Gedo Rapid Assessment: Baardheere District

Gedo Region, November 2017

REACH Informing more effective 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 health 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 Baardheere District, based on primary data collected between 27 October and 11 November through 370 household surveys and 3 healthcare facility assessments. Findings should be considered indicative.

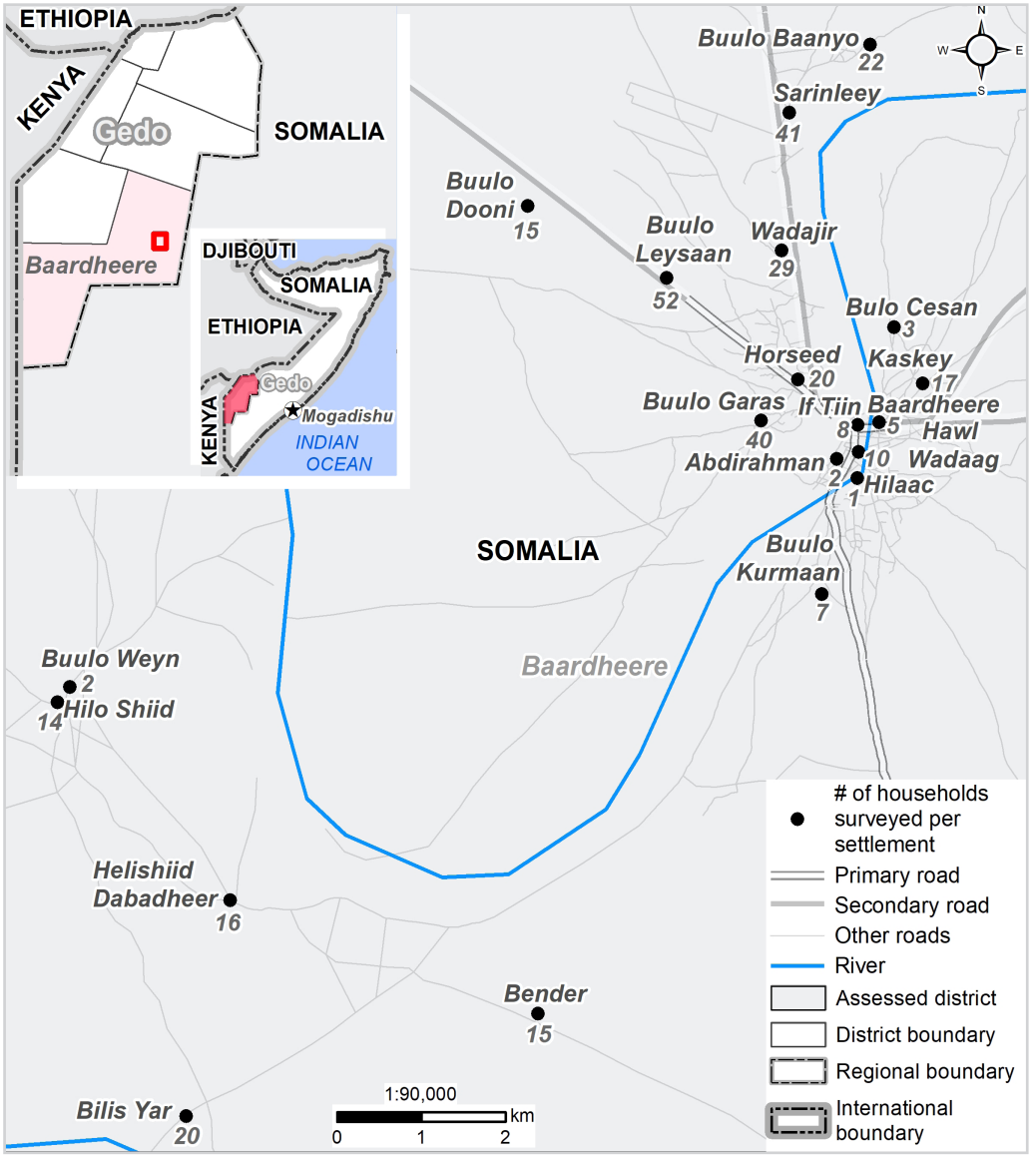
METHODOLOGY

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 27 October and 11 November 2017, by REACH partner organisation, Social-life and Agricultural Development Organization (SADO). 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 in the district. As such the findings presented here are not representative at the district level but remain indicative of broader trends. A total of 370 households were surveyed in Baardheere.

Addtionally, a healthcare facilities mapping exercise was undertaken to assess the availability, accessibility, location and quality of services provided. A total of three facilities were assessed.

Map 1: Assessed settlements



WASH Cluster Water Sanitation Hygiene

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KEY FINDINGS:

- The majority (73%) of the assessed households reported not having access to an adequate amount of water for domestic purposes (drinking, washing and cooking).
- Over half (59%) of assessed households reported relying on surface water sources for drinking, washing and cooking water supply, raising concerns over poor water quality.
- The risk of contraction of water-borne diseases from unprotected water sources was further compounded by high rates of open defecation in Baardheere, with 55% of households reporting no access to a latrine.
- Only 25% of assessed households indicated access to soap, the lowest proportion compared to the other three assessed districts in Gedo.
- Over a third (37%) of assessed households reported not having access to a formal healthcare facility, indicating substantial gaps in healthcare service provision in the district. Pharmacies were reportedly the main healthcare facilities, rather than Non-Governmental Organisations (NGOs) or government facilities. In a possible reflection of the low quality of healthcare services in the district, 26% of the 23% of households that reported having accessed a healthcare facility in the month prior to this assessment, indicated that they were dissatisfied with the treatment they received. The proportion of the assessed households that pay for healthcare was higher in Baardheere than in the other three assessed districts in Gedo, at 69%.
- Malaria and stomach problems were the most commonly reported health issues. Malaria was particularly prevelant; 80% of households reported at least one household member above the age of four years had experienced malaria in the month prior to this assessment.
- Reflecting the negative impact of drought, only 8% of assessed households reported adequate access to food, which is in part a result of declining agricultural productivity. Simultaneously, 70% of households reported losing access to one or more income sources in the year prior to this assessment indicating declining household economic resilience.

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 population[1], and outbreaks of cholera, measles and AWD[2]. 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 2017[3].

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 Baardheere.

DISPLACEMENT

Population movement and returns

- The majority (83%) of assessed households in Baardheere were not displaced. IDPs and returnees from Kenya made up 16% and 1% respectively of assessed households in Baardheere.
- **Seventy-eight percent (78%) of the 16% of assessed IDP households were originally from elsewhere in Gedo Region, with 68% reporting displacement from elsewhere in Baardheere**. Ten percent (10%) of the assessed IDP households reported having originated from Bay Region.

Push and pull factors

- **Drought was consistently the most commonly indicated push factor, reported as the primary reason for displacement by 79% of all assessed IDP households**.
- Significant proportions of IDP households cited lack of food (21%) and lack of water (17%) as secondary push factors, further confirming drought as the most prominent reason for household displacement. Relatedly, 24% of IDP households cited availability of food distributions as their primary pull factor to Baardheere.
- The presence of conflict is an important factor in households' choice of where to relocate to. While only 5% and 2% of IDP households indicated fear of conflict in sorrounding areas and fear of conflict in their community, respectively, as their primary push factor for displacement, 29% cited lack of conflict as the primary pull factor to Baardheere, and 19% reported this as a secondary pull factor to Baardheere.
- **Nearly a quarter (24%) of assessed IDP households reported a lack of livelihood opportunities as a secondary push factor for displacement and 26% cited the availability of these opportunities as their primary pull factor to Baardheere, indicating that longer-term socioeconomic factors are also playing a role in where households choose to move to.**

1. Food Security and Nutrition Analysis Unity (FSNAU) and Famine Early Warning Systems Network (FEWSNET). Post-Gu Technial Release. 31 August 2017. fsnau.org/downloads/FSNAU-FEWS-NET-2017-Post-Gu-Technical-Release-Final-31-Aug-2017.pdf
2. United Nations High Commissioner for Refugees (UNHCR). Somalia Factsheet 1-31. July 2017. https://data2.unhcr.org/en/documents/details/59011
3. IOM. Displacement Tracking Matrix: Gedo Region. October 2017.

Intentions

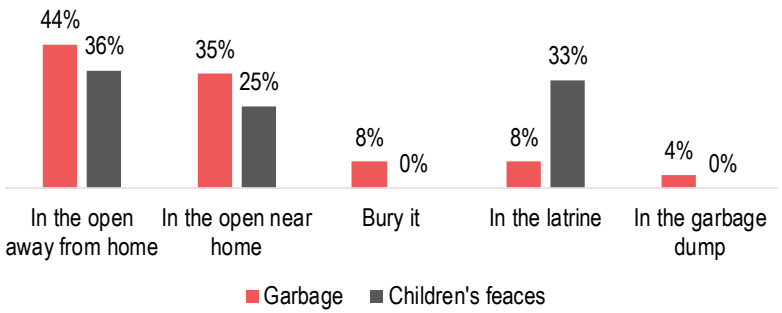
- Nearly all assessed IDP households (97%) indicated that they intended to remain in Baardheere, with those who intended to move stating that they would move elsewhere in the city, rather than out of the district altogether, after more than six months.

WASH

Water

- **The majority (73%) of assessed households reported not having access to an adequate amount of water for domestic purposes (drinking, washing and cooking)**. However, the reported average number of litres of water per person per day was above minimum SPHERE standards[4], at 16 litres.
- **The most common primary source of water was a river, reported by 56% of assessed households, and raising concerns over poor water quality**. Under the World Health Organization (WHO) Joint Monitoring Programme (JMP)[5], rivers are classified as surface water, which is the lowest category in terms of water quality and safety.
- The potential risks from relying on a surface water source are compounded by a lack of water treatment practices. **Only 40% of assessed households indicated treating their water before use.** Chlorination was the most common water treatment method, cited by 57% of the 40% of households that reported treating their water.
- Thirty-eight percent (38%) of assessed households indicated that their water source was privately maintained. **Reliance on private water suppliers may in part account for the higher proportion of households in Baardheere reporting that they pay for water, compared to the other three assessed districts in Gedo; at 48%.**
- Ninety-two percent (92%) of households noted there was not an active WASH committee present in their settlement, which is likely reflective of the limited humanitarian presence in the district.

Figure 1: Proportion of households reporting where they dispose of both children's faeces and garbage[6]



Sanitation

- **Fifty-five percent (55%) of assessed households reported having no access to a latrine, a reflection of limited number of latrines in the area.** The majority (71%) of these households reported practicing open defecation, either near their homes (17%) or at a distance (55%). **Baardheere had the highest rates of open defection of the four assessed districts in Gedo.**
- Where communal latrines exist, hygiene standards were poor; 95% of households that reportedly accessed communal latrines indicated that the latrines were not gender seggregated, 58% reported that they were either unhygienic or very unhygienic, and no households cited the presence of functional facilities for handwashing or for easing access by disabled persons.
- **Burying waste or using garbage pits was extremely rare, with 35% and 25% of assessed households indicating disposing garbage and children's faeces respectively in the open near the home.** Improper waste disposal near the home risks contaminating water sources as wastes seep their contents into groundwater, and increases household health risks.

Hygiene

- **Only 25% of assessed households indicated that they had access to soap, the lowest proportion of the four assessed districts in Gedo**. Lack of resources to purchase soap was the most commonly reported barrier to access, by 91% of households. However, it is likely that limited humanitarian access to Baardheere, due to the continued presence of armed groups, has also reduced households' access to soap and other hygiene products. **Relatedly, 96% of households reported that they had not received any hygiene items in the three months prior to this assessment**.
- In a probable reflection of low access to soap, **the vast majority (95%) of households reported that they used water only to wash their hands. Only 5% indicated using soap.**

4. According to the SPHERE standards, the minimum amount of water should be 15 litres per person per day. http://www.sphereproject.org/handbook/
5. 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/
6. Households could only select one answer for each type of waste.

Map 2: Available healthcare facilities in Baardheere District

This also suggests low awareness of good hygiene practice, as it implies that 80% of 25% of households that reported having access to soap are not using it to wash their hands.

- Households further demonstrated limited understanding of when to wash hand, with only 37% of households noting the importance of hand-washing after defecation, and less than 10% reporting the need to wash hands before serving food.
- As with other hygiene practices, household awareness of causes and prevention of AWD was not widespread. Although **58% of households indicated water contaminated with faeces can cause AWD and 50% noted treating the water supply is a preventative measure, only 24% of households noted that cooking with dirty water can cause AWD, and just 2% cited the risk of bathing in dirty water.**

HEALTH

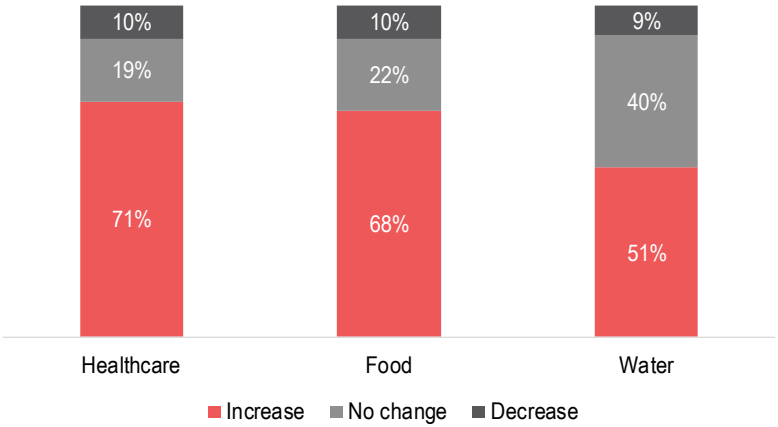
- **Only 37% of assessed households reported having access to a formal healthcare facility, indicating substantial gaps in healthcare provision in the district.** As displayed in Map 2, there are few formal healthcare facilities, and they are concentrated in one area of the district.
- Treatment for diseases, AWD and wounds were the most commonly available services, while treatment for substance abuse and surgery were reportedly less commonly available. Only 34% of households with access to a healthcare facility reported that maternal healthcare was available, suggesting a substantial gap in service provision for pregnant and lactating women.
- The most common health issues afflicting households were malaria, stomach pain and breathing problems. **Malaria was particularly prevalent, with 84% and 80% of assessed households indicating that at least a child four years and below and a household member above the age of four years, respectively, suffered malaria in the month prior to this assessment.**
- **Despite the presence of both a healthcare centre and a primary healthcare unit in the district (Map 2), 36% of households cited pharmacies as their main healthcare provider** for pregnancy support, compared to 33% reporting NGO clinics and 11% indicating private clinics. Similarly, 54% of households reported pharmacies as their main healthcare provider for AWD treatement, compared to 16% indicating private clinics, and 15% reporting NGO clinics. The higher proportion of households reporting accessing pharmacies over other healthcare facilities may be reflective of the low quality of healthcare services offered in the district. Relatedly, **26% of the 23% of households that reported having accessed a healthcare facility in the month prior to this assessment reported that they were dissatisfied with treatment at healthcare facilities, the highest proportion to indicate this from across the four assessed districts in Gedo.**

FOOD SECURITY AND LIVELIHOODS

Access to food

- Ninety-two percent (92%) of assessed households reported inadequate access to food, indicating an acute food insecurity situation.
- In another reflection of limited humanitarian intervention in Baardheere, only 24% of households indicated that they had received food assistance in the three months prior to this assessment.
- **Lack of land for cultivation and safety concerns, which limit access to land, were the most commonly cited primary reasons for inadequate access to food**, reported by 30% and 18% of assessed households respectively. **On the other hand, destruction of crops by natural disaster was the most commonly reported secondary reason for inadquate access to food, reflecting the impact of drought on agricultural production.**
- The percentage of households reporting relying on purchased food at the time of the assessment (19%) was lower than the proportion of households reporting relying on the same in pre-drought times (28%). Similarly, the proportion of households indicating cultivation as their primary food source also declined from 59% to 49%, implying a decline in access to food sources.
- Use of consumption coping strategies was relatively common. Households most commonly reported relying on less expensive food (39%), and almost a quarter (24%) of households reported that they had reduced the number of meals they ate in a day.

Figure 2: Proportion of households reporting change in spending on food, water and healthcare in the month prior to this assessment[7]



- Households reported that food stocks would last an average of three days, indicating a limited resilience of households to respond to schocks.

Livelihoods and household spending

- Almost half (49%) of assessed households reported relying on subsistence farming as their primary source of income, whilst day labour was the second most common primary source (28%) reported. **Over two-thirds (70%) of 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.** It is highly likely that the ongoing drought will continue to reduce agricultural productivity, gradually reducing household income.
- Relatedly, **household spending on basic needs had reportedly increased for the majority of households**, as shown in Figure 2**, with 71% of households reporting an increase in spending on healthcare and 68% reporting the same for food**. Rising prices and declining income suggest that households are likely increasingly unable to afford basic goods and services.
- Despite challenges due to rising food prices, access to markets was relatively high, with 61% of households citing physical access, and 62% noting the market is no more than an hour away on foot.

NUTRITION

- **Access to nutrition programmes was reportedly limited for most households in Baardheere, with 64% of households indicating no nutrition services were available to them**, and 24% reporting that they were unaware of accessible nutritional services. Only 10% of households indicated access to Outpatient Therapeutic Programmes, and 93% stated that they had not received infant milk products in the six months prior to this assessment.

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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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7. Forty-eight percent (48%) of households indicated paying for water, and 69% indicated paying for healthcare.