

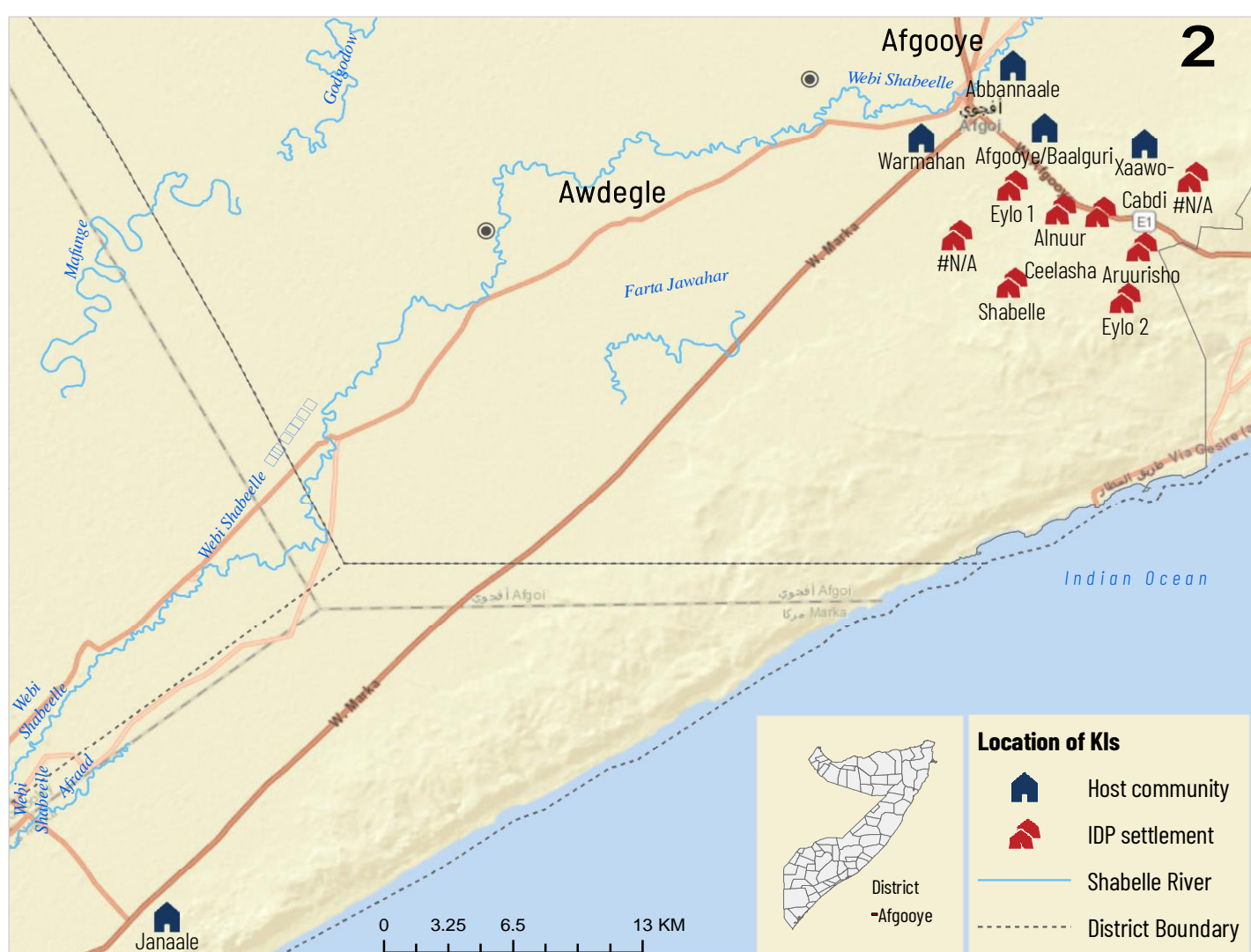
## Rapid Multi-Sectoral Needs Assessment of populations affected by Gu flooding

Afgooye District, Somalia, June 2024

### KEY FINDINGS

- The survey analysis revealed, the top 3 most urgent NFI needs for the flood-affected people in the Afgooye district are **Kitchen sets, Sleeping mats and Tents**
- 23% of the assessed sites reported that the **nearest markets were fully destroyed** by floods, while 15% reported that their market was **partially destroyed**.
- In 15% 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.
- 44% of the assessed sites reported that only a few flood-affected people have access to sufficient quantities of drinking water with 19% 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 69% of the sites.

**50%** The average proportion of flood-affected households in the community live in makeshift shelters (i.e. buuls) or tents.



Map showing location types in Afgooye district

### BACKGROUND

In the Gu season of 2024 (April to June), Somalia experienced heavy rainfall and flash floods that had devastating effects on the local population. These natural disasters not only caused significant damage to vital infrastructure but also had a profound impact on sanitation facilities such as latrines and water points, exacerbating the already challenging situation for residents.

In the Afgooye district, **8,040** people were affected by the floods, with **3,240** displaced individuals. The floods also destroyed **four** schools, water facilities, and latrines.

The destruction of water sources and sanitation facilities led to a cholera outbreak, further compounding the difficulties faced by the community. To respond to these crises, a Rapid Needs Assessment (RNA) was conducted in the first week of June 2024 to assess the impact of the floods on the lives of the people. Eleven organizations (ACTED, GREDO, AYUUB, SOYDA, MCAN, SOYVA, NWO, SASDO, PAC SCWRW, and AAPPED) actively collaborated in the data collection process in the Afgooye district ( UNOCHA in 2024).

### ASSESSMENT OVERVIEW

This assessment comprised 135 key informant interviews conducted at 13 sites in the Afgooye district from June 5<sup>th</sup> to 7<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

Site Name	# of people are currently living in the location/site/camp	# of People moved here in the past two weeks
Eylo 2	12,184	1,054
Eylo 1	450	35
Alnuur Ceelasha	450	45
Shabelle	435	-
CCCM-S02302-0084	269	26
Aruurisho	248	21
Janaale	225	-
Afgooye/Baalguri	60	40
<b>Total</b>	<b>14,321</b>	<b>1,221</b>

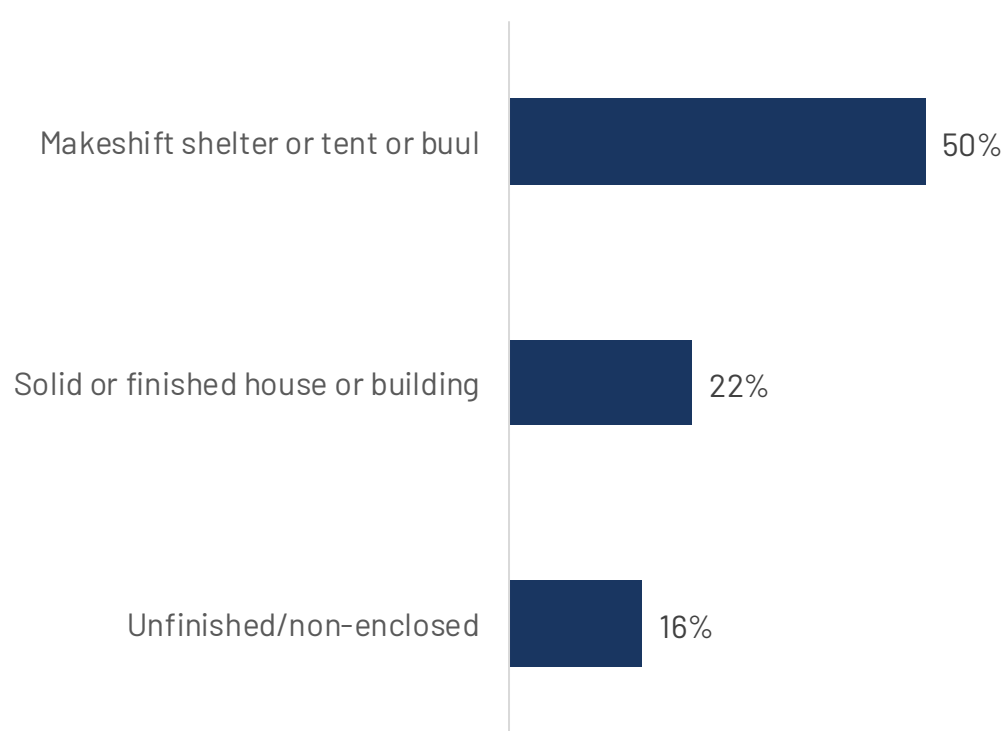
## Settlement/Camps reported the presence of CMC\* (in %), by site (out of 13 sites)

**15%** of the sites reported having 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 13 sites)



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

**92%** Kitchen Set

**62%** Sleeping mat

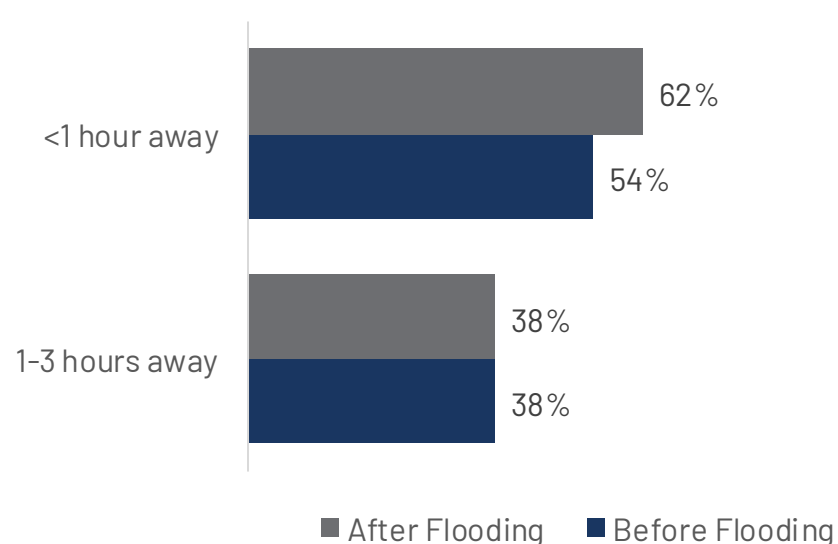
**62%** Tent

**15%** of the sites reported that NFIs were **unavailable** in sufficient quantities at the nearest market.

**All** sites reported a **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 13 sites)



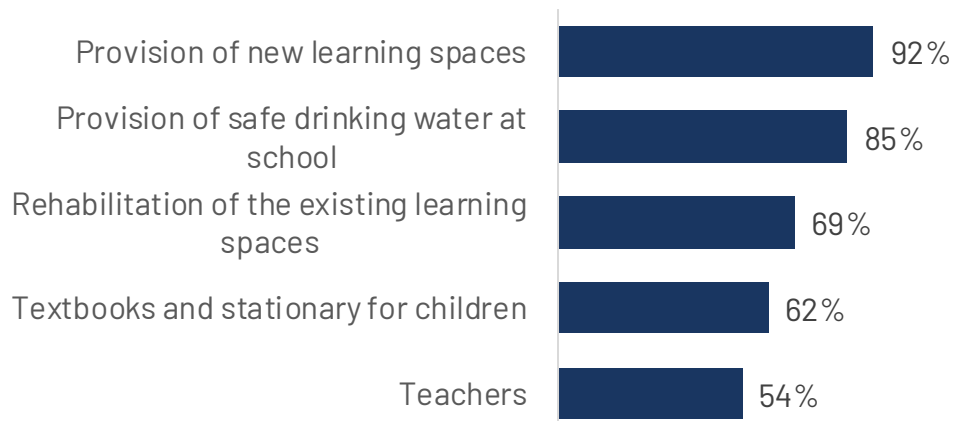
**15%** of the sites reported that the nearest **market was partially destroyed** after the flood and **23%** reported that the market was fully destroyed.

**23%** of the sites reported that essential food was **sporadically available** after flooding.

**69%** of the sites reported a slight increase in prices.

# EDUCATION

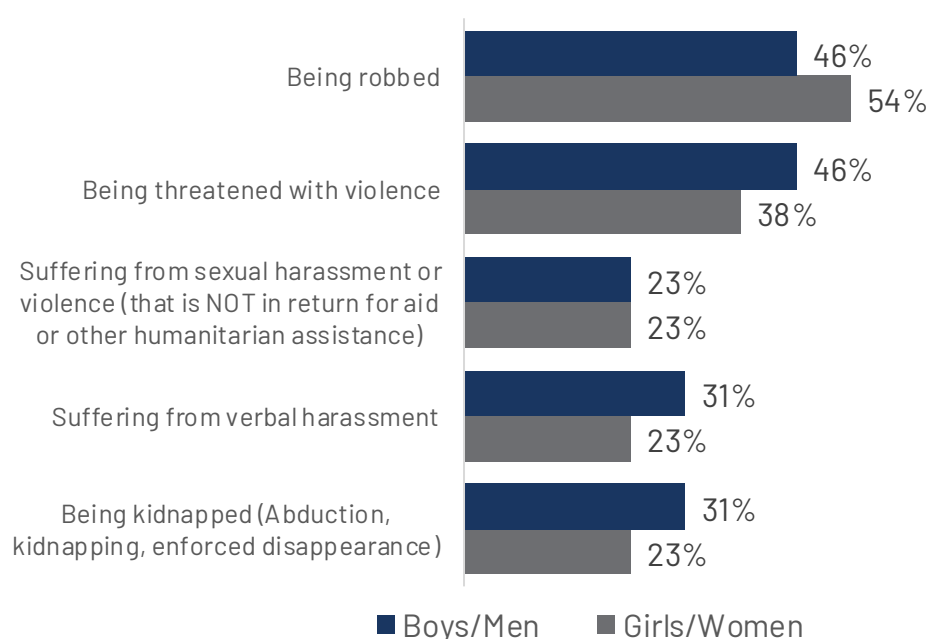
## Most critical education needs for flood affected people (in %), by site (out of 13)



**77%** 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 16)



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

**54%** Mental health and psychosocial support services

**38%** Rape treatment and treatment of physical injuries due to GBV

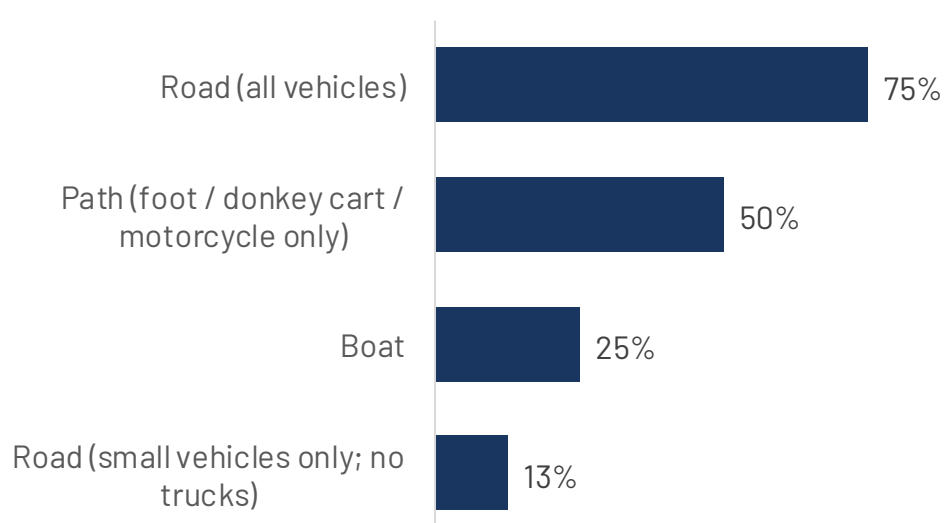
**38%** Livelihood services

**31%** Legal and protection services

**46%** of 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 13 sites)



## Top 3 most common priority needs (in %), by site (out of 13 sites)

**92%** Shelter

**46%** Multipurpose Cash transfers

**46%** Infrastructure/ social services repair

## Commonly reported problems for flood affected people

**23%** Reported that the affected people face problems while receiving humanitarian assistance.

**85%** of sites reported that the affected households have **not yet received** humanitarian food and cash (in the last one month)

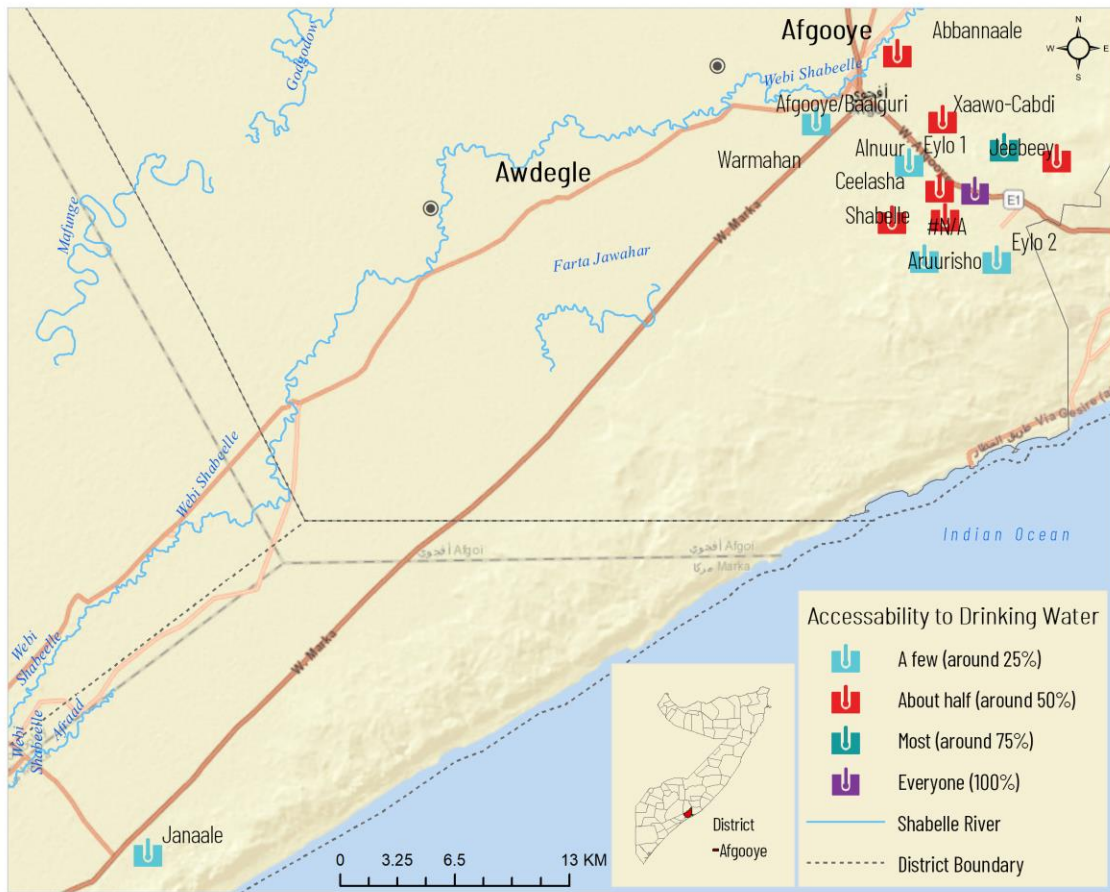
**25%** of sites reported that **aid will not** be able to reach the affected population if aid has to be transported

\*Accountability to Affected People

# WATER HYGIENE & SANITATION

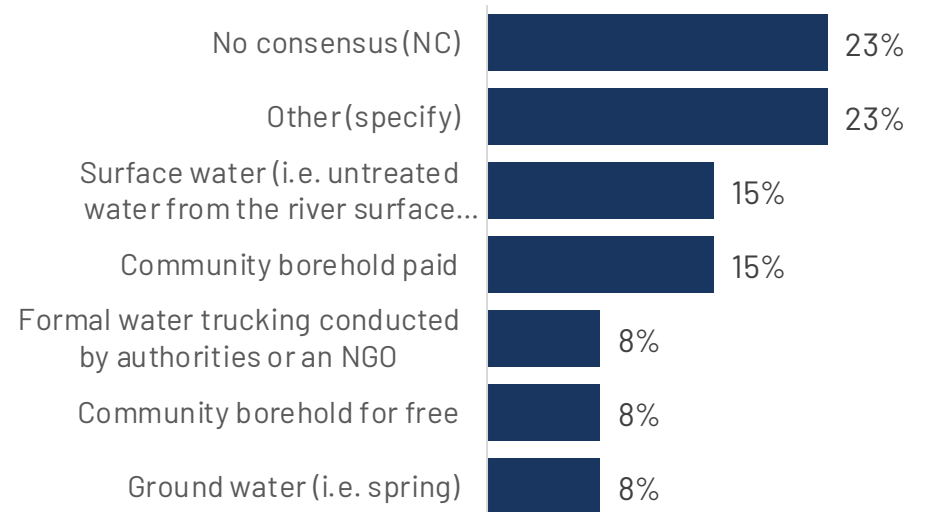
**15%** of the sites reported that **open defecation is the main practice for latrine usage** Among the flood-affected people.

**38%** of the sites reported that only a few flood-affected people can access sufficient drinking water.

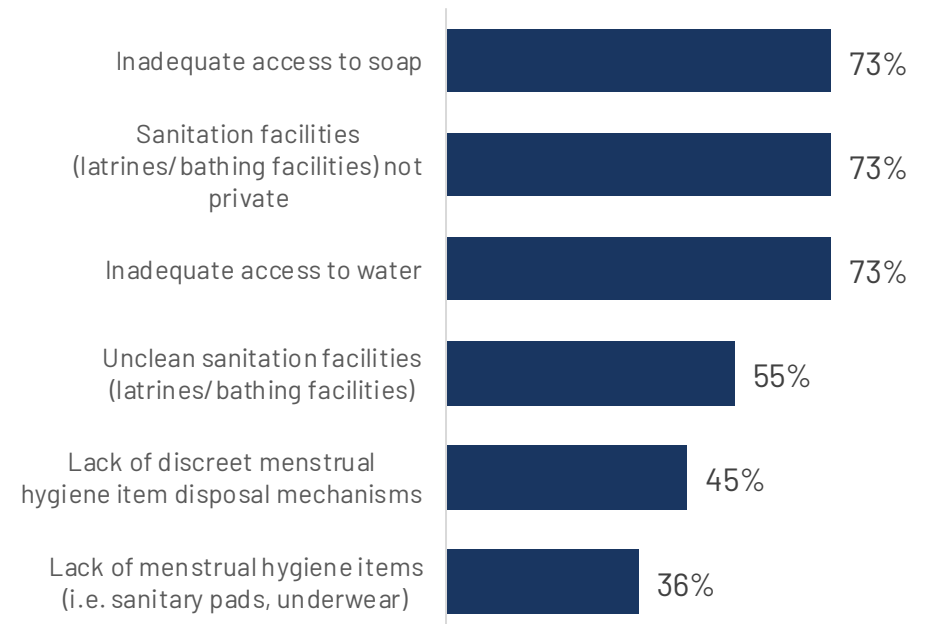


Map Showing Availability of Drinking Water in The Sites

## Commonly reported primary source of drinking water (in %), by site (out of 13)

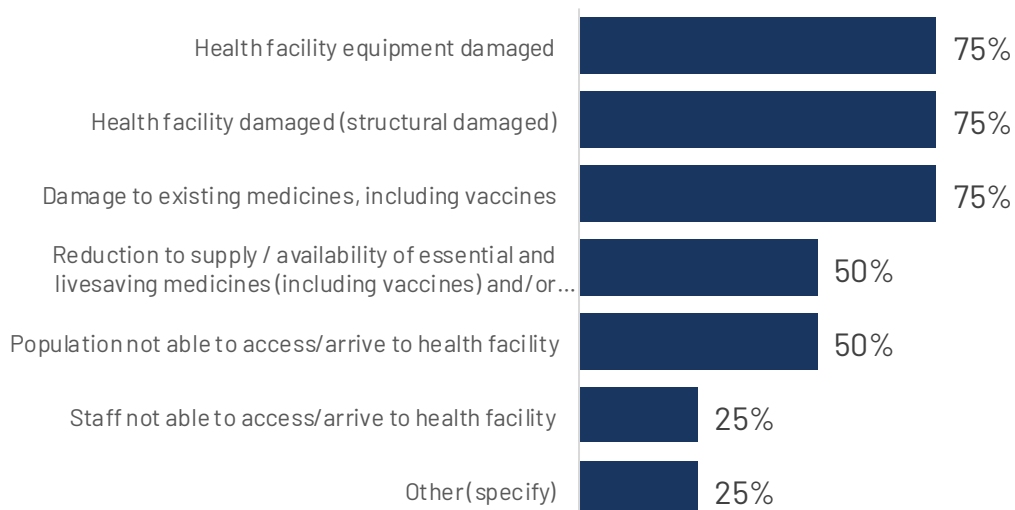


## Most common barriers to menstrual hygiene management (in %), by site (out of 11 sites)



# HEALTH

## Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance (in %), by site (out of 4 sites)



**69%** 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.

**69%** of the sites reported **an increased need for health services** in the community since the flooding.

**54%** of sites reported noticeable increases in: **acute diarrhoea, measles, and respiratory illness** since the flooding (in the past two weeks).

# NUTRITION

**38%** 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.

**77%** 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

- 77%** Work for food
- 69%** Local markets
- 54%** Own Stocks

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

- 85%** Own Stocks/Production (crops, livestock)
- 54%** Daily wages
- 54%** Local Market
- 38%** Borrowing/Debt

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

**3.8**

## METHODOLOGY

The assessment was conducted between the 5<sup>th</sup> to 7<sup>th</sup> of June 2024, with 135 quantitative, structured face-to-face key informant (KI) interviews across 13 sites in Afgooye 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.

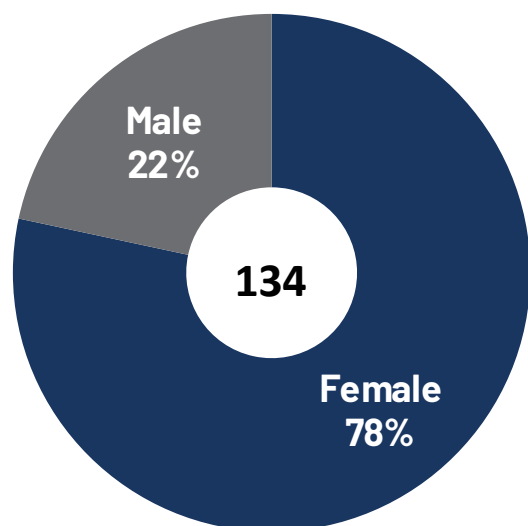
The results are presented as the % of sites where key informants reported a specific outcome (which is the combined result at the site level as explained earlier). For integer responses, the median value was reported at the site level.

## 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.

## KIs BY GENDER



## KIs BY PROFESSION

- 72** Member of civil society group
- 18** Community leader (IDP)
- 16** Women's group leader
- 7** Gatekeeper
- 6** Registration focal person
- 4** Camp manager
- 3** Local council person
- 2** Youth group leader
- 2** Community leader (host community)
- 1** Teacher
- 1** Other (specify)
- 1** Religious leader
- 1** Member of local relief committee

## 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.

**Disclaimer:** The fact sheet is prepared based on the rapid needs assessment data collected by partners in 13 sites within the Afgooye district of the Southwest state in Somalia from June 5<sup>th</sup> to 7<sup>th</sup>, 2024. The data collection and coordination were a multi-partner collaboration. The findings presented in this fact sheet 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.