

Bulo Burto District Rapid Needs Assessment

Hiraan Region, December 2017

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 an intensification of conflict in the country especially in the latter part of the year, resulting in exacerbated displacement trends.

This assessment was carried out by REACH and Human Appeal, with REACH leading on technical design and reporting and Human Appeal supporting with data collection, to monitor the situation in Bulo Burto District in response to ongoing drought conditions in Somalia. In order to provide a broad needs overview, the assessment entailed a survey of multi-cluster needs at the household level, focusing on food security, water, sanitation and hygiene (WASH), health and nutrition needs.

This situation overview presents main findings from the assessment, based on primary data collected between 9-16 December 2017 through 379 household surveys. Findings should be considered indicative rather than generalisable to the overall population.

METHODOLOGY

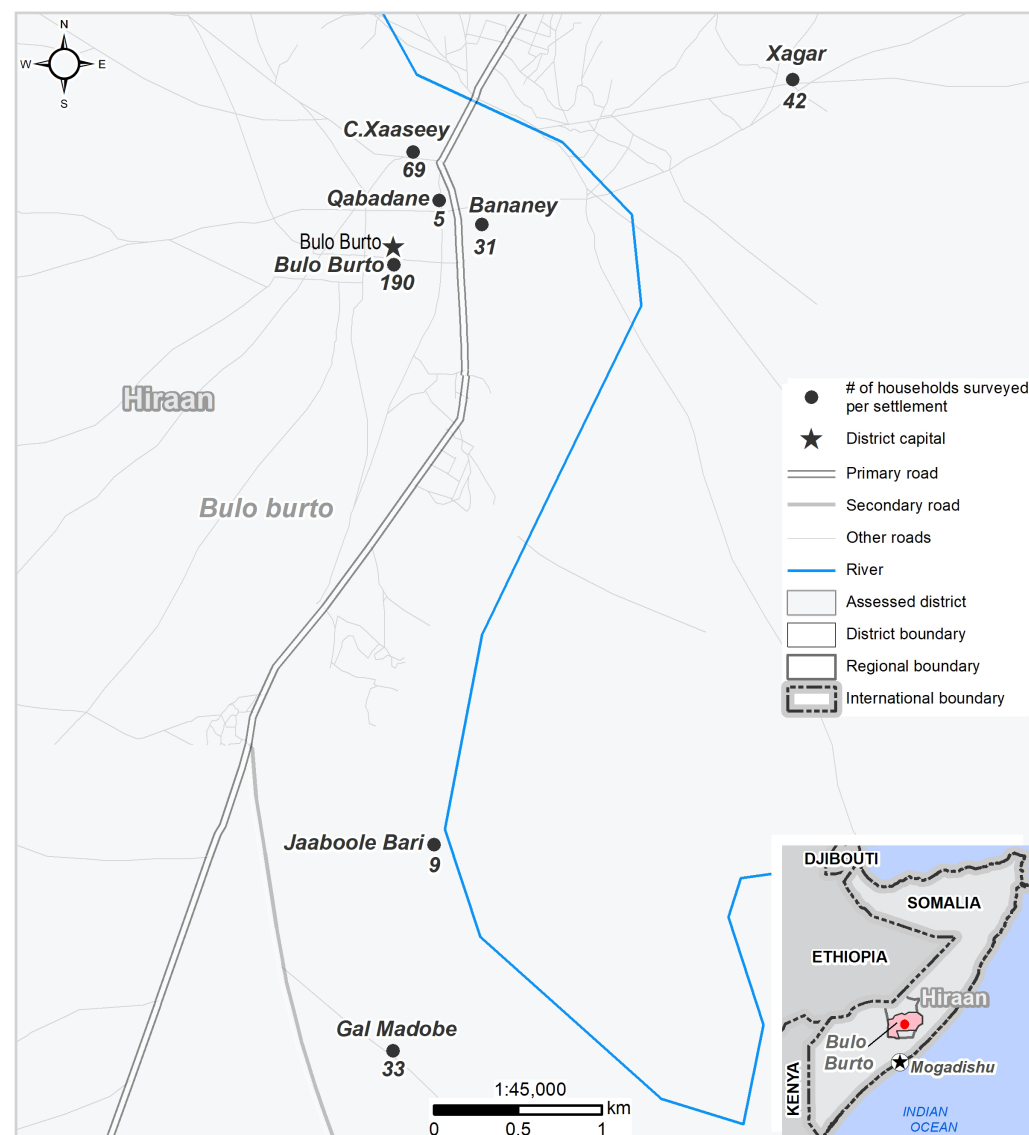
Data collection for the assessment used a harmonised multi-cluster needs assessment tool. REACH, in partnership with the Food Security, WASH and Health Clusters, has developed a series of harmonised data collection tools designed specifically for rapid needs assessments. These tools can be used by multiple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

Households were randomly sampled using a Probability Proportional to Size (PPS) sampling model at 95% confidence level and 7% margin of error. However, due to security concerns, data collection was only conducted in accessible settlements. As such the findings presented here are not generalisable at the district level but remain indicative of broader trends. To select the households for the assessment, enumerators were assigned a random GPS point as their starting point, from which they surveyed every three to five households depending on area density.

Data was collected by REACH partner organisation Human Appeal using the Open Data Kit (ODK) data collection tool and KoBo between 9-16 December 2017 through 379 household surveys. All household-level data from this assessment is publicly available to partners.

Where relevant, findings have been disaggregated by displacement status. Findings have also been triangulated with secondary data. This includes previous assessments conducted by REACH and external seasonal analyses by partner organisations.

Map 1: Assessed settlements



KEY FINDINGS:

- Nearly all (96%) assessed households reported inadequate access to food, suggesting high levels of food insecurity in the area.
- Lack of enough land for cultivation was the most commonly reported reason for inadequate access to food, indicated by 55% of those households without adequate access to food.
- More than three-quarters (79%) of assessed households reported losing access to one or more income sources in the year prior to this assessment, suggesting declining economic resilience of households.
- In a likely reflection of declining levels of households' food security, 62% of those households that indicated a change in their primary food source in the three months prior to this assessment reported that the amount of food that they were able to access had reduced.
- Sixty-eight percent (68%) of assessed households reported that their weekly expenditure on food had increased in the month prior to this assessment. It is therefore highly likely that vulnerable households are experiencing increased inability to afford food items.
- Despite just 17% of assessed households indicating not having access to an adequate amount of water for household use (drinking, washing and cooking), the reported average number of litres of water per person per day was below minimum SPHERE standards¹, at 14 litres.
- Fifty-three percent (53%) of assessed households indicated relying on rivers as their primary source of water, raising concerns about poor water quality, and the health and nutrition risks it poses.
- In a likely indication of poor sanitation practices, 48% and 42% of those households that reported not having access to a latrine indicated practicing open defecation in the open by the home and in the open away from home respectively.
- More than half (63%) of children under the age of five years in assessed households were categorised as having severe malnutrition.

INTRODUCTION

The long-standing humanitarian crisis in Somalia has in 2016 and 2017 been intensified by the impact of consecutive seasons of below average rains. The 2017 Deyr² (October- December), constituted the fourth consecutive season of below average rainfall in Somalia, exacerbating water shortages, poor pasture conditions, livestock losses and already high levels of food insecurity. Simultaneously, an intensification of conflict especially in the latter part of 2017 has exacerbated displacement trends and further impeded households' access to basic services and humanitarians' access to those in need, ultimately reducing households' resilience. The United Nations Office for Coordination of Humanitarian Affairs (OCHA) estimates that about a quarter (3.1 million people) of Somalia's population is currently in need of urgent humanitarian assistance³.

While communities in conflict-affected areas have tried to initiate negotiations with armed actors to provide access for humanitarian assistance, as well as commercial supplies, as the drought conditions in the country continue to escalate, these efforts have rarely been successful and areas such as Bulo Burto continue to experience mounting access challenges, hampering humanitarian intervention and limiting understanding of population needs as well as households' access to basic services⁴. To address these information gaps and to respond to humanitarian actors' programming needs, an assessment was conducted in Bulo Burto District within the framework of the Somalia Initial Rapid Needs Assessment (SIRNA).

The findings from this assessment are aimed to inform future programming on food security, WASH, health and nutrition in Bulo Burto District.

DISPLACEMENT

Population movement and returns

- In a likely indication of an increased influx of Internally Displaced Persons (IDP) households in the area, 47% of assessed households in Bulo Burto are reportedly IDP households.
- Forty-two percent (42%) of assessed IDP households reported having been displaced from elsewhere in Hiraaan Region. Of these, 80% reported having been displaced from elsewhere in Bulo Burto, indicating that movement is relatively localised.
- In a likely reflection of drought conditions and conflict dynamics in South Central Somalia, 23% and 18% of IDP households reported having been displaced from Bakool and Bay Regions respectively.

Push and pull factors

- Drought was the most commonly indicated push factor, reported as the primary cause for displacement by 61% of all assessed IDP households and likely mirroring the increased drought-related distress migration across Somalia since the onset of the drought in early 2015⁵.
- Relatedly, the availability of food distributions was a key pull factor, reported by 28% of assessed IDP households.
- The presence or absence of conflict appeared to be an important factor in households' choice of where to relocate. Reflecting the active presence of armed groups in Gedo, Bakool and Bay Regions and elsewhere in South Central Somalia, conflict in the community and in the surrounding area were the second and third most commonly indicated push factors by IDP households, at 20% and 11% respectively. Relatedly, 28% cited lack of conflict as the primary pull factor to their current location.
- Lack of livelihood opportunities was the most commonly reported secondary reason for displacement, indicated by 22% of IDP households. This suggests that displacement is also triggered by longer-term underlying socio-economic factors, alongside more immediate push

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

2. Deyr rains are short cropping rains in Somalia that start in October and end in December.

3. OCHA. Somalia Humanitarian Needs Overview. 2018.

4. OCHA. Somalia Humanitarian Needs Overview. 2018.

5. OCHA. Humanitarian Bulletin. August 2017.

factors such as drought and conflict.

- Relatedly, availability of livelihood opportunities was the most commonly reported pull factor to households' settlement at the time of this assessment, reported by 37% of IDP households.

Intentions

- Nearly all assessed IDP households (97%) indicated that they intended to remain in their settlement. Two percent (2%) reported that they intended to move elsewhere within Bulo Burto and 1% reported that they intended to return to their previous settlement.

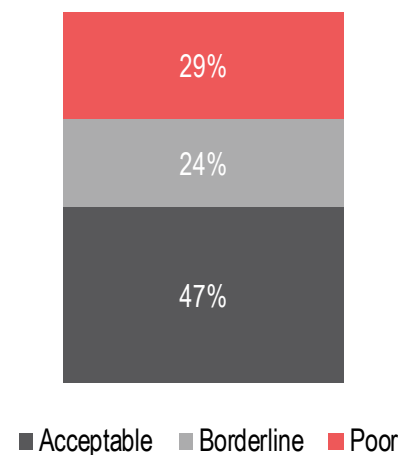
FOOD SECURITY AND LIVELIHOODS

Access to food

- Nearly all (96%) assessed households reported inadequate access to food, reflecting high levels of food insecurity in Bulo Burto. In line with this, the Food Security and Nutrition Analysis Unit (FSNAU) in their August-December food security analysis, categorised Bulo Burto to be partly in crisis (Integrated Phase Classification⁶ (IPC phase 3) and partly in emergency (IPC phase 4)⁷.
- Lack of enough land for cultivation was the most commonly cited primary reason for inadequate access to food, reported by 55% of those households without adequate access to food. This was followed by death of livestock and destruction of crops by natural disaster, most likely drought, at 14% and 11% respectively.
- The impact of high levels of food insecurity in Bulo Burto is further reflected in the difference in primary food sources during normal (pre-drought) times and at the time of this assessment. While 49% of assessed households reported own production as their primary source of food in normal times, only 24% reported relying on this source at the time of this assessment. Given the agro-pastoralist nature of assessed households, this suggests a decline in households' food sources.
- In addition, the proportion of households reporting resorting to coping strategies to meet their food needs appears to have marginally increased from normal times. While 59% and 7% of assessed households reported relying on humanitarian organisations, and on family and friends respectively as their primary sources of food at the time of this assessment, slightly lower proportions of assessed households reported relying on these sources in normal times, at 42% and 3% respectively.
- Relatedly, an enumeration of the reduced coping strategies (rCSI⁸) applied by households indicated that 63% of assessed households had applied medium⁹ coping strategies to meet their food needs.
- Forty-seven percent (47%) of assessed households were categorised as having acceptable Food Consumption Scores (FCS)¹⁰. This could likely be linked to humanitarian intervention in

the area. Twenty-nine percent (29%) and 24% were categorized as having poor and borderline FCS respectively. Non-displaced households, however were more vulnerable with 45% falling in the poor FCS category, compared to 11% of IDP households which potentially indicates that humanitarian interventions are mainly targeting IDP households.

Figure 1: Proportion of assessed households categorised as having, poor, borderline and acceptable FCS¹¹



- Nearly all (94%) assessed households reported that there was a functional market that one could access from their settlement. However, the majority (68%) within this, reported that their weekly food expenditure in the month prior to this assessment had increased, indicating potential deterioration in food access, especially among vulnerable households due to increased unaffordability of food items.
- In an indication of relatively higher humanitarian intervention in Bulo Burto, 44% of assessed households reported having received food assistance in the three months prior to this assessment.

Livelihoods and household spending

- The most commonly reported primary source of income or household support was subsistence farming, indicated by 55% of assessed households and reflecting the primarily agro-pastoralist nature of the assessed households. This was followed by humanitarian assistance, at 24%, which likely indicates a degree of humanitarian intervention in the area. An additional 10% of assessed households reported casual labour as their primary source of income.
- The majority (79%) of assessed households reported losing access to one or more income

6. The IPC is a set of standardized tools and procedures used to classify the severity of food insecurity using a widely accepted five-phase scale (IPC Phase 1-5)

7. FSNAU. Somalia Acute Food Insecurity Situation Overview: Rural, Urban and IDP Populations August-December 2017 Most Likely Scenario. 2017.

8. The rCSI measured behaviours adopted by households when they have difficulties in covering their food needs.

9. Low < 5; Medium ≥ 5 ≤ 20; Severe > 20. Source: Food and Nutrition Technical Assistance (FANTA). Comparing Household Food Consumption Indicators to Inform Acute Food Insecurity Phase Classification. 2015.

10. The FCS is a composite score of food consumption at the household level based on food frequency, dietary diversity and relative nutritional importance of foods consumed by a household.

sources in the year prior to this assessment, suggesting declining economic resilience of these households.

- In a likely reflection of declining levels of households' food security, 62% of those households that indicated a change in their primary food source in the three months prior to this assessment reported that the amount of food that they were able to access had reduced.
- Use of livelihood coping strategies was relatively common with a notable proportion of assessed households reporting selling livestock and household items to meet their basic household needs, at 40% and 37% respectively.
- Only 12% of assessed households reported owning livestock, again indicating limited economic resilience of households. The majority of these households reported that there was enough water and food for their livestock, at 76% and 74% respectively. This could potentially be linked to the impact of Deyr rains.
- In another indication of humanitarian intervention in Bulo Burto, 25% of assessed households reported having received livelihoods assistance in the three months prior to this assessment.

WASH

Water

- Only 17% of assessed households reported not having access to an adequate amount of water for household use (drinking, washing and cooking). This could potentially be linked to the impact of light to moderate Deyr rains as well as households' proximity to rivers such as Faafgumare and Madax Wiyileed. However, the reported average number of litres of water per person per day was below minimum SPHERE standards, at 14 litres.
- Non-displaced households were slightly more vulnerable with 27% reporting not having access to an adequate amount of water, compared to 5% of IDP households reporting this.
- The most commonly reported barrier to accessing an adequate amount of water was a lack of containers to store and carry water, reported by 82% of those households that reported not having access to an adequate amount of water.
- Fifty-three percent (53%) of assessed households reported relying on rivers as their primary source of water. Under the World Health Organization (WHO) Joint Monitoring Programme (JMP)¹², rivers are classified as surface water sources, which is the lowest category in terms of water quality and safety. The reliance on surface water sources in Bulo Burto therefore raises the risk of contraction of water-borne diseases such as Acute Watery Diarrhoea (AWD).
- The potential health and nutrition risks from relying on surface water sources in Bulo Burto are further compounded by a lack of water treatment practices. Only 45% of assessed households indicated treating their water before use. The most commonly reported water treatment

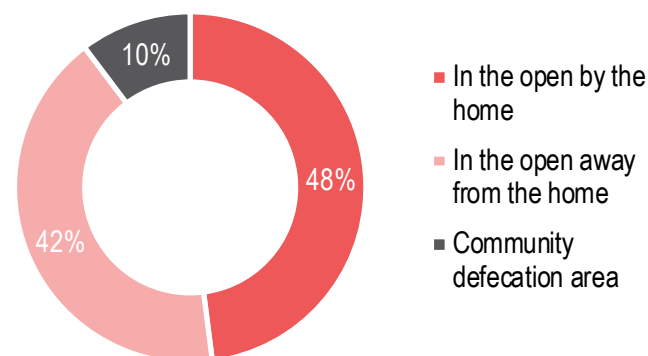
methods were chlorination and boiling, reported by 50% and 49% respectively of those households that reported treating their water.

- There was little variation in reported drinking water sources and sources of water for cooking and washing, indicating that households are reliant on a single source of water.
- Sixty-four percent (64%) of assessed households noted there was not an active WASH committee present in their settlement, potentially indicating limited humanitarian intervention relating to WASH.

Sanitation

- The majority (74%) of assessed households reported access to communal latrines. A greater proportion of IDP households (90%) compared to non-displaced households (60%) reported access to communal latrines. Relatedly, a greater proportion of non-displaced households (32%) indicated access to private latrines compared to IDP households (3%). Only 8% of assessed households reported not having access to a latrine.
- In a likely reflection of poor sanitation practices, 48% and 42% of those households that reported no access to a latrine indicated practicing open defecation in the open by the home and in the open away from home respectively. Only 10% reported using a community defecation point¹³.

Figure 2: Reported defecation practices for the 8% of assessed households without access to a latrine



- In addition, a considerable proportion of assessed households reported disposing household waste and children's faeces in the open either near home or away from home, at 32% and 26% respectively. Improper waste disposal risks contaminating water sources as waste can seep into ground water, thereby increasing household health risks.

11. Poor < 28; Borderline ≥ 28 ≤ 42; Acceptable > 42

12. The WHO/JMP is a monitoring body responsible for reporting on the Sustainable Development Goals targets and indicators relating to WASH.

13. Community defecation points are centralised areas used by all community members, thereby reducing the proportion of households defecating in the open.

- Of the 74% of assessed households that reported access to communal latrines, 98% indicated that latrines do not have functional handwashing facilities, 97% reported that they are not fit for access by disabled persons, 96% indicated that they are unhygienic, 79% reported that they are not separated by gender and 56% indicated that they are not lockable from inside. This reinforces earlier findings by REACH that communal latrines in most parts of Somalia do not meet minimum standards, particularly in terms of protection provisions and hygiene.

Hygiene

- Fifty-four percent (54%) of assessed households reported not having access to soap. A lack of resources to purchase soap was the most commonly reported barrier to access, cited by 68% of households. A notable proportion (42%) indicated that they did not think soap was necessary, suggesting low awareness of good hygiene practices.
- In a further reflection of households' low access to soap, only 43% of assessed households indicated using soap to wash their hands. Forty-one percent (41%) reported using water only, 12% indicated using water with ash and 4% reported using water with sand.
- Households demonstrated a low awareness of AWD prevention measures with low proportions of assessed households highlighting not practicing open defecation, keeping latrines away from water sources and washing food in clean water as preventative measures for AWD, at 49%, 48% and 38% respectively.

HEALTH

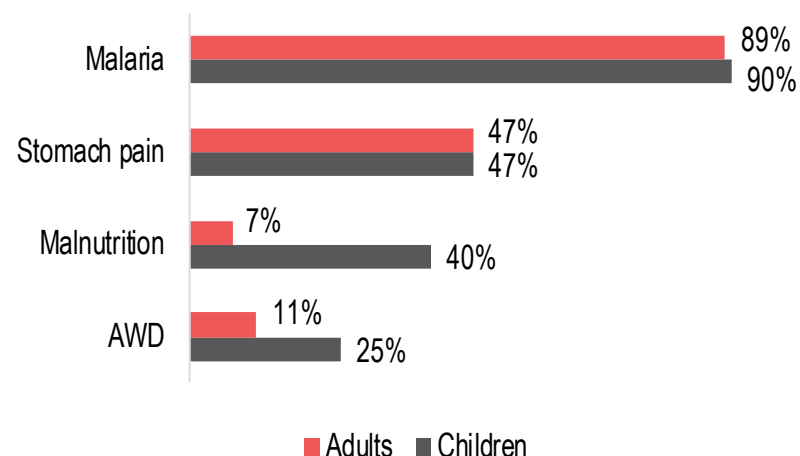
Access and availability

- Healthcare access was high in Buldo Burto, with 96% of assessed households indicating access to a nearby healthcare facility. This potentially suggests the presence of one or more healthcare facilities in the district.
- Seventy-three percent (73%) of those households that indicated having access to a nearby healthcare facility reported going to a Non-Governmental Organisation (NGO) run-clinic when sick.

Health issues in the household

- Only 19%, 18%, 12% and 8% of assessed households reported that vaccine-aged children in the household had received polio, measles, diphtheria and tuberculosis vaccinations respectively, mirroring low immunisation coverage in Buldo Burto.
- Malaria, stomach pain, malnutrition and AWD were reportedly the most common health problems experienced by assessed households, as demonstrated in Figure 3.

Figure 3: Proportion of assessed households reporting that a member had experienced a health issue in the month prior to this assessment, disaggregated by age



NUTRITION

- Only 8% of assessed households reported having accessed nutrition services in the month prior to this assessment suggesting substantial gaps in provision of nutrition services.
- More than half (63%) of children under the age of five years in assessed households were categorised as having severe malnutrition. Fifteen percent (15%) were categorised as having moderate malnutrition and 18% as being at risk of malnutrition. Given the ongoing drought and prediction of below average Gu rains¹⁵, it is highly likely that the rates of malnutrition will continue to rise without adequate intervention, resulting in a higher proportion of children experiencing severe malnutrition.

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.

Visit www.reach-initiative.org and follow us @REACH_info.

14. REACH. Somalia Joint Multi Cluster Needs Assessment. 2017

http://www.reachresourcecentre.info/system/files/resource-documents/reach_som_report_joint_multi_cluster_needs_assessment_october_2017.pdf

15. Gu rains are cropping rains in Somalia that start in April and end in June.



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