

# Garbahaarey District Rapid Needs Assessment

Gedo Region, December 2017

## SUMMARY

The current drought in Somalia, which began approximately in January 2015, has resulted in a 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 2017, 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 Garbahaarey 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 18-26 December 2017 through 342 household surveys. Findings should be considered indicative rather than generalisable to the overall population.

## METHODOLOGY

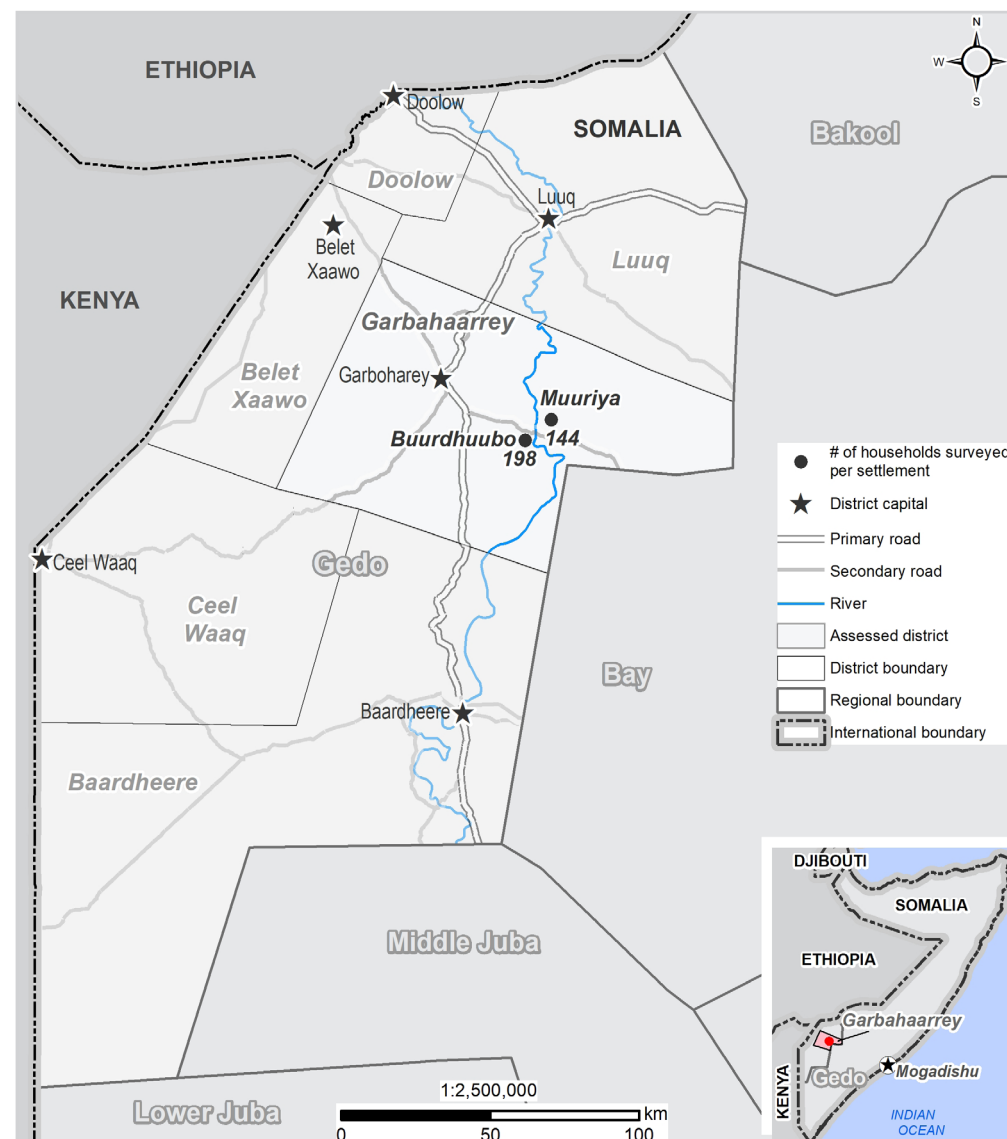
Data collection for the assessment used a harmonised multi-cluster needs assessment tool. REACH, in partnership with the Food Security, WASH and Health Clusters, has developed a series of harmonised data collection tools designed specifically for rapid needs assessments. These tools can be used by multiple 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 18-26 December 2017 through 342 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 (94%) assessed households reported inadequate access to food, suggesting high levels of food insecurity in the area.
- In a further indication of high levels of food insecurity in the area, 90% of assessed households were categorised as having a poor Food Consumption Score (FCS)<sup>1</sup>.
- Forty-six percent (46%) 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.
- The average number of days that households' cereal stock would last at the time of this assessment, was reportedly two days indicating limited ability of households to support themselves in the event of market shocks.
- The majority (84%) 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 an indication of high water shortages in the area, 78% of assessed households reported not having access to an adequate amount of water for household use (drinking, washing and cooking).
- Further, the reported average number of litres of water per person per day was far below minimum SPHERE standards<sup>2</sup>, at 6 litres.
- A lack of enough containers to store and carry water was the most commonly highlighted reason for lack of access to an adequate amount of water, indicated by 74% of those households that reported not having access to an adequate amount of water for household use.
- The overwhelming majority (89%) of 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.
- Eighty-five (85%) of assessed households reported not having access to a latrine, suggesting high rates of open defecation in the area.
- The majority (81%) 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 Deyr<sup>3</sup> (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 humanitarian 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 assistance<sup>4</sup>.

Throughout 2017, instability across Gedo hampered humanitarian access, limiting understanding of population needs and households' access to basic services. To address these information gaps and to respond to humanitarian actors' programming needs, an assessment was conducted in Garbahaarey 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 Garbaaharey District.

## DISPLACEMENT

### Population movement and returns

- In an indication of an increased influx of Internally Displaced Persons (IDPs) in the area, 43% of assessed households in Garbahaarey reported that they are IDP households.
- The highest proportion (90%) of assessed IDP households reported having been displaced from elsewhere in Gedo Region, indicating that movement is relatively localised. The other 10% indicated having been displaced from Bay Region, likely mirroring the high drought-induced migrations from Bay Region since the onset of the drought in early 2015<sup>5</sup>.

### Push and pull factors

- In a likely reflection of increased drought-related distress migration across Somalia<sup>6</sup>, drought was the most commonly reported push factor, indicated as the primary cause for displacement by 73% of assessed IDP households.
- Lack of food, drought and a lack of water were the most commonly reported secondary push factors for displacement, indicated by 52%, 12% and 10% respectively of IDP households, further confirming drought as the leading reason for household displacement.
- Relatedly, 29% and 20% of assessed IDP households cited availability of food distributions and water respectively as key pull factors to Garbahaarey.
- A considerable proportion (28%) of IDP households also highlighted the absence of conflict as a primary pull factor to Garbahaarey, indicating that the presence or absence of conflict is an important factor in households' choice of where to relocate to.

### Intentions

- Nearly all assessed IDP households (97%) indicated that they intended to remain in their

1. 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.

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

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

4. OCHA. Somalia Humanitarian Needs Overview. 2018.

5. OCHA. Humanitarian Bulletin. August 2017.

6. OCHA. Somalia Humanitarian Needs Overview. 2018.

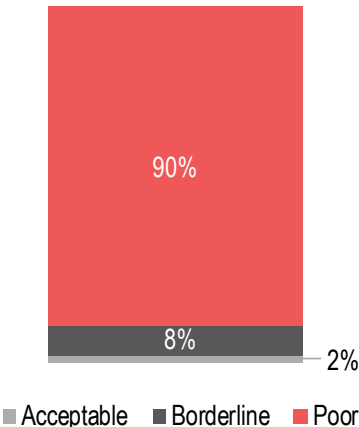
location at the time of this assessment. Two percent (2%) indicated that they intended to move elsewhere in the city, possibly to search for income generating opportunities. Only 1% indicated that they intended to return to their previous location.

## FOOD SECURITY AND LIVELIHOODS

### Access to food

- Nearly all (94%) assessed households reported inadequate access to food, reflecting the impact of drought conditions and limited humanitarian interventions, due to insecurity, in Garbahaarey. In line with this, the Food Security and Nutrition Analysis Unit (FSNAU) in their August-December food security analysis, categorised Garbahaarey to be partly in stress (Integrated Phase Classification<sup>7</sup> (IPC Phase 2) and partly in crisis (IPC Phase 3)<sup>8</sup>.
- IDP households were slightly more vulnerable with all assessed IDP households reporting inadequate access to food, compared to 90% of non-displaced households reporting this.
- The high levels of food insecurity in Garbahaarey are further reflected in the relatively low quantity and variety of foods consumed by households as demonstrated by households' FCS. The overwhelming majority (90%) assessed households were categorised as having poor FCS.

Figure 1: Proportion of assessed households categorised as having poor, borderline and acceptable FCS<sup>9</sup>



- The increasing levels of food insecurity are also reflected in the difference in primary food sources during normal (pre-drought) times and at the time of this assessment. While 38% of assessed households reported own production as their primary source of food in normal times, only 27% 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.

- Relatedly, a high proportion of households reported resorting to coping strategies to meet their food needs. An enumeration of the reduced coping strategies (rCSI<sup>10</sup>) applied by households indicated that 85% of assessed households had applied medium<sup>11</sup> coping strategies in the seven days prior to this assessment, in order to meet their food needs.
- The average number of days that households' cereal stock would last at the time of this assessment, was reportedly two days, indicating limited ability of households to support themselves in the event of market shocks such as sudden increase in food prices or decrease in food supply.
- Over half (55%) of assessed households reported not having a functioning market that they could physically access from their settlement.
- Nearly half (46%) of assessed households reported that their weekly food expenditure 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 the high levels of food insecurity illustrated above, 99% of assessed households reported not having received food assistance in the three months prior to this assessment, indicating limited humanitarian intervention in the area.

### Livelihoods and household spending

- Casual labour was the most commonly reported primary source of income, reported by 27% of assessed households. Twenty percent (20%) and 8% reported relying on subsistence farming and subsistence livestock produce respectively, reflecting the primarily agro-pastoralist nature of assessed households.
- The majority (84%) 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.
- Use of livelihood coping strategies was relatively common. Notable proportions, 24% and 20% of assessed households reported selling livestock and sending family members to live in a different place, such as an IDP settlement, respectively in order to meet basic household needs.
- Only 25% and 8% of assessed households reported having access to land for cultivation and owning livestock respectively suggesting declining production and by extension economic resilience of households.
- Of the 8% of households that indicated owning livestock, 73% and 65% reported that there was not enough food and water respectively for their livestock in the three months prior to this assessment, which is likely to fuel livestock losses.
- As with food assistance, no assessed households reported having received livelihood assistance in the three months prior to this assessment again indicating limited humanitarian

7. 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).  
8. FSNAU. Somalia Acute Food Insecurity Situation Overview: Rural, Urban and IDP Populations August-December 2017 Most Likely Scenario. 2017.  
9. Poor < 28; Borderline ≥ 28 ≤ 42; Acceptable > 42.  
10. The rCSI measured behaviours adopted by households when they have difficulties in covering their food needs.  
11. 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.

intervention in Garbahaarey.

## WASH

### Water access and availability

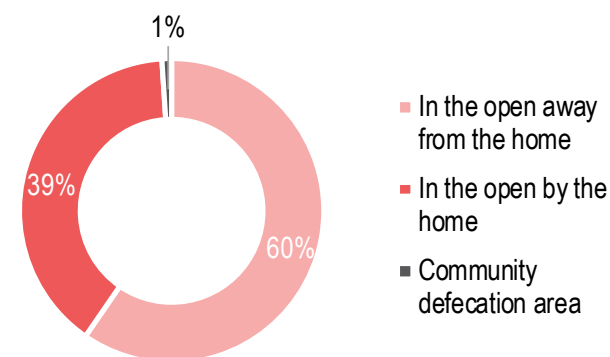
- In a reflection of high water shortages in Garbahaarey, 78% of assessed households reported not having access to an adequate amount of water for household use (drinking, washing and cooking). IDP households were more vulnerable with 92% reporting this, compared to 67% of non-displaced households.
- In a further indication of high water shortages, the reported average number of litres of water per person per day was far below minimum SPHERE standards, at just 6 litres.
- The most commonly cited reason for not having access to an adequate amount of water was a lack of enough containers to store or carry water, reported by 74% of those households that indicated not having access to an adequate amount of water, with households reportedly owning an average of just three 20 litre jerry cans. This is consistent with findings from an earlier assessment conducted by REACH in the district where a lack of containers for storing and carrying water was the second most cited barrier to access to an adequate amount of water, after water shortages at the water source<sup>12</sup>. This was followed by water source being too far away, indicated by 46% of assessed households, and likely reflecting the impact of the ongoing drought on water tables in the area.
- The overwhelming majority (89%) of assessed households reported relying on rivers as their primary source of water. Under the World Health Organization (WHO) Joint Monitoring Programme (JMP), rivers are classified as surface water sources, which is the lowest category in terms of water quality and safety<sup>13</sup>. The heavy reliance on surface water sources in Garbahaarey therefore raises households' 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 Garbahaarey are further compounded by a lack of water treatment practices. Nearly all (98%) assessed households indicated that they do not treat their drinking water. Of the 2% that reported treating their drinking water, half reported treating it through boiling and the other half through chlorination.
- Reported cooking and washing water sources differed little from drinking water sources, suggesting a reliance on a single source for different household water needs.

### Sanitation

- Eighty-five percent (85%) of assessed households reported not having access to a latrine, suggesting high rates of open defecation in the area. IDP households were more vulnerable with 99% percent reporting this, compared to 75% of non-displaced households.
- In a likely reflection of poor sanitation practices, of the 85% of households that reported not having access to a latrine, 60% indicated practicing open defecation away from home and 39%

in the open by the home. The prevalence of open defecation in Garbahaarey raises the risk of contraction of faecal-transmitted diseases given the significant contribution of the practice to the spread of diseases.

**Figure 2: Reported defecation practices for the 85% of assessed households without access to a latrine**



- Nine percent (9%) of assessed households reported having access to communal latrines. Of these, 97% indicated that communal latrines are not separated by gender, 77% reported that they do not have functional handwashing facilities, 70% indicated that they are unhygienic, 63% reported that they are not lockable from inside and 60% indicated that they are not fit for access by disabled persons. 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<sup>14</sup>.

### Hygiene

- Nearly all (95%) assessed households reported not having access to soap. A lack of resources to purchase soap was the most commonly reported barrier to access, indicated by 93% of assessed households.
- Relatedly, soap was the most needed hygiene item by households, reported by 95% of assessed households, followed by chlorine tabs at 78%.
- In a further indication of households' low access to soap, the majority (87%) of households reported using water only to wash their hands. Seven percent (7%) and 4% indicated using water with ash and water with sand respectively. Only 2% indicated using soap.
- Households demonstrated low awareness around handwashing in relation to defecation. Only 26% and 22% of households indicated that one should wash their hands after defecating and after cleaning infants after they defecate respectively. This suggests limited understanding of faecal-oral transmission routes which is particularly problematic given the

12. REACH. Gedo Rapid Assessment: Garbahaarey District. 2017

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

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



current outbreak of AWD in Somalia.

## HEALTH

### Access and availability

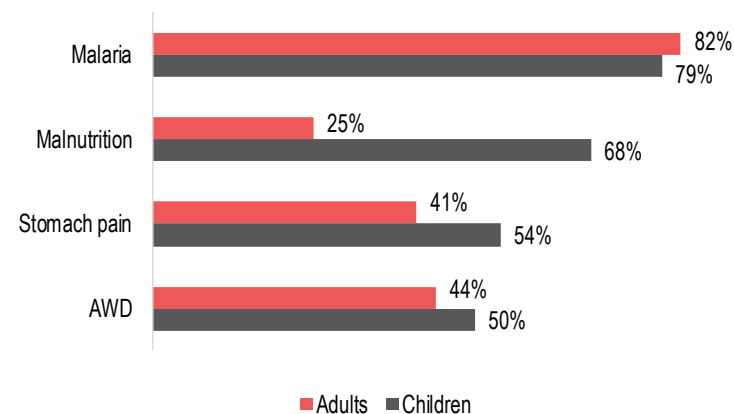
- The overwhelming majority (97%) of assessed households reported not having access to a nearby healthcare facility, indicating substantial gaps in healthcare provision in the district.
- There was little variation between IDP and non-displaced households' access to healthcare facilities with just 6% of non-displaced households reporting having access to a nearby healthcare facility, and no IDP households reporting this.
- The most commonly reported barrier to accessing a healthcare facility was a lack of any healthcare facilities in the area, indicated by 58% of those households that reported no access to a nearby healthcare facility. This was followed by a lack of functional healthcare facilities, at 36%. This is consistent with a healthcare facilities mapping exercise conducted by REACH in October 2017 which identified a small number of healthcare facilities in Garbahaarey District<sup>15</sup>.
- Seventy-eight percent (78%) of the 3% of households that indicated having access to a nearby healthcare facility reported going to Non-governmental Organisations (NGO)-run clinics when sick.
- Treatment for diseases and treatment for AWD were the most commonly available healthcare services, indicated by all and 54% respectively of households that reportedly had accessed a healthcare facility in the month prior to this assessment, potentially mirroring the common health issues in the area.
- Maternal healthcare services were reported to be available by only 36% of households, suggesting a substantial gap in service provision for pregnant and lactating women.

### Health issues in the household

- Malaria, stomach pain, malnutrition and AWD were reportedly the most common health problems experienced by households as demonstrated in Figure 3.
- In a likely reflection of the current outbreak of AWD in Somalia, a considerable proportion of assessed households reported that at least one household member had experienced AWD two to five times, and once in the three months prior to this assessment, at 55% and 33% respectively.
- IDP households appeared to be slightly more susceptible to AWD with 73% reporting that at least one household member had experienced AWD two to five times in the three months prior to this assessment, compared to 42% of non-displaced households reporting this.
- Only 27%, 2% and another 2% of assessed households reported that vaccine-aged children

in households had received measles, tuberculosis and diphtheria vaccinations respectively, mirroring low immunisation coverage and, by extension substantial gaps in healthcare provision in Garbahaarey as discussed above.

**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 7% of assessed households reported having accessed nutrition services in the month prior to this assessment, indicating substantial gaps in the provision of nutrition services.
- The overwhelming majority (81%) of children under the age of five years in assessed households were categorised as having severe malnutrition. Fifteen percent (15%) and 4% were categorised as having moderate malnutrition and at risk of malnutrition respectively. Given the ongoing drought and prediction of below average Gu rains<sup>16</sup>, it is highly likely that the rates of malnutrition will continue to rise without adequate intervention, resulting in an even 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](mailto:somalia.helpdesk@reach-initiative.org) for more information.

Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.

15. REACH. Gedo Rapid Assessment: Garbahaarey District. 2017.

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



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