

Rapid multi-sectoral needs assessment of populations affected by Gu flooding

North Gaalkacyo and Jariiban District, Somalia, May 2024

KEY FINDINGS

- The Rapid Need assessment was carried out in three locations, namely **Xarfo, Khayrdoon/Ibraahim** in the North Gaalkacyo district and **Ballibusle** village in the Jariban district. Currently, there are 16,000 people living in the flood-affected **Xarfo** site, with 150 newcomers in the past two weeks.
- The survey showed that the **top three** most critical non-food item needs for the flood-affected individuals in Galkacyo and Jariban district are **tents, mosquito nets, and sleeping mats**.
- Two out of three sites reported that the nearest markets were completely destroyed by the floods, while one site mentioned partial destruction of their market.
- In all sites, it was noted that open defecation was the common practice due to the damaged latrines.
- One site reported that half of the flood-affected population had adequate access to drinking water, while the other two sites had better water access.
- The flooding caused significant damage to all health facilities in the three sites, resulting in an increased demand for health services

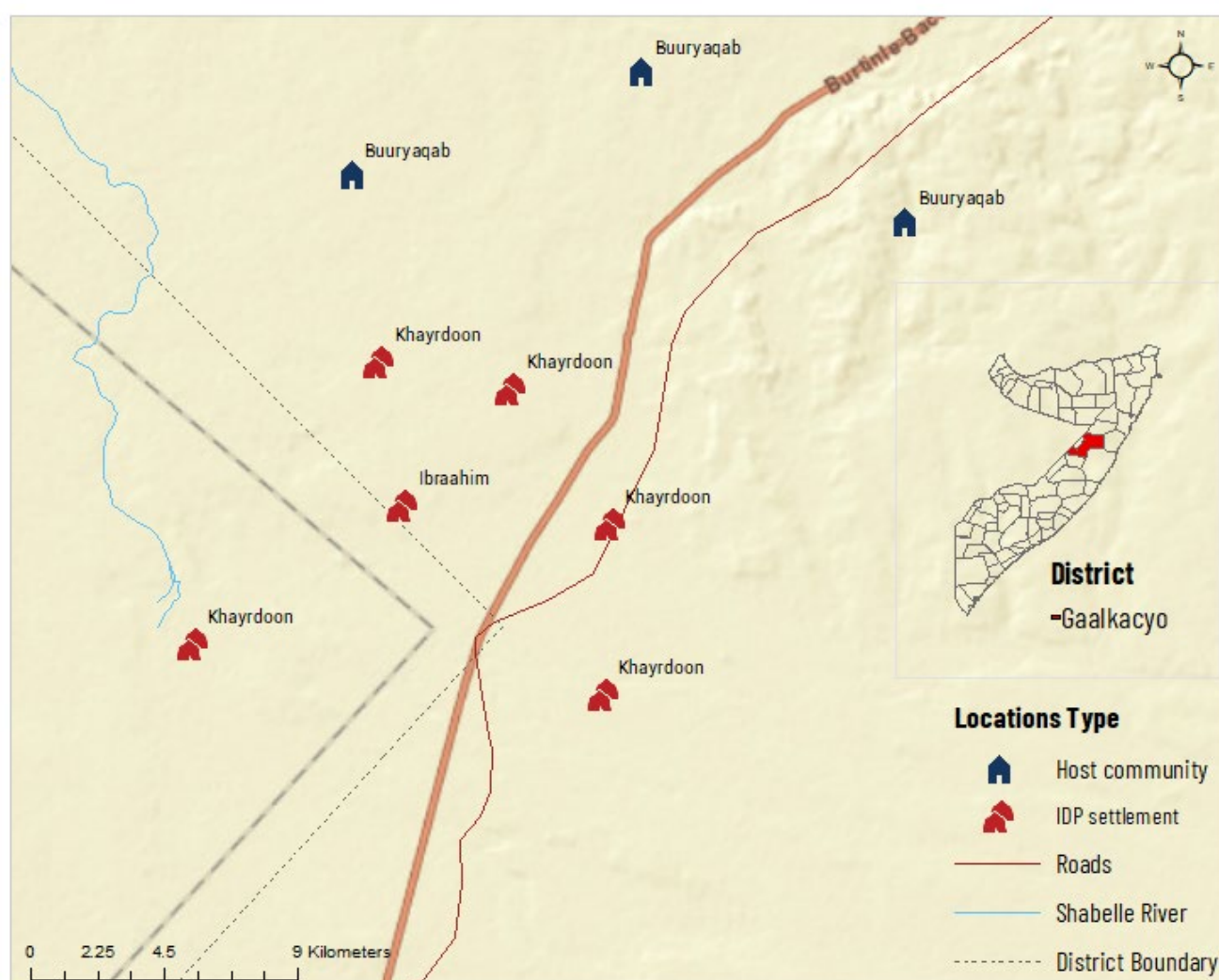
BACKGROUND

During April to June 2024, heavy rains in Somalia caused by El Niño and a positive Indian Ocean Dipole led to widespread flooding, affecting 268,359 people and resulting in 9 deaths. Destruction of farms, infrastructure, and livelihoods was reported. In May, flash floods impacted Khayrdoon IDP settlement and Xarfo town in north Gaalkacyo, displacing 268 households in Khayrdoon, damaging a primary school in Xarfo, and displacing 250 families in Ballibusle village. This flooding event exacerbated vulnerabilities in North Gaalkacyo, which has faced multiple shocks, including floods in late 2023 that displaced over 180,000 people ([UNOCHA, 30/05/2024](#)).

Twelve humanitarian organizations (OCHA, TASS, WVI, SCI, PMWDO, DPA, KAALO, SRCS, DRC, TAG, CARE and NCA) collaborated with the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) in Mudug region to evaluate the impact of the flash floods and determine the needs of the affected population. With support from iMMAP, they conducted a Rapid Needs Assessment (RNA) in the affected areas of north Gaalkacyo and Jariiban. This factsheet contains the findings from RNA collected in Galkacyo and Jariban. The Jariban RNA findings are presented on Page 5.

ASSESSMENT OVERVIEW

Ten Key Informant interviews*, 9 from North Galkayo and one from Jariban, were conducted from May 19th to 21st, 2024. As explained in the Methodology Overview, the results should be considered as indicative.



Map Showing Location type in North Galkacyo

*Please see the tabular data analysis [here](#)

SHELTER & NON-FOOD ITEMS (NFIs)

Top 3 urgent NFI needs, by site

100% Mosquito net

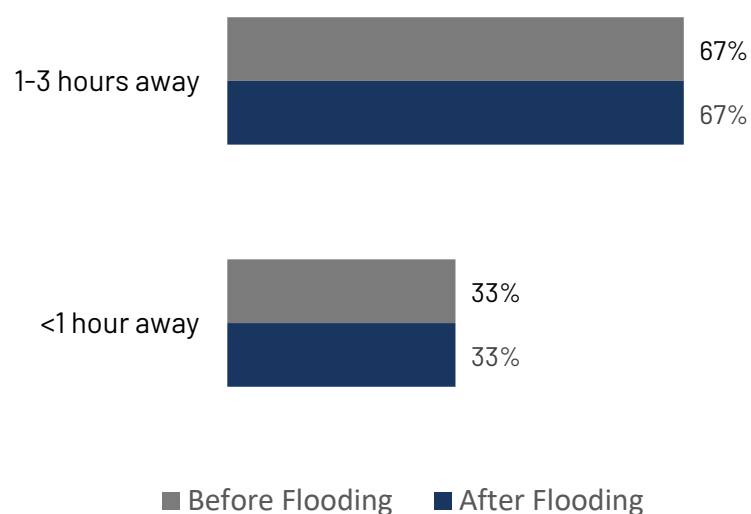
40% Dignity kits (i.e., soap, sanitary pads, underwear)

67% Sleeping mat.

All Sites reported that **market is open** and accessible with **major increases in NFI prices** despite the **SNFI items being available and sufficient**.

MARKETS

Reported distance to the nearest physically accessible market before and after flooding, (in %) by site (out of 3)



33% reported that the nearest **market was partially destroyed** after the flood.

67% reported **Slight increase in price for the main food commodities** after the flood, compared to the prices before flooding.

All sites reported that essential food items such as wheat, flower, rice, oil, and sugar **were available in the nearest market** after the flood.

33% reported that there was a **drastic increase in price for the main food commodities** after the flood, compared to the prices before flooding.

FOOD SECURITY & LIVELIHOODS

Most common source for accessing food after the flooding, (in %) by site (out of 3)

All sites reported that the most common source of accessing food were **own stocks, borrowing/debt and donations** from neighbors, relatives, or friends.

Main 3 income sources before flooding, (in %) by site (out of 3)

All Sites reported that the income sources were food or cash aid (from UN, NGOs, Government, Red Cross/ Red Crescent etc.), borrowing/debt and daily wage labor.

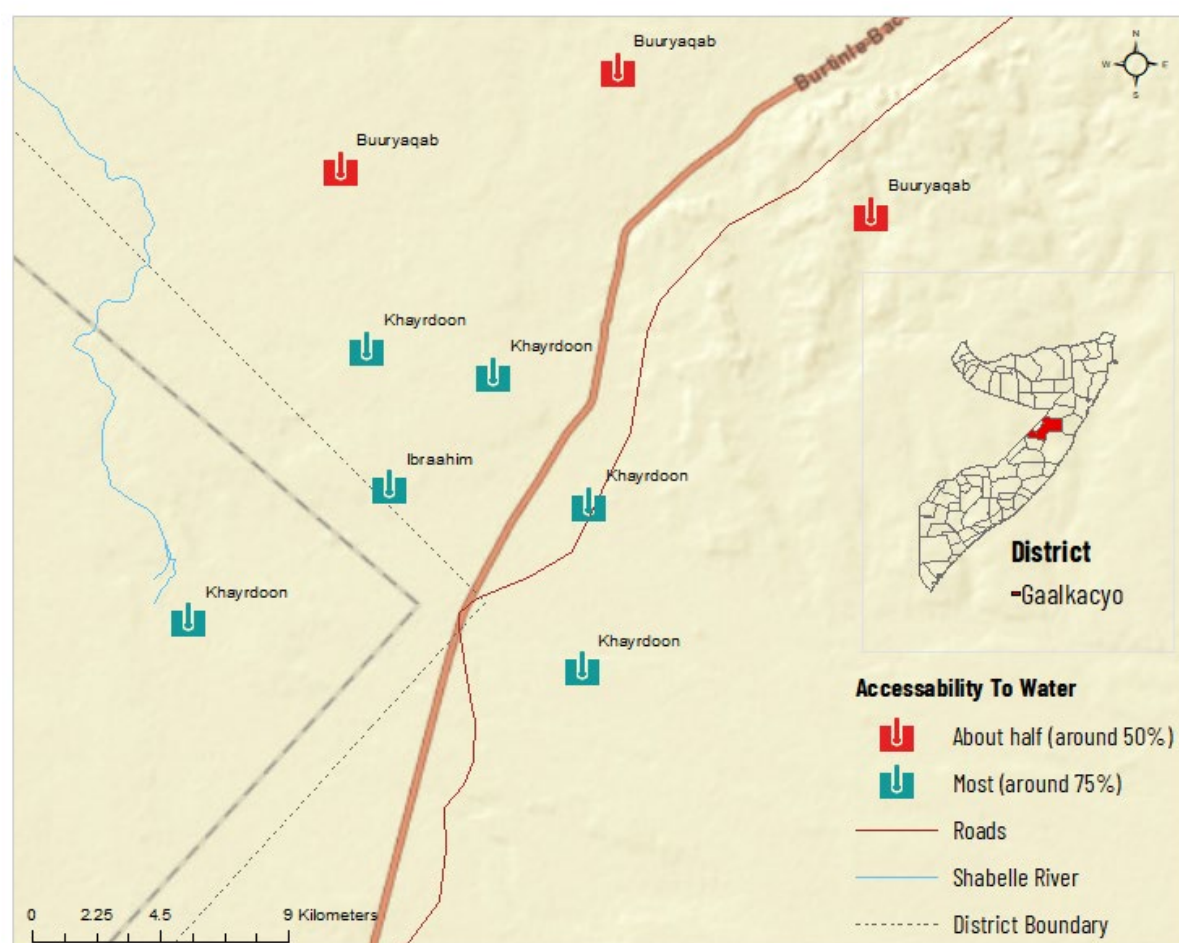
Average damage to current farming due to flooding, on a scale from 1-5

3

WATER HYGIENE & SANITATION

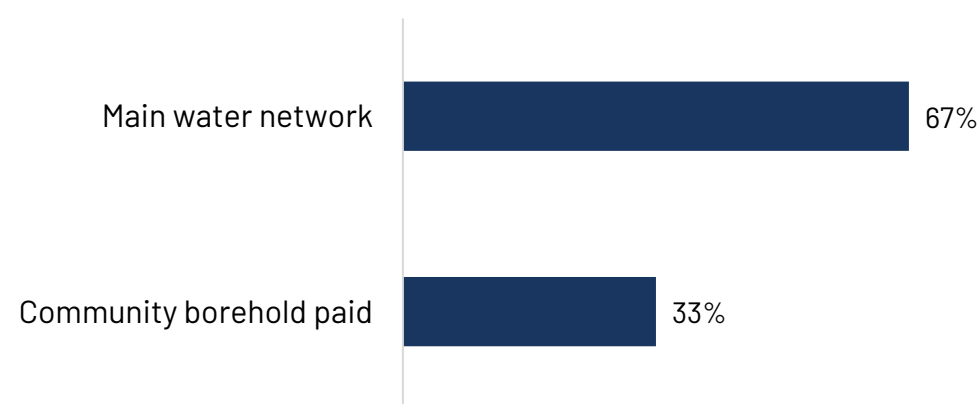
All Sites reported that **pit latrine without slab / Open pit** among the flood affected people.

33% reported that half about 50% flood-affected people have access to an adequate supply of drinking water with **66%** of the sites reporting most 75% of the flood affected people have access to water.

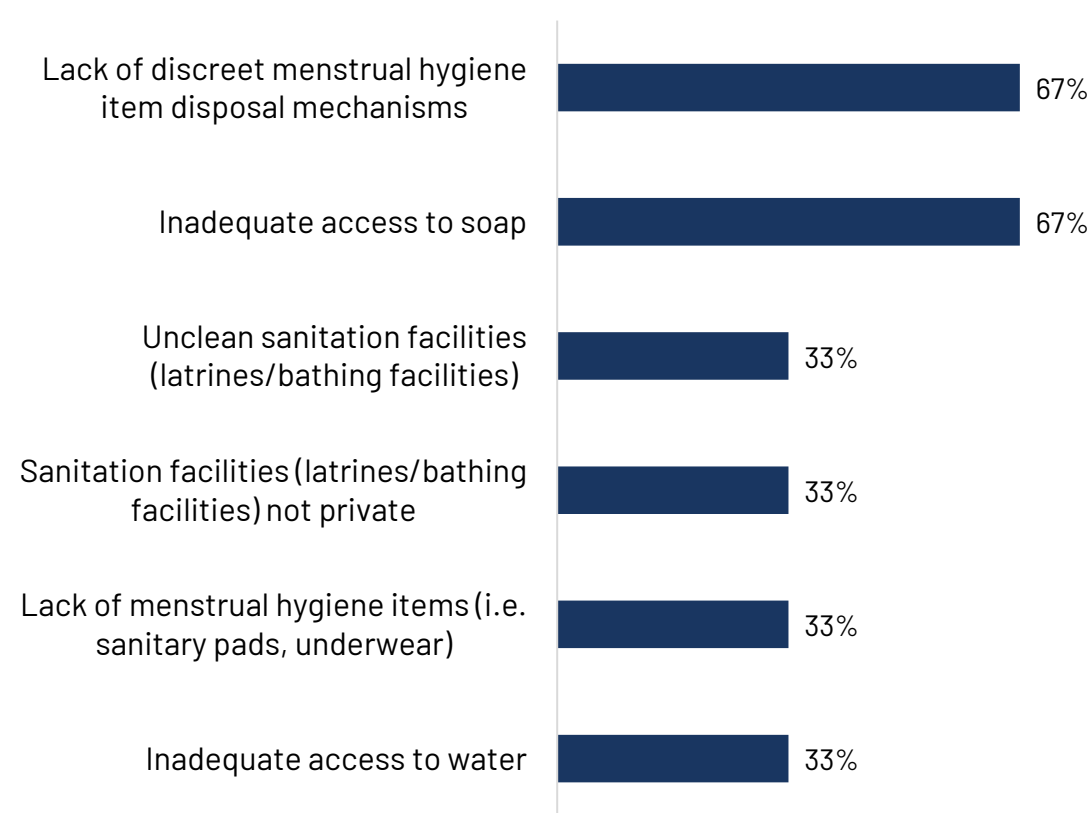


Map showing availability of Drinking water

Commonly reported primary source of drinking water (in %), by site (out of 3)

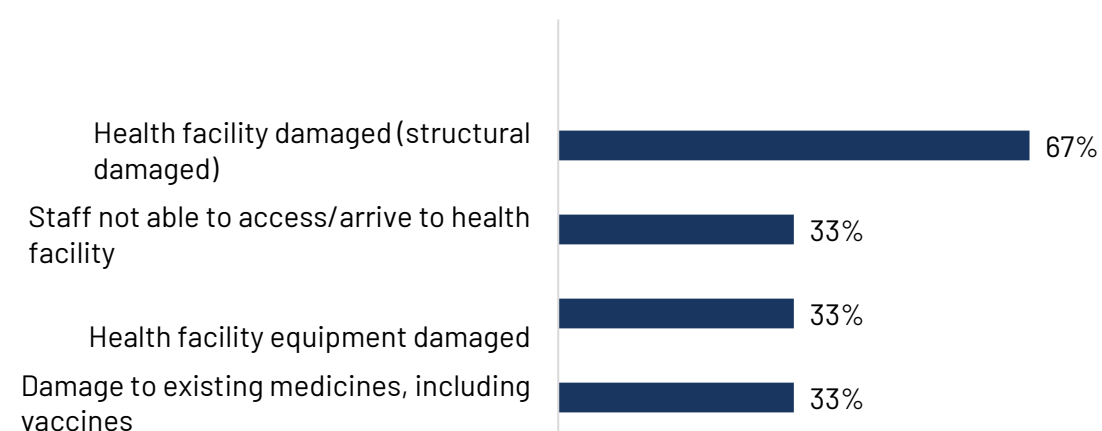


Most common barriers to menstrual hygiene management (in %), by site (out of 3)



HEALTH

Most common flooding impacts on health and nutrition facilities within 45 minutes/1km walking distance (from the 1 sites reporting damage to facilities)



33% reported that there is **no health facility/medical** outreach team in the community.

All Sites reported **an increased need for health services** within the community since the flooding.

33% reported that nearby health and nutrition facilities Within 45 minute **affected by** the flood.

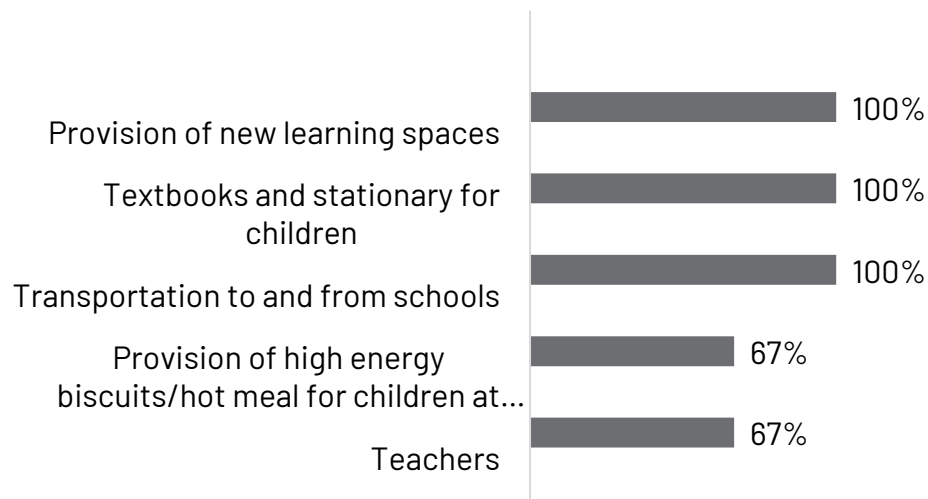
NUTRITION

All Sites reported that there are 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 nutrition items** are not distributed within the site or nearby (3km or 2 hour walk)

EDUCATION

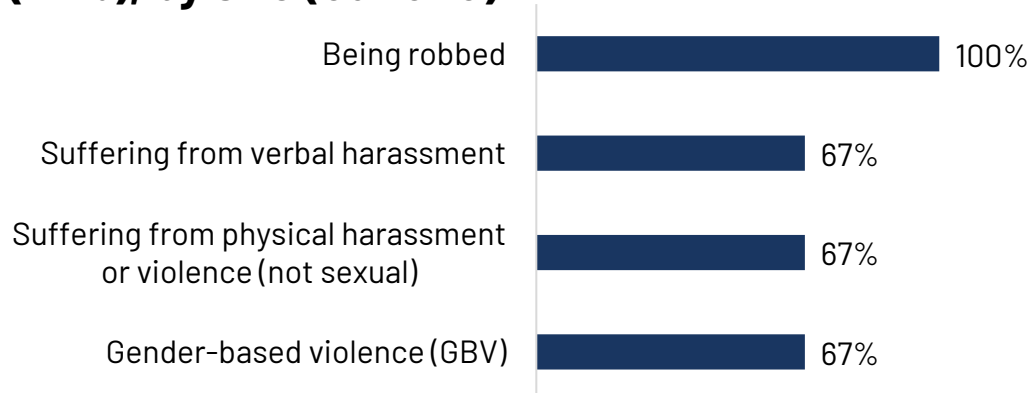
Most critical education needs for flood affected people, (in %) by site (out of 3)



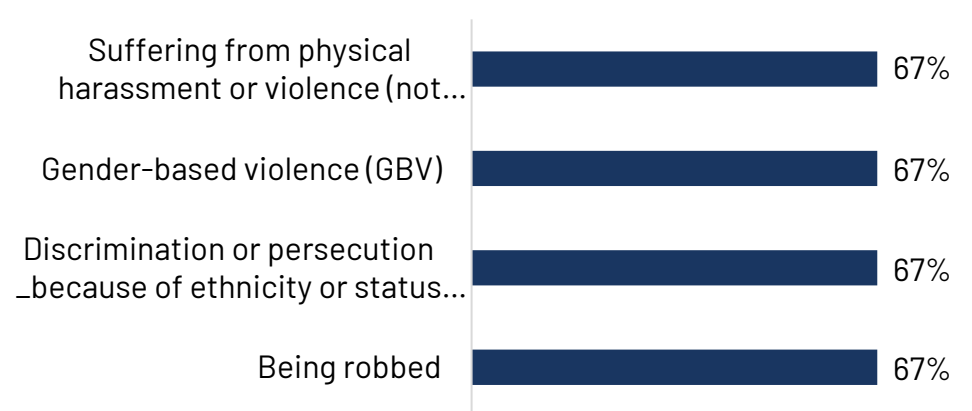
67% reported that **flooding has affected the attendance** of school children.

PROTECTION

Commonly reported safety & security concerns for flood affected women & girls (in %), by site (out of 3)



Commonly reported safety & security concerns for flood affected men & boys (in %), by site (out of 3)



Presence of support services for women and girls (in %), by site (out of 3)

100% reported that women have mental health and psychosocial support services

66% reported that women have Legal and protection services.

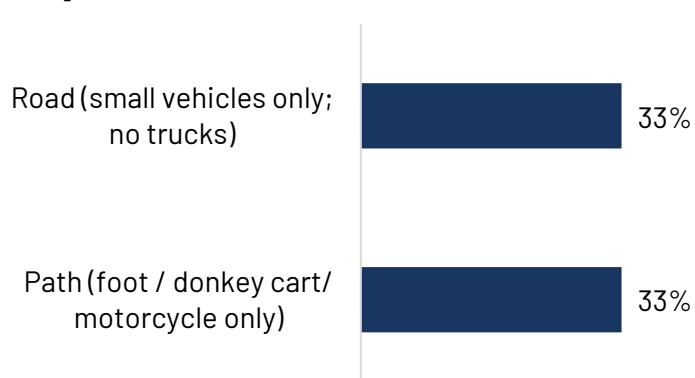
66% reported that women have Livelihood services

66% reported that Women has Rape treatment and treatment of physical injuries due to GBV

All Sites reported that there are no children who got separated from their primary caregiver since the flooding.

HUMANITARIAN ACCESS AND AAP*

Commonly reported primary means of access to sites, (in %) by site (out of 3)



Top 3 priority needs for humanitarian assistance for flood-affected population

100% reported that Multipurpose Cash transfers is a priority

100% reported that Shelter is a priority

66% reported that Education service is a priority.

66% reported that the affected households have not yet received humanitarian food and cash (in the last one month)

66% reported that aid will not be able to reach affected population if aid has to be transported

RNA Findings in Ballibusle Site, Jariiban District

The Rapid Need Assessment in Jariban district was conducted at **Ballibusle** village through Key Informant Interviews with three individuals. The findings from the assessment are detailed as follows:

Shelter Needs: The top 5 urgent building material needs identified for flood-affected individuals are basic electrical items, basic tools, bricks/stone blocks, cash, and roofing materials.

Market Accessibility: The nearest market in the area remained functional and accessible within a one-hour radius both before and after the flooding. Despite major price increases, essential items were available in sufficient quantities.

Education: Children have been unable to attend school due to various factors such as lack of sanitation facilities, loss of school materials, and inaccessibility of damaged learning spaces. Critical educational needs include child protection services, provision of safe drinking water, and rehabilitation of learning spaces.

Livestock and Food Sources: the flood has impacted Livestock and farm damage was reported as moderate, with common food sources including borrowing/debt, donations, government assistance, and reliance on own stocks. Only 25% of the affected population has received humanitarian food and cash.

Health Facilities: The health facility in the area was fully functional, but there is an increased demand for health services. Nearby health facilities were impacted by the flooding, resulting in challenges accessing essential medical supplies.

Nutrition Services: While various nutrition services were available within the site or nearby, recent distributions of nutrition items were reported as none.

Safety and Security: Overall, people in the community felt safe, with women and girls able to move freely. Safety concerns included issues like forced marriage, gender-based violence, and attacks on civilians.

Water and Sanitation: Access to sufficient drinking water was reported for everyone, although specific groups like female-headed households and people with disabilities faced barriers. Common sources of drinking water included community boreholes, and pit latrines were the predominant type of toilets used.

Menstrual Hygiene: Flood-affected women and girls encountered challenges in managing menstrual hygiene adequately due to factors like inadequate access to soap and a lack of menstrual hygiene items.

Humanitarian Assistance: The top priority needs identified for flood-affected populations encompassed healthcare services, infrastructure repair, in-kind assistance, shelter, and protection services.

METHODOLOGY

The Rapid Need Assessment took place from the 19th to the 21st of May 2024, involving 9 quantitative, structured face-to-face key informant (KI) interviews conducted across 3 locations in North Galkacyo and one location in Jariban. The survey tool used was developed and implemented by ICCG and OCHA and administered through KoBo software.

For indicators with only one option, the findings are shown as a percentage of sites and reported on a district level. In the case of multiple-choice indicators, all KI responses are included in the overall results.

The outcomes are shown as the percentage of sites where KIs reported a specific result (which is the total outcome at the site level as previously explained). Median values for numerical responses were reported at the site level.

LIMITATIONS

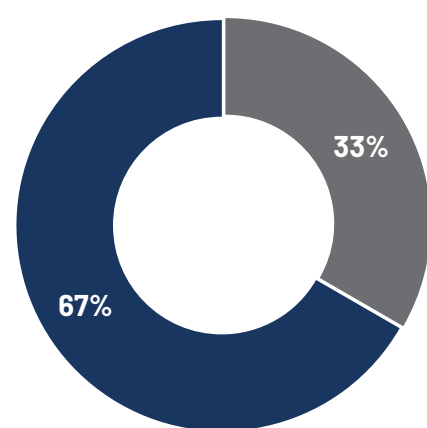
The results presented in this assessment are based on the perspectives of the key informants and should be understood as indicative only. It is important to note that the analysis did not assign weights to key informant profiles, which means that some key informants may possess more knowledge on certain 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



■ Male ■ Female

KIs BY PROFESSION

Community leader (host community)	2
Vice chairman	2
Member of civil society group	2
Women's group leader	1
Comment number	1
Member of local relief committee	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.