



SOMALIA

FACTSHEET

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Rapid Multi-Sectoral Needs Assessment of Populations Affected by Conflict Dhobley District, Somalia, August 2024

Background

Dhobley, a crucial border town between Somalia and Kenya, has become a major humanitarian concern due to recent events. The area is struggling under the weight of ongoing violent clashes between al-Shabaab militants and Jubaland forces. These conflicts have significantly worsened the humanitarian situation, leading to a large-scale displacement of families.

As a result of the violence, 1,122 households have been forced to flee their homes. The Wadajir IDP camp has seen a substantial increase in new arrivals, with 712 families now residing there. This surge in population has placed immense pressure on the camp's already limited resources and infrastructure.

The displaced families face urgent needs including food, shelter, and water and sanitation. Unfortunately, the current response has been inadequate given the scale of the crisis, underscoring the need for immediate and enhanced aid to address the pressing needs of the affected population and to mitigate further hardship.*

Assessment Overview

This assessment comprised 11 key informant interviews conducted at 11 sites in the Dhobley district from August 5th to 6th, 2024.

The following partners took part in the assessment – OCHA, LWF, WASDA, WRRS UNHCR, JUCRI, SAAH, NRC, JF, Acted, SADO, UNICEF IOM, DRC, Alight SCI, MoH, COOPI, VCI, and AVORD.

As explained in the Methodology section, the results should be considered indicative.

KEY FINDINGS

- The survey analysis indicates that the three most pressing non-food item (NFI) needs for flood-affected populations are **mosquito nets, sleeping mats and plastic sheets**.
- **70%** of respondents reported that the nearest markets were **partially destroyed** due to conflict, while **20%** reported that markets were **fully destroyed**.
- **36%** of respondents reported **NFIs were unavailable in sufficient quantities** at the nearest market.
- **36%** of respondents reported that only a few conflict-affected people **have access to sufficient drinking water**, while **18%** reported **no access** to safe drinking water at all.
- **55%** of the sites reported **open defecation reported as the prevailing latrine practice**, increasing the risk of disease outbreaks such as Cholera.
- **Conflict escalation has overwhelmed health facilities**, increasing demand for services across **all sites**.
- **45%** of sites reported **forced military recruitment** of men and boys as a major protection concern.
- **55%** of sites identified **early or forced marriage** of women and girls as a major protection concern.

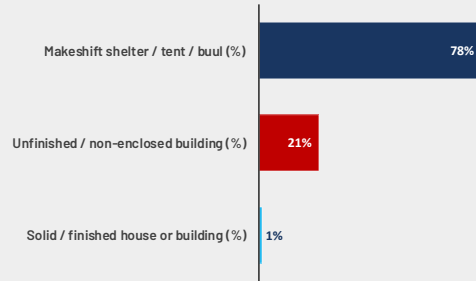
Shelter and NFIs

36% of the sites reported that NFIs were **unavailable in sufficient quantities** at the nearest market.

The top three shelter and NFI needs expressed include:

1. Mosquito nets **(80%)**
2. Sleeping mats **(60%)**
3. Plastic sheets **(60%)**

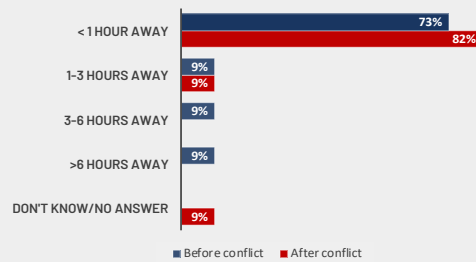
Percentage of conflict affected households living in each type of shelter (across 11 sites)



Market Access

- **70%** of the surveyed sites indicated that the nearest market sustained **partial destruction** as a result of the flooding, while **20%** reported the **complete destruction** of the market.
- **40%** of the sites reported that essential food items were **sporadically available** after flooding.
- **27%** of the sites reported slight **increase in prices** of essential food commodities.

Distance to the nearest accessible market, both prior to and following the flooding, across 24 surveyed locations.



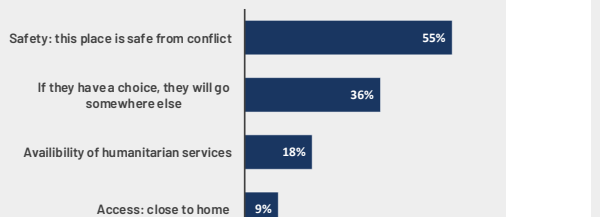
Camp Coordination and Camp Management

18% of the sites reported that they **don't have an active camp management committee**.

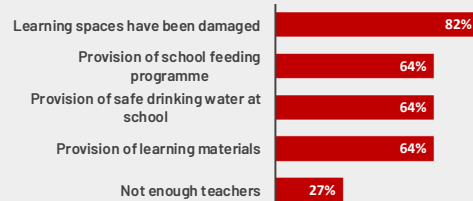
Education

9% of the sites reported that flooding has **affected the attendance of school children**.

Top Reasons IDPs Choose Current Locations (11 Sites Surveyed)



Critical Education Needs for Conflict-Affected People Across 11 Sites



Health

- **100%** of the sites reported an **increased need for health services** in the community since the flooding.
- **9%** of sites report **no health facility** within 1 hour or 5 km walking distance from the current location.
- **55%** of the sites reported an **increase in cases** of acute diarrhea, measles, and respiratory illnesses following the flooding.

Conflict Impact on Health Facilities Within 1 km Radius Across 11 Sites:

1. Damage to health facilities
2. Damage to existing medicine
3. Staff not able to arrive/access the health facility
4. Reduction to the supply of medicine

Protection

- **56%** of the sites reported that children have been separated from their primary caregivers.

Presence of support services across surveyed sites:

- **72%** Gender-based violence treatment and services
- **18%** Mental health and psychosocial support services
- **9%** Legal and protection services

Top Safety Concerns for Conflict-Affected People by Gender and Age Across 11 Sites



Food Security and Livelihoods

Most prevalent sources of food accessibility post-conflict (across 11 sites)

1. Donations from neighbours, relatives, or friends (**46%**)
 2. Borrowing/Debt (**36%**)
 3. Work for food (**36%**)
- **Average damage** to current farming due to flooding, on a scale from 1-5: **4**

Predominant income sources before conflict (across 11 sites)

1. Daily wage/labor (**64%**)
2. Borrowing (**53%**)
3. Own Stocks/Production (crops/Livestock) (**18%**)

Nutrition

56% of sites indicated that there are **no nutrition services available** either on-site or within a radius of three kilometers or a two-hour walking distance.

100% of sites indicated that **children under the age of five are experiencing malnutrition** as a result of inadequate food availability and disease among conflict-affected populations.

Water Hygiene & Sanitation

- **36%** of the sites reported that only a **limited number** of affected individuals **have access to adequate quantities of safe drinking water**, while **18%** report **no access at all**.
- **64%** of the sites reported that **open defecation is the main practice for latrine usage** among the flood affected people.

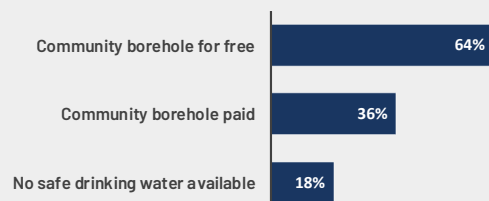
Key Barriers to Menstrual Hygiene Management Across 11 Sites

- Lack of menstrual hygiene items **(82%)**
- Lack of menstrual hygiene disposal mechanisms **(27%)**
- Inadwquate access to water **(27%)**
- Unclean sanitation facilities **(18%)**

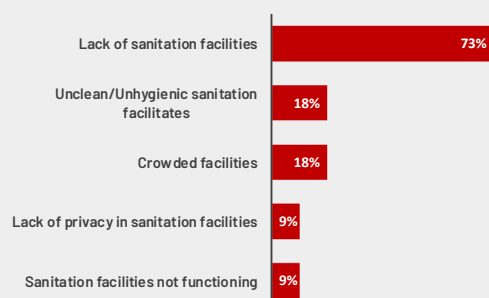
Humanitarian Access and Accountability to Affected People

- **64%** of the sites reported that affected people **are facing problems while receiving humanitarian assistance**.
- **72%** of the sites reported that **aid will be able to reach** affected population if aid has to be transported.
- **64%** of the sites reported that there are **no major barriers** for the humanitarian actors in accessing this area.

Primary drinking water sources on the Site



Sanitation Facility Challenges for Conflict-Affected People Across 11 Sites



Primary Access Methods to Sites Across 11 Locations

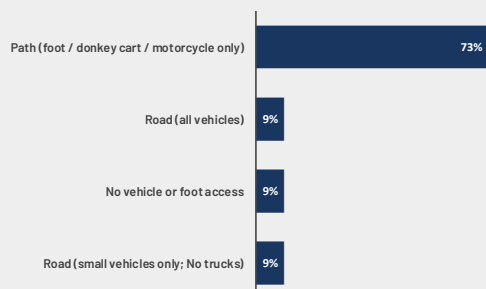


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Methodology

The assessment was conducted between 5th –6th August 2024, with 11 quantitative, structured face-to-face key informant (KI) interviews across 11 sites in Dhobley using a survey tool developed and adopted by ICCG and OCHA, deployed through traditional way of data collection using pen and paper. During the cleaning exercise, the interview's duration that lasted less than 15 minutes were excluded based on consultation with OCHA. In addition, the analysis of single-choice questions, the responses from different key informants reporting on the same site calculated by using 'Mode' method.

When it comes to single-option indicators, the results are displayed as the number of sites and reported at the district level. For select multiple indicators, all key informant responses are included in the aggregated results.

The results are presented as the number of sites where key informants reported a specific outcome (which is the combined result at the site level as explained earlier). For integer responses, the median value was reported at the site level.

Limitations

The results presented in this assessment are based on the perspectives of the key informants and should be understood as indicative only. It is important to note that the analysis did not assign weights to key informant profiles, which means that some key informants may possess more knowledge on certain subjects compared to others.

Therefore, the aggregated site-level results should be interpreted with this limitation in mind. Additionally, due to the key informant approach used, it is not possible to disaggregate the results by gender, age, or disability status of the respondents.

KIs by Gender: 91% Male; 9% Female

iMMAP Inc. in Somalia

iMMAP Inc. has been operating in Somalia since 2019 to enhance the coordination of information management in the country, aiming for more effective and efficient humanitarian responses nationwide. In 2023, we established a specialized IM Unit, and also led on the deployment of seven Information Management Officers (IMO) through the Stand-by Partnership, facilitating direct IMO support to the Health, UNHCR Protection, UNICEF Nutrition, and OCHA Coordination clusters.

Current Project: Humanitarian Information Support Team (HIST) model

The initiative, generously supported by USAID - Bureau for Humanitarian Assistance (BHA), centers on the establishment of an Information Management Unit that supports and collaborates with humanitarian actors, including UN Agencies, NGOs and INGOs working across various clusters and sectors, including UN OCHA Food Security and Livelihood, Nutrition and WASH clusters, to enhance data collection, validation, analysis, and reporting. This initiative includes the capacity building of the partners, development of interactive dashboards, spatial analysis, and mapping to support processes like the Humanitarian Needs Overview (HNO) and Humanitarian Response Needs Plan (HRNP).

About iMMAP Inc.

iMMAP Inc. is a leading international nonprofit organization specializing in Information Management services for humanitarian and development sectors. Since our inception, we have partnered with organizations worldwide to provide high-quality data-driven solutions that improve decision-making and enhance the efficiency of aid distribution and development projects.

Disclaimer: The Factsheet is prepared based on the rapid needs assessment data collected by partners in 11 sites of the Dhobley district in the Jubaland state of Somalia from August 5 to 6, 2024. The findings presented in this Factsheet do not necessarily reflect the views of iMMAP Inc. and USAID/BHA.

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