FACTSHEET





Rapid Multi-Sectoral Needs Assessment of Populations Affected by Deyr Flood

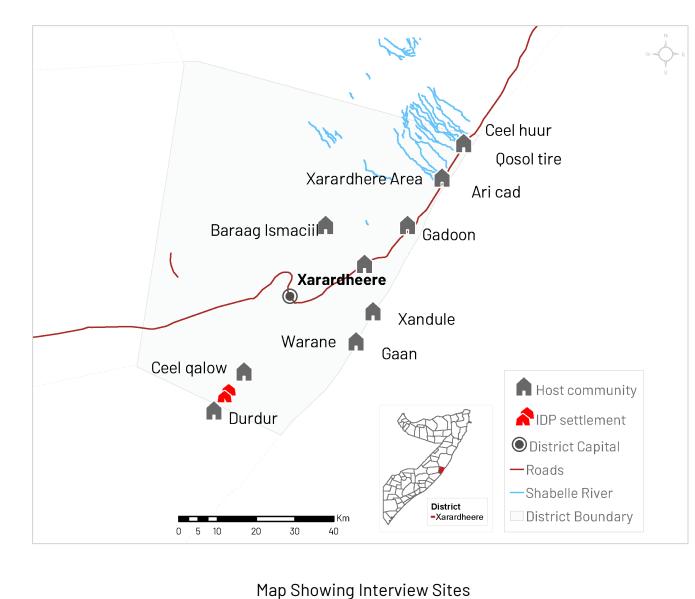
Xarardheere District, Somalia, December 2023

- In the surveyed sites, majority identified shelter as priority need for flood-affected men, women, and children. In addition, inkind assistance (NFIs) and multipurpose cash transfers were as reported for women and men while children identified healthcare services and water.
- **Tent** was also reported as an urgent non-food item (NFI) requirement in 9 out of 11 sites.
- Borrowing/debt was reported as the primary source of food all sites (11 out of 11), although there was a considerable number of sites, 9 out of 11, that reported distance to the local market could be more than 6 hours after flooding.
- In 11 out of 11 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 10 out of 11 sites. Limited medical outreach services further exacerbate the situation

9/11 sites reported major increase in the price of NFIs

11/11 sites reported increased cases of acute diarrhoea since the flooding within the community

10/11 sites reported that there are not adequate sanitation facilities or the facilities available are too crowded.



Overview

Heavy rains in the Xarardheere district in October, November and December of 2023 caused significant flooding in several parts of Xarardheere and the town surrounding areas, in Galmudug state of Somalia. The rains mark the beginning of the Deyr (October to December) rainy season in the country, expected to have abovenormal rains and flooding due to the influence of the FI 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 access logistical, and funding challenges, reaching at least 836,000 with people assistance since The majority of the October*. displaced people have moved to higher ground, closer to their settlements.

Assessment Overview

This assessment involved conducting 46 interviews with key informants at the site level in Xarardheere from December 5th to 8th, 2023.

A total of 11 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 Flood Survivors, by site (out of 11)

Leave once flooding stops or homes become accessible (undefined)

Stay in this location (current location is their final destination)

Are undecided

Priority Needs

3 Common Priority Needs, by site (out of 11)

		Shelter	In-kind assistance (NFIs)	Healthcare	Sanitation	Water
	Ť	10	8		9	9
	Ť	11	9	8		8
	† †	11		10		11

Shelter & Non-Food Items (NFIs)



7

2

11

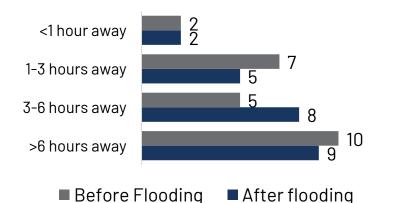
Food Security & Livelihoods

Common Source of Food After the Flood, by site

Common Income Sources for Men & Women Before Flood, by site (out of 11)



Distance to the Nearest Market Before and After Flood, by site (out of 11)



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

9/11 sites reported that the nearest market was partially destroyed after the flood.

10/11 sites reported that essential food items such as wheat, flour, rice, oil, and sugar were sporadically available in the nearest market after the flood.
11/11 sites reported slight

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

2

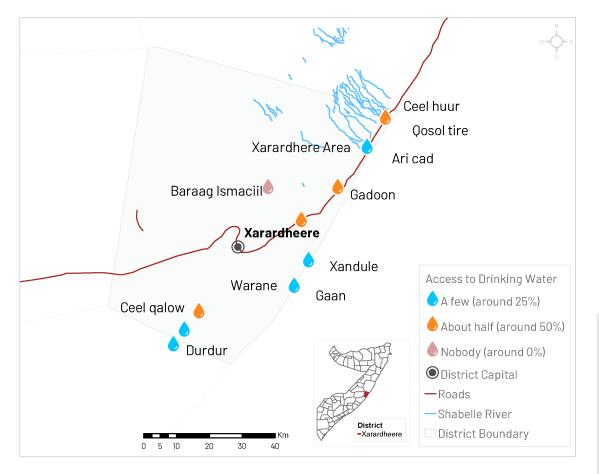
Average loss of stocked agricultural product due to flooding, on a scale from 1-5

2

Water Hygiene & Sanitation

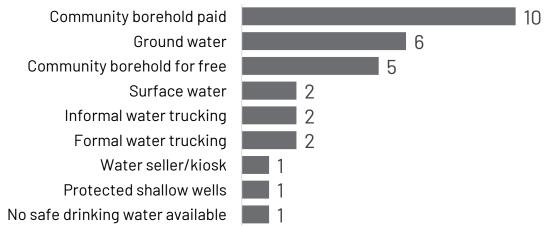
Common Issues with the Main Water Source, by site

- 8/11 Water volume is not enough
- 8/11 Water is not available
- **4/11** Takes too long to travel to nearest water point



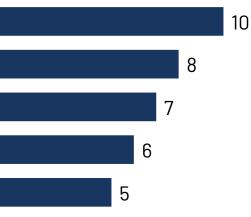
Map Showing Availability of Drinking Water in The Sites

Common Primary Source of Drinking Water, by site (out of 11)



Common Problems with Sanitation Facilities, by site (out of 11)





11/11 sites reported that that **open defecation is the main practice for latrine usage** among the flood affected people.

In **11/11** sites, it was reported that **a few of the affected by the floods have access to an adequate supply of drinking water**.

Health

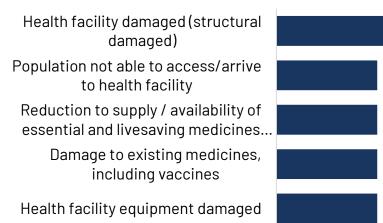
2/11 sites have reported that nearby health facilities have been affected by the recent floods.

Most common flooding impacts on health facilities within 45 minutes/1 KM of walking distance by site (out of 2)

10/11 sites reported a heightened demand for health services within the community since the flooding

measles since the flooding within the community

3



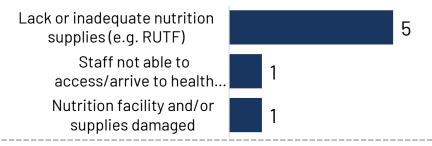
Nutrition

2/11 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.

11/11 sites reported increased cases of acute diarrhoea since the flooding within the community
 11/11 sites reported increased cases of acute

9/11 sites reported signs of malnutrition among children under five due to insufficient food or diseases like diarrhoea, among those affected by floods.

Flood Impact on Nearby Nutrition Facilities and Ongoing Community Programs in Nutrition (out of 11)



Education

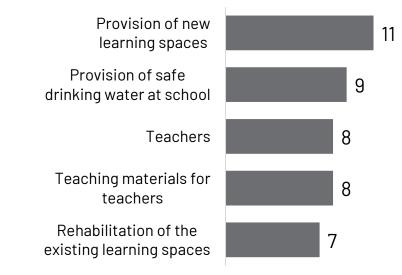
2/11 sites reported that **flooding has affected the attendance** of school children.

Common Impacts of School Attendance

From 2 flood-impacted sites

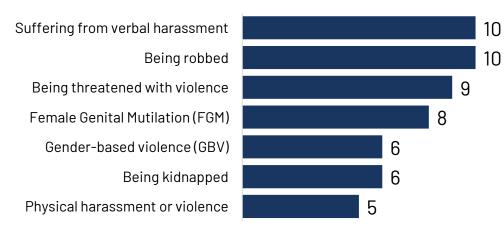
2/2 Schools/learning spaces are destroyed/damaged
2/2 Schools are used for affected population shelter
1/2 Schools/learning spaces are not accessible due to mud
1/2 Children and teachers are psychologically distressed

Critical Education Needs for Flood Survivors, by site (out of 11)



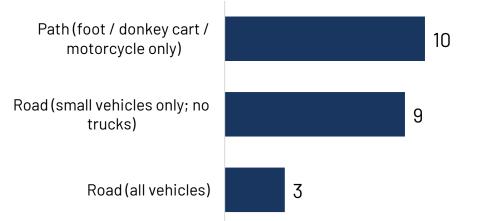
Protection

Common Safety & Security Concerns for Women & Girls Flood Survivors, by site (out of 11)



Infrastructure Functionality

Common Primary Means of Access to Sites (out of 11)



Common Safety & Security Concerns for Men & Boys Flood Survivors, by site (out of 11)



Infrastructure Functionality Status After the Flood by Site

(out of 11)

	Irregular / partially functional	Fully functional	Functional	lt did not previously exist	Not functiona I
Cell Network	10	3		3	4
Electricity*	2		2	10	9

*Electricity functionality is defined as functional (8+ hours/day), irregular (1-7 hours/day), not functional (0 hours/day)

Accountability to Affected Population (AAP)

Humanitarian Access

7/11 sites reported that they faced problems obtaining humanitarian assistance after flood. Another 3 reported that there was no humanitarian assistance after flood.

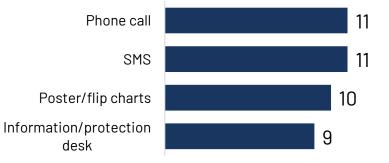
Flood Survivors' Preferred Feedback Method, by site (out of 11)



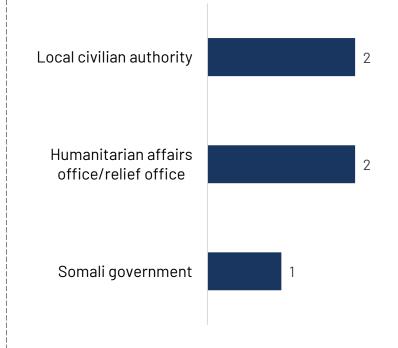
Common Challenges for Flood Survivors

2/6 Reported that information on entitlement was not shared with community. Another 1 site reported that money is asked by service provider in exchange for assistance.

Flood Survivors' Preferred Communication Method, by site (out of 11)



Common Key Coordinators in Aid Delivery, by site (out of 11)



Overview & Methodology

The assessment was conducted between 5-8 December 2023, with 46 quantitative, structured face-to-face key informant (KI) interviews across 11 sites in Xarardheere using a survey tool developed and adopted by ICCG and OCHA, deployed through the KoBo tool.

During the cleaning exercise, the interview duration that lasted less than 15 minutes was excluded based on consultation with OCHA, resulting in the omission of some of the responses. In addition, in the analysis of single-choice questions, the responses from different key informants reporting on the same site were 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 Professions

Community leader (host community)	13
Community leader (IDP)	5
Local councilperson	1

About iMMAP Inc.

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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 UN decision-making for 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 11 sites of the Xaradhere district in the Jubaland state of Somalia from December 5th to 8th 2023. The findings presented in this Factsheet do not necessarily reflect the views of iMMAP Inc. and USAID Bureau of Humanitarian Affairs (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.