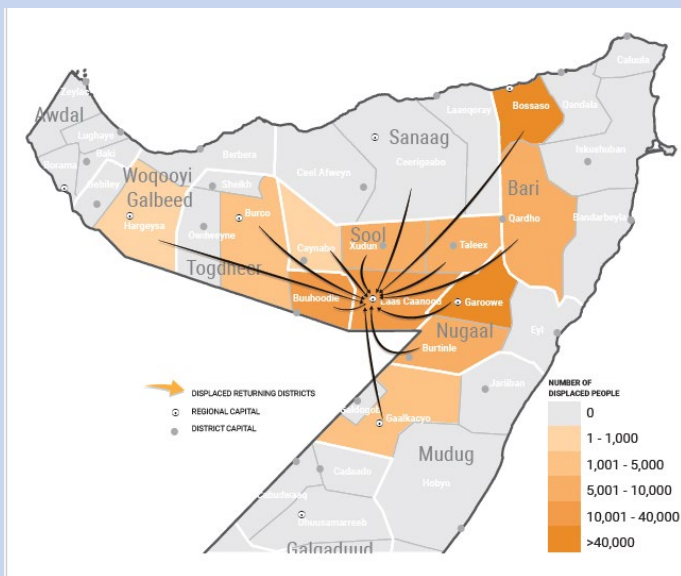


**Key highlights of the assessment findings:**



- **Access:** Laas Caanood is fully accessible for partners from Garowe including those who previously had physical and operational presence in city prior to the conflict. Access is now possible via the main Garowe – Laas Caanood highway including 14 new villages which become accessible since 25 August. It takes less than two hours by road between Garowe to Laas Caanood.
- **IDP returnees:** By the 09 September, an estimated **50 – 60 per cent** of Laas Caanood displaced population had returned to the city since 27 August. However, these IDP returnees are facing enormous challenges including lack of access to basic social services as most of key

social infrastructures and public service facilities have been destroyed during the fighting. An estimated 200,000 people were displaced from Laas Caanood and surrounding villages. Reportedly, the remaining IDPs who have not returned are facing transportation challenges due to high transportation costs which have more than tripled.

- **Humanitarian needs:** Key priority needs for IDP returnees currently in Laas Caanood include immediate restoration of key social services and public utilities (education, health, nutrition, water, electricity, social welfare etc), reconstruction of shelters/key public facilities, provision of emergency shelters/NFIs, cash & food assistance (min 3 months until they are properly settled) and access to livelihoods.

**SUMMARY OF KEY RECOMMENDATIONS:**

**FOOD SECURITY AND LIVELIHOODS**

Most of the IDPs (including current returnees) in Laas Caanood are urban population with no livestock or farms. As a result, they rely on purchasing their food and have exhausted all coping mechanisms and their sources of income as they have been displaced for more than 8 months. Moreover, more than 60% of them indicated they returned from urban centers where they did not receive assistance as they were living with host families and or renting houses in these towns. (INCREASE OF FOOD PRICES AND INFLATION CHALLENGES) The following are key recommendations under this both in the immediate and the long term:

- Conduct emergency general food distribution to meet the immediate needs of displaced returnees minimum for three months.
- Provide in-kind and cash assistance to vulnerable households to improve their food security.
- Implement sustainable livelihood programs, such as vocational training and income-generating activities, to support long-term recovery. In addition, establishing community-based savings and loan programs to enhance financial resilience is also recommended.

**HEALTH & NUTRITION**

In Laas Caanood, all six Maternal and Child Health (MCH) centers have been closed for the past eight months and the main general hospital is partially operational, with only the emergency ward functioning

due to the high number of injured patients. As the general hospital is severely damaged by mortar shells, all the other vital sections (including those providing nutrition services) are not currently functional. This is further exacerbated by the withdrawal of Médecins Sans Frontières (MSF), which used to provide support in terms of medical supplies and staff incentives. The following are key recommendations for health:

- Urgently reopen the Maternal and Child Health (MCH) centers to ensure access to essential healthcare and nutrition services for mothers and children.
- Immediate efforts should be made to engage other organizations or healthcare providers to fill the gap left by Médecins Sans Frontières (MSF) and continue providing medical supplies and staff incentives.
- Reconstruction and repair of the damaged hospital buildings should be prioritized, focusing on restoring vital facilities such as the blood bank, oxygen machine, patient rooms, offices, and the hospital ambulance.
- Repair and reconstruct damaged hospital buildings, including vital facilities, to restore comprehensive healthcare and nutrition services to IDPs.
- Strengthen the capacity of local health facilities to provide essential primary healthcare services.
- Ensure the availability of medical supplies, including medicines and equipment, in health facilities.
- Conduct health education campaigns to raise awareness about preventive measures and disease control.
- Strengthen nutrition programs targeting vulnerable populations, including children and pregnant women.
- Conduct nutrition assessments to identify malnutrition rates and the most affected groups.
- Promote breastfeeding practices and provide support to mothers.
- Conduct nutrition education campaigns to improve knowledge and practices related to balanced diets and optimal infant and young child feeding.

#### **WATER, SANITATION AND HYIEGENE (WASH)**

There is a critical water shortage in Laas Caanood as water supply company had completely shut down following the start of the conflict early this year leaving the city without a reliable water source. The city water supply system was seriously damaged during the fighting. The damaged systems



**CAPTION: Assessment team in front of Laas Caanood General Hospital shattered by mortar shells**

include the main water supply station, the main generators, water tanks, pumps, pipelines and a water treatment plant. This situation is further exacerbated by the current high number of IDP returnees to the town and the closest water source to is Kalabaydh (30km away). With the high prices of water from

Kalabeydh borehole, the vulnerable families rely on unclean water from Laas Caanood streams (Durdur) which is not safe for human consumption. The following are recommended.

- Provision of immediate water trucking to provide clean water to vulnerable individuals who cannot access or afford it.
- To address the immediate water scarcity issue in Laas Caanood, a rapid water installation project should be initiated.
- Rehabilitate 14 water sources under Laas Caanood district which was recovered on 25 August following Somaliland withdrawal.
- Distribute hygiene kits to all families, including items such as soap, sanitary pads, and hygiene education materials.
- Improve sanitation facilities by constructing or rehabilitating latrines and promoting proper waste management to prevent the spread of diseases.
- Conduct hygiene promotion activities to raise awareness about the importance of handwashing, personal hygiene, and safe food handling.
- Train community members to maintain and manage water and sanitation facilities sustainably.
- Provision of rapid water installation project to address water scarcity in the City.
- Construction of latrines for vulnerable people.

### **EMERGENCY SHELTER**

- Provide emergency shelter assistance to vulnerable individuals including IDPs who faced secondary displacements and host community whose houses are destroyed.
- Implement rehabilitation and reconstruction programs for damaged houses, prioritizing the most vulnerable households.
- Distribute essential shelter materials such as tents, blankets, and mattresses to returning / displaced families who lost their NFIs due to the fighting.
- Ensure the inclusion of vulnerable groups, such as women, children, and the elderly, in shelter interventions.

### **PROTECTION AND CCCM**

- Develop and implement a holistic program for guidance and mapping of unsafe areas, ensuring the safety of the affected population by proper disposal of explosive remnants such as mines and unexploded ordnance (UXOs).
- Conduct unexploded ordnance awareness campaigns and remove any UXOs to minimize the risk of harm.
- Strengthen the protection mechanisms for vulnerable groups, including women, children, and persons with disabilities.
- Establish safe spaces for survivors of violence and provide psychological First Aid and psychosocial support services.
- Conduct awareness campaigns on human rights, gender equality, and child protection.
- Strengthen the capacity of local authorities and community-based organizations to prevent and respond to protection concerns.
- Ensure the availability of legal assistance and support for survivors of abuse, exploitation, and trafficking.
- Awareness raising on Alcohol and substance abuse among the youth. Train frontline staff on EWR management and awareness.

### **CHILD PROTECTION & GBV**

- Establish child-friendly spaces and support psychosocial programs to address the emotional and psychological needs of children affected by the conflict.
- Strengthen child protection systems to prevent and respond to child rights violations and abuse.
- Provide education and awareness on child protection issues to parents, caregivers, and community members.
- Train child protection actors, such as social workers and community leaders, on child protection principles and interventions.

- Conduct awareness campaigns to raise awareness about child rights, child labor, and child abuse prevention, more importantly, including protection to child prisoners of war who were captured during the recent fighting since 25 August.

### **EDUCATION**

As per previous assessments, an estimated 25,000 school children and 700 teachers were displaced from Laas Caanood. According to district education committees, about 33 primary schools and seven secondary schools were affected by the conflict with many of them damaged. Currently, all education institutions including primary and secondary in Laas Caanood are closed and children of returnees are still unable to attend classes.

Recommendations:

- Closed schools require urgent physical rehabilitation and reconstruction due to damage caused by the conflict.
- Repairing infrastructure, ensuring a safe learning environment, and providing necessary resources such as furniture, textbooks, and teaching materials are essential to reopening schools in Laas Caanood.
- Support to IDP parents in school fees (scholarship sponsoring) and uniforms as they cannot afford to pay the school fees due to loss of livelihoods.
- There is a need for school feeding programs and support in provision of school curriculum
- Support teachers' incentives and psychosocial support to boost their morale to continue their crucial work.

### **Mission objective/Purpose of the Report:**

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The primary objective of the rapid assessment was to produce a preliminary report of the highlights of the humanitarian situation and needs of the displaced / returning people and those affected by the conflict in Laas Caanood.

### **Methodology:**

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The assessment employed a comprehensive methodology to assess the current situation and identify needs and challenges. The following methods were utilized for data collection:

- ❖ *Household Surveys.*
- ❖ *Focus Group Discussions (FGDs).*
- ❖ *Key Informant Interviews (KIIs)*
- ❖ *Observations.*
- ❖ *Photography*

The team visited the following areas across Sool region: Laas Caanood, Tukaraq, Gambadhe, Dalyare, Canjiid, Adhicideye, Yagori, Tuulo samakaab, Gumeys, Gumeys IDP settlement, Kalabaydh IDP settlement, Kalabaydh town and Dhumeey.

### **Drivers of the crisis and underlying factors:**

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The main cause of the fighting is related to the killing of popular community members in Laascaanood and resultant demonstrations that kicked off from 26th of December 2023. The violence and tension in the town has been increasing since till the 6th of February, 2023, when prominent traditional leaders (Garaads) and the 33 SSC – Khaatumo committee released a declaration stating these regions are under the jurisdiction of the Federal Government of Somalia and that Somaliland forces must leave the region. This resulted in fierce clashes between Somaliland forces and SSC – Khaatumo that has lasted for almost 8 months, till 25 August when SSC – Khaatumo took full control of Laas Caanood and larger Sool region.

During the fighting, over 200,000 people were displaced from Laas Caanood town and surrounding villages. Majority of the displaced fled to the Puntland side due to clan affiliations. Most of the displaced had moved

to towns and villages including Taleex, Boocame, Xudun, Kalabeyr, Widhwidh and Buuhoodle as well the towns of Qardho, Garowe, Bossaso and Gaalkacyo.

The conflict in Laas Caanood dates to colonial days and took a new turn after the collapse of the Somalia government in 1991 and after Somaliland and Puntland authorities declared self-autonomy and began fighting over control of Sool and Sanaag. Fighting and tensions have been on and off over the disputed areas for almost 20 years.

### **Scope of the crisis and humanitarian situation:**

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Because of the long-standing conflict in Laas Caanood / Sool, humanitarian access to the area has been a complex issue due to which authority controls where. Humanitarian missions to the area were not hindered but humanitarian partners either from Puntland or Somaliland did face operational challenges due to political sensitivities. Much of the access is now from Puntland but there is uncertainty on many fronts including fears that fighting may re-occur and the future of Sool and Sanaag. Will SSC – Khaatumo become a new state?

The fighting resulted into almost total destructions of basic amenities and services especially the water services and health facilities which will need a major rehabilitation and reconstruction to get services back. The health and nutrition situation is dire following the closure of all six Maternal and Child Health (MCH) centers for the past eight months. The main hospital is only partially operational, with limited services in the emergency ward. Médecins Sans Frontières (MSF), a crucial medical support provider, had withdrawn from Laas Caanood hospital due to safety and security for its staff. The hospital infrastructure needs major support including restoration of blood bank, in-patient rooms, observation room, ambulance services etc.

Other services that need restoration is the education infrastructure as some of the schools are damaged and or destroyed. Shelter and protection are major concerns, as houses in various parts of Laas Caanood have been destroyed due to shelling. Essential amenities such as water, electricity, and sanitation facilities in shelters have been disrupted, posing significant challenges to the affected population. The presence of unexploded ordinance (UXOs) poses a danger. On 8 September, a UXO explosion in Jabka Qoriga area near Goojacade military base killed two children and injured two others. Clearance of UXOs is an urgent need for the returning people to Laas Caanood.

Due to loss of livelihood opportunities due to the conflict, returning families will need food security and livelihood support for at least three months as they re-establish their lives and livelihoods.

Water, sanitation, and hygiene (WASH) services have been significantly compromised. The main water source in Laas Caanood has been damaged, leading to a scarcity of clean and safe water. Vulnerable families rely on unclean stream water, putting them at risk of waterborne diseases. The water supply infrastructure has also been disrupted, leaving the residents without access to clean and running water. Water trucking is done from the nearby borehole located 30 kilometers away from Laas Caanood.

According to district education committees, 33 primary schools and 7 secondary schools have been closed resulting in dropout of about 25,000 children in both primary and secondary schools in the district. About 700 primary and secondary school teachers lost their jobs as they fled for safety as well.

### **Assessment Findings:**

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#### **Education**

- All education institutions including primary and secondary in Laas Caanood are closed.
- Families that come back to Laas Caanood after 25th August, have school-going children who are still unable to attend classes as the schools remain closed.
- In Laas Caanood town, all schools are partially damaged by shelling and artillery fire.
- People told us that even if the schools are open, they won't be able to afford to buy uniforms for their school-going children and other learning materials.
- School curriculum is another pressing issue that needs to be addressed because people don't want

to use the Somaliland curriculum.

### **Health/Nutrition**

- In Laas Caanood, all six Maternal and Child Health (MCH) centers have been closed for the past eight months. The main hospital is partially operational, with only the emergency ward functioning due to the high number of injured patients. However, other sections of the hospital have been halted.
- Médecins Sans Frontières (MSF), which used to provide support in terms of medical supplies and staff incentives withdrew its services from Laas Caanood and is yet to return.
- The hospital buildings have been severely damaged by shelling and artillery fire caused.
- The shelling destroyed the blood bank, oxygen machine, in-patient rooms, offices, and the hospital ambulance.

### **Shelter/Protection**

- The shelling has destroyed houses in most parts across Laas Caanood town.
- Essential amenities like water, electricity, and sanitation facilities in shelters were unavailable due to damage caused by the conflict.
- Most of the displaced families (over 33,000) are now returning to Laas Caanood following social media reports that the town is secured, and safe despite calls from local leaders asking displaced people not to return till the town is cleared of UXOs.
- Some families of those who have returned have expressed concern that their children are in danger because there are still UXOs across town and surrounding areas.

### **Food Security**

- Families that were interviewed reported that they had lost their livelihoods and have no means to buy food and other necessities.
- Most businesses are still closed.
- The food security of most people is affected negatively by the conflict because it has disrupted the communities' livelihood by restricting the availability of the essentials and access to markets.
- The affected community in Laas Caanood reported that they are reducing the number of meals on a daily basis, borrowing or relying on less preferred foods, and limiting portions at mealtime.
- In Laas Caanood, the price of food items has gone up because of the demand on transportation from other towns and effects of the conflict.
- According to those interviewed, Somaliland forces have occupied and destroyed farms, resulting in higher prices for vegetables and fruits.
- Some of the pastoralists reported that shelling has harmed their livestock, leading to a loss of their means of livelihood since they rely on their livestock.

### **WASH**

- Due to damage to water systems and infrastructure, there is no access to safe water within the town.
- Water trucking is done from Kalabeydh (about 30km away). This has resulted to increase of water prices by almost threefold compared to normal time. The price of a 200 litre barrel of water has almost tripled. A 200 litre barrel of water is now selling at US\$ 3 up from \$1 before the conflict.
- The breakage and shelling of the main water source in Laas Caanood town have caused a significant increase in the price of water.
- The entire water system in the town has collapsed, exacerbating the scarcity of clean and accessible water for the residents. The borehole in Kalabaydh cannot meet the demand of the

water from residents of Laas Caanood.

- Vulnerable families that can't afford the high price of water in the area rely on stream water (Durdur), which is not safe. As a result, using this water puts them at risk of contracting waterborne diseases, further compromising their health and well-being.
- Laas Caanood Water Company, Puntland Water Development Authority and WASH cluster partners are conducting detailed technical assessment to establish cost of restoring access to water in Laas Caanood.

### **Strategic immediate humanitarian priorities:**

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These strategic humanitarian priorities aim to address the immediate needs and challenges faced by the affected population in Laas Caanood across various sectors, including education, health, shelter, food security, WASH, and protection.

- **WASH (Water, Sanitation, and Hygiene):** Immediate water trucking for vulnerable people who cannot afford to buy clean water and prioritize the rehabilitation of the damaged water infrastructure in Laas Caanood. WASH Cluster and Puntland Water Development Authority to conduct immediate technical assessment and establish the cost for restoration of access to water in Laas Caanood.  
**Food Security and Livelihood:** Emergency general food distribution and provision of in-kind and cash assistance to displaced and returning populations in Laas Caanood and surrounding areas (about 33,000 households) for at least three months. This will help prevent possible rise in malnutrition as most people have lost their sources of livelihoods.
- **Health & Nutrition:** Urgent reopening of Maternal and Child Health (MCH) centers in Laas Caanood town and reconstruction of Laas Caanood District Hospital. Appeal to Médecins Sans Frontières (MSF) and other health cluster service providers to return to Laas Caanood and support the health sector. **Education:** Rehabilitation and reconstruction of damaged schools in the town and restoration of learning services for both primary and secondary schools. Authorities and humanitarian partners to ensure that learning institutions across Laas Caanood town are cleared of any UXOs.
- **Shelter/NFIs:** Emergency shelter assistance for vulnerable people and rehabilitation programs for damaged houses, prioritizing the most vulnerable households including the almost 30,000 IDPs who were faced with secondary displacement.
- **Protection:** Develop and implement a holistic program for guidance and mapping of unsafe areas, ensuring the safety of the affected population and conduct unexploded ordnance awareness campaigns and remove any unexploded weapons to minimize the risk of harm to children and unsuspecting civilians.

### **Coordination:**

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- The government of Puntland has created an inter-ministerial committee on humanitarian response to Laas Caanood.
- Humanitarian Coordination Forum (HFC) led by Ministry of Humanitarian Affairs and Disaster Management (MoHADM)
- The Puntland Inter Cluster Coordination Group has a standing agenda on Laas Caanood for its coordination meetings.
- The Area Humanitarian Coordination Group (A-HCG) meeting that was based in Kalabeydh will be relocated to Laas Caanood to facilitate area-based coordinating once safety and stability is guaranteed in Laas Caanood as the situation improves.
- Humanitarian partners are working closely with local leaders and authorities in identifying priority needs and areas.
- The clusters hold regular monthly and ad hoc meetings and the priority sectors such as water, health, protection, and food security are planning to respond to Laas Caanood and begin to restore the damaged basic services and amenities.

### **Main Advocacy points:**

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- Peace and political settlement to the conflict to end the fighting for safe return of the displaced.
  - Advocacy for resources to support the displaced and returnees with humanitarian assistance and return packages to re-start their lives and livelihoods once peace is restored.
  - Protection of civilians and civilian facilities such as hospitals and schools
  - Respect of humanitarian and human rights law and humanitarian principles.
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### **Operational humanitarian partners in Laas Caanood/Sool (with ongoing responses):**

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- **UN:** WFP, UNICEF, UNFPA, WHO, IOM, UNHCR, FAO, IOM
- **INGOs:** ALIGHT, AAH (ACF), DRC, CARE, SCI, NCA, NRC, OXFAM, ACTED, MSF,
- **NNGOs:** SERDO, SABA2, PMWDO, TASS, NODO, Y-PEAR, KAALO AID
- **ICRC/SRCS**

### **Assessment Team Members / Organizations:**

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- Ministry of Humanitarian Affairs & Disaster Management (MoHADM)
- Puntland Ministry of Interior, Federal Affairs & Democratization (MoIFAD)
- Puntland Water Development Agency (PWDA)
- ALIGHT
- Action Against Hunger (AAH)
- Norwegian Church Aid (NCA)
- Nomadic Development Organization (NODO)
- Oxfam
- Somali Women Association (SWA)
- Gacan-Qabad Humanitarian Aid & Development Organization (GHADO)
- Social Empowerment Rehabilitation & Development Organization (SERDO)
- Action for Human Development (AHD)
- Puntland Minority Women Development Organization (PMWDO)
- SABA TWO (SABA 2 NGO)
- Somalia Humanitarian Action Aid & Development Organization (SHAADO)
- Waaberi African Development Association (WADA)
- International Foundation For Y-Peer Development (Y-Peer)