

RAPID NEEDS ASSESSMENT REPORT

Drought-Induced Displacement in Mudug Region particularly Harfo, Bursalah and Galdogob districts.

Conducted by: Ministry of Humanitarian Affairs and Disaster Management (MoHaDM), Somali Red Crescent Society (SRCS), and Raad Society (RS)

Date: 1 November 2025

1. Background and Context

After several failed rainy seasons, most parts of northern and central Somalia including Nugaal, Bari/Karkaar, Sanaag, East Mudug, and Galgaduud are facing a severe drought. Livelihoods that depend on livestock have been devastated by the lack of water and pasture.

Recent localized rains in west and north of Mudug, particularly in Harfo, Bursalah, and



Galdogob, have led to new population movements. According to the FAO SWALIM Rainfall Forecast (21–27 October 2025), these areas received moderate rains of 50–100 mm, mainly. The rains provided some short-term relief but also attracted large numbers of people from drought-stricken areas in search of water, pasture, and safety.

Figure 1 Meeting with local community in Kuwayt village of Bursalah district to discuss about the new arrivals.

However, the rapid arrival of displaced families has overwhelmed the limited capacity of host communities, who are already struggling to meet their own needs. So far, no humanitarian assistance has reached the newly displaced families, leaving local residents as the only source of support.

2. Assessment Purpose and Methodology

This rapid assessment was conducted to understand the extent and impact of drought-related displacement, identifying immediate humanitarian needs. A joint team from MoHaDM, SRCS, and Raad Society assessed 11 communities across Harfo, Bursalah, and Galdogob districts between 28 and 31 October 2025. The team met with local authorities, host community representatives, and newly arrived displaced families. Information was gathered through direct observation, focus group discussions, and key informant interviews. The assessment covered major humanitarian sectors including Food Security, WASH, Health, Shelter, Protection, and Livelihoods.



Figure 2 The assessment team meeting with local community volunteers in Bursalah district to discuss about the health risks in the area

Table 1 The details of the locations where people displaced and the new location people arrived/arriving.

SN	The regions where people internally migrated from	Communities/villages people internally migrated from	Estimated households internally migrated	The new areas people internally migrated to under Bursalah, Harfo and Galdogob
1	Nugaal	Garowe	3,500	Bursalah Kalabeyr Laandheere Ramaas Kuweyd Laanmadow Dudun Riig barwaaqo Xuuraan Madino Tuulo-Siraad Bahaley Af gub Jiigada Xabiibo Darasalam Dig-digo Qod-gaashaan Jeeho Jaan-cagaarweyn Herojaale Isqanbuus Beyra
		Sinu-jif		
		kalabeyr		
		Ooman		
		Awr culus		
		Birtadheer		
		Eyl		
		Hasbahale		
		Yoombays		
		Qarxis		
2	Mudug	Jariban	2,000	
		Balibusle		
		Godod		
		Malaasle		
		Gacnafale		
		Dusmada		
		Fardaharis		
		Cagaaran		
3	Sanaag	Ceelbuuh	250	
4	Bari/Karkaar	Carmo	2,000	
		Higlo		
		Dhaxan		
		Misir		
		Farjeerin		
		Libaaxar		
		Iyax-Qardhood		
		Yaka Yaka		
		Libow		
		Shire		
Gerihel				
TOTAL Households			7750	

3. Findings

3.1 Population Movement

An estimated **7,500–7,750 households** have migrated into the three districts, and the number continues to rise daily. Families are traveling with their livestock mostly goats and sheep accompanied by women, children and elderly while men and camels are still on the way from distant areas. Transport costs range between USD 750–1,500 per truck, depending on the point of origin.



Figure 3 Newly arrived family as part of the massive population movement to the areas assessed

The assessment team observed that many families were dropped off along roads or inside villages, forcing local residents to use small trucks, donkeys, or camels to help them relocate. Most families arrived with limited food, water, medicine, or basic household items, and appeared weak and exhausted. As of the assessment date, no humanitarian assistance had been delivered, and both displaced and host communities were relying entirely on local community.

3.2 Food Security and Nutrition

Food insecurity is severe and getting worse. Most displaced families have limited food stocks or cooking arrangements. During visits, families were seen sharing very small



Figure 4 A local elder took the assessment team to unaccompanied children (girls) who had been left alone



amounts of food provided by host communities. No food assistance or nutrition support had reached the area at the time of the visit.

Urgent needs include:

- Emergency food assistance or cash transfers for basic needs.
- Nutrition screening and treatment for malnourished children and mothers.
- Supplementary feeding programs for vulnerable groups.

3.3 Water, Sanitation, and Hygiene (WASH)

Access to clean and safe water is extremely limited. Families are drinking from open and contaminated berkets, many of which are unprotected and located in open fields, posing safety and health risks. Existing boreholes are overstretched and operate continuously, relying heavily on diesel fuel and limited solar power.

Families collect water with small jerry cans often empty and walk more than one kilometer to reach water points.

Sanitation is a serious concern. Open defecation is widely practiced because there are no functioning latrines. This increases the risk of disease outbreaks and environmental contamination.

Hygiene conditions are very poor. Families have no soap, limited containers for water storage, and no proper waste disposal. Water in traditional berkets has created ideal breeding grounds for mosquitoes, exposing people to malaria and other vector-borne diseases.

Urgent needs include:

- Water trucking and fuel support for boreholes (approx. 15 barrels per month per borehole).
- Hygiene kits, jerry cans, soap, and purification tablets.
- Construction of emergency communal latrines.
- Vector control and mosquito net distribution.
- Hygiene promotion and health education.

3.4 Health

Health services are almost nonexistent. Only Kuwait village has a small Primary Health Unit (PHU) offering vaccination against diphtheria. Elderly people with chronic diseases such as hypertension and diabetes were found without medication, and several fever and malaria like cases were reported. Poor sanitation, overcrowding, and unsafe water have created high risks of diarrhea, malaria, and respiratory infections.



Urgent needs include:

- Mobile health clinics to provide immediate care and vaccination.
- Essential medicines for both acute and chronic conditions.
- Health education and community disease surveillance.
- Support for malaria prevention and treatment.

3.5 Shelter and Non-Food Items (NFIs)

Most displaced families are sleeping in the open, without any form of shelter. People stay under trees during the day to escape the sun and remain exposed at night to cold winds and mosquito bites. Limited tarpaulins, blankets, or household items were available.

Urgent needs include:

- Emergency shelter kits
- Mosquito nets
- Hygiene kits and kitchen set
- Temporary communal shelters for the most vulnerable families.

3.6 Protection

Protection concerns are significant. Overcrowding and lack of privacy might have increased the risk of gender-based violence (GBV), particularly as women and girls walk long distances to fetch water. Elderly people, unaccompanied minors, and people with disabilities remain highly vulnerable.

Urgent needs include:

- GBV prevention and referral services integrated into humanitarian activities.
- Provision of dignity kits and community awareness on protection.
- Strengthening community protection committees.

3.7 Animal Health

Many families arrived with livestock, mainly goats and sheep, seeking pasture. However, numerous dead animals were seen along the roads and near settlements, creating environmental and health hazards. Reports from herders indicate animal diseases and weakness caused by long travel distances.

Urgent needs include:

- Animal vaccination and treatment campaigns.
- Safe disposal of dead animals.
- Support for veterinary outreach and recovery programs.



4. Recommendations

1. Deliver Immediate Food support
 - ✓ Provide urgent food through in-kind or cash
2. Strengthen WASH and Health Services:
 - ✓ Deploy mobile health and nutrition teams.
 - ✓ Begin water trucking
 - ✓ Subsidize fuel for boreholes.
 - ✓ Build emergency communal latrines
 - ✓ Distribute hygiene kits and kitchen sets
 - ✓ Distribute water storage bags
 - ✓ Provide mosquito nets
 - ✓ Improve disease surveillance
3. Address Shelter and Protection Needs:
 - ✓ Supply emergency shelter kits.
 - ✓ Strengthening and supporting the local community traditional conflict resolutions
4. Support Animal Health:
 - ✓ Launch animal treatment and vaccination campaigns.
 - ✓ Safe disposal of animal carcasses.
 - ✓ Support animal veterinary services.