

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

Qoryooley District, Somalia, June 2024

### KEY FINDINGS

- The survey analysis revealed, that the top 3 most urgent NFI needs for the flood-affected people in Qoryooley district are **Blankets, Plastic Sheets, and Tents**.
- 33% of the assessed sites reported that the **nearest markets were fully destroyed by** floods while 22% of assessed sites reported that their **market were partially destroyed**.
- In 33% of the assessed sites, **open defecation was reported as the prevailing practice for using latrines**, which increases the risk of disease outbreaks such as Cholera.
- 56% of the assessed sites reported that only a few flood-affected people have access to sufficient quantities of drinking water with 11% of 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 78% of the sites.

### BACKGROUND

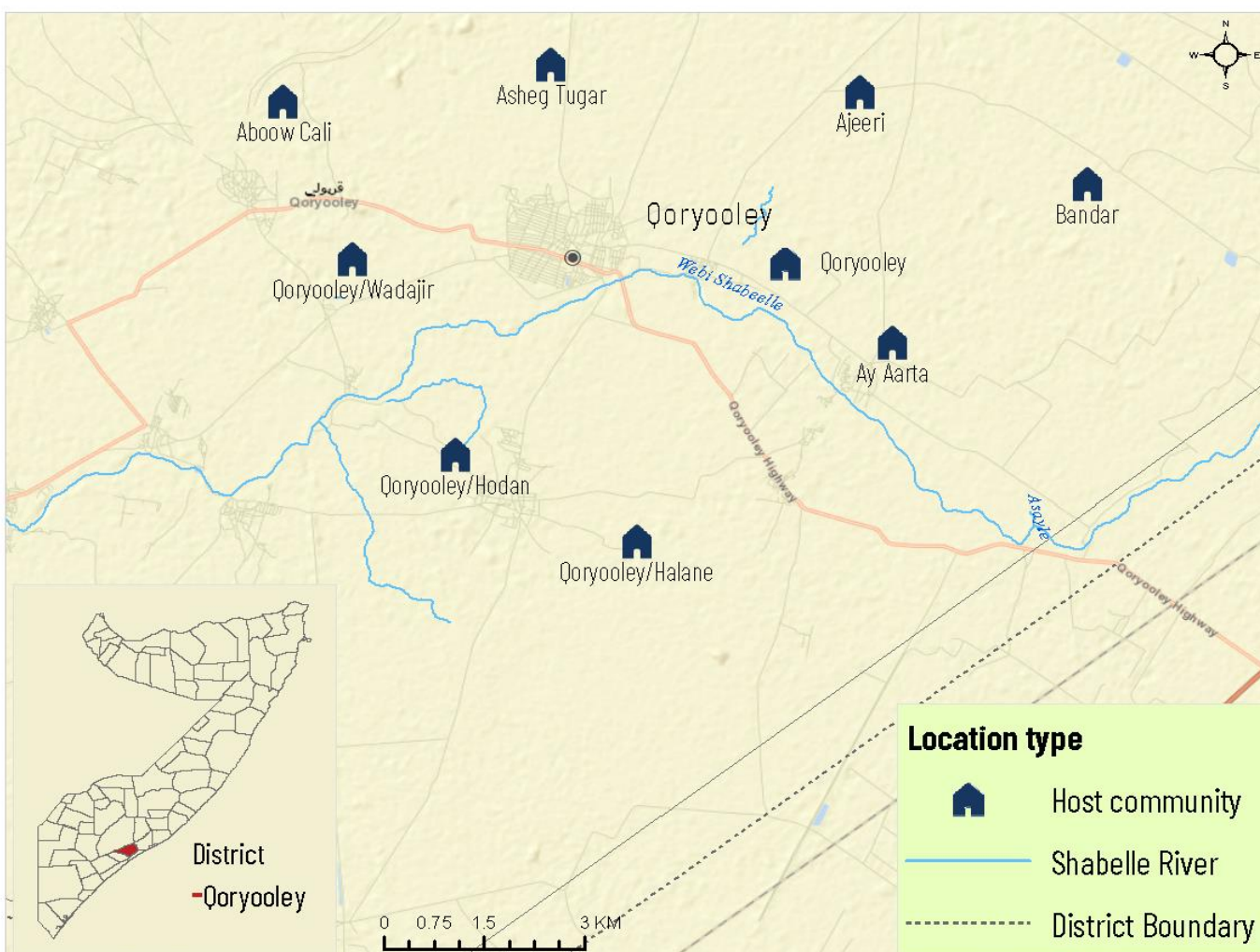
Heavy Gu rains and flash floods have affected more areas in Somalia. As of 30<sup>th</sup> May, **268K** people are impacted, with **81.3K** displaced from their homes and 10 people having lost their lives. Qoryooley District faces challenges from military operations, inter-clan conflicts, drought, and floods, leading to multiple displacements. Fresh fighting erupted after an explosion at the police station, resulting in casualties and conflict spread. Clan dynamics in the district revolve around competition for scarce resources, hindering humanitarian access. The conflict in Qoryooley persists despite failed attempts at resolution.

In Southwest State, **24,400** people were affected and **3,240** were displaced, significantly damaging latrines. Rains in districts along the Dhabelle River have affected **8,040** people and damaged crops, houses, and latrines. The floods in Janaale town displaced over **210** households, damaging shelters, crops, and latrines. (UNOCHA, 2024)

In response to the pressing needs arising from the floods, Six organizations - AYUUB, SCWRW, MCAN, GREDO, SOYDA, NWO, - have joined forces to carry out a rapid assessment of the requirements in early June 2024 (UNOCHA, 2024).

# 25%

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 Qoryooley district

### ASSESSMENT OVERVIEW

This assessment comprised 75 key informant interviews conducted at 9 sites in the Qoryooley district from June 6<sup>th</sup> to 8<sup>th</sup>, 2024. As explained in the Methodology section, the results should be considered indicative.

# NUMBER OF AFFECTED POPULATION

## Number of flood affected people, by site (out of 3 sites)

Site Name	# of people moved here in the past two weeks	# of people are currently living in the location/site/camp
Asheg Tugar	300	300
Qoryooley/Halane	200	300
Qoryooley	169	245
<b>Total</b>	<b>669</b>	<b>845</b>

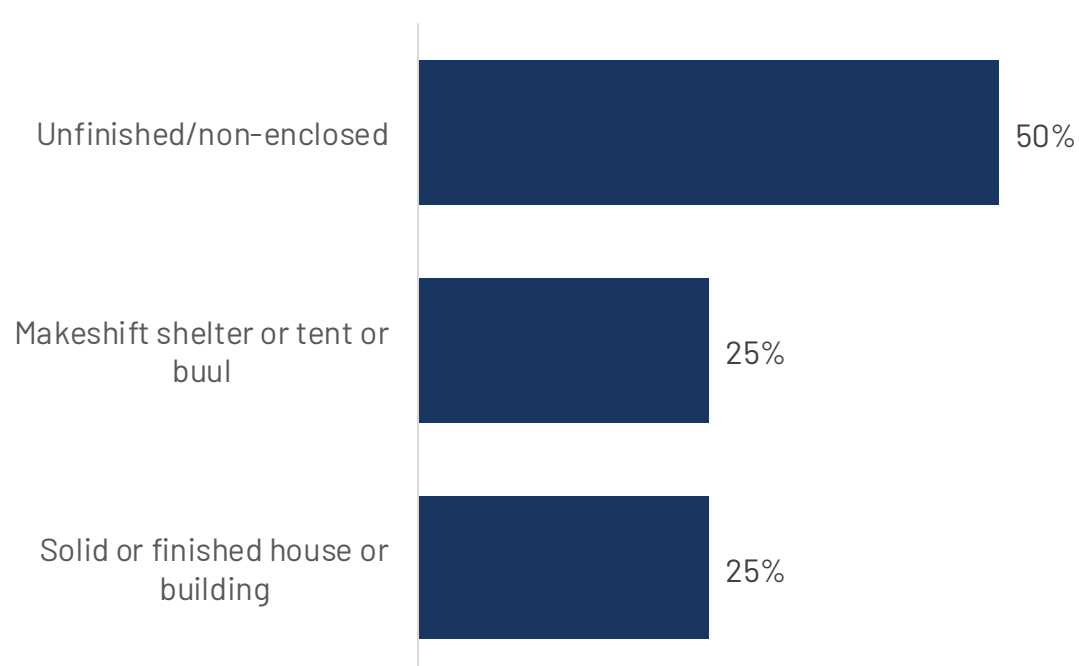
## Settlement/Camps reported the presence of CMC\* (in %), by site (out of 9 sites)

**None** of the sites reported that they 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 9)



## Top 3 most urgent NFI needs (in %), by site

**89%** Blankets

**67%** Plastic Sheets

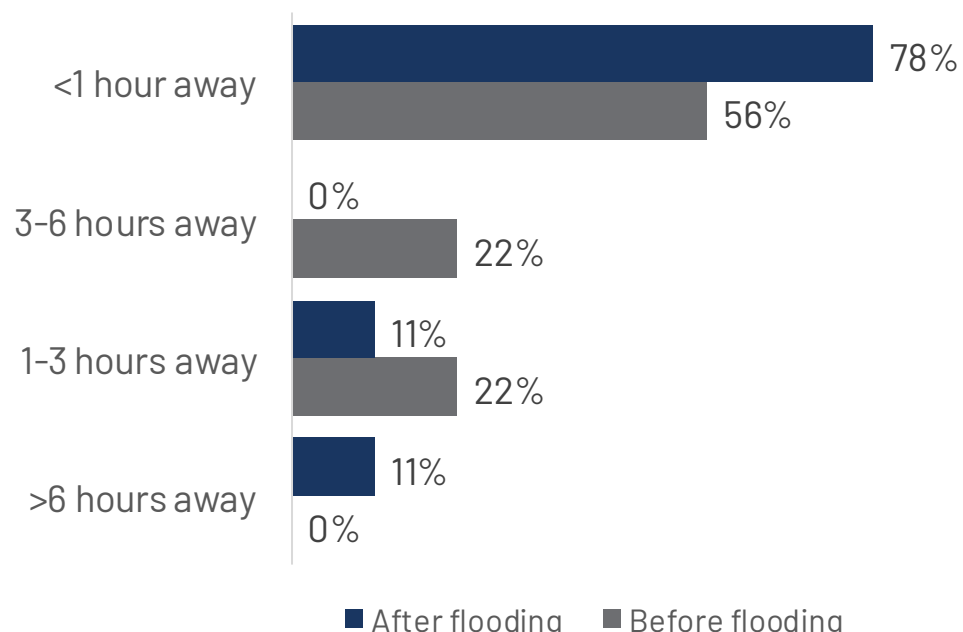
**67%** Tent

**22%** of the sites reported that NFIs were **unavailable** in sufficient quantities at the nearest market.

**89%** of 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 9)



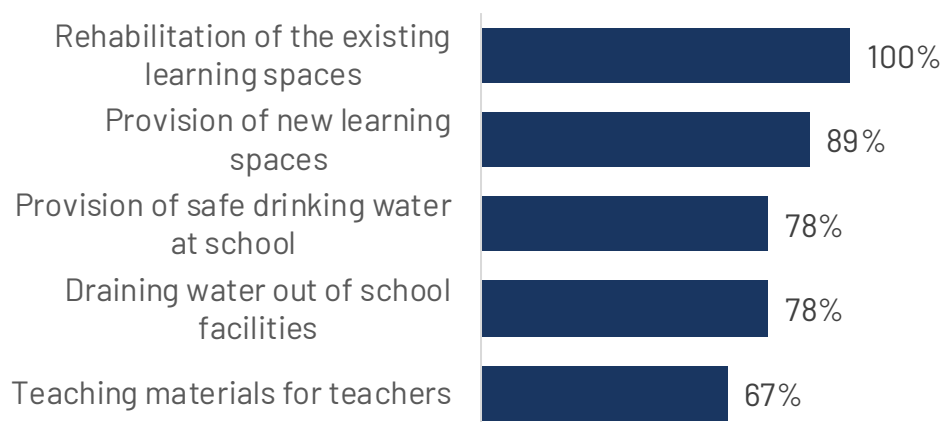
**22%** of the sites reported that the nearest **market was partially destroyed** after the flood and **33%** reported that the market was fully destroyed.

**22%** of the sites reported that essential food was **not available at all** after flooding.

**56%** of the sites reported a drastic increase in prices.

# EDUCATION

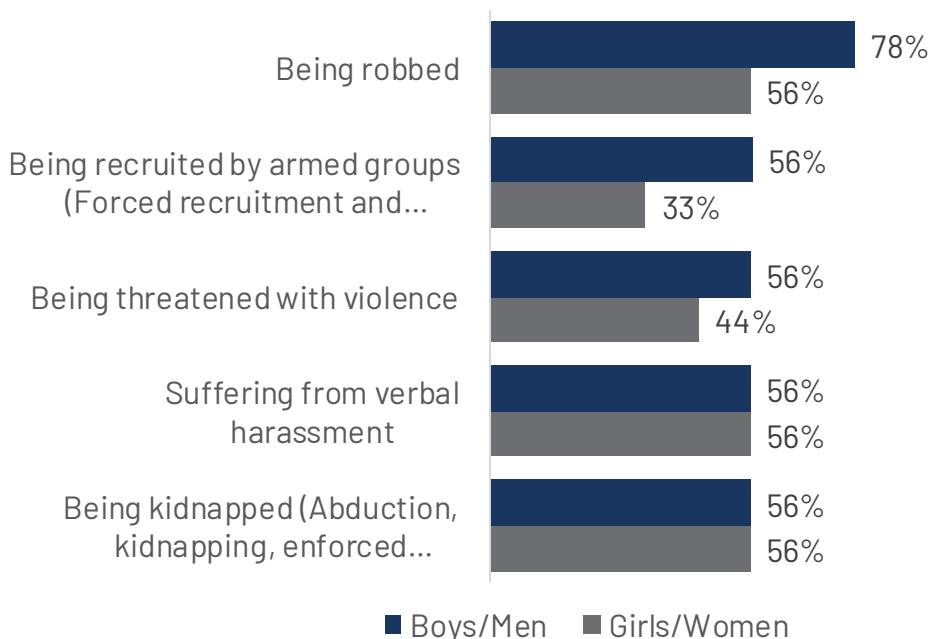
## Most critical education needs for flood-affected people (in %), by site (out of 9)



**22%** of the sites reported that **flooding has affected the attendance** of school children.

# PROTECTION

## Top 5 reported safety & security concerns for flood affected, by gender and age group (in %), by site (out of 9)



## Presence of support services (in %), by site

- 78%** Livelihood services
- 56%** Rape treatment and treatment of physical injuries due to GBV
- 44%** Mental health and psychosocial support services
- 44%** Legal and protection services

**78%** sites reported that there are **children who got separated** from their primary caregiver since the flooding

# HUMANITARIAN ACCESS AND AAP\*

## Most common primary means of access to sites (out of 3)

**All** sites reported Path (foot/donkey cart/motorcycle only as primary access to the affected sites

## Top 3 most common priority needs (in %), by site (out of 16)

- 67%** Shelter
- 67%** Sanitation
- 67%** Education services
- 56%** Multipurpose Cash transfers

## Commonly reported problems for flood affected people

**44%** Reported that affected people face problems while receiving humanitarian assistance.

**94%** sites reported that the affected households have **not yet received** humanitarian food and cash (in the last one month)

**All** sites reported that **aid will be** able to reach the affected population if aid it has to be transported

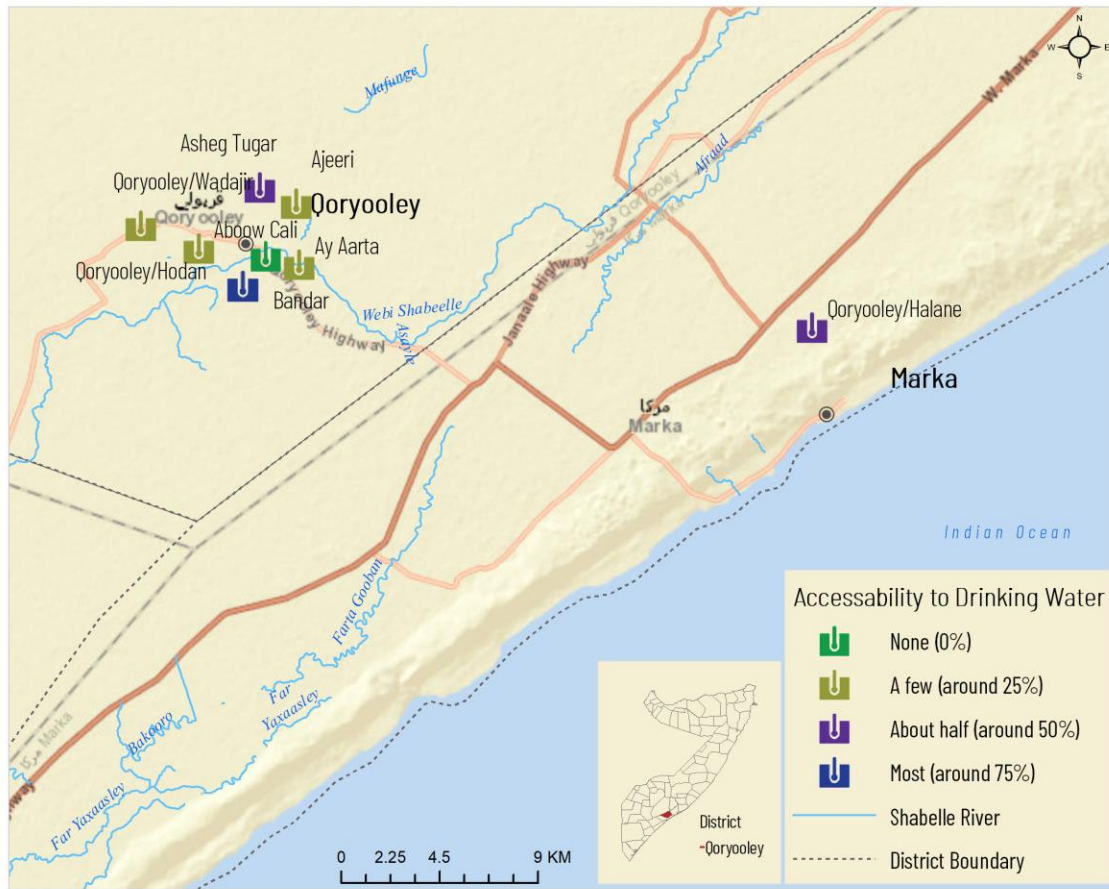
\*Accountability to Affected People



# WATER HYGIENE & SANITATION

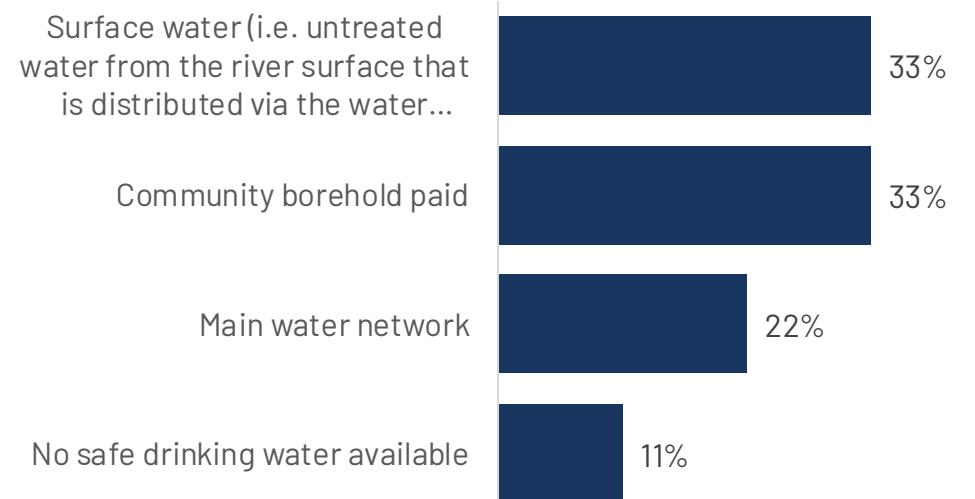
**33%** of the sites reported that **open defecation is the main practice for latrine usage** Among the flood-affected people.

**56%** of the sites reported that only a few flood-affected people have access to sufficient quantities of drinking water with **11%** of the sites reporting no access to water for flood-affected people

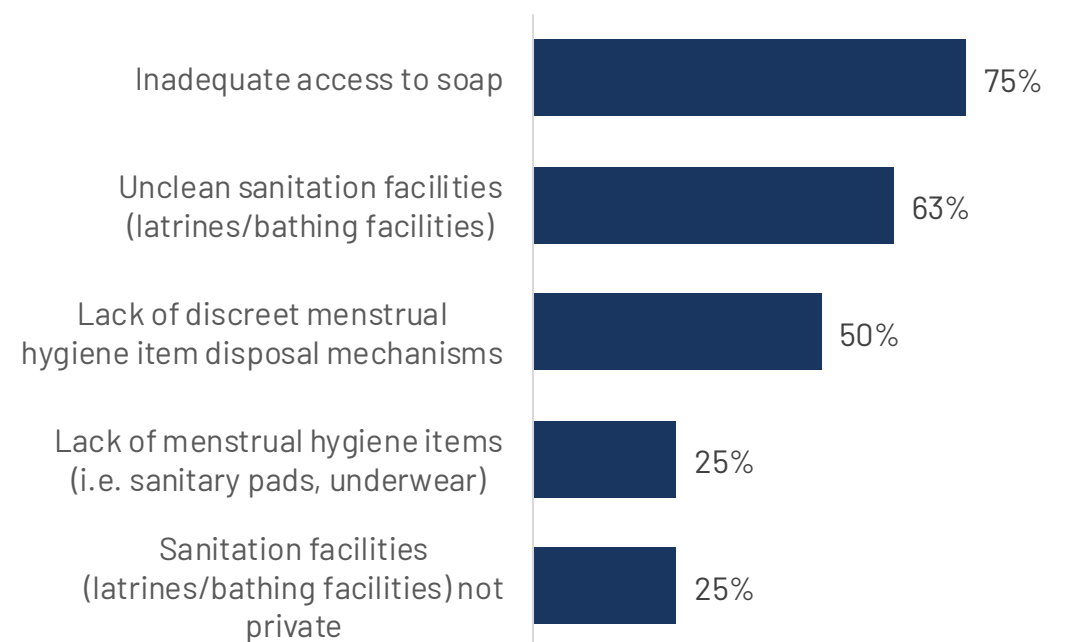


Map Showing Availability of Drinking Water in the Sites

## Commonly reported primary source of drinking water (in %), by site (out of 9)

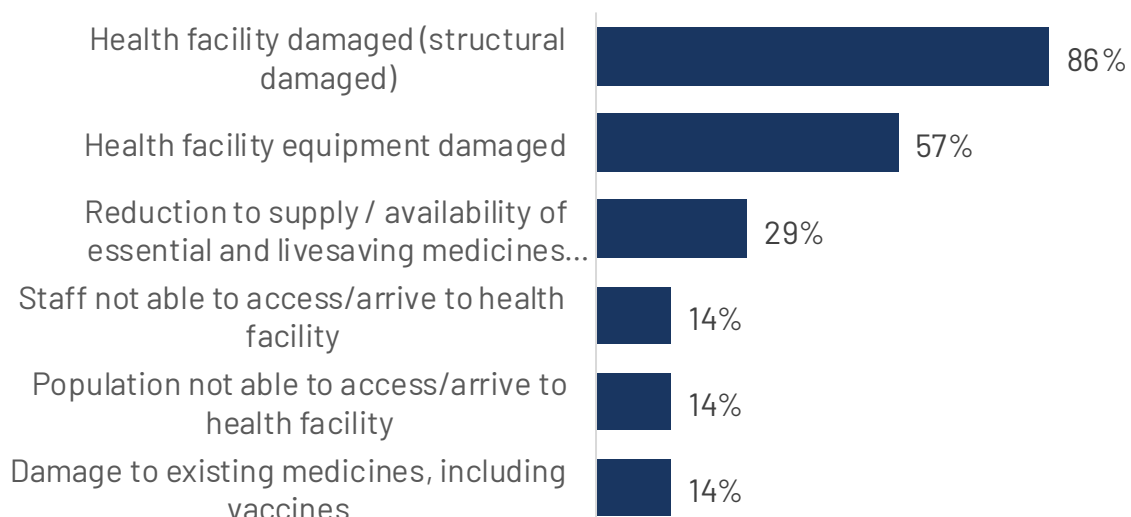


## Most common barriers to menstrual hygiene management (in %), by site (out of 9)



# HEALTH

## Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance (in %), by site (out of 9)



**56%** 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.

**78%** of the sites reported **an increased need for health services** in the community since the flooding.

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

# NUTRITION

**11%** 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.

**All** sites reported that **no nutrition items were** 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

**89%** Local Market

**78%** Work for food

**67%** Donations from neighbours, relatives, or friends

## Most common income sources before flooding (in %), by site

**78%** Own Stocks/Production (crops, livestock)

**78%** Small shops/ trade

**78%** Local market

**67%** Borrowing/Debt

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

**3.8**

## METHODOLOGY

The assessment was conducted from 6<sup>th</sup> to 8<sup>th</sup> June 2024, with 75 quantitative, structured face-to-face key informant (KI) interviews across 9 sites in Qoryooley district using a survey tool developed and adopted by ICCG and OCHA, deployed through KoBo software. When it comes to 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 % 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.

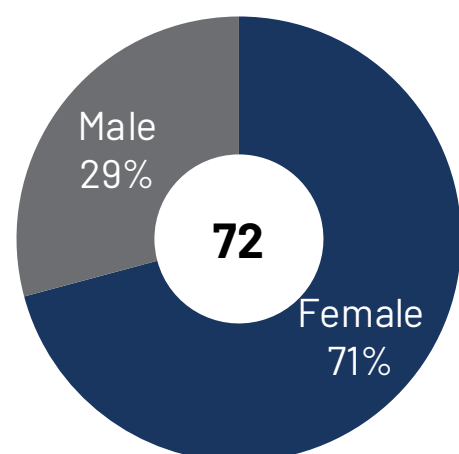
Therefore, the aggregated site-level results should be interpreted with this limitation in mind. Additionally, due to the key informant approach used, it is not possible to disaggregate the results by gender, age, or disability status of the respondents.

## ABOUT iMMAP Inc.

[iMMAP Inc.](#) is an international nonprofit 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

- 59** Member of civil society group
- 6** Staff of organization working with people with disabilities
- 3** Women's group leader
- 2** Community leader (IDP)
- 1** Camp manager
- 1** Member of local relief committee

**Disclaimer:** The factsheet is prepared based on the rapid needs assessment data collected by partners in 9 sites within the Qoryooley district of the Southwest state in Somalia from May 6<sup>th</sup> to 8<sup>th</sup>, 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 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.