FACTSHEET



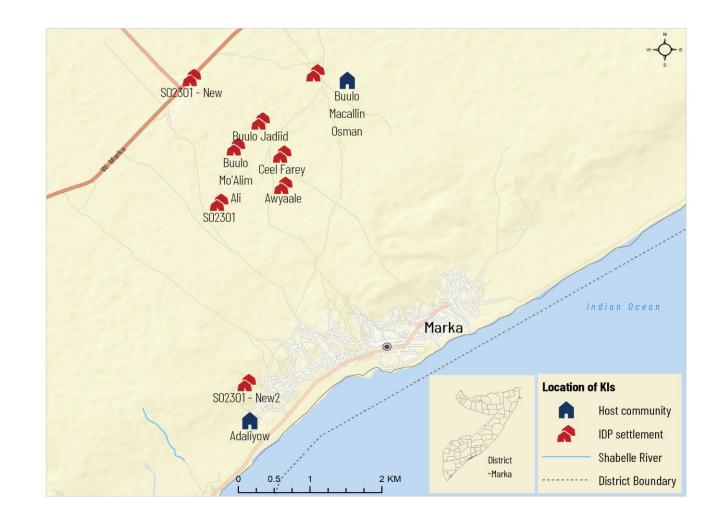
Rapid Multi-Sectoral Needs Assessment of populations affected by Gu flooding

Marka District, Somalia, June 2024

KEY FINDINGS

- The survey analysis revealed, the top 3 most urgent NFI needs for the flood-affected people in the Marka district are **Tents**, **Mosquito nets** and **Kitchen sets**.
- 15% of the assessed sites reported that the **nearest markets** were fully destroyed by floods while 23% of assessed sites reported that their market were partially destroyed.
- In 23% 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.
- 62% of the assessed sites reported that only a few floodaffected 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 85% of the sites.

32% The average proportion of flood-affected households in the community who live in makeshift shelters (i.e. buuls) or tents.



BACKGROUND

The heavy Gu rains from April to June 2024 caused flash floods in the Marka district, located in the Lower Shebelle region of Somalia.

This district is home to approximately **230,100** people, with about **57,525** internally displaced persons (IDPs). The recent Gu rains have exacerbated the challenges faced by the already vulnerable population in Marka, resulting in more people being displaced.

A total of **1,260** individuals have been affected, leading to the destruction of **120** shelters, **50** latrines, and **12** farm plots. The damage to essential infrastructure like shelters, latrines, water sources, and farmlands has added to the difficulties experienced by the community.

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

Map showing location types in Marka district

*Please see the tabular data analysis here

ASSESSMENT OVERVIEW

This assessment comprised 217 key informant interviews conducted at 14 sites in the Marka district from June 5^{th} to 8^{th} , 2024. As explained in the Methodology section, the results should be considered indicative.

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NUMBER OF AFFECTED POPULATION

Number of flood affected people, by site

Site Names	# of people moved here in the past two weeks	# of people currently living in the location/site/camp
Awyaale	28,059	87,150
Janaale	3,050	11,240
Buulo Beeloow	700	4,500
S02301 - New	700	2,000
S02301 - New2	600	1,400
S02301	500	1,500
Ceel Farey	70	600
Dhanaane	55	75
Buufow Bacaad	35	45
Total	33,769	108,510

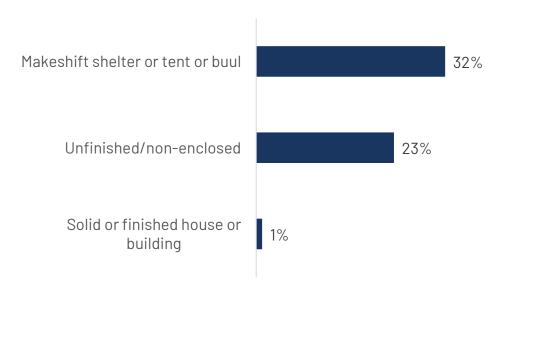
Settlement/Camps reported the presence of CMC* (in %), by site(out of 16)

31% 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 the site (out of 14 sites)



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

92% Tent

77% Mosquito net

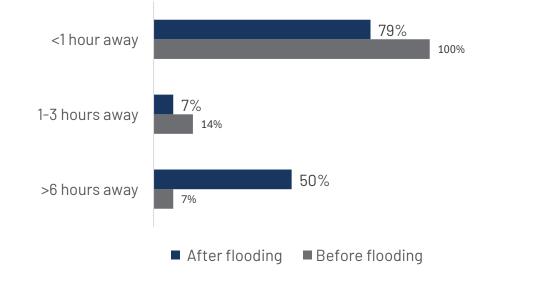
69% Kitchen set

23% of the sites reported that NFIs were **unavailable** in sufficient quantities at the nearest market.

All the 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 14 sites)



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

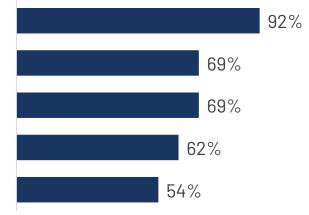
23% of the sites reported that essential food was **sporadically available** after flooding.

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

EDUCATION

Most critical education needs for flood affected people (in %), by site (out of 14 sites)

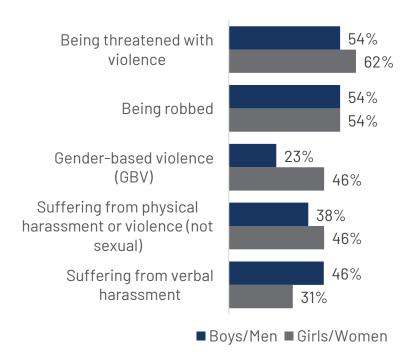
Provision of new learning spaces Provision of safe drinking water at school Gravelling the roads to schools/learning spaces Insulation/isolation of learning spaces (plastic sheets) Rehabilitation of the existing learning spaces



92% 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 14 sites)



Presence of support services (in %), by site

77% Mental health and psychosocial support services

69% Rape treatment and treatment of

physical injuries due to GBV

62% Livelihood services

46% Legal and protection services

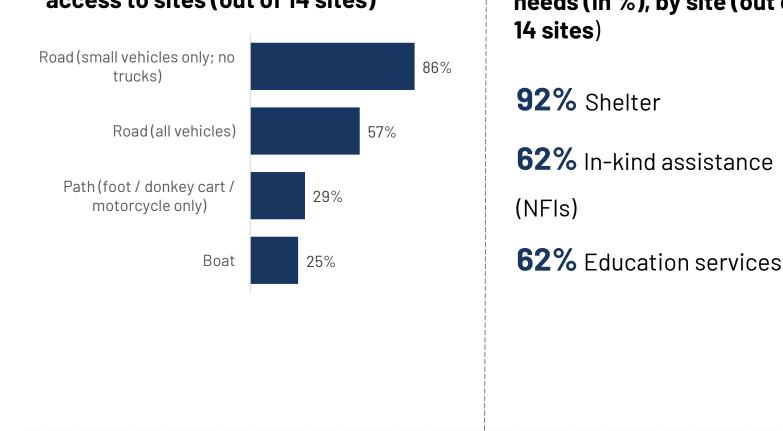
31% sites reported that there are children who got separated from their primary caregiver since the flooding

HUMANITARIAN ACCESS AND AAP*

Most common primary means of access to sites (out of 14 sites)

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

Commonly reported problems for flood affected people



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

54% of sites reported that the affected households have not yet received humanitarian food and cash (in the last month)

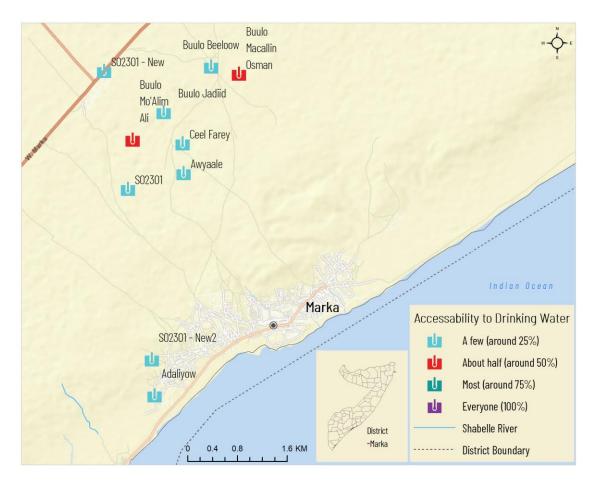
All sites reported that aid will reach the affected population if aid has to be transported

*Accountability to Affected People

WATER HYGIENE & SANITATION

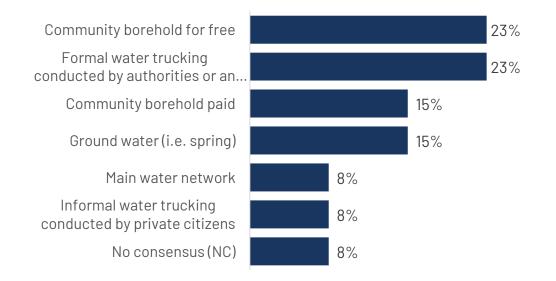
23% of the sites reported that **open defecation is the main practice for latrine usage** Among the floodaffected people.

62% of the sites report that only a few flood-affected people have access to sufficient drinking water.

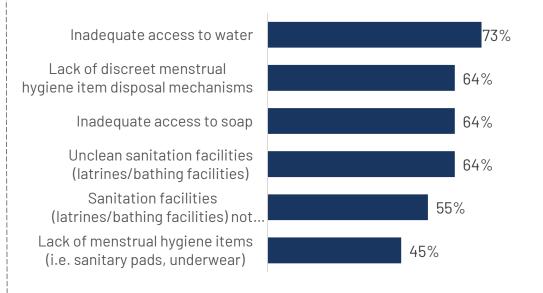


Map Showing Availability of Drinking Water in the Sites

Commonly reported primary source of drinking water (in %), by site (out of 14 sites)



Most common barriers to menstrual hygiene management (in %), by site (out of 14 sites)



HEALTH

Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance (in %), by site (out of 14 sites)

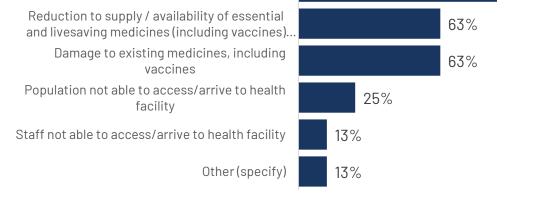
Health facility equipment damaged

Health facility damaged (structural damaged)



38% of the sites reported **there is no health facility/medical outreach team** at the point of relocation/evacuation/Or the affected community by the flood.

85% of the sites reported an increased need for



health services in the community since the flooding.

38% of sites reported noticeable increases in **acute diarrhoea, measles, and respiratory illness** since the flooding (in the past two weeks).

NUTRITION

23% 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.

69% 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	Most common income sources before flooding (in %), by site		
92% Work for food	92% Own Stocks/Production		
JZ /o Work for food	(crops, livestock)	Average damage to current farming due to flooding, on a	
92% Local Markets	85% Local market	scale from 1-5	
69% Humanitarian food and/or	69% Fishing	3.8	
cash assistance	46% Borrowing/Debt		

METHODOLOGY

The assessment was conducted between the 5th to 8th of June 2024, with 216 quantitative, structured face-to-face key informant (KI) interviews across 14 sites in the Marka district 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 multiple-select 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.

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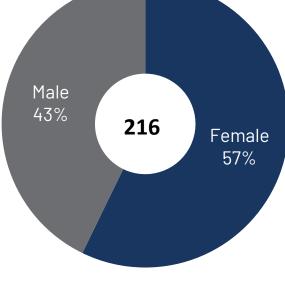
KIS BY GENDER KIS BY PROFESSION

Member of civil society group 108

ABOUT iMMAP Inc.

<u>iMMAP Inc</u>. 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.



- 46 Community leader (IDP)
- Community leader (host community) 20
 - Camp manager
 - Teacher
 - Member of local relief committee
- 3 Women's group leader
- 3 Other(specify)
- 2 Local councilperson
 - Staff of organization working with people
- 2 with disabilities
- 2 Registration focal person
- 2 Religious leader
- Gatekeeper

Disclaimer: The factsheet is prepared based on the rapid needs assessment data collected by partners in 14 sites within the Marka district of the Southwest state in Somalia from June 5th to 8th , 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.