

August 2022

SOMALIA DROUGHT

BAIDOA & BUUR HAKABA ALERT

SUMMARY

Somalia is currently experiencing unprecedented drought conditions following four consecutive failed rainy seasons; the worst situation in over 40 years. Prolonged drought has resulted in water sources drying up, rising water prices, and extensive loss of livestock, hampering food production and placing immense pressure on already vulnerable communities' ability to access food and water. By July 2022, an estimated 7.1 million people are in need of food assistance across the country, with over 2.1 million people classified in Integrated Food Security Classification (IPC) Phase 4 (Emergency) and more than 200,000 people likely experiencing Phase 5 (Catastrophic) levels of food insecurity.¹

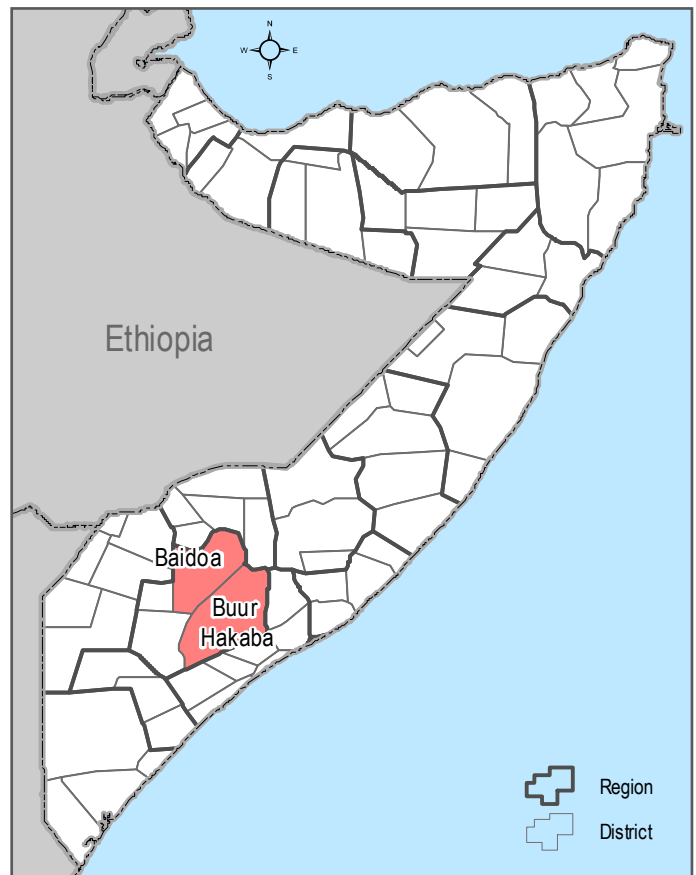
Conditions are particularly concerning in Baidoa and Buur Hakaba districts where elevated malnutrition and mortality rates have surpassed emergency thresholds, alongside disease outbreaks, including cholera and measles. Findings from multiple sources indicate critical water, sanitation, and hygiene (WASH) situations across both districts but particularly in internally displaced person (IDP) sites hosting displaced populations from largely inaccessible areas, whose vulnerability was exacerbated due to extended periods of limited access to water and high food insecurity in their paces of origin and during displacement. Heightened physical vulnerabilities among drought-affected populations are likely driving the ongoing cholera and measles outbreaks and high incidence of diarrhoea in the district, and when coupled with poor health services environment, are likely contributing to the severe nutrition and mortality outcomes.

With the prospect of a fifth failed rainy season, it is crucial to scale up water and sanitation interventions alongside other humanitarian assistance, without which a significant reduction in morbidity and mortality is highly unlikely.

FINDINGS

Populations in Bay region are facing elevated levels of acute malnutrition and mortality.

Since the start of this year's failed Gu rains (April-July), elevated levels of malnutrition and population mortality have been assessed in populations in the Bay region, especially amongst recent IDPs. Acute malnutrition is above historical levels from the past several Gu seasons, and crude and under-5 mortality rates have been assessed above World Health Organisation (WHO) emergency thresholds.^a Evidence to support this is:



Baidoa and Buur Hakaba districts location map

- About one in four children under-5 years of age are acutely malnourished, with survey results showing prevalence of acute malnutrition as high as 26.9% (IPC Acute Malnutrition Phase 4) in Bay agropastoral populations.²
- In April 2022, crude mortality rates at the WHO emergency threshold were noted in Bay agropastoral populations (1.00 deaths per 10,000 people per day), while only slightly lower among the Baidoa IDP population (0.77 deaths per 10,000 people per day). Under-5 mortality rates were also slightly below WHO emergency thresholds in the Bay Agropastoral Livelihood Zone (1.86 deaths per 10,000 under-5 children per day) and among Baidoa IDP populations (1.11 deaths per 10,000 under-5 children per day).²
- Ongoing nutrition and mortality surveillance by Gredo and AAH in new IDP sites across selected areas in Dinsoor (Bay), Baidoa (Bay), and Kahda (Banadir) in

a) WHO Emergency Thresholds for Crude Death Rate is 1 death per 10,000 people per day; and for Under-5 Death Rate is 2 deaths per 10,000 under-5 children per day.

July 2022 also show elevated mortality in recent IDP populations. Preliminary unpublished results show crude death rate of 0.94 deaths per 10,000 people per day, and an under-5 death rate of 3.03 under-5 deaths per 10,000 under-5 children per day (exceeding WHO emergency threshold for U5DR).³

- Unpublished assessment data from ACTED programme sites in July 2022 suggests population mortality is elevated for older IDP populations as well. Preliminary unpublished results of these IDP sites in Baidoa showed a crude death rate of 0.51 [0.25 - 0.78 95% CI] and under-5 death rate of 1.60 [0.54 - 2.66 95% CI].⁴
- Most recent IPC projections for Acute Malnutrition have estimated that IDP populations in Bay region will continue to face 'Critical' levels of acute malnutrition (Phase 4) through the end of September 2022.⁵

Ongoing disease outbreaks (measles, cholera, diarrhoea) are impacting already vulnerable populations.

Drought-affected, largely agropastoral households are displacing to urban centres and IDP sites with limited access to adequate water, sanitation and health services. Considering pre-existing food insecurity and under-nutrition has likely compromised their immunity, these IDPs are facing an elevated risk of mortality. Evidence to support this is:

- In Baidoa—a cholera hotspot^b—2,033 suspected cholera cases were reported between the start of 2022 and 10th July, and in Buur Hakaba a new 'spike' of cholera cases was recorded through April.⁶
- In 2022, significantly higher numbers of measles cases have been reported in drought-affected districts compared to previous years (2020, 2021), with 2,436 suspected cases being reported in Bay region alone. Part of the spike is reportedly linked to decrease in measles vaccination coverage rates in these drought-affected districts.⁷
- Survey data from the 2021 Deyr season showed very low measles vaccination coverage for children 9-59 months, with less than half of children in Baidoa IDP camps (42.9%) and less than one-in-five children in Bay Agropastoral livelihood zone (19.8%) having been vaccinated.²
- Survey data from April 2022 indicates overall morbidity is high in both IDP sites and the wider region; 38.4% of children under-5 years in Baidoa IDP sites, and 48.5% in the Bay Agropastoral livelihood zone, had reportedly been ill in the two weeks prior to data collection in Baidoa IDP sites.²

Recently displaced IDPs in Bay region are residing in poor WASH environments with limited access to health facilities.

The most recent drought-affected IDPs who have arrived since April/May 2022 are moving into new or established displacement sites with inadequate WASH and health environments, which exacerbates their susceptibility to water-borne and other infectious diseases and increases the severity of those bouts of illness. Evidence to support this is:

- In July 2022, 24% of IDP sites in Baidoa had no sanitation facility on site, indicating that at least 63,000 individuals are likely practicing open defecation, which further increases risk of disease.⁸
- Of the 76% of Baidoa IDP sites with access to sanitation facilities, there was only one latrine per 225 individuals on average, more than twice the allowable humanitarian standard.^c Moreover, survey data from July 2022 highlights how 61% of IDP sites in Baidoa do not have a water source on site, which indicates that roughly 170,000 IDPs in sites do not have access to a sustainable water source within reasonable distance. Additionally, only 33% of IDP sites in Baidoa have access to a water source within 20 minutes (accessing and retrieving water).⁸
- Findings from REACH's Detailed Site Assessment from December 2021 indicate that poor sanitation conditions in Baidoa IDP sites have prevailed for some time, with 42% of sites having no latrine and only 13% of sites meeting global humanitarian standards of less than 50 individuals per latrine.⁹
- According to the CCCM cluster, people in only 79% of Baidoa IDP sites have access to adequate health facilities, and nutrition facilities are reportedly accessible in only 50% of sites.⁸
- In a recent ACTED site assessment survey in old Baidoa IDP sites, only 56% (35/62) of assessed households who had experienced the death of a household member in the last 3 months prior to data collection had sought any healthcare in the two weeks prior to the death. Main reasons for not accessing healthcare were the immediacy of death, services being too expensive, and services being too far away.⁴

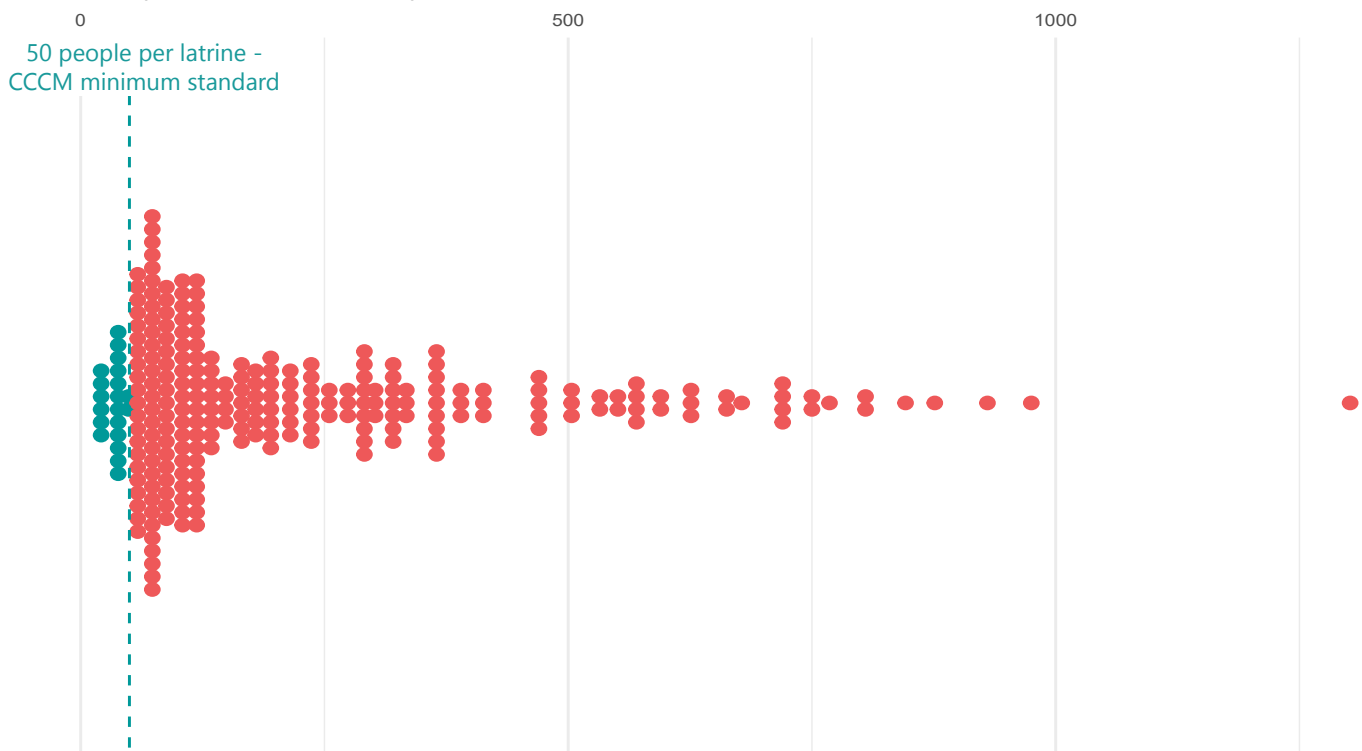
People arriving in IDP sites and urban centres are already vulnerable due to prolonged drought conditions.

Prolonged drought conditions have depleted water sources, resulting in high water insecurity, and a rapid deterioration in conditions for the majority of the population relying on farming and livestock production.

b) Cholera hotspots are defined as a geographically limited area where environmental, cultural and/or socioeconomic conditions facilitate the transmission of the disease and where cholera persists or reappears regularly. Global Task Force on Cholera Control, [Cholera Outbreak Response Field Manual](#), October 2019. c) 1 latrine/50 people is the minimum ratio in the first phase of a rapid onset crisis; medium-term minimum ratio of 1 latrine/20 people. CCCM Cluster, [Camp Management Toolkit](#), June 2015.

There are more than 50 people per latrine in 237 out of 340 sites (in 83 sites, there are no sanitation facilities)

Individuals per latrine, each dot represents one IDP site



Based on data from CCCM Cluster, [IDP Site/Service Monitoring](#), Accessed on 15th August 2022

It is likely that populations in inaccessible areas have struggled with water access issues for some time and are more susceptible to poor nutrition outcomes and diseases, including for women due to an increased burden of water collection. Rivers were dry in April/May and groundwater levels are dropping.¹⁰ The over-operation of strategic boreholes has led to functionality issues, reducing access to water, and is therefore likely a further push factor for displacement. As the Gu season came to an end in May,¹⁰ ongoing depletion of livelihood activities leading to decreasing food security was most likely pushing increasing numbers of households into congested settlements, exacerbating the risk of disease spreading. Evidence to support this is:

- Extreme drought conditions with below average rainfall were recorded in more than 60% of weeks in 2022.^{10, 11}
- In Baidoa, the price of water increased by 60% from May 2021 to May 2022, from 25,000 to 40,000 Somali Shillings per 200 litres.¹⁵
- According to Humanitarian Situation Monitoring data from May 2022, surface water was a main reported drinking water source for people in 41% of assessed hard-to-reach settlements in Baidoa and 46% in Buur Hakaba. Simultaneously, in 75% and 78% of assessed settlements in Baidoa and Buur Hakaba, respectively, KIs reported that few or none of the households in the settlement had access to sufficient water to meet their needs in the month prior to data collection.¹²
- Most hard-to-reach communities in Baidoa and

Buur Hakaba districts rely on farming and livestock production as their main livelihood and food source.¹² Prolonged drought and exceptionally hotter-than-normal conditions have resulted in rapid deterioration of subsistence crop farming and of rangeland resources, leading to massive livestock migration, increased grazing pressure, and adversely affected livestock body conditions, and ultimately resulting in excess livestock deaths from starvation and disease.¹³

- Severe drought conditions have forced people in rural areas into displacement. Since the start of 2022, 19,460 individuals were displaced from their previous location (14,185 from Baidoa and 5,275 from Buur Hakaba), almost all of whom (99.7%) were reportedly displaced because of the drought.¹⁴
- Similarly, water was reported to be a primary reason for why households left their current locations in 87% of assessed settlements in Baidoa and 69% in Buur Hakaba in May. Comparatively, food was reported to be the primary driver in 62% of assessed settlements in Buur Hakaba and 81% in Baidoa.¹²
- June and the first two weeks of July saw a significant upswing in displacements from the two districts of Baidoa and Buur Hakaba and a higher proportion of people leaving their area of origin reported water as a priority need on arrival (20% in Baidoa and 10% in Buur Hakaba compared to 0% the month prior).¹⁴ This is a significant change from previous months when food was the most reported driver.

Recommendations

While food assistance remains critical to alleviate rising malnutrition and mortality in the short term, WASH and health assistance should be scaled up. Life-saving humanitarian assistance to meet basic food needs must be accompanied with WASH, health, and nutrition interventions to prevent further deterioration and loss of life.

Increase access to adequate quantity of safe water in new IDP sites is critical to help prevent the transmission and spread of diarrhoeal disease, and support response for cholera outbreaks in IDP sites where outbreaks may be occurring.

Sanitation interventions should be prioritised in Baidoa IDP sites as poor sanitation conditions and high open defecation rates in these densely populated areas will increase the spread of WASH-related diseases.

Scale up of preventative and treatment health services and Infection Prevention and Control (IPC), such as

supplementary measles vaccination campaigns, Vitamin A supplementation, disinfection of water sources, WASH services at health facilities, and increased access to primary health care services through mobile clinics, to mitigate current high levels of morbidity and mortality.

Continuation of humanitarian assistance, and extension thereof to remote rural areas, to mitigate food consumption gaps and cover water and basic needs.

Scale up of livelihoods support to repair depleted livelihoods, particularly in remote rural areas, including supporting weak livestock with supplementary feeding and subsistence farming with quality and drought-tolerant inputs

Continue monitoring and surveillance of WASH conditions and nutrition, health, food security, and livelihoods outcomes in all new IDP populations within Bay, as well as other hard-to-reach regions.

ENDNOTES

1. FEWSNET, [Food aid urgently needed to mitigate loss of life and avert Risk of Famine \(IPC Phase 5\)](#), May 2022
2. FSNAU, [April 2022 Follow up Integrated Food security Nutrition and Mortality Assessments: Nutrition and Mortality Results](#), May 2022
3. Gredo & AAH, Nutrition and Mortality Surveillance July 2022 (unpublished)
4. ACTED, Site Assessment, July 2022 (unpublished)
5. IPC, [Somalia: IPC Risk of Famine Snapshot I May - September 2022](#), June 2022
6. WHO, [Cholera - Somalia](#), Accessed on 15th August 2022
7. WHO, [EPI Watch - For epidemic-prone diseases in Somalia for epidemiological weeks 28-29, 11-24/7/2022](#), July 2022
8. CCCM Cluster, [IDP Site/Service Monitoring](#), Accessed on 15th August 2022
9. REACH Initiative, [Detailed Site Assessment](#), December 2021
10. FAO SWALIM, [Somalia Drought Update \(May - September 2022\)](#), June 2022
11. WFP-VAM, [Seasonal: Rainfall & Vegetation: Visualizations](#), Accessed on 15th August 2022
12. REACH Initiative, [Somalia Hard-to-Reach Assessment: South and Central Districts December 2021 - January 2022](#), January 2022
13. FEWSNET, [Seasonal Monitor](#), March 2022
14. UNHCR-PRMN, [Somalia Internal Displacement](#), Accessed on 15th August 2022
15. FSNAU, [EW-EA Dashboard](#), Accessed on 15th August 2022

About REACH

REACH Initiative 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. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

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