Somalia Initial Rapid Needs Assessment (SIRNA) Middle Shabelle | June 2015









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Introduction

The evaluation was conducted by REACH as part of its partnership with OCHA and the ICCG and through funding from ECHO and USAID. All of the reports, maps, and factsheets can be accessed directly from the REACH Resource Centre: <u>www.reachresourcecentre.org</u>.

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Acronyms

FCS	Food Consumption Score
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Persons
IDTR	Identification, Documentation, Tracing and Reunification
IM	Information Management
IMC	International Medical Corps
IVDO	Isse Voluntary Development Organization
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Out-patient Therapeutic Care Programme
NFI	Non-Food Item
SC	Stabilization Centre
SCC	Somali Community Concern
SIRNA	Somalia Initial Rapid Needs Assessment
SWALIM	Somalia Water and Land Information Management
TSFP	Targeted Supplementary Feeding Programme
WARD	Watchful Association for Relief and Development
WOCCA	Women and Child Care Organization

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Background & Rationale

Gu seasonal rains began along the Shabelle River in Middle Shabelle around 15 April 2015 and were characterised as "normal to above-normal" by the Somalia Water and Land Information Management project (SWALIM)¹. On 27 May, the Women and Child Care Organization (WOCCA), a local NGO, confirmed new river breakages between the villages of Maagay and Kulmis Yarow, which affected a total of eight villages, including Kulmis Yarow, Maagay, Jameeco, Damaley, Farbaraki, Kooreebe Bari and Muki Dheere Bari villages of Bal'ad District. This breakage, in addition to earlier reported breakages in Duduble in Mahaday district, and Sabun, Timire, Gunbe, and Magadley in Jowhar district², led the ICCG to trigger an Initial Rapid Needs Assessment (SIRNA) on 29 May.



Map 1: Reason for flooding in assessed villages

An estimated 8,529 households are estimated to reside in the area affected by the flooding, and 1,500 households displaced.³ The majority of this population are small-scale farmers and livestock producers and traders. The population needs support to reinforce the river embankment, as river breakages continue to severely affect the population in riverine areas.

¹ SWALIM, Gu 2015 Rainfall Performance, 24 June 2015.

² Ibid.

³ OCHA, initial assessment review.



Map 2: Estimated population of assessed villages

In response to the limited availability of data on the overall impact of the floods, the SIRNA was rolled out to fill this information gap and to inform a more comprehensive humanitarian response.

Early assessments had been carried out by the Food Security Cluster (FSC), led by WOCCA as the FSC area focal point, and WASH, led by Farjano Foundation as the WASH area cluster focal point. The food security team covered all the three districts affected by the floods (Bal'ad, Mahadaay, and Jowhar). The WASH team comprised of the Farjano Foundation, WOCCA, IMC, SCC, TARDO, IVDO, WARDI and WARD focused on Duduble village in Mahaday district. Early responses included NFI kits distributed in Mahadaay, as well as a farm equipment distribution to a farmers' cooperative in Jowhar.

Facilitated by REACH, and supported by European Commission's Humanitarian Aid and Civil Protection department (ECHO) and the United States Agency for International Development (USAID), the SIRNA was rolled out in 26 villages in the most affected districts – Bal'ad, Jowhar and Mahadaay (see Map 1).

Methodology

In order to collect statistically significant data for each of the most affected villages, a randomised sampling methodology was selected. The 26 villages were divided into two groups based on their geographic location, Bal'ad (12 villages) and Jowhar/Mahadaay (14 villages). This grouping was chosen through discussion with assessment partners, who wanted to ensure that villages affected by breakages, overflows, or multiple factors would all be included in the study.

Based on primary and secondary data, the SIRNA covered 26 villages in the three affected districts, Bal'ad, Jowhar and Mahadaay, home to an estimated 8,529 households. Due to a lack of access to Mahadaay, villages above Diinlawe—Mansur, Diinlawe, Dinlow, Dhin Garas, Duduble, and Shan—were not included in the sample. As a result, findings from this assessment cannot be generalised across these areas, which were reportedly highly affected by the Duduble breakage. The information presented in this report can be generalised across the assessed sample with a confidence of 95% and a 5% margin of error. Comparisons may also be made between findings for the two geographic areas, but with a 95% confidence and 10% margin of error.

Mapping and geographic analysis was conducted using available imagery and geographic data. Primary data was collected from 13 to 17 June 2015, using several survey tools based on the KOBO mobile platform. Findings are drawn from 235 household interviews, 26 Key Informant interviews (KII), and facility and perimeter mapping of the 26 assessed villages). Exact figures of the sample collected are available in Annex I, together with estimated populations of each village, as illustrated in Map 2.

Enumerators were recruited through cluster agencies operational in Middle Shabelle and trained by REACH on interview technique, bias, and the use of mobile phones for data collection. Team leaders, who also received training on methodology, tools, and planning data collection, were each responsible for five or six enumerators. WOCCA generously provided use of its boat to facilitate access to villages that were inaccessible by road.

Data collected was uploaded directly from the mobile phones onto the KOBO online platform. Information was analysed by REACH teams based in Nairobi and reviewed by OCHA's Information Management (IM) Unit. The clean assessment database, detailed methodology and data collection tools are available upon request, with sensitive information removed where necessary.

Challenges and Limitations

Where possible, findings attempt to distinguish chronic vulnerabilities from findings related to the acute crisis (i.e. the impact of flooding). However, the SIRNA tool and methodology did not always permit the comparative analysis of the situation of households before and after the floods. Throughout this report, secondary data and anecdotal evidence are used to support assumptions regarding causality, where necessary.

Due to access constraints, data was not collected for villages of Mansur, Diinlawe, Dinlow, Dhin Garas, Duduble, and Shan, which were also reported to be affected by the flooding. Findings from the assessed areas can therefore not be generalised across these villages, but may be indicative of the effect of the flooding.

The purpose of this assessment was to inform response within the villages most affected by the floods through primary data collection within those villages. This, however, limited the

ability of the assessment to capture household level information from households displaced outside of the assessed villages.

Detailed challenges and recommendations are available within a separate Lessons Learned document.

Key Findings

Demographics

With an average household size of 9, assessed villages were generally found to have an even distribution of females (49%) and males (51%). Heads of households were reported to be primarily males (66%) with female- and child-headed households representing 31% and 3% of households, respectively. The distribution of gender and household heads is consistent with other reports and demographic information from similar rural areas in Somalia.



Figure 1: Age and sex distribution among assessed sample

Households' reported vulnerabilities can be seen in Table 1 and should inform interventions across all clusters. Vulnerabilities of four population groups stand out: 1. Elderly; 2. Pregnant/lactating mothers; 3. Children; and 4. Chronically or mentally ill persons. These groups require specific attention in the planning and implementation of humanitarian responses in all sectors.

Table 1: Household reported vulnerabilities

Vulnerability Type	Average number of individuals per household with reported vulnerability	% of households with at least one member with vulnerability
Elderly	1.7	76%
Pregnant and/or lactating mothers	0.8	63%
Sick Children	0.7	47%
Children with Mental Health Concerns	0.2	15%
Chronically III Individuals	0.3	20%
Adults with Mental Health Concerns	0.1	14%

Protection and Displacement

When asked about insecurity within their community, 64% of assessed households reported sources of insecurity, while 36% did not. The main sources of insecurity reported were actions of community leaders (20%), inter-clan conflict (14%), and local militia (12%). The most significant safety concerns facing women and girls in their community were risk of attack when traveling outside the community (42%), sexual violence and abuse (23%), and inability to access services and resources (23%).

In order to understand how security concerns might affect access to services, male and female respondents were also asked about the location of reported security concerns. Figure 2 shows that females were much more likely to report security concerns than males, particularly around latrines (reported by 50% of women), schools and markets (both reported by 11% of women). The majority of men (62%) reported no security concerns in any location.



Figure 2: Security concerns in different locations, reported by males and females

Key informants reported that floods do not appear to have affected land tenure and that a risk of forced eviction is not a prevalent concern for households in the assessed villages

While tense community relations were not commonly reported in this assessment, secondary data and anecdotal evidence indicates that host community disturbances are often clanrelated. In 2013 fighting between communities which affected the villages of Bur Bisharo, Bulo waray, Timire, Sabun, Magaadley, Gaafay, Abdi galadi, and Bulo Sheik Hilowle and caused displacement in the region. Proposed interventions should be sensitive of the potential impact of programming on existing community dynamics within the region.



Figure 3: Reported triggers of stress for children

Children under the age of 18 have specific needs and vulnerabilities as they are often dependent on adults for protection and access to basic services. Figure 3 shows the most commonly reported triggers of stress for children, a question to which respondents could provide multiple answers. The most commonly reported triggers of stress were conflict (60%) and lack of food (60%), followed by the loss of belongings, hard work, inability to attend school and lack of access to shelter. While family separation was only reported as a possible reason for stress by 13% of respondents, hosting of separated children was commonly reported in all household types and should be further explored by protection actors for Identification, Documentation, Tracing and Reunification (IDTR) services, where required.

Nearly half of villages indicated having a child friendly space (CFS). Those villages without a child friendly space include: Baardheere, Bayahow, Damaley, Farbaraki, Gaashaanle, Koreebe bari, Kulmis Yarow, Magaay, Maqda,s Moyka, Muki-dheere, Muki-dheere bari, and Raqayle. In one village, Prima Azenda, key informants reported that children had been recruited to join armed forces.

This assessment focused predominantly on villages most affected by floods, rather than villages which had received internally displaced persons. However, secondary and key informant data serve to inform a general understanding of the displacement caused. An estimated 1,026 households from Duduble village in Mahadaay District and 425 households from Jowhar District were reportedly displaced⁴, with some households reported to have moved to Mogadishu because of loss of crop production or harvest. In other villages, such as Muki-dheere Bari or Jameeco, enumerators noted a decrease in the number of households compared to reported household numbers prior to the floods.

At the time of assessment, no households were found to be living in the villages of Bur Bisharo and Bulowaray. These households had reportedly been displaced to Jowhar airport following inter-community conflict in 2013, and had not returned. Anecdotal evidence indicates that one fifth of the population at the Jowhar airport had been displaced by the floods. Operational NGOs in the area report that IDPs are being relocated to a site 200m to the west of Jowhar

⁴ OCHA initial assessment, 29 May 2015.

airport in order to reopen the airport. Shelter actors should further explore the potential need for shelter kits for these households.

Of those who reported being internally displaced (IDPs), returning IDPs or refugees, all respondents indicated that they had encountered checkpoints on flight or upon return. While checkpoints are not uncommon, 95% of households reported having being threatened or intimidated at a checkpoint.

WASH and Health

The recent floods have exacerbated already poor WASH conditions and in the assessed villages, where the coverage of facilities was limited even before the flooding (see Annex III and IV and accompanying village-level maps for reference). With no latrines identified in the facilities mapping exercise, it comes as little surprise that only a very small proportion of households (5%) reported access to latrines. For those households without access to latrines, defecation was mainly reported to be done in the open away from the home (65%), in the open by the home (14%) or at a community defecation point (2%). Most concerning from these findings is the low percentage of households who use community defecation points and the 14% who defecate by the home. WASH and Health actors should examine the potential linkage between defecation practices and elevated health concerns, given the potential for faecal matter to be spread during flooding. While not captured within this assessment and therefore not possible to confirm, the presence of water-borne illnesses should be further explored, as anecdotal evidence has suggested an increase in this type of illnesses within the assessed communities. Given that accessing water from regulated water points is also not commonly reported, further investigation should focus on the potential contamination of water sources by faecal matter.



Figure 4: Available water facilities

Despite the availability of pumps wells and other water infrastructure in many villages, the vast majority of households (90%) reported using the river as their primary water source, even in villages where other functioning water points are available (see Annex III and IV and accompanying village-level maps for reference). Overall, 20% of available water points were reportedly functional, with the most commonly reported problems including a broken pump or generator, or a lack of fuel, these reasons accounting for 57% of non-functioning water points.

Overall, 12% of households reported treating their water. However, no significant relationship was found between the reported treatment of water and reported general health concerns.

When asked about problems with their water source, 65% reported concerns with water quality, 17% with water quantity, and 18% both quality and quantity. For households who used water sources other than the river, payment for water was not generally reported. Community awareness and education programmes could encourage the use of currently available and functioning water points, while the repair and construction of new water points are also interventions that could support improved community access to safe, potable water.

At the time of assessment, only one health facility - in Sabun - was captured within the perimeters of the assessed villages. However, it is worth noting that the methodology for facility capture is limited to facilities within the village perimeter. Any mobile service provider, or provider outside of the village perimeter, was not captured. Therefore, secondary data is crucial to supporting the understanding of services available (particularly for mobile services or facilities which may cross village perimeters - health facilities, schools, etc.). Secondary data from INTERSOS⁵ indicated additional mobile health facilities and other stationary health facilities active in the vicinity of the accessed areas - INTERSOS Hawadley Health Center, IMC Kulmis & Buulo Sheik Health Centers, INTERSOS Jowhar Regional Hospital and IMC Maternity Hospital. These facilities were likely not captured in the SIRNA assessment because they are mobile or because their location is outside the perimeter of the assessed villages. During household data collection, 55% of households reported health problems, and 93% reported no access to healthcare. Health actors should further investigate the low percentage of households reporting access to health facilities, as many of the villages assessed are situated within the immediate catchment areas (within 5km) of these health facilities and findings from Jowhar Hospital do not corroborate with household reported access to healthcare.

Table 1 highlights that 47% of households report having at least one sick child. Health actors may want to look further into the linkages between the overflow of water in the villages and child illness. Linkages between water source, access and use, and health conditions should be further explored by WASH and health actors, as flooding may have exacerbated sanitation related illnesses. Of the 7% of households that reported access to healthcare, the median distance to the nearest healthcare facility was 55 minutes. The four households that indicated immunizations were available at their health facility were from villages close to the Sabun health facility, so it is assumed that these households accessed the same nearby health facility. The significant reliance on and use of river water in the assessed villages—for drinking, bathing, and transportation—indicates that any water-borne or related disease would be likely to spread quickly.

Food Security and Nutrition

With an average Food Consumption Score (FCS) of 30.8, households overall averaged a borderline score, which was calculated utilising proxy FCS indicators provided by FAO. Further disaggregation at the household level indicates that 43% of households have a FCS in the poor range. Further analysis should look into connections between FCS, health and nutrition. The villages with the lowest average FCS (under 20) are Timire, Abdi galadi, Geedo barkan, Moyka, Gunbe, and Gaashaanle (see Annex VII).

⁵ Axiom Monitoring and Evaluation Report, INTERSOS, June 2015



Figure 5: Frequency of food type consumption, in one week

Figure 5 shows the frequency of food types consumed at the household level. The most commonly reported challenges associated with accessing food were a lack of access to resources to obtain food (reported by 66%); and little to no availability of food items (42%). These findings concur with FEWS NETs findings that food security will likely deteriorate through September due to the floods' destruction of planted crops and inundation of prepared land.⁶ Additionally, FEWS NET noted that there is far less labour demand than usual in these areas, limiting access to alternative livelihoods. Figure 6, below, indicates the food type availability at local markets. Contrary to the limited availability of food reported above, these findings suggest that most food items are generally available, but that the primary challenge appears to be the costs associated with obtaining food and the accessibility of markets themselves. Of households reporting knowledge of market prices, 88% of households reported that prices for sorghum have increased over the last month, with 80% also reporting increased prices for cereals, and 68% for milk.



Figure 6: Reported availability of food items in markets

⁶ FEWS NET, SOMALIA Food Security Outlook Update, June 2015

The vast majority of households in the assessed area (93%) are dependent on agricultural livelihoods, with only 6% of households reporting keeping livestock (a mixture of cows, goats and sheep). Field reports indicate that livestock loss – particularly goats and sheep - was caused by the Duduble floods (in Mahadaay and northeast Jowhar). The full impact of the floods on agriculture is likely to be better understood in the coming months, once floodwaters subside. Annex V highlights the crop inundation (data from SWALIM)⁷ of the assessed communities, which may result in a below-normal harvest following the lean season.

40% of all households reported visible signs of acute malnutrition in their community or household, with reported signs fairly evenly distributed throughout the assessed villages. This confirms previous nutrition inputs from the cluster coordinator which indicated an increase in malnutrition in the region in 2015 (peaking in January). No nutrition facilities were reported in any of the assessed villages, and the one available health facility did not report offering nutrition related services. Further information gathering is necessary to determine where households are accessing nutrition related services, as some household reported access to food and nutrition programmes. 18% of households reported that food and nutrition programmes were available to the household and/or in the community. However of the available nutrition programmes, the most commonly reported included Out-patient Therapeutic Care Programme (OTP) (60%), Targeted Supplementary Feeding Programme (TSFP) (21%), and Stabilization Centre (SC) (18%).

Of particular relevance for Nutrition actors is infant feeding practices. Only one household reported infant milk products and/or baby bottles/teats been being distributed since the beginning of the emergency. However, households do not report infant feeding practices as being seriously affected as a result of the flooding.

Shelter and NFIs

Across the assessed villages, 66% of households reported living in transitional shelters and 24% in buuls. A small percentage, 2%, reported living in tents, although none of these households reported being displaced. Households reported having an average of two shelters per household.

Despite the small percentage of households reporting to live in permanent shelters, anecdotal evidence and secondary data did not indicate significant shelter-related needs in the villages. However, the cross-cutting nature of shelter should also be considered with regards to Protection and WASH findings. Of the 56% of households who reported having a door to their shelter, 81% reported having locks. 36% reported a source of light at night and only 5% of households reported a theft in the last 12 months.

Shelter actors should further explore the needs of displaced households not captured within this survey, particularly the Jowhar airport caseload, as anecdotal evidence has indicated these households are being relocated and may need require emergency shelter support.

Using the Non-Food Item (NFI) scoring mechanism by the Democratic Republic of Congo's Shelter Cluster, households averaged an NFI score of 3.5 – indicating a moderate need. However, itemized NFI scores were most severe for mats and wash basins, so it is advised that Shelter actors link with WASH actors to ensure that wash basins and mats are reaching the most vulnerable households. NFIs available on the market include jerry cans (reported by

⁷ SWALIM, Gu 2015 Rainfall Performance, 24 June 2015.

84% of households), cooking pots (67%), knives (65%), blankets (57%), wash basins (50%), mats (49%), and plastic sheeting (44%).

Education

Education is scantly available or utilised the assessed villages, with only 15% of households reporting accessing education (see Annex VI for mapping of school facilities). Facilities mapping indicated that 33% of schools were koranic (with 44% of children with access to education reported to attend koranic schools). Only one school was found to have access to a water supply (through shallow well) and only two reported access having a latrine. The gender split for school attendance of children 5-17 years old is about 30% girls and 70% boys, with an average of three teachers per school.

While this assessment was unable to determine the impact of the flood on access to education, it is likely that children in displaced households faced additional challenges to accessing education. When asked about their reasons for not accessing education, the majority of households (85%) reported "other", a finding that needs to be explored further. After excluding the "other" responses, school fees (34%) and domestic chores (21%) were overwhelmingly reported as the primary reason for not accessing education. Despite low reported attendance rates, the majority of households (64%) reported that Education was a high or medium priority. Figure 7, below, shows how assessed households perceived the importance of education.



Figure 7: Reported importance of education by assessed households

Conclusion

Many of the priority needs identified within the assessed villages were inter-related, therefore collaborative, inter-sectoral approaches to interventions should be taken where possible. Given previous conflict within the affected communities, and the reported presence of some community tensions, all proposed interventions should take a conflict sensitive approach to mitigate any negative impact on community dynamics.

Findings from this assessment suggest that WASH, Health and Food Security are among the sectors most affected by the floods in Middle Shabelle. The continuing presence of floodwater caused access constrains for the assessment itself, and enumerators observed that unsanitary conditions remained in the assessed villages as a result of the flooding. It is recommended that the provision of potable water is prioritised throughout the assessed villages, whether through repair of non-functional water points or provision of water trucking, in tandem with Knowledge, Awareness, and Practices (KAP) programmes related to the treatment and use of river water.

At the time of assessment, floodwater remained on much of the agricultural land (see map in Annex 5), affecting the main livelihood, and source of food, for the vast majority of households in this area. Assessed households commonly reported a lack of resources to purchase food, as well as concerns about its availability. The reported increase in the price of sorghum and cereals, suggests that available food resources are under increasing pressure, while borderline to poor food consumption scores were reported throughout the assessed villages. Food Security actors should therefore prioritise access to food (including direct distributions as necessary) in addition to the provision of agricultural inputs.

The longer term effects of the flooding may continue to be felt into the harvest period, and a below average harvest yield is already expected as a result. A correlation was found between the average household FCS and the timing of the breakage, with villages affected by older breakages having a lower average FCS. In line with this trend, FCS may further deteriorate in villages affected by more recent breakages (e.g. Kulmis Yarow breakage), as sources of income are destroyed, access to markets remains limited, and market prices increase. Food Security actors should closely monitor the situation at village level to ensure that appropriate responses can be triggered, as necessary, within the region. Additionally, FSC may want to work closely with health actors on disaster risk management interventions to mitigate future flood related shocks.

Annexes

Annex I: Sample Collected by Village

Village Name	Number of Household Surveys Collected	Estimated Number of Households ⁸	Estimated Number of Households Displaced ⁹
Abdi galadi	9	235	
Baardheere	26	321	
Bayahow	14	460	
Bulo Shiekh Hilowle	10	220	
Bulo waray	0	0	Entire village
Bur Bisharo	0	0	Entire village
Damaley	16	200	20
Farbaraki	20	214	15
Gaafay	29	280	
Gaashaanle	12	375	
Geedo barkan	10	419	20
Gunbe	12	230	
Jameeco	46	542	40
Koreebe bari	13	156	23
Kulmis Yarow	23	275	20
Magaay	21	650	15
Magadley	13	510	
Maqdas	22	150	17
Moyka	12	375	
Muki-dheere	20	170	
Muki-dheere bari	22	390	30
Prima azenda	12	184	
Raqayle	26	550	
Sabun	21	672	
Shan	16	512	
Timire	10	310	

 $^{^{\}rm 8}$ Secondary data inputs based from WOCCA assessment prior to flooding $^{\rm 9}$ SWALIM

Annex II: Secondary Data Sources Consulted

- SWALIM Gu 2015 Rainfall Performance
- FEWS NET Somalia Seasonal Monitor 15 June 2015
- Farjano Foundation Assessment Report on Jowhar & Balad Flood affected areas June 2015
- WOCCA Flood Update Middle Shabelle Report 28 May
- Asal Community Development Organisation (ACDO) Joint Assessments for Floods Effected People of River Shabelle and Clan Conflicts of Jowhar District in 2015
- SWALIM Shabelle River Breakages Jowhar and Balcad Districts, Middle Shabelle Region WV2 Images (Dec 2012 - Jan 2015)
- SWALIM Somalia Flood Watch Bulletin 26 May 2015
- FEWS NET Food Security Outlook Update Report May 2015
- FEWS NET Food Security Outlook Update Report June 2015



Water Facility Distribution, Type, Functionality and Potability Bal'ad District — Assessed 13-17 June 2015

For Humanitarian Purposes Only Production date : 25 June 2015





Water Facility Distribution, Type, Functionality and Potability Jowhar District — Assessed 13-17 June 2015

For Humanitarian Purposes Only Production date : 25 June 2015







Inundated Cropland during Gu Rains in Jowhar and Bal'ad Districts — April - May 2015

For Humanitarian Purposes Only Production date: 25 June 2015



Villageindicates the name of the village(Location)indicates the village where breakage occurred, resulting in flooding(Overflow)indicates an overflow of the embankment at village location

Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associated, donors mentioned on this map.

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TIP

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REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



Location of Schools in Assessed Districts of Jowhar and Bal'ad — 13-17 June 2015

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Vulnerability by Village based on Food Consumption Score in Jowhar and Bal'ad Districts — Assessed 13-17 June 2015

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