

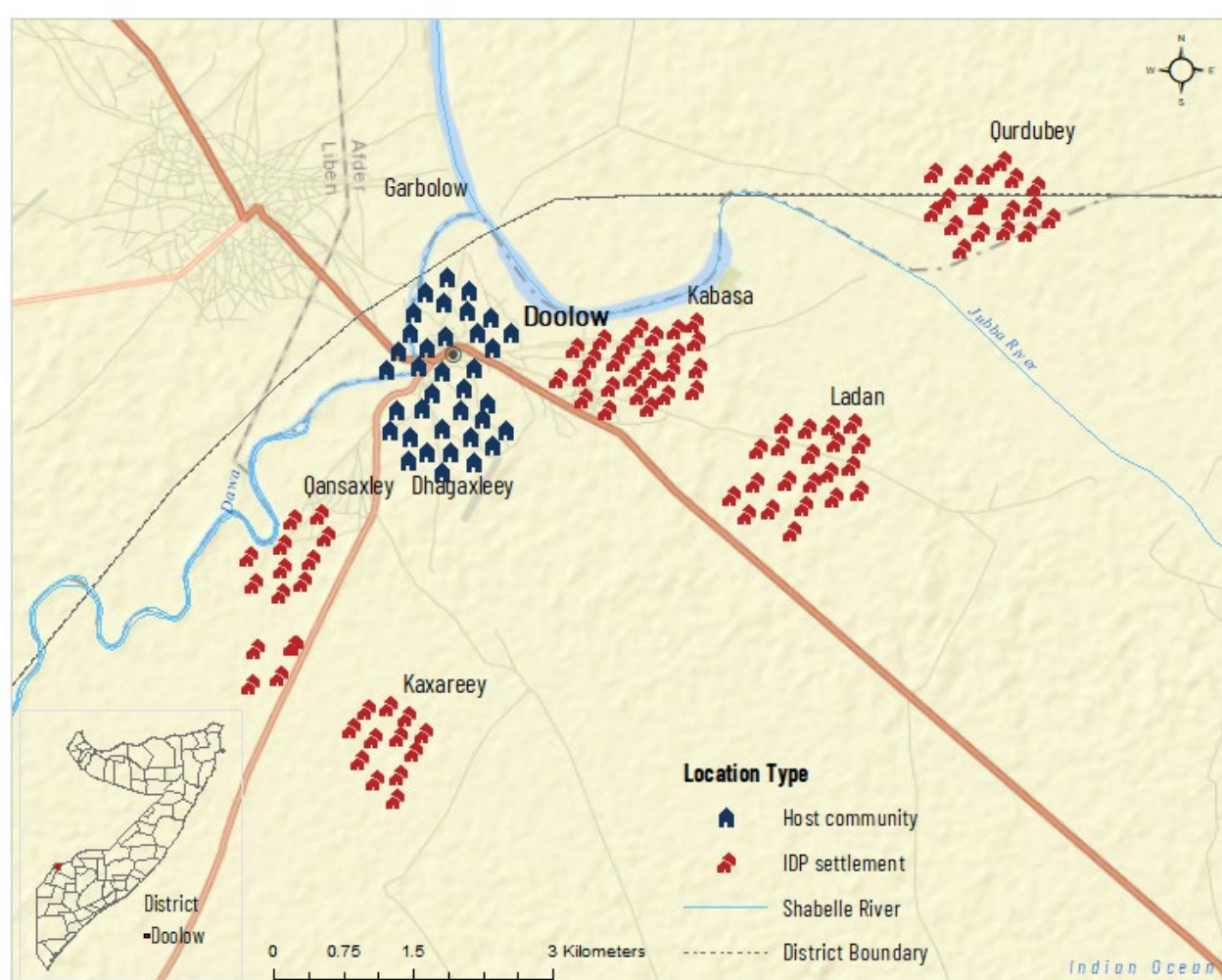
Rapid Multi-Sectoral Needs Assessment of populations affected by Gu flooding

Doolow District, Somalia, May 2024

KEY FINDINGS

- A total of **41,858** people are currently living in the flood-affected areas of Doolow district, with **796** 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 Doolow district are Tents, Mosquito nets and Blankets.
- **29%** Sites reported that the **nearest markets were partially destroyed by floods**.
- **29%** sites, **open defecation was reported as the prevailing practice for using latrines**, which increases the risk of disease outbreaks such as Cholera.
- **71%** sites reporting that only a few flood-affected people have access to sufficient quantities of drinking water.
- Due to the damage caused by the flooding, health facilities have been adversely affected, leading to an **increased demand for health services** in **29%** sites.

43% average proportion of flood-affected households in the community who live in makeshift shelters (i.e. buuls) or tents



Map showing location types in Doolow district

BACKGROUND

In early May 2024, Doolow experienced severe weather conditions as heavy rains led to significant flash floods and riverine flooding. On May 6, the region recorded its highest single-day rainfall since 2016, with 117mm of rain, which is approximately a quarter of the total seasonal average for the area. This sudden deluge caused the river levels to surge dramatically from 4.48 meters to 5.22 meters, surpassing the high flood risk threshold set by SWALIM. The consequences of this extreme weather event were immediate and severe. A spot check by OCHA, local authorities, UNICEF, and CCCM revealed extensive damage, including destroyed latrines, damaged shelters, and inundated farmlands. Preliminary findings from a rapid assessment conducted by CCCM indicated that over 46,000 people were affected across five IDP sites. The flooding resulted in the damage of 750 shelters and 258 latrines, exacerbating the already vulnerable conditions of the displaced population. Infrastructure in the region was also significantly impacted. Main roads connecting Doolow to vital supply routes were temporarily disrupted, although efforts to reopen these routes were underway. However, cross-border movements towards Ethiopia remained affected, with the road between Luuq and Doolow partially flooded. In one of the IDP settlements, the water supply system was severely damaged, leaving approximately 10,000 residents without running water. These individuals have been forced to rely on stagnant water sources and the Juba River for their water needs, raising concerns about water quality and health risks. Thirteen organizations, including FAO, RCDO, IOM, Jubaland Commission for Refugees and IDPs, NRC, WVI, ACTED, Lifeline Gedo, Trocaire, LIDOSOM, NAPD, HDC, and COOPI, collaborated with the local authority of Doolow in the RNA assessment in different sites (UNOCHA).

ASSESSMENT OVERVIEW

This assessment comprised 131 key informant interviews conducted at 7 sites in the Doolow district between May 29 to June 2, 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, (in %) by site (out of 7)

Site Names	Moved into the location in the past two weeks	Currently living in the affected location
Gabolow	305	2,308
Dhagaxleey	202	1,400
Qurubey	36	17,350
Kabasa	253	20,800
Total	796	41,858

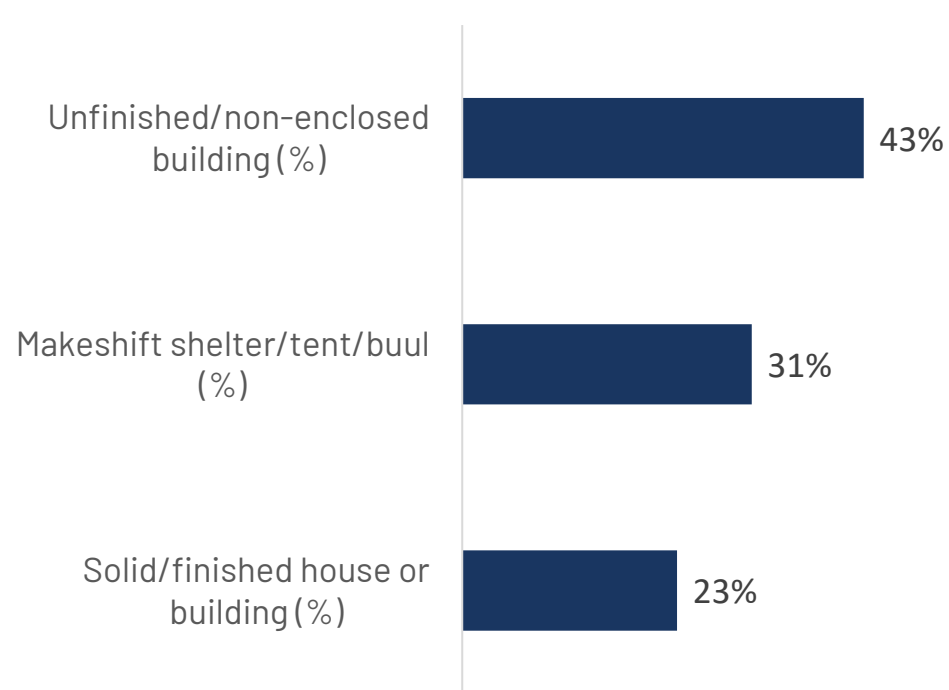
Settlement/Camps reported the presence of CMC*, (in %) by site (out of 7)

29% 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 7)



Top 3 most urgent NFI needs, (in %) by site (out of 7)

100% Mosquito net

100% Blankets

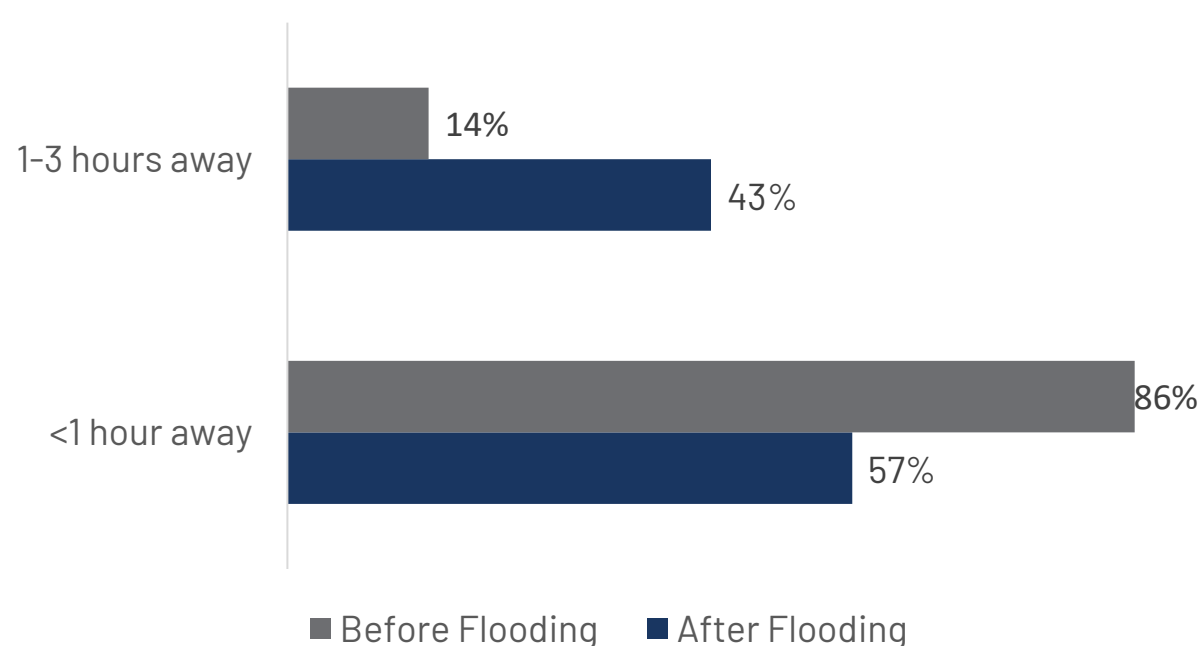
100% Tent

29% sites reported that NFIs were **unavailable** in sufficient quantities at the nearest market.

All 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 7)



29% sites reported that the nearest **market was partially destroyed** after the flood.

29% sites reported drastic increase in prices for the basic food commodities after flooding.

EDUCATION

Most critical education needs for flood affected people, (in %) by site (out of 7)

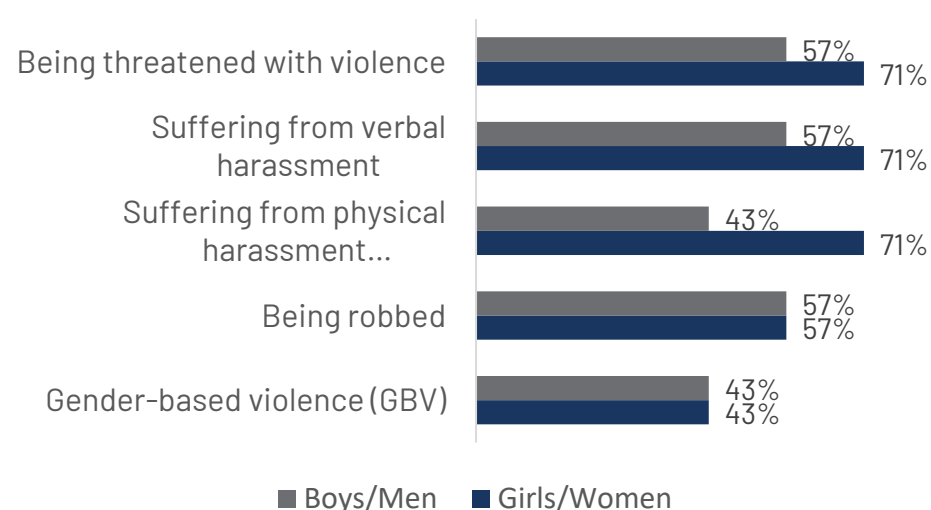


14% sites reported that **flooding has affected the attendance** of school children. Among those,

All sites reported that **Schools/learning spaces are not accessible due to mud** was the main reason in addition

PROTECTION

Top 5 reported safety & security concerns for flood affected, by gender and age group (in %) by site (out of 7)



Presence of support services, (in %) by site (out of 7)

86% Livelihood services

71% Legal and protection services

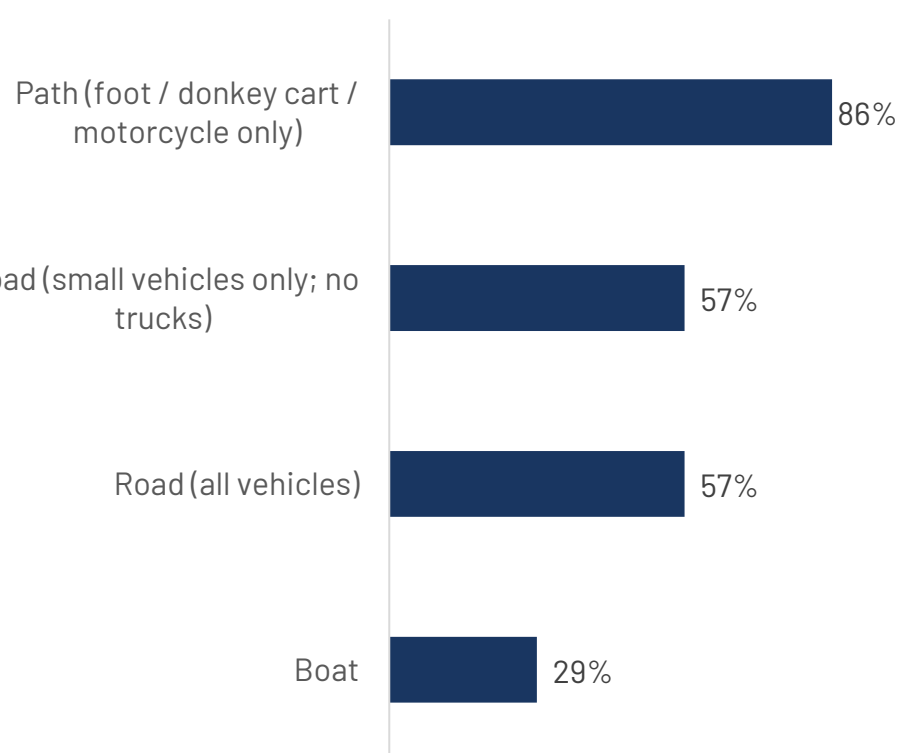
71% Rape treatment and treatment of physical injuries due to GBV

71% Mental health and psychosocial support services

None of the 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 to sites



Top 5 Most commonly reported priority needs, (in %) by site (out of 7)

100% Shelter

100% In-kind assistance (NFIs)

100% Water

100% Sanitation

100% Healthcare Services

29% sites reported that the affected people faced problems while receiving humanitarian assistance. Among these,

86% sites reported that **not enough humanitarian assistance for all entitled** affected population.

86% sites reported that the affected households have **not yet received** humanitarian food and cash (in the last one month)

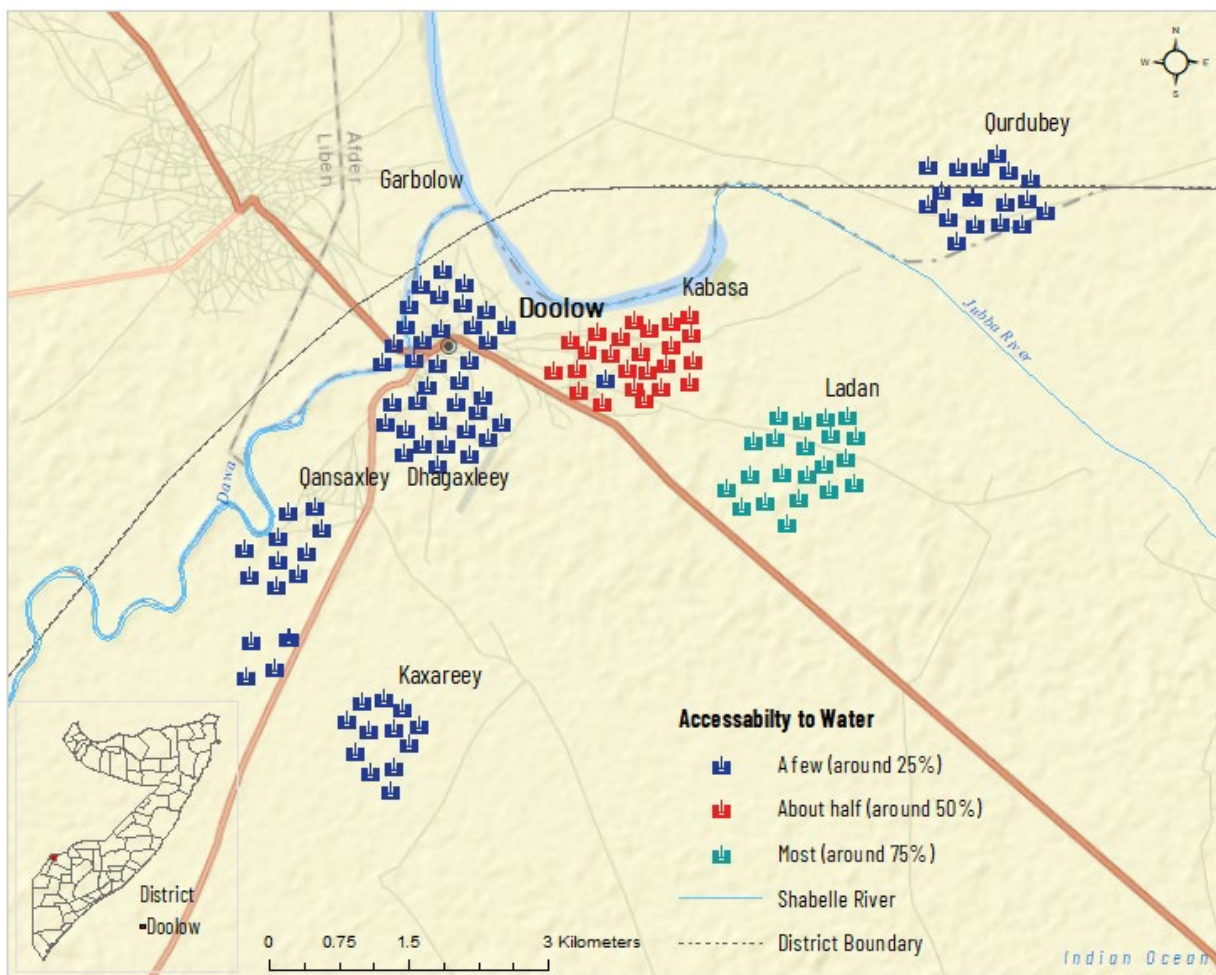
71% sites reported that if aid was transported, **it would be able to reach** the affected population.

*Accountability to Affected People

WATER HYGIENE & SANITATION

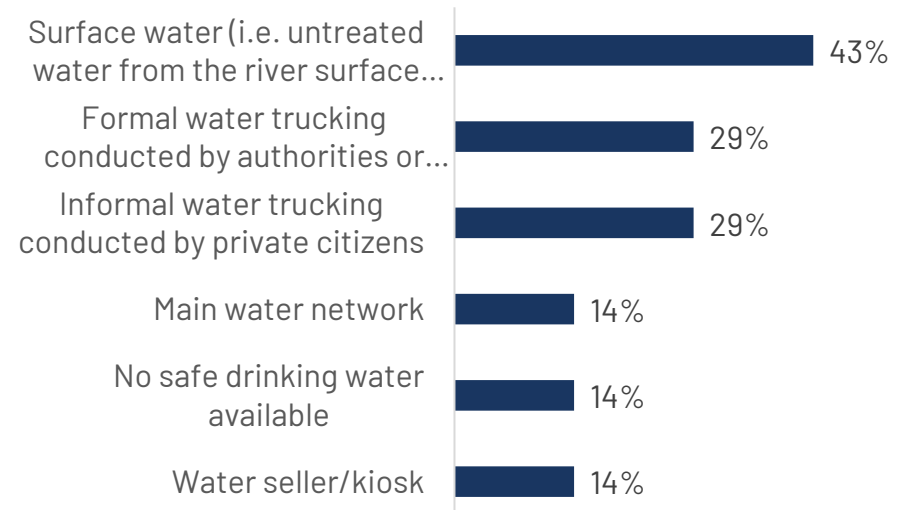
29% sites reported that **open defecation is the main practice for latrine usage** Among the flood affected people.

71% sites reported that only a few flood-affected people have access to sufficient quantities of drinking water.

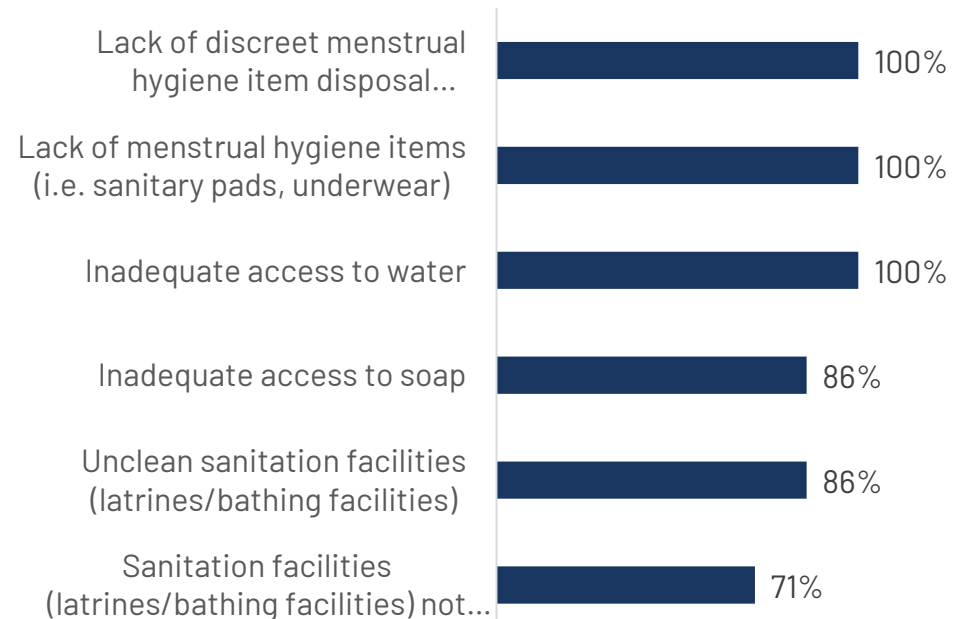


Map Showing Availability of Drinking Water

Commonly reported primary source of drinking water, (in %) by site (out of 7)

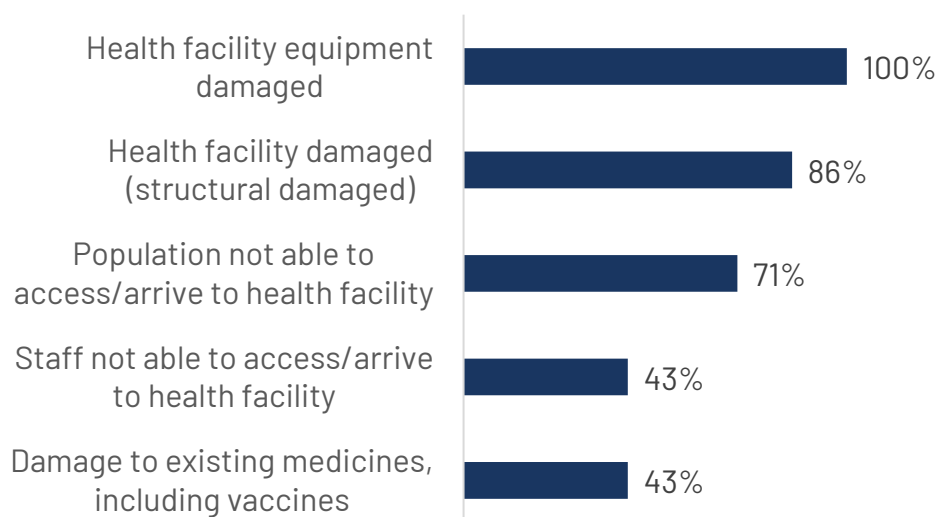


Most common barriers to menstrual hygiene management (in %) by site (out of 7)



HEALTH

Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance, (in %) by site (out of 7)



14% sites reported that there is no health facility/medical outreach team at the point of relocation/evacuation/Or the affected community by the flood?

29% 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

43% 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 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 7)

- 100%** Own stock
- 100%** Work for food
- 100%** Borrowing/debt
- 100%** Humanitarian food and/or cash assistance

Most common income sources before flooding, (in %) by site (out of 7)

- 100%** Own Stocks/Production (crops, livestock)
- 100%** Small shops/trade
- 100%** Borrowing/Debt
- 100%** Local market

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

2

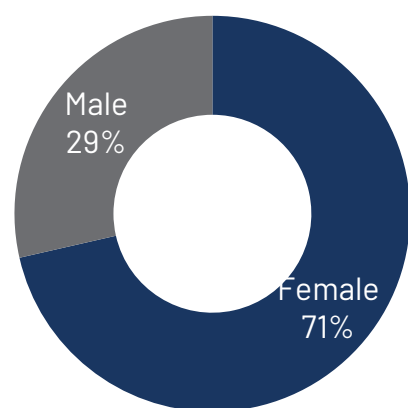
METHODOLOGY

The assessment was carried out between May 29 to June 2, 2024, involving 131 quantitative, structured face-to-face interviews with key informants in 7 Sites in Doolow district. The survey tool used was developed and approved by ICCG and OCHA, and it was implemented through KoBo software. The findings for single-option indicators show the percentage of sites and are shared at the district level. For multiple indicators, all key informant feedback is considered in the overall results. The outcomes are presented based on the sites where key informants noted a particular result, reflecting the combined outcome at the site level. Median values were reported for integer responses 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

Community leader (IDP)	34
Member of civil society group	24
Women's group leader	20
Member of local relief committee	20
Teacher	7
Camp manager	5
Religious leader	4
Local councilperson	3
Gatekeeper	2
Youth group leader	2
Community leader (host community)	1
Community Members	1
Watchmen	1
Block leader	1
School headmaster	1
Community IDP member	1
Registration focal person	1

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.

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.