# Rapid Multi–Sectoral Needs Assessment of Conflict-Affected Populations in Qandala District - January 2025

**NUMBER OF AFFECTED POPULATION**

**119, 900**
Number of people currently living in the assessed neighborhood, village, or site/camp

**60, 000**
Number of people displaced by conflict who have arrived here in the past two weeks.

**16** Conflict-Affected Areas.

## Background

In December 2024, Puntland forces launched an offensive against ISIS in Qandala and Iskushuban, displacing 60,000 people, primarily women, children, and the elderly. Many displaced families have sought refuge in surrounding villages or host communities, struggling with limited access to food, water, shelter, and healthcare.

Access to affected areas remains difficult due to rugged terrain, road blockades, and ongoing hostilities. Schools and hospitals in conflict zones have ceased operations, leaving displaced families increasingly vulnerable as the crisis continues.

Despite these barriers, on 15 January 2024, an OCHA-led assessment team successfully reached previously inaccessible locations, including Balidhidin, Beelwacatay, Unuun, and Ceelgaal areas where ISIS militants had previously denied humanitarian access. Notably, this marks the first time in a decade that humanitarian partners (NGOs and UN) have been able to access Qandala, a historic breakthrough for humanitarian operations.

**Map showing Assessment Coverage**



● Assessed Settlements
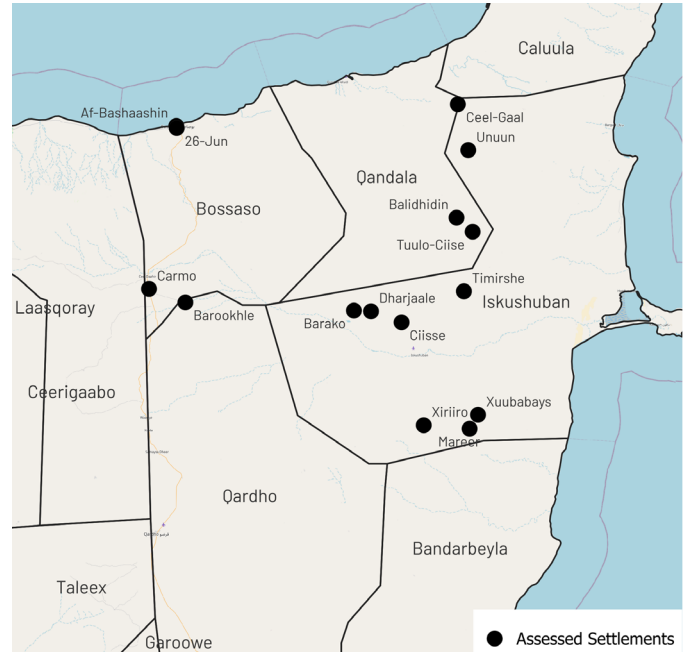
**The top three priority needs on the site:**

**94%** Shelter | **81%** Healthcare Services | **69%** MPCA

## KEY FINDINGS

### Shelter and NFIs
The survey highlights the most pressing non-food item (NFI) needs as **tents (94%), sleeping mats (82%), and kitchen sets (77%)** with **94%** of sites reporting **NFIs unavailable in local markets.** 82% of newly displaced households living in **makeshift shelters** and **56% sleeping in the open**.

### Health and Nutrition
Health services are inadequate, with **63%** of surveyed sites **lacking facilities** and 100% reporting increased needs due to **rising cases of diarrhea, measles, and respiratory illnesses (81%)**. Malnutrition affects **94%** of children under five, while **81%** of sites l**ack access to nutrition services**.

### Water, Sanitation, and Hygiene (WASH)
Only **25%** of affected individuals have **access to safe drinking water**, and **75%** rely on **open defecation**, increasing disease risks. I**nsufficient water volume (81%)** and **long distances to water points (56%)** were reported in the durveyed dites.

### Food Security and Livelihoods
Food availability is **sporadic (88%)**, with **75%** of sites reporting **sharp price increases**. Livestock and crop losses (25%) have forced many to rely on **borrowing and debt (94%)** for survival.

### Education
Conflict has disrupted schooling in **75%** of sites, with children **separated from caregivers (94%)** and **infrastructure damaged**. Critical needs include **learning materials**, **repaired facilities**, and **school feeding programs**.

### Protection
Women and girls face gender-based violence, forced marriages, and physical injuries, while men and boys are at risk of forced recruitment and separation. **Legal aid (88%)** and **mental health support (75%)** are among the few protection services available.
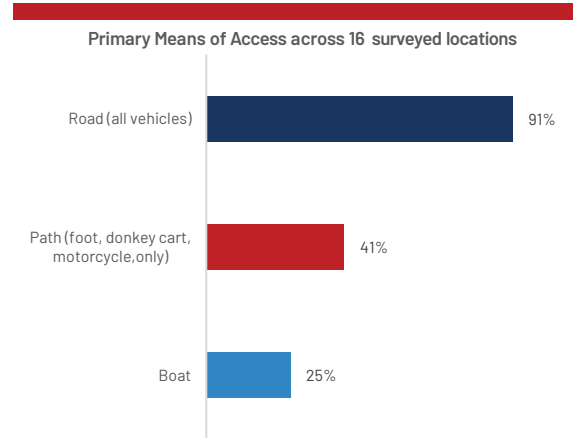
## Humanitarian Access and Accountability to Affected People

**Commonly reported challenges faced by populations affected by conflict:**

- **100%** of sites reported affected households **have not received essential humanitarian support**, including food and cash assistance, within the past month.
- **38%** of sites reported that the conflict affected people in camps/sites **face problem in obtaining humanitarian support**.
- **94%** of sites reported that **aid will be able to reach** affected population if aid has to be transported.
- **81%** respondents indicated that there are no **major barriers** confronted by humanitarian actors   in accessing the community

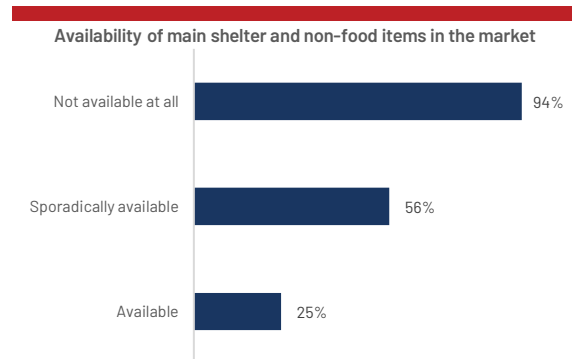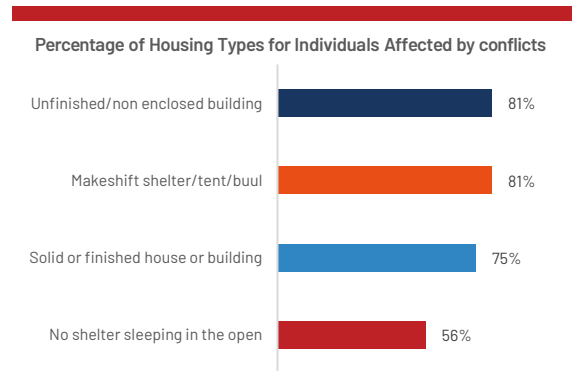**The top three priority needs on the site:**

1. Shelter **(94%)**
2. Healthcare  services  **(81%)**
3. Multipurpose cash transfers  **(69%)**

**Primary Means of Access across 16  surveyed locations**

| | |
|---|---|
| Road (all vehicles) | 91% |
| Path (foot, donkey cart, motorcycle, only) | 41% |
| Boat | 25% |

## Shelter and NFIs

**The top three shelter and NFI needs expressed include:**

1. Tent **(94%)**
2. Sleeping mat **(82%)**
3. Kitchen set, Mosquito net  and Blanket **(77%)**

- **94%** of the respondents reported that NFIs were either **not available**  at the   nearest market.

**Percentage of Housing Types for Individuals Affected by conflicts**

| | |
|---|---|
| Unfinished/non enclosed building | 81% |
| Makeshift shelter/tent/buul | 81% |
| Solid or finished house or building | 75% |
| No shelter sleeping in the open | 56% |

**Availability of main food items in the market**

| | |
|---|---|
| Sporadically available | 88% |
| Not available at all | 56% |
| Available | 25% |

**Availability of main shelter and non-food items in the market**

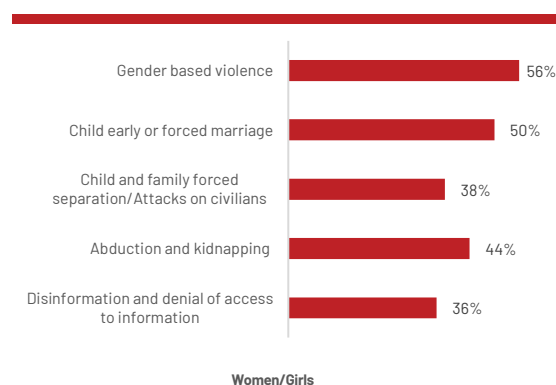| | |
|---|---|
| Not available at all | 94% |
| Sporadically available | 56% |
| Available | 25% |

# Protection

- **94%** of the sites reported that children have been separated from their primary caregivers.
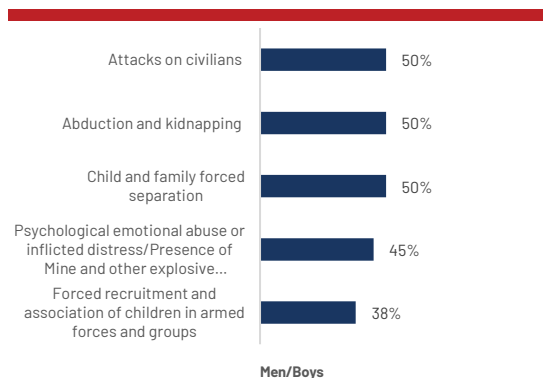
Presence of support services across surveyed sites:

- **88%** Legal and protection services
- **81%** Rape treatment and treatment of physical injuries due to GBV
- **75%** Mental health and psychosocial support services

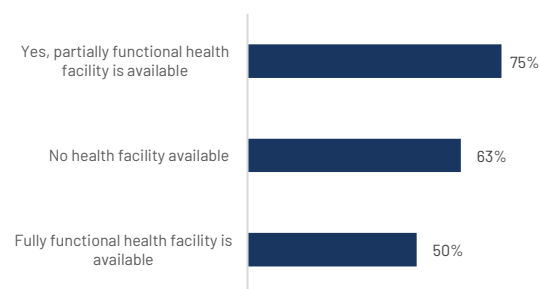**Top Five Safety and Security Concerns for conflict-Affected Populations - Women and Girls**

| Concern | Percentage |
|---|---|
| Gender based violence | 56% |
| Child early or forced marriage | 50% |
| Child and family forced separation/Attacks on civilians | 38% |
| Abduction and kidnapping | 44% |
| Disinformation and denial of access to information | 36% |

Women/Girls

**Top Five Safety and Security Concerns for conflict-Affected Populations - Men and Boys**

| Concern | Percentage |
|---|---|
| Attacks on civilians | 50% |
| Abduction and kidnapping | 50% |
| Child and family forced separation | 50% |
| Psychological emotional abuse or inflicted distress/Presence of Mine and other explosive... | 45% |
| Forced recruitment and association of children in armed forces and groups | 38% |

Men/Boys

# Health

- **63%** of the sites reported the absence of health facilities or medical outreach teams at the relocation, evacuation sites, or within the affected communities impacted by the conflict.

- **100%** of the sites reported an increased need for health services in the community since the conflict.

- **81%** of the sites reported an increase in cases of acute diarrhea, measles, possible malaria and respiratory illnesses following the conflict.

**Availability of Functional Health Facilities Within a 1-Hour or 5-Km Walk**

| | Percentage |
|---|---|
| Yes, partially functional health facility is available | 75% |
| No health facility available | 63% |
| Fully functional health facility is available | 50% |

# Nutrition

- **81%** of sites indicated that there are no nutrition services available either on-site or within a radius of three kilometers or a two-hour walking distance.

- **94%** of respondents reported that mothers or healthcare providers observed children under five becoming malnourished due to inadequate food or disease (e.g., diarrhea) among conflict-affected populations in the past two weeks.

## Markets

- **69%** of the sites reported that the nearest market was partially destroyed after the conflict.

- **88%** of the sites reported that essential food was sporadically available after conflict.

- **75%** of the respondents reported a drastic increase in prices of basic food commodities.

**Distance to the Nearest Accessible Market Pre- and Post-conflict**

| | |
|---|---|
| Before Conflict. | 94% / 38% |
| After Conflict. | 81% / 56% |

■ <1 hour away  ■ 1-3 hours away
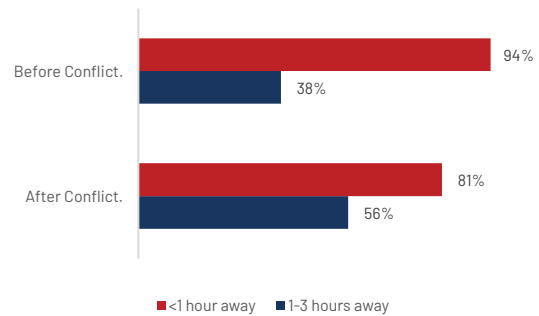
## Food Security and Livelihoods

**Most prevalent sources of food accessibility post-conflict**

1. Own stocks **(94%)**
2. Borrowing/debt **(94%)**
3. Local market **(81%)**

- **50%** of sites reported limited crop damage (affecting 25% of crops), while **75%** noted a similar loss of livestock (25%) due to the conflict

**Predominant income sources prior to conflict, categorized by location (across 5 sites)**

1. Own stocks **(100%)**
2. Trading/Borrowing/Debt **(88%)**
3. Donations or gifts from family, neighbors, relatives & remittances **(75%)**
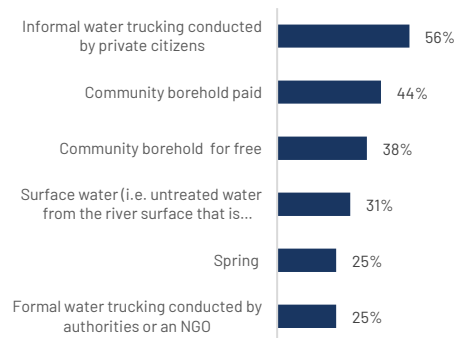
## Water Hygiene & Sanitation

**75%** of the respondents reported that only a limited number of affected individuals **(25%)** have access to adequate quantities of safe drinking water.

**75%** of the sites reported that open defecation is the main practice for latrine usage among the conflict affected people.
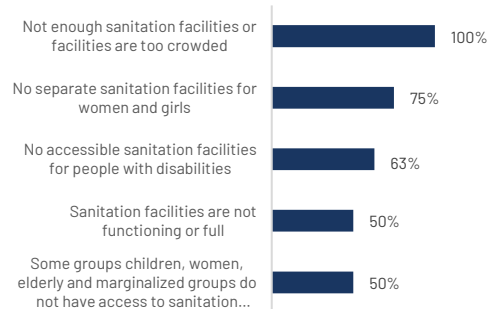
**Primary drinking water sources on the Site**

| | |
|---|---|
| Informal water trucking conducted by private citizens | 56% |
| Community borehole paid | 44% |
| Community borehole for free | 38% |
| Surface water (i.e. untreated water from the river surface that is… | 31% |
| Spring | 25% |
| Formal water trucking conducted by authorities or an NGO | 25% |

**Severe Problems with Main Drinking Water Source Since conflict**

- Water volume is not enough **(81%)**
- Takes too long to.travel to nearest water point **(56%)**
- Water is not available **(56%)**

**Existing Problems with Sanitation Facilities in the Settlement**

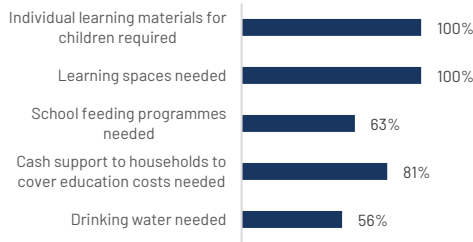| | |
|---|---|
| Not enough sanitation facilities or facilities are too crowded | 100% |
| No separate sanitation facilities for women and girls | 75% |
| No accessible sanitation facilities for people with disabilities | 63% |
| Sanitation facilities are not functioning or full | 50% |
| Some groups children, women, elderly and marginalized groups do not have access to sanitation… | 50% |

## Education

**75%** of the sites reported that the conflict has affected the **attendance of school children.**

**Most critical education needs for conflict-affected people**

| Need | Percentage |
|------|-----------|
| Individual learning materials for children required | 100% |
| Learning spaces needed | 100% |
| School feeding programmes needed | 63% |
| Cash support to households to cover education costs needed | 81% |
| Drinking water needed | 56% |

## Assessment Overview

Between January 15th and 19th, 2025, OCHA in coordination with 27 partners operating ontheground, conducted a Rapid Needs Assessment across 16 sites in Qandala: Balidhidin, Beelwacatay, Unuun, and Ceelgaal, Iskushuban: Barako, Dharjaale, Tuulo Ciise, Xiriiro, Timirshe, Xubabays,Mareer, Okode, Camaan, Dawacaley.  Bossaso: Carmo, Borookhle villages.

The assessment   involved 133 key informant interviews to gather critical insights into the needs and conditions of these   areas. As outlined in the Methodology section, it is important to note that the   findings are indicative and should not be interpreted as statistically   representative.

## Methodology

The Assessment was conducted through face-to-face key informant interviews using a survey tool developed by ICCG and OCHA via KoBo software. Results for single-option indicators are presented as site-level percentages, while multi-option and integer-based responses include aggregated and median values, respectively.

Rapid Needs Assessment was conducted in partnership with Bossaso Area-Based Coordination (ABC) teams, ensuring alignment with local leadership and priorities. ABC partners included UNICEF, WFP, UNHCR, IOM, CARE, NRC, World Vision, OXFAM, TASS, Taakulo, SOHREF, DANDOR, CSF, SWA, SRCS, SOMFORD, Caawiye, PDO, HOSPO, SEDO, KAALO, TALOBEEG, Ta'awun, DRDO, ASAL, MASAF, Puntland Youth Relief Organization. Coordination efforts were led by OCHA in collaboration with MOHADM and Bari Governor and local authorities.

The results are presented as the percentage of sites where key informants reported a specific outcome (which is the combined result at the site level as explained earlier). For integer responses, the median value was reported at the site level.

## Limitations

The results of this assessment are based on key informant perspectives and should be considered   indicative only. The analysis did not assign weights   to key informant profiles, meaning some informants   may have more knowledge on certain subjects than   others.

This limitation should be kept in mind when interpreting the aggregated results. Furthermore,   due to the key informant approach used, it is not
possible to disaggregate the results by gender, .

**KIs by Profession**

133

Male, 57%

Female, 43%

■ Male ■ Female
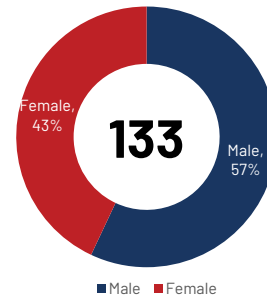
**KIs by Gender**

| Profession | Count |
|------------|-------|
| Camp manager | 1 |
| Community leader (host community) | 19 |
| Community leader (IDP) | 10 |
| Education related job | 8 |
| Healthcare professional | 8 |
| Member of civil society group | 81 |
| Other | 2 |
| Religious leader | 4 |

## iMMAP Inc. in Somalia

iMMAP Inc. has been operating in Somalia since 2019 to enhance the coordination of information management in the country, aiming for more effective and efficient humanitarian responses nationwide. In 2023, we established a specialized IM Unit, and also led on the deployment of seven Information Management Officers (IMO) through the
Stand-by Partnership, facilitating direct IMO support   to the Health, UNHCR Protection, UNICEF Nutrition,   and OCHA Coordination clusters.

## Current Project: Humanitarian Information Support Team (HIST) model

In late 2023, following the successful testing of the Humanitarian Information Support Team (HIST) model in Ethiopia and Nigeria, iMMAP Inc.   introduced HIST to support the roll out of the model   in Somalia. This demand-driven and centralized   Information Management request system simplifies   the support provided to local and international humanitarian actors involved in the Somalia Response.

The initiative, centers on the establishment of an Information   Management Unit that supports and collaborates   with humanitarian actors, including UN Agencies,   NGOs and INGOs working across various clusters and sectors, including UN OCHA Food Security and   Livelihood, Nutrition and WASH clusters, to enhance   data collection, validation, analysis, and reporting.   This initiative includes the capacity building of the   partners, development of interactive dashboards,   spatial analysis, and mapping to support processes   like the Humanitarian Needs Overview (HNO) and Humanitarian Response Needs Plan (HRNP).

In the first half of 2024, the project has facilitated   the increased involvement of stakeholders in phase   two, including the Operational Cell (OC), Area Based   Coordination structures (ABCs), and Somalia NGO Consortium (SNC). This expansion has enhanced efforts to meet the urgent needs of Somalia's vulnerable populations amidst the ongoing crisis.

## About iMMAP Inc.

iMMAP Inc. is a leading international nonprofit   organization specializing in Information Management   services for humanitarian and development sectors. Since our inception, we have partnered with   organizations worldwide to provide high-quality
data-driven solutions that improve decision-making   and enhance the efficiency of aid distribution and development projects.

iMMAP -  **Better Data
Better Decisions
Better Outcomes**