

Rapid Multi-Sectoral Needs Assessment of populations affected by Gu flooding

Kismayo District, Somalia, May 2024

KEY FINDINGS

- A total of **39,628** people are currently living in the flood-affected areas of Kismayo district, with **4,254** people having moved into the affected location in the past two weeks.
- The survey analysis revealed, the top 3 most urgent NFI needs for the flood-affected people in Kismayo district are Tents, Mosquito nets and Plastic sheets.
- 12% of the sites reported that the **nearest markets were fully destroyed by floods** while 29% of the sites reported that their **market were partially destroyed.**
- In 12% of the sites, **open defecation was reported as the prevailing practice for using latrines**, which increases the risk of disease outbreaks such as Cholera.
- 47% of the sites reporting that only a few flood-affected people have access to sufficient quantities of drinking water with 41% sites reporting no access to water for flood affected people
- Due to the damage caused by the flooding, health facilities have been adversely affected, leading to an **increased demand for health services** in all sites.

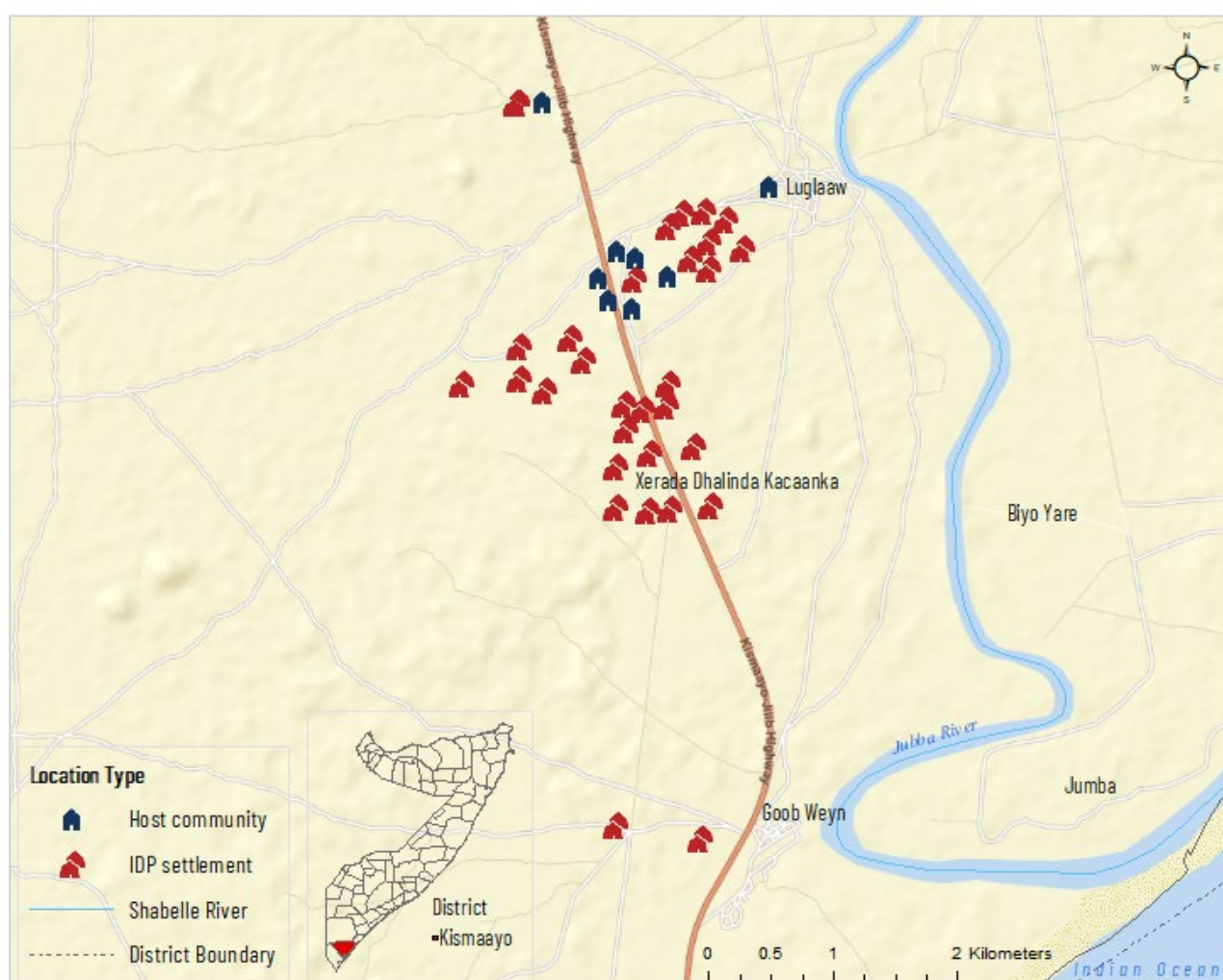
BACKGROUND

The Gu seasonal forecast indicated likelihood of above normal rainfall (wetter than normal conditions) in most parts of Somali. As of June 2, the ongoing Gu (April to June 2024) rains have affected 268,359 people and killed nine in the Country. An estimated 1,000 people (188 families) were newly displaced in Kismaayo in April and May according to the CCCM cluster. The affected people reported flooding (32%) and conflict (45%) as they main cause of displacement.

Kismaayo North IDP sites host 90,000 people which include 23,000 people displaced by the 2023 Deyr floods and have not yet returned to their original homes. As of May 26, suspected AWD/cholera was reported in Kismaayo North IDP sites according to the ministry of Health and partners. As from 1st January 2024 to 26th May 2024, a cumulative total of 2,046 cholera cases were reported from Jubaland CTCs in Kismayo.

23 partner organizations participated in the RNA assessment. These organizations include DRC, LWF, NAPAD, SAGE, WASDA, SEA, SGJ, JVDC, ACTED, ADA, SOLO, INTERSOM, SCI, APD, Windle, NRC, WRRS, SADO, IOM, ALIGHT, MoWFAHR-JSS, Juba Foundation, and AVSI.

51% The average proportion of flood-affected households in the community who live in makeshift shelters (i.e. buuls) or tents.



Map showing location types in Kismayo district

ASSESSMENT OVERVIEW

This *assessment comprised 45 key informant interviews conducted at 18 sites in the Kismayo district from May 26th to 29th, 2024. As explained in the Methodology section, the results should be considered indicative.

*Please see the tabular data analysis [here](#)

NUMBER OF AFFECTED POPULATION

Number of flood affected people, by site

Site Name	People moved into the affected location in the past two weeks	People currently living in the affected location
Bulla Bartire	3,250	3,250
Abaq Banbow	50	1,125
Adat Gari	59	7,056
Ahmed Bin Xambal	2	391
Alhamdu	20	760
Alla Suge	-	1,986
Alle Qabe	10	361
Amuudiyow	-	306
Badar 2	150	2,000
Buulo Fatura	5	110
Farhan	300	900
Eljale 1	42	2,038
Eljale 2	92	3,575
New Luglow	168	1,668
Istanboul	107	14,103
Total	4,254	39,628

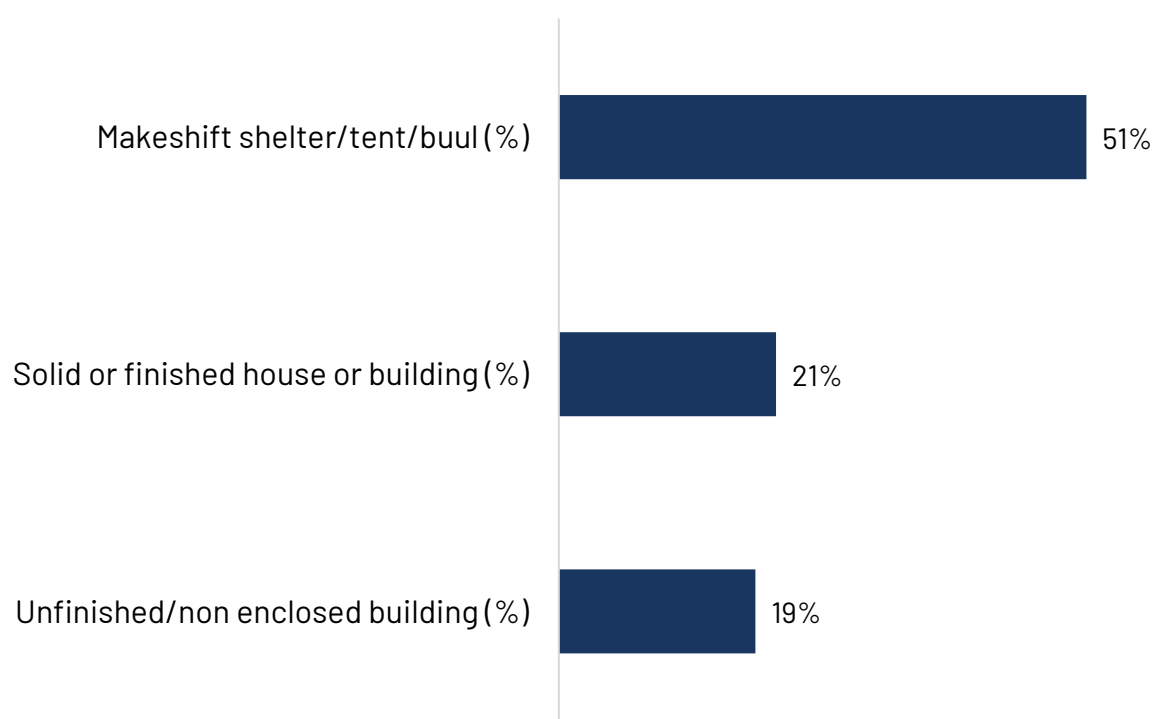
Settlement/Camps reported the presence of CMC*, (in %) by site (out of 18)

78% of sites reported that they don't have an active camp management committee.

*Camp Management Committee

SHELTER & NON-FOOD ITEMS (NFIs)

Proportion of flood-affected people staying in shelter type, (in %) by site (out of 18)



Top 3 most urgent NFI needs, (in %) by site (out of 18)

82% Tent

71% Mosquito net

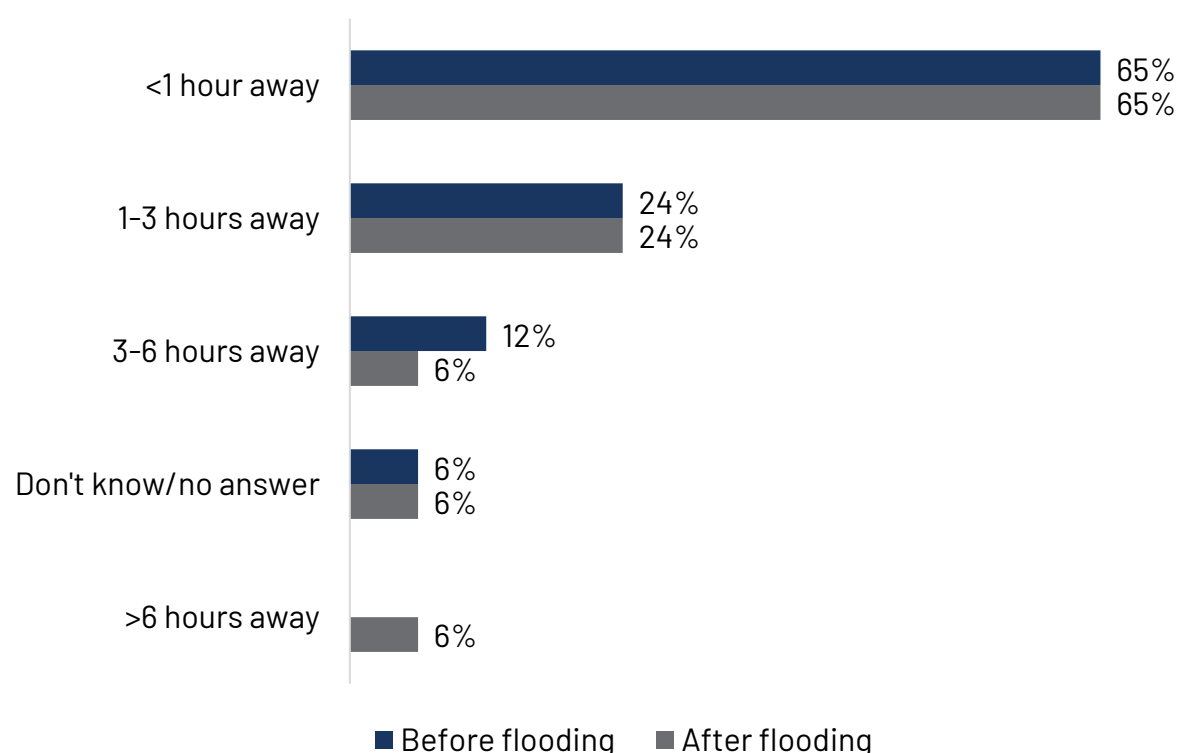
53% Plastic sheets

41% of the sites reported that NFIs were **unavailable** in sufficient quantities at the nearest market.

89% of the sites reported **major increase** in the price of NFIs.

MARKETS

Reported distance to the nearest physically accessible market before and after flooding, (in %) by site (out of 18)



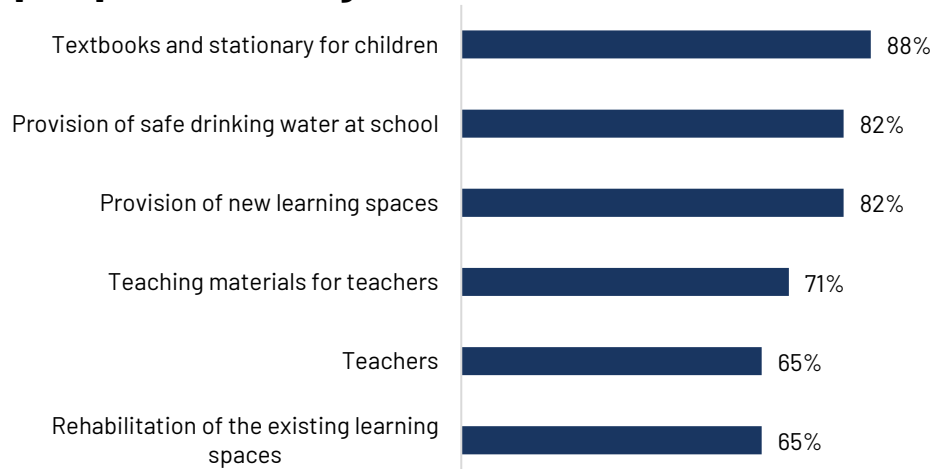
29% of the sites reported that the nearest **market was partially destroyed** after the flood and **12%** reported that market was fully destroyed.

41% of the sites reported that essential food were **sporadically available** after flooding.

47% of the sites reported drastic increase in prices.

EDUCATION

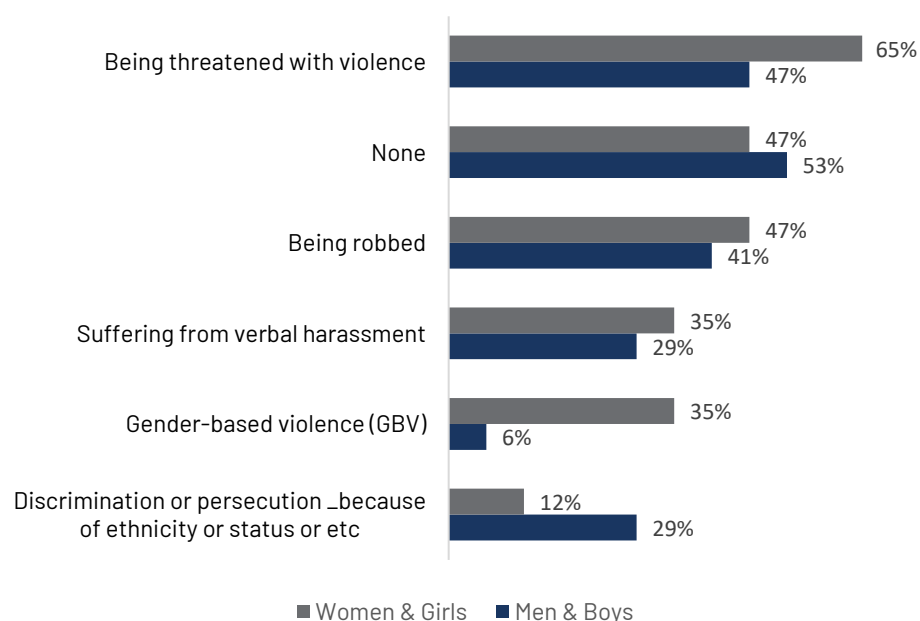
Most critical education needs for flood affected people, (in %) by site (out of 17)



71% of the sites reported that **flooding has affected the attendance** of school children.

PROTECTION

Top safety & security concerns for flood affected people reported, by gender and age group, (in %) by site (out of 18)



Presence of support services, (in %) by site (out of 18)

71% Livelihood services

41% Mental health and psychosocial support services

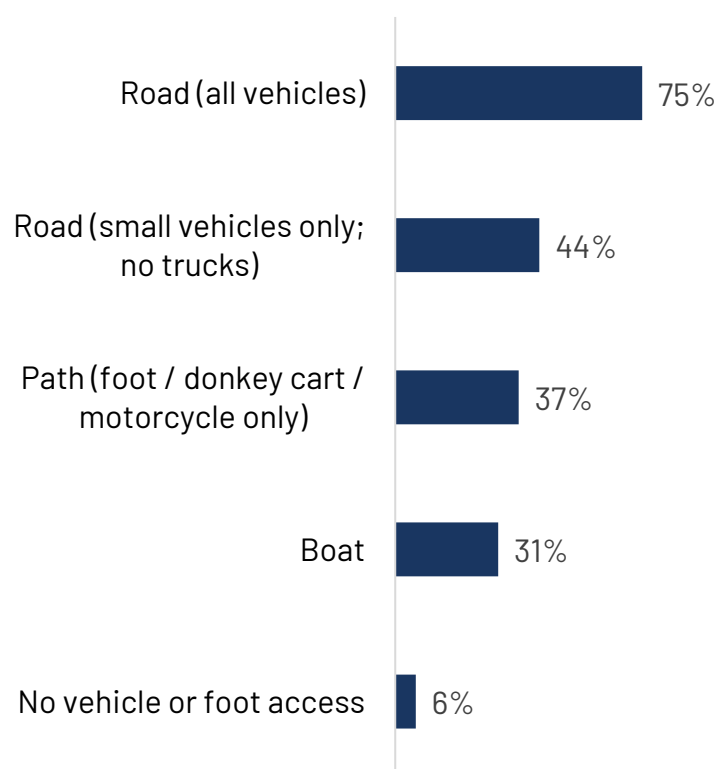
41% Rape treatment and treatment of physical injuries due to GBV

35% Legal and protection services

50% of sites reported that there are presence of children who got separated from their primary caregiver since the flooding

HUMANITARIAN ACCESS AND AAP*

Most commonly reported primary means of access, (in %) by site (out of 18)



Top 3 Most commonly reported priority needs, (in %) by site (out of 18)

82% Shelter

65% Healthcare services

59% Water

Commonly reported problems for flood affected people

35% of the sites reported that there are affected people face problems while receiving humanitarian assistance.

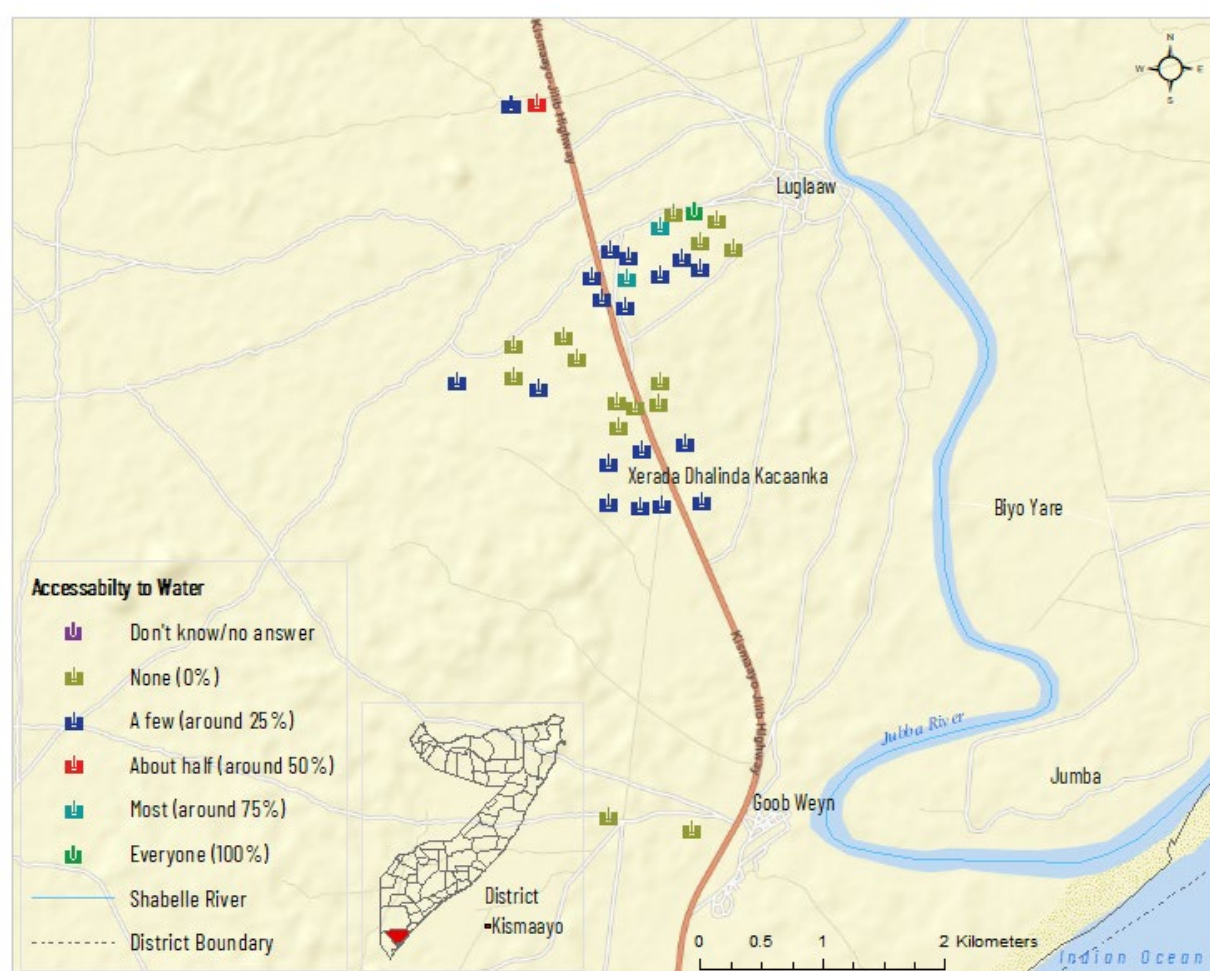
62% of the sites reported that very few (around 25%) of the affected households have **received humanitarian food and cash** (in the last one month)

87% of the sites reported that **aid will be** able to reach affected population if aid has to be transported

WATER HYGIENE & SANITATION

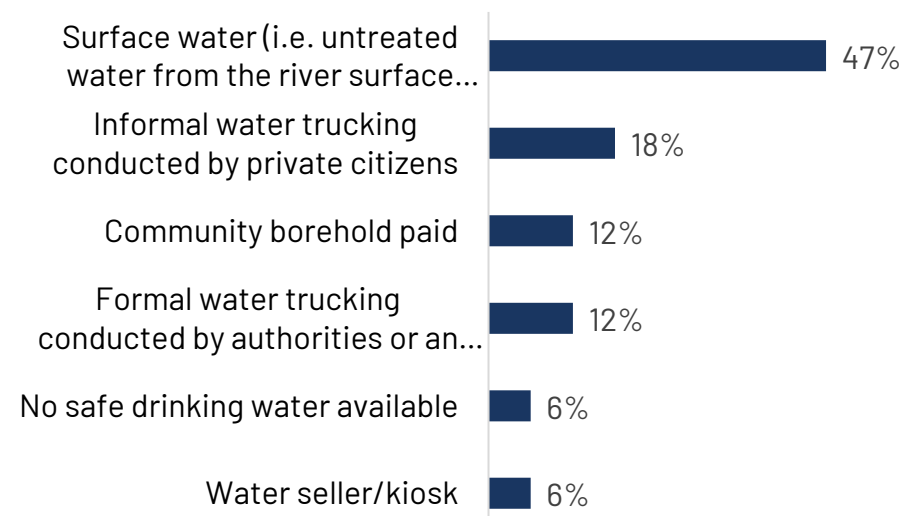
12% of the sites reported that **open defecation is the main practice for latrine usage** Among the flood affected people.

47% of the sites reporting that only a few flood-affected people have access to sufficient quantities of drinking water with **41%** sites reporting no access to sufficient water for flood affected people

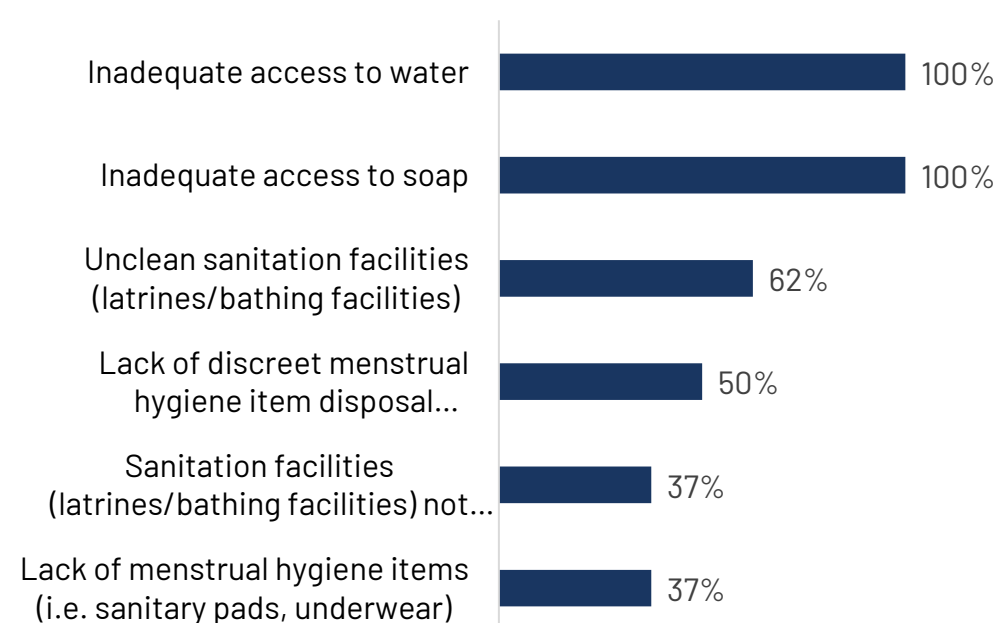


Map Showing Availability of Drinking Water in the Sites

Commonly reported primary source of drinking water, (in %) by site (out of 18)

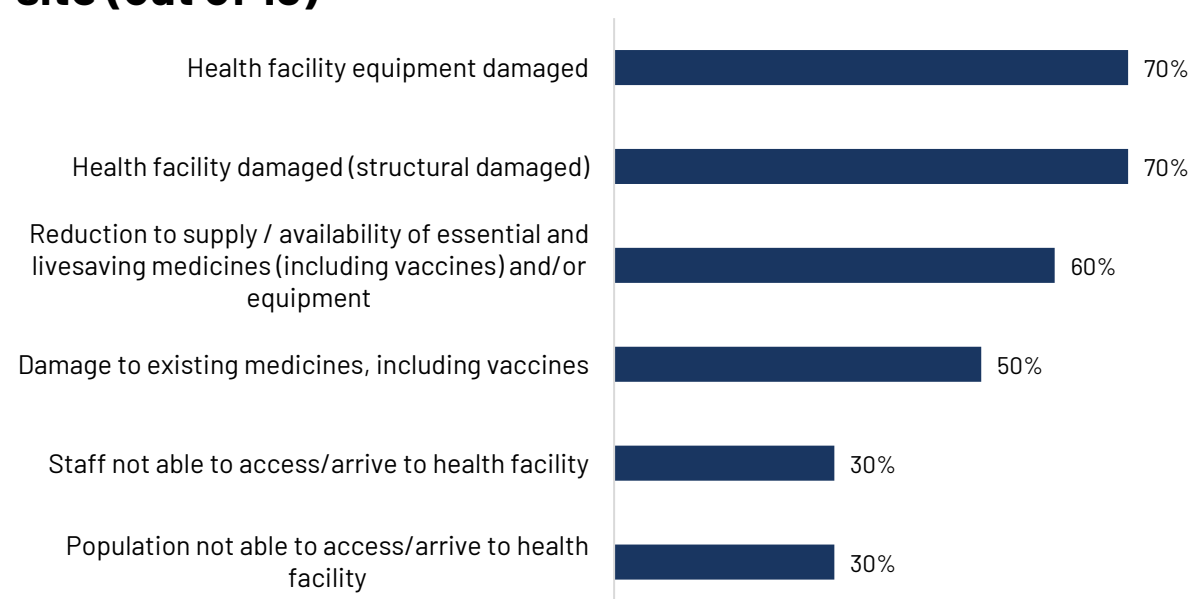


Most common barriers to menstrual hygiene management (in %) by site (out of 18)



HEALTH

Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance (in %) by site (out of 18)



47% of the sites reported that there is no health facility/medical outreach team at the point of relocation/evacuation/Or the affected community by the flood?

82% of the sites reported an increased need for health services in the community since the flooding.

All sites reported noticeable increases in: **acute diarrhea, measles, respiratory illness** since the flooding (in the past two weeks).

NUTRITION

35% of the sites reported that there are no nutrition services available either within the site or in the nearby vicinity within a distance of 3 kilometres or a 2-hour walk.

71% of the sites reported that no nutrition items available within the site or nearby (3km or 2 hour walk)

FOOD SECURITY & LIVELIHOODS

Most common source for accessing food after the flood, (in %) by site (out of 18)

82% Humanitarian food and/or cash assistance

65% Donations from neighbours, relatives, or friends

59% Borrowing/Debt

Most common income sources before flooding, (in %) by site (out of 18)

94% Own Stocks/Production (crops, livestock)

53% Fishing

47% Daily wage/labor

41% Small shop/trade

Average damage to current farming due to flooding, on a scale from 1-5

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METHODOLOGY

The assessment was conducted between 26th -29th May 2024, with 45 quantitative, structured face-to-face key informant (KI) interviews across 18 sites in Kismayo using a survey tool developed and adopted by ICCG and OCHA, deployed through KoBo software. For single-option indicators, the results are displayed as the % 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.

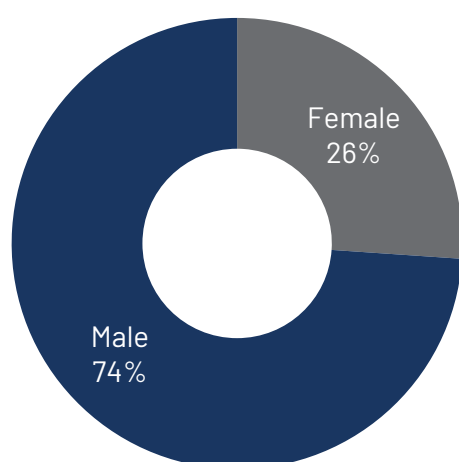
Therefore, the aggregated site-level results should be interpreted with this limitation in mind. Additionally, due to the key informant approach used, it is not possible to disaggregate the results by gender, age, or disability status of the respondents.

ABOUT iMMAP Inc.

[iMMAP Inc.](#) is an international not-for-profit organization that provides information management services to humanitarian and development organizations, enabling partners to make informed decisions that ultimately provide high-quality targeted assistance to the world's most vulnerable populations.

We support humanitarian actors to solve operational and strategic challenges. Our pioneering approach facilitates informed and effective emergency preparedness, humanitarian response, and development aid activities by enabling evidence-based decision-making for UN agencies, humanitarian cluster/sector leads, NGOs, and government operations.

KIs BY GENDER



KIs BY PROFESSION

Community leader (IDP)	19
Religious leader	5
Camp manager	4
Member of local relief committee	3
Women's group leader	3
Community leader (host community)	2
Member of civil society group	2
Other (specify)	2
Gatekeeper	1
Staff of organization working with minority clans	1
Teacher	1
Youth group leader	1

Disclaimer: The factsheet is prepared based on the rapid needs assessment data collected by partners in 16 sites within the Jowhar district of the Hirshabelle state in Somalia from May 21st to 23rd, 2024. The data collection and coordination were a multi-partner collaboration. The findings presented in this factsheet do not necessarily reflect the views of iMMAP Inc. and USAID/BHA. The boundaries shown on the map are solely used for analytical purposes and do not necessarily represent authorized boundaries. iMMAP Inc. and USAID/BHA cannot be held accountable for the accuracy of the boundaries depicted on the map.