

Somalia Drought Response Rapid WASH Assessment



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List of Abbreviations and Acronyms

AWD	Acute Watery Diarrhoea
BHA	Bureau for Humanitarian Assistance
CN	Concept Note
CRS	Catholic Relief Services
DROPS	Drought Response Project in Somalia
FEWS NET	Famine Early Warning Systems Network
FGD	Focus Group Discussion
GBV	Gender-based violence
IDP	Internally Displaced Persons
KII	Key Informant Interviews
MHM	Menstrual Hygiene Management
MPCA	Multi-Purpose Cash Assistance
SHARPEN	Somalia Health, Protection and Nutrition
SSWC	Save Somalia Women and Children
WMC	Water Management Committees

1.0 INTRODUCTION

1.1 Background information

The horn of Africa is facing a catastrophic drought which is the worst in 40 years. This has affected Somalia where almost half of the population is facing food crisis as a result of the drought. According to Food and Agriculture Organization (FAO, 2022), more than 80 percent of Somalia is currently facing severe to extreme drought conditions. Drought, persistent insecurity, global supply and price shocks have affected food security. Nearly all (71 out of 74) districts in Somalia need water, sanitation, and hygiene, (WASH) support. Around 6.4 million people lack sufficient access to water as a result of a drastic decline of water resources. The WASH cluster targets to reach 5.2 million with WASH support.

The response has so far reached 36% of the target population. The drought has led to drying up of some surface sources such as dams and rivers. It has also affected ground water sources including some shallow wells and boreholes. The low recharge has impacted on borehole capacities. According to Famine Early Warning Systems Network (FEWS NET, 2022), the Gu seasonal rainfall between March and June 2022 ranged between 40% to 70% below average and leanly replenished some water sources. This however was not sufficient to meet the already dire water supply needs for consumption and livestock forcing pastoralists communities to migrate further in search of pasture and water.

The drought has caused displacement of people to areas where they can access humanitarian support. Since January, over a million people have been displaced. New arrivals have been reported in Banadir (19%), Bay (40%) and Gedo (15%) regions. This has increased the WASH needs due to the increase in the number of internally displaced persons (IDP) in the areas. The available water sources are fewer leaving people with limited options especially for drinking water. This has led to use of unsafe sources such as slow flowing water in rivers and unprotected wells. Lack of sufficient quantities of water and poor sanitation has increased the risks of acute watery diarrhoea (AWD) and cholera outbreaks. In Banadir and Bay region, there were 2000 and 2300 AWD/cholera cases respectively recorded in this year. WASH related risks are projected to rise with the prolonged drought. The price of water has increased as a result of global shocks which have led to an increase in fuel. In some locations an increase of over 130% has been reported.

Catholic Relief Services (CRS) has been working closely with and channelling resources and support to local organizations in Somalia since the 1960s and has implemented activities in Mogadishu since 2011, in Baidoa since 2012, and in Gedo region since 2014 with OFDA, FFP and other foundation and private donor funding. More than 350,000 people have benefited from CRS programs in Somalia since 2011.

1.2 Purpose of the assessment

To identify WASH needs for drought affected people and inform response priorities and plans.

2.0 METHODOLOGY

2.1 Data collection

The rapid WASH assessment was carried out in 3 regions in Somalia which include Bay, Banadir and Gedo regions. The assessment was qualitative in nature and was carried out in Daynile and Kahda districts in Banadir, Dollow and Baidoa. The districts were selected because of the large numbers of IDPs, their IPC ranking, accessibility during the assessment and CRS/partner presence. The assessment was done through focus group discussions (FGD), key informant interviews (KIIs) and observation treks. A total of 8 KIIs, 22 FGDs and 10 observations were carried out. Structured guides and semi-structured interview scripts were used to gather information on key thematic areas. The thematic areas included water supply, sanitation, hygiene promotion, solid waste management, MHM and incontinence. The assessment was conducted by four facilitators per region and was preceded by one day training of the team on data collection tools. The data collection team consisted of partner staff and their pool enumerators.

Participants in the focus groups were selected from the target community. Their participation was on voluntary basis and depended on their availability as at the scheduled time of the interview, existing IDP, host, newly displaced IDP, or living within the target community and affected by the drought. FGD participants also included minority groups and those living with disabilities. Other category used included gender for male FGD and female FGD participants. MHM FGD consisted of women of reproductive age between 18 and 35 years of age. KII participants were selected due to the position they held in the community as leaders and their knowledge of the ongoing drought situation and their interaction with affected community members.

TABLE 1: DATA COLLECTION LOCATIONS AND FIGURES

Tool	Target	Dollow	Baidoa	Banadir
KIIs	Community leaders	1	1	1
	Women leaders	1	1	1
	Local authority	1		1
FGDs	Men (FGDs)	4	2	2
	Women (FGDs)	6	4	4
Observation	Water supply, sanitation facilities, waste disposal	4	4	2

2.2 Ethical considerations

Informed consent was sought from all participants before commencing interviews and group discussions. The facilitators for the interviews and discussions started by introducing

themselves, the reasons of the assessment, the topics to be covered, how the interview or discussion would be carried out, timeframe, how the information will be used, assurance of confidentiality and clarification of no consequences for non-participation.

2.3 Key findings

2.3.1 Water supply

- Water from the current sources is not sufficient and the influx has added pressure on the existing infrastructure. The prolonged drought has caused the drying up of most water sources leaving the communities with fewer options with many turning to unimproved sources to meet all their needs. This has increased their risk of water related illnesses.
- There is a spike in prices of water associated with the limited number of water sources available and the increase in fuel prices used in pumping water. A jerrycan of water retailing at 0.3 - 0.5 USD which is over 100% increase.
- Although all people have challenges accessing water, people with physical disability and the elderly face special challenges accessing water facilities such as distance and physical barriers
- 90% of the participants indicated that people in their community are accessing reduced quantities of water compared to before the drought and in extreme case share with neighbours who do not have access which exacerbates the severe water shortages
- Lack of water collection and storage containers, long queues and long distances traveled to access alternative sources of water pose additional challenges related to water access
- Poor maintenance of water sources has added constraints to water access
- There are alternative sources of water which are privately owned and pushcart water vendors who sell water in the communities at a cost. The drought though has affected the purchasing power of the communities with many indicating that they are unable to buy water

2.3.2 Sanitation facilities

- Lack of enough sanitation facilities in the 3 assessed locations with cases of up to 300 people sharing a drop hole and up to 20 families sharing a household latrine which is beyond the SPHERE standards of 20 people per latrine cubicle (drop hole).
- Open defecation was identified as a common practice in the assessed communities necessitated by lack of functional latrines. 90% of the participants indicated that all categories of people practice open defecation with 10% indicating that only children mostly practice open defecation.
- In some locations, 100% of the latrines do not have locks and 83% do not have doors thus offering no privacy which is a major concern for women and girls. Women participants indicated that women and girls are the most affected by lack of latrines and wait for nightfall to relieve themselves thus increasing their vulnerability
- In 100% of the assessed locations, the latrines were not segregated, and none had gender markers.
- The latrines were in very poor conditions indicating poor maintenance characterized by dilapidated superstructures, missing doors and locks. The latrines were dirty and had odour and flies.

2.3.3 Hygiene

- Lack of/functional handwashing facilities
- Lack of hygiene items such as soap, menstrual hygiene items, adult diapers making it difficult to observe hygiene practices
- Low awareness levels on hygiene

2.3.3 Environmental health – Solid waste management

- Lack of proper solid waste management systems
- Littered paths
- Overflowing waste management pits
- Dirty compounds

2.3.5 MHM and incontinence

- Lack of materials for menstrual hygiene management (MHM) thus women and girls resulted into using unhygienic pieces of old clothes. Lack of proper materials affected their daily activities including school attendance for girls.
- Incontinence cases associated with women arising from childbirth, elderly men and women, people living with disability and those with chronic illnesses
- Incontinence issues are not discussed openly due to shame and stigma.
- People with incontinence suffer from stigma as they are seen as dirty (smelly) and participants indicated that these people need urgent hygiene materials and medical care.

3.0 FINDINGS AND DISCUSSIONS

3.1 Water supply

90% of the assessed communities indicated that they were accessing insufficient water from available sources. The sources of water cited include boreholes, protected shallow wells, handpumps, water trucking, river and unprotected wells. The drought has led to a decrease in water levels in water sources, causing others to dry-up. This has limited the available options of water sources. This and the influx of people has increased pressure on available water sources with people turning to unsafe sources such as river water and open unprotected sources. Riverine communities in Dollow indicated they accessed water from the river and from shallow wells dug along the riverbanks.

The price of water has increased up to 0.3 - 0.5 USD per 20l jerrycan which is over 100% increase. Secondary data indicated an increase of 130% in some locations. This was associated with the limited number of water sources available and the increase in fuel prices used in pumping water. All the assessed areas reported long queues and in some locations water rationing. Additional challenges reported and observed across the assessed districts in accessing water include lack of water collection and storage containers and long distances traveled to access alternative sources of water. Lack of finances was cited as an impediment to accessing water from private water vendors. The price of water was cited as unaffordable for the displaced and vulnerable community members. Additionally, people living with disabilities and the elderly faced special challenges accessing water facilities such as distance and transportation of the water.

Those who fetched water from the river and open wells indicated that the water quality had deteriorated, and turbidity levels had increased over time as the level of water had reduced significantly. Observation of water supply sources indicated water quality risks from possible contamination points. The quality of water from pushcart sellers could not be assured as they also fetched water from unimproved sources due to water shortage.

Most of community water sources were managed by water management committees (WMC). During the assessment, 95% of the participants indicated that they knew of some sources in their locality which were not functional at the time of the assessment. This was from the low levels of ground water, lack of maintenance funds and lack of technical skills to carry out the repairs. About 30% indicated that community members contributed some user fees for management, but since the drought, it had become increasingly difficult to pay which affected the capacity of the committees to carry out maintenance works. Poor drainage and lack of proper disposal of gray water was observed in 90% of the sources visited, which is an indication of poor maintenance.

3.2 Sanitation

Access to basic sanitation was found to be a major challenge in all the assessed locations. Sanitation facilities were few and in poor conditions. In some of the assessed communities, there were cases of up to 300 people sharing a drop hole. This is beyond the SPHERE standards of 20 people per latrine cubicle (drop hole).

Poor maintenance was characterized by dilapidated superstructures, dirt, feces on the floor and dirt smears on the walls from minimal or no cleaning. They also had missing doors and locks, odour and flies. Most of latrines lacked lights, locks, and were inaccessible to people with disabilities. They were also not accessible to the elderly due to lack of supportive mechanisms. People living with incontinence could not easily access sanitation facilities as they were either non-existent or in unhygienic condition. Where latrines were available, they were not segregated and lacked gender markers.

It was observed that 90% of the assessed latrines did not offer privacy because of missing doors and locks. In Banadir, none of assessed latrines had locks and over 80% did not have doors. Lack of lights near and in sanitation facilities posed a protection risk, particularly for women and girls. It was observed that 100% of the assessed latrines. Overall, 90% of the latrines did not meet the sphere standards.

Women, men and children practiced open defecation. Women and girls waited until night-time to go out and relieve themselves in the bush. Open defecation has increased due to the lack of sanitation facilities which has exacerbated protection risks, particularly for women and girls. Participants rated sanitation as a high priority need.



FIGURE 1: LATRINE WITH MISSING DOOR IN BANADIR (LEFT) AND A BROKEN LATRINE SUPERSTRUCTURE IN DOLLOW (RIGHT) PHOTO COURTESY SSWC/CRS

3.3 Hygiene promotion

Limited access to water undermined improved personal hygiene and handwashing practices. The assessed communities did not have functional handwashing facilities. Lack of handwashing facilities is a major impediment to handwashing practices as visible functional handwashing facilities have been shown to improve hand washing behaviour. Somali people use water for cleansing. It was observed that they mostly used 3 litre water containers to carry water into the latrine and the same was used to wash hands but without soap. This provided a point of contamination. The assessed communities indicated that they lacked hygiene items such as soap, menstrual hygiene items and adult diapers. This was caused by the increased prices and lack of means to purchase the items. This affected personal hygiene and was a barrier to hand washing practices.

3.4 MHM and incontinence

Women who participated in the discussions indicated that women and girls lacked menstrual management materials thus they resulted to using unhygienic pieces of old clothes. This affected their confidence and their daily activities including school attendance for girls. Lack of management facilities such as safe spaces to change and wash menstrual sanitary materials and safely dispose used materials posed additional challenges for women and girls. Privacy in available sanitation facilities was also raised as an issue with the facilities lacking lock, doors and lights. The participants indicated that girls faced special challenges if they did not have access to materials and this presented an opportunity for exploitation.

Incontinence affected women arising from strained childbirth, elderly men and women, people living with disability and those with chronic illnesses. Incontinence issues were not discussed openly due to shame and stigma There was limited knowledge arising from lack of awareness

among the general population on how this category of people can be supported apart from hygiene materials and medical care.

3.5 Environmental health – Solid waste management

Lack of proper solid waste management systems was observed and reported in all the districts that were visited. Most of the households burnt waste within their compounds. It was observed that the paths were littered with waste, no designated waste disposal sites and most of the compounds were dirty. Lack of tools, low awareness levels on the importance of proper solid waste management and lack of designated sites for waste disposal were cited as barriers to proper solid waste management.



FIGURE 2: SOLID WASTE SITUATION IN BANADIR AND DOLLOW PHOTO COURTESY, SSWC/CRS

4.0 CONCLUSION

WASH situation has deteriorated in Somalia after 4 failed rainy seasons. The surface water sources, and shallow wells have continued to dry-up from reduced recharge. Boreholes have recorded decreased production and are not sufficient to meet water demand for host communities and the IDPs. New influx has increased pressure on the already strained WASH resources and has placed the communities at risk of AWD and cholera outbreak. There is therefore an urgent need to support WASH needs to improve access to WASH services and enable communities live in dignity.

5.0 RECOMMENDATIONS

5.1 Water supply

Improve access to water supply through improvement of water systems

- The findings of the assessment indicated the existence of a private water market. Existence of private boreholes provides an opportunity for partnership to address the needs of the community. This will ensure sustainability of services, as findings from a CRS study in Northeast Nigeria demonstrated. The findings indicated that private borehole owners are keen on operation and maintenance. The partnership would involve supply of

the water through water kiosks at an agreed rate, blanket distribution at an agreed rate, water trucking or other modalities as agreed.

- In Banadir, CRS through its partner SSWC has entered into an agreement with the owners to supply water to 25 IDP camps which have currently registered and influx of newly drought displaced people. They also supply water to vulnerable host community members. In Dollow, there are private borehole owners who supply water to people who can pay.
- Expansion of existing water supply systems such as high production boreholes through reticulation and additional collection points and rehabilitation of non-functional water sources as boreholes and productive shallow wells.
- Incorporate disability friendly features in water supply facilities to improve access for those with physical disabilities and the elderly
- Emergency water trucking for short term response for the first 3 months of the response. Plan and put in place long-term measures of rehabilitation and new water sources in target areas where this kind of response is feasible.
- Explore engagement of pushcart water vendors where applicable to supply water to those with special needs and do not have available support. This should be implemented as an emergency measure as other support is explored such as strengthening community support groups for those with special needs. A study carried out by CRS in Nigeria in 2019 showed that engagement of pushcart water sellers can bridge the water gap and issues of water quality can be addressed through training on water handling practices
- Support water management committees with operation and maintenance kits for borehole/well rehabilitation and carry out training for existing and new water management committees
- Distribution of water collection and storage containers to the communities to address water storage issues.
- Improve drainages around water collection points – spill water may be recycled for green spaces or vegetable gardens.
- Raise awareness on the risks of water pollution from solid waste and open defecation.

5.3 Sanitation

- Provide segregated latrine blocks for male and female to increase latrine coverage and reduce number of persons per usable latrine - drop hole. Construct emergency latrines to address the immediate sanitation needs/Plan for long-term construction of semi-permanent/permanent latrines with fecal management systems. Include a latrine cubicle that is accessible by persons with disabilities in every block (male and female).
- Provide segregated bathing facilities with a disability friendly cubicle to address the issue of personal hygiene.
- Construct emergency bathing shelters with allowance for gray water disposal.
- Establish/strengthen latrine cleaning committees with training and kits for operation and maintenance to address the issue of missing doors, locks and cleanliness of sanitation facilities in communal latrines.
- Support households in host communities to construct household latrines through cost-sharing methodology.

- Increase awareness on risks of open defecation.
- In Gedo region and other locations where desludging services are available, latrine designs should include a manhole for desludging and provide budget for desludging services.

5.4 Hygiene

- Increase awareness on proper hygiene practices. Design targeted messaging on key behaviours. Adopt WashEm methodology to design an approach which is participatory and engaging for the participants. This provides an opportunity for learning and improving practices on target behavior. Feedback from DROPs project indicated success and higher level of participation during implementation of WashEm recommendations.
- Train staff on WashEm approach
- Support the affected communities with soap to address the issues of personal hygiene and improved hand washing practices.
- Support communities address the issue of lack of handwashing, operation and maintenance by working on contextualized solutions with available materials for households. Installation of handwashing facilities in communal places including close to latrine blocks.

5.5 Environmental health – Solid waste management

- Support the communities with tools for waste management
- Support the community in creating solid waste management designated spaces and waste management areas such as pits and establish waste management plans with the target communities to address the challenge of solid waste management.
- Increase awareness on the importance of keeping the environment clean, waste sorting and support the communities to form environmental committees.

5.6 MHM

- Construct inclusive (people with disabilities) bathing/changing areas with MHM latrine stands with water access (a drum that can be refilled).
- Design female latrine blocks with MHM waste management considerations. Include an incinerator to the female latrine block for MHM waste management.
- Distribute sanitary materials support preferably through in-kind to ensure quality, including additional MHM items (women underwear, 10L bucket, soap -250g).
- Increase education/awareness on MHM.

5.7 Incontinence

- Increase awareness on incontinence to break the barriers.
- Distribute Material support such as adult diapers, soap and 10L bucket.