# Rapid Multi-sectoral Needs Assessment of populations affected by Gu flooding
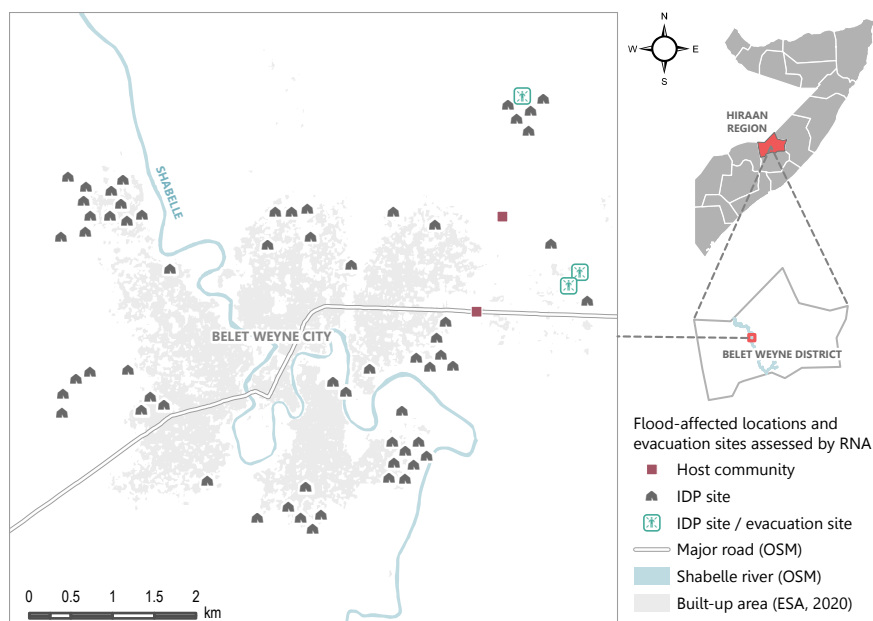
Belet Weyne District, Somalia
May 2024

## KEY MESSAGES

- **Shelter (94% of sites) and shelter-related assistance were reported as the top priority needs for flood affected population.** Additionally, 100% of the sites reported that new or additional tents and tarpaulin were the most urgent Non-Food Items (NFI) needs, indicating a critical need for immediate shelter interventions.

- Insufficient access to drinking water was also an acute need, with **64% of sites reporting that no one or only a few flood-affected people (less than 25% of population in the sites) had access to sufficient quantities of drinking water.** This need could be further exacerbated by the reported **increased demand for health services** (88% of sites), suggesting a need for an intervention to safeguard public health in flood-affected areas.

- Findings also indicate a high risk of waterborne diseases outbreaks particularly in areas where **open defecation is prevalent (23% of sites)**. This, alongside, the **damaged health facilities and/or limited medical outreach,** could further increase health risks within affected populations.

## 92%

sites reported that the **health facilities were damaged, including structural damage,** of the 71% sites where health facilities were reportedly affected by flooding.

Map 1: Flood-affected locations and evacuation sites assessed by RNA



Flood-affected locations and evacuation sites assessed by RNA
- ■ Host community
- ▲ IDP site
- ⚑ IDP site / evacuation site
- — Major road (OSM)
- Shabelle river (OSM)
- Built-up area (ESA, 2020)

## CONTEXT & RATIONALE

**IN APRIL AND MAY 2024,** during the Gu rainy season, Somalia experienced heavy rainfall driven by the El Niño climate cycle and a positive Indian Ocean Dipole (IOD), eventually resulting in widespread flash floods and riverine flooding from the Shabelle River. Belet Weyne district was heavily impacted by this above average rainfall. By May 16, an estimated 79,000 people had been affected in Belet Weyne, as flooding destroyed shelters, latrines, and farmland.[1]

The crisis comes against the backdrop of multiple shocks experienced by Belet Weyne in recent years, including historic flooding from Oct-Dec 2023, which affected 373,000 people in the district.[2] This resulted in the displacement of approximately 250,000 people in the district, who are now facing challenging conditions marked by vulnerability and limited access to basic necessities.[3]
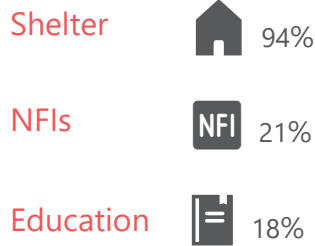
## ASSESSMENT OVERVIEW

**This assessment was carried out** after more than 10,000 IDPs were displaced by flash flooding and within 48 hours of river breakages. The effects of these events caused widespread flooding in Belet Weyne district. The rapid needs assessment (RNA) provides timely information on the initial emergency needs of flood-affected communities.

This RNA consists of 214 key informant (KI) interviews conducted at a site level from 16 to 22 May 2024, covering 63 flooded sites and 4 evacuation sites in Belet Weyne. As described in the Methodology Overview, results are indicative.
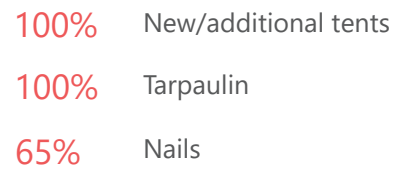
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# PRIORITY NEEDS

**Top 3 most commonly reported priority needs, by % of sites\***

Shelter　🏠　94%

NFIs　NFI　21%

Education　📖　18%

# 🏠 SHELTER & NON-FOOD ITEMS

**Top 3 most urgent NFI needs, by % of sites\***

100%　New/additional tents

100%　Tarpaulin

65%　Nails

# 🍚 FOOD SECURITY, MARKETS & LIVELIHOODS

**Most common sources of accessing food after the flooding, by % of sites\***

98%　Local market

95%　Work for food

94%　Borrowing/debt

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

## 3.4

**Average damage on stocked agricultural products due to flooding, on a scale from 1-5**

## 3.3

**Households (HHs) less likely to have access to food sources, by % of sites\***

Female-headed HHs　97%
HHs headed by people with disabilities　94%
HHs headed by elderly people　92%

**53%** sites reported that the nearest market was **partially destroyed**, after flooding.

**56%** sites reported that main food commodities (e.g. wheat flour, rice, oil, sugar) were **sporadically available or not available at all** at the nearest market, after flooding.

**55%** sites reported **drastic or slight increase** of main food commodities prices, compared to before flooding.

**Reported distance to the nearest physically accessible market after flooding, by % of sites**

1-3 hours　52%
<1 hours　44%

This indicates an **increase in time taken to access markets from before flooding**, when 89% sites reported a distance of less than 1 hour to the nearest market.
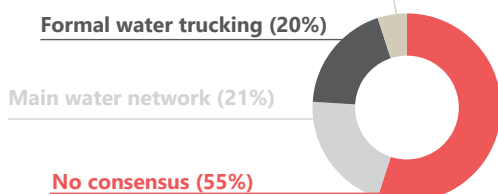
# 🚰 WASH, HYGIENE AND SANITATION

**Most commonly reported primary source of drinking water used by newly displaced people, by % of sites**

Community borehole (paid), water kiosk and surface water (4%)

Formal water trucking (20%)

Main water network (21%)

No consensus (55%)

59% of sites reported that **only a few (around 25%)** flood-affected people had access to **sufficient quantities of drinking water**, while a further 5% sites reported that **nobody** had access

**23%** sites reported that **open defecation** was the most common latrine practice by flood-affected people
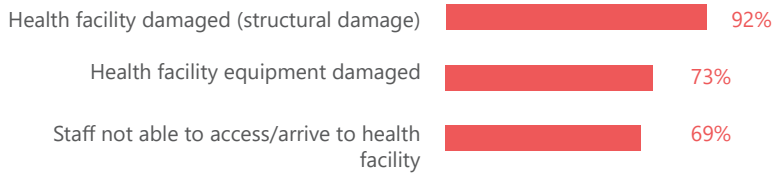
The most common barriers to menstrual hygiene management, reported by sites\* with female KIs (67), were **inadequate access to water** (83%), **inadequate access to soap** (55%) and **unclean sanitation facilities** (55%).

\*select multiple, the total value may exceed 100%

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# HEALTH

**Most common flooding impacts on health and nutrition facilities***
*from the 71% sites which reported impacted health facilities within 45 minutes/1km walking distance*

| | |
|---|---|
| Health facility damaged (structural damage) | 92% |
| Health facility equipment damaged | 73% |
| Staff not able to access/arrive to health facility | 69% |

**29%** sites reported that there were **no health facility/medical outreach team** for the flood-affected population.
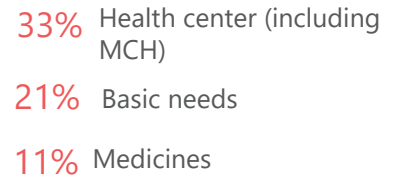
**73%** sites reported that **health facility equipment were damaged** during the flooding.

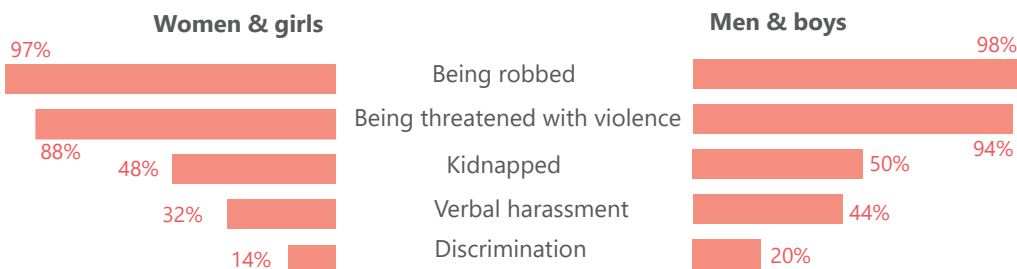**88%** sites reported an **increased need** for health services in the community since the flooding.

**Most commonly reported health service needs**
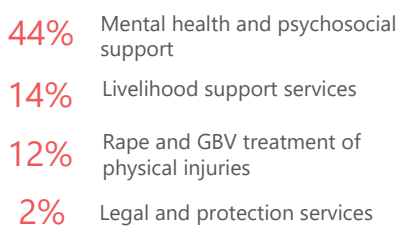*from the 88% sites reporting needs, captured through text response*

**33%** Health center (including MCH)

**21%** Basic needs

**11%** Medicines

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# PROTECTION

**Three main reported safety and security concerns for flood-affected populations, by % of sites***

| | Women & girls | | Men & boys |
|---|---|---|---|
| Being robbed | 97% | | 98% |
| Being threatened with violence | 88% | | 94% |
| Kidnapped | 48% | | 50% |
| Verbal harassment | 32% | | 44% |
| Discrimination | 14% | | 20% |

**Presence of support services for women and girls, by % of sites***

**44%** Mental health and psychosocial support

**14%** Livelihood support services

**12%** Rape and GBV treatment of physical injuries

**2%** Legal and protection services

**15%** sites reported that **Gender-based violence (GBV)** was one of the three main safety & security concerns of women and girls.

**36%** sites reporting the presence of children who **got separated from their primary caregiver** since the flooding.

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# NUTRITION

**89%** sites reported that **screening for malnutrition and referral services** were available to the flood-affected people in the week before data collection.

**68%** sites reported **distribution of infant formula** to flood-affected people in the week before data collection.

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# EDUCATION

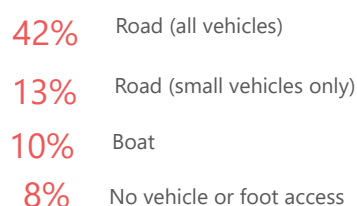**55%** sites reported that **children had not been able to attend school** following the onset of flooding. Of those,

**93%** sites reported that **damaged/destroyed learning spaces** was the main reason.

**Most critical education needs of flood-affected persons, by % of sites***

| | |
|---|---|
| New learning spaces | 100% |
| Safe drinking water | 98% |
| Rehabilitation of the existing learning spaces | 88% |

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# HUMANITARIAN ACCESS

*This section was only asked to camp managers, gatekeepers, NGO staff, and community leaders among the assessed sites (58/213)*

**75%** sites reported that if aid was transported, it **would be able to reach** the affected population.

**Most commonly reported primary means of access to sites***

**42%** Road (all vehicles)

**13%** Road (small vehicles only)

**10%** Boat

**8%** No vehicle or foot access

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*select multiple, the total value may exceed 100%

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# METHODOLOGY OVERVIEW

From 16 to 22 May 2024, REACH conducted 213 quantitative, structured face-to-face key informant (KI) interviews across 63 flooded sites and 4 evacuation sites in Belet Weyne district using a survey tool, co-owned by OCHA and deployed through KoBo software. These KIs were selected based on their knowledge and access to information in the sites and included various actors including cam mangers, community leaders, teachers and healthcare professionals among others.

This assessment was conceptualized within the framework of the REACH and OCHA co-led Assessment Working Group (AAWG). A team of 14 enumerators received a virtual 1-day training from the REACH assessment team.

The target population was defined as flood-affected communities, living in flooded sites and evacuation sites. Affected sites were identified and targeted by the Hirshabelle State Inter-Cluster Coordination Group (S-ICCG). The majority of interviews were held face-to-face, but where accessibility was limited, enumerators used phone interviews.

A minimum of 3 KIs were interviewed per site, whose responses to each question were aggregated to obtain a single, triangulated response per site.

For single-choice questions, responses of different KIs reporting on the same site were aggregated by mode (most frequent response). For example, if for a given question 1 KI responds "no" and 2 KIs respond "yes", the aggregated response for the site is "yes". When there was no consensus between a majority of KIs, responses were coded as "No consensus" (NC). For single option indicators, results are presented as number of sites and reported at the district level. For select multiple, all KI responses are retained in the aggregated site-level results. District-level results are presented as number of sites where KIs reported X (X being the aggregated site level result as described above). For integer responses, the median was reported at the site level across the KIs, and at the district level, the average was aggregated across the sites.

# LIMITATIONS

Widespread riverine flooding necessitated adaptations to the research design, which subsequently evolved to a hybrid data collection methodology, relying on phone interviews for some inaccessible sites. Some key informants, reached through snowball sampling, had been displaced from the site on which they were reporting at the time of data collection, introducing the potential for recall bias.

Due to the rapid nature of the RNA, some (9) sites had fewer than the minimum threshold of 3 KIs and were not able to be resampled; given the need for emergency humanitarian response data, these were included in analysis and can be found in the clean dataset.

Results reflect the views of the KI and are indicative only. Analysis did not weight KI profiles, so some KIs may be more informed on certain subjects than others, and the aggregated site-level results should therefore be contextualized with this limitation in mind. Due to the KI approach, results cannot be disaggregated by gender, age, or disability status of the respondent.

# ENDNOTES

1 OCHA. Somalia: Gu Floods - 2024: Situation and Response Dashboard (As of 16 May 2024)
2 OCHA. Humanitarian Needs Response Plan. Jan 2024.
3 OCHA. Somalia: Deyr rainy season 2023 Flash Update No.7. Nov 2023

# KI PROFILES

**By gender**



Female (31%)

Male (69%)
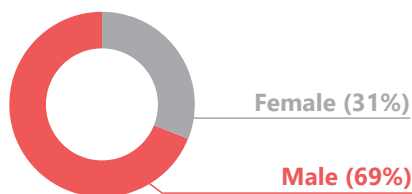
**By type**

**30** Camp manager/gatekeepers
**6** Community leaders (host community)
**50** Community leaders (IDP)
**17** Registration focal persons
**9** Local relief committee members
**62** Civil society group members
**1** Local council person
**3** School headmasters
**12** Teachers
**17** Women's group leaders
**3** Youth group leaders
**4** Healthcare professionals

# ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).