Rapid Multi-Sectoral Needs Assessment of Populations Affected by Deyr flooding
Afgooye District, Somalia, December 2023

- In the surveyed sites, majority identified shelters as priority need for flood-affected men, women, and children. In addition, healthcare and multipurpose cash transfers were as reported for women and men, while children identified education services.
- Mosquito nets was also reported as an urgent non-food item (NFI) requirement in 23 out of 27 sites.
- Humanitarian food and/or cash assistance were reported as the primary source of food in 19 out of 27 sites although there was a considerable number of sites. 22 out of 27 reported that the local market travel could last between 1-3 hours after the flood.
- Additionally, there have been sporadic availability of food items at nearby markets, along with exorbitant prices for staple foods.
- In 20 out of 27 sites, open defecation was reported as the prevailing practice for using latrines, which increases the risk of disease outbreaks such as Cholera.
- Due to the damage caused by the flooding, health facilities have been adversely affected, leading to an increased demand for health services in 24 out of 27 sites. Limited medical outreach services further exacerbate the situation.

23/27 sites reported major inflation in NFI prices
26/27 sites reported rise in acute measles cases since the start of the flood
20/27 sites reported inadequate sanitation facilities or overcrowded facilities.

Overview
Heavy rains in Afgooye district in October, November & December of 2023 caused significant flooding in several parts of Afgooye town and the surrounding areas, in the Southwest state of Somalia. The rains mark the beginning of the Deyr (October to December) rainy season in the country, expected to have above-normal rains and flooding due to the influence of the El Niño conditions. According to SoDMA, at least 2.48 million people have been affected with 1.1 million displaced and 118 killed in the entire country. (UNOCHA) Humanitarian partners have stepped up to meet increased needs despite logistical, access and funding challenges, reaching at least 836,000 people with assistance since October. (UNOCHA) The majority of the displaced people have moved to higher ground, closer to their settlements.

Assessment Overview
This assessment involved conducting 264 interviews with key informants at the site level in Afgooye from December 3rd to 5th, 2023.

A total of 27 sites were covered in this assessment. As explained in the Methodology Overview, the results should be considered as indicative.
Movement Intentions
Movement intentions of the majority of the flood affected people, by site (out of 27)

- Leave once flooding stops or homes become accessible (undefined): 19
- Stay in this location (current location is their final destination): 13
- Are undecided: 16

Priority Needs
3 most commonly reported priority needs, by site (out of 27)

<table>
<thead>
<tr>
<th></th>
<th>Shelter</th>
<th>Multipurpose cash transfer</th>
<th>Healthcare services</th>
<th>Education services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>25</td>
<td>18</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>19</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>13</td>
<td>13</td>
<td>16</td>
</tr>
</tbody>
</table>

Shelter & Non-Food Items (NFIs)
Proportion of flood-affected people staying in shelter type, by site (out of 27)

- Makeshift shelter / tent / buul (%): 25%
- Unfinished / non-enclosed building (%): 22%
- Solid / finished house or building (%): 20%

Top 3 most urgent NFI needs, by site
- 23/27 Mosquito net
- 20/27 Tent
- 08/27 Blanket & Plastic sheets

15 out of 27 sites reported that NFIs were unavailable in sufficient quantities at the nearest market.

23 out of 27 sites reported major increase in the price of NFIs.

Food Security & Livelihoods
Most common income sources for men & women before flooding, by site (out of 27)

- Own Stocks/Production (crops, livestock): 19
- Daily wage labor: 21
- Local market: 17

Most common source for accessing food after the flood, by site

- 19/27 Humanitarian food and/or cash assistance
- 18/27 Borrowing/debt
- 18/27 Donations from neighbors, relatives, or friends

Reported distance to the nearest market before and after flooding, by site (out of 27)

- Before Flooding
  - <1 hour away: 12
  - 1-3 hours away: 13
  - >3-6 hours away: 8
- After flooding
  - <1 hour away: 11
  - 1-3 hours away: 9
  - >3-6 hours away: 6

This indicates that there has been a significant increase in distance, where 9 sites are reporting that the nearest market is up to 6 hours away from them after the flood.

24 out of the 27 sites reported that the nearest market was partially destroyed after the flood.

22 out of the 27 sites reported that essential food items such as wheat, flower, rice, oil, and sugar were sporadically available in the nearest market after the flood.

19 out of the 27 sites reported drastic increase in price for the main food commodities after the flood, compared to the prices before flooding.

Average loss of livestock due to flooding, on a scale from 1-5

Average loss of stocked product due to flooding, on a scale from 1-5
**Water Hygiene & Sanitation**

Most commonly reported issues with the main water source in the site, by site

- **18/27** Water tastes/smells/looks bad
- **17/27** Many people got sick after drinking the water
- **15/27** Water is not available

![Map Showing Drinking Water Availability at the Sites](image)

Most commonly reported primary source of drinking water, by site (out of 27)

- Surface water: 16
- Community borehold paid: 16
- Formal water trucking: 12
- No safe drinking water available: 9
- Informal water trucking: 9
- Community borehold for free: 7
- Don't know/no answer: 6

Most common problems with the sanitation facilities, by site (out of 27)

- Not enough sanitation facilities / facilities too crowded: 20
- Sanitation facilities are not functioning or full: 18
- Sanitation facilities are unclean/unhygienic: 16
- No accessible sanitation facilities for people with disabilities: 13

20/27 sites reported that that **open defecation is the main practice for latrine usage** Among the flood affected people.

In 15/27 sites, it was reported that a **very few individuals affected by the floods have access to an adequate supply of drinking water.**

**Health**

19/27 sites have reported that nearby health facilities have been affected (structurally damaged) by the recent floods.

Flood Impacts on Health Facilities within 45 Min/1KM Radius (27 Sites)

- Health facility damaged (structural damaged): 15
- Damage to existing medicines, including vaccines: 14
- Staff not able to access/arrive to health facility: 13
- Population not able to access/arrive to health facility: 12
- Health facility equipment damaged: 12

24/27 sites reported a **heightened demand for health services** within the community since the flooding.

24/27 sites reported **increased cases of acute diarrhoea** since the flooding within the community.

26/27 sites reported **increased cases of acute measles** since the flooding within the community.

**Nutrition**

12/17 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.

22/27 sites reported **signs of malnutrition among children under five** due to insufficient food or diseases like diarrhoea, among those affected by floods.

Flood Impacts on Nearby Local Nutrition Services and Activities

- Lack or inadequate nutrition supplies (e.g. RUTF): 16
- Staff not able to access/arrive to health facility: 14
- Nutrition facility and/or supplies damaged: 14
**Education**

24/27 sites reported that flooding has affected the school attendance.

### Common Impact on Attendance Due to Flooding in 24 sites
- **21/24** Schools are not accessible due to mud
- **19/24** Schools/learning spaces are destroyed/damaged
- **16/24** Lack of sanitation, adequate WASH facilities in schools
- **3/24** Schools are used for affected population shelter

### Critical education needs for flood affected persons, by site (in 27 sites)

<table>
<thead>
<tr>
<th>Need</th>
<th>Out of 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of safe drinking water at school</td>
<td>22</td>
</tr>
<tr>
<td>Provision of new learning spaces</td>
<td>22</td>
</tr>
<tr>
<td>Draining water out of school facilities</td>
<td>20</td>
</tr>
<tr>
<td>Rehabilitation of the existing learning spaces</td>
<td>20</td>
</tr>
<tr>
<td>Travelling the roads to schools/learning spaces</td>
<td>17</td>
</tr>
</tbody>
</table>

### Infrastructure Functionality

Common primary means of access to sites (in 27 sites)

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Out of 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road (small vehicles only: no trucks)</td>
<td>16</td>
</tr>
<tr>
<td>Road (all vehicles)</td>
<td>14</td>
</tr>
<tr>
<td>Path (foot/donkey cart/motorcycle only)</td>
<td>14</td>
</tr>
<tr>
<td>Boat</td>
<td>11</td>
</tr>
<tr>
<td>No vehicle or foot access</td>
<td>6</td>
</tr>
<tr>
<td>Don't know/no answer</td>
<td>3</td>
</tr>
</tbody>
</table>

### Accountability to Affected Populations (AAP)

21/27 sites reported that they faced problems obtaining humanitarian assistance after flood. Another 5 reported that there was no humanitarian assistance after flood.

### Feedback Methods Preference by Site (in 27 sites)

<table>
<thead>
<tr>
<th>Method</th>
<th>Out of 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call</td>
<td>27</td>
</tr>
<tr>
<td>Humanitarian staff/volunteers</td>
<td>15</td>
</tr>
<tr>
<td>SMS</td>
<td>12</td>
</tr>
<tr>
<td>Community events/meetings</td>
<td>12</td>
</tr>
</tbody>
</table>

### Humanitarian Access

Out of 27 sites, the most frequently reported barrier to humanitarian access was the restrictions to humanitarian actors imposed by groups or actors controlling the area, and Ongoing insecurity/hostilities affecting the area as reported by 10 of them.

### Key Actors for Aid Coordination by Site (in 27 Sites)

<table>
<thead>
<tr>
<th>Actor</th>
<th>Out of 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian affairs office/relief office</td>
<td>12</td>
</tr>
<tr>
<td>Local civilian authority</td>
<td>5</td>
</tr>
<tr>
<td>Community leaders (e.g. religious leaders)</td>
<td>6</td>
</tr>
</tbody>
</table>
Overview & Methodology

The assessment was conducted between 3-5 December 2023, with 264 quantitative, structured face-to-face key informant (KI) interviews across 27 sites in Afgooye using a survey tool developed and adopted by ICCG and OCHA, deployed through KoBo software.

During the cleaning exercise, the interview's duration that lasted less than 15 minutes were excluded based on consultation with OCHA, resulting in the omission of 12 responses. In addition, the analysis of single-choice questions, the responses from different key informants reporting on the same site calculated by “Distinct Count”.

When it comes to single-option indicators, the results are displayed as the number 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 number 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 Gender chart]

<table>
<thead>
<tr>
<th>KIs by Profession</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp manager</td>
<td>18</td>
</tr>
<tr>
<td>Community leader (host community)</td>
<td>17</td>
</tr>
<tr>
<td>Community leader (IDP)</td>
<td>84</td>
</tr>
<tr>
<td>Gatekeeper</td>
<td>23</td>
</tr>
<tr>
<td>Healthcare professional</td>
<td>6</td>
</tr>
<tr>
<td>Local councilperson</td>
<td>11</td>
</tr>
<tr>
<td>Member of civil society group</td>
<td>25</td>
</tr>
<tr>
<td>Member of local relief committee</td>
<td>11</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
</tr>
<tr>
<td>Registration focal person</td>
<td>6</td>
</tr>
<tr>
<td>Religious leader</td>
<td>4</td>
</tr>
<tr>
<td>School headmaster</td>
<td>6</td>
</tr>
<tr>
<td>Teacher</td>
<td>23</td>
</tr>
<tr>
<td>Women’s group leader</td>
<td>24</td>
</tr>
<tr>
<td>Youth group leader</td>
<td>5</td>
</tr>
</tbody>
</table>

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 27 sites of the Afgooye district in the Southwest state of Somalia from December 3rd to 5th, 2023. 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.