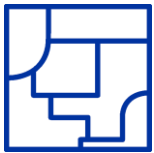




On 11-13 April, severe flooding and landslides caused by heavy rainfall affected southern and south-eastern South Africa, particularly the provinces of KwaZulu-Natal and Eastern Cape. According to national authorities, at least 123,808 people were affected, 448 people died and over 30,000 are displaced, mostly in collective evacuation centres. The devastation in the most affected areas of KwaZulu-Natal and Eastern Cape provinces is immense: nearly 12,500 homes have been destroyed or damaged, 66 health centres affected, and 600 schools devastated which will put 270,000 students at risk. A National State of Disaster has been declared in response to the floods and landslides, and rescue teams have been deployed to the affected areas to provide humanitarian assistance to those most affected.¹

To better assist authorities and partners to respond to the situation, IOM in partnership with the South Africa Red Cross Society and in coordination with provincial and local authorities, deployed teams from 13 to 17 June to conduct baseline assessments at ward level. These assessments provide a snapshot of the number of displaced persons residing in 26 of the most affected wards in Ethekekini district. The assessments also provide an overview of the sectoral needs, gaps and potential solutions, including water and sanitation (WASH), food security, health, infrastructure and protection. Finally, a list of priority locations for further assessment were identified.

OVERVIEW



26 wards assessed



114 displacement locations identified



48 collective care centres

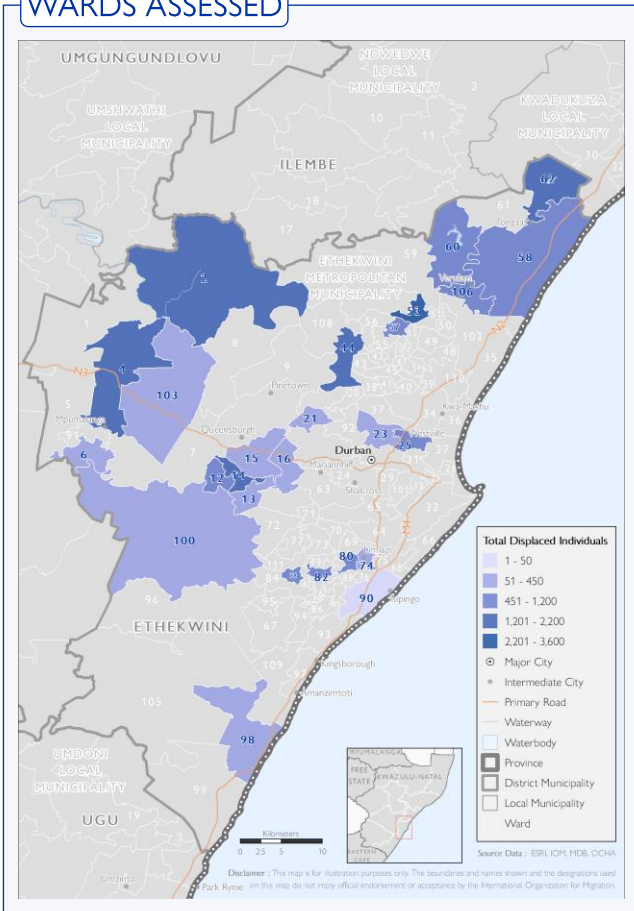


21,448 individuals displaced



5,088 households displaced

WARDS ASSESSED



TOP THREE PRIORITY NEEDS



Shelter

1st Priority Need

All 26 wards (100%) reported shelter as the main priority need



Food security

2nd Priority Need

Food security was the second highest priority need reported by 22 wards (88%)



Water

3rd Priority Need

Water was identified as the third highest priority need in eight wards (31%)

¹ <https://reliefweb.int/disaster/fl-2022-000201-zaf>

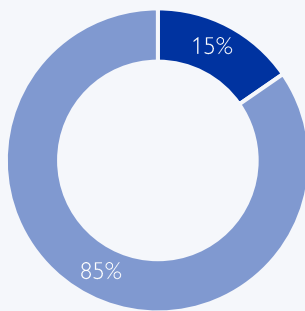


WATER & SANITATION (WASH)

WATER PROBLEMS

All 26 wards (100%) reported that their communities are facing challenges with regards to water. Eighty-five per cent (22 wards) face challenges with access/quantity and 15 per cent (4 wards) face challenges with the quality of water.

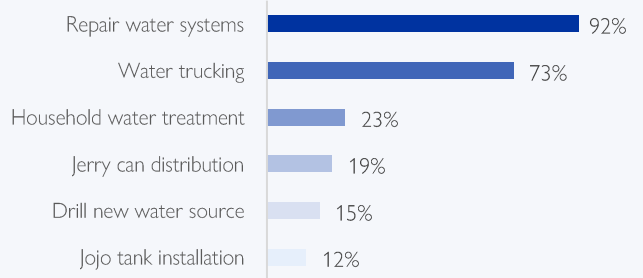
IS THE COMMUNITY FACING ANY PROBLEMS RELATED TO DRINKING WATER?



■ Yes, with quality ■ Yes, with quantity/access

WATER SOLUTIONS

WHAT ARE THE BEST POTENTIAL SOLUTIONS TO THE WATER ISSUE?



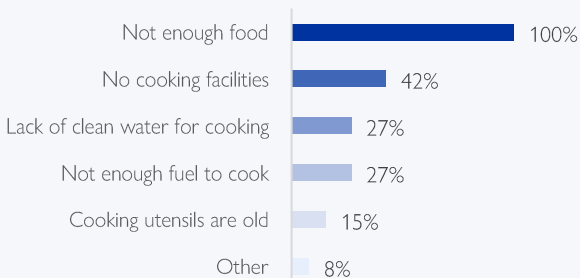
The majority (92%) of wards (24) reported that repairing broken/damaged systems was the best solution to the water problem. Water trucking was recorded as the second-best solution by 19 wards (73%). Household water treatment was a potential solution cited by six wards (23%) followed by drilling a new water source (15%, 4 wards). The least recorded solution reported by only three wards (12%) was the installation of jojo tanks.

FOOD SECURITY

FOOD PROBLEMS

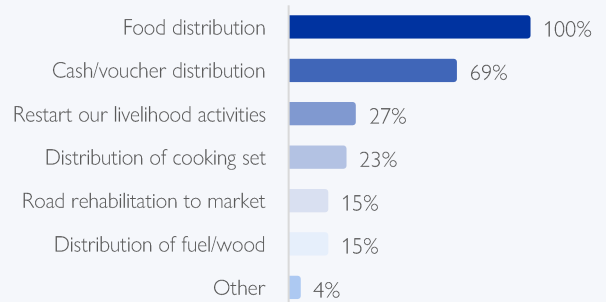
All wards reported not having enough food as the main problem in relation to food. Other food-related issues include no cooking facilities (42%, 11 wards), not having enough clean water for cooking (27%, 7 wards) and not having enough fuel to cook with (27%, 7 wards). Four wards (15%) reported having old cooking utensils. Two wards reported other challenges in relation to food which included lost bank cards and a lack of access to food.

WHAT ARE THE MAIN PROBLEMS IN RELATION TO FOOD?



FOOD SOLUTIONS

WHAT ARE THE POTENTIAL SOLUTIONS?



All wards cited food distribution as a potential solution to the food problem in Ethekekwini. Cash/voucher distribution was also reported by over half of the wards (69%, 18 wards) as a potential solution. Others mentioned the distribution of cooking sets (23%, 6 wards), road rehabilitation to improve access to markets (15%, 4 wards) and the distribution of fuel/wood (15%, 4 wards) as potential solutions.



HEALTH

ACCESS TO HEALTH SERVICES

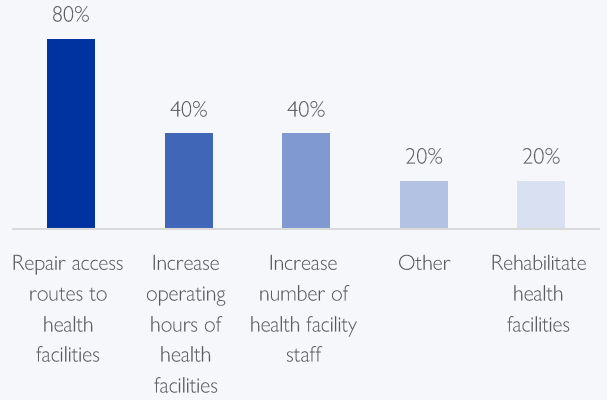


81% (21 wards)

reported that the majority of the community is able to access adequate health services

Five wards reported being unable to access adequate health services. These include wards 13, 53, 60, 100 and 103.

POTENTIAL HEALTH SOLUTIONS



Out of the five wards that reported that since the event, the majority of the community is unable to access adequate health services, most of them (4) indicated repairing access routes to health facilities as a potential solution. Longer operating hours of health facilities (40%) and an increase in the number of health facility staff (40%) were also reported as potential health solutions. One ward noted mobile clinics as a potential solution.

BARRIERS TO HEALTH ACCESS



60%

Inadequate access to routes to health facilities (in 3 wards)



40%

No existing health facilities (in 2 wards)



20%

Damaged/destroyed health facilities (in 1 ward)

INFRASTRUCTURE

DAMAGED INFRASTRUCTURE



WATER SUPPLY/ACCESS POINTS

92%



COMMUNITY CENTRES

35%



MUNICIPAL ACCESS ROADS

77%



HEALTH FACILITIES

31%



ELECTRICITY

62%



EDUCATIONAL FACILITIES

15%



CROSSING BRIDGE/CAUSEWAY

54%



OTHER (i.e. pipes, sports grounds)

8%



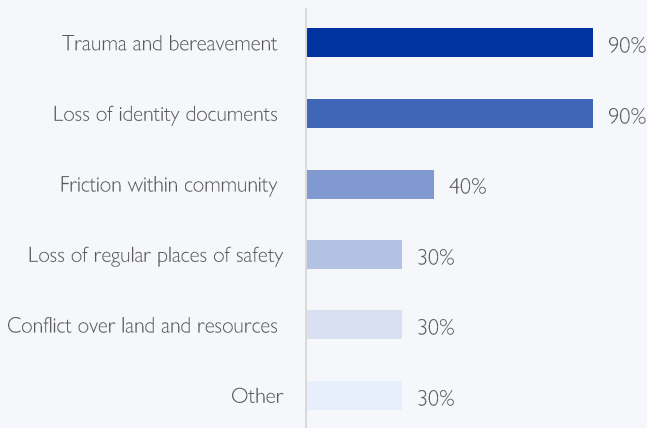
PROTECTION

PROTECTION RISKS



38% (10) of the assessed wards reported that protection risks have been reported or are known

WHAT TYPE OF PROTECTION RISKS HAVE BEEN REPORTED OR KNOWN?

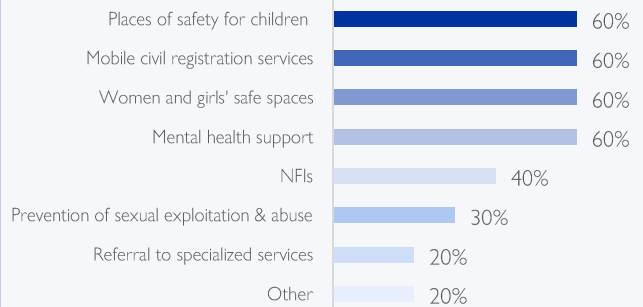


VULNERABLE GROUPS

WOMEN AND GIRLS	90%
PEOPLE LIVING WITH DISABILITY	90%
ELDERLY	70%
MEN AND BOYS	20%
CHILDREN LIVING AND WORKING IN THE STREETS	10%

PROTECTION NEEDS

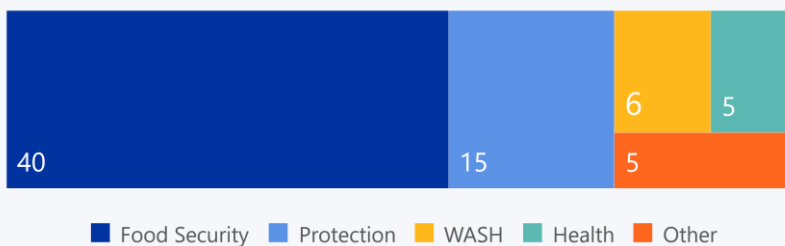
WHAT ARE THE IDENTIFIED PRIORITY NEEDS OF THOSE MOST AT RISK OF PROTECTION VIOLATIONS?



PARTNERS

PARTNER RESPONSE

NUMBER OF PARTNERS WORKING IN EACH SECTOR



The majority of partners (56%) are working in the food security sector, followed by the protection sector (21%), WASH (8%), health (7%) and other sectors (7%). Two of the partners providing support in other sectors are providing support with services such as clothing.

Methodology

The baseline assessments were conducted at ward level using key informant interview technique. Enumerators from the South Africa Red Cross Society were trained on the questionnaire and methodology and asked ward and other community leaders a range of questions on the situation in their respective ward. Questionnaires were administered using mobile data collection technology and analyzed using quantitative and qualitative techniques. Because some questions allowed for more than one response, graphs and analyses may total to more than 100 per cent.

Limitations

Due to the methodology, results in this report should be considered indicative for the 26 assessed wards and should not be generalized to a larger population or geographic extent. In terms of key informant credibility, 77 per cent (20 wards) indicated a high key informant credibility rating whereas 23 per cent (6 wards) indicated a medium key informant credibility rating.