

Gedo Rapid Assessment: Garbahaarey District

Gedo Region, November 2017

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humanitarian action

SUMMARY

The current drought in Somalia, which began approximately in January 2015, has resulted in the deterioration of the humanitarian situation in many parts of the country and a notable increase in household vulnerability. The impact of the drought has been further compounded by ongoing instability, which has reduced humanitarian access and basic service provision.

This assessment was carried out as an extension of the Somalia Initial Rapid Needs Assessment (SIRNA). It was triggered by the Water, Sanitation and Hygiene (WASH) and Health Clusters to monitor the situation in Gedo Region in response to ongoing drought conditions in Somalia. The assessment particularly focused on the intersect between healthcare and water access, in light of the acute watery diarrhoea (AWD) outbreak that has spread across the country during 2017. This situation overview presents findings on Garbahaarey District, based on primary data collected between 24-30 October through 350 household surveys and 1 healthcare facility assessment. Findings should be considered indicative.

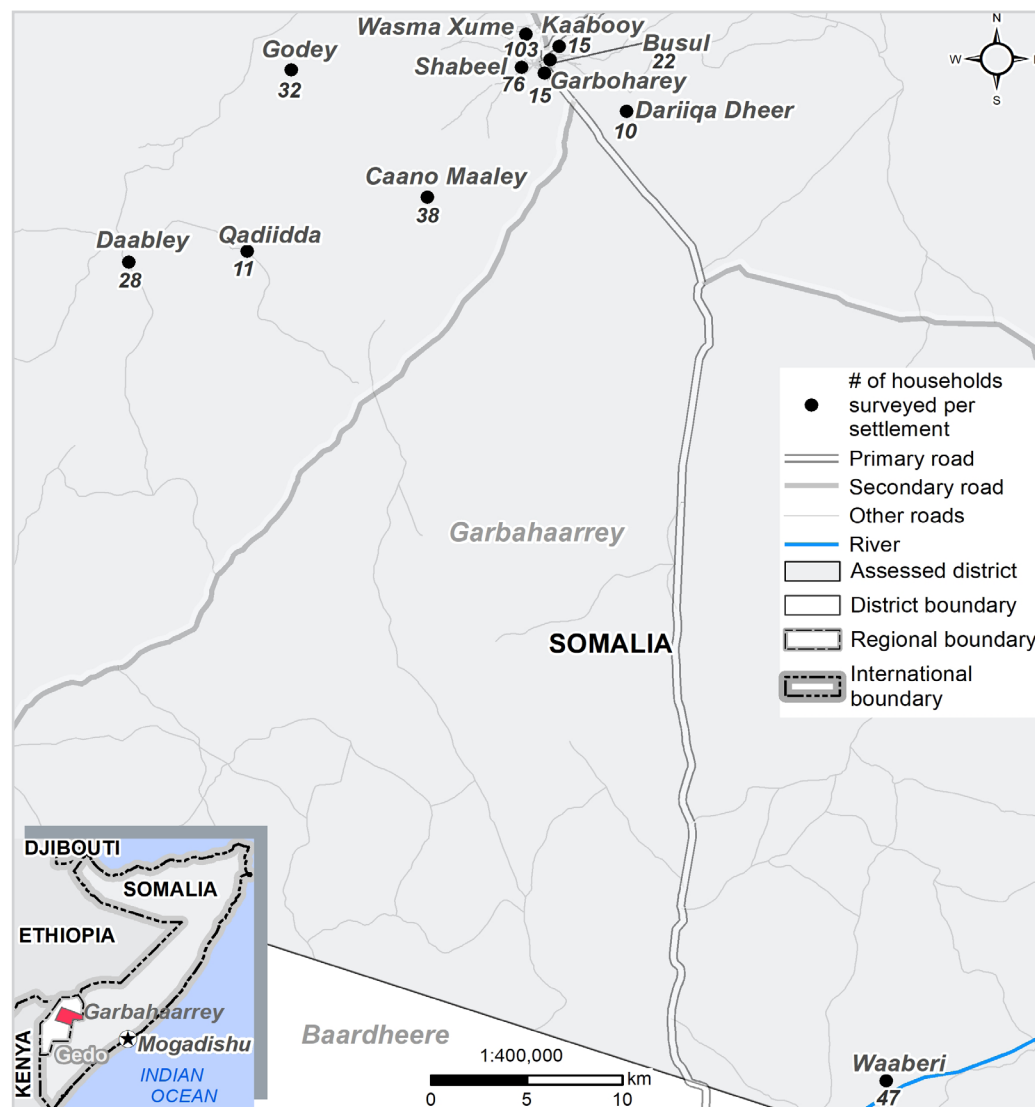
METHODOLOGY

Data collection for this assessment used a harmonised multi-cluster needs assessment tool. REACH, in partnership with the Food Security, WASH and Health Clusters, has developed a series of harmonised data collection tools designed specifically for rapid needs assessments. These tools can be used by multiple partners conducting their own assessments to strengthen assessment capacity and produce data that is comparable over space and time within the Somali humanitarian context. All household-level data from this assessment is publicly available to partners.

Information for this overview was collected between 24-30 October 2017 by REACH partner organisation, the International Organization for Migration (IOM). The assessment consisted of a harmonised multi-cluster household-level survey, focusing on health, nutrition, WASH, food security and livelihoods. Households were randomly sampled using a Probability Proportional to Size (PPS) sampling model using a confidence interval of 95/10. However, due to security concerns, data collection was only conducted in accessible settlements mainly in the north of the district. As such the findings presented here are not representative at the district level, but remain indicative of broader trends. A total of 350 households were surveyed in Garbahaarey.

Additionally, a healthcare facilities mapping exercise was undertaken to assess the availability, accessibility, location and quality of services provided. One facility was assessed.

Map 1: Assessed settlements



KEY FINDINGS:

- The majority (72%) of assessed households reported not having access to an adequate amount of water for domestic purposes (drinking, washing and cooking) at the time of the assessment. **The reported average number of litres of water per person per day was below minimum SPHERE standards¹, at 11 litres.**
- Additionally, households faced issues with water quality, with **79% of assessed households reporting relying on unprotected wells for domestic water supply.**
- Forty-six percent (46%) of assessed households reported not treating their drinking water, which increases the risk of contracting water-borne diseases such as cholera.
- **Garbahaarey had some of the highest rates of open defecation in the region, with over half of the assessed population (51%) reporting no latrine access.** This, combined with poor hygiene awareness and behaviour, indicates that the risk of rapid spread of diseases is high.
- The vast majority of the assessed population (94%) indicated access to a healthcare facility, despite only one facility being identified in the district. This suggests that households are travelling to Luuq and Doolow to access services.
- As with elsewhere in the region, malaria and AWD were the key health concerns in Garbahaarey. The district also had the highest proportion of households reporting that infants had suffered from measles in the month prior to this assessment, at 38%.
- **Seventy-one percent (71%) of vaccine-aged children had reportedly not received a measles vaccination,** increasing the risk of contraction as a result of the measles outbreak that has affected parts of Somalia in the latter half of 2017.
- **Eighty-nine percent (89%) of households reported inadequate access to food,** with 44% falling in the poor Food Consumption Score (FCS) category².
- The majority of households (76%) reported losing access to an income source in the year prior to this assessment. Declining access to income sources suggests that households are likely to be experiencing increased inability to afford basic goods and services.

INTRODUCTION

Ongoing drought conditions have contributed to a rapid deterioration of the humanitarian context in Somalia, throughout 2017. Many areas of Somalia have experienced four successive seasons of below average rainfall, and the resultant water shortages have contributed to crop failures, loss of livestock, extreme food insecurity for at least a quarter of the country's population³, and outbreaks of cholera, measles and AWD⁴. Simultaneously, there has been an intensification of conflict in the latter part of the year, which has particularly affected the Gedo Region.

Both the drought and the conflict have exacerbated displacement trends, and the International Organization for Migration (IOM) estimated that there were approximately 168,000 Internally Displaced Persons (IDPs) in the region as of October 2017⁵.

Throughout 2017 instability across Gedo has hampered humanitarian access, limiting understanding of population needs and access to basic services. To address these information gaps, and respond to direct programming needs articulated by the Somalia WASH cluster, REACH conducted a rapid needs assessment in four of the six districts in Gedo in October 2017, covering Baardheere, Doolow, Garbahaarey and Luuq Districts. The findings presented here relate specifically to Garbahaarey.

DISPLACEMENT

Population movement and returns

- Thirty-one percent (31%) of assessed households in Garbahaarey indicated that they were IDPs. The highest proportion of IDP households, (54%) reported having been displaced from elsewhere in Gedo. The majority of these (47%) reported having been displaced from another location in Garbahaarey District. **This suggests a pattern of localised displacement in order to access services.**
- Forty-four percent (44%) of IDP households indicated that they had travelled from Bay Region, with 33% of these coming from Qansax Dheere District, which may be reflective of recent insecurity in the district. Alongside Gedo, Bay has also been one of the regions in South-Central Somalia worst affected by drought since early 2015.

Push and pull factors

- **The overwhelming majority of IDP households (89%) indicated drought as the primary push factor for displacement.**
- In a further indication of the impact that the drought is having on household vulnerability, a lack of food and water were also key push factors, cited by 71% and 55% of displaced households overall. **The availability of food distributions was the most commonly cited pull factor to their current settlement. Sixty-five percent (65%) of households indicated that food distributions were their primary pull factor, and 89% reported this as an overall pull factor.**
- **A relatively high proportion of IDP households (28%) also indicated that livelihood opportunities were an overall pull factor to Garbahaarey, indicating that displacement is also triggered by longer-term underlying socioeconomic factors, alongside more immediate push factors such as drought.**

1. According to the SPHERE standards, the minimum amount of water should be 15 litres per person per day.

2. The FCS is a composite score based on dietary diversity, food frequency and relative nutritional importance. It is calculated at the household level.

3. Food Security and Nutrition Analysis Unity (FSNAU) and Famine Early Warning Systems Network (FEWSNET). Post-Gu Technical Release. 31 August 2017. fsnau.org/downloads/FSNAU-FEWS-NET-2017-Post-Gu-Technical-Release-Final-31-Aug-2017.pdf

4. United Nations High Commissioner for Refugees (UNHCR). Somalia Factsheet 1-31. July 2017.

5. IOM. Displacement Tracking Matrix: Gedo Region. October 2017.

Intentions

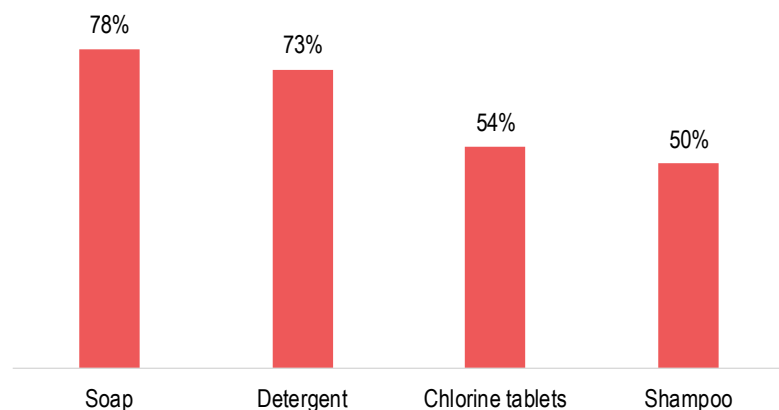
- Nearly all assessed IDP households (94%) indicated that they intended to remain in their current location, possibly due to the availability of services and income generating opportunities in the more urbanised settlements of the district, such as Wasma Xume, which received 63% of IDP households, and Shabeel, which received 32%.

WASH

Water

- The majority (72%) of assessed households reported not having access to an adequate amount of water for domestic purposes (drinking, washing and cooking). The reported average number of litres of water per person per day was below minimum SPHERE standards⁶, at 11 litres.
- The most commonly cited reason for lack of access to adequate amount of water related to water shortages at the source, reported by 63% of households, which likely reflects the impact of the ongoing drought on water tables in the area. In addition, 62% of households stated that a lack of containers for storing water was a key barrier to accessing an adequate amount of water for household needs, with households reportedly owning an average of only three 20 litre jerry cans.
- The most common primary source of water was unprotected well, reported by 79% of

Figure 1: Four most needed hygiene items reported by households⁷



assessed households, and raising concerns over poor water quality. Under the World Health Organization (WHO) Joint Monitoring Programme (JMP), unprotected wells are classified as unimproved water sources⁸. This is especially problematic given that **only 46% of assessed households indicated treating their water**. Boiling was the most common water treatment method used, indicated by 69% of the 46% of assessed households that reported treating their water.

- Cooking and washing water sources differed little from drinking water sources, suggesting reliance on a single source for different household water needs.

Sanitation

- Half of the assessed households reported having no access to a latrine, suggesting that open defecation practices are widespread. Lack of adequate sanitation increases the likelihood of water sources being contaminated. Given the reliance on poor quality water sources, discussed above, and limited water treatment practices, this substantially raises the risk of the spread of water-borne diseases, such as AWD.
- The majority (83%) of households that reportedly have no access to a latrine reported defecating in the open away from the home, with just 13% using a community defecation point (CDP). CDPs are a centralised area used by all community members, thereby reducing the proportion of people defecating in the open near homes or water points.
- Thirty-seven percent (37%) of assessed households in Garbahaarey reported access to communal latrines. Although 69% of households with access to communal latrines indicated that they were lockable from the inside and 64% reported that they were fit for disabled access, only 14% reported that they were gender segregated and just 3% indicated that they had handwashing facilities. Further, approximately 32% of households using communal latrines indicated that they were unhygienic. This reinforces earlier findings by REACH⁹ that communal latrines in most parts of Somalia fail to meet minimum standards, particularly in terms of protection provisions and hygiene.

Hygiene

- There was a correlation between the proportion of households reporting access to soap (44%) and the proportion using soap to wash their hands (32%), which may suggest a degree of awareness of good handwashing practices. The most commonly reported barrier to accessing soap was financial, reported by 80% of households with no access to soap, which **implies that it may be a lack of resources that is preventing households from using soap, rather than a lack of awareness of good hygiene practices**.

6. According to the SPHERE standards, the minimum amount of water should be 15 litres per person per day.

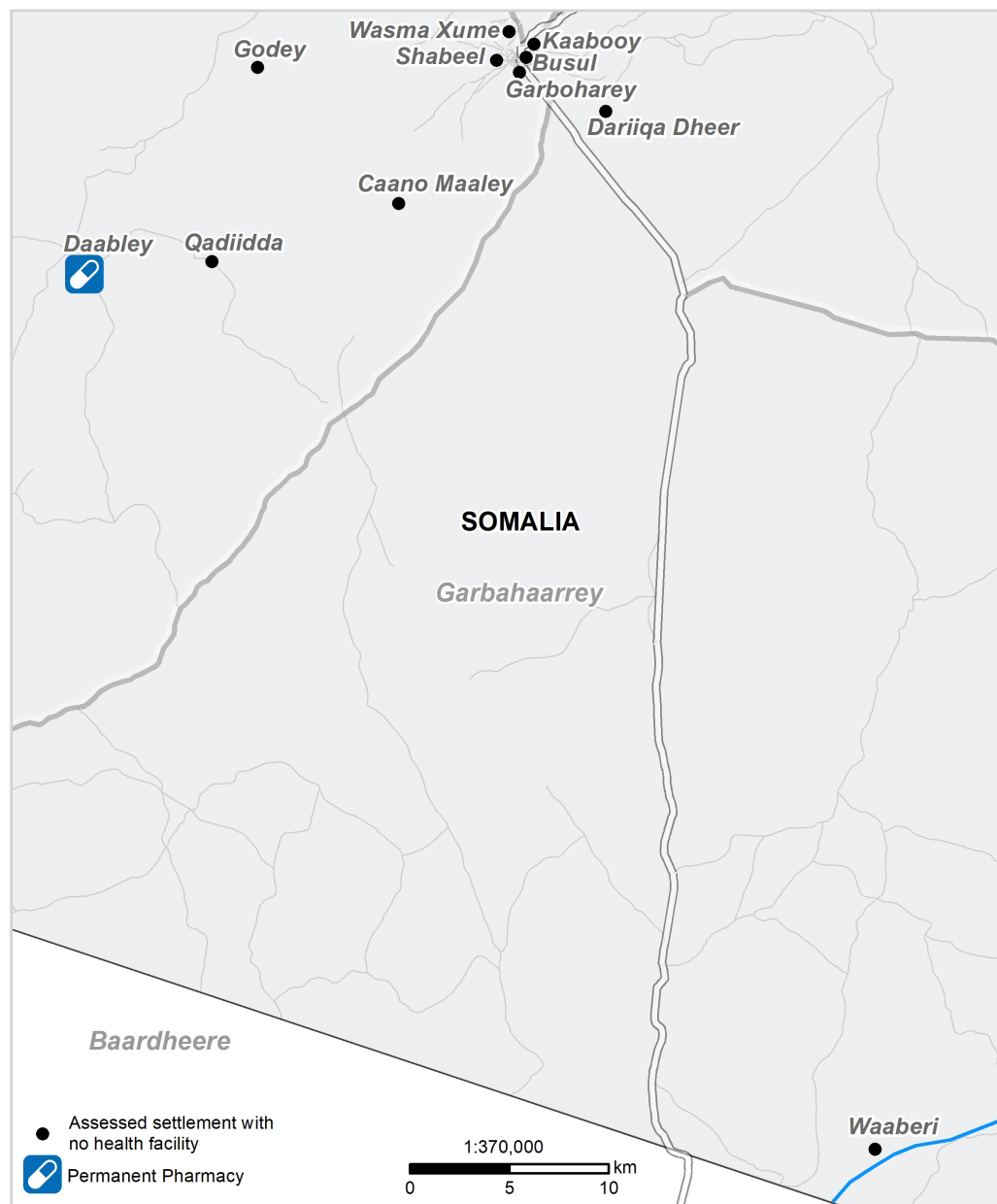
<http://www.sphereproject.org/handbook/>

7. Households could select multiple answers.

8. The WHO/JMP is a monitoring body responsible for reporting on the Sustainable Development Goals targets and indicators relating to WASH. More information can be found at <https://washdata.org/>

9. REACH. Somalia Rapid Needs Assessment. 2016.

Map 2: Available healthcare facilities in Garbahaarey District



HEALTH

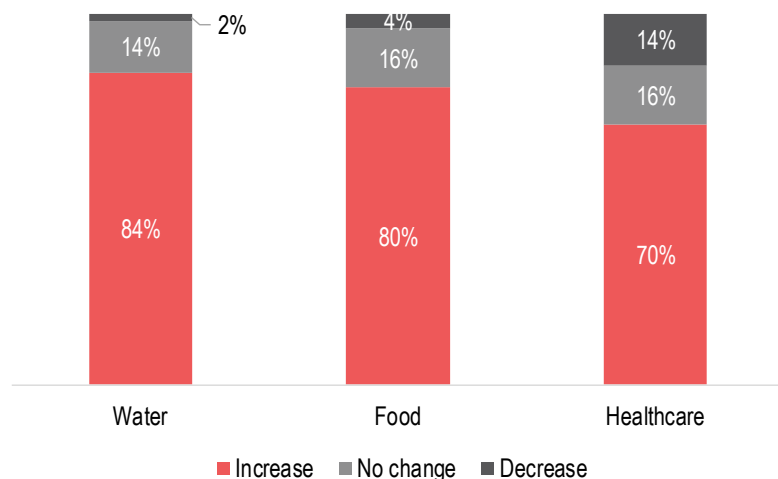
- As in Doolow and Luuq, healthcare access was extremely high in Garbahaarey, with **94% of assessed households indicating access to a functional healthcare facility**. This is despite the small number of healthcare facilities in the district, as demonstrated in Map 2, which suggests that **a high proportion of households may be travelling to Luuq or Doolow to access the facilities there**. Additionally, within Garbahaarey, the settlements with the highest proportions of households reporting access to a healthcare facility were along the northern border with Luuq District, for example 98% of households in Shabeel. However, it is worth noting that, due to issues with accessibility, only settlements in the north of the district were assessed and that healthcare access is likely much lower in the south of Garbahaarey, where humanitarian intervention has been extremely limited.
- Treatment for diseases, AWD and wounds were the most commonly available healthcare services, reported by 97%, 90% and 62% of assessed households respectively. On the other hand treatment for substance abuse and mental and sexual health were reportedly less commonly available, reported by just 7%, 4% and 4% respectively of assessed households. Maternal healthcare was reported to be available by only 19% of households with access to a healthcare facility, suggesting a substantial gap in service provision for pregnant and lactating women.
- Malaria, stomach pain and AWD were the most common health issues in Garbahaarey for both children four years and below and household members above the age of four years. **Garbahaarey also had the highest reported rates of children four years and below suffering from measles in the month prior to this assessment, of the four assessed districts, at 38%, whilst rates of AWD were generally lower.**
- The main healthcare provider was consistently Non-Governmental Organisation (NGO) clinics for both sickness, pregnancy support and treatment of AWD.
- Awareness of the causes and prevention of AWD was sporadic in Garbahaarey, with households demonstrating an understanding that water contaminated with faeces and garbage could cause AWD (reported by 88% and 85% of households respectively) but only half indicating that AWD could be contracted from drinking water stored in dirty containers. Relatedly, 35% of households reported washing their drinking water containers once in a month or less.
- Polio was the most common vaccination received by vaccine-aged children included in this assessment¹⁰, at 34%. **Only 29% of vaccine-aged children had reportedly received a measles vaccination. This is particularly problematic given that Garbahaarey had the highest reported rates of measles of the four assessed districts in Gedo.**

FOOD SECURITY AND LIVELIHOODS

Access to food

- The majority (89%) of assessed households indicated inadequate access to food. Within this, high food prices were a key barrier, reported by over half (55%) of households reporting inadequate access. Relatedly, 80% of households stated that they had experienced an increase in the amount they spent on food in the month prior to this assessment, suggesting that households are likely increasingly unable to afford basic goods and services. The limited ability of households to buy food is also reflected in the decline in the proportion of households relying on purchased food as their primary food source before the drought (55%) and the proportion reporting the same at the time of this assessment (28%).
- In an indication of the ongoing impact of drought on agro-pastoralist households, a lack of livestock and land were the most commonly reported barriers to food access, cited by 44% and 33% of households respectively.
- Reflecting the above challenges, **44% of households in Garbahaarey were ranked as having a poor Food Consumption Score (FCS).**
- The average number of days that households' cereal stock at the time of this assessment would last was reportedly 2.7 days, indicating low food stocks.

Figure 3: Proportion of households reporting change in spending on food, water and health in the month prior to this assessment¹¹



Livelihoods and household spending

- Forty percent (40%) of assessed households reported relying on day labour as their primary source of income. Twenty-four percent (24%) and 9% reported relying on livestock and agricultural produce, respectively, as their primary sources of income.
- **Seventy-six percent (76%) of the assessed households stated that they had lost access to one or more income sources in the year prior to this assessment, which is consistent with findings from the other three assessed districts in Gedo Region.** Relatedly, 60% of assessed households indicated having only two sources of income, suggesting limited ability of households to support themselves.
- Declining income and increasing prices have likely put considerable financial strain on household resources; as demonstrated in Figure 3, the overwhelming majority of households indicated increased spending on basic needs in the month prior to this assessment, with 84%, 80% and 70% of assessed households reporting that the amount they spent on water, food and healthcare, respectively, in the month prior to this assessment had increased.

NUTRITION

- **Just over half (57%) of assessed households reported attempting to access nutrition services in the month prior to this assessment.** Within this, Outpatient Therapeutic Programmes and Stabilisation Centres were the most commonly available services, reported by 56% and 35% of households respectively. Again, it is probable that some households are travelling to Luuq or Doolow to access the available nutrition services in these districts.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

REACH also offers technical support to partners conducting assessments in Somalia, ranging from assistance in methodology and tool design, training, data collection, analysis and reporting. Please contact somalia.helpdesk@reach-initiative.org for more information.

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11. Thirty-two percent (32%) of households indicated paying for water and 55% indicated paying for healthcare.