



**RAPID ASSESSMENT ON CONFLICT AFFECTED POPULATION IN MARKA DISTRICT.  
05<sup>TH</sup> JANUARY 2021**

**ACKNOWLEDGEMENTS:**

The Joint inter-agency rapid assessment on evictions in Marka, Lower Shabelle was conducted by field operational NGOs namely AYUUB NGO, New Ways, Samawade Relief and Development Organisation, Jubaland Foundation, International Solidarity, Somali Young Doctors Association and Somali Children Welfare and Rights Watch Organization (SCWRW). Thanks to the staff who dedicated their effort and time to carry out the assessment. Special gratitude goes to Marka local authority and OCHA for their efficient supports in co-coordinating the needs assessment as well as the logistical and security support provided.

**EXECUTIVE SUMMARY**

On 26 December 2020, 16,800 people (2,800 households) were evicted from Farange, Daariyow, Shufeeri, Kamirow, Gaarilow, Buulo Dhurow and Falkooni villages in Marka district. Reports indicate that Al Shabaab have ordered the communities to leave their homes. The displaced families including female headed households, children, elderly and disabled members settled in Buufow Bacaad village 5km, north of Marka. Buufow Bacaad hosts an estimated population of 6400 households (38,400 people) of whom 75 per cent (4,800 HHs) are internally displaced persons (IDPs). Existing facilities include a primary school and health post run by AYUUB NGO; New ways, Samawade Relief and development Organization (SAREDO), Juba foundation and Somali Young Doctors Association (SOYDA) are also other organisations delivering services in the village.

Field partners conducted a joint inter-agency rapid assessment between 1-5<sup>th</sup> January, 2021. According to the assessment findings, 16,800 people live in poor living conditions and do not have access to basic services; food, shelter, WASH. The report also highlights the need to scale up health, nutrition and protection services to the displaced families. Due to funding constraints, local partners reported that they do not have the capacity to cover the needs of the people.



## GENERAL CONTEXT:

The Marka assessment covered seven villages affected by the conflict namely; Farange, Daariyow, Shufeeri, Kamirow, Gaarilow, Buulo Dhurow and Falkooni IDP camps in Marka District. The assessment took place from 1<sup>st</sup> to 3<sup>rd</sup> December 2020 with a team of ten assessors carrying out the exercise. The eviction affected locations are not safe and accessibility is still very low, but the current arrival point of Buufow Bacaad (5km, North of Marka) is safe and accessible to humanitarian aid workers as it is under full control of SNA/AMISOM forces who have their bases there.

## Nature of Shocks:

As to what was the nature of the shock/crisis, 100% of the respondents reported that the crisis came about due to the forced eviction order from AS against these population estimated to range about 2600HHs (15,000 people) from seven villages to leave within 48 hours. The accusation is that the villagers are corroborating with the SNA and AMISOM forces to reveal the points and areas where the AS had planted EIDs in Janaale.

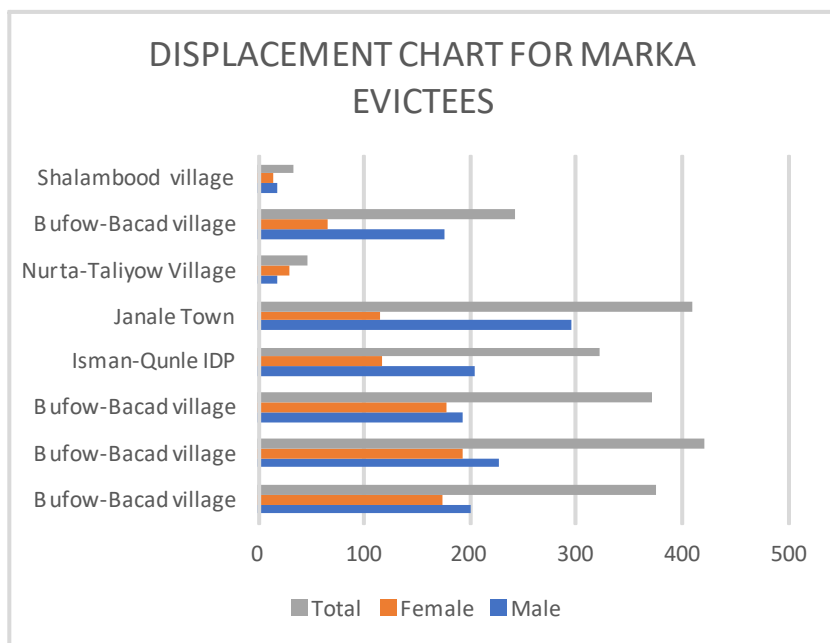
## Affected Population:

Approximately more than 2600HHs (16,800 people) comprising of female-headed households, children, elderly and disabled members were affected by the eviction and already started to flee to Buufow Bacaad village 5km, North of Marka. Buufow Bacaad was hosting already hundreds of IDPs who had fled from Janaale floods where WFP and AYUUB has been supporting 4200 floods affected HHs.

AYUUB Protection and IDPs tracking team were deployed in the IDPs arrival points and have so far confirmed 490HHs who have arrived in Buufow Bacaad using bulls/donkey carts and rickshaws, some integrated within their relatives and friends' while others set up their bulls/sticky shelter separately.

Latest reports suggest that heavy waves of the IDPs are yet to arrive in Buufow Bacaad since the eviction threat is still very high and the villagers are in the process of preparing their luggages but faced with insufficient transportation means in their areas.

So far responses made are family reunification to 13 UASC separated from their parents during the fleeing process by AYUUB protection team.



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**Breakdown of affected villages**

#	Village Name	# of HHs evicted	Where the evicted have Moved to?
1	Faranga	547	Bufow-Ba,ad
2	Shufeeri	353	Bufow-Ba,ad
3	Daariyow	700	Janaale
4	Kamirow	280	Landow
5	Falkoli	170	Janaale
6	Gaarilow	350	Cusman Qunle
7	Buulo Dhurrow	300	Shalambood
Total	# of HHs evicted	2,600	

The partners of the assessment Protection and IDPs tracking crew have identified the urgent needs of Shelter, Livelihood, Protection, education and WASH and therefore, AYUUB calls upon the donors and partners to avail an urgent response on hand to the 16,800 and increasing affected people.

**Obstacles during displacement:**

There are signs of limitation of movement for the population, such as roadblocks as most villagers are still stuck in their villages due to lack of access to transportation for their belongings while those who have arrived at the IDP sites are equally faced with lack of access to their farms and other food storages in their original locations. The disabled and the elderly people who represented 25% of the affected population are most affected since they have difficulty in movement and are often left behind as able bodied are fast moving to safety.



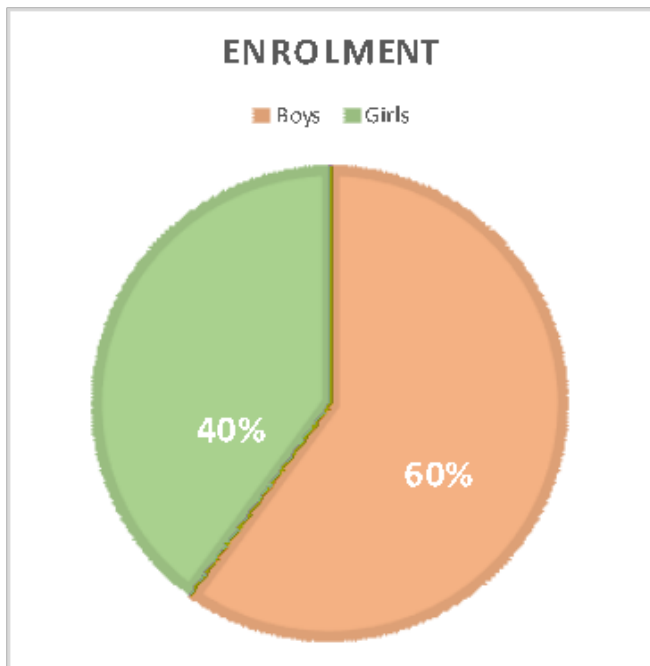
**EDUCATION:**

**Enrolment:** On whether there was a school in the places of their settlements, 100% concurred that there was at least one school in each of the camps and that the schools had some teachers albeit not enough to support the number of school age children in need of education. According to the respondents, there are 1339 boys and 892 girls enrolled in the schools as of the time of the survey.



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**Barriers to Education:** There were two most noble concerns for children of school going ages that led to low enrolment level by learners. One was due to the fact that learners have no classrooms to learn in and the other is that the learners have lost all their learning materials while teachers have also left to look for other jobs..





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**Life-Saving Services at school:**

80% of the respondents indicated that there was lack of safe drinking water in their schools for use by boys, girls and teachers during school days while 20% indicated otherwise. All respondents were in agreement that there has not been any school feeding in their schools for the last 3 months prior to the survey.

Statistical summary of education services;

The table below shows some of the school data in the assessed locations

Name of School	Number of classrooms	Number of functional WASH facilities in each school	Enrolments per school		Number of teachers per school	
			Boys	Girls	Male	Female
Shalambood school	20 Class rooms	2	306 IDPs	225 IDPs	18	5
Nuurta Taliyow School	4 Class rooms	2	299 IDPs	218 IDPs	4	3
Ismaan Quunle school	4 Class rooms	2	431 IDPs	301 IDPs	2	5
Buufow Bacaad School	6 Class rooms	0	1087 IDPs	726 IDPs	5	0
<b>TOTALS</b>	<b>34 classrooms</b>	<b>6</b>	<b>2123 IDPs</b>	<b>1470 IDPs</b>	<b>29</b>	<b>13</b>

**SHELTER:**

Shelter Challenges:

On the question as to the shelter and settlement situation of the community, all respondents indicated that most of the displaced people are overcrowded in the already existing IDPs sites, under buuls and old unprotective shelters while some of them are hosted by relatives and friends in the host community.

The main priorities associated with meeting shelter needs are; Shelter/ESKs, mats, plastic sheets, blankets, Mosquito Nets, NFIs, cooking tools and Torches.

All respondents indicated lacking proper emergency shelter. 63% of the respondents said that their settlement are overcrowded, 75% indicated that their shelter are compounded by other protection issues like theft and burglary, 50% said that their Shelter are located in places without land tenure and 100% said their major concern is rain, heat and cold nights. Additionally, 37% of the respondents indicated that their settlements had blankets, plastic sheets, clothes, bed mats, jerrycans and sanitary clothes while 100% said that they had kitchen sets and stove.



## **FOOD SECURITY AND LIVELIHOODS**

The main source of income eviction affected population are casual labor at 25% and reliance on aid assistance by the host community, Marka LA and NGOs operating in Buufow Bacaad at 15% of the villagers. 100% of the respondents have reportedly lost 80-100% of their source of livelihoods due to the sudden eviction order given by the AS. As such, they don't have their animals (goats, camel, sheep and cows) as they used to.

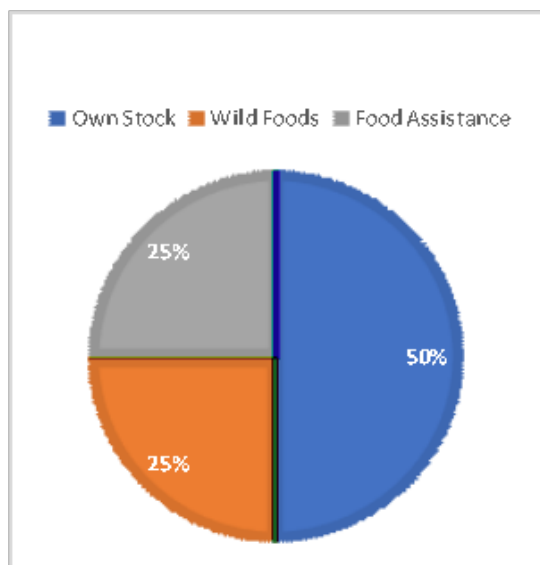
The respondents could not respond to questions on animal vaccination, pasture availability and sources of watering animals among other livestock related questions since all had been abandoned in the search for safety of lives.

Before the eviction, 100% of the respondents reportedly watered their animals from the borehole water in their villages. They also got their fodder from their own farms and open grazing fields. The respondents had not migrated with animals in search for water as there had been good rain cover recently.

The respondents indicated that they have not benefited from any cash-based interventions in the last 12 months preceding the eviction and even after the eviction to the time of this assessment. All respondents failed to report on the demand and animal prices as these questions reminded them of their losses.

As to where they get their sources of food, 50% indicated that they rely on their own stock which they had carried to their camp, 25% rely on wild foods and the remaining 25% rely on well wishers for food assistance.

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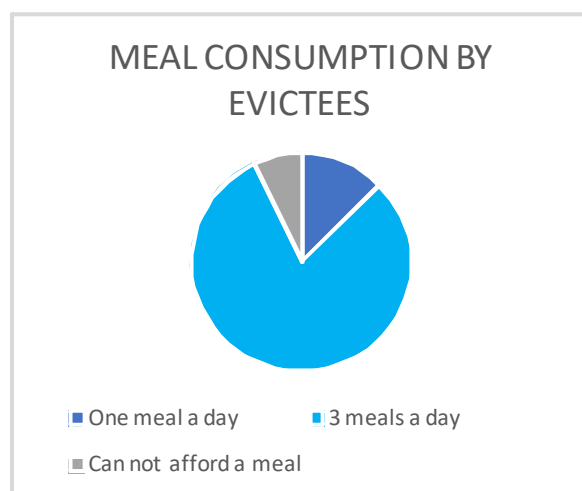


Maize, beans, rice, Pasta, flour, sugar and oil are some of the food items locally available in the market. These food items have increased in prices with Maize and beans going at 10% higher, rice at 5% higher, Pasta at 7%, flour at 15%, sugar at 20% and oil at 10%.

All respondents reported using firewood as fuel for cooking purposes, 12.5% reportedly consuming one meal a day, 80% having 3 meals a day while 7.5% can afford 4 meals a day. 75% of the respondents say they have access to loan services mostly from local traders and shop keepers.

As for coping mechanisms when household did not

have enough food or money to buy food, 57.5% of the respondents would buy food on credit, 17.5% would reduce the number of meals taken in a day while 25% would rely on food donations from host communities and well-wishers compared to before the disaster when 62.5% of the respondents would rely on their own livestock and/or crops, 18% would get food from casual labor activities and the remaining 19.5% would rely on well-wishers and aid.



As it is now, 15% rely on credit facilities for food, 12.5% get food from family and other sources and 25% get food from government or NGO support. This leaves 47.5% without a means of acquiring food.

## **NUTRITION**

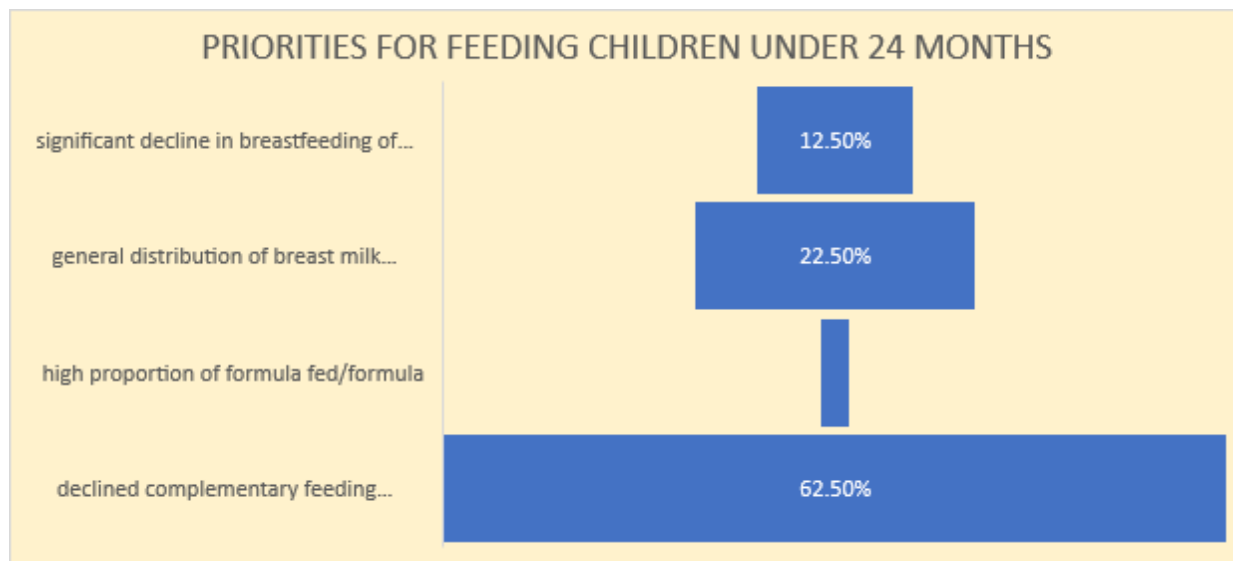
During the three-day assessment, the enumerators observed that there were many children and women exhibiting signs of malnutrition within the camps. This is unlike the situation at this time of the year when farm products have just been harvested following recent rains that led to average food production in this part of the region. Also, worth noting is that AYUUB has been distributing infant formula/milk to the affected families before the eviction order was enforced. This was confirmed by 70% of the respondents who indicated that there are nutrition programs accessible to their households.

As to whether there is a serious problem in the communities because the practices of feeding children under two has changed, 66% of the respondents said yes, 20% said no and 14% did not know. The main concerns related to breastfeeding are; Lack of food, breastfeeding practices having changed (starting later and stop earlier), reduction in number of times children <24 months are fed, lack of food and drinking water in feeding children, lack of Vitamin Supplements and large number of separated children 0-59 months, among others.



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The main priorities for feeding children under 24 months are; 12.5% showing a significant decline in breastfeeding of infants (initiation, exclusive breastfeeding, continued breastfeeding at 1 year). 22.5% indicating general distribution of breast milk substitutes such as infant formula, other milk products, bottles and teats, either donated or purchased. 2.5% showing high proportion of formula fed/formula dependent infants and 62.5% indicating declined complementary feeding practices (lack of age-appropriate food, Delay in introduction of CF).

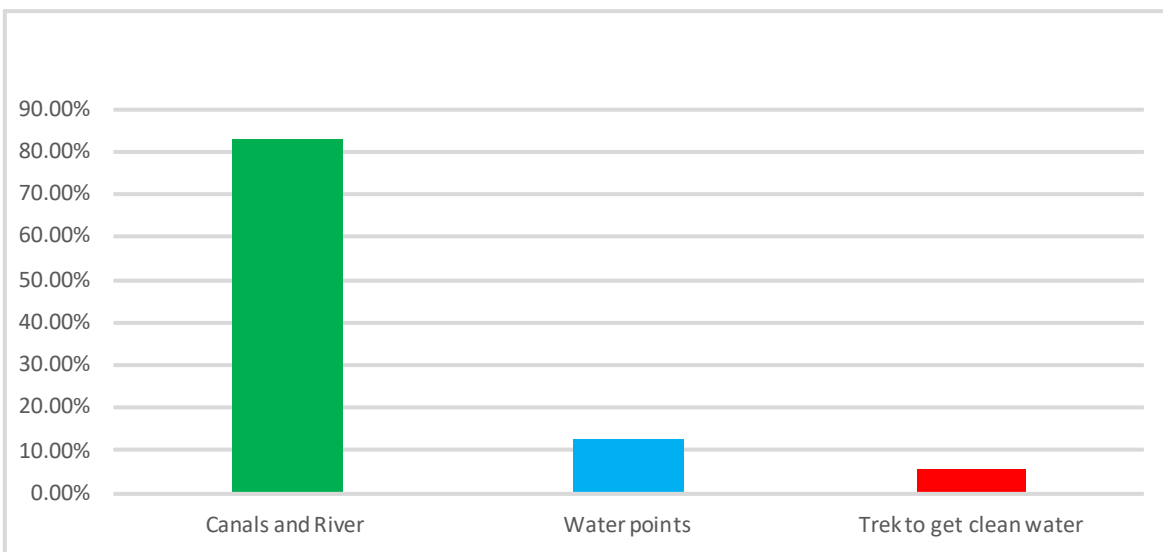


### **WASH**

The most glaring water concern was the distance covered to fetch water. 5% of the respondents indicated that they must trek for 25 minutes to get access to clean drinking water using jerrycans and pots to buy water from private borehole in Gendawe about 1 to 1.5 kilometers away from their current village. 82.5% do rely on canals and river water for all domestic and animal drinking while 12.5% do get water from water points where they charge 20 Somali Shillings for each of the 20 liters jerrycan of water. These water sources are characterized by poor hygiene and zero treatment of water before distribution or use. As such the residents are left exposed to myriads of water-borne diseases and health risks. Close to 90% of the respondents indicated that they do not treat their water before usage while the remaining 10% indicated that they only boil drinking water as a method of treating it.

93% of the respondents have no access to a latrine while the 7% that do only use relative and neighbors private communal latrines which happens to be separated by gender. The distance to these latrines is relatively close to dwellings but the usage of the latrines is limited due to large number of dependencies. Open defecation was observed especially involving children under 5. Most respondents only use water to wash hands after visiting latrines due to unavailability of soap and other disinfectants.

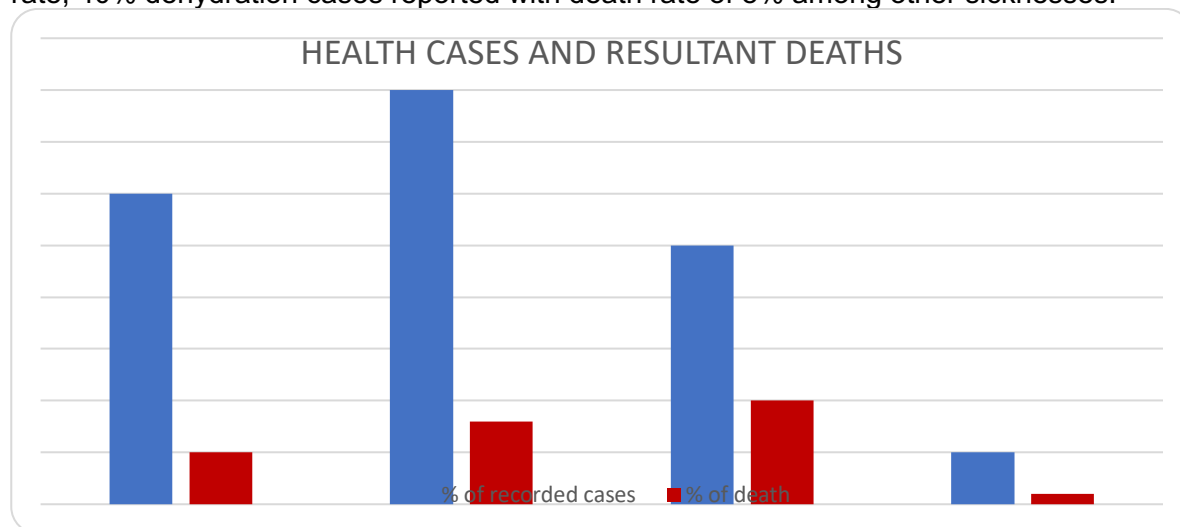
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25% of the respondents reported receiving threats when going to fetch water with 18% of the threats meted at women and 7% meted at girls. 20% of the respondents indicated having had diarrhea or stomach problems in the last one month with one report of death of a child under 5.

#### HEALTH

Marka district has the privilege of having access to health care services with one hospital (The Marka Hospital), 35 Maternal and Child Health Center (MCH), 2 Primary Health Care Unit (PHCU) and 3 Mobile clinics. Majority of these facilities are run by the community with just professional prescription of the medicine while the patient buys medicines from private pharmacies. This is due to poor access to supply of medicines and vaccines. The distance to the nearest health facility from the furthest village home is about 4 kilometers. Some of the notable health problems noticeable are increased number of cases or deaths due to Measles, Dehydration, Malnutrition and other unknown diseases. 30% of the recorded health cases were Measles with a 5% death rate, 40% dehydration cases reported with death rate of 8% among other sicknesses.



**RECOMMENDATIONS:**

**Education Cluster**

1. Construct 55 emergency temporary learning spaces considering minimum standards for education.
2. Construct 10 gender appropriate latrines for boys and girls in learning facilities available.
3. Resume school feeding program for 3593 learners to encourage enrolment due to high number of out-of-school children.
4. Supply sufficient teaching and learning resources (human and material) including recreational materials for PSS to 3593 children living in crisis conditions.
5. Recruit, train and incentivize teachers to deliver quality education and boost child enrolment.
6. Promote WASH and Child Protection in schools through awareness creation, provision of sanitary kits and trainings.
7. Request Support from Ministry of Education for technical and education material, such as curriculum and Text books for free.

**Shelter Cluster**

1. Supply emergency shelter kits urgently to escape the coming rains since these communities are worried about the rains, cold and heat as they do not have any shelter materials to protect them.
2. Supply locally purchased NFIs including through cash/voucher modalities.
3. Reconstruct and rehabilitate returnee's houses to resettle in their own villages and encourage others to return to their homes (depending on security of villagers)

**Food Security and Livelihoods Cluster**

1. To urgently supply relief food (cooked meals) for a period of at least 6 months targeting most vulnerable households.
2. To initiate livestock restocking coupled with vaccination against PPR/SGP and deworming to sustain and resume previous livelihoods.
3. Provide farm inputs for rehabilitation of agricultural land especially for returnees to support them plowing for their own farming land, provide them Cash for work to get back to their agricultural practices and resume farming to produce their own food.
4. Provide unconditional cash-based interventions to buy food for single-headed HHs and other most vulnerable IDPs (disabled, child-headed/women-headed HHS) who have lost all livelihoods.

**Nutrition Cluster**



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1. Train community workers on screening and identification of acutely malnourished children and PLWs.
2. Promote treatment of children 06-59 months and pregnant and nursing women through specialized food provisions
3. Provide Blanket supplementary feeding in prevention of acute malnutrition for children under 2 and pregnant and pregnant/nursing women.
4. Micronutrient support for vulnerable groups (Pregnant and nursing women and <5 children) with Vitamin A & MMN
5. Integrated multi-sectorial Nutrition, Health, Hygiene (NHHP) preventative, Food-Security and promotional support including IYCF support for care givers.

**WASH Cluster**

1. To increase number of latrines in the camps since there are a few communal latrines for adult people and the children. Open defecation was evident outside and Infront of latrines.
2. To drill water to serve each and every camp since the distance for the fetching water is longer than the recommended minimum standards from the camps management.

**Health Cluster**

1. To equip available MCHs with supplies and trainings to save women and children on complications during delivery and complicated diseases including reporting and establish referral pathways in hard to reach and remote areas.
2. Promote early detection and case management for epidemic prone diseases.
3. To aid these communities for Emergency health and nutrition services for <5 children and PLWs through lifesaving outpatient consultations, treatment, and immunization services against vaccine preventable diseases.

**Protection Cluster**

1. Institutional capacity building especially the law enforcement and the legal system/judicial through the provision of communication gadgets, rehabilitation of government facilities and training (on SGBV case management and protection) to local administration, police officers and judicial officers as well as establishment of community watch groups for patrolling at night to enhance security in the settlements.
2. Installation of Street Solar lights and provision of hand-held torches to provide security and enhance the protection of the IDPs especially Girls and women from GBV violations during nighttime. This also allows them to go about their business after night falls hence contributes to their economic empowerments.
3. Establishments/construction of Child Friendly spaces for the settlements where most unaccompanied and separated children are reported. This supports in identifying children

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with symptoms of stress and provide them informal education and holistic responses through the case management process.

4. Special consideration for PSNs by the provision of CBI assistance to promote their living condition especially for
5. Provision of NFI/Shelter Kits to IDPs to enhance their protection from the rains, direct sunlight and perpetrators of Gender Based Violence (GBV) especially at nights and during rainy seasons.
6. Consideration of protection principles by humanitarian actors by applying the “Do no harm” approach while responding to the needs of the needy population and as well maintaining the centrality of protection in all interventions.
7. Advocacy for basic protection/human needs such as food, water, education and health services.

**Glossary of Acronyms and Abbreviations**

Acronym	Description
HHs	Households
AYUUB	Refers to the AYUUB as a national Non-Governmental Organization.
IDP	Internally Displaced Persons
NGO	Non-Governmental Organization
CMDRR	Community Management Disaster Risk Reduction
KM50	Kilometer 50 (one of the locations in Marka)
S	Al-Shabaab
GBV	Gender Based Violence
UASC	Unaccompanied Asylum Seeking Children
WFP	World Food Program
SNA	Somali National Army
WASH	Water, Sanitation Hygiene
AMISOM	African Mission in Somalia
DC	District Commissioner
Buul	Traditional shelter for Somali people
ESKs	Emergency Shelter Kits

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NFIs	Non-Food Items
LA	Local Authorities
PHCU	Primary Health Care Unit
MCH	Mother and Child Healthcare
PPR	A vaccine (Peste des Petits Ruminants)
SGP	A Vaccine
MMN	A vitamin supplement
NHHP	Nutrition, Health and Hygiene Preventative.

*Buufow Ba'aad  
School*