

**Final report - Joint visit to Jalalaqsi district.
Hiraan region, Hirshabelle
30 August 2025**

Mission summary

On 30 August, a joint observation mission was conducted in Jalalaqsi district by SoDMA, MoHADM/Hirshabelle, WFP, UNFPA, and OCHA. The mission engaged with Area-Based Coordination (ABC) partners and local authorities and visited an IDP site to assess the humanitarian situation particularly the needs and gaps among newly arrived displaced families. Jalalaqsi is one of the re-prioritized districts, where a new ABC forum has recently been established to strengthen response coordination.

Jalalaqsi district has become a key destination for newly displaced people fleeing recurrent clashes since June, following military operations against non-state armed groups (NSAGs) in parts of Hiraan region, including Bulo Burto and Mahas. The influx of IDPs intensified after NSAGs took control of Mahas and Moqori towns. Jalalaqsi district, including the town itself as well as surrounding and remote rural areas, has received large numbers of people escaping the conflict



One of the newly arrived families at Wadajir IDP site, Jalalaqsi town.
Photo credit: Guled Isse / OCHA

Mission objectives

- Engage with Area-Based Coordination (ABC) partners.
- Hold discussions with local authorities.
- Conduct a joint visit to IDP sites to assess needs and gaps.
- Develop recommendations to inform the humanitarian response.
- SoDMA to launch a drought response cost-insurance project.

Discussion with the Area Based Coordination (ABC) members

- Area-based partners reported that Jalalaqsi district, including its remote and rural areas, has received an estimated 6,000 households (42,000 people) since June, following recurrent clashes and the takeover of Mahas and Moqokori towns by non-state armed groups (NSAGs). Of these, more than 60 percent have settled in Jalalaqsi town, joining host communities and IDP sites.
- Host communities are also accommodating many new arrivals, while pastoralist households are scattered in many rural villages.
- Before the recent IDP influx, Jalalaqsi district was hosting an estimated 7,800 internally displaced persons across seven sites, according to the CCCM IDP sites verification exercise conducted in the last quarter of 2024.
- ABC members were requested to conduct a joint verification and observation mission to establish the exact number of displaced people in the district, to avoid conflicting figures on new arrivals.
- Despite ongoing efforts, funding limitations persist, leaving significant gaps in addressing the needs of affected populations.

- Food insecurity remains high among affected communities, with growing concerns over rising malnutrition. There is particular concern about potential heightened risks this poses for pregnant and lactating women, adolescent girls, and newborns, as undernutrition exacerbates maternal and neonatal mortality, weakens resilience to disease, and increases vulnerability to gender-based violence.
- Delivery of nutrition and other essential supplies to the town is hindered by insecurity along the roads, while air transport remains expensive. Some of the supplies are intended to come from Beledweyne (Hiraan region), insecurity continues to restrict road access.
- Health facilities across the district are very limited, particularly in remote areas, severely restricting access to lifesaving sexual and reproductive health (SRH) services, including safe delivery care, emergency obstetric and newborn care, family planning, and clinical management of rape, leaving women, girls, and newborns at heightened risk of preventable deaths and complications. In Jalalaqsi town, only two facilities are available including the district referral hospital and one MCHN.
- WFP in partnership with COOPI provides cash transfer support targeting 2,000 households, particularly new arrivals in the district.
- In addition, WFP in partnership with COOPI conducted full household registration of 2,780 HH from newly displacement including minority group, disabilities and most valuable people from community. The registered households are undergoing verification by WFP.
- Over the past three months, WFP in partnership with COOPI has reached 2,077 children under five with moderate acute malnutrition providing RUSF and health education sessions
- With funding support from ECHO crisis modifier, DRC is providing cash assistance to 397 displaced households in rural areas (Qoryale, Dufaley, Ceelciid, and Raqay). Each household receives \$120 per month for three months.
- UNICEF, in partnership with DRC, is implementing a child-sensitive social protection program targeting 5,750 pregnant and lactating women with children under one year, providing monthly cash transfers of \$20 for 32 months.
- DRC delivers WASH, protection, and NFI assistance across several locations, while WARDI plans to provide OTP services

Discussion with the local authority

- Mission team met with the District Commissioner and other local authority's personnel and explained that the visit aimed to observe and assess the humanitarian situation in the district following the recent influx of IDPs. The team also engaged with ABC partners and visited displaced communities, with the goal of understanding their needs and advocating for rapid response to address these gaps with relevant actors.
- The (DC) He underscored his active collaboration with the humanitarian partners, noting his office's support for information sharing and facilitating safe access to remote locations whenever needed.
- The DC further highlighted that the host community has absorbed significant number of conflict-displaced people, providing support despite limited resources. This influx has placed additional pressure on existing services and infrastructure, particularly in IDP sites.
- The recent influx of new arrivals stemmed from displacement in areas captured by non-state armed groups (NSAGs), with families fleeing in fear for their lives.
- While earlier conflicting figures, the DC was informed that the ABC partners plan to undertake a joint observation mission to verify a more accurate caseload of the displaced people who have arrived in the district, including those in rural villages.
- The mission team further noted that insecurity and related access constraints along the Beledweyne to Jalalaqsi corridor continue to impede the timely delivery of assistance.
- Considering the situation, the local authority expressed appreciation for humanitarian support and appealed for scaled-up support to address the needs of the affected populations.

Project launched by SoDMA.

During the mission, the Somalia Disaster Management Agency (SoDMA), in collaboration with the Hirshabelle Ministry of Humanitarian Affairs and Disaster Management (MoHADM), launched the Drought Response Cost Insurance Policy Project in Jalalaqsi district. With support from the African Risk Capacity

(ARC) and the African Development Bank (AfDB), the initiative targets 2,009 of the most vulnerable and food-insecure households, providing three months of food aid

Visit to Wadajir IDP settlement.

- Mission team visited Wadajir IDP site and met with the newly arrived families. The site has reportedly received an estimated 280 families displaced by conflict since June. It was already hosting about 1,190 internally displaced persons, according to the last site verification exercise conducted by CCCM partners in late 2024. These figures require verification.
- **WASH:** The site has 10 latrines, but only two are functional, leading to widespread open defecation. Water access is limited to one private connection and a shallow well, with IDPs required to pay the provider for water. Poor hygiene practices were also observed across the site.
- **Health and Nutrition:** The settlement lacks health and nutrition facilities, and no mobile outreach services were observed. IDPs must travel 2–3 km to access the district referral hospital and the MCHN in town. The only observed activity was nutrition screening carried out by WARDI. The absence of ambulance services hinders pregnant women from reaching health facilities for delivery, forcing many to rely on donkey carts or taxis despite their limited financial means. From a reproductive health perspective, the absence of services leaves pregnant and lactating women without maternal care (antenatal, delivery, postnatal), adolescent girls and women without family planning, menstrual health, or safe abortion/post-abortion care, and survivors of sexual violence without clinical management or referrals. These gaps heighten the risks of preventable maternal deaths, obstetric emergencies, untreated reproductive tract infections, unintended pregnancies due to lack of SRH commodities, and increased neonatal mortality.
- **FSL /MPCA:** Some 30 families received cash assistance from WFP in partnership with COOPI. Depending on verification results for the recently registered households, additional households will be supported. The cash assistance is for 6 months.
- **Protection and Shelter:** IDPs reported no major safety or protection concerns, aside from the lack of lighting at night, which heightens the risk of gender-based violence (GBV) and remains a pressing issue. Most households reside in makeshift shelters, with newly arrived families in particular needing NFIs and emergency shelter support. DRC is currently providing protection services at the site, but GBV-focused interventions and referral pathways remain limited.
- **Education:** IDP children lack access to education due to the absence of a learning facility. Around 100 school-aged children in Wadajir IDP site, including both newly arrived and protracted IDPs, remain without schooling support.



Observations and key findings by sector.

Cluster	Findings
<p>Food Security</p> 	<p>GENERAL OBSERVATION</p> <ul style="list-style-type: none"> • Food insecurity is widespread among affected communities, including protracted IDPs as well as poor and vulnerable households in Jalalaqsi district. • Most displaced people left behind their assets, particularly livestock. • Most host community households accommodating displaced families are themselves poor, creating additional pressure on their already limited capacities. In response to the conflict, WFP in partnership with COOPI registered 2,000 households for cash assistance across 13 locations, including seven IDP sites in Jalalaqsi district. • Approximately 397 conflict-displaced families in the district are receiving cash assistance from DRC, with funding support from the ECHO crisis modifier, providing each family USD 120 per month for three months. <p>Recommendations</p> <ul style="list-style-type: none"> • Expand cash-based interventions to better address the needs of affected communities. • Scale up food assistance and extend support to host communities. • Provide livelihood recovery support for displaced people who have lost their assets. • Support host communities who are accommodating displaced families, to reduce pressure on limited resources.
<p>Nutrition</p> 	<p>GENERAL OBSERVATION</p> <ul style="list-style-type: none"> • Nutrition services remain a major concern in the district due to irregular supply availability. • Deliveries of nutrition supplies from Beled Weyne town are hampered by road access challenges due to security concerns, which limit timely and consistent distribution. • There is no stabilization center in the entire district. As a result, the district hospital must refer severely malnourished children with complications to Jowhar town in the Middle region, some 90 km away. • WFP in partnership with COOPI provides Targeted Supplementary Feeding Program (TSFP) assistance within the district. • WARDI plans to provide Outpatient Therapeutic Program (OTP) services in remote areas to support populations affected by conflict. <p>Recommendations</p> <ul style="list-style-type: none"> • Establish a stabilization center within the district to manage severe malnutrition cases locally, reducing delays and risks associated with long-distance referrals. • Given the road access challenges caused by security concerns, advocate for alternative delivery routes or methods to transport nutrition supplies from Beled Weyne to Jalalaqsi district to prevent further delays. • Expand OTP services to cover all remote areas, ensuring access for populations affected by conflict. •
<p>Protection and AoRs</p> 	<p>GENERAL OBSERVATION</p> <ul style="list-style-type: none"> • The district has received over 6,000 families (36,000 people) displaced since June, following recurrent clashes between Government forces and NSAGs in parts of Hiraan region.

	<ul style="list-style-type: none"> • The largest influx occurred after the takeover of Mahas and Moqokori towns by NSAGs. • The IDP population in Jalalaqsi has doubled due to the new arrivals. The town hosts seven verified IDP sites, all which lack lighting at night. The absence of lighting increases risks of harassment and GBV, particularly for women and girls. • In Wadajir IDP settlement, the mission observed IDPs expressing concern about the darkness in the settlement during nighttime, a challenge echoed across other sites. • Women and children in Wadajir IDP site are exposed to protection risks due to insufficient latrines and reliance on open defecation, particularly at night. These conditions compromise dignity and heighten vulnerability to sexual violence and exploitation. • The provision of portable solar lights is urgently needed, particularly in IDP sites, to improve safety, reduce GBV risks, and strengthen protection across the site. • Only one partner (DRC) is providing protection services across six locations hosting IDPs in Jalalaqsi town and NFIs distribution in few sites. • GBV-specific programming and referral pathways remain largely absent, leaving survivors without access to timely, lifesaving support. • In partnership with DRC, UNICEF is providing monthly cash transfers of \$20 for 32 months to 5,750 pregnant and lactating women with children under one year through a child-sensitive social protection program for 32 months. <p>Recommendations</p> <ul style="list-style-type: none"> • Conduct assessments across all IDP sites to identify settlements facing protection and GBV risks linked to the lack or insufficiency of latrines and inadequate privacy. • Provide portable solar lighting to IDP sites to enhance safety and reduce exposure to GBV, particularly for women, children, and other vulnerable groups during nighttime. • Expand protection services to remote and peri-urban areas outside the town, with priority given to sites hosting displaced people and ensure GBV prevention mitigation, and response services (including referral pathways and case management) are fully integrated.
<p>Health</p> 	<p>GENERAL OBSERVATION</p> <ul style="list-style-type: none"> • Jalalaqsi town has one referral hospital and two other health facilities that provide services to the communities. However, these facilities are unable to meet the scale of need, particularly for women and girls requiring SRH services. • The referral hospital faces critical supply gaps, having only received limited medical supplies from WARDI in June and SoDMA in March this year, with no regular supplies provided since the beginning of the year. Essential reproductive health commodities, including contraceptives, clean delivery kits, and emergency obstetric supplies, are largely unavailable. • Three health centers in the town are supported by WARDI and the Somali Red Crescent Society (SRCS). • Lack of mobile outreach in remote locations remains a major gap, forcing communities to travel to Jalalaqsi town to access even basic SRH care, often deterring timely care-seeking. • The referral hospital laboratory is affected by an equipment shortage, limiting diagnostic capacity. • The absence of ambulance services hinders timely transportation of critical cases and pregnant women in need of emergency obstetric and newborn care to rely on donkey carts or costly taxis, with severe implications for maternal and neonatal survival. • Eight health facilities in the district were closed this year, due to funding cuts impact. <p>Recommendations</p>

	<ul style="list-style-type: none"> • Ensure regular supply of essential medicines, reproductive health commodities, and equipment to the referral hospital through coordinated support from humanitarian partners. • Strengthen mobile outreach services to expand access to healthcare in remote villages, with integrated SRH services including antenatal, postnatal, family planning, and adolescent health care. • Support laboratory capacity building by providing essential diagnostic equipment and training. • Provide ambulance services to facilitate timely referral and emergency transportation, especially for pregnant women requiring obstetric care and critical cases. • Enhance coordination among health partners to streamline resource allocation and avoid service gaps. • Reactivate eight health facilities in urban and rural areas that were closed due to funding cuts.
<p>WASH</p> 	<p>GENERAL OBSERVATION</p> <ul style="list-style-type: none"> • 97% of the rural communities depend on unsafe river water for both human and animal consumption • A few functional and fresh water boreholes in the district specially the rural areas lack water pumps, generators, water tanks and animal troughs. • WASH service provision in the district is very limited due to funding gaps. • Currently, only one humanitarian partner (DRC) provides hygiene kits and hygiene awareness services across nine sites hosting new arrivals. • During a visit to Wadajir IDP settlement, the mission observed poor hygiene practices among the IDPs. Out of ten latrines, only two are functional, forcing IDPs to resort to open defecation. The site also has two water sources including a water connection from a private borehole and one shallow well. • There is a need to assess all remaining six IDP sites to identify WASH gaps and prioritize interventions. <p><u>Recommendations</u></p> <ul style="list-style-type: none"> • Conduct a comprehensive WASH assessment across all IDP sites to identify gaps in water, sanitation, and hygiene services. • Rehabilitate and expand latrine facilities, prioritizing functional, gender-sensitive, and accessible units. • Ensure consistent distribution of hygiene kits and implement hygiene promotion activities to improve sanitation practices. • Enhance water access by rehabilitating existing water points and exploring alternative sources to meet the needs of displaced populations. • Mobilize additional funding and partners to scale up WASH services and reduce risks associated with poor hygiene and sanitation. • Improving and rehabilitating the existing water sources (boreholes and shallow wells).

Mission participants.

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