

Gedo Rapid Assessment: Doolow District

Gedo Region, Somalia, November 2017

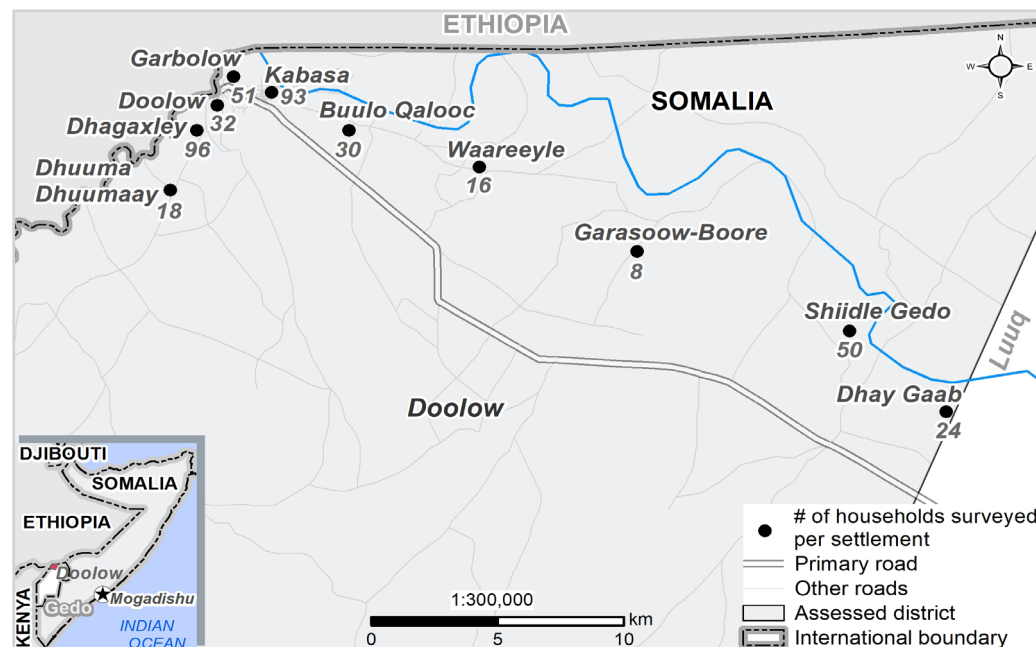
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SUMMARY

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 the availability of 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 Doolow District, based on primary data collected between 20-28 October through 418 household surveys and 9 healthcare facility assessments. Findings should be considered indicative.

Map 1: Assessed settlements



KEY FINDINGS:

- Although 91% of assessed households indicated having access to an adequate amount of water for domestic use (drinking, washing and cooking), the reported average number of litres of water per person per day was below minimum SPHERE standards, at 14 litres¹.
- Thirty-four percent (34%) of households indicated that their primary water source was a river, raising concerns over poor water quality.
- Only half of assessed households reported treating their drinking water, which further increases the risk of contracting water-borne diseases such as cholera.
- Although two-thirds of households reported access to a communal latrine, latrine facilities and hygiene levels were well below minimum hygiene and protection standards, with half of assessed households reporting latrines to be unhygienic. Additionally one-fifth of households reported practicing open defecation, increasing households' health risks.
- Household hygiene awareness was generally high, with the majority of households demonstrating an understanding of key faecal-oral transmission routes and appropriate handwashing behaviour.
- The most commonly reported barrier to accessing hygiene items was financial. The majority (85%) of households with no access to soap indicated that they could not afford it. This likely reflects the declining financial status of households and the subsequent negative impact on household hygiene practices.
- Healthcare access was high in Doolow with 94% of households reporting that they had access to a functional healthcare facility.
- The main healthcare provider was consistently Non-Governmental Organisations (NGOs), potentially reflecting a higher level of humanitarian access in the district relative to the rest of the region.
- Malaria and AWD were the most common health issues, whilst treatment for disease and AWD were the most commonly available treatments.
- Only 22% of vaccine-aged children had received a measles vaccination, which is a concern given the ongoing measles outbreak in Somalia².
- Half of assessed households reported inadequate access to food and 40% were ranked as having a poor Food Consumption Score (FSC).

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

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

2. International Federation of Red Cross and Red Crescent Societies. Somalia: AWD outbreak DREF MDRSO006 operation final report. 15 October 2017.

<https://reliefweb.int/report/somalia/somalia-acute-watery-diarrhoea-awd-outbreak-dref-mdrso006-operation-final-report>

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 insecurity³, 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 Bardheere, Doolow, Garbahaarey and Luuq Districts. The findings presented here relate directly to Doolow.

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 20-28 October 2017, by REACH partner organisation the Danish Refugee Council. The assessment consisted of a harmonised multi-cluster household-level survey, focusing on WASH, health, food security and livelihoods and nutrition. 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 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 418 households were surveyed in Doolow.

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

DISPLACEMENT

Population movement and returns

- IDPs made up 18% of assessed households in Doolow. Of these, one-third (33%) of displaced households reported arriving in Doolow in the past year, which is indicative of the wave of displacement that has taken place across Somalia over the course of the most recent drought.
- **The highest proportion of IDP households were displaced from elsewhere in Gedo Region, reported by 45%, which indicates that movement is relatively localised.** Twenty-nine percent (29%) of IDP households indicated that they had travelled from Bay, with 12% of these coming from Baidoa District, which has the second highest concentration of IDP settlements after Mogadishu. This hints at a cyclical pattern of displacement in which IDPs are moving between 'hubs' of IDP settlements in search of services.

Push and pull factors

- **Drought was consistently the most commonly indicated push factor, reported as the primary reason for displacement by almost half (47%) of all IDP households.**
- Seventeen percent (17%) of IDP households cited fear of conflict as their primary push factor for displacement, linked to the active presence of armed groups within Gedo Region and elsewhere in South Central Somalia. The absence of conflict in the area was also the most commonly reported reason for choosing to settle in Doolow with 60% of IDP households citing this as their primary pull factor.
- Availability of food distribution was also a key pull factor to Doolow, reported by 24%, reflecting the high number of humanitarian agencies operating in the district relative to other parts of Gedo.
- **A relatively high proportion of IDP households (28%) also reported that livelihood opportunities were a secondary pull factor to Doolow, indicating that displacement is also triggered by longer-term underlying socioeconomic factors, alongside more immediate push factors such as drought and conflict.**

Intentions

- All assessed IDP households indicated that they intended to remain in Doolow in the future, with two-thirds intending to remain in their current location, whilst the remaining 35% stated that they would move elsewhere in the city or settlement, rather than out of the district altogether. The time frame for onward movement varied with 19% indicating their intention to move in the next month and 31% intending to move after more than six months.

3. Food Security and Nutrition Analysis Unit (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 Commission for Refugees (UNHCR). Somalia Factsheet. 1-31 July 2017.

<https://data2.unhcr.org/en/documents/details/59011>

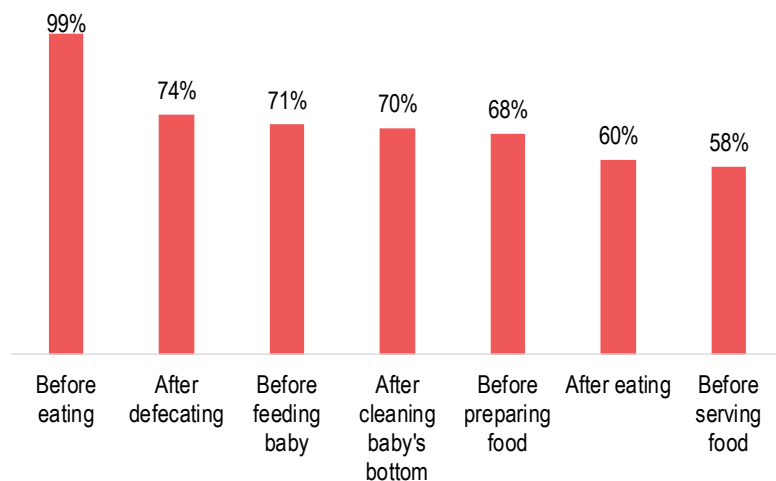
5. IOM. Displacement Tracking Matrix: Gedo Region. October 2017.

WASH

Water

- Although the overwhelming majority of households (91%) indicated having access to an adequate amount of water for domestic use (drinking, cooking and washing) at the time of the assessment, **the reported average number of litres of water per person per day was below minimum SPHERE standards⁶, at 14 litres.**
- The most common primary source of water was from a kiosk, reported by 38% of households. **Over one-third of households (34%) indicated that their primary water source was a river, raising concerns over poor water quality.** Under the World Health Organization (WHO) Joint Monitoring Programme (JMP)⁷, rivers are classified as surface water, which is the lowest category in terms of water quality and safety. **There was little variation in drinking water sources and sources of water for cooking and washing, indicating that most households are reliant on only one source of water.**
- The potential risks from using a surface water source are compounded by a lack of water treatment practices in Doolow, with **just under half (49%) of assessed households indicating that they do not treat their water supply.** Where households do treat their water, treatment through chlorination was most common, indicated by 79%.
- The majority of households (73%) reported walking for less than 30 minutes to access the

Figure 1: Proportion of households indicating awareness of when to wash hands⁸



nearest water source, indicating high levels of accessibility. Non-riverine water points were generally reported to be maintained by community members rather than being privately owned, which may account for the low number of households reporting that they pay for water, indicated by one quarter only.

Sanitation

- A total of 80% of households reported having access to a latrine in Doolow, with communal latrines used by two-thirds of assessed households. **Although access to latrines was relatively high, the conditions were reportedly poor;** only 11% of households stated that communal latrines were gender segregated, 16% reported that latrines had handwashing facilities and 23% reported disabled access. Further, approximately half (47%) of households using communal latrines indicated that they were unhygienic.
- Additionally, **one-fifth of all households reported no latrine access, suggesting that open defecation practices remain relatively widespread.** Use of community defecation points was limited, reported by just 9% of households without latrine access.

Hygiene

- **A high proportion of households demonstrated awareness of good hygiene practice relative to the other assessed districts in Gedo; both in terms of soap usage and awareness of when to wash hands,** as indicated in Figure 1. There was a correlation between the proportion of households reporting access to soap (41%) and the proportion using soap to wash their hands (41%), suggesting awareness of good handwashing practices. Similarly, the most commonly reported barrier to accessing soap was financial, reported by 85% of households with no access, whilst soap was the most needed hygiene item in the household, indicated by 90%. This implies that it may be a lack of resources that is preventing households from using soap, rather than a lack of awareness of hygiene practices.

HEALTH

- **Healthcare access was extremely high in assessed areas of Doolow, with 94% of assessed households indicating access to a functional health facility.** This is likely linked to the high number of healthcare facilities available around Doolow town, as demonstrated in Map 2. The town's close proximity to the Ethiopian border also allows for greater humanitarian access than in other parts of Gedo District.
- Treatment for disease, AWD and wounds were the most commonly available services, whilst treatment for substance abuse and surgery were reportedly less commonly available.

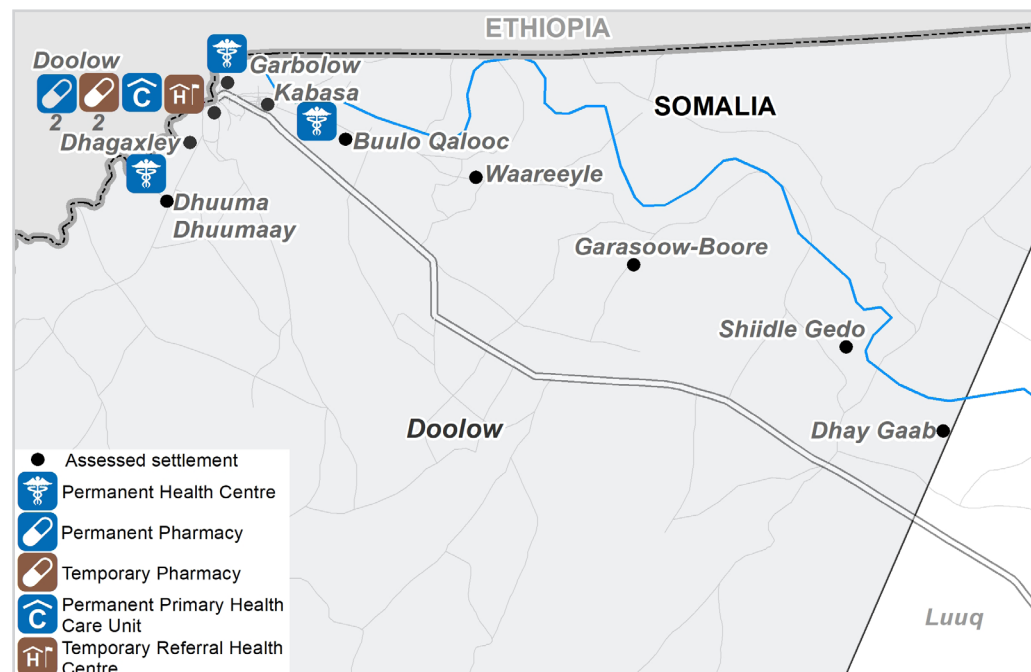
6. According to the SPHERE standards, the minimum amount of water should be 15 litres per person per day.

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

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

8. Households could select multiple answers.

Map 2: Available healthcare facilities in Doolow District



- Maternal healthcare was reported to be available by only 51% of households with access to a healthcare facility suggesting a substantial gap in service provision for pregnant and lactating women.
- The main healthcare provider was consistently NGO clinic for both sickness, pregnancy support and treatment of AWD**, which reflects available services in the district. In a possible reflection of the concentration of NGO service providers, the majority of assessed households in Doolow (70%) indicated that they did not pay for healthcare.
- Malaria, stomach pain and AWD were the most commonly reported health issues in Doolow for both children four years and below and household members above the age of four years. **Eighty-nine percent (89%) of households indicated that a member had experienced AWD in the month prior to the assessment**, which may reflect an increased prevalence as a result of the Deyr rains⁹. At least one person had experienced AWD in 86% households and 7% households reported two to five cases in the month prior to the assessment.
- As with handwashing practices, awareness of the causes and prevention of AWD was also high.

The vast majority (90%) of households indicated that water contaminated with faeces could cause AWD indicating high awareness of faecal-oral transmission routes and 92% reported that treating the water supply was a preventative measure. Relatedly, chlorine tablets for water purification was the second most needed hygiene item after soap, reported as a need by 82% of assessed households.

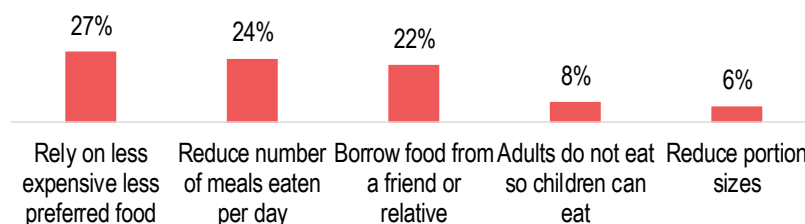
- Polio was the most commonly received vaccination, with 29% of vaccine-aged children reportedly having received it. Roughly one-fifth (22%) of vaccine-aged children had reportedly received a measles vaccination. This is particularly problematic given the recent measles epidemic earlier in 2017¹⁰.

FOOD SECURITY AND LIVELIHOODS

Access to food

- Half of assessed households reported inadequate access to food in Doolow.
- The most commonly reported reasons related to a lack of productive assets** – both livestock, cited by a total of 63% of households, and land, cited by 52%. The lack of land access is also reflected in the reduction of the proportion of households relying on cultivation as their primary source of food over the course of the drought; **whilst 45% households reported cultivation as their primary food source in pre-drought times, just 14% reported the same at the time of the assessment. Relatedly, almost one-third (29%) of households**

Figure 2: Proportion of households reporting using coping strategies for three days of the prior seven¹¹



9. The Deyr rainy season falls between October and December annually. It is considered the shorter of the two rainy seasons in Somalia.

10. International Federation of Red Cross and Red Crescent Societies, "Somalia: AWD outbreak DREF MDRSO006 operation final report", 15 October 2017.

<https://reliefweb.int/report/somalia/somalia-acute-watery-diarrhoea-awd-outbreak-dref-mdrso006-operation-final-report>

11. Households were asked to indicate the total number of days they had employed selected coping strategies out of the prior seven days. Coping strategies are mechanisms employed to cope with food insecurity. The reduced coping strategy index is a common measure of food insecurity in humanitarian analysis.

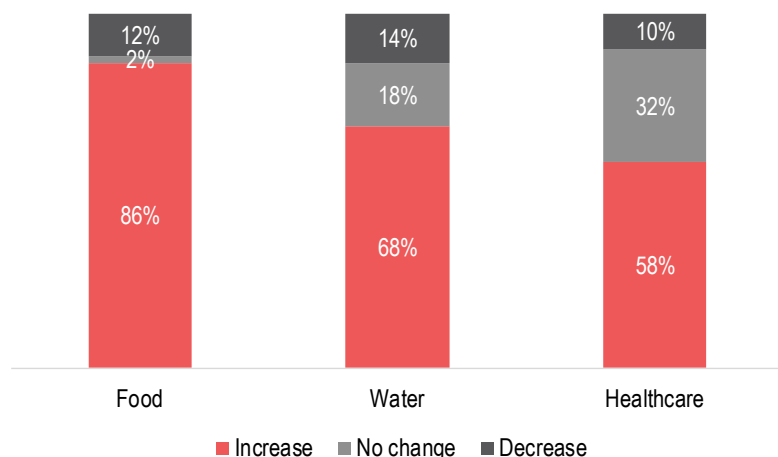
indicated that the amount of food accessed from their primary source had reduced in the three months prior to the assessment.

- In line with the reported challenges in household food production and access, 40% of households in Doolow were ranked as having a poor Food Consumption Score (FCS)¹². Additionally, the use of coping strategies was common, as indicated in Figure 2, reflecting increased strain on household resources.
- Households reported that food stocks would last an average of 2.7 days, further indicating the limited resilience of households to respond to shocks.

Livelihoods and household spending

- **In a further indication of household reliance on cultivation, subsistence farming was the most common primary source of income**, reported by one-third of assessed households, followed by day labour, reported by 31%.
- Sixty-six percent (66%) of households reported that they had lost access to an income source in the year prior to the assessment. Given declining access to land, as indicated above, it is highly probable that the resilience of agricultural households is also declining, particularly as the drought continues.
- **Although almost all households (92%) had access to a functioning market, rising**

Figure 3: Proportion of households reporting change in spending on food, water and healthcare in the month prior to this assessment¹³



food prices present a considerable barrier to accessing food, reported by 40% of households, particularly in light of the reduction in income sources highlighted above. As demonstrated in Figure 3, the overwhelming majority of households indicated increased spending on basic needs over the month prior to the assessment, with 86% of households reporting that the amount they spent on food had increased.

- A high proportion of assessed households reported resorting to the use of livelihood coping strategies, with (89%) of households stating that they had sold livestock in the 30 days prior to the assessment, and 29% indicating that they had sold productive household assets such as tools. **The prevalent use of livelihood coping strategies in order to pay for basic household needs further illustrates the decreasing resilience of households in Doolow.** Below average Deyr rains in 2017 have compounded pre-existing household food insecurity, a situation which is highly likely to further decline as the country enters the dry season in January 2018.

NUTRITION

- **Just under half (42%) of assessed households reported accessing nutrition services in the month prior to the assessment.** Outpatient Therapeutic Programmes and Targeted Supplementary Feeding Programmes were the most commonly available services, reported by 42% and 45% of households respectively. This is in line with findings from the facilities mapping, which indicated that two healthcare facilities in Doolow offered nutrition services.

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

13. Twenty-five percent (25%) of households indicated paying for water and 30% indicated paying for healthcare.