I. Situation Overview

- Kismayo district which hosts Kismayo town, the state capital of Lower Juba, is a pastoral district divided into 3 livelihood zones; southern inland pastoral, comprised mostly of camels, goats/sheep and cattle rearing, southern rainfed which specializes in maize, cattle and goats rearing and Juba pastoral which specializes in cattle and goat rearing. The areas around Kismayo in Lower Juba mostly fall under the pastoral livelihood zone as well. The drought conditions that persist and the poor Gu rains have not replenished the pastures well enough, however, there is some pasture rejuvenation that came with the coastal rains around Kismayo. Reports indicate that the poor rains inland are seeing an increase in surrounding pastoralists migrating towards the greener pastures of Kismayo. The already depleted pastures will not be able to sustain the increase in livestock till the Deyr rains, putting livestock, the main livelihood of the area at risk.

- Drought conditions persist due to the poor Gu rains that prevailed in most parts of Lower Juba, impacting negatively on access to food, water and pastures. The poor harvests and deaths of livestock has seen a migration of the rural population from Lower Juba and Middle Juba into Kismayo town in search of better livelihoods. There are also people who fled from surrounding areas, particularly Middle Juba, where humanitarian partners have no access, due to conflict in Al Shabab controlled areas. To date, there are 63,774 IDPs in Kismayo, an increase of 17,742 (61%) from 46,032 in November 2016. In addition, Kismayo has received 80.5 per cent (36,697) of returnees (45,558) being assisted by UNHCR to voluntarily return to Somalia. Most IDPs are living in 86 IDP Camps located within Kismayo. The influx of new IDPs has led to the establishment of temporary makeshift shelters on land leased and owned by private land owners. The large number of IDPs who have settled in Kismayo have also put a strain on existing and dilapidated services and resources.

- AWD/Cholera cases in Kismayo, increased between weeks 24 and 26. In week 26, under 5 children accounted for 103 cases against 41 cases for over 5 years. No deaths were reported for that period. 86% of Lower Juba’s AWD/Cholera cases are from Kismayo, which has a cumulative CFR from January to June of 0.8%, against a national CFR of 1.4%. Overall, a total of 2,020 AWD cases were recorded at Kismayo General Hospital with a case fatality rate of 0.49%, ever since the outbreak begun in early February 2017. In addition, 1,347 measles cases were recorded at Kismayo General Hospital with a case fatality rate of 1.26% since the outbreak begun early this year.

- Humanitarian response is limited to areas that have access. Access constraints exist in areas that have active Al Shabaab activity.

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1 Line listing Kismayo General Hospital Week 26
Site Overview

Potable Water Point

Via Afmadow Settlement

Hinta Biyaha Settlement

07/17/2017

Potable water point

Hinta Biyaha Settlement

Via Afmadow Settlement

Hinta Biyaha Settlement

Joint Mission Report,
Drought Operations Coordination Centre, Mogadishu, Somalia
II. Humanitarian Profile

- 63,773 people displaced in an estimated 86 settlements. 35% of the urban population (using UNFPA 2014 population figures), making 1 in every 3 people in Kismayo town an IDP.
- 36,697 voluntary returnees who have been assisted by UNHCR to settle Kismayo, that's 80.5% of total 45,558 people assisted to return to Somalia - between 2014 and June 2017 (UNHCR)
- People living with host families – unknown.

Population Figures

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Urban Population</th>
<th>Rural Population</th>
<th>IDP Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kismayo District</td>
<td>162 733</td>
<td>116 440</td>
<td>36 293</td>
<td>10 000</td>
</tr>
</tbody>
</table>

Source UNFPA 2014

III. Assessment Methodology

The multi-sectoral mission comprised of a meeting with the Regional Inter Cluster coordination group, one on one interactions with Cluster Focal points and visits to a wash facility and 2 IDP settlement sites (Hanta Biyaha and Via Afmadow).

IV. General Findings and Recommendations

Findings

- **Humanitarian Needs outweigh available resources.** A lot of good work has been done to avert a serious humanitarian situation caused by the drought, however, more needs to be done to ensure that the good work done so far is not undone. The AWD/Cholera and measles outbreak dictates that more funding be put towards WASH and Health activities.

- **Addressing underlying issues through Resilient Recovery Programming** - While it is acknowledged that there is need for humanitarian assistance in Kismayo, there is an opportunity to weave in early recovery activities and in so doing address some of the underlying causes of the current humanitarian situation. A considerable number of concerns regarding the development of resilient recovery solutions for livelihoods, WASH and health services were raised. Kismayo town is relatively stable, there is a Government in place that has authority and functioning structures and partners can access the town with relative ease. GAM rates are below 15, which is considered serious but not critical and the area is in IPC 2 and 3. These make the district a good candidate for resilience and early recovery activities. Partners noted that livelihoods for the increasing IDP population are a concern. A sizeable number of the IDPs are pastoralists dropouts who will need assistance in looking for livelihood options and housing. The Government is advocating for permanent housing solutions, like the Via Afmadhow permanent housing solution, where 700HH selected from IDPs, returnees and the host community were given core houses with title deeds. The settlement has permanent water supply and an integrated primary health care and nutrition site. Other key clusters need to be planned for, such as Education. Some key issues around better site preparation should be considered moving forward.

- **Promote integrated response.** There is need to continue pursuing the integrated response model that is being encouraged for SHF funding, where response in an area comes as a package that includes several clusters. This model, coupled with improved site mapping and profiling, will ensure that new IDP settlements, which are on the increase, receive key services timely. Of note was the package that includes Shelter, WASH and Health. The model was tried in Via Afmadhow. This should be used as a base to improve and tailor the model for the Kismayo environment.
Underlying causes of AWD/Cholera need to be addressed. The causes of the outbreak are mostly structural in nature, which can be addressed by recovery programming. According to WASH partners, 95% of Kismayo residents do not have access to reliable safe drinking water. Contamination of water sources, coupled with poor hygiene practices is the main cause of the outbreak. This also highlights the need for increased communication efforts being integrated into response planning: relevant clusters should collaborate with existing public information channels to disseminate humanitarian information on AWD/Cholera prevention. 80% of new IDP arrivals in Kismayo are yet to receive hygiene kits.

Gap in IDP profiling and site mapping. Partners rely on the Juba Refugee and Returnee Agency for their IDP and refugee information. The data, that gives an overall figure of the displaced in the region is accepted as the authority on IDP figures. There is however a gap when it comes to IDP profiling and site mapping. The last site mapping, which quotes 86 sites in Kismayo, was done in November 2016. Different partners use their own profiling tools and methods and there is no consensus on the exercise. The lack of a comprehensive site mapping system that quickly incorporates new sites, increases the likelihood of some new sites falling between the cracks and not receiving the required attention. As seen in Hanta Biyaha camp, which the mission visited. Established 5 months ago, the overcrowded settlement, is yet to receive any assistance. Mostly inhabited by the minority Bantu people, the camp highlighted the possible protection issues around service provision to minority groups.

The need for contingency planning. There is need to look at contingency planning in light of the planned military activity in Lower Juba and the poor rains that have resulted in limited water supply and pastures. A most likely scenario includes the influx of IDPs into Kismayo, exacerbating the already fragile IDP situation. Partners recommended the stockpiling of key supplies, in particular, shelter and health (measles, AWD/Cholera) should be considered bearing in mind that movement is likely to be restricted further. The coastal rains in and around Kismayo came with good pastures, unlike surrounding areas that did not get good rains. The migration of pastoralists into Kismayo in search of better pasture will continue and it will quicken the depletion of Kismayo pastures. The situation is likely to be made worse if the Deyr rains perform below normal. Flexibility in reprogramming drought related funds for contingency planning is recommended.

Humanitarian Access is limited to liberated areas around Kismayo town that stretch between 20 and 60km from the town’s centre. Beyond that, humanitarian access is very limited and there is a considerable number of IDPs from such areas who seek refuge in Kismayo.

Coordination between national cluster coordinators and regional cluster focal points to be strengthened. While there are good examples of good interaction between cluster coordinators and cluster focal points, more needs to be done to support the CFP who are all volunteers from different NGO entities. Specifically, improved communication and guidance on coordinating the regional partners is needed.

Need for more space for IDP settlements. The Government has done a good job of allocating land for the Via Afmdadow settlement, however the continued increase of IDPs and the limited land available has seen some displaced people settling in private land living in overcrowded conditions on sites that are not suitable either due to the terrain or proximity to services.

Recommendations

Humanitarian partners to continue scaling up the response to cater for new displacements and to sustain the response for existing IDP populations.

UNDP to work closely with clusters and the regional government in identifying early recovery options for Kismayo. The state by state analysis is a good starting point that should seek to dovetail humanitarian response into early recovery and development activities.

Cluster coordinators to ensure the implementation of the integrated response model in Kismayo by consulting and informing other clusters of their response plans/activities and seek for cross sectoral
Joint Mission Report,
Drought Operations Coordination Centre, Mogadishu, Somalia

V. Key Findings and Recommendations by Cluster

Nutrition
Key Findings

- Limited nutrition coverage due to access constraints.
- Absence of integration of service provision within nutrition and other clusters
- High defaulter rates of children in the nutrition program, due to the population movement hence difficult to maintain children in the program
- Lack of a stabilization centre for the complicated severely malnourished children in Afmadow town and Badhadhe district. The closest is in Dhobley, hence most of the complicated cases either succumb along the way or completely refuse to seek the services due to the long distance
- Lack of nutrition services in Haanta Biyaha IDP camp
- Maternal Child and Health clinic run by WRRS, a local NGO, in Via Afmadow camp does not provide nutrition treatment (even though they screen and refer cases to partners). A funding gap is foreseen as from September.
- Lack of a nutritional hub and delay of delivery of nutritional supplies in Lower and middle Juba
- Need to strengthen the referral mechanisms OTP/TSFP/ health facilities

Recommendations

- Provide integrated outreach services at Hanta Biyaha IDP settlement. The nearest health facility, Kismayo hospital, is a fair distance from the camp.
- Via Afmadow settlement; advocate for integration of nutrition treatment into the primary health care package and allocation of funds for continuation of care at the facility level, to cover the likely gap that will be created when SHF funding for the WRRS run Maternal Child health Clinic runs out in September.
- Establish a stabilization centre for the complicated severely malnourished children in Afmadow town.

WASH
Key Findings

- No WASH support at the overcrowded Hanta Biyaha settlement
- No sanitation services at the camp forcing inhabitants to do open defecation
- Via Afmadow has good latrine coverage and there is availability of water (salty for domestic use and soft for drinking/cooking).
- Health Post managed by WRRS is not connected to soft water distribution system

Recommendations

- Provide integrated outreach services at Hanta Biyaha IDP settlement. The nearest health facility, Kismayo hospital, is a fair distance from the camp.
- Via Afmadow settlement; advocate for integration of nutrition treatment into the primary health care package and allocation of funds for continuation of care at the facility level, to cover the likely gap that will be created when SHF funding for the WRRS run Maternal Child health Clinic runs out in September.
- Establish a stabilization centre for the complicated severely malnourished children in Afmadow town.
• Provision WASH services at Hanta Biyaha settlement
• Connect Health Post managed by WRRS to soft water distribution system

**Education**

**Key Findings,**

- Via Afmadow site does not have a school and most primary school children are not attending school. The nearest primary school is in Kismayo town, which will require the children to be transported to school, an added expense for the already less off households. The option of walking is not favored due to the security concerns.
- There are no educational facilities/services at the new IDP camp

**Recommendations**

- Temporary Learning Space, recreational materials and child protection space is much needed at Hanta Biyala site
- A permanent school (preferably public) at the Via Afmadow site is needed. The space for the school is already allocated.

**Food Security**

**Key Findings,**

- While the food insecurity situation remains far from over, there exists an opportunity to integrate emergency assistance and support to rebuilding assets to enhance population resilience.
- The slight improvement in rainfall resulting in improved pasture and water availability presents an opportunity for the host population to enhance own production. However, the long drought periods have undermined a majority of the populations’ capacity to take up this on their own. This is particularly significant among the returnee populations primarily dependent on agriculture as a means of livelihoods.

**Recommendations**

- Maintain scale up in access to food and safety net for vulnerable households
- Support agricultural production particularly for returnees in agricultural production areas through the distribution of seeds, tools, provision of labor and other support as identified in readiness for the next planting season
- Support restocking for pastoral populations
- Diversify livelihoods opportunities particularly for the displaced populations in urban areas with primary focus on youth, women and pastoral drop outs. The focus should be on building household assets through business skill training, provide seed capital and life skills training to empower affected households.

**Health**

**Key Findings,**

- Partners have said that the Kismayo referral hospital is severely overwhelmed with patients and under resourced particularly in maternity services and pediatric services due to the influx of IDPs
- Lack of readily available supplies to respond to recurrent outbreaks i.e. AWD/Cholera and Measles
- Access outside of Kismayo is limited particularly in Badaade town, however other towns within the district are accessible for health services
- Potential for spread of communicable disease in newly formed and severely overcrowded IDP camps
Recommendations
- Reach out to major cluster partners to support drug/supply distribution to health facilities in Lower Juba
- Coordinate with WASH cluster on chlorination of major shallow wells and hygiene facilities within camps
- Follow up on potential outbreaks with WHO surveillance teams
- Support subnational contingency planning and prepositioning of critical supplies

Shelter
Key Findings
- Limited funding for shelter in Jubaland. Jubaland was not prioritised for the SHF, but there will be need to see with the other donors to support shelter interventions in Kismayo.
- Need for shelter provision in light of the huge caseload of returnees adding to existing IDP population.
- Need for proper IDP profiling and site mapping to avoid double registration and overlap of shelter activities.
- Acquiring land for Shelter projects remains a challenge

Recommendations
- Shelter & NFI provision especially for new IDPs as an integrated package with WASH and CCCM. Priority given to Hanta Biyala camp
- Shelter needs mapping at IDP site level to clearly articulate the needs and gaps at that level
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<thead>
<tr>
<th>Cluster</th>
<th>Priority Actions</th>
<th>Resources Required</th>
<th>Resources Available</th>
<th>Responsible Entity</th>
<th>By When</th>
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<tr>
<td>General Recommendations</td>
<td>Humanitarian partners to continue scaling up the response to cater for new displacements and to sustain the response for existing IDP populations.</td>
<td>All Clusters</td>
<td></td>
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<td></td>
<td>UNDP to work closely with clusters and the regional government in identifying early recovery options for Kismayo. The state by state analysis is a good starting point that should seek to dovetail humanitarian response into early recovery and development activities.</td>
<td>UNDP</td>
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<td></td>
<td>Cluster coordinators to ensure the implementation of the integrated response model in Kismayo by consulting and informing other clusters of their response plans/activities and seek for cross sectoral project linkages. The integrated response model to be promoted and used for humanitarian response in Kismayo.</td>
<td>Cluster Coordinators</td>
<td></td>
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<tr>
<td></td>
<td>CCCM in collaboration with the Government and partners on the ground to coordinate IDP site mapping and profiling and put systems in place that will enable the quick updating and integration of new IDP sites.</td>
<td>CCCM</td>
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<td></td>
<td>National cluster coordinators to make a concerted effort to respond to requests from the regional focal points and to comment on any regional specific cluster documents within a reasonable timeframe.</td>
<td>Cluster Coordinators</td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td>Implement integrated outreach services in Haanta Biyaha IDP camp Funding</td>
<td>Nutrition clusters and partners</td>
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<td></td>
<td>Strengthen nutrition referral mechanisms</td>
<td>Nutrition and health partners ASAP</td>
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<td></td>
<td>Advocate funding for integrated primary health care service and nutrition treatment in WRRS run MCH Funding as from September</td>
<td>Nutrition cluster August</td>
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<td></td>
<td>Established stabilisation centres in Afmadow and Badhade districts</td>
<td>UNICEF and Nutrition cluster ASAP</td>
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<td></td>
<td>Establish a Lower Juba Nutritional supplies regional hub in Kismayo town</td>
<td>Nutritional cluster Discussions on going</td>
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<tr>
<td>WASH</td>
<td>Provision WASH services at Hanta Biyaha settlement Funding/re resources No funding and no resources available except hygiene kits (distribution on-going)</td>
<td>WASH Cluster</td>
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<td></td>
<td>Connect Health Post managed by WRRS to soft water distribution system Funding</td>
<td>WASH Cluster</td>
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<td></td>
<td>Reach out to major cluster partners to support drug</td>
<td>Health Cluster August</td>
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### VII. Team composition

<table>
<thead>
<tr>
<th>#</th>
<th>Cluster</th>
<th>Name</th>
<th>Title/Organisation</th>
<th>Org</th>
<th>Email</th>
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<tbody>
<tr>
<td>1</td>
<td>Mission Leader</td>
<td>Tinago Chikoto</td>
<td>Inter Cluster Coordinator</td>
<td>OCHA</td>
<td><a href="mailto:chikoto@un.org">chikoto@un.org</a>;</td>
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<tr>
<td>2</td>
<td>WASH</td>
<td>Patrick Laurent</td>
<td>Cluster Coordinator</td>
<td>UNICEF</td>
<td><a href="mailto:plaurent@unicef.org">plaurent@unicef.org</a>;</td>
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<td>3</td>
<td>Health</td>
<td>Abdihamid Warsame</td>
<td>Cluster IMO</td>
<td>WHO</td>
<td><a href="mailto:A.Warsame@savethechildren.org.uk">A.Warsame@savethechildren.org.uk</a>;</td>
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<tr>
<td>4</td>
<td>Food Security</td>
<td>Charles Hopkin</td>
<td>Co-Cluster Coordinator</td>
<td>WFP</td>
<td><a href="mailto:charles.hopkins@wfp.org">charles.hopkins@wfp.org</a>;</td>
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<tr>
<td>5</td>
<td>Shelter &amp; NFI</td>
<td>Nurta Mohamed</td>
<td>Cluster Coordinator</td>
<td>UNHCR</td>
<td><a href="mailto:adan@unhcr.org">adan@unhcr.org</a>;</td>
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<tr>
<td>6</td>
<td>Nutrition</td>
<td>Habiba Bishar</td>
<td>Deputy Cluster Coordinator</td>
<td>WFP</td>
<td><a href="mailto:Habiba.abdi@wfp.org">Habiba.abdi@wfp.org</a>;</td>
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<td>7</td>
<td>Education</td>
<td>Sara Skovgaard</td>
<td>Cluster Coordinator</td>
<td>UNICEF</td>
<td><a href="mailto:sskovgaard@unicef.org">sskovgaard@unicef.org</a>;</td>
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<tr>
<td>8</td>
<td>Communications with Communities</td>
<td>Rose Simone Foran</td>
<td>Humanitarian Affairs Officer</td>
<td>OCHA</td>
<td><a href="mailto:foran2@un.org">foran2@un.org</a>;</td>
</tr>
<tr>
<td>9</td>
<td>Coordination</td>
<td>Lokuju Peter</td>
<td>Humanitarian Affairs Officer (Kismayo sub office)</td>
<td>OCHA</td>
<td><a href="mailto:lokujup@un.org">lokujup@un.org</a></td>
</tr>
</tbody>
</table>

#### Health
- Supply distribution to health facilities in Lower Juba
- Coordinate with WASH cluster on chlorination of major shallow wells and hygiene facilities within camps
- Follow up on potential outbreaks with WHO surveillance teams on minutes and pending issues
- Support subnational contingency planning and prepositioning of critical supplies
- Health supply distribution to health facilities in Lower Juba
- Coordinate with WASH cluster on chlorination of major shallow wells and hygiene facilities within camps
- Follow up on potential outbreaks with WHO surveillance teams on minutes and pending issues
- Support subnational contingency planning and prepositioning of critical supplies
- Health and WASH Clusters
  - August
- WHO Communicable disease surveillance system
  - Health Cluster
  - ASAP
- Cluster technical advisory committee
  - Health Cluster
  - September

#### Education
- Temporary Learning Space, recreational materials and child protection space is much needed at Hanta Biyala site
- A permanent school (preferably public) at the Via Afmadow site is needed. The space for the school is already allocated.
- Funding
  - None

#### Shelter
- Need for shelter provision in light of the huge caseload of returnees adding to the existing IDPs
- Need for proper IDP profiling and site mapping to avoid double registration and overlap of shelter activities
- Funding
  - Shelter Cluster
  - CCCM – planning underway

#### Food Security
- Support access to food and safety net
- Support agricultural production particularly for returnees in agricultural production areas through the distribution of seeds, tools, provision of labor and other support as identified in readiness for the next planting season
- Support restocking for pastoral populations
- Diversify livelihoods opportunities particularly for the displaced populations in urban areas with primary focus on youth, women and pastoral drop outs. The focus should be on building household assets through business skill training, provide seed capital and life skills training to empower affected households.
- FSC partners
  - Monthly
  - Seasonal

- FSC partners
- FSC partners
- FSC partners
- FSC partners