

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

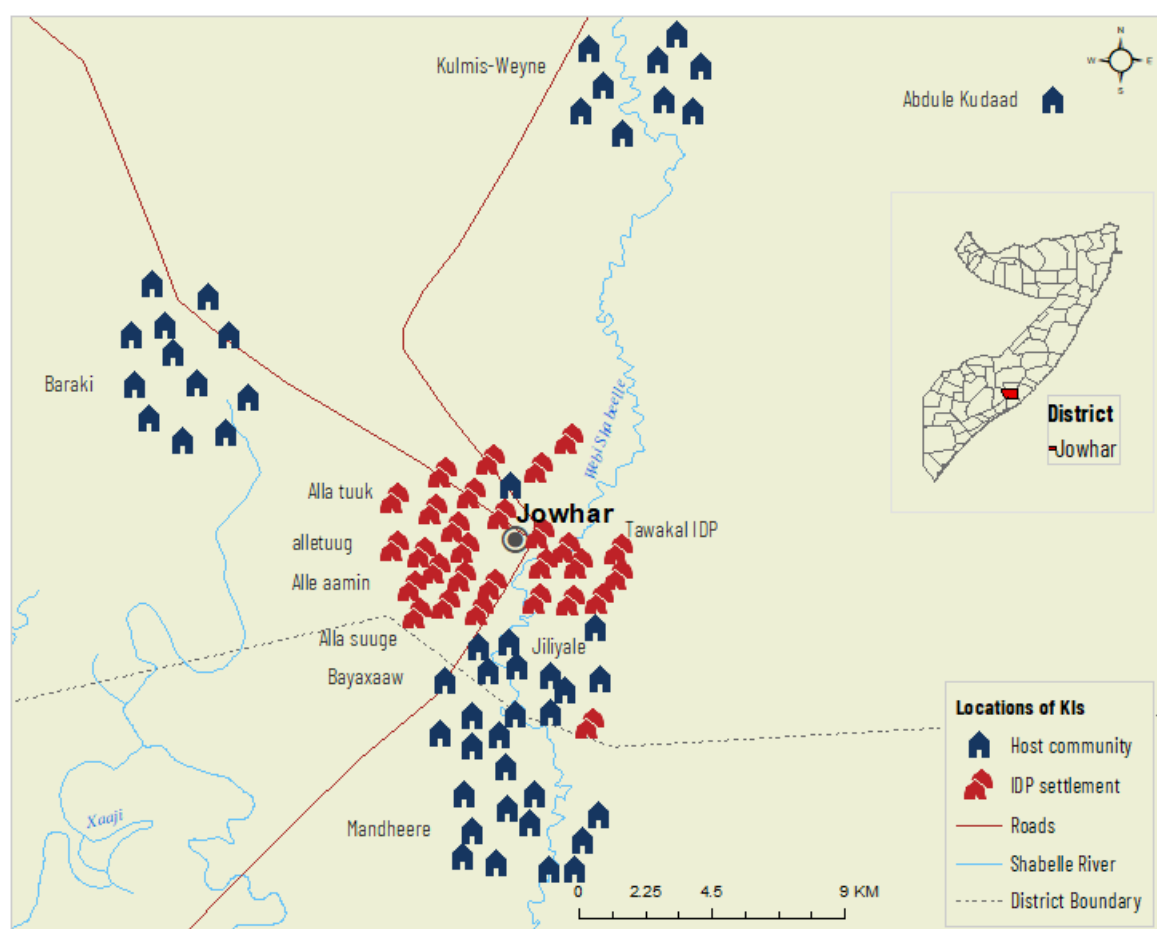
Jowhar District, Somalia, May 2024

KEY FINDINGS

- **2,920** people are currently living in the flood-affected areas of Jowhar district, with **1,010** 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 Jowhar district are Tents, Mosquito nets and Kitchen set.
- 44% of the sites reported that the **nearest markets were fully destroyed by floods** while 9 sites reported that their **market were partially destroyed.**
- In 50% of the 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 sites reporting 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 75% of the sites.

27%

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 Jowhar district

BACKGROUND

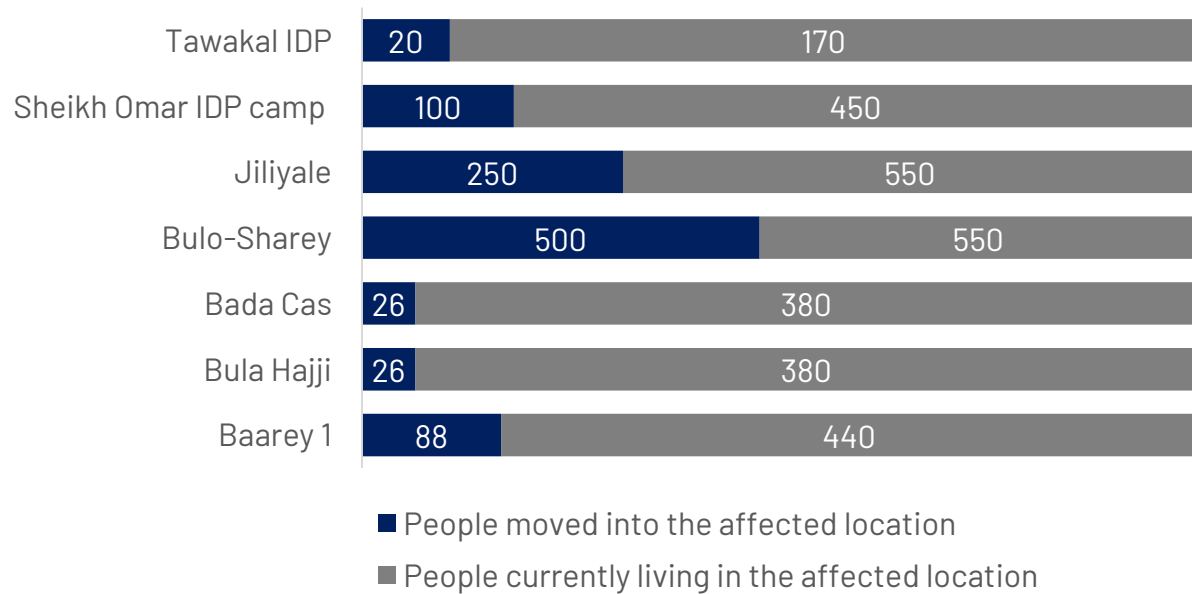
Jowhar district in Middle Shabelle region, Hirshabelle state, experienced Gu rains from April to May 2024. The rains has affected 7,000 people and displaced 6,900 people. On 23 April, approximately 280 families (**1,700** people) were displaced in Beyxaaw village due to a river breakage. A nutrition center was also impacted. On 28 April, flash floods displaced 310 families (**1,900** people) in Alla-amin and 220 families (**1,300** people) in Daryel displacement sites. These people are currently staying in New Alla-amin evacuation site. On May 1st, a river breakage displaced 330 families (**2,000** people) in Kulmisweyne village, inundated about 5,800 hectares of agricultural land and impacted an education center. Partners have also reported the displacement of people from riverine communities in hard-to-reach areas in Jowhar district. To evaluate the full impact of the rains, a rapid need assessment was conducted in the district between 21 and 23 May. Twenty-five partner organizations, including OCHA, IMC, NRC, PAH, World Vision, Islamic Relief, ACF, NASDO, Kardo Aid, Saacid, InterSom, WARDI, ACDO, AFDAN, SCC, SYPD, SOVA, SHARDI, VOSWP, VRD, SRC, ORDO, SOHDA, and AYUB, participated in the RNA data collection in Jowhar district. ([UNOCHA,30/5/2024](https://www.unocha.org/somalia/reports/rapid-multi-sectoral-needs-assessment-of-populations-affected-by-gu-flooding-jowhar-district-somalia-may-2024)).

ASSESSMENT OVERVIEW

This assessment comprised 78 key informant interviews conducted at 16 sites in the Jowhar district from May 21st and 23rd, 2024. As explained in the Methodology section, the results should be considered indicative.

NUMBER OF AFFECTED POPULATION

Number of flood affected people, by site



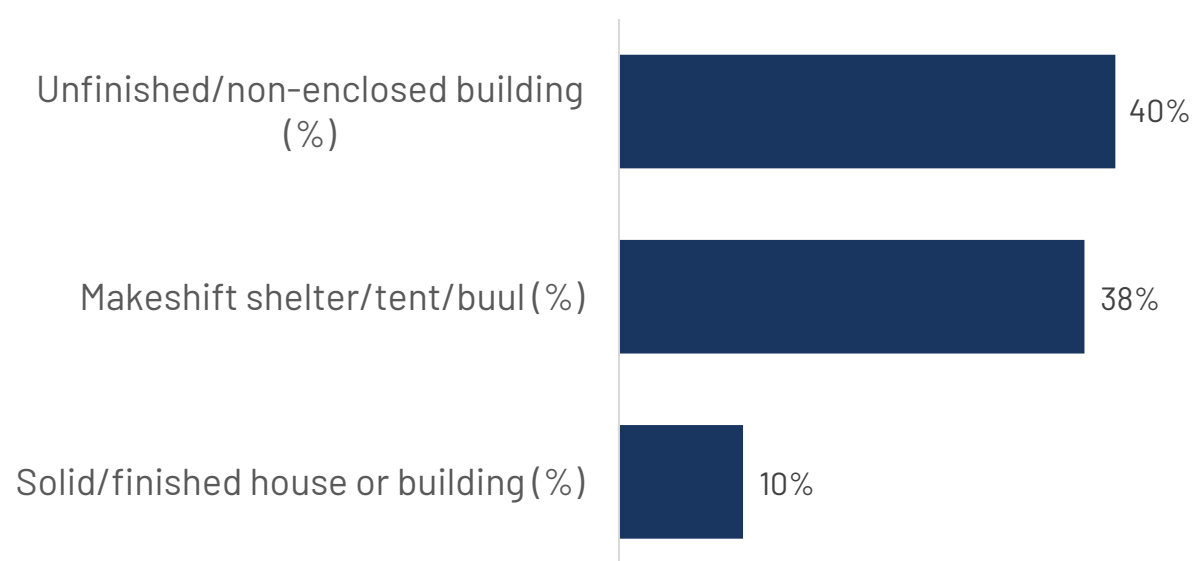
Settlement/Camps reported the presence of CMC* (in %), by site(out of 16)

94% of the 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 16)



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

94% Mosquito net

94% Kitchen Set

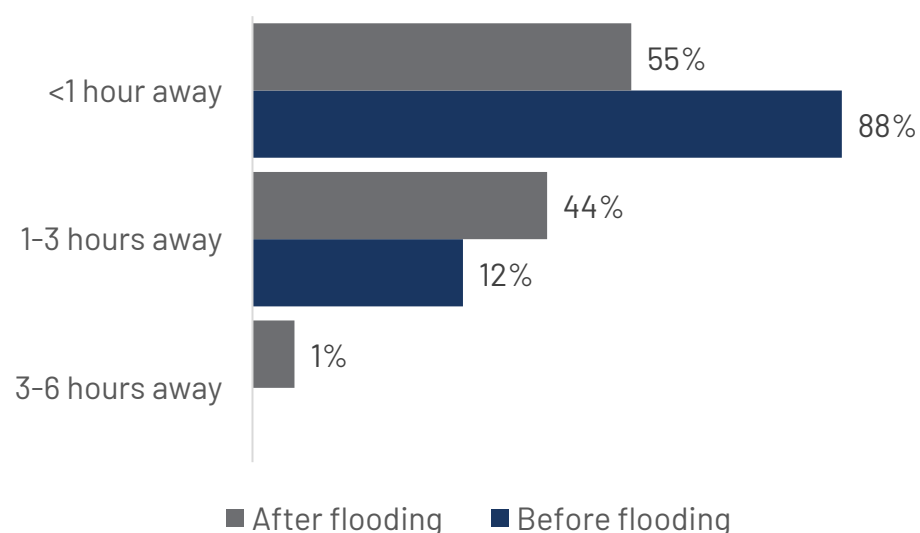
75% Tent

50% of the 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 16)



56% of the sites reported that the nearest **market was partially destroyed** after the flood and **44%** reported that market was fully destroyed.

25% of the sites reported that essential food were **not available** after flooding.

44% of the sites reported drastic increase in prices.

EDUCATION

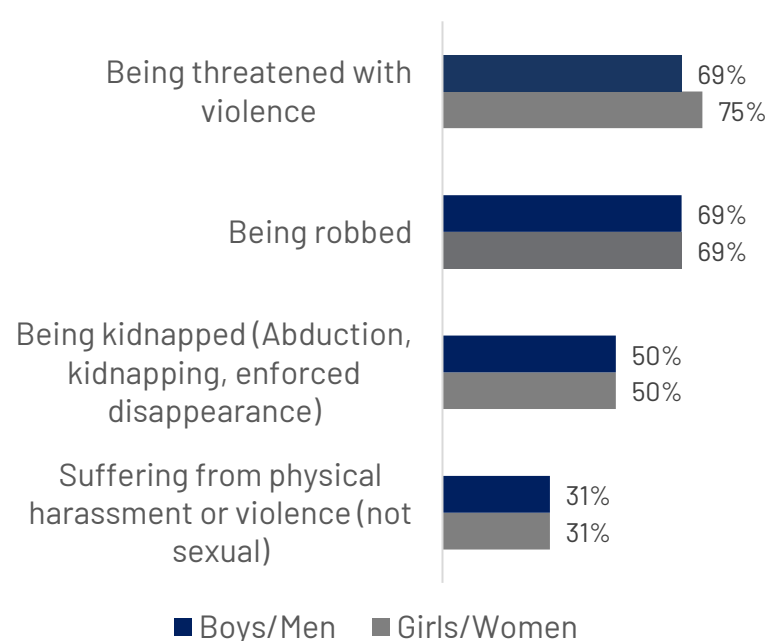
Most critical education needs for flood affected people (in %), by site (out of 16)



87% 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

63% Mental health and psychosocial support services

56% Legal and protection services

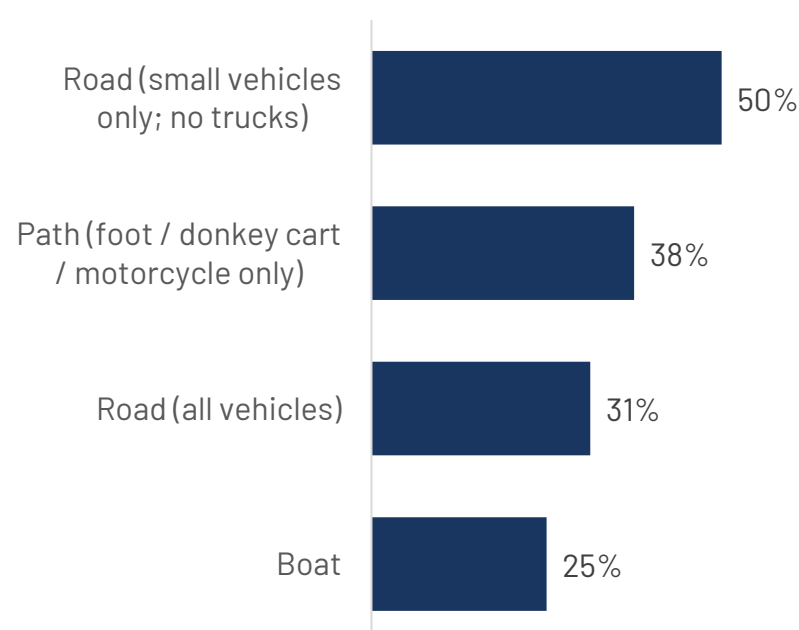
56% Rape treatment and treatment of physical injuries due to GBV

56% Mental health and psychosocial support services

38% 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 16)



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

94% Shelter

81% In-kind assistance (NFIs)

69% Education services

Commonly reported problems for flood affected people

19% Reported that there are affected people face problems while receiving humanitarian assistance.

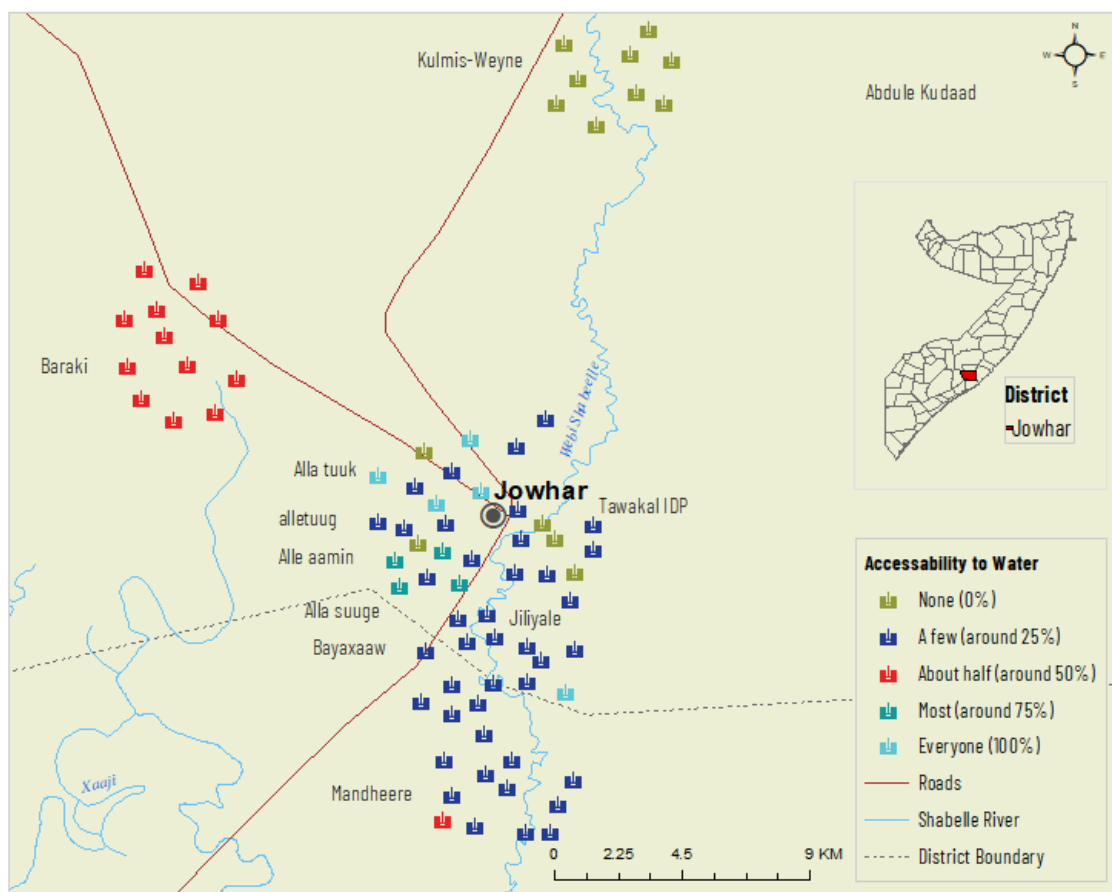
94% sites reported that the affected households have **not yet received** humanitarian food and cash (in the last one month)

12% sites reported that **aid will not** be able to reach affected population if aid has to be transported

WATER HYGIENE & SANITATION

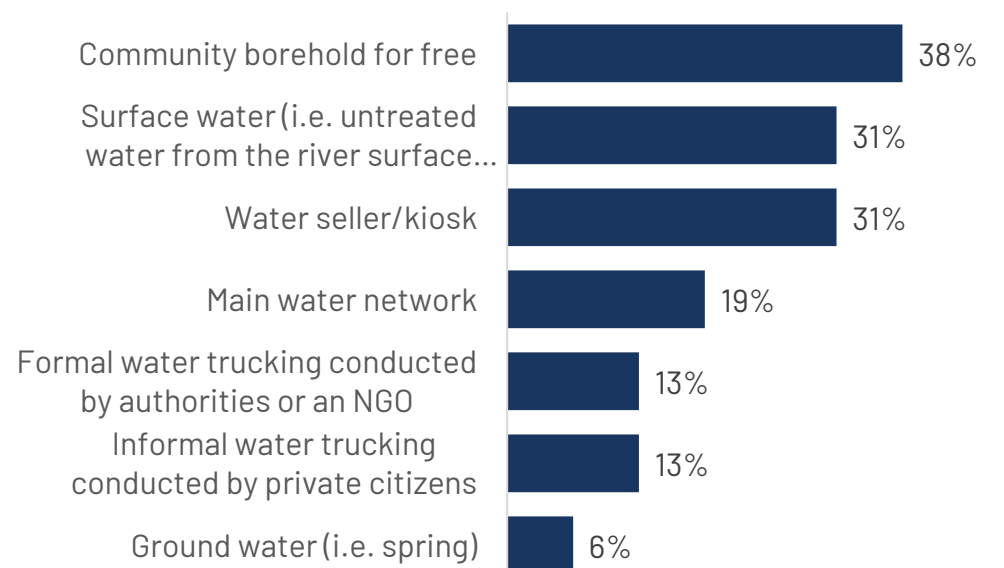
50% of the sites reported that **open defecation is the main practice for latrine usage** Among the flood affected people.

44% of the sites reporting that only a few flood-affected people have access to sufficient quantities of drinking water with **19%** of the sites reporting no access to water for flood affected people

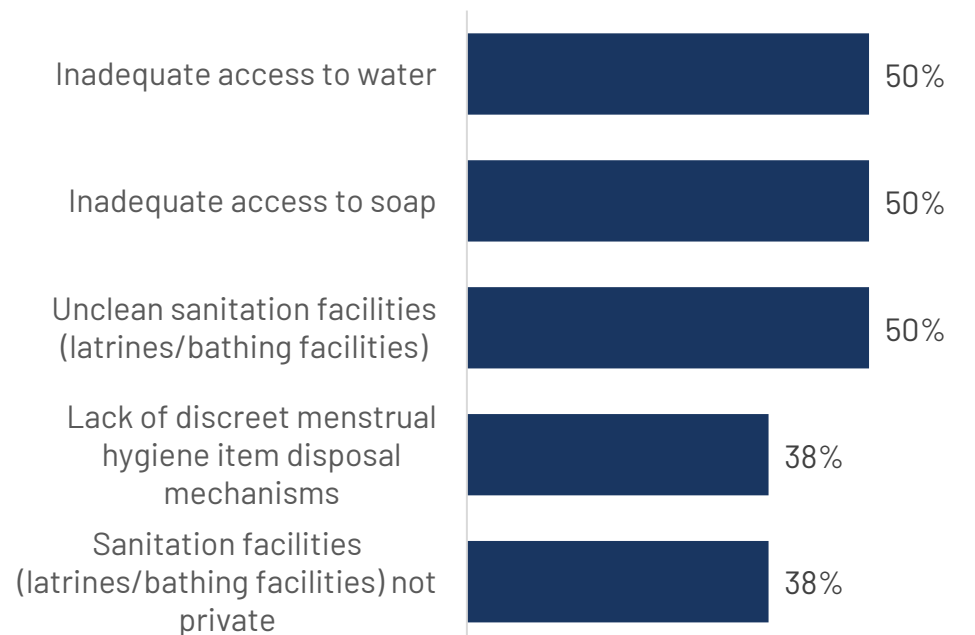


Map Showing Availability of Drinking Water in The Sites

Commonly reported primary source of drinking water (in %), by site (out of 16)

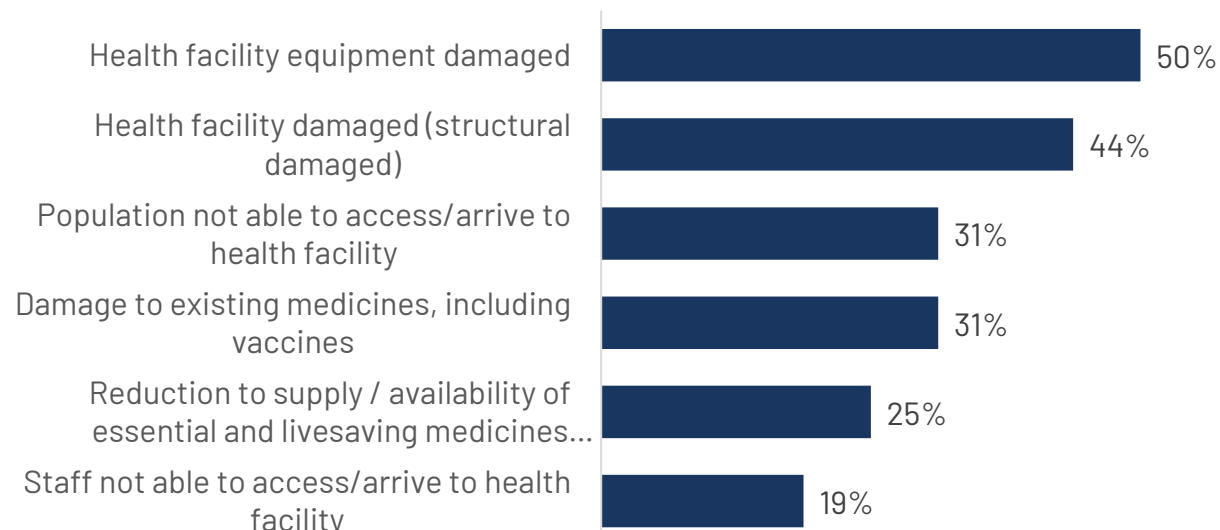


Most common barriers to menstrual hygiene management (in %), by site (out of 16)



HEALTH

Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance (in %), by site (out of 16)



81% 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?

75% of the sites reported an increased need for health services in the community since the flooding.

56% sites reported noticeable increases in: acute diarrhea, measles, respiratory illness since the flooding (in the past two weeks).

NUTRITION

44% 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.

88% 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

94% Work for food

81% Borrowing/debt

81% Humanitarian food and/or cash assistance

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

94% Own Stocks/Production (crops, livestock)

75% Fishing

69% Borrowing/Debt

63% Local market

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

3

METHODOLOGY

The assessment was conducted between 21st and 23rd May 2024, with 78 quantitative, structured face-to-face key informant (KI) interviews across 16 sites in Jowhar 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.

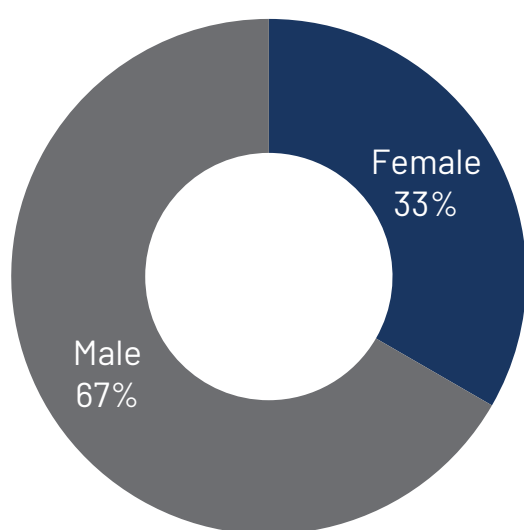
Therefore, the aggregated site-level results should be interpreted with this limitation in mind. Additionally, due to the key informant approach used, it is not possible to disaggregate the results by gender, age, or disability status of the respondents.

ABOUT iMMAP Inc.

[iMMAP Inc.](#) is an international 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

Member of civil society group	7
Community leader (IDP)	5
Other (specify)	3
Women's group leader	2
Camp manager	1
Community leader (host community)	1
Gatekeeper	1
Healthcare professional	1
Local councilperson	1
Member of local relief committee	1
Religious leader	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.