

MULTI-SECTOR RAPID NEEDS ASSESSMENT
KHARTOUM (Omdurman, Jebel Awlya, Dar el Salaam)



August 2020

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Background

Since July, heavy rains have impacted Sudan, and more than 500,000 people have been affected across the country. On 27 August, flooding in the riverine areas in Khartoum impacted people living across the White and Blue Nile river areas. On 31 August, the Government declared a State of Emergency in Khartoum, where the Minister of Irrigation and Water Resources reported that the River Nile reached 17.43 metres – the highest in 100 years. On 2 September an Inter-Agency Assessment jointly led by the Government and OCHA took place in affected areas in Khartoum State to identify the most urgent needs. UN agencies, INGOs, and NNGOs participated in this inter-agency assessment. The teams visited affected areas in Jebel Awlya – including 5 villages along the river and Dar el Salaam, Omdurman and North Khartoum localities, where the assessment team used focus group discussions, key informant interviews; visited health centers and some affected households.

Areas assessed and people affected

Jebel Awlya - Villages along the White Nile: The White Nile riverine flooding affected the five villages situated along the White Nile at Jabel Aulia locality. The five assessed villages are adjacent to each other, inhabited by an estimated 45,750 people. In this area, an estimated 10,350 people (2,070 households) have been affected by flooding and who are now hosted by relatives and friends.

Name of the village	Est. total population per a village	Est. destroyed homes	Est. damaged homes	Est. affected households	Est. affected individual	Est. damaged latrines
Al Assal	25,000	1,100	50	1,150	5,750	1,150
Um Rabah	4,500	10	60	70	350	60
Gamar	1,250	40	10	50	250	50
Wed Mukhtar	10,000	200	350	550	2,750	550
Um Garageer	5,000	150	100	250	1750	250
Total	45,750	1500	570	2070	10,350	2,070

Dar el Salaam: an estimated 55,000 people are affected by the flooding across 10 location while 5,000 peoples(1,260HHs) are completely damaged and 22,000 houses are partially affected by the flooding – mainly in walls, latrines, and rooms;. . Although no displacement has been reported, affected households are hosted with families and friends. Households affected by the flooding are mostly South Sudanese refugees living in the locality During the assessment, 3 out of 5 health facilities were closed during the time of the visit showing presence of interrupted services. Hence, access to life-saving emergency health services is compromised in the area. The flooding and heavy rain poses risk of additional overflow of Nile river which can worsen the situation.

South Omdurman: seven location were affected by floods, mainly Salha and Al Qaia'a; Um Owaina, Al Zurga, Barkat Al Shati, Al Shigaila and Al Salamaniya. Estimated 10,000 peoples are affected by the flood including over 5,000 people (1,171HHs). In this area 416 households are completely damaged and 755HHs partially damaged. A high number of these are children. One of the main drivers of the flooding is overflow of White Nile River and lack of appropriate flood protection measures along the river Nile. Household who's their houses have been totally damaged are displaced within the same neighborhood or accommodated in their relative's houses.

There is movement and access constraints due to the flooding and movement within Umawina village is accessible through boat transport. The flooding has led to inaccessibility of basic services, farmlands and access roads. Affected populations are stranded and people are staying in their home to protect their houses by filling sandbags and building blocks to avoid flood water entering into the community and their houses. The flood water poses risk of water born disease and malaria and urgent support needed in WASH and Health sector.

North Omdurman: Estimated 5,000 people are affected by flash flood in Al Sororab, Al Ziberab, Al Sororab Al Kawahla and Al Sororab Al Awadab, Karari areas in North Omdurman. The assessment team conducted visits to affected locations in Karari, Al Sororab, and Al Taseen to assess the humanitarian impact of the River Nile flooding.

Khartoum North – Bahri: a team visited flood affected areas in Bahry locality, including Alezirgab, North and Central Alkadro. In Alkadro, the estimated number of affected people are 600 people (180 households) and some 10,000 people (210 households) in Aleziragb.

Assessment findings

Health

In villages in **Jebel Awliya**, there are two primary health care facilities nearby, with Jabel Aulia and Torki hospitals as the main referral hospitals. No outbreak of diseases was observed or reported, however, the health situation may soon deteriorate due to contaminated water and stagnant water. Malaria, diarrhea and skin infection are amongst the most common causes of morbidity and mortality among children in the area and malaria is the leading cause of illness among adults. There is lack of disease surveillance system at community and clinic level. There are three community midwives living in the area, who extending their services to host community and affected people.

In **Dar el Salaam**, 3 out of 5 visited health facilities were closed during the time of the visit showing presence of interrupted services. Therefore, access to life-saving emergency health services is compromised in the area. There is also lack of a disease surveillance system at community and clinic level. The Manar clinic only provides outreach vaccination (average of 10 children per day) and Outpatient Therapeutic feeding Program (OTP) (average of 20 children per day) supported by UNHCR and WFP. The village midwife assists 2-3 deliveries a day at home (safe and clean delivery). Rooms are available to expand the primary health care services in the clinic. Clinics not fully operational not funding functions as Primary Health Care Centre (PHCC) for lack of funding since December 2019. A future overflow of the Nile river poses a flooding risk to the hospital. Jabal Awliya Hospital, which is the main center of reference in the locality, has a catchment population of 700,000 people, out of which more than 100,000 are refugees. The hospital is overcrowded with 250-300 visits per day.

In **South Umdurman**, there is limited public health service in the affected areas – most of the people rely on private clinics; the nearest public health facility is about 5km. There is a potential for diseases outbreak such as malaria, diarrhea, cholera, snakes, and scorpion bites due to the stagnant flood water. In visited areas in **Bahri**, only three Primary health care facilities exist, providing incomplete package of services, and there is lack of ambulatory services for emergency cases and mother and childcare. The team observed poor health facilities.

Water, Sanitation, and Hygiene

In villages assessed in **Jebel Awlya** people depend on water supply from the urban water network connected directly to the Jebel Aulia Water treatment plant, via direct water taps in each house. People affected and residing with relatives are accessing drinking water from urban water supply. The water quality is controlled from the water treatment plant; the community confirmed that the quality of water is good and there is not any indication of contamination, turbidity or any odor. The community uses Ventilated Improved Pit latrines (VIP) and some use flush latrines (Basic Sanitation). The total estimated number of damaged latrines are 2,070, including 1,150 latrines at Al Assal, 60 latrines at Um Rabah, 50 latrines at Gamar, 550 latrines at Wed Mukhtar and 250 latrines at Um Garageer.

In **Dar el Salaam**, water not suitable for consumption in some locations in the locations such as Bantiu. Most households have had their latrines affected by floods, and many households do not have access to water at the household level – water is accessed in donkey carts. Water is available at the hospital, however, there are challenges linked to cross-contamination from sewage lines.

In **South Umdurman** there is not access to clean water; where the urban water supply is partially affected and rural water supply from boreholes have been affected by overflow of the river flood. Latrines are overflowed and this has increased the risk of water contamination and outbreak of waterborne diseases. Open defecation was reported in some areas. This condition poses public health risk. In Al Salha, la Gai and Um Oweina, all water sources including water supply networks and boreholes were affected by flooding; 21 per cent of affected people lost water containers and 97 per cent of affected population washes their hand with water only. People affected has limited access to safe water source through water tracking from private organizations and local administration office.

In Um-Awaina, boreholes are the main water sources and due to the flood, boreholes are overflowed and contaminated by overflow of latrines. In Algiaa, the water network is not severely affected, however the community has limited access to safe water due to flooding, and some latrines are collapsed, people share latrines with neighbors, or practice open defecation. The main challenges in Algiaa is the lack of safe water supply and risk of water source contamination.

In four locations assessed in **north Um Durman**, 145 latrines were damaged by the flooding due to degradation resulting from stagnant water and accumulated waste. During the assessment, no open defecation was observed. Handwashing with soaps is well known practice by the community in the affected locations but soap was not available and most of the community are washing hands with water only. The main challenge is the potential appearance of diseases linked to stagnant water, such as cholera, malaria etc.

In **Bahri**, there is no damage caused by flood for the internal water networks in Al Kadarow and Al Izergab, however, some old broken lines in Al Izergab may cause contamination in the water network. The water supply has not been compromised. Approximately 170 latrines in Al Izergab and 42 in Al Kadarow have been destroyed.

Shelter and Non-Food Items

In **Jebel Awlya** more than 10,000 people (2,000 households) in the visited five villages are affected by the riverine flooding. The affected people highlighted empty sacks/sand, tents, plastic sheets, mosquito nets as most urgent needs. In Dar el Salaam, the refugees and host communities' houses made out of mud bricks collapse during heavy rains. There is urgent needs for roofing, and household latrines.

In **South Um Durman**, 90 per cent of the affected households reported have lost their essential NFIs, and for those who have displaced from their houses need they additional NFIs to protect their children from mosquitos and other insects with potential to transmit diseases such as malaria or chikungunya.

In **North Omdurman**, all shelters by the River Nile in all areas were affected due to the close distance to the River Nile. In Al Ziberab area, 100 people (20 households) were affected by the flooding, while in Al Kawhla 1,000 people (550 families) were affected and displaced. In Al Awadab 55 households totally collapsed and 30 houses were partially damaged, and families are displaced in Al Awadab. In areas assessed in Bahri, the assessment identified 390 families are affected; some of them lost their shelters and properties and are currently in need of S/NFI Items. Out of them, 200 families are in urgent need of S/NFIs. In **Salha, al Gai and Um Oweina in South Um Durman** over 3500 people (755 households) had severe damage in their homes, and lost non-food items such as cooking utensils, water containers; urgent needs include plastic sheets, blankets and sleeping mats.

Protection

In five villages in **Jebel Awliya**, the community enforces law and order mainly through the Resistance Committees. There were no mentions to Gender Based Violence (GBV) events. In Dar el Salaam, child laboring takes place, as a way for children to support their families with household income. The resistance committees and community leaders have conducted awareness sessions to the youth to prevent them from using alcohol and other negative coping mechanisms. Due to the economic situation, most of the parents in these areas are daily workers, and the children are left alone for a long time with no direct parental supervision. SGBV cases have been reported by community members among children.

In **South Omdurman**, people with disabilities and elderly are facing access and movement restrictions; they are unable to move outside their homes as the flooding only allows to move on boats. Electricity wires pose a risk for people, particularly children. In **North Um Durman**, a protection committee has been established by the affected population who amongst other responsibilities, monitors the level of river water and alerts the community in case an evacuation is needed. The protection committee is composed of area resistance committees, youth group and community leaders and operates 24/7. In South Um Durman, according to key informants, approximately 17 per cent of population have a disability, 395 women headed households, 59 with people have chronic diseases, in addition to more than 200 elderly and vulnerable men.

In **Bahri**, women, girls, men persons with disabilities, and older people have been affected. The locality has appointed one focal point to monitor the river levels to alert the community. Destruction of household latrines has exposed some women to go to neighboring houses, which makes them uncomfortable. Affected families agreed to have communal place for cooking and distribute the meals for men and for women. In Elezergab area, there are some 60 South Sudanese affected households who live under unfinished buildings, makeshift shelters. Additionally, 60 households were completely affected by flood 50 per cent of them now hosted in a school in the area. There is one communal latrine, which is not enough and does not allow for privacy.

Food Security and Livelihoods and Nutrition

In villages in **Jebel Awliya**, crops' destruction was reported in most visited villages including, destruction of forage, sorghum, vegetables, lemon and mango trees; also, the loss of about 100 heads of small ruminants – mainly sheep and goats. Most of the people affected by floods depend on their relatives and

host community for their daily food consumption now. Physical access to markets is not an issue, being able to access the one in Jebel Awliya or Khartoum.

In **Dar el Salaam** daily labor is the main income sources for all households. Most families adopted food based coping strategies to maintain minimum food consumption levels, mainly relying on help from friends or relatives and reducing the number of meals per day. The flooding did not have an impact on crops, livestock and markets access.

In **Bentiu camp**, in Dar el Salaam there is a health center supported by Almanar organization providing outpatient therapeutic program (OTP) and targeted supplementary feeding program (TSFP). These are the only services providing Malnutrition services in the area targeted by assessment. There are significant gaps in OTP/SFP services for children (6- 59 months) and PLW and no mass MUAC screening for identification and referral of SAM and MAM children. Additionally, there is need for breastfeeding spaces for lactating mothers and IYCF counselling.

In **South Umdurman**, people affected by the floods rely on daily purchase of food and basic necessities. Daily labor, business and petty trade are the major source of livelihood and income which crop, and fishing is also source of livelihood in the assessed area. Approximately 95 per cent of the affected households left their job staying home to protect their household from the flood or many has lost their income from flood damaging crops and/or fishing activities. In Um-Awaiana, over 150 feddans of agriculture land have been affected, over 40 livestock reported died, fishing and agricultural activities are interrupted due to the flooding. Amongst the coping strategies, people are reducing the number of meals (20 to 40 per cent) and a combination of relying on less preferred and less expensive food (100 percent) and relying on help from friends and relatives (100 per cent), or borrowing money are the major coping strategies. Markets in these areas are accessible with some difficulties; it was reported that people with disabilities and elderly have difficulties going to markets due to impassable roads. Community leaders and key informants indicated that affected households lost food and non-food items while 80 per cent of affected individuals eat two meals per day while 20 per cent of affected people eat three meals per day. Approximately 95 per cent of affected households has less access to their own food and rely on relatives and friends and has a reduced number of meals as main coping mechanism. During the assessment, it was not possible to fully assess the nutritional status of vulnerable population groups including U5 Children, PLW and others. Crop production, fishing and daily labor are the main source of livelihood in South Um Durman. Um-Awiana community received food assistance and shelter from private and local organizations, while Algiaa received food assistance from Zakat chamber. Community leaders indicated food as one of priority needs of affected population and it is expected this reduced food consumption will exacerbate nutritional degradation of U5 children and PLW.

Crop production is the major source of foods and income in **North Omdurman**. Floods affected approximately 1,710 feddans in Al Ziberab; 360 feddans were totally damaged; in Al Kawhla, 350 feddans were totally damaged and approximately 1,000 feddans were flooded in Al Awadab. People's coping mechanisms are mainly help from family and friends, reduce the numbers of meals per day, and purchasing less expensive food.

In areas in **Bahri, in Al Kadro and Al-Izergab**, farming land has been damaged by the floods; more than 300 feddans in Al Khadro, and 500 feddans in Al Izergab. The crops damaged were mainly seasonal vegetables such as mint, parsley, fennel and fruits trees. Also, in Al-Izergab, floods affected livestock farms

- mainly cows and goats. In Al-Izergab some 400 people (87 households) mentioned not to have food for the next two days; the main coping mechanisms are to reduce their meals to only two per day; however key informants in Al-Izergab mentioned most people take only one meal per day.

Key Recommendations

Overall, all the areas visited are facing similar challenges, many of which are due to under development, these have now been exacerbated by the flood damage. Poor households who were barely making ends meet are now struggling to rebuild their lives with limited support.

Immediate Response

- **Shelter/NFIs:** Distribution of shelter and non-food items to enable families start rebuilding their homes is urgently required; \ Provision of essential NFIs including tents, plastic sheets, mosquito nets, and kitchen sets are the priority needs of affected population.

- **WASH:** Water supply, sanitation and hygiene are urgent needs of affected population in areas in South Um durman where latrines are overflowed, water trucking could improve access to safe water. Construction of latrines is a priority. Hygiene and sanitation support should be prioritized to prevent water born disease outbreak.

- **Health:** Emergency health services including supply of key medicines and other medical supplies including mosquito nets to affected population and health facilities. This is a priority in areas with stagnant water which will be a source of vector breeding, as such vector control activities including spraying and medication against scorpion and snake bites. Implementation of emergency mobile clinics in areas lacking access to health services.

- **Food Security:** Further assessments are recommended to determine severity of impact on food and livelihood sources; in the absence of this, short term food assistance could be considered, this would allow families to fill the gap as they try to rebuild their livelihoods; crops and livelihoods have been destroyed in few of the areas assessed, therefore interventions to support reestablishing sources of income are needed.

- **Protection:** further assessments are recommended to understand protection concerns and plan interventions accordingly. Community based networks for surveillance to be strengthened.

Long term Response

Interventions linked to urban planning, security, environmental sanitation rehabilitation of roads as well as other infrastructure remain a priority. Sanbags, and containment measures to prevent the river from overflowing are a priority.

Annex: Assessment participants

Sector	Organization	Name
Protection/SNFI/RCF	DRC	Sheima Elrasheid
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Food	FAO	Abdalla Adam
Protection	NADA	Sana Farouk Abdalla
Protection	UNFPA	Rania Hassan Abdelgafour Hassan
Nutrition	WV	Afaf Ibrahim Fadl
Health	WHO	Amir Ali Osman
WASH	UNICEF	Eisa
Protection/SNFI/ RCF	SORCC	Shaima Siddig Alnima
Protection/SNFI/RCF	DRC	Noon Abdelrahman
SNFI/Protection	GFO	Manal El Sadig Awadallah
Food	SC	Mohammed Addum
Protection	SOS	Mohamed Alhadi
Protection (GBV)	NADA	Israa Adam Kubur Eid
Nutrition	GOAL	Samia elhussein
Health	WHO	Eiman Karrar
WASH	UNICEF	Yasir
S/NFIs	UNHCR	Doa'a Abdelraman
S/NFIs	ADD	Mohamed Anwar
Food	WFP	Sami Fedail
Protection	SOS	Mazin Al-Amin
Nutrition	SC	Ibtihalat mohamed Alhassan
Health	WHO	Betigel Habteworld
WASH	HDPO	Osman Arja - WASH officer
Protection/RCF	UNHCR	Mohamed Ibrahim
S/NFIs	SRCS	Suleyman Suileman Mohmed Ahmed
Food	Plan Int	Hanadi Mohammed (Ms)
Protection	AL Shrooq	shahinda higazy
Protection /GVB	UNFPA	Khadija Abdelkarim
Nutrition	FMOH	Najlaa Khidir
Health	WHO	Mohamed Yousif.

WASH	IOM	Shakir KUNDA
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