

Situation overview

The security situation in Nyilwak and fourteen other bomas of Panyikang Payam of Payikang County is reported to be normal, according to the local people. In Nyilwak Boma, the IRNA team observed relative normality in terms of security, evident by the physical absence of armed men in the serene riverine boma and the presence of a large number of children and women. Normal subsistence agricultural activity amongst the populations is also indicative of the relative improvement in security the community has achieved thus far. Fighting was last witnessed in Panyikang between the IO and the SPLA was in August 2014. The ferocity of that conflict left behind a trail of destruction including the gutting of homes, killing of civilians and the looting of animals. The conflict also reportedly induced large scale displacement, and violence and abuses against vulnerable people including Sexual and Gender Based Violence (GBV).

While there aren't currently any armed elements in Nyilwak, local communities report the distant sound of the SPLA gunships and according to the state SSRRC, people in Tonga duck into hiding whenever the gunships hover over the region. The residents noted that the large swampy terrains that surround Nyilwak have created a defensive fortress of secure enclave that has kept inhabitants in relative peace for a protracted period. In spite of the peace, the people are challenged by the lack of basic social amenities including basic health care, education, clean and safe drinking water. The community of Panyikang Payam lived in an agro-pasture livelihood zone prior to the conflict. However, the systematic looting of animals by fighters has left the population with barely any animal. Fishing and farming has become the main source of livelihood, but limited fishing equipment has resulted in limited catches; and late planting, poor and erratic rainfall this season has caused maize and sorghum in farms to wither, which is likely to yield a low harvest.

Nyilwak Boma is a crossroad for fourteen other bomas in Panyikang Payam. The payam has an estimated population of 15,947, according to local SSRRC officials. Most of the inhabitants are returnees that fled conflict in the payam in 2014. There are a few IDPs, some recently fleeing the conflict in Malakal, Warjok, and the recent bombardment in Owacci. The returnees are from Wau Shilluk and other areas within Upper Nile State. The population identified their most outstanding priorities as food, health, education, fishing gears, livestock treatment, and mosquito nets.

Site overview

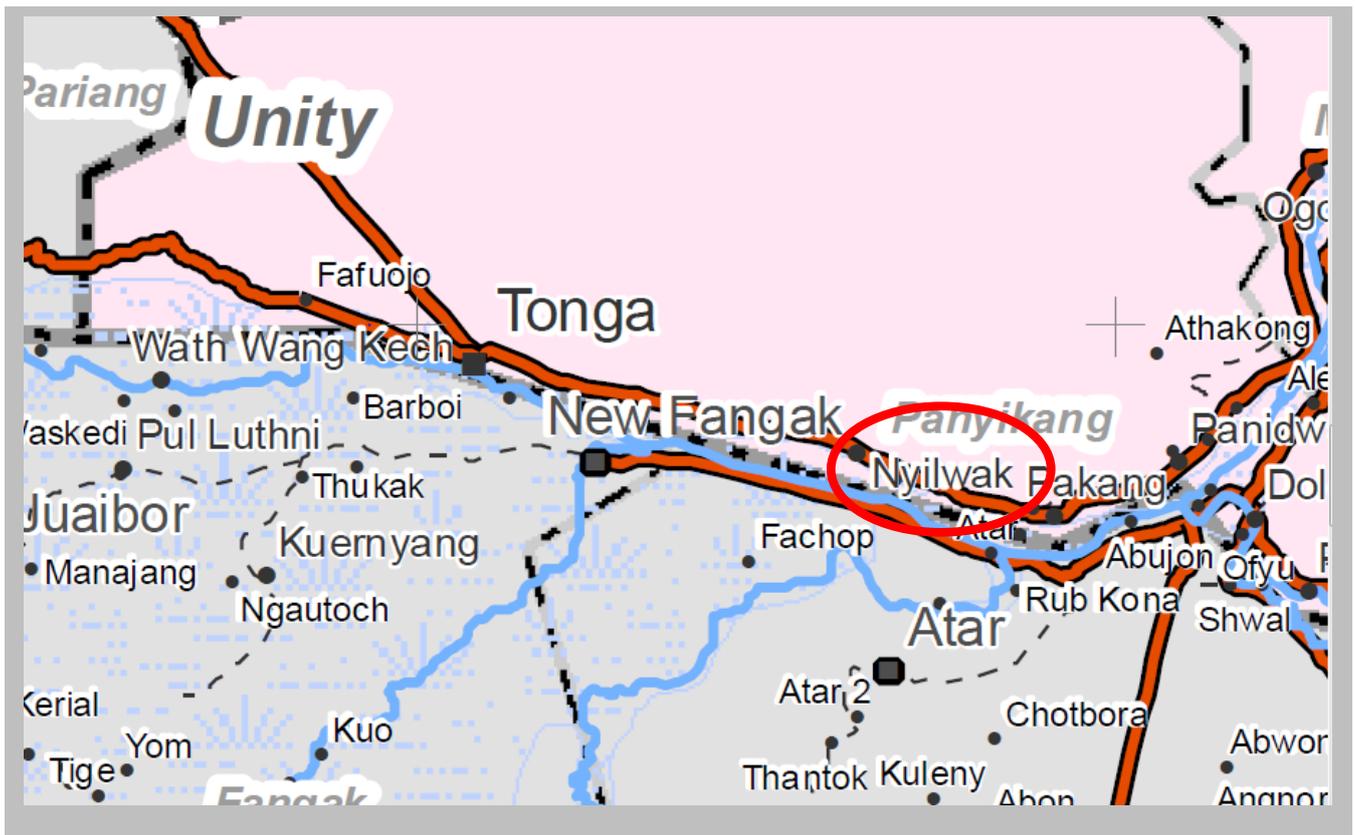


A partial view of a village in Nyilwak Boma



Cross section of the population, mostly children, shows up at the airstrip in Nyilwak

Location map



Drivers and underlying factors

The conflict in the region induced large scale displacement, disrupted livelihood and social amenities. Those displaced have begun to return, but found very little or nothing to sustain them. The lack of all social amenities is likely to further expose the population to vulnerability and worsen their already precarious situation. Food security will likely improve for a few weeks during harvest, but livelihood sustenance thereafter will be a challenge for the most vulnerable ones. Delay in access to provision of minimum humanitarian assistance might further complicate the plight of the population and give rise to a likely trigger of humanitarian crisis, which might demand a relatively large scale humanitarian operation.

Scope of the crisis and humanitarian profile

Nyilwak is at a crossroad for fourteen bomas in Panyikang Payam, some densely populated with mainly children and women. There are also four other payams in Panyikang County that could be affected in the medium and long term. These include Dolieb Hills, Pakango, Tongo and Dthithum payams, all with an aggregate of 23 bomas. As coping mechanisms, men are involved in small scale subsistence fishing and farming; while, women are engaged in back yard gardening. Panyikang Payam has an estimated 15,947 people including the aged (35), and people with disabilities (34). The population is tabularized according to the population breakdown as follow:

Current population figures¹

County/Payam/ Boma	Location	Host population					Displaced Population					Sources
		M	F	B	G	Total	M	F	B	G		
Panyikang Payam	14 Bomas in the Payam	1626	2500	5050	6572	15,748	30	43	53	73	199	SSRRC and Paramount Chief & other local leaders

Disclaimer: The figures in the table were provided by the local authorities and are indicative. The IRNA team did not verify the caseload because of time limitation and other constraints. It is advised that their use be subject to verification prior to any humanitarian intervention.

Status of the population in the affected area

Security in Nyilwak and surrounding bomas has been relatively calm for more than a year, and the physical absence of armed men in the area creates conducive security environment for the population. This condition appears to serve as a pull factor that is triggering return, as Wau Shilluk, were most of the Panyikang's pre-war inhabitants had taking refuges has become insecure due to fighting. No incidence of SGBV and other violations or abuses were reported.

The population greatest concern is hunger, as food is in short supply and if available, access for the most vulnerable is a challenge. Food security might improve in the coming months with the expected harvest, but the yields from the gardens might only be enough to sustain the households for two or three weeks. There are no basic services in the payam—PHCC is present but there are no health workers and drugs are lacking; schools have not operated for the last two years, leaving school going children literally idle. Market is also virtually absent. The few elderly, women and children are at the highest risks. Boys are likely to be lured into armed group if they continue to remain idle. Girls may be forced into early marriage. Women traveling long distances to insecure destinations to fend for the family could be exposed to abuses such as GBV.

Key response priorities

FSL

- Blanket distribution of food aid amongst the population including IDPs and returnees
- The distribution of fishing kits
- The distribution of vegetable seeds and tools
- Training of farmers on improved agricultural practices

¹ Based on best available figures for initial planning purposes, valid until independent registration is completed

Health

- Essential and emergency drugs
- Conduct vaccination campaign
- Support the PHCC with medical equipment, supplies and furniture's
- Support the recruitment of additional man power especially midwives
- Renovation of the PHCC

Nutrition

- Mass MUAC screening for all Children aged 6-59 months old, Pregnant and lactating mothers; and referrals for malnourished cases to treatment centers.
- Set up CMAM activities (OTP and TSFP treatment sites) at facility level and mobile outreach sites.
- Initiate Infant and Young child feeding practices interventions at the community level.
- Set-up a Stabilization center (SC) at the county health facility to act as a referral center for severely malnourished persons with Medical Complications.

WASH

- Promotion of good hygiene practices (through training of community hygiene promoters)
- Promotion of CAT method –safe excreta disposal by whatever means available
- Distribution of WASH NFIs
- Promote boiling method to provide sustained access to safe water

Education

- Provision of school supplies
- Provision of Temporarily Learning Spaces (TLS)
- *Provision of learning materials for school children*
- Provision of recreational kits, ECD kits and ALE kits

Protection

- Mainstream protection into future distributions, especially surrounding food distributions.
- Advocate for Child Friendly Spaces to be established to bridge the gap between the establishment of emergency education activities.

Shelter and NFI

- Distribution of NFI kits, particularly mosquito nets, blankets, soap and sleeping mats.

Humanitarian access

Physical access

Movement of humanitarian goods and services to the payam is only possible by helicopter during the rainy season. Roads are impassable due to marshy and waterlogged terrains as well as shrubs that have encroached on the existing roads. Telecommunication including internet and mobile communication is non-existent. Besides the SSRRC that was seen with a Thuraya phone, no one appears to have access to any form of communication. There is no storage facility, and accommodation for brief visits can be arranged on request in the abandoned health centre or within the Paramount Chief's compound.

There was no report of incidence of land mines or UXO, but humanitarian operation needs to be conducted with caution as the heavy bombardment that took place in the area could have left behind remnants of unexploded objects. The Mine Action sub-cluster advises that the following hazards are in close proximity to the assessment area. These hazards pose a threat to host, IDP communities and humanitarian actors. UNMAS is able to provide further advice and relevant training as needed. Mine Action alerts are:

State	County	Payam	Boma	Hazard Type	DA Type	Status	Area	AreaType	Longitude	Latitude	Devices
Upper Nile	Panyikang	Tonga	Tonga	Stockpile		Active	1		31.04378	9.4787	UXO
Upper Nile	Panyikang	Panyilkan	Matar Malakal	MineField	SuspectedMineField	Active	113	City	31.3891	9.33	Unknown
Upper Nile	Panyikang	Dheteim	Atar	MineField	SuspectedMineField	Active	1427	Field	31.54353	9.36647	AP
Upper Nile	Panyikang	Dheteim	Uwach	Stockpile		Active	1		31.57484	9.43099	AT-UXO

Humanitarian access

There seems to be very limited or no constraints for the population in term of accessing assistance. The delivery of services is not likely to potentially put vulnerable people at risk, as security is relatively calm in the area.

Key findings

Food security and livelihoods

Key findings

- The start of the rainy season delayed and the rainfall pattern poorly distributed in time and space
- Small areas planted with the staple crop - sorghum
- Markets are not functional with the nearest market being Fangak in Jonglei which is three days walking
- Most of the households consume one meal per day including children
- There is poor dietary diversity
- Livestock that was one of their livelihoods were stolen; what is remaining is some few cattle and poultry

Priorities for Immediate Humanitarian response

- Food distribution
- Support with fishing gears/kits
- Vegetable seeds and tools

Health

Key findings

- Since the conflict erupted in 2013 most of the PHCC services stopped except the outpatient services with very limited drugs.
- Patients visiting the PHCC are decreasing from time to time because the facility lacks essential and emergency drugs and other health services
- Malaria, diarrhea, Acute Respiratory tract infection and obstetric (delivery) related complications are predominate health problems of the community.
- There is no confirmed or suspected outbreak disease so far however there is an indication of increase number of malaria and diarrhea cases.
- Shortage of health professional trained traditional birth attendants
- There is no other nearby health facility as alternative, nearest other PHCC is about an hour and half by foot,
- The referrals Health facility is Malakal Hospital, which is eight hours by foot, and if a car is available, it takes three hours to get there
- There is no surveillance
- Child and maternal mortality is reported to be on the rise in outlying villages; evidently, three mothers and five infants reportedly died in the last two weeks in some villages.
- No vaccination campaign has taken place in the payam since the conflict started

Priorities for Immediate Humanitarian response

- The provision of emergency and essential drugs to the PHCC is critical
- Initiate static and outreach immunization services
- Recruit midwives and skilled birth attendants and provide Mama Kits.
- Renovation of the PHCC
- Provide training for health workers
- Provide support for reproductive and family planning health services
- Conduct community based Health education

Nutrition

Key findings

- No infant milk products or baby bottles have been distributed to the community
- Children aged below six months were being fed to foods other than breast milk - Mixed feeding for infants aged below six months of age was commonly being practiced. Cow milk, water and porridge were the foods commonly being fed to this age group.
- There had not been Community Management of Acute Malnutrition (CMAM) interventions since the civil war started. Children exhibiting signs of Severe Acute Malnutrition were observed in the villages.
- The main problems with feeding children older than six months of age were poor diet diversity (fish and Sorghum were identified as only foods being given to young children) and low calorie intake (Children were having only one meal per day)
- Breastfeeding was commonly being practiced and no mothers were said to be refusing to breastfeed.
- No noticeable differences in Malnutrition between boys and girls were identified.

Priorities for Immediate Humanitarian response

- Set-up CMAM interventions at facility level and at community level.
- Initiate Infant and Young Child Feeding Practices (IYCF) programming in the community
- Conduct a Mass MUAC screening exercise at community level among Children aged below 5 years, Pregnant and lactating mothers and refer the malnourished cases to the community treatment centers.
- Consider setting up a stabilization center (SC) at the county health facility to act as a referral center for Severely Malnourished cases with Medical Complications.

WASH

Key findings

- No safe water sources, communities depending of raw water from River Lol
- No Latrine, open defecation rampant
- *Menstrual management big problem to the women*

Priorities for Immediate Humanitarian response

- Immediate delivery of WASH NFIs to improve the drinking water at household level; each household should have at least two 20L storage containers and soap for handwashing.
- Hygiene promotion with special focus on handwashing at critical moments and treatment of water at household level using sustainable options eg boiling

Education

Key findings

- All schools in this area are closed
- Children are idling and roaming playing with mud and taking care of their younger siblings or doing other domestic works
- Some of the semi-permanent structures have been wash off by rain as they are not being use
- Education was taken as a third priority by the community members during the assessment

Priorities for Immediate Humanitarian response

- Provision of school supplies
- Provision of Temporarily Learning Spaces (TLS)
- *Provision of learning materials for school children*
- Provision of recreational kits, ECD kits and ALE kits

Key findings

Protection

- The majority of the population in Nyilawak appear to be returnees from Wau Shilluk, many of whom have come in the last two weeks and continue to arrive due to hunger and general insecurity in that area.

- Nyilwak has been secure for over a year now, but many remained in Wau Shilluk due to a lack of services. Wau Shilluk's current lack of services has forced many to return home.
- As returnees, the protection atmosphere is generally good. There are no armed actors present in the area.
- SGBV was not reported, though this could be due to limited time on ground. FTR was not mentioned as a priority as many have moved to Nyilwak in an orderly, controlled fashion.
- The greatest issue at the moment is hunger, which is forcing many to walk for three days to Kurwai and Padum in Fangak County or across the border into Southern Kordofan. Respondents did not report harassment or violence on these routes.
- There are a few vulnerable people compared to many areas in South Sudan. This is in part due to the long journey from Wau Shilluk (3 days).

Priorities for Immediate Humanitarian response

- Mainstream protection into future distributions, especially food rations distributions.
- Advocate for Child Friendly Spaces to be established to bridge the gap between the establishments of emergency education activities.

Shelter & NFI

Key findings

- The community has managed to rebuild their semi-permanent shelters.
- Several households visited were seen with jerry cans and a few kitchen utensils.
- The community indicated that they need mosquito nets and sleeping mats especially to cover their young children.

Priorities for Immediate Humanitarian response

- The distribution of partial NFI kits, particularly sleeping mats, blankets, soap and mosquito nets.

Next steps

[Indicate ICWG-endorsed cluster commitments based on the findings]

Cluster	Priority actions	Human and material resources needed	Responsible entity	By when
FSL	-Food distribution -Support with fishing gears/kits -Support with vegetable seeds and tools	-GFD basket -Fishing kits—nets, hooks etc. -Vegetable seeds and tools	<i>FSL Cluster</i>	<i>ASAP</i>
Health	-Avail essential and emergency drugs; -Start child and maternal vaccination -Deploy additional Nurses and midwives	-Essential and emergency drugs -Vaccine, Refrigerator, cold box, vaccine carrier, syringe and needles, consumable commodities -Nurses, Midwives	<i>Health Cluster</i>	<i>ASAP</i>
Nutrition	-Set up CMAM interventions -Set up IYCF interventions - Mass MUAC screening -Set up a SC Conduct a detailed	<i>Funds (money) OTP and TSFP supplies Means of transport (Cars and Boats) Office supplies</i>	<i>Nutrition cluster</i>	<i>Immediately.</i>

<i>SMART nutrition survey</i>				
WASH	-Provision of WASH NFIs -Promotion of handwashing with soap at critical moments as the findings in the health section show a high no. of diarrhea cases -Promotion of boiling for household treatment; if only rely on chlorine tablets and they run out given small windows of opportunity, population will have no other option but to revert to unsafe water practices	- Hygiene promotion specialists with job aids/tools for promotion of key hygiene messages ie handwashing, household water treatment. -WASH NFI's	<i>UNICEF WASH</i>	<i>Next RRM</i>
Education	- Establishment of temporary Learning Spaces (TLS)	-Provision of school supplies and learning materials -Provision of recreational kits (ECD & ALE)	<i>FYF</i>	<i>September 2015</i>
Protection	-Protection mainstreaming in all interventions	-Provision of ECD and CFS kits	<i>Protection Cluster</i>	
Em. Shelter & NFI	-ECD and CFS kits -First phase of survival kits -Distribution of remaining NFIs, should window of opportunity remains open.	<i>Survival kits, including mosquito nets, Sleeping mats, soap and blankets</i>	<i>WVSS</i>	<i>September 2015</i>

Assessment information

Cluster	Name	Org.	Email	Phone
FSL	Caroline Maua	WVI	caroline.maua@wvi.or	0924016451
Health	Woldes Fisseha Eshete	IMC	fwoldeyes@InternationalMedicalCorps.org	0927000498
Nutrition	Thomas Ndambu	IMC	tndambu@internationalmedicalcorps.org	0927320340
WASH	Christine Ochieng	UNICEF	cochieng@unicef.org	0955149365
Education	John Oyech Lwong	FYF	oyeejo@gmail.com	0955137924
Protection	Sterling Carter	NP	scarter@nonviolencepeaceforce.org	0927492400
Shelter & NFI	Ngure Muriithi	WVI	ngure_muriithi@wvi.org	0922886843
Team Leader	Mohammed Siryon	OCHA	siryonm@un.org	0923104403