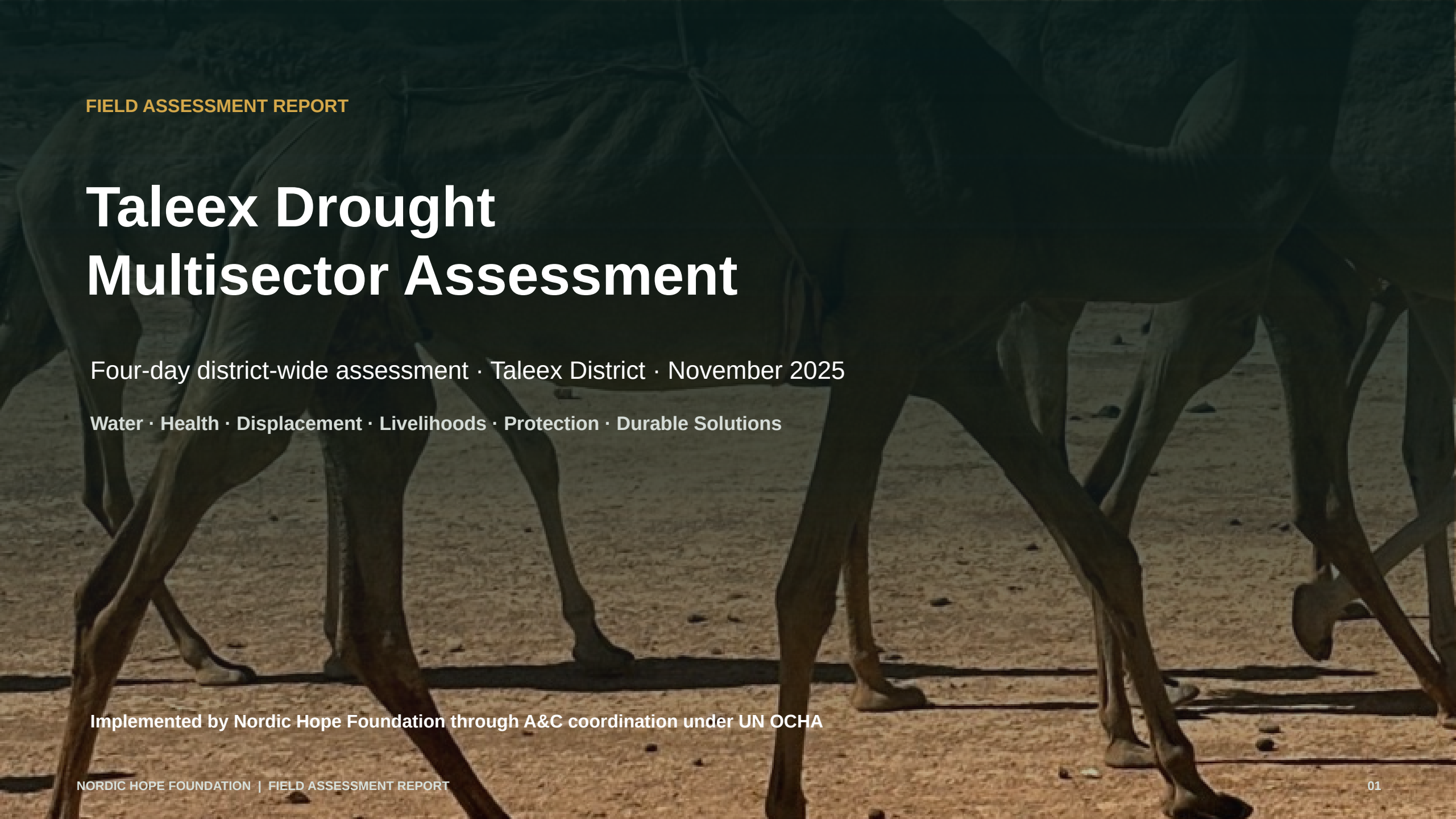


FIELD ASSESSMENT REPORT

Taleex Drought Multisector Assessment

Four-day district-wide assessment · Taleex District · November 2025

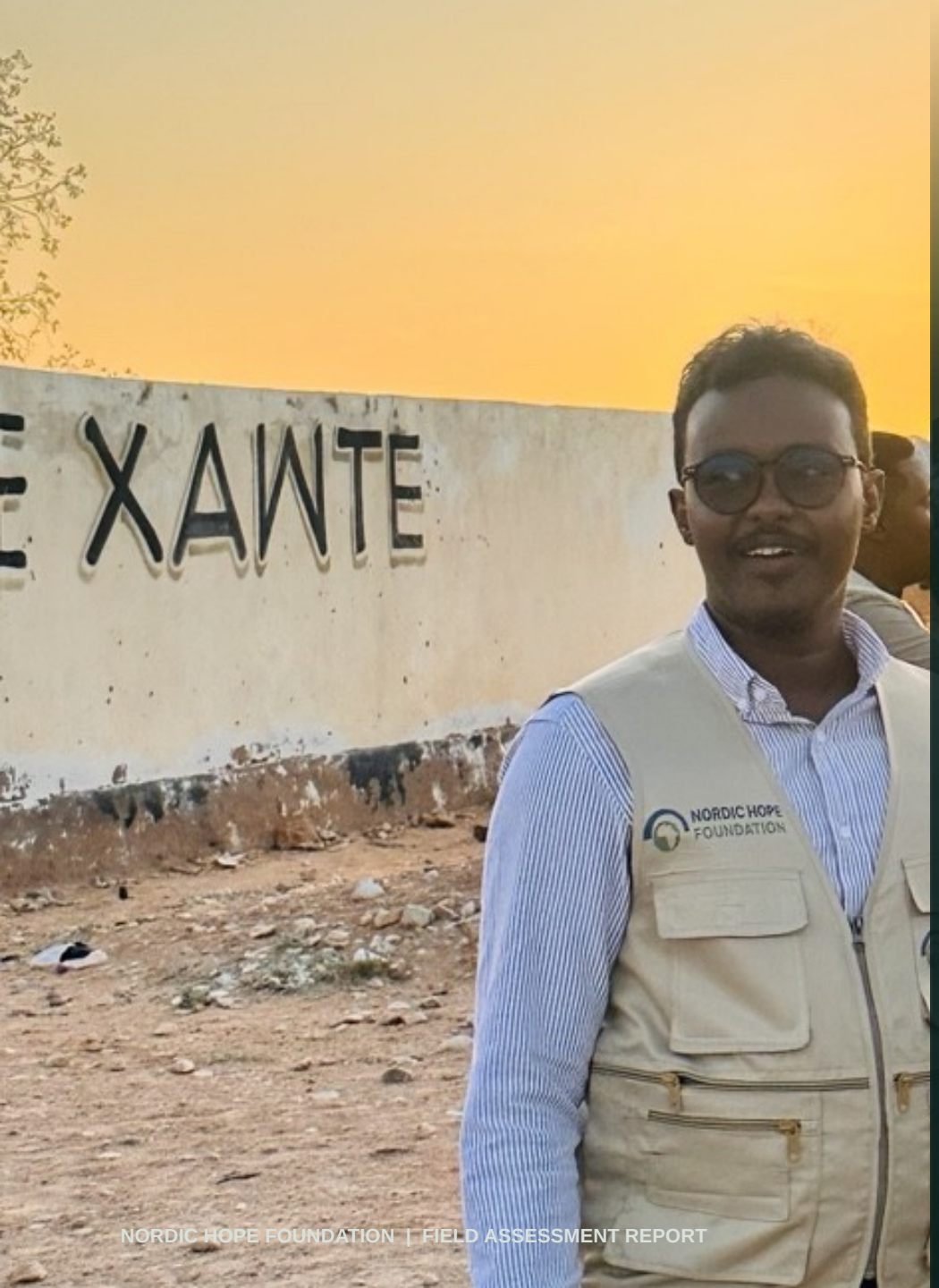
Water · Health · Displacement · Livelihoods · Protection · Durable Solutions

Implemented by Nordic Hope Foundation through A&C coordination under UN OCHA

The assessment found an emergency that cannot be solved by water delivery alone

- **Water insecurity** — Water access was constrained, infrastructure required classification and functionality checks, and contaminated water was linked to illness among vulnerable households.
- **Health risk** — The team consulted Taleex MCH and mapped reported illness, current disease concerns and conditions with outbreak potential.
- **Displacement** — IDP populations and settlement locations in Taleex and surrounding areas were mapped, with priority attention to children, women, older people and persons with disabilities.
- **Livelihood collapse** — Visible livestock stress and depleted household coping capacity indicate that drought is affecting both survival today and recovery tomorrow.

Core conclusion: pair immediate life-saving action with an integrated recovery and durable-solutions pathway.



ASSESSMENT SCOPE

Four days of fieldwork covered Taleex district and nearby affected settlements

The team visited water points, drought-affected pastoral areas, IDP settlements, community locations and Taleex MCH. The assessment combined direct observation, stakeholder consultation, basic service mapping, population mapping and photographic documentation.

Coverage figures, settlement names and GPS coordinates should be inserted from the verified field database before external submission.

ASSESSMENT METHOD

A multisector lens connected household survival with system-level risks

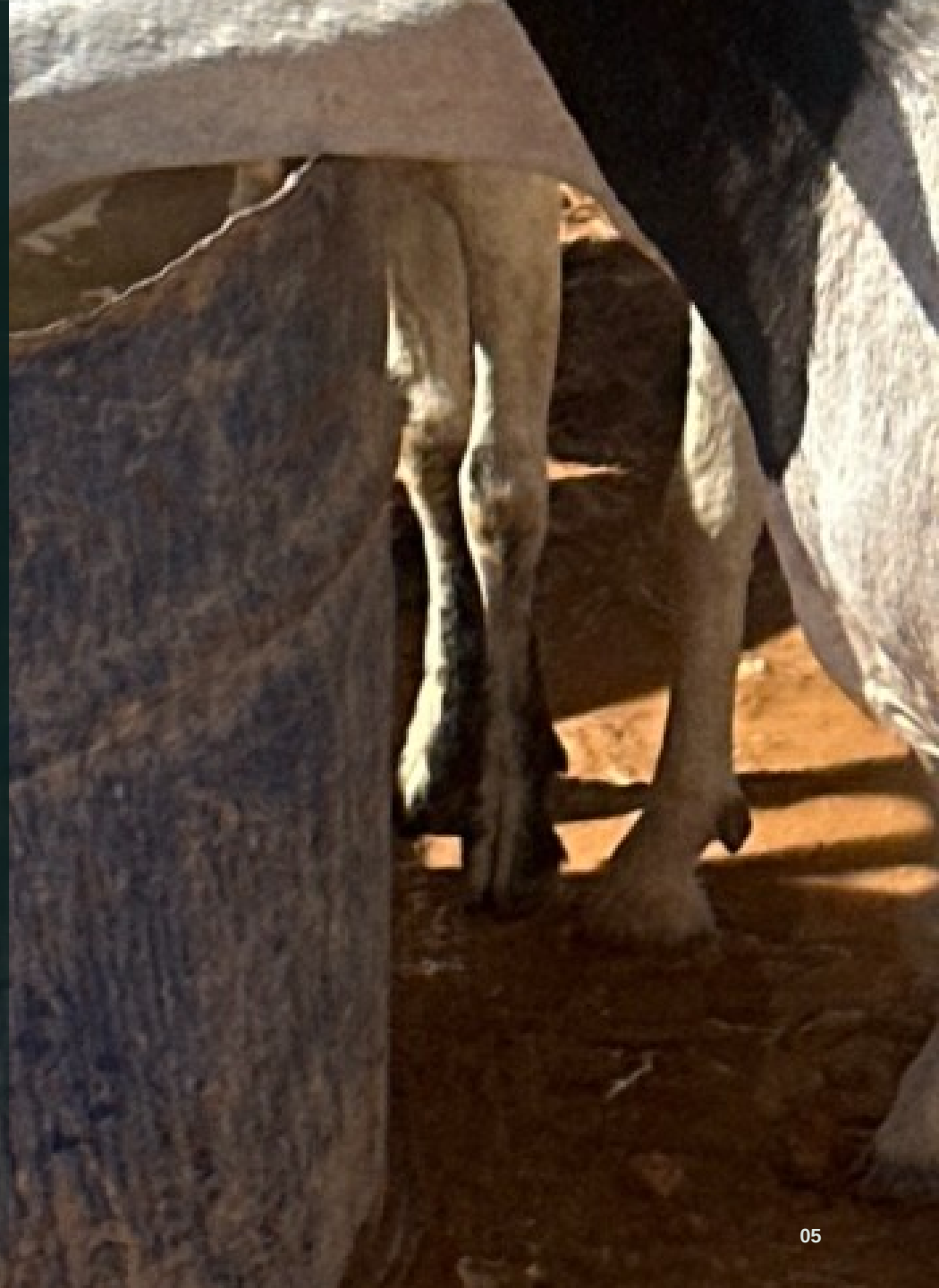
1	**Observe**	Water points, livestock condition, shelters, settlement environment
2	**Consult**	MCH staff, community leaders, IDP representatives, women and affected households
3	**Map**	Water infrastructure, IDP sites, nearby settlements, services and access constraints
4	**Analyse**	Urgent needs, disease threats, protection risks and recovery barriers
5	**Prioritise**	Life-saving action, 90-day recovery and durable solutions

WATER INFRASTRUCTURE MAPPING

Water points must be classified by construction, function and safety

The field inventory distinguished between hand-dug wells and mechanically drilled boreholes. Each source should be recorded by GPS location, ownership, depth where known, pumping method, energy source, yield, storage, functionality, queue time, user population, livestock use and rehabilitation need.

Use the verified inventory to report: [insert total water points], [insert functional], [insert partially functional] and [insert non-functional].

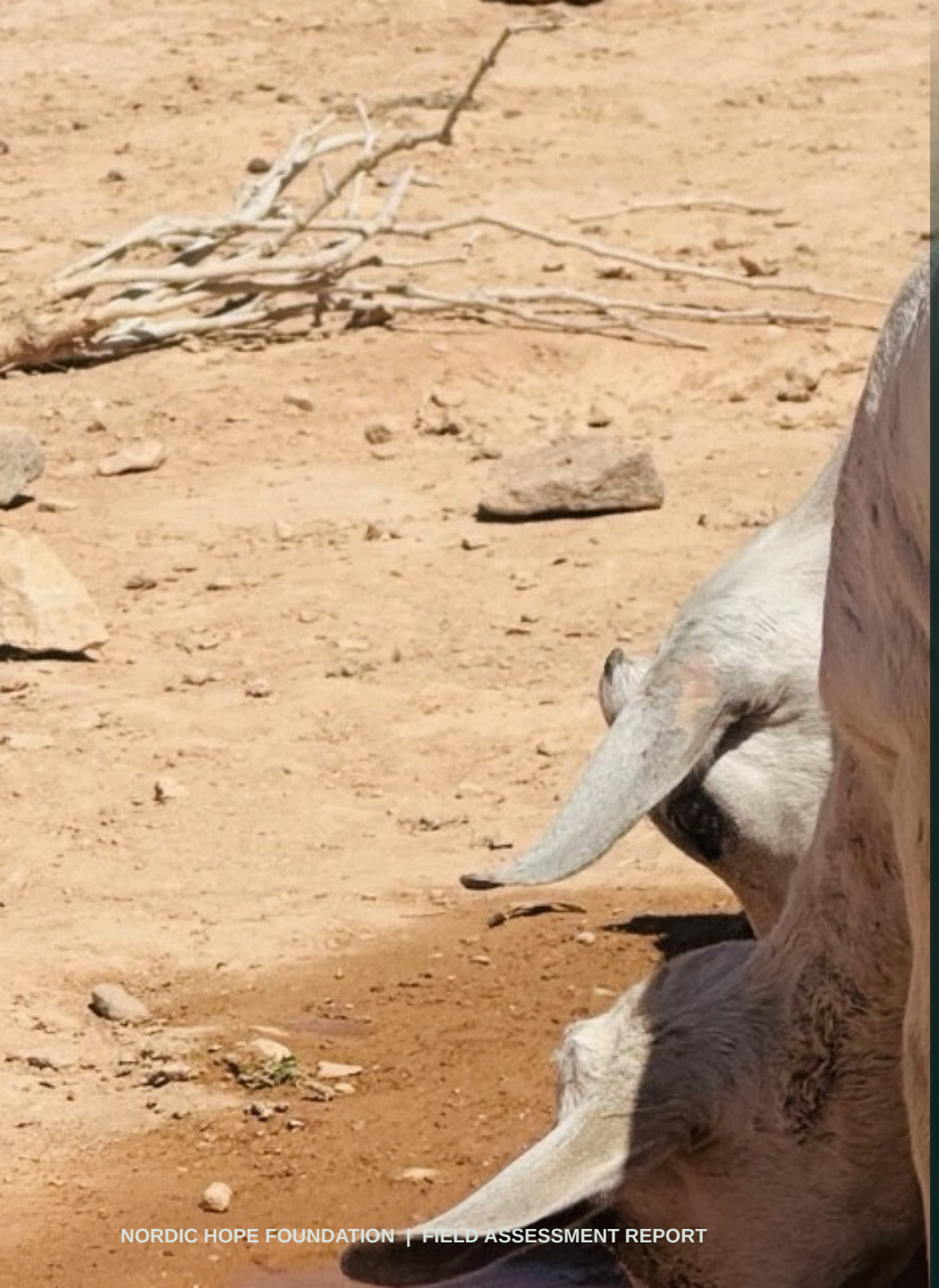


Contaminated water is both a WASH failure and a public-health emergency

FIELD CONCERN

The assessment linked unsafe or contaminated water exposure with illness among the most vulnerable.

- **Immediate controls** — Protect sources, chlorinate where appropriate, clean storage, provide safe containers and establish routine testing.
- **Minimum verification** — Test faecal contamination indicators, free residual chlorine where treated, turbidity and sanitary risk around each source.
- **Accountability** — Publish safe-use messages and create a rapid community channel for reporting broken pumps, contamination and disease signals.



LIVELIHOODS UNDER STRESS

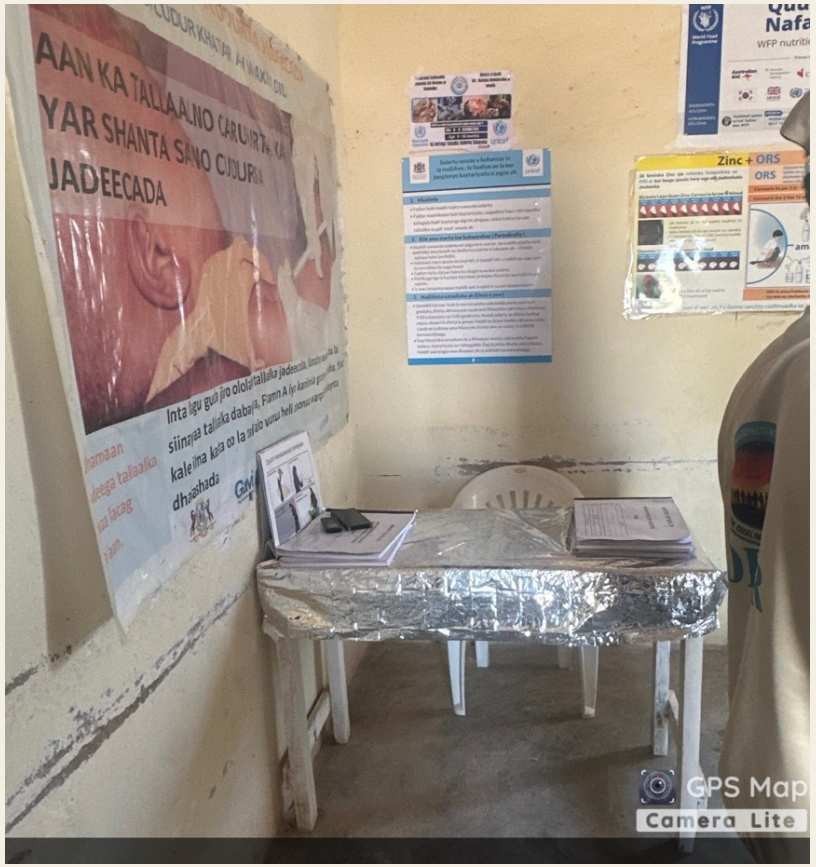
Livestock losses are eroding food security, income and the possibility of recovery

Field photographs document visibly weakened livestock and pressure on water and feed. For pastoral households, animals are productive assets, food sources and the basis of future recovery.

The response should therefore combine emergency livestock water and feed, veterinary outreach, disease surveillance, market monitoring, targeted destocking where appropriate, and cash support that protects household choice and dignity.

Taleex MCH is the anchor for verification, treatment and referral

- **Facility consultation** — Confirm consultations, leading diagnoses, medicines, staffing, referral capacity and service interruptions.
- **Disease line list** — Separate confirmed, suspected and community-reported cases; record age, sex, location, onset and outcome.
- **Nutrition screening** — Screen children 6–59 months and pregnant or breastfeeding women using approved protocols.
- **Continuity of care** — Protect maternal, newborn, immunisation and essential primary-care services.



Verified figures pending insertion from MCH register review.

EPIDEMIOLOGICAL RISK

The report must distinguish current illness from diseases at risk of outbreak

CURRENT / REPORTED	IMMEDIATE THREATS	TRIGGERS FOR ACTION
Insert verified disease names, suspected cases, confirmed cases, deaths and affected locations from the MCH and community line lists.	Acute watery diarrhoea/cholera risk, other waterborne disease, respiratory infection, measles and malnutrition-related complications require verification and surveillance.	Unusual case clusters, rising diarrhoea, deaths, severe dehydration, reduced water quality or nutrition deterioration should trigger same-day notification and investigation.

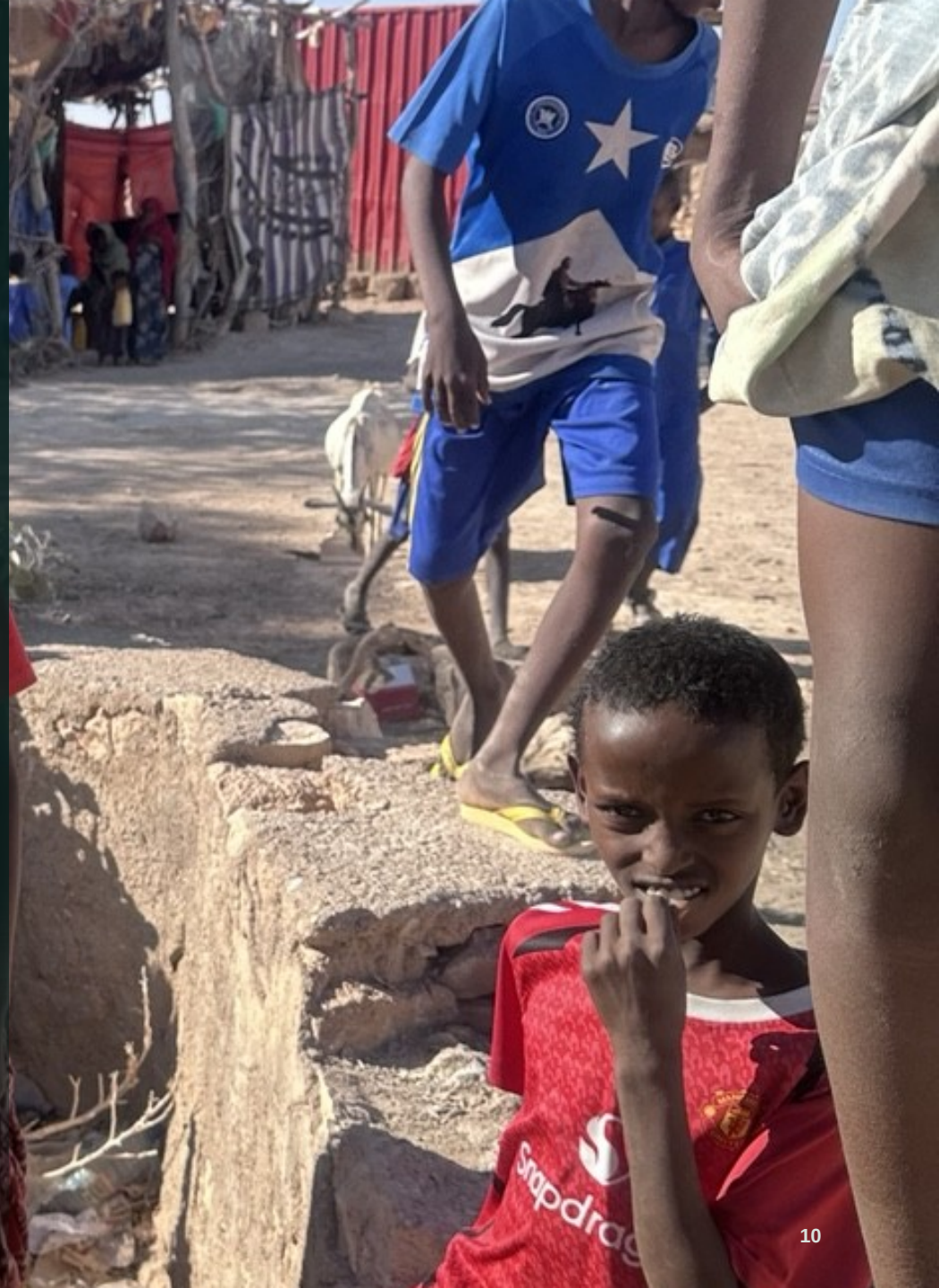
Risk conditions are listed for preparedness; they are not presented as confirmed outbreaks without verified surveillance data.

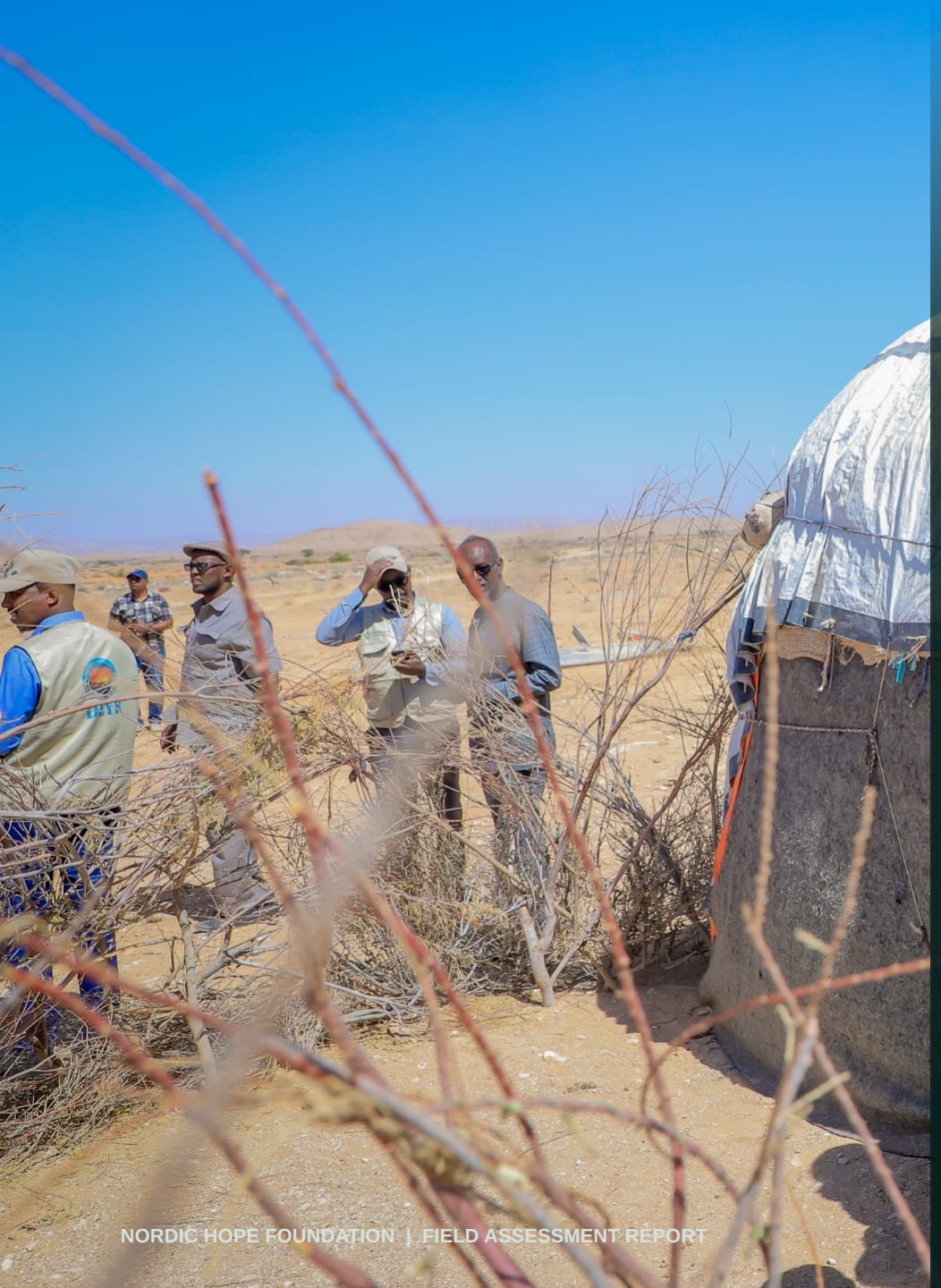
CHILDREN & VULNERABLE GROUPS

Children face overlapping risks from unsafe water, hunger, displacement and interrupted services

Children under five, pregnant and breastfeeding women, older people, persons with disabilities, female-headed households and people with chronic illness require explicit prioritisation.

Response teams should use disaggregated registration, nutrition screening, safe referral, accessible distribution points, safeguarding measures and confidential feedback channels. Assistance should not depend solely on household visibility or proximity to town.





DISPLACEMENT MAPPING

IDP mapping must lead to service coverage—not only a population count

The assessment mapped IDP numbers, camps and informal settlements in Taleex and nearby areas. The final dataset should show each site’s population, household count, origin, arrival period, water source, sanitation, shelter condition, health access, education access, protection risks and host-community pressure.

Insert verified totals: [IDP people], [households], [sites], [nearby settlements covered].

Host communities and IDPs must be assessed together

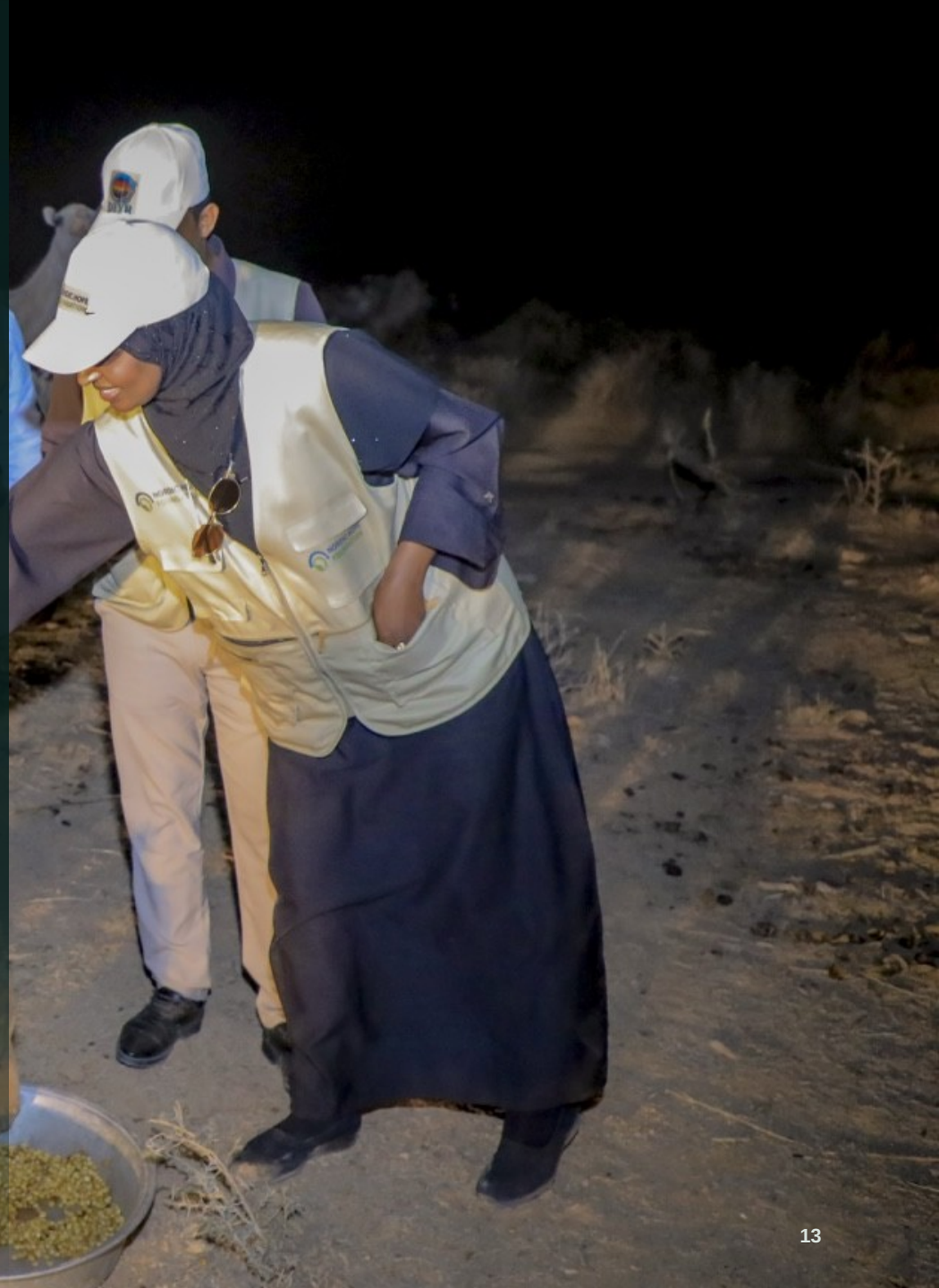
- **Severity** — Combine water availability, disease signals, nutrition, shelter, food access and protection risks rather than ranking sites on population alone.
- **Equity** — Include remote settlements, minority groups, persons with disabilities and households that may be absent during registration.
- **Do no harm** — Avoid assistance models that create tension between displaced and host households sharing the same depleted resources.
- **Geographic action plan** — For every assessed location, assign severity, priority intervention, responsible actor, quantity required and follow-up date.

ACCESS & FIELD PRESENCE

Night-time visits captured needs that standard daytime assessment can miss

Field teams documented conditions beyond office hours and across difficult environments. This strengthens contextual understanding, but access constraints, seasonal movement and under-reporting may still affect completeness.

All findings should be triangulated through household interviews, facility records, water-point checks, GPS data and follow-up verification before final caseloads are published.



IMMEDIATE RESPONSE · 0–14 DAYS

The first response window must protect life while verification continues

- **Safe water** — Emergency water access, source protection, chlorination/testing, storage and household treatment messages.
- **Health** — Mobile outreach, essential medicines, MCH support, disease line listing, referral and rapid-alert procedures.
- **Nutrition** — MUAC screening, treatment referral, infant and young-child feeding support and targeted follow-up.
- **Protection** — Safe distribution, lighting, GBV and child-protection referral, accessibility and confidential complaints.
- **Livelihoods** — Emergency livestock water/feed, veterinary support, market monitoring and flexible cash where feasible.

A 90-day recovery package should reduce repeated emergency dependence

- **Repair systems** — Rehabilitate priority boreholes and hand-dug wells, establish operation and maintenance groups, spare-parts pathways and water-quality monitoring.
- **Stabilise health** — Strengthen MCH supplies, community surveillance, referral transport, vaccination catch-up and integrated nutrition services.
- **Restore income** — Link cash, livestock recovery, women’s livelihoods, vocational pathways and market demand so assistance protects future earning capacity.
- **Reconnect services** — Support school return, civil documentation, shelter improvements and targeted case management for households with complex needs.

Durable solutions require a household pathway, not an open-ended camp response

VOLUNTARY RETURN

When the area of origin is safe and viable: transport, water, shelter, documentation, livelihoods and follow-up.

LOCAL INTEGRATION

When families choose to remain: secure tenure, services, school, health, work and inclusion with host communities.

PLANNED RELOCATION

When neither return nor current-site integration is viable: informed consent, safe land, services, livelihoods and protection.

Every household should receive an assessment, preferred-solution record, action plan, named case owner, referral pathway and measurable follow-up.

Humanitarian aid should become a bridge to stability—not a permanent substitute for rights, services and livelihoods.

A community alert system can turn early signals into early action

REPORT	Community focal points, MCH staff, water committees and IDP representatives report disease, water and protection alerts.
VERIFY	A designated team checks the signal, location, affected group, urgency and required referral.
ESCALATE	Red alerts reach district health/WASH leads and coordination partners the same day.
RESPOND	Action is assigned, time-bound and tracked until closure.
FEEDBACK	The person or community that raised the alert is told what happened.

Coordination should convert the assessment into one accountable action matrix

- **A&C / OCHA coordination** — Validate geographic coverage, convene sector partners, deconflict activities and track unresolved gaps.
- **District authorities** — Confirm priorities, enable access, align public services and support transparent community communication.
- **Sector partners** — Assign WASH, health, nutrition, food security, shelter and protection actions with locations, quantities and deadlines.
- **Nordic Hope Foundation** — Maintain community engagement, assessment records, follow-up evidence and the link between emergency response and durable solutions.

Verified numbers are the final step before external submission

- ✓ Total assessed settlements and GPS coordinates
- ✓ Water-point inventory by type and functionality
- ✓ IDP people, households, sites and host-community population
- ✓ Disease line list: suspected, confirmed, deaths and locations
- ✓ Nutrition screening results and referral outcomes
- ✓ Livestock losses, market prices and household livelihood profile
- ✓ Priority caseload by sector, sex, age and disability
- ✓ Named response owners, quantities, costs and deadlines

FINAL RECOMMENDATION

Act now—then stay until families can recover with dignity

The assessment supports an immediate multisector response, but its strongest finding is broader: drought response must protect life, restore essential systems and give displaced families a credible pathway out of repeated crisis.

Immediate relief. Verified data. Accountable coordination. Durable solutions.