

Somalia Initial Rapid Needs Assessment (SIRNA)

Middle Shabelle | November 2015



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Introduction

The evaluation was conducted by REACH as part of its partnership with OCHA and the ICCG and through funding from ECHO and USAID. All of the reports, maps, and factsheets can be accessed directly from the REACH Resource Centre: www.reachresourcecentre.org.

This assessment would not have been possible without the generous support of the 13 organizations who supported data collection: ACDO, CED, DRC, EVSO, Farjano Foundation, Interaid, INTERSOS, ORDO, SCC, SHARDO, TARDO, WARDI, WOCCA, and ZAMZAM.

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Cover photo: SIRNA assessment team



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Acronyms

FCS	Food Consumption Score
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Persons
IM	Information Management
IMC	International Medical Corps
KII	Key Informant Interview
NFI	Non-Food Item
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Out-patient Therapeutic Care Programme
SC	Stabilization Centre
SIRNA	Somalia Initial Rapid Needs Assessment
TSFP	Targeted Supplementary Feeding Programme
WFP	World Food Programme

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Background & Rationale

Deyr seasonal rains started in Middle Shabelle in October with flooding reported to have started by 22 October. The Middle Shabelle area was reported to be most affected by flash floods at the time of the assessment; however, riverine flooding was a growing concern due to the rising river levels from heavy regional rains and those in the Ethiopian highlands which flow into the nearby Shabelle River.

An estimated 4,899 households were reported to be affected by the recent river floods and approximately 5,406 households by flash floods. The majority of this population are small-scale farmers and livestock producers and traders. Ongoing breakages and overflow were reported in Tuugaareey, Magaay, Raqeyle, and Hawadley. Displacement to nearby communities was reported as a result of both flash flooding (ex. Mahaday) and river breakage (ex. Tuugaareey).

Health and WASH were the primary immediate concern, as sanitation conditions had reportedly worsened from the existing deterioration of last Gu's rains. Anecdotal indicated an increasing number of diarrheal cases in community downstream of dislodged latrines. Households were reportedly defecating at community defecation points in (ex. Tuugaareey community in Jowhar) or river banks (ex. Kumis Weyne community in Mahaday), whereas IDP camps have private or shared pit latrines which may have experienced overflow. Operational partners also highlighted that, aside from Tuugaareey which received soap, no hygiene-related distribution has been conducted.

Updated information remains scant and siloed, which has furthered the need for an inclusive assessment in the area. Response has been largely limited to response for breakages – bag provision (WFP, Farjano Foundation, and PAH), canal digging and river embankment (PAH). However, some preparedness training (PAH – hygiene promoters in Jowhar) and awareness messages (Farjano Foundation – radio messaging) has been reported.

Through expressed interest from the Inter-Cluster Coordinating Group (ICCG), upon a trigger request by the WASH Cluster, OCHA requested REACH to initiate a Somalia Initial Rapid Needs Assessment (SIRNA) for the Deyr 2015 related flood affected areas in Middle Shabelle, Somalia.

Facilitated by REACH, and funded by European Commission's Humanitarian Aid and Civil Protection department (ECHO) and the United States Agency for International Development (USAID), the SIRNA was rolled out in 14 communities in the most affected area – Balcad, Jowhar and Mahaday Town areas – between 9 and 12 November 2015.

The purpose of this assessment is to inform response within the communities most impacted by both types of floods – riverine and flash flooding. Secondary and key informant data may improve general understanding of the displacement, but it will not be a central feature of this assessment, unless relocation included an community which the assessment is targeting.

Map 1: Assessed communities by area

Methodology

In order to collect statistically significant data for each of the most affected areas, a randomised sampling methodology was selected at the level of estimated total population of

the communities. Two communities were assessed only through KIIs (Shidlo Bari and Kulmis Weyne) due to inaccessibility of the field team to conduct data collection. The remaining 12 communities were divided and sampled as three groups based on their geographic location: Balcad Town area (2 communities), Jowhar town area (6 communities), and Mahaday Town Area (4 communities). This grouping was chosen through discussion with the clusters and operational partners, who wanted to ensure that communities were analysed based on geographic location and likely cause of flooding. The information presented in this report can be generalised across each of the three geographic areas with a 95% confidence and 10% margin of error.

Mapping and geographic analysis was conducted using available imagery and geographic data. Primary data was collected from 9 to 12 November 2015, using several survey tools based on the KOBO mobile platform. Findings are drawn from 384 household interviews, 14 Key Informant interviews (KII), and facility mapping of the 12 directly assessed communities. Exact figures of the sample collected are available in Annex I, together with estimated populations of each community, as illustrated in Map 2.

Both enumerators and team leaders were, as much as possible, already trained in June on the SIRNA processes and intentions. Enumerators were recruited through cluster agencies operational in Middle Shabelle and trained by REACH on interview technique, bias, and the use of mobile phones for data collection. Team leaders, who also received training on methodology, tools, and planning data collection, were each responsible for six enumerators. WOCCA generously provided use of its boat to facilitate access to communities that were inaccessible by road.

Data collected was uploaded directly from the mobile phones onto the KOBO online platform. Information was analysed by REACH teams based in Nairobi and reviewed by the Assessment, Information Management (AIM) Working group, OCHA's Information Management Unit, and the clusters. The clean assessment database, detailed methodology and data collection tools are available upon request, with sensitive information removed where necessary.

NFI scoring

As part of the assessment, the Shelter Cluster Somalia requested the inclusion of an NFI scoring system. An NFI scoring system has been used in the Democratic Republic of Congo (DRC), and the system presented here is an extrapolation from this. The system, unlike that of the DRC, takes into account both number of household items in the possession of the household, and weights items due to their importance in a given emergency context. The scoring system is experimental, and is not a global standard. The scoring system takes into account:

Jerry cans: Calculated for litres per person in the household, as a proportion of the ideal capacity of 20 litres per person, multiplied by the weighting.

Cooking pots: Calculated as whether the household has at least 1 cooking pot of at least 5 litres, multiplied by the weighting.

Wash basins: Calculated as whether the household has at least 1 wash basin, multiplied by the weighting.

Sleeping mats: Calculated for mats per person, capped at 1 mat per person, multiplied by the weighting.

Blankets: Calculated for blankets per person, capped at 1 blanket per person, multiplied by the weighting

Knives: Calculated as whether the household has at least one knife, multiplied by the weighting

Plastic sheeting: Calculated as whether the household has plastic sheeting, multiplied by the weighting.

The weightings applied to each item are:

Item	Weight
Jerry cans	8
Cooking pots	3
Wash basins	3
Sleeping mats	7
Blankets	6
Knives	2
Plastic sheeting	5

The total NFI score is the sum of the above calculation, rounded to the nearest whole number. NFI score severity is then grouped, in this case by the bottom third of the range being NFI insecure, the top third of the range being secure, and the middle third being borderline.

Challenges and Limitations

Where possible, findings attempt to distinguish community and area needs. However, the SIRNA methodology and sampling strategy did not always permit the comparative analysis of the situation of communities. Throughout this report, secondary data and anecdotal evidence are used to support assumptions regarding specific community needs, where necessary.

Due to access constraints, household data was not collected for the communities of Shidlo Bari and Kulmis Weyne, which were also reported to be affected by the flooding. Findings from the assessed areas can therefore not be generalised across these communities, but may be indicative of the effect of the flooding.

The purpose of this assessment is to inform response within the communities most affected by the floods through primary data collection within those communities. This, however, limited the ability of the assessment to capture household level information from households displaced outside of the assessed communities.

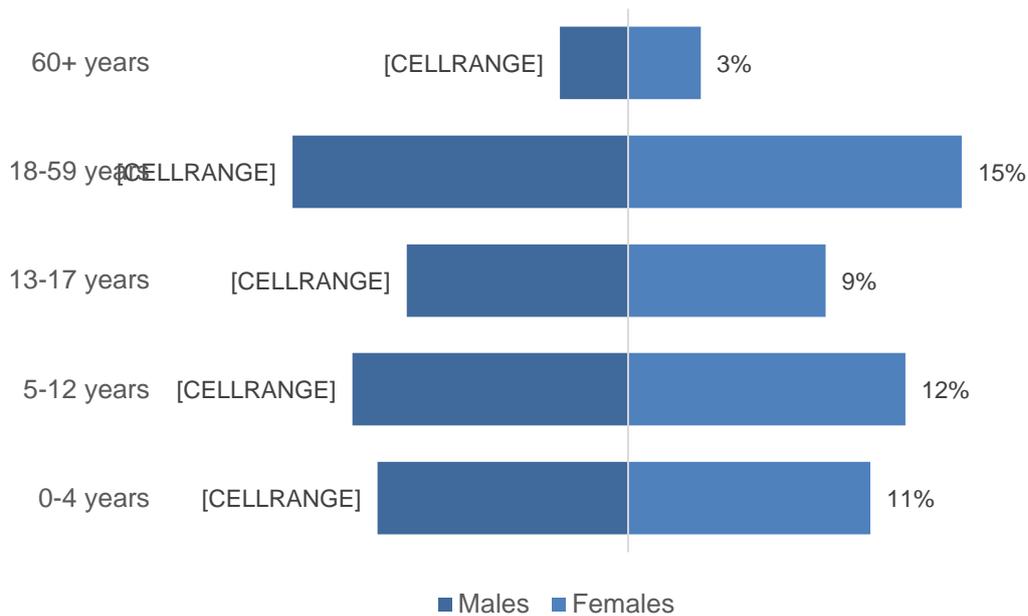
Key Findings

Demographics

Household Characteristics

Within the assessed area the household population was higher than the country average of 5 persons per household, indicating a higher degree of resource sharing than in urban areas. Across the sampled population the average household size was 8.69 persons, highest in the Mahaday town area (9.11 persons per household). There was a large child population, with those under 18 years of age comprising 64% of the total population. This contributes to a high dependency ratio of 2.4.

Figure 1: Population pyramid



A high proportion of female headed households (37%) was also identified. The proportion of female headed households was above 30% in all three assessed areas, but was highest in the Balcad town area, where 44% of households self-identified as female-headed.

22% of respondents indicated that there had been an increase in vulnerable members within their household in the last month, with almost high of households indicating that there was a specific problem in caring for sick children (11%) and elderly members (10%). 10% also indicated they were caring for pregnant or lactating women, with a higher proportion in the Balcad Town Area (18%) than in Mahaday Town Area (11%) and Jowhar Town Area (4%).

Displacement

The majority of households interviewed had been displaced only locally as a result of the flooding. 95% of households reported that they were in their current district of origin, with 89% identifying themselves as host community. 9% of those surveyed identified as IDPs. However, 48% of respondents were living in a spontaneous settlement, while 24% were living in a planned settlement, and 27% with a host family. This suggests a highly localised displacement pattern within the Middle Shabelle area, but with people still having to leave their usual homes.

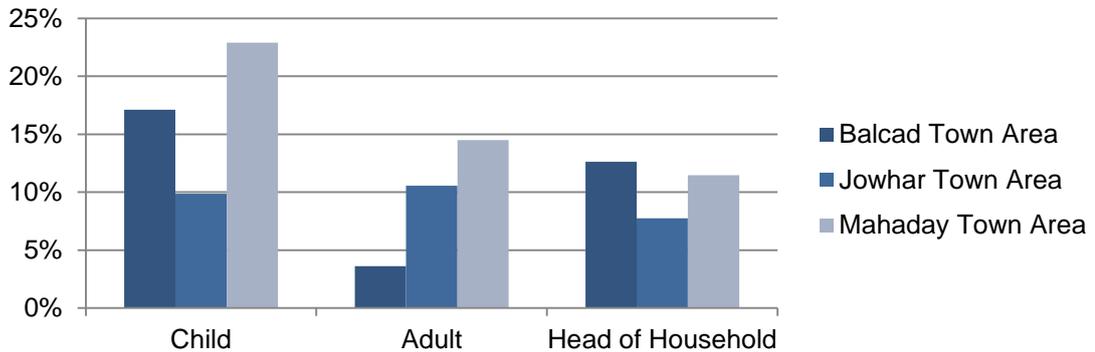
Protection

The majority of communities (71%) reported having a community structure in place, with notable exceptions of Buurfule, Fanole, Jilyale IDP and Kacaanka. Of the communities reporting community structures, all but 21 October, Biaza IDP and Raqeyle and all but Biaza IDP, Tuugaarey, and Raqeyle reported having education or security addressed within the community structure, respectively.

No community reported having children recruited into armed forces within the last month. However, 27%, 23%, and 44% of households from Balcad, Jowhar, and Mahaday Town

areas, respectively, reported separated family members. Figure 2 shows the reported household members separated from the household, with children as the most common.

Figure 2: Separated household members



A statistically insignificant number of households reported experiencing violence during displacement. When reporting sources of insecurity in the community, community leaders and local militia were the most common source of insecurity. However, most households – 51% Balcad, 49% Jowhar, and 29% Mahaday Town Areas – indicated there were no serious sources of insecurity in their community. Figures 3, 4 and 5 highlight the areas of safety concerns for men and boys and women and girls. The areas of concern for men and boys vary slightly amongst region, with the health centre being the primary area of concern in Balcad Town Area while bathing is the primary area of concern for Jowhar and Mahaday Town areas. A less significant variance exist for women and girls, as concerns at the market, water point, and bathing are reported throughout, but the concern within Balcad for women and girls at feeding centres is distinct. For where women and girls most often go to services when they have been victims of some form of violence, households overwhelmingly selected community leaders – 88% in Balcad Town Area, 70% in Jowhar Town area, and 73% in Mahaday town area – rather than the other available options of medical centre, police, NGO,

Figure 3: Security concerns in Balcad Town Area, reported by males and females

or UN Agency.

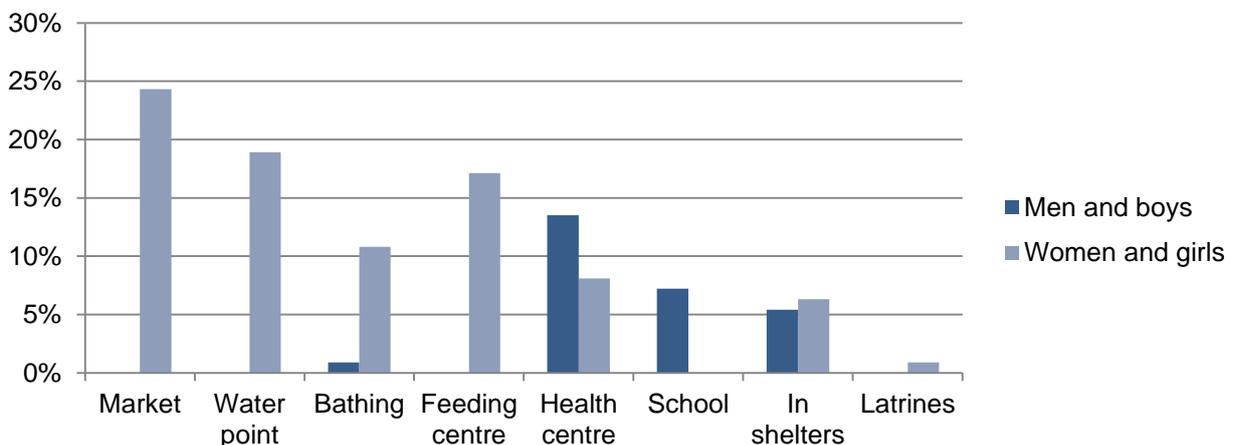


Figure 4: Security concerns in Jowhar Town Area, reported by males and females

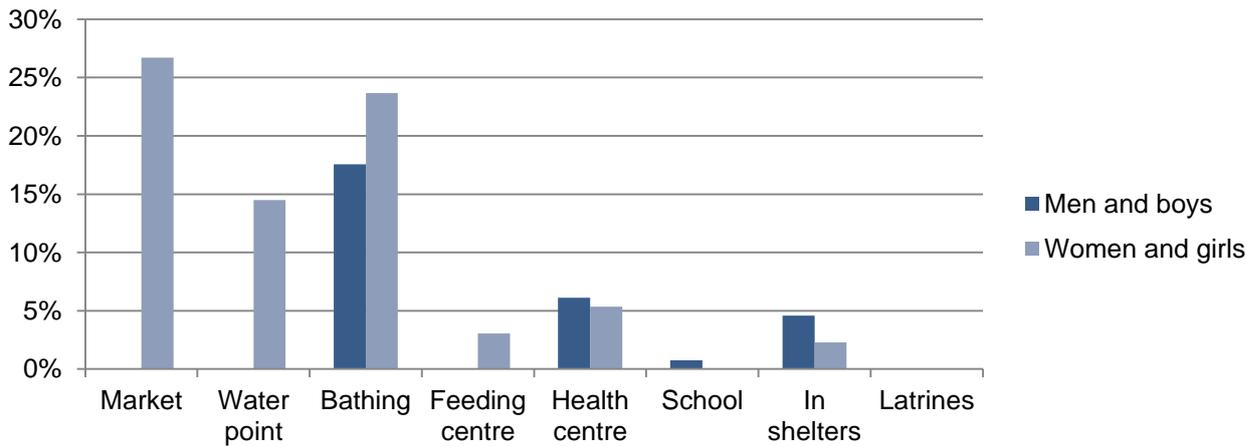
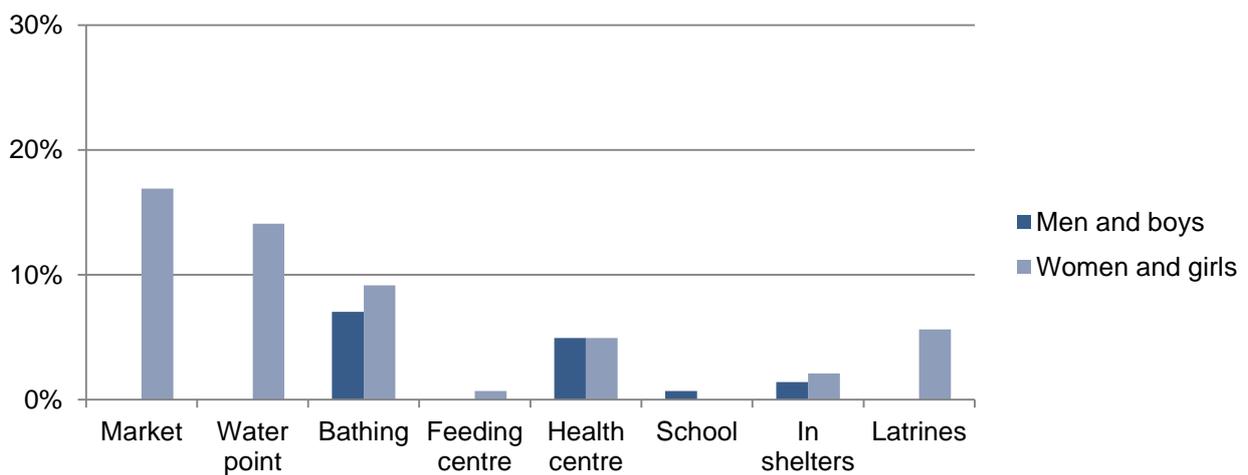


Figure 5: Security concerns in Mahaday Town Area, reported by males and females



Causes of stress for children was determined through KIIs where lack of food (71%) was the most commonly reported trigger, followed by losing belongings (43%), no school (36%), and lack of shelter (36%). Coping strategies were varied but including provision of food and shelter as well as recreation or child friendly spaces. Further assessments should look into the relationship between household food consumption coping strategies and their implications on children’s stress. Positive coping strategies for children, including recreation and child friendly spaces, were not commonly reported.

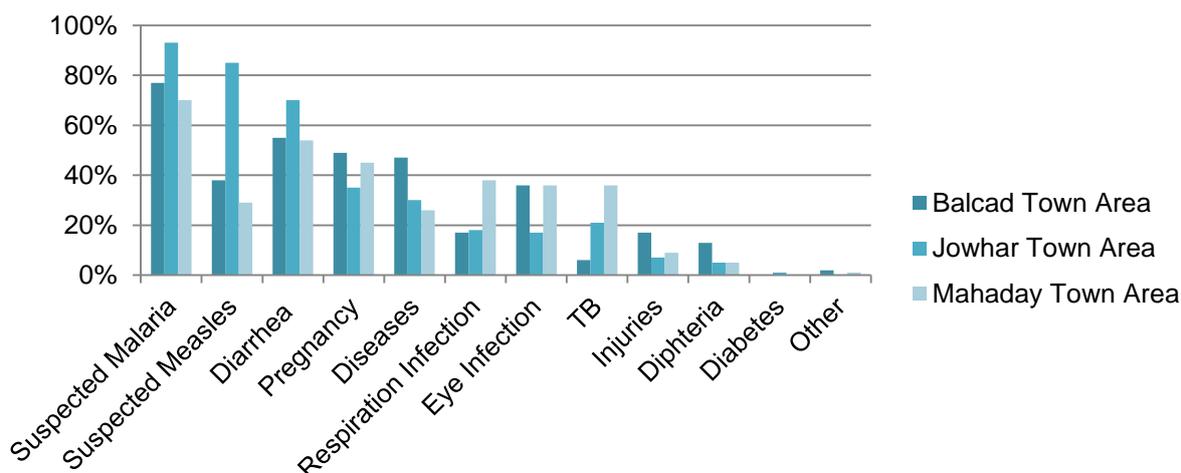
Health

At the time of assessment, the only functioning health facilities captured within the perimeters of the assessed communities were in 21 October and Hawadley. A primary healthcare unit was captured in Kulmis Yarow, though its level of functionality was unclear. However, it is worth noting that the methodology for facility capture is limited to facilities within the community perimeter. Any mobile service provider or provider outside of the community perimeter was not captured. Therefore, secondary data is crucial to supporting the

understanding of services available (particularly for mobile services or facilities which may cross community perimeters – health facilities, schools, etc.). Secondary data provided by INTERSOS in June 2015 indicated additional mobile health facilities and other stationary health facilities active in the vicinity of the accessed areas – INTERSOS Shidlo Clinic, IMC Kulmis & Buulo Sheik Health Centers, INTERSOS Jowhar Regional Hospital, and IMC Maternity Hospital. These facilities were not captured in the SIRNA assessment because they are mobile or because their location is outside the perimeter of the assessed communities.

During household data collection, around half of all households reported new or worsening health problem in the household in the last month. See Figure 6, for the most frequently reported health problem from households reporting new or worsening health problems within the last month, displayed by area. As likely to occur in flooding, households reported an increase in suspected malaria and diarrhea. A bit anomalous, however, is the reporting by 85% of households in Jowhar Town area of suspected measles within the household. Further evidence will be needed to confirm the existence and determine the cause of this reporting. A potential contributing factor would be increased household density, as Maagaay and Tuugaarey communities have anecdotal evidence and KI corroboration of an increase in displaced households within the community.

Figure 6: Reported health concerns of households with increased health concerns in last month, reported by area



While all three health facilities captured reported an increase in utilization of services, around half of all household in Jowhar and Mahaday Town areas reported negative change in ability access to health services in the last month and respondents reported an average travel time of 56, 72, and 60 minutes from Balcad, Jowhar, and Mahaday Town areas, respectively. Balcad Town had a lower reporting, 35%, of a negative change in access health facilities. Health actors should further investigate the low percentage of households reporting access to health facilities, as many of the communities assessed are situated within the immediate catchment areas (within 5km) of these health facilities. Access to flooded communities, reasonably, may become more limited in instances where flooding impedes land transport.

Reported household expenditure on healthcare in the areas was averaged to five USD in Balcad Town Area, one USD in Jowhar Town area, and two USD in Mahaday Town area. Households also largely reported spending less in healthcare within the last month– 63%, 85%, and 76% in Balcad, Jowhar and Mahaday Town areas, respectively. Overall household

spending on healthcare was directly correlated to reported access to health facilities, suggesting that the reduction in health expenditure may reflect the reduced overall utilization of healthcare services due to impeded access rather than reduced need. The influx of healthcare utilization by healthcare providers may not provide an accurate portrayal of the needs being met, as household level data capture indicates many households have healthcare needs yet feel impeded to access healthcare providers.

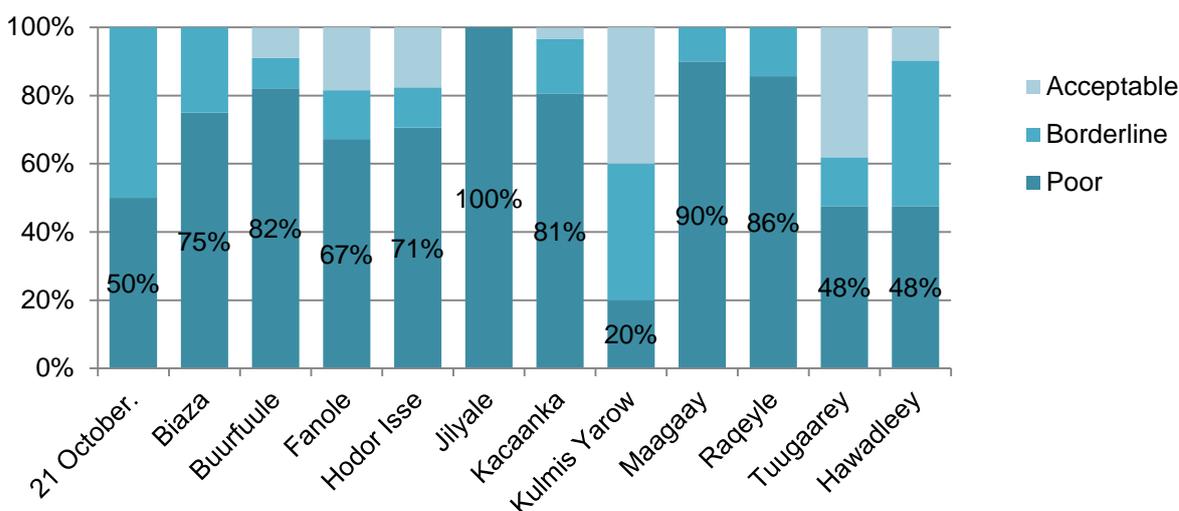
Mobile health clinics, already present in Middle Shabelle, may be able to address the gap in access if able to bring healthcare services in closer proximity to households. Awareness of available services, of both mobile and permanent healthcare facilities, may not be well known to communities as only 29%, 11%, and 14% of households in Balcad, Jowhar and Mahaday confirmed that immunizations were provided at available healthcare facilities.

Food Security and Livelihoods

Analysis by groups on food consumption reveals that Mahaday Town area has the highest (76%) prevalence of poor food consumption scores (FSCs) followed closely by Jowhar Town area (74%). Balcad Town area population, however, reported 40% of the population with poor food scores. While the statically significance of 95/10 is not applicable at community level, Figure 7, illustrates the variance in reported FCSs across respondents from assessed communities. The highest prevalence of acceptable FCSs were reported in Kulmis Yarow (40%) and Tuugaarey (38%), while four communities – 21 October, Biaza IDP, Jilyale, and Maagay – had no households indicating acceptable FCSs. There is a direct correlation between food consumption score and household expenditure on food, as household who report spending more money on food were more likely to report a higher FCS¹. When disaggregating further by livelihood, it follows logically that agro-pastoralists have the highest rate of poor FSC (100%), followed by agriculturalists (62%), and business (57%). As agro-pastoralists depend on both livestock and agriculture, the destruction caused by the floods may have contributed to this finding. Business people had approximately 28% acceptable FCS.

Figure 7: Food consumption scores, reported by community

²



¹ A positive moderate correlation (Pearson=0.466 and Spearman =0.471).

² Indicative only

The assessment integrated a condensed coping strategy index looking at household reporting and monthly frequency of occurrences when 1) no food due to lack of resources to get food, 2) at least one household member went to sleep hungry because there was not enough food, and 3) any member of the household went a whole day and night without eating anything at all because there was not enough food. Household food consumption coping strategies were most commonly reported in Jowhar (94%) and Mahaday (93%) Town Areas, with 77% of households from Balcad Town Area reporting household coping strategies. Households who reported coping strategies most often reported all three coping strategies. With slight variance in the households that selected within the three coping strategy, the most commonly reported coping strategy was having at least one household member going to sleep hungry because there was not enough food. Of those reporting coping strategies, most households – 50% Balcad, 61% Jowhar, and 81% Mahaday Town Areas- reporting the utilization of these coping strategies within the last 30 days. This may be related to food consumption as well, bearing in mind that communities in Balcad (Kulmis Yarow and Hawadleey) have a higher percentage of households with acceptable food consumption than the majority of other communities.

Given the high-production riverine area, the majority of households reported agriculture as their primary livelihood (overall unweighted figure at 89%); the remaining households reporting agro-pastoral, business, or other. No households reported their primary livelihood as livestock. However, the assessment captured reported loss of livestock which is of particular relevance for agro-pastoralists. The highest instances of reporting loss of livestock as a result of the flood were in Jowhar (9% averaging 2 livestock lost) and Mahaday (8% averaging 4 livestock lost) Town Areas, as only 1% of households in Balcad reported a loss of livestock. Given the proportion of agriculturalists, household stocks would be expected to be better equipped with food stock than those of most pastoralist's households; however, a negligible percent of households reported having food stocks that would last greater than one month. Most households, 98%, 86%, and 83% in Balcad, Mahaday, and Jowhar towns, respectively, reported household stocks lasting less than seven days.

While food availability on the market was largely well represented, households reported traveling an average of 45, 71, and 52 minutes to markets in Balcad, Jowhar, and Mahaday Town Areas, respectively. When looking at the overall response and without weighting by district, households reported price increases for sorghum (76%), cereals (60%), rice (67%) and milk (63%) being around 50% higher. For cooking, all three districts reported wood as the most commonly used cooking fuel (98-99%). The most frequently sourced location for cooking fuel was around or outside the settlement – 82% Balcad, 85% Jowhar, and 83% Mahaday Town Area.

Nutrition

The Nutrition Cluster's primary quantitative focus in a rapid assessment is to determine ongoing or planned response, availability of nutrition services, and food consumption coping strategies. Concurrently, households did not report with any significance that infant milk products, baby bottles, or teats been distributed since the beginning of the emergency. This finding shows that infant feeding practices are likely to have not been disrupted by alternative feeding interventions or distributions. However, it is important to consider that 9% of households from Balcad Town area reported a serious problem in the community because the practices of feeding children under two has changed in the last month (there was not a

significant number of respondents in the other areas.) The most frequently reported concerns from those 9% who indicated a serious problem were changes in breastfeeding practices (50%), reduction in number of times children under 24 months are fed (9%), problem in drinking water for children (9%), and lack of vitamin supplements (9%).

When disaggregated by area, 24% of households in Balcad Town area, 35% of households in Jowhar Town area, and 27% of households in Mahaday Town area reported a negative change in ability access to nutrition services or facilities in the last month. Distance travelled to access nutrition services averaged 56, 63, and 55 minutes in Balcad Town, Jowhar Town, and Mahaday Town Area, respectively. Given the similar estimated distance and the known available nutrition facilities in the areas, households may have indicated similar distances to healthcare and nutrition as nutrition services in these areas are likely provided through healthcare providers.

Similar to the lack of awareness of available healthcare services, households reported low rates in availability of food and nutrition programs available to the household or in the community in the last month despite a reported availability of nutrition services by the captured healthcare facilities. Aside from Out-patient Therapeutic Care Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP), households were largely unaware of what nutrition services were available. Additionally, 33%, 30%, and 40% of households in Balcad Town, Jowhar Town, and Mahaday Town Areas, respectively, reported that none of the primary nutrition services were available.

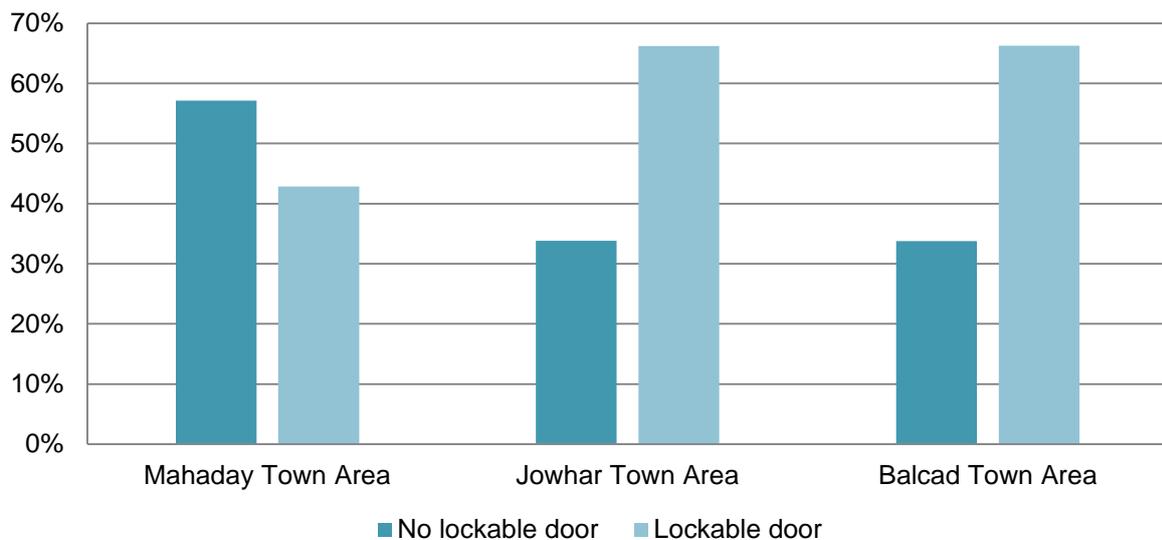
Shelter

Shelter typology

The primary shelter typologies across the sampled areas were transitional shelter (49%) and Buul (47%), although it is worth noting that transitional shelter can cover a wide variety of shelter types, including emergency shelter, temporary shelter, semi-permanent shelter and permanent shelter. In Balcad Town area the most common shelter type was Buul (54%), whereas transitional shelter was the majority in Mahaday Town area (52%) and Jowhar Town area (50%).

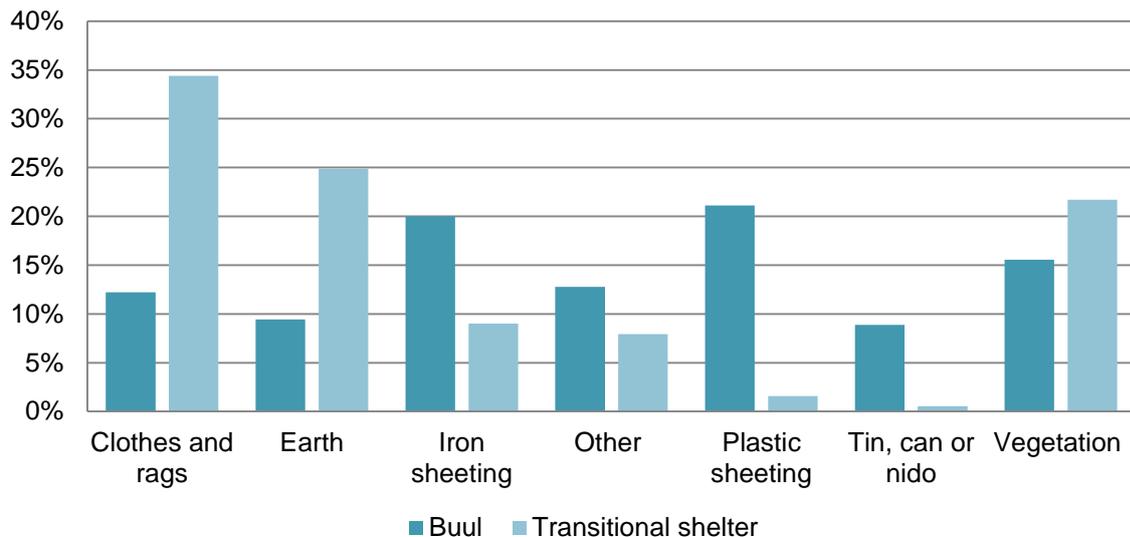
The majority of households (76%) reported currently owning more than one shelter, most commonly households occupied two shelters (51%) with limited variation by area. In 58% of cases the main shelter available to the household had a door, with a higher proportion in Balcad Town area (71%) than Jowhar (50%) and Mahaday (53%). In total 34% of households reported having a lockable door on their primary shelter, again reported by a higher proportion in Balcad (47%) than Jowhar (33%) and Mahaday (23%). Households occupying Buuls were less likely to report a lockable door on their main shelter (44%) than those in transitional shelter (68%).

Figure 8: Proportion of lockable doors, as reported by households reporting a door on the main shelter



30% of households also reported having no separation within their living quarters. The most commonly reported separation material was cloth (by 21% of households). 79% of households reported having no light source in their shelter at night, with the proportion particularly high in Jowhar Town Area (85%). There was minimal reporting of theft within the last month, at 2% in Mahaday, 5% in Jowhar and 6% in Balcad. Less than 3% of households reported that they are currently paying rent, and while there were reports of threats received over non-payment of rent, the sample is too small to elaborate further.

The main shelter in all areas assessed was primarily reported to have an earth floor (76%). This was the primary floor material in all districts, and within households occupying Buuls (72%) and transitional shelters (85%). The only significant use of any other material was plastic sheeting, used by 15% of those in Balcad and 9% of households occupying Buuls. Wood was the primary structural material used in all districts (90%), and both Buuls (97%) and transitional shelters (89%). There was a greater variation in the materials used for wall covering, with households in Balcad reporting vegetation as the most common material (39%), whereas households in Jowhar reported clothes and rags as the most commonly used material (24%) and in Mahaday earth was the most reported (25%). In all districts clothes and rags were reported as the primary wall covering by just under on quarter of households (23%). Much of the variation is due to the shelter typologies, with Buuls more likely to utilise more durable materials such as Iron sheeting (20%) and plastic sheeting (21%) than transitional shelters (9% and 2% respectively). As shown below, the use of clothes and rags (34%) and earth (25%) was more common in transitional shelters.

Figure 9: Wall covering material by shelter type

Buuls were, on average, newer than transitional shelters, with 71% having been constructed within the last 6 months. Over half of transitional shelters (51%) were constructed more than 2 years ago. This implies no simple correlation between the age of a shelter and the use of more durable wall coverings, with a high majority of shelters over 2 years old using either clothes and rags (41%), or vegetation (32%).

Shelter damage

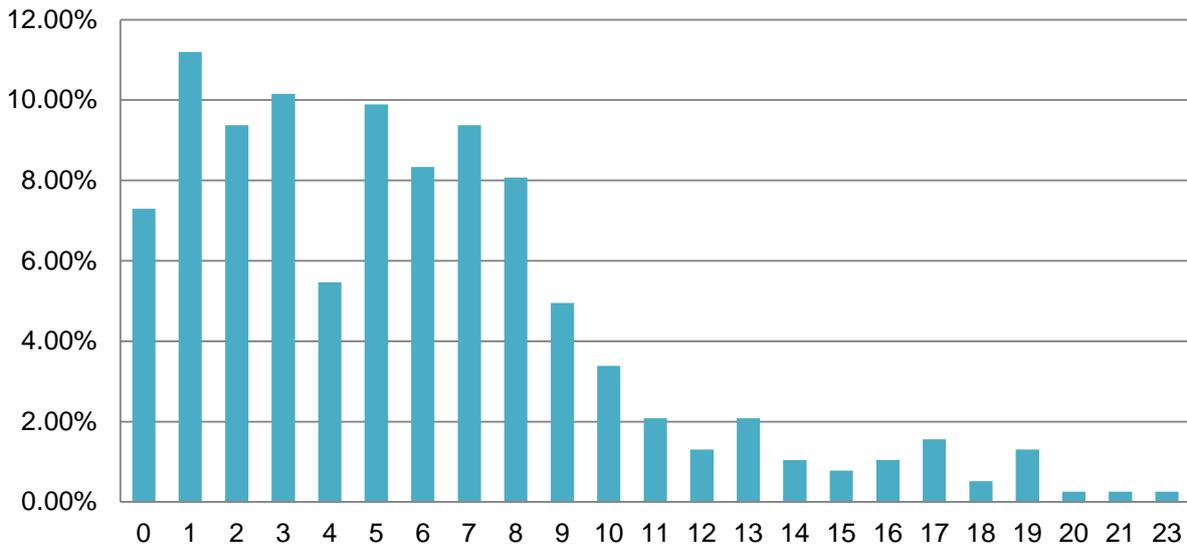
Only 14% of households reported that their shelter had been damaged, with a higher proportion reporting that their shelter had been damaged in Mahaday (22%) than Jowhar (11%) and Balcad (7%). Of those reporting shelter damage, flooding was the cause given in 87% of cases. Buuls had a lower reporting of shelter damage (3%) than transitional shelters (19%). There was minor reporting of specific issues with the condition of buuls, especially in Balcad where 16% of households living in buuls reported that they could see light through the roof, and 17% reported that there were large gaps in the wall material coverage. The reporting of both issues was far lower in Mahaday (2% and 5% respectively) and Jowhar (3% and 4%).

NFIs

Among those households assessed, the availability of sufficient NFIs to support household needs was low. Only 13% of households reported having any blankets available, 14% reported access to a wash basin, 14% reported having plastic sheeting and 30% reported having mats. While over half reported having cooking pots (55%), knives (64%) and jerry cans (71%), the capacity generally fell below household needs. For jerry cans, while a majority reported having jerry cans, at an average of 2.12 per household, the capacity of jerry cans averaged only 3 litres per household member. Similarly, across all districts households reported on average having less than one usable mat or blanket per person.

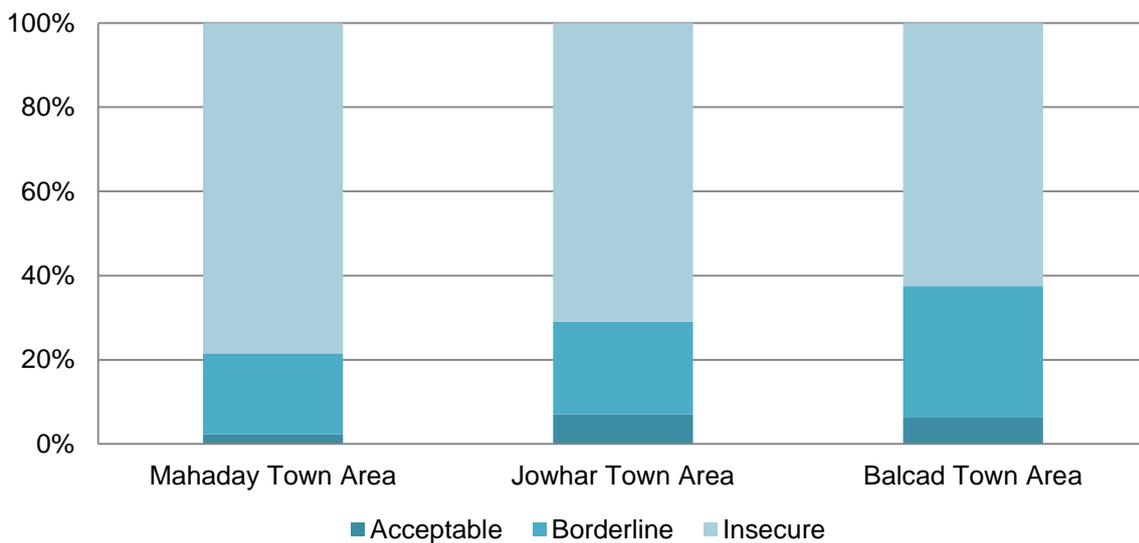
For analysis of NFI coverage, this report has constructed a weighted NFI score in coordination with the shelter cluster. Please see the methodology for a full breakdown of the score's construction. The range of NFI scores was 0-23, with 0 being highly lacking in NFIs and 23 having most NFIs available. Figure 10, below, shows the distribution of households by NFI score:

Figure 10: Distribution of households by NFI score



For the purposes of analysis those households with an NFI score of 0-7 (the lowest third of the range) are grouped into an “insecure” category, those with a score of 8-15 are grouped into a “borderline” category, whereas those with a score of 16 and above are grouped into an “acceptable” category (the highest third of the range. 71% are deemed to be NFI insecure across the assessed areas, with especially high insecurity in Mahaday Town area (79%), as shown below in figure 11.

Figure 11: NFI security group by district



WASH

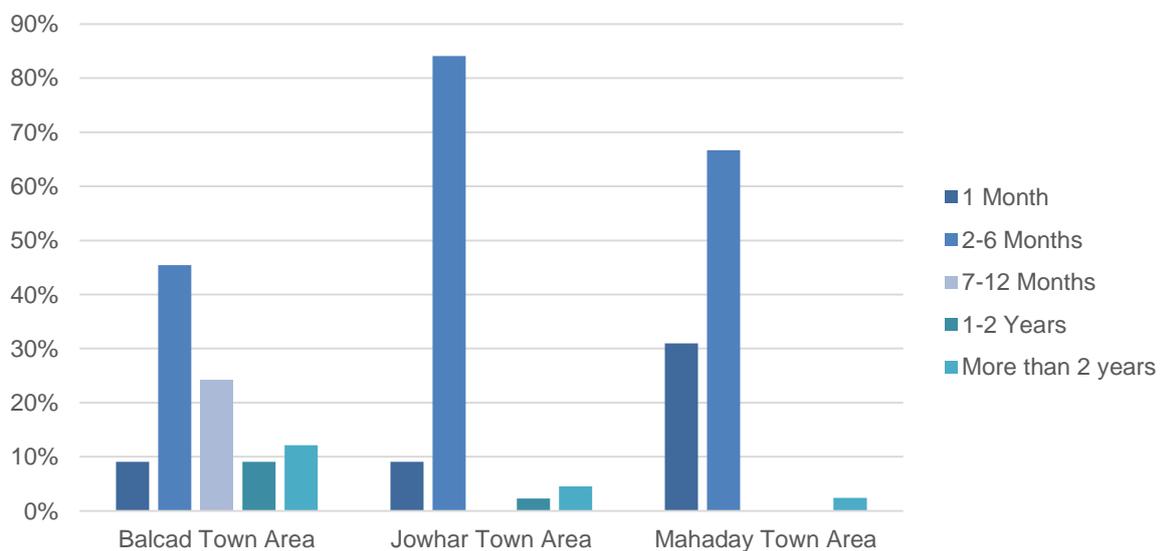
Household water source

The primary water source for households in the assessed areas of Middle Shabelle is the river, with 79% of households giving this as a source of water. Other major water sources cited were unprotected wells (13%), a protected well with and without a pump (11% and 8% respectively), and water kiosks (7%). While the sample for IDPs is too low to draw

statistically representative conclusions, there were a higher proportion reporting water kiosks as a water source (58%), which may be indicative. The majority of households reported that there were no problems with their water point (68%), which did not vary by assessed area. The source of water had no significant impact on the reporting of problems.

Of the 32% of households reporting problems with their water point, 72% said there was a problem with the quantity and 89% with the quality of water. The problems were generally not directly linked to the recent floods, with only 17% of those saying there were problems with the water source indicating that the problems had begun in the last month. The majority (68%) indicated the problems had started 2-6 months ago. There was variation between the districts, with a higher proportion of respondents in the Mahaday Town area indicating that the problems had begun in the last month (31%), while respondents in the Balcad Town area more frequently responded that the issues had begun more than 6 months ago (45%) than in Jowhar (7%) or Mahaday (2%). This is reflected in the average time for water source problems beginning in Balcad being considerable longer ago, at 11 months, than in Jowhar (5 months) and Mahaday (3 months).

Figure 12: When problems with water source began, by district



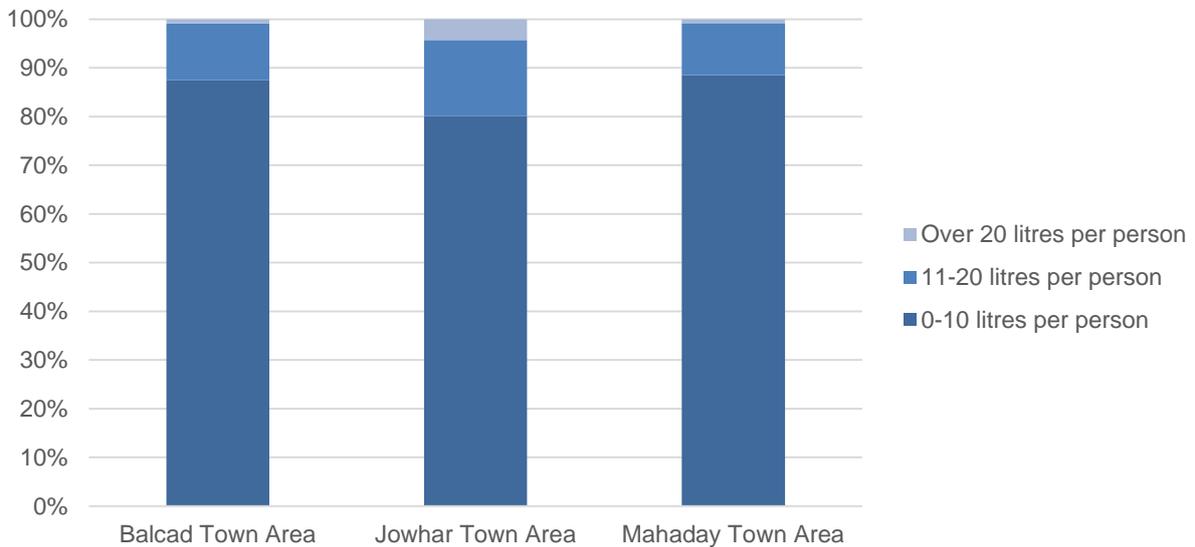
A majority of households reported using the water source for each of drinking (94%), washing (85%) and cooking (85%). A smaller proportion also use the water for agriculture (23%), although this figure was higher in Balcad (46%) than in Jowhar (21%) and Mahaday (6%). While most areas of the Middle Shabelle have irrigation canals to feed agriculture, the high use of normal household water sources for farming in Balcad suggests there may be issues with the irrigation in that area.

96% of households indicated they do not pay for drinking water, reflecting the use of river and well water for drinking water. Of those surveyed 11% of households indicated that they treat their drinking water, with most of these treating by boiling (4% of all households) or by using a cloth filter (5%). A higher proportion of those in Jowhar reported treating their drinking water (18%), and this was the only area surveyed where chlorination was reported, by 4% of households. Almost all (99%) indicated that their water treatment behaviours had not changed in the last month.

The amount of water reported as available to households is significantly below humanitarian standards. Households reported on average 50 litres per day for the entire household, this

means that only 2% of households reported having more than 20 litres per person per day, and 85% reported having less than 10 litres per day. 65% of households reported that there was less water available at the time of assessment than a month prior, indicating water access has decreased since the flooding. 33% indicated that the amount of water available had not changed over the past month. Figure 13 shows the breakdown of litres of water per person by district.

Figure 13: Litres of water per person per day, by area



Almost all (91%) of the households surveyed indicated that they did not have access to a latrine. Of those who do have access, most are private latrines, but the statistical significance of this is low given the low reporting of latrine access. The alternative defecation point most respondents gave was “in the open, away from the home” (66% of all households). 9% use a community defecation point, 7% an open area next to the home, 9% gave an “other” response. This pattern was stable across the assessed areas, although a higher proportion reported access to a latrine in Jowhar Town (18%) than Balcad (7%) and Mahaday (1%). Almost all, 97% of respondents, indicated that the household’s defecation behaviours had not changed in the past month.

Just over half (55%) of households reported using the same storage container for drinking and washing water, with a significant variation by area. In Jowhar 41% used the same container for drinking and washing water, compared to 73% in Balcad and 54% in Mahaday. The majority of respondents (85%) reported using a Jerry can for water storage, with 15% reporting using a bucket with a lid. This order was stable across the assessed areas, although the households using jerry cans was lower in Mahaday (72%) than in Balcad (100%) and Jowhar (85%).

Of those surveyed only 5% reported receiving hygiene items in the last three months, likely a result of both low assistance in the region, and the fact that most of those surveyed were still in their home community. While soap, shampoo and detergent were all cited as hygiene items received, the reporting is not representative with so few households receiving. A higher proportion (10%) said they had received hygiene items in Jowhar (9%) than Mahaday (2%) and Balcad (3%). Only 6% of households indicated that they bathe with soap, and only 3% indicated they use soap when washing their hands.

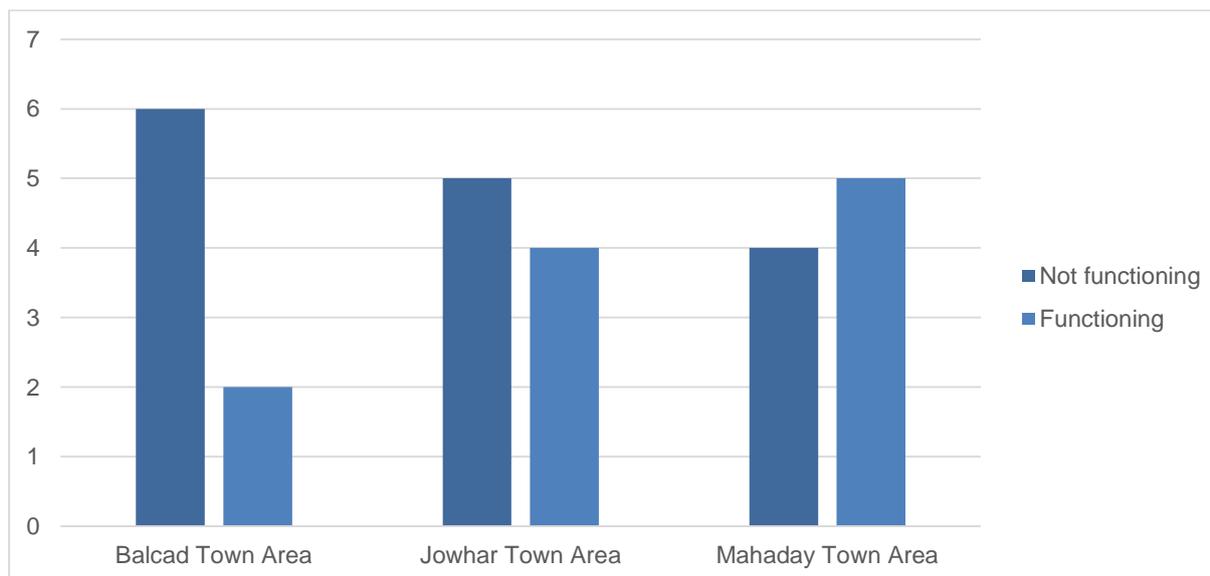
Figure 14: Hand washing behaviours, by district



Water facilities

Twenty-six water points were identified within the assessed communities. Of these only four (two in Jowhar town areas and two in Mahaday area) were connected to a municipal water system. The most common source of water for the water points was a river (8 water points) followed by protected wells with and without pumps (6 each). The storage capacity of twelve of the water points was not known by those at the site, eight held less than one cubic metre, three had a capacity between one and five cubic metres, and three held over ten cubic metres.

Figure 15: Functioning and non-functioning water points, by area



Over half of the water points were not functioning at the time of the assessment, as shown by figure 15. The reason for water points not functioning varied from facility to facility, with a high proportion in Balcad reporting broken taps (67%), while 50% in Mahaday town area had water contamination issues. In total sixteen out of the twenty-six water points assessed had drinkable water. sixteen of the water points had no working taps, including all 8 of the water

points assessed in the Mahaday Town Area. Across all areas four water points that are still functioning had no taps available.

Education

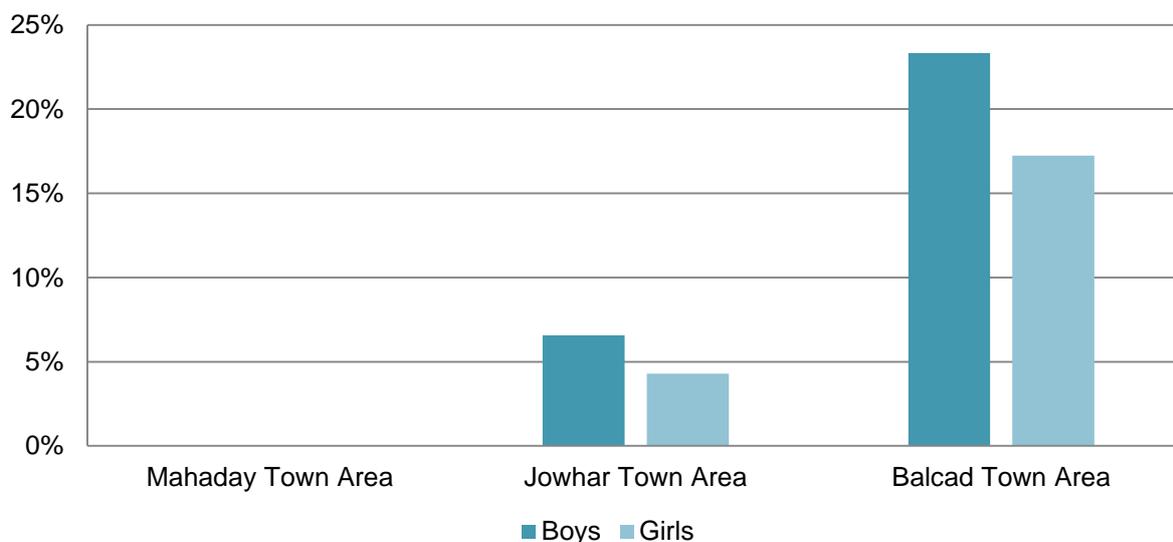
Field teams identified 5 educational facilities within the assessed communities, of which only 1 was currently functioning, a primary school in the Mahaday Town Area. There were two closed schools in the Mahaday Town Area, and one school each in the Balcad Town Area and Jowhar Town Area, neither of which were functioning.

The open school in the Mahaday town area reported having 350 female and 460 male students attending, with 6 teachers: a student-teacher ratio of 135. There were 4 classrooms currently usable. The two closed schools in the Mahaday Town Area consist of another 10 classrooms and 8 teachers. While one of these schools was reported as closed because of the flooding, the other had been closed prior to the flooding in the Middle Shabelle region. In the Jowhar Town area the closed school has 6 classrooms and 4 teachers, but had not been closed as a result of the flooding. The Balcad Town area school had closed as a result of the floods, although the number of teachers who were teaching there is unknown.

All five surveyed schools were observed to have been damaged by the latest flooding in the area. The foundations in the Balcad Town area and two of the Mahaday Town area schools had been damaged. Latrines in two schools in the Mahaday Town Area and one schools in the Jowhar Town Area have also been damaged.

Regardless of the facility access, attendance rates reported by households was very low. Of school aged males only 10% were reported as attending school, and only 7% of school aged females. The highest rates were in Balcad Town Area, 24% of boys and 17% of girls. The most common reported educational level was primary, reported by 10% of households, including 23% of households in Balcad. In the Balcad Town area 13% of households also reported attending Quranic education.

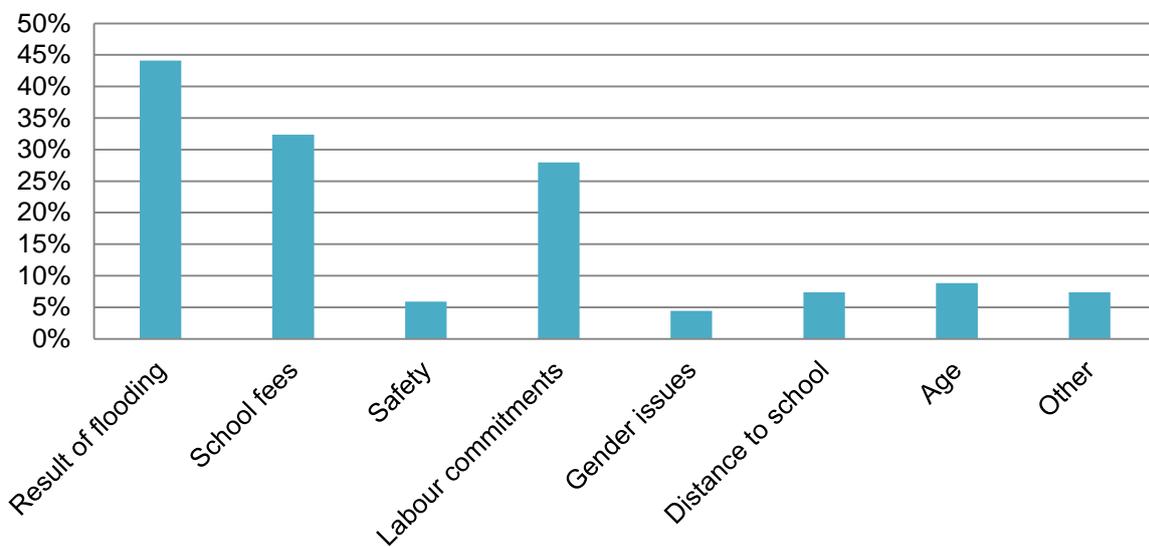
Figure 16: Percentage of boys and girls attending education



83% of households in the Mahaday Town Area reported that a major reason children did not attend school was because of the flooding, also reported by 44% of households in the Balcad Town Area, compared to 15% in the Jowhar Town Area. This reflects the information from the facilities assessment, which indicated that schools in both the Mahaday Town and Balcad Town areas had been closed as a result of the flooding, whereas the school in Jowhar Town area had closed before. A high proportion of households in the Jowhar Town reported that children did not attend school because of labour commitments (44%) – double the rate reported in Balcad Town area (22%) and four times the number of households reporting labour commitments in the Mahaday Town area (11%).

37% of households indicated that children in the household have attended education in the past, with the majority (76%) of these households reporting the level had been primary. There was a high variation between the assessed areas on when these children had stopped attending school – on average one month ago in the Mahaday town area, where the facility assessment identified 2 closed schools, one of which had closed as a direct result of flooding. By contrast, in the Jowhar town area households on average reported children had stopped attending school 6 months ago, and in the Balcad town area households reported children had stopped attending on average 4 months ago. No households reported children who had attended at a secondary or vocational level. 44% of households reported that children not currently attending any form of education had previously attended Quranic education, including over half in the Mahaday town area (71%), 45% in the Jowhar Town area and 14% in the Balcad Town Area.

Figure 17: Reasons children for not attending school reported by households



Safety issues in schools were not widely reported by respondents. Only 3% of households reported that boys did not feel safe in school, and only 2% reported that girls did not feel safe in school. The reporting of safety issues in school was higher in Balcad, where 7% of households reported boys did not feel safe, and 6% reported girls not feel safe. Key informants in 7 locations reported that community structures exist which support education, leaving 7 locations where key informants reported that community structures supporting education do not exist.

Conclusion

The flooding in the Middle Shabelle areas has caused limited and highly localised displacement. Most households surveyed were within their home community, either in settlements or with other host community members. Only 9% of those surveyed were IDPs from elsewhere. While this is possibly the reason for low reporting of security concerns, communal areas such as markets and water points were highlighted as concerns for women and girls. There was a high reporting of separated family members, 27% in Balcad, 23% in Jowhar and 44% in Mahaday, the latter area generally having higher reporting of concerns in all sectors as a result of flooding.

Both facilities mapping and household surveys revealed a limited immediate access to health services, although secondary data suggests the issues may be with awareness of health facilities in surrounding areas, rather than availability. Similarly households were not aware of accessible nutrition facilities, when known services are available in the area. Primary health concerns raised were suspected malaria and diarrhea, but a high reporting of suspected measles in Jowhar will need to be investigated further.

Food consumption patterns suggest that the communities assessed already suffer from poor diet prior to flooding, with Food Consumption Scores (FCS) in the poor category for over 70% of respondents in Mahaday and Jowhar areas, in which areas food related coping strategies were also reported by over 905 of the population. Agro-pastoralists appear to have the highest reporting of poor FCS, possible a result of flooding damage to livestock and agriculture. Across all assessed areas food prices were rising: households reported price increases for sorghum (76%), cereals (60%), rice (67%) and milk (63%) being around 50% higher.

Shelter conditions also appear to have a relatively low baseline condition, with most households in basic shelter of earth floor and wood structure, with limited internal and external separation. Basic covering of rag and cloth was also commonly reported in transitional shelters. Direct damage as a result of the flood was low, but was reported more in Mahaday than Balcad and Jowhar, reflecting this areas increased impact from flooding. Households reported a widespread insufficiency of NFIs, with the reported possession of jerry cans, mats and blankets falling well below household needs.

Issues with water quality and quantity were widely reported, although only in Mahaday were water problems commonly linked directly to recent flooding. 85% of households reported having less than 10 litres of water per person, per day. Again, this reflects very low baseline coverage of WASH. Similarly there is a common practice of open-air defecation, which predates the recent flooding.

All school facilities assessed in the target communities had some level of damage as a result of flooding, although while only one of five schools was currently open only in Mahaday was the closure linked to flooding. The lack of basic education services is reflected in the low attendance rates, currently reported at zero in Mahaday town area.

Annexes

Annex I: Sample Collected by Village