reported receiving no food assistance in the three months preceding the assessment, leaving many families highly vulnerable to hunger, malnutrition, and further displacement.

Overall, the convergence of drought, agricultural collapse, livestock losses, rising food prices, declining purchasing power, water scarcity, and displacement has created a severe humanitarian emergency in Gedo Region. Immediate and coordinated humanitarian intervention, including emergency water supply, food and cash assistance, livestock support, health and nutrition services, and livelihood recovery, is essential to stabilize affected populations, prevent further deterioration, and reduce mortality risks.

Without urgent action, food insecurity, malnutrition, displacement, and livelihood collapse are likely to worsen, further deepening humanitarian needs across the region.

2.0 THE ASSESSMENT

2.1 PURPOSE OF THE ASSESSMENT

The main purpose of this assessment was to systematically understand the specific vulnerabilities, priority needs, and challenges faced by drought-affected communities as a result of climate-related shocks. The assessment aimed to document and, where possible, quantify the scale and severity of damage caused by climate change impacts, including the disruption of livelihoods, reduced access to safe water, worsening food security, and declining health and nutrition outcomes among vulnerable populations.

A critical component of the assessment was to generate practical, evidence-based recommendations and propose feasible interventions that can mitigate the adverse effects of climate change, alleviate community suffering, and support early recovery and resilience-building efforts. The findings are expected to inform both emergency response actions and longer-term programming aimed at strengthening community coping capacity and reducing vulnerability to future climatic shocks.

To ensure a comprehensive understanding of the full scope of drought impacts, the rapid needs assessment focused on the following key sectors:

- a) Livelihoods
- b) Health and Nutrition
- c) Water, Sanitation, and Hygiene (WASH)
- d) Food Security



- e) Protection

Figure 1: Assessment's Areas of Focus

2.2 METHODOLOGY

The assessment adopted a holistic, participatory, and multi-sectoral approach to data collection, ensuring that the perspectives and experiences of diverse community members were captured across the targeted districts. The

methodology was designed to generate both qualitative and indicative quantitative evidence on the impacts of the ongoing drought and associated climate-related shocks on vulnerable populations in Gedo Region.

2.2.1 Data Collection Methods

Primary data collection was conducted across eighteen (18) locations in six (6) districts of Gedo Region. The assessment applied a combination of the following tools:

i. Key Informant Interviews (KIIs):

KIIs were conducted with community leaders, service providers, and other knowledgeable stakeholders to gather contextual information on community-level trends, service gaps, and sector-specific challenges.

ii. Focus Group Discussions (FGDs):

A total of eighteen (18) FGDs were conducted to capture community perceptions, coping mechanisms, and priority needs. Discussions were organized in a gender- and group-sensitive manner, including separate sessions with women, pastoralists, and other community categories to ensure inclusivity and promote open engagement.

iii. Direct Observation:

Observation was used to validate information collected through KIIs and FGDs, identify unreported challenges, and document visible environmental, infrastructural, and contextual conditions affecting community vulnerability.

The combined use of KIIs, FGDs, and direct observation enabled the assessment team to collect complementary data, strengthening the reliability of findings and ensuring a more complete understanding of the humanitarian situation. The gender-segregated and group-specific approach further supported safe participation and encouraged openness when discussing sensitive issues, particularly those affecting women, children, elderly persons, and other at-risk groups.

2.2.2 Data Analysis and Triangulation

Following data collection, the information gathered was systematically reviewed and analyzed to generate the findings and recommendations presented in this report. The assessment process also included triangulation with existing secondary data and available information from humanitarian actors operating in Gedo Region. This strengthened the validity of the findings by cross-checking field observations against broader reported trends and contextual developments.

2.2.3 Assessment Tool

To guide the assessment process, the team utilized a harmonized multi-sectoral questionnaire checklist. This standardized tool provided a structured framework for capturing key information across the priority sectors, including:

- i. Livelihoods
- ii. Health and Nutrition
- iii. Water, Sanitation and Hygiene (WASH)
- iv. Food Security
- v. Protection

The use of a consistent tool ensured comparability across assessed locations, supported uniform data collection, and enhanced the overall quality and credibility of the assessment results.

Table 1: Summary of Assessment Methodology

Component	Description
Overall Approach	Holistic, participatory, and multi-sectoral methodology designed to capture both qualitative insights and indicative quantitative evidence on drought and climate-related impacts affecting vulnerable populations in Gedo Region.
Geographic Coverage	18 locations across 6 districts in Gedo Region.
Primary Data Collection Methods	Combination of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and Direct Observation to ensure complementary and reliable data.
Key Informant Interviews (KIIs)	Conducted with community leaders, service providers, and knowledgeable stakeholders to assess community trends, service gaps, and sector-specific challenges.
Focus Group Discussions (FGDs)	18 FGDs conducted using gender- and group-sensitive approaches, including separate sessions for women, pastoralists, and other community groups to ensure inclusivity and safe participation.
Direct Observation	Used to validate information from KIIs and FGDs and document environmental, infrastructural, and contextual conditions influencing community vulnerability.
Inclusion and Protection Considerations	Gender-segregated and group-specific discussions promoted safe participation and open dialogue, particularly on sensitive issues affecting women, children, elderly persons, and other at-risk groups.
Data Analysis and Triangulation	Systematic review and analysis of primary data, triangulated with secondary data and information from humanitarian actors operating in Gedo Region to strengthen validity and reliability.
Assessment Tool	Harmonized multi-sectoral questionnaire checklist ensuring standardized data collection and comparability across locations.
Sectors Covered	Livelihoods; Health and Nutrition; Water, Sanitation and Hygiene (WASH); Food Security; Protection.
Quality Assurance	Use of standardized tools and triangulation enhanced data consistency, credibility, and evidence-based findings.

2.3 ASSESSMENT OUTCOME

2.3.1 Livelihoods



Figure 2: Farm with failed crop in Bardhere District

Livelihoods across Gedo Region are primarily based on pastoral, agro-pastoral, and riverine agricultural systems that depend heavily on rainfall, livestock production, and seasonal crop cultivation. Major crops include

sorghum, maize, sesame, and cowpeas, which provide both food and income for households. According to FSNAU, the region comprises four main livelihood zones: Southern agro-pastoral, Sorghum agro-pastoral high-potential, riverine agricultural, and pastoral systems.

However, prolonged drought and repeated rainfall failure have severely disrupted these livelihood systems. Erratic rainfall patterns, extended dry spells, and declining soil productivity have resulted in widespread crop failure and reduced agricultural yields. FSNAU analysis confirms that sorghum production completely failed in high-potential agro-pastoral areas, while maize production in riverine zones was significantly below average due to low river levels and increased livestock pressure. Total cereal production during the Deyr 2025 season was estimated at only 1,000 metric tons—far below normal seasonal levels—significantly reducing household food availability and income.

As a result, many households are struggling to meet their basic needs. The assessment found that 65% of households experienced severe food shortages due to crop failure and livestock losses. In some cases, farmers were forced to use crops intended for human consumption as livestock feed due to pasture shortages, further reducing food availability and income. Limited access to alternative employment has constrained livelihood diversification, leaving households highly vulnerable to environmental shocks, seasonal fluctuations, and market disruptions.

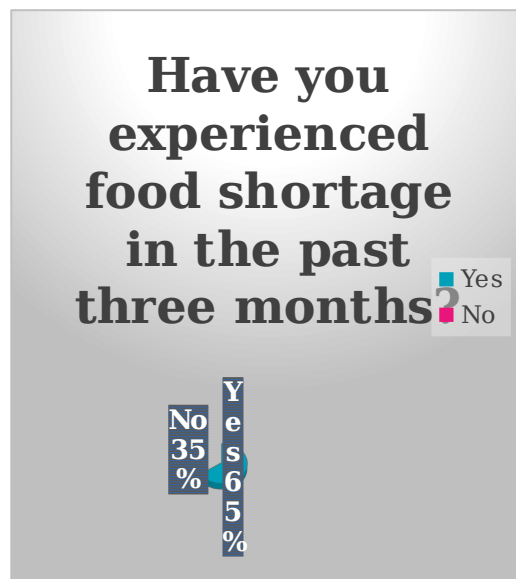


Figure 3: Proportion of Community members who reported food shortage

2.3.1.1 Agricultural Livelihoods and Crop Production Challenges

The drought has significantly reduced agricultural production across all assessed districts. Insufficient rainfall, shortened growing seasons, and declining soil conditions have led to repeated crop failure and reduced

harvest yields. This has directly reduced household income and increased reliance on markets for food, despite declining purchasing power.

Community members consistently reported worsening agricultural conditions:

“We used to rely on the farms near the river, but the harvest has failed and we do not have money to buy food. Every season is worse than the last.”

— FGD Participant, Farmer group, Baardheere

“Even when we plant, the rains stop too soon. We watch our crops dry before they reach maturity.”

— FGD Participant, Community elders’ group, Baardheere

“There are no jobs here apart from farming. When the crops fail, the whole community becomes poor at the same time.”

— FGD Participant, Youth group, Luuq

These conditions have significantly reduced food production, income, and household resilience.

2.3.1.2 Livestock Losses and Pastoral Livelihood Disruption

Livestock production, a critical source of income, food, and economic security, has also been severely affected. Water shortages, pasture depletion, and increased livestock diseases have resulted in declining livestock productivity, increased mortality, and reduced herd sizes. FSNAU reports abnormal livestock migration patterns, with pastoralists moving animals long distances in search of pasture and water, further increasing livestock stress and mortality risks.

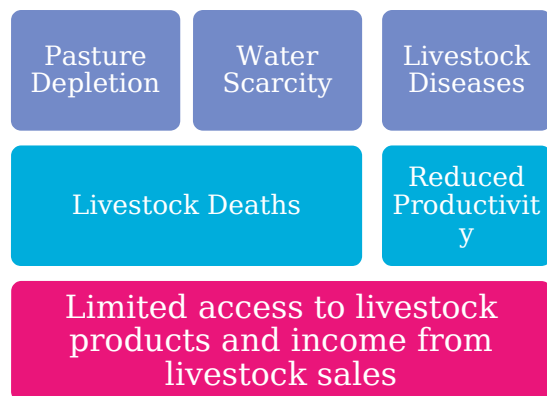


Figure 4: Effects of the ongoing drought on Livestock Production



Community members emphasized the severity of livestock losses:

“Our animals are weak and some are dying. When livestock die, it is like losing your bank—there is nothing left to sell.”

— FGD Participant, Pastoralist group, Doolow

“We used to live from selling milk and small animals, but now the animals are not producing and we cannot even feed them.”

— FGD Participant, Women’s group, Ceel Waaq

The loss of livestock has significantly weakened household resilience, reduced food access, and deepened poverty.

2.3.1.3 Income Loss, Employment Constraints, and Coping Breakdown

Income opportunities outside agriculture and livestock remain extremely limited. With declining agricultural production and livestock losses, households are experiencing widespread income collapse. Many families are unable to meet basic needs and have resorted to negative coping strategies, including reducing food consumption, borrowing money, and selling productive assets.

Community members reported increasing financial distress:

“People are borrowing from relatives, but everyone is struggling. Now there is no one left who can support another person.”

— FGD Participant, Mixed community group, Belet Xaawo

“We reduced meals because the food is not enough. Sometimes we drink water and sleep to forget hunger.”

— FGD Participant, Women’s group, Belet Xaawo

Traditional coping mechanisms and social support networks are increasingly overstretched as entire communities are affected simultaneously.

2.3.1.4 Displacement Trends and Increased Livelihood Vulnerability

Livelihood collapse has contributed to increased displacement across Gedo Region. Many households have migrated from rural areas to urban centers and IDP settlements after losing access to food, water, and income sources. Newly displaced households often arrive with limited assets and depend heavily on humanitarian assistance, placing additional pressure on host communities and already limited services.

Community members reported:

“Many families are moving closer to town because in the rural areas there is no water and no food. They come with nothing.”
— FGD Participant, IDP representative group, Doolow

Displacement further increases vulnerability and reduces household recovery capacity.

2.3.1.5 Gendered Livelihood Impacts

Women and children are disproportionately affected by livelihood collapse. In pastoral households, men often migrate with livestock in search of pasture and water, leaving women behind to manage households with limited resources. This increases women’s economic burden and exposure to protection risks while negatively affecting children’s nutrition, education, and well-being.

Community members emphasized the psychological and economic toll:

“The drought did not only destroy crops, it destroyed hope. Families are tired because there is no recovery time.”
— FGD Participant, Community elders group, Garbahaarey

“We used to sell animals to buy food. Now the animals are dying, and the prices dropped so low that we cannot survive.”
— FGD Participant, Women’s group, Buurdhuubo

2.3.1.6 Summary of Cross-Cutting Livelihood Impacts

Across all assessed districts, the drought has caused widespread livelihood disruption characterized by:

- Repeated crop failure and reduced agricultural yields
- Livestock losses, declining herd sizes, and reduced productivity
- Income collapse and limited livelihood diversification opportunities
- Increased displacement and reliance on humanitarian assistance
- Overstretched coping mechanisms, including borrowing, asset sales, and meal reduction

- Increased economic burden and protection risks for women and vulnerable groups

Overall, the prolonged drought has caused widespread livelihood collapse across Gedo Region, significantly weakening household resilience and increasing humanitarian needs. Immediate livelihood support interventions are urgently required to stabilize household income, protect productive assets, and strengthen resilience against future climate shocks.

Table 2: Priority Livelihood Response Recommendations

Intervention Area	Timeframe	Key Recommended Actions	Target Groups / Expected Outcomes
1. Emergency Livelihoods and Income Support	Immediate	• Provide multi-purpose cash assistance (MPCA) and/or emergency cash grants. • Scale up cash-for-work (CfW) linked to climate-adaptive community assets (water infrastructure repair, soil conservation, environmental rehabilitation).	Newly displaced households, women-headed households, households with loss of crop and livestock income. Outcome: Immediate income stabilization and protection of basic needs.
2. Drought-Resilient Agricultural Support	Short Term	• Distribute drought-tolerant seeds, farming tools, and inputs. • Promote climate-smart agriculture (soil moisture conservation, mulching, small-scale irrigation, pest control) through training and demonstration plots. • Strengthen agricultural extension support.	Farming households. Outcome: Restored agricultural production, improved productivity, reduced climate-related losses.
3. Livestock Protection and Recovery	Immediate -Medium Term	• Provide emergency livestock survival packages (fodder, water access support, veterinary services including treatment, vaccination, and deworming). • Strengthen livestock disease surveillance and response through community animal health workers. • Support controlled destocking where feasible.	Pastoral and agro-pastoral households. Outcome: Reduced livestock mortality, protected household assets, preserved income sources.
4. Market Support and Livelihood Diversification	Short-Medium Term	• Provide small business recovery grants and vocational skills training for youth. • Support women-focused income-generating activities. • Strengthen market linkages and basic value chains for livestock and crop products.	Youth, women, small traders, farming and pastoral households. Outcome: Diversified income sources, improved market access, reduced reliance on distress sales.
5. Support to Displaced Households and Host	Immediate -Short Term	• Provide start-up cash grants and basic productive assets for newly displaced households. • Include displaced and host	Newly displaced households and host communities. Outcome: Reduced

Communities		households in CfW opportunities. • Implement integrated livelihood and basic services support to host communities.	vulnerability, strengthened social cohesion, prevention of further displacement.
6. Gender-Sensitive Livelihood Programming and Risk Mitigation	Cross-cutting	• Ensure safe and inclusive targeting of women in livelihood support. • Use appropriate cash delivery modalities and women-friendly CfW options. • Integrate protection risk mitigation into livelihood activities.	Women and girls in drought-affected communities. Outcome: Improved economic participation, reduced protection risks, enhanced dignity and safety.
7. Community Resilience and Preparedness	Longer Term	• Support community-based natural resource management and climate adaptation initiatives (rangeland restoration, water catchment rehabilitation, drought preparedness planning). • Promote savings groups, community support mechanisms, and early warning/anticipatory action systems.	Communities in drought-prone areas. Outcome: Strengthened resilience, improved preparedness, reduced future humanitarian dependency.

These recommendations should be implemented through an integrated and coordinated approach alongside WASH, food security, nutrition, and protection interventions to ensure livelihoods recovery contributes to improved household stability and reduced humanitarian dependence.

2.3.2 Health and Nutrition

The assessment found that drought has significantly worsened health and nutrition conditions across Gedo Region, particularly affecting women, children, and other vulnerable groups. Reduced food availability, unsafe water consumption, increased disease outbreaks, and limited access to healthcare services have contributed to rising malnutrition rates and increased risk of preventable illness and death.

Nutrition conditions remain critical. FSNAU nutrition surveys conducted during the Deyr 2025 season reported Global Acute Malnutrition (GAM) prevalence ranging from 13.3% to 15.1% across several livelihood zones, reflecting serious to critical levels of malnutrition. Key drivers include reduced food intake, limited dietary diversity, increased disease prevalence, poor infant and young child feeding practices, and limited access to health and nutrition services. These findings align with the household assessment, which documented worsening malnutrition among children under five and pregnant and lactating women due to food shortages, illness, and restricted access to healthcare.

Access to healthcare services remains severely constrained. Approximately 75% of villages visited during the assessment lacked functional health facilities, forcing communities to travel long distances—often more than five kilometers—to access basic care. Existing facilities frequently face shortages of essential medicines, equipment, and trained personnel, limiting their capacity to provide adequate services.

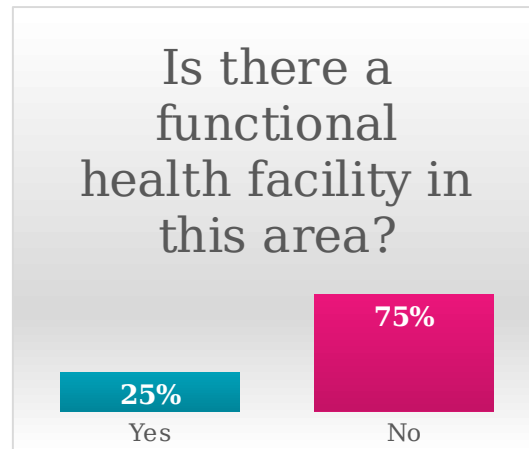


Figure 5: Proportion of Community Members Reporting Access to Functional Health Facility

Community voices:

“Pregnant women fear giving birth at home, but the clinic is far and sometimes there is no midwife or supplies.”

— FGD Participant, Women’s group, Baardheere

“Women are delivering at home because transport is expensive and the health center is too far.”

— FGD Participant, Women’s group, Belet Xaawo

2.3.2.1 Maternal Health

Maternal health services are severely limited across the assessed districts. Women reported significant barriers to accessing antenatal care, skilled delivery, postnatal care, and emergency obstetric services due to distance, cost, and lack of functional health facilities. These barriers increase the risk of pregnancy-related complications and maternal mortality.

Community members reported:

“Pregnant women fear giving birth at home, but the clinic is far and sometimes there is no midwife or supplies.”

— FGD Participant, Women’s group, Baardheere

“Women are delivering at home because transport is expensive and the health center is too far.”

— FGD Participant, Women’s group, Belet Xaawo

These findings highlight critical gaps in maternal healthcare access and the urgent need to strengthen maternal health services.

2.3.2.2 Child Health and Immunization

Children are particularly vulnerable to the impacts of drought due to reduced food intake, unsafe water use, and limited access to healthcare services. Communities reported increasing cases of illness among children, including diarrhea, fever, and respiratory infections.

Immunization coverage remains inconsistent due to irregular outreach services and limited facility access. As a result, many children miss routine vaccinations, increasing their vulnerability to vaccine-preventable diseases.

Community members noted:

“The health facility is not close, and when we reach there, we are told medicines are finished.”

— FGD Participant, Mixed community group, Luuq

“Some children missed vaccinations because outreach teams do not come regularly.”

— FGD Participant, Youth group, Belet Xaawo

These gaps increase the risk of disease outbreaks and long-term health complications among children.

2.3.2.3 Communicable Diseases and Disease Outbreak Risks

Communicable diseases, particularly Acute Watery Diarrhea (AWD), measles, pneumonia, and skin infections, are widespread across assessed communities. These conditions are largely driven by unsafe water consumption, poor sanitation, limited hygiene supplies, and weak health system capacity.

Due to drought-related water shortages, many households rely on untreated river water and other unsafe sources, increasing exposure to waterborne diseases.

Community members reported:

“Diarrhea is common because we drink from the river. We know it is not safe, but we have no other option.”

— FGD Participant, Women’s group, Ceel Waaq

“Children are getting sick frequently. We see diarrhea and fever almost every week, and we don’t have enough medicine.”

— FGD Participant, Women’s group, Baardheere

These findings indicate increased public health risks and highlight the urgent need for improved water, sanitation, and health services.

2.3.2.4 Nutrition Situation and Feeding Practices

Nutrition conditions have deteriorated significantly due to limited access to nutritious food, reduced household income, and poor dietary diversity. Many households rely on low-cost, low-nutrient foods due to rising food prices and livelihood collapse. Limited access to animal products, vegetables, and other nutritious foods has weakened dietary quality, particularly for children and pregnant and lactating women.

Poor infant and young child feeding practices were also reported, including inadequate complementary feeding and reduced dietary diversity, contributing to increased malnutrition and weakened immunity among children.

Community members stated:

“We eat whatever is available. Vegetables and milk are not common now, so children eat only simple food.”
— FGD Participant, Women’s group, Garbahaarey

“We see children becoming thin because food is not enough, and mothers cannot afford nutritious meals.”
— FGD Participant, Women’s group, Luuq

2.3.2.5 Referral Systems and Service Gaps

The assessment identified significant gaps in referral pathways for malnourished children and vulnerable individuals. Many communities lack clear referral mechanisms linking community-level identification with specialized treatment services such as:

- Outpatient Therapeutic Programs (OTP)
- Stabilization Centers (SC)
- Specialized nutrition services
- Follow-up care for recovered patients

Weak referral systems delay early detection and treatment, increasing the risk of severe malnutrition and preventable deaths.

Community members reported:

“When a child is malnourished, we don’t know where to take them. There is no clear place for treatment in the villages.”
— FGD Participant, Women’s group, Doolow

“There is no health facility near us. If someone is sick, we must travel far and that delays treatment.”
— FGD Participant, Mixed community group, Buurdhuubo

2.3.2.6 Summary of Key Health and Nutrition Impacts

Across all assessed districts, the drought has significantly increased health and nutrition risks, including:

- Increased malnutrition among children and pregnant and lactating women
- Higher incidence of AWD and other communicable diseases
- Limited access to maternal and child health services
- Inconsistent immunization coverage and outreach services
- Poor dietary diversity and weakened nutrition practices
- Absence of reliable referral systems for malnourished children

Overall, drought has significantly weakened health and nutrition outcomes across Gedo Region. Immediate and coordinated interventions are urgently needed to improve access to healthcare, strengthen nutrition services, prevent disease outbreaks, and reduce mortality risks among vulnerable populations.

Intervention Area	Timeframe	Key Recommended Actions	Target Groups / Expected Outcomes
1. Strengthen Maternal and Child Health Services	Immediate –Short Term	• Scale up access to ANC, skilled delivery, PNC, and emergency obstetric care through fixed and mobile services. • Ensure continuous availability of essential medicines, delivery kits, and reproductive health supplies.	Pregnant and lactating women, newborns. Outcome: Reduced maternal and neonatal morbidity and mortality.
2. Expand Mobile Health and Outreach Services	Immediate	• Deploy mobile clinics and outreach teams to underserved and remote villages with no functional health facilities. • Provide integrated services including basic treatment, screening, referral, and health promotion.	Remote and underserved communities. Outcome: Improved access to essential healthcare and early case detection.
3. Enhance Routine Immunization and Disease Prevention	Immediate –Short Term	• Strengthen routine immunization through regular outreach and community mobilization. • Conduct vaccination catch-up activities for children who missed doses, especially in IDP settlements and remote areas.	Children under five, IDP populations. Outcome: Reduced risk of vaccine-preventable disease outbreaks.
4. Prevent and Respond to AWD and Communicable Diseases	Immediate	• Support AWD prevention through improved access to safe water and hygiene promotion. • Preposition essential supplies (ORS, zinc, antibiotics where clinically indicated).	Children under five and vulnerable populations. Outcome: Reduced AWD incidence and mortality; improved

		• Strengthen community health awareness and disease surveillance.	outbreak preparedness.
5. Improve Nutrition Services and Community Screening	Immediate –Short Term	• Strengthen community-based MUAC screening for children under five and pregnant/lactating women. • Expand access to OTP and supplementary feeding services in high-need areas.	Children under five, pregnant and lactating women. Outcome: Early identification and treatment of acute malnutrition.
6. Promote Nutrition Awareness and IYCF Practices	Short Term	• Conduct community awareness sessions on IYCF, dietary diversity, and appropriate feeding practices through CHWs and women’s groups. • Promote safe food handling and preparation practices, particularly in water-scarce environments.	Caregivers, women and children. Outcome: Improved feeding practices and child nutrition outcomes.
7. Strengthen Referral Networks and Service Linkages	Cross-cutting	• Establish structured referral pathways linking communities to OTP sites, stabilization centres, and health facilities. • Improve coordination between outreach teams, community health volunteers, and facility-based providers.	Malnourished children, at-risk populations. Outcome: Improved continuity of care and reduced treatment delays.

These recommendations should be implemented in close coordination with WASH and food security interventions to address the root drivers of disease transmission and malnutrition and ensure an integrated, life-saving response.

2.3.3 Water, Sanitation and Hygiene (WASH)

The assessment found that prolonged drought has severely disrupted access to safe water, sanitation, and hygiene (WASH) services across Gedo Region. Water scarcity, inadequate sanitation infrastructure, and limited hygiene resources are significantly increasing public health risks, particularly for women, children, older persons, and persons with disabilities. These challenges are contributing to increased disease transmission, worsening nutrition outcomes, and heightened protection risks.

2.3.3.1 Water Availability and Access

Water availability has declined drastically due to prolonged drought and repeated rainfall failure. Traditional water sources—including shallow wells, water pans, and rainwater catchment systems—have either dried up completely or experienced severe reductions in water levels. As a result, households are forced to travel long distances to access limited water supplies, often relying on unsafe and unprotected sources such as rivers.

This reduced access to safe water has negatively affected drinking, cooking, hygiene, and sanitation practices, increasing exposure to waterborne diseases and worsening health and nutrition outcomes. Women and children are disproportionately affected, as they are primarily responsible for water collection and must travel long distances under physically demanding and unsafe conditions.

Community members reported:

“We walk very far for water, and when we reach the river the water is not clean, but we have no alternative.”

— FGD Participant, Women’s group, Ceel Waaq

“The water points are drying one by one. Now we spend most of the day just trying to find water.”

— FGD Participant, Mixed community group, Luuq

2.3.3.2 Water Quantity (Household Consumption)

Household water consumption has fallen to critical levels. Approximately 69% of households reported accessing less than 7.5 litres of water per person per day, which is less than half of the Sphere emergency minimum standard of 15 litres per person per day.

This severe shortage limits essential uses such as drinking, cooking, personal hygiene, and sanitation, increasing the risk of dehydration, poor hygiene practices, and communicable disease transmission.

Indicator	Value
<i>Households accessing <7.5 L/person/day</i>	69%
<i>Sphere emergency standard</i>	15 L/person/day
<i>Gap severity</i>	Critical / Life-Threatening

Community voices:

“We cannot wash properly and we cannot clean the children. We only keep water for drinking.”

— *FGD Participant, Women’s group, Belet Xaawo*

“Water is so little that families must choose between cooking and washing.”

— *FGD Participant, Mixed community group, Garbahaarey*

2.3.3.3 Water Cost and Market Pressure

Water prices have increased across all assessed districts, reflecting the severity of scarcity and growing dependence on purchased water. In Ceel Waaq District, the cost of a 200-litre drum has reportedly risen to USD 8, placing a major burden on households with limited or no income.

\$6 – 200 Litres of water

This sharp rise in water costs is forcing households to reduce consumption, rely on unsafe alternatives, or prioritize water purchases over other essential needs such as food and healthcare, thereby worsening household vulnerability and increasing negative coping strategies.

Community voices:

“Water has become more expensive than food. If you buy water today, tomorrow you have nothing to eat.”

— *FGD Participant, Women’s group, Ceel Waaq*

“Even if water is available in the market, most families cannot afford it anymore.”

— *FGD Participant, Community leaders group, Doolow*

2.3.3.4 Collapse of Community Water Coping Systems (Transport and Burden)

The assessment team observed that drought impacts have extended beyond water access itself to the breakdown of traditional coping mechanisms used for water collection. In Bula Cadey community (Ceel Waaq District), community members reported alarming livestock and donkey deaths linked to water and pasture shortages. This has directly affected household water access because animals are commonly used to transport water using carts and containers.

With the loss of donkeys and transport mechanisms, many households are now forced to carry water manually over long distances. This increased physical burden disproportionately affects women and children, increases time spent

on water collection, and further reduces the amount of water households can access daily.

Community voices:

“Our donkeys are dying. Without them we cannot bring enough water, so women carry it on their backs.”

— *FGD Participant, Women’s group, Ceel Waaq*

2.3.3.5 Reliability of Water Sources (Rainwater Catchments Drying Up)

Approximately 70% of villages visited reported that their main perennial water source was rainwater catchment systems. However, communities indicated that these sources dried up around four months prior to the assessment, due to prolonged drought and insufficient rainfall.

The drying of these catchments has left households without reliable water sources, forcing communities to rely on expensive water trucking, distant boreholes, and unsafe water sources. This has reduced water access for domestic use and livestock, increasing livelihood stress and public health risks.

Community voices:

“Our water catchment has been dry for months. Now people depend on the river, and it is not safe.”

— *FGD Participant, Community elders group, Baardheere*

“We used to store rainwater, but the drought finished it early. Since then, life has become very hard.”

— *FGD Participant, Women’s group, Luuq*

2.3.3.6 Sanitation (Latrine Access and Open Defecation)

The assessment found a severe shortage of functional latrine facilities across the assessed areas. Many households lack access to safe and dignified sanitation, resulting in widespread open defecation practices.

This situation increases health risks, reduces dignity, and heightens protection concerns, particularly for women and girls who face increased exposure to harassment and violence when seeking private places to defecate. The sanitation gaps are further aggravated by water scarcity and limited hygiene practices, creating a high-risk environment for disease transmission.



Figure 6: Dilapidated Latrine in Gedo

Community voices:

“Most families do not have toilets. At night it is risky, especially for women and girls.”

— *FGD Participant, Women’s group, Buurdhuubo*

“Even where latrines exist, they are broken or full, so people go outside.”

— *FGD Participant, Mixed community group, Doolow*

2.3.3.7 Hygiene Practices and Handwashing

Observations and community discussions revealed limited handwashing knowledge and practice, especially regarding the five critical times (before eating, before preparing food, after using the latrine, after handling child feces, and after cleaning the household). Many households lack soap and sufficient water for proper hygiene, and several respondents reported using ashes and sand as alternatives.

While the use of ash reflects an attempt to maintain hygiene, it remains insufficient as a substitute for soap in many contexts and does not address the broader barriers affecting hygiene behavior, including lack of water, limited sanitation access, and minimal community mobilization and hygiene

education. These gaps increase risks of waterborne and communicable diseases, particularly among children under five and other vulnerable groups.

Community voices:

“We know handwashing is important, but when there is no water and no soap, it becomes impossible.”

— *FGD Participant, Women’s group, Belet Xaawo*

“Some people use ash, but even that is not always available when water is too little.”

— *FGD Participant, Youth group, Garbahaarey*

2.3.3.8 WASH Priority Response Recommendations

Based on the assessment findings, the following priority WASH interventions are recommended to address urgent lifesaving needs and reduce public health risks in drought-affected communities across Gedo Region:

Table: WASH Priority Response Recommendations

Intervention Area	Timeframe	Key Recommended Actions	Target Groups / Expected Outcomes
1. Emergency Water Supply	Immediate	• Scale up water trucking to critically affected villages and IDP settlements as a temporary lifesaving measure. • Introduce water vouchers/cash-for-water modalities in areas with functioning private water markets to increase access while preserving dignity and choice.	Drought-affected households, IDPs. Outcome: Immediate access to sufficient safe water; reduced dehydration and disease risk.
2. Rehabilitation and Strengthening of Water Infrastructure	Short-Medium Term	• Rehabilitate and protect boreholes, shallow wells, and water points (repairs, sustainable pumping systems). • Support solar-powered water supply systems and upgrade distribution networks (piping extensions, communal tap stands). • Restore rainwater catchments and water pans (desilting, fencing, reinforcement).	Host communities and IDP settlements. Outcome: Improved reliability and sustainability of safe water sources; reduced reliance on unsafe water.
3. Household Water Treatment and Safe Storage	Immediate-Short Term	• Distribute water treatment supplies (chlorine tablets/filters), jerrycans, and safe storage containers. • Conduct community demonstrations on safe water handling and storage practices.	Households, particularly women and children. Outcome: Reduced household-level water contamination and AWD risk.
4. Sanitation Support	Immediate-Recovery	• Construct and rehabilitate emergency latrines in highly affected communities and IDP sites. • Support household latrine upgrading ensuring gender-sensitive, safe, and accessible facilities for children, elderly	Communities and IDP populations. Outcome: Reduced open defecation, improved dignity, and lower disease

		persons, and persons with disabilities.	transmission.
5. Hygiene Kits Distribution and Hygiene Promotion	Immediate -Short Term	• Distribute hygiene kits prioritizing women, children, and newly displaced households (soap and essential hygiene items). • Strengthen hygiene promotion focusing on handwashing at critical times, safe disposal of child feces, and household sanitation.	Women, children, IDPs. Outcome: Improved hygiene practices and reduced communicable disease transmission.
6. WASH-Health Integration for Disease Prevention	Cross-cutting	• Integrate WASH with health and nutrition outreach for AWD prevention and response (targeted messaging, surveillance, rapid sensitization). • Strengthen coordination with authorities and humanitarian partners for preparedness, early warning, and outbreak response.	High-risk communities and health catchment areas. Outcome: Early detection and containment of disease outbreaks; strengthened public health resilience.

2.3.4 Food Security

Food security conditions in Gedo Region have deteriorated significantly due to prolonged drought, widespread crop failure, livestock losses, rising food prices, and declining household income. Reduced agricultural production and livestock productivity have severely limited household food availability and income, increasing dependence on markets despite declining purchasing power. As a result, many households face severe food shortages, depleted food stocks, and reduced access to sufficient and nutritious food.

FSNAU seasonal and market analysis confirms that cereal production during the Deyr 2025 season was significantly below average, contributing to supply shortages and rising food prices. Cereal prices increased by up to 22% compared to the five-year average, while livestock-to-cereal terms of trade declined by up to 24%, reflecting reduced livestock value and higher staple food prices. These trends have significantly weakened household purchasing power, particularly among pastoral and agro-pastoral households who rely on livestock for income.

2.3.4.1 Household Food Availability and Consumption

Household food availability has declined sharply due to repeated crop failure and income loss. Many households reported having insufficient food stocks and limited ability to purchase food. Families are increasingly adopting negative coping strategies, including reducing meal frequency, limiting portion sizes, and consuming less diverse and lower-quality diets. These practices increase the risk of malnutrition and worsen health outcomes, particularly for children, pregnant and lactating women, and other vulnerable groups.

Community members reported:

“We used to eat three times a day, but now we eat once. Sometimes children sleep hungry.”

— FGD Participant, Women’s group

“We have no food stored at home. Every day we wait and see if we can buy something small.”

— FGD Participant, Mixed community group

These findings indicate severe deterioration in household food security and consumption patterns.

2.3.4.2 Household Purchasing Power and Food Expenditure

Household purchasing power remains critically low due to widespread livelihood collapse and limited income opportunities. The assessment found that:

- 73% of households reported spending approximately USD 1 per day on food
- 27% of households reported spending approximately USD 2.5 per day on food

These amounts are insufficient to meet the daily food needs of households, many of which have six or more members. Limited income and unstable employment have reduced households’ ability to access adequate food, increasing reliance on borrowing, asset sales, and external assistance.

Community members explained:

“Even one dollar cannot buy enough food for a family. We buy only the cheapest thing and share.”

— FGD Participant, Women’s group

“The money we get is not stable. Some days we have nothing, so we reduce meals and wait.”

— FGD Participant, Youth group

2.3.4.3 Food Prices and Market Access

Markets remain the primary source of food for most households; however, access is increasingly constrained by rising prices and limited income. Reduced crop production and supply shortages have contributed to significant increases in food prices across assessed districts.

Reported market prices during the assessment period included:

- Maize: USD 2 per kg

- Sorghum: USD 2 per kg
- Rice: USD 1 per kg
- Wheat flour: USD 1 per kg
- Sugar: USD 1.5 per kg
- Cooking oil: USD 2 per litre
- Water (20 litres): USD 0.4
- Soap (150 grams): USD 0.5

These prices place substantial financial strain on households, particularly those with limited income and high dependency on markets for food. Cross-border trade, including maize imports from Kenya and sorghum from Bay region and Ethiopia, continues to support market supply; however, rising transportation costs, insecurity, and inflation have reduced affordability for vulnerable households.

Community members reported:

“Food prices are rising but our income is not rising. We cannot buy what we used to buy.”
— FGD Participant, Women’s group

“Even when food is in the market, poor people cannot reach it. The cost is too high.”
— FGD Participant, Community leaders group

2.3.4.4 Coping Strategies and Vulnerability

Households are increasingly relying on harmful coping strategies to manage food shortages. These include skipping meals, reducing portion sizes, borrowing food or money, selling productive assets, and prioritizing food for certain family members. These strategies are unsustainable and increase vulnerability to malnutrition, illness, and long-term livelihood deterioration.

In addition, humanitarian food assistance remains insufficient to meet growing needs. Approximately 75% of households reported that they had not received food assistance in the three months preceding the assessment. Newly displaced households are particularly vulnerable, as they often arrive with limited assets and income sources and depend heavily on humanitarian support.

2.3.4.5 Summary of Key Food Security Impacts

Across all assessed districts, the drought has significantly worsened food security conditions through:

- Reduced household food production and availability
- Rising food prices and declining purchasing power
- Reduced household food consumption and dietary diversity
- Increased reliance on harmful coping strategies
- Insufficient humanitarian food assistance
- Increased vulnerability among displaced and low-income households

Table 3: Table: Pre-Drought vs Current Market Prices (USD)

Commodity	Unit	Pre-Drought Price (USD)	Current Price (USD)	Price Change / Implication
Maize	Per kg	1.20	2.00	Sharp increase reduces access to a primary staple, accelerating food gaps.
Sorghum	Per kg	1.20	2.00	Staple affordability severely reduced for poor households.
Wheat flour	Per kg	0.70	1.00	Former low-cost option now increasingly unaffordable for large families.
Rice	Per kg	0.70	1.00	Limits dietary choice; households rely on reduced portions.
Sugar	Per kg	1.00	1.50	Non-essential food increasingly excluded from household diets.
				Limits meal preparation and nutritional quality.
				Costs more than doubled, forcing trade-offs between food and water.
				Reduced hygiene practices, increasing disease risk.



The significant rise in food, water, and hygiene

commodity prices, combined with collapsing incomes, has severely eroded household purchasing power. Families that depend entirely on markets are increasingly unable to meet minimum food and non-food needs, leading to meal reduction, asset depletion, and heightened malnutrition and health risks.

Table 4: Market Prices, Percentage Increase, and Linkage to Minimum Expenditure Basket (MEB)

Commodity	Unit	Pre-Drought Price (USD)	Current Price (USD)	% Price Increase	MEB Relevance / Impact
Maize / Sorghum (staple mix)	Per kg	1.20	2.00	+67%	Core caloric requirement; sharp increase severely limits household food access.
Wheat flour / Rice	Per kg	0.70	1.00	+43%	Previously affordable staples now increasingly excluded from diets.
Cooking oil	Per Litre	1.20	2.00	+67%	Reduces ability to prepare nutritious meals and meet caloric needs.
Sugar	Per kg	1.00	1.50	+50%	Often deprioritized, reducing dietary energy intake.
Water	20 litres	0.15	0.40	+167%	Forces households to choose between water and food, increasing health risks.
Soap	150 grams	0.30	0.50	+67%	Leads to reduced hygiene practices and higher disease transmission risk.

2.3.4.5 Humanitarian Assistance Gaps

A significant gap in humanitarian food support was identified. The assessment found that 75% of interviewed households in the assessed locations reported that they had not received any form of food assistance in the past three months preceding the assessment.

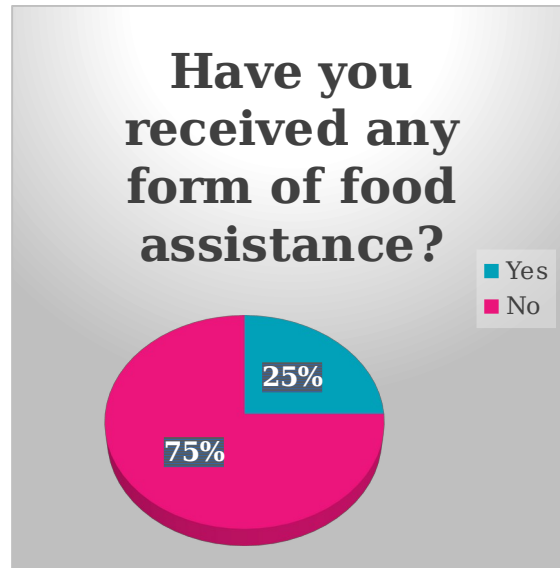


Figure 8: Proportion of Community Members who Report Access to Food Assistance

This gap was particularly pronounced among IDP populations and newly displaced families, who reported having limited means to generate income or access basic resources. The absence of food support has left households increasingly dependent on negative coping strategies and has intensified overall vulnerability.

Community voices:

“We arrived recently, but there is no food support. We depend on what little we get from relatives.”

— *FGD Participant, IDP group*

“No organization has supported us with food in recent months. People are surviving through hardship alone.”

— *FGD Participant, Community elders group*

2.3.4.6 Priority Food Security Response Recommendations

Based on the assessment findings, the following priority interventions are recommended to address urgent food security needs and strengthen household resilience:

Table 5: Priority Food Security Response Recommendations Aligned to Somalia Food Security Cluster Strategic Objectives

FSC Strategic Objective (Somalia)	Intervention Area	Key Recommended Actions	Contribution to FSC Outcomes
SO1: Save lives and protect livelihoods through immediate food assistance	1. Immediate Food Assistance / Safety Nets	• Provide emergency food assistance to the most vulnerable households, prioritizing IDPs, newly displaced families, women-headed households, and households with malnourished children. • Scale up multi-purpose cash assistance (MPCA) in areas with functioning markets to support dignified access to food.	Prevents hunger-related mortality, stabilizes food consumption, and reduces harmful coping strategies.
SO2: Restore and protect livelihoods to enhance food security and resilience	2. Targeted Livelihood Support (Early Recovery)	• Implement cash-for-work activities focused on community assets (water infrastructure rehabilitation, soil conservation, environmental restoration). • Provide emergency livelihood inputs for farmers (drought-tolerant seeds, tools) and livestock support (fodder, veterinary services) where feasible.	Protects productive assets, restores income sources, and reduces dependency on food assistance.
SO1 & SO3: Improve economic access to food through market-based approaches	3. Market-Based Support and Price Stabilization Measures	• Introduce cash/voucher assistance for staple food purchases where markets are reliable. • Strengthen market linkages and price monitoring systems to track availability and inflation trends during the drought period.	Enhances household purchasing power, supports market functionality, and informs adaptive response.
SO1 & SO4: Reduce malnutrition through nutrition-sensitive food security programming	4. Nutrition-Sensitive Food Security Programming	• Integrate food security interventions with nutrition services, including targeted supplementary feeding and IYCF support for pregnant and lactating women and children under five. • Promote dietary diversity through community awareness and support to small-scale food production where feasible.	Improves diet quality, reduces acute malnutrition, and strengthens FS-Nutrition integration.
SO5: Strengthen coordination, coverage, and accountability of food security response	5. Strengthen Coverage and Coordination of Assistance	• Improve targeting and coverage in underserved areas, including remote villages and expanding IDP sites. • Strengthen coordination with local authorities and humanitarian partners to reduce duplication, close gaps, and expand response reach.	Improves efficiency, equity, and accountability of food security assistance delivery.

Overall, the combined effects of reduced agricultural production, livestock losses, rising food prices, weakened purchasing power, and insufficient humanitarian assistance have created severe food insecurity across Gedo Region. Immediate and sustained food and cash assistance, alongside

livelihood recovery interventions, are urgently required to stabilize household food access and prevent further deterioration of nutrition and humanitarian conditions.

2.3.5 Protection

The assessment examined protection concerns affecting drought-impacted communities and IDP populations across the assessed locations. Findings indicate that the humanitarian situation is increasing protection risks, particularly for women, children, and other vulnerable groups, as families face heightened stress linked to displacement, lack of resources, and limited access to essential services.

Key protection concerns include increased domestic violence, exposure to harassment while searching for water and basic needs, and weakened community safety nets. These protection risks are compounded by limited access to formal support services and inadequate community-based protection mechanisms, leaving vulnerable populations with limited options for assistance and safety.

2.3.5.1 Domestic Violence and Household-Level Protection Risks

Women's FGDs in IDP settings reported high incidences of domestic violence, which communities linked to worsening economic hardship, overcrowded living conditions, and increased household stress. Displacement has intensified vulnerability for women and girls, particularly in households that have lost income and social support networks.

Community voices:

"When there is no food and no work, families become stressed. Some men take out their anger on women."

— FGD Participant, Women's group (IDP community)

"In the camp, many women suffer quietly. They fear reporting because there is nowhere to go."

— FGD Participant, Women's group (IDP community)

2.3.5.2 Vulnerable Groups at Heightened Risk

The assessment identified several categories of vulnerable groups who face elevated exposure to abuse, exploitation, and harmful practices. These include:

- unaccompanied and separated children
- widows and divorcees
- adolescent girls
- persons with disabilities
- elderly-headed households

These groups face increased risk due to limited household protection capacity, disruption of social support mechanisms, and a lack of functioning referral pathways for protection services.

Community voices:

“Widows and girls are the first to suffer because they don’t have strong support. They are easily targeted.”

— *FGD Participant, Community leaders group*

“Some children are separated from their families when people move searching for water and food.”

— *FGD Participant, Mixed community group*

2.3.5.3 Harassment and Safety Risks During Water Collection and Movement

The assessment found that long distances traveled to access basic needs, especially water, are significantly increasing exposure to harassment and violence risks for vulnerable populations, particularly women and girls. The need to walk for extended hours to reach distant water points exposes them to unsafe environments where protection threats are heightened, especially during early morning and evening hours.

This issue was reported both in host communities and in IDP settlements, where safe and nearby water access remains inadequate.



Community voices:

“Women and girls walk far for water. The road is not safe, especially when it is early or late.”

— *FGD Participant, Women’s group*

“Sometimes girls go in groups because they fear harassment when they are

alone.”

— FGD Participant, Youth group

2.3.5.4 Limited Access to Essential Services and Its Protection Implications

The assessment also found that lack of access to basic services is not only a humanitarian concern but also a key driver of protection

risks. Limited access to healthcare, education, clean water, and livelihood opportunities increases vulnerability, weakens coping mechanisms, and exposes families, especially IDPs, to exploitation and harmful survival strategies.

Children’s access to education has been disrupted in some locations due to displacement, household poverty, and the need to support families in water collection or income search activities. In addition, limited access to health services leaves survivors of violence or vulnerable groups without appropriate medical or psychosocial support.

Community voices:

“Children are not in school because families cannot afford supplies, and some are busy searching for water.”

— FGD Participant, Mixed community group

“When someone faces violence or serious problems, there are no services nearby to help them.”

— FGD Participant, Community elders group

2.3.5.5 Priority Protection Response Recommendations

Based on the assessment findings, the following priority protection interventions are recommended to reduce risks and improve access to protection support services:

Table 6: Priority Protection Response Recommendations

Intervention Area	Timeframe	Key Recommended Actions	Target Groups / Expected Outcomes
1. Strengthen GBV Prevention and Response Services	Immediate-Short Term	• Establish or strengthen confidential GBV response mechanisms, including safe referral pathways and access to clinical care, psychosocial support, and case management. • Support women- and girl-friendly spaces in IDP settlements and high-risk communities where feasible.	Women and girls, GBV survivors. Outcome: Improved access to survivor-centered services, reduced GBV-related harm, and enhanced dignity and safety.
2. Enhance Community-Based Protection	Immediate-Short Term	• Strengthen community protection committees and reporting structures with inclusive representation (women, youth, minorities, persons with disabilities).	Host and IDP communities, vulnerable groups. Outcome: Strengthened

Mechanisms		• Conduct culturally appropriate awareness sessions on domestic violence prevention, harmful practices, and child protection risks.	community protection capacity and early identification of protection risks.
3. Reduce Protection Risks Linked to Water Collection and Basic Needs Access	Immediate	• Improve proximity and safety of water points and WASH services to reduce movement-related risks. • Promote safe group-based water collection and community-led protection monitoring along high-risk routes.	Women and girls, children. Outcome: Reduced exposure to harassment and violence during daily survival activities.
4. Strengthen Child Protection Services and Referral Pathways	Immediate-Short Term	• Support identification and referral of unaccompanied and separated children (UASC), including case management and family tracing where required. • Establish child-friendly spaces and integrate protection awareness into education and community outreach activities.	Children, especially UASC. Outcome: Improved child safety, psychosocial well-being, and access to protection services.
5. Integrate Protection into Multi-Sector Response (Protection Mainstreaming)	Cross-cutting	• Ensure protection mainstreaming across WASH, food security, health, and shelter interventions, emphasizing safe access, dignity, inclusion, and accountability. • Strengthen community feedback and complaints mechanisms for safe reporting of protection concerns and service issues.	All affected populations, particularly vulnerable groups. Outcome: Reduced unintended harm, improved accountability, and safer access to humanitarian assistance.



Figure 10: LLG Enumerator Taking Notes during an FGD Session in Garbaharey



Figure 11: Assessment Enumerator having a Discussion with IDP communities in Bardhere

3.0 CONCLUSION OF THE OUTCOME

3.0 CONCLUSION OF THE OUTCOME

The assessment concludes that prolonged drought over the past three years, compounded by the failure of the Deyr 2025 rainy season, has severely disrupted livelihoods, food security, water access, and essential services across Gedo Region. FSNAU seasonal analysis confirms that rainfall failure significantly reduced crop production and livestock productivity, resulting in widespread livelihood collapse and increased food insecurity. These shocks have eroded household resilience, increased poverty, and significantly expanded humanitarian needs, particularly among women, children, internally displaced persons (IDPs), and other vulnerable groups.

Livelihood systems that depend on agriculture and livestock have been severely affected by repeated crop failure, livestock losses, pasture depletion, and water shortages. As a result, household income has declined sharply, reducing purchasing power and limiting access to food and essential services. Many households are unable to meet basic food needs and are increasingly adopting harmful coping strategies, including reducing meal frequency, consuming less nutritious foods, borrowing, selling productive assets, and migrating in search of assistance. These coping mechanisms are unsustainable and increase the risk of malnutrition, long-term livelihood deterioration, and deepening poverty.

Water scarcity remains one of the most critical and life-threatening challenges. Many households lack access to sufficient safe water for drinking, hygiene, and sanitation, increasing exposure to waterborne diseases and worsening health and nutrition outcomes. Limited water availability also affects sanitation and hygiene practices, contributing to increased disease transmission and placing additional burdens on already vulnerable households.

Access to essential services, including healthcare, nutrition support, safe water systems, sanitation infrastructure, education, and protection services, remains severely limited. Approximately 75% of assessed villages lack functional health facilities, while sanitation and water infrastructure remain inadequate or non-functional in many areas. Humanitarian assistance has not kept pace with the scale and severity of needs, leaving many households without sufficient support to meet basic survival requirements.

Traditional coping mechanisms, including reliance on family and community support networks, are becoming increasingly overstretched due to the widespread and prolonged nature of the drought. As a result, displacement

has increased significantly, with many households migrating from rural areas to urban centers and IDP settlements after losing access to food, water, and income sources. Displaced households often arrive with limited assets and depend heavily on humanitarian assistance, placing additional pressure on host communities and already strained services.

Children and youth face particularly severe risks, including increased exposure to malnutrition, disease, disrupted education, and limited livelihood opportunities. Lack of access to education and economic opportunities increases vulnerability to exploitation, child labor, and long-term poverty, undermining future recovery and resilience.

Overall, the convergence of drought, livelihood collapse, food insecurity, water scarcity, rising food prices, declining purchasing power, and displacement has created a severe and rapidly deteriorating humanitarian crisis in Gedo Region. Immediate and coordinated humanitarian intervention is essential to stabilize food security, restore access to safe water and essential services, protect livelihoods, improve nutrition outcomes, and reduce displacement risks.

Addressing the crisis requires a comprehensive, multi-sectoral response that combines immediate life-saving assistance—such as emergency water supply, food and cash assistance, healthcare, nutrition services, and protection support—with longer-term resilience-building interventions. These include strengthening water infrastructure, supporting livelihood recovery, expanding access to healthcare and education, and promoting gender-responsive programming.

Without urgent and sustained action, humanitarian conditions are likely to deteriorate further, resulting in increased malnutrition, expanded displacement, worsening poverty, and heightened mortality risks among the most vulnerable populations. Strengthening both emergency response and long-term resilience is essential to stabilize affected communities and enable recovery from ongoing and future climate shocks.

4.0 RECOMMENDATIONS

Based on the findings of these rapid needs assessment, the following real-time, life-saving emergency response recommendations are proposed for immediate implementation to reduce preventable deaths, stabilize vulnerable households, and contain deterioration across priority sectors:

Table 7: Priority Emergency Response Recommendations (Life-Saving)

Priority Sector	Objective	Key Immediate Actions	Primary	Target
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			Groups / Outcomes
1. Immediate WASH Response (First Priority – Life-Saving)	Prevent dehydration, AWD, and waterborne disease	• Scale up emergency water access through water trucking to critically affected villages and IDP sites. • Implement water vouchers / cash-for-water where markets function. • Distribute household water treatment supplies (chlorine tablets) and safe storage containers (jerrycans with lids). • Rapidly repair boreholes, shallow wells, pumps, generators, and storage systems. • Construct emergency gender-sensitive latrines, waste pits, and handwashing stations in IDP sites and high-risk villages. • Conduct hygiene promotion on handwashing at critical times, safe water handling, and child feces disposal.	Drought-affected households, IDPs. Outcome: Immediate access to safe water, reduced AWD risk, improved hygiene practices.
2. Immediate Food Security and Cash Assistance	Stabilize food consumption and prevent hunger-related mortality	• Deliver multi-purpose cash assistance (MPCA) for food and water purchases. • Prioritize newly displaced households, women-headed households, households with malnourished children, elderly persons, and persons with disabilities (PWDs). • Provide targeted emergency food distributions where markets are not functioning or cash is not feasible. • Deliver nutrition-sensitive emergency support for households with children under five and pregnant/lactating women.	Highly vulnerable households, IDPs. Outcome: Stabilized food access, reduced negative coping, protection of nutritional status.
3. Emergency Health and Nutrition Actions	Prevent excess morbidity and mortality	• Deploy mobile clinics and outreach teams to underserved villages without functional health facilities. • Provide basic treatment, maternal care, child health services, and disease screening. • Conduct rapid MUAC screening for children under five and pregnant/lactating women. • Expand OTP access and referral pathways for severe cases. • Preposition ORS, zinc, essential antibiotics (where clinically indicated), and IPC supplies. • Conduct catch-up immunization in IDP sites and remote villages.	Children under five, pregnant/lactating women. Outcome: Reduced malnutrition, improved disease detection and treatment, outbreak prevention.

4. Livelihoods Protection and Asset Preservation (Emergency-Level)	Prevent irreversible livelihood collapse	• Provide emergency cash grants linked to livelihood protection for drought-affected farming and pastoral households. • Deliver emergency livestock survival support (fodder, veterinary outreach, livestock water access). • Implement cash-for-work (CfW) activities focused on water point rehabilitation, desilting of water pans, and environmental restoration where feasible.	Farming, pastoral, and agro-pastoral households. Outcome: Preserved productive assets, reduced displacement pressure.
5. Protection Response (Urgent Risk Mitigation)	Reduce GBV, child protection, and movement-related risks	• Strengthen GBV prevention and response through confidential referral pathways, psychosocial support, and survivor-centered services. • Conduct community awareness on domestic violence prevention and available support services. • Identify and refer unaccompanied and separated children; establish child-friendly spaces where feasible. • Reduce risks during water collection by increasing proximity of water points and supporting safe group movement and community monitoring.	Women, girls, children, IDPs. Outcome: Reduced exposure to violence, improved access to protection services.
6. Coordination, Targeting, and Accountability (Immediate Enablers)	Improve response effectiveness and equity	• Prioritize targeting of newly displaced households, minority groups, women and girls, children under five, elderly persons, and PWDs. • Strengthen cross-sector coordination and referral systems (WASH-Health, Food Security-Nutrition, Protection mainstreaming). • Establish or strengthen community feedback and complaints mechanisms to improve accountability and enable rapid response adjustments.	All affected populations. Outcome: Improved targeting, reduced exclusion, accountable service delivery.