RAPID ASSESSMENT REPORT IN SOUTH SUDAN

Jonglei State
August 2014

Report by Islamic Relief and HelpAge International
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# Table of Content

Executive Summary .......................................................................................................................... 5  

SECTION ONE .............................................................................................................................. 9  
  Background Information ............................................................................................................ 9  
  1.0 Introduction ........................................................................................................................ 9  
  1.1 About HelpAge International and Islamic Relief ............................................................... 9  
  1.3 Overall security situation ................................................................................................. 10  

SECTION TWO ............................................................................................................................ 12  
  Approach and Methodology .................................................................................................... 12  
  2.0 Approach and Methodology ............................................................................................ 12  
  2.0.1 Sampling ..................................................................................................................... 13  
  2.0.2 Assessment response rate ............................................................................................. Error! Bookmark not defined.  
  2.2 Limitation of the Assessment ........................................................................................... 13  

SECTION THREE ........................................................................................................................... 15  
  Assessment Findings .............................................................................................................. 15  
  3.0 Humanitarian Situation in South Sudan ............................................................................. 15  
  3.1 Humanitarian situation in Jonglei State ............................................................................ 17  
  3.2 INGOs/Agencies mapping in Jonglei State ....................................................................... 18  
  3.3 Humanitarian consequences ............................................................................................ 19  
  3.3.1 The most affected group ............................................................................................... 19  
  3.3.2 Direct and immediate needs by “type of settlement” and “thematic area” ................. 22  

SECTION FOUR ............................................................................................................................ 37  
  Recommendations ................................................................................................................... 37  

SECTION FIVE ............................................................................................................................... 40  
  Response Plan ......................................................................................................................... 40  

References .................................................................................................................................. 41  

Annexes ...................................................................................................................................... 46
Executive Summary

Since the crisis that broke out in December, 2013 in South Sudan, 1.3 million people are estimated to remain internally displaced across the country and just 449,000 people have fled the violence to neighboring countries (Uganda 121,600, Kenya 42,700, Ethiopia 185,000 and Sudan 90,300). There are currently over 95,000 IDPs sheltering in nine UN bases across South Sudan. This translates to one in seven people in South Sudan have been displaced from their homes since conflict began.

Islamic Relief in partnership with HelpAge International plans to provide emergency support where the affected population can access services in their own localities that are lifesaving and protective from any harm. In a bid to get a clear picture of the humanitarian situation, IRW-SS and HelpAge International conducted a rapid assessment from 25th August, 2014 to 29th August, 2014 in Bor County within Jonglei State to inform future interventions. The main objective of the assessment was to: (a) identify priority needs of the affected population including older men and women; (b) provide approximate numbers of affected people disaggregated by age and sex; (c) identify severely affected geographic areas within Jonglei state and priority needs or sectors; (d) provide specific recommendations to inform strategic decisions on resources mobilization and response planning; (e) identify the most vulnerable segments of the population and the challenges they are facing in accessing the existing support if any, who should be the objective of the assistance and (f) identify level of access to humanitarian aid for the vulnerable groups and barriers to access.

The most affected groups are reported to be children (54%) and people with special needs. People with special needs were identified as older men and women, people living with disability, pregnant mothers and lactating mothers. There are high level of malnutrition cases reported with the state – 11.2 percent suffering from Sever Acute Malnutrition and 16.6% percent suffering from Moderate Acute Malnutrition. Children are also reported not to be accessing education facilities as they were destroyed during the crisis and teachers are also reported to have migrated to other states. Despite the humanitarian aid in the area, there is still high incidence of diseases reported such as typhoid, malaria and diarrhea affecting children due to lack of nutritious food. In Jonglei state, 95,346 children are estimated to be internally displaced.

In Jonglei State, 63,200 older people are estimated to be internally displaced. They are reported to have mobility problems with some older women reported to have been left with a burden to take care of their grandchildren whose parent perished during the crisis. Older people decreased physical capacity reduces their livelihood potential as most of them lost their cattle’s after the crisis. There are no humanitarian organizations on the ground addressing older people issues. Older men and women are in dire need of psychosocial support services and other age appropriate services like infrastructure age proofing; age friendly NFI/Shelter, among other services. They are also reported to face challenges in accessing food in the markets (61.1%) due to lack of money. Older people are also not registered as beneficiaries.

Lactating mothers and pregnant mothers are reported to be affected as well. Lactating mothers lack milk to breast feed their children due to less meals consumed in a single day (1-2 meals) and in some cases, less nutritious food.
**Food Security, Livelihood and Nutrition:** It was reported that food situation in the households has worsened since the crisis (75%). Households report access to low quality food in the market due to less functional markets in the state. This was also attributed to the fact that households are not cultivating their land despite the rains for fear of being attacked again and lack of cultivation materials like seeds, farming equipment e.t.c. Of the households within the POC, it was reported that the food received was of low quality because of the ration not meeting their dietary diversity needs. Lack of livelihood was reported to be contributing to the worsening food situation in the households. There is lack of food in the markets that is associated to non-functional markets and trade routes effect that are likely to exacerbate the already poor food security situation. Large stocks in urban or peri-urban areas were looted or destroyed. The discussants also reported that lactating mothers lack enough milk to breastfeed their children attributed to low frequency of meals by the lactating mothers (1-2 meals a day). This has contributed to high level of malnutrition in the POC which is being addressed by some humanitarian agencies like UNICEF. Reduced food intake (38.7%) was also reported to be a common coping strategy among the households.

There is need to support WFP in terms of food rations distribution so as to increase food supply to the affected population so as to last them until the next planting season. The affected population need to be provided with food supplements such as milk (powdered) and sugar especially the malnourished like children, lactating mothers, pregnant women and older people. Cash Transfers will enable them have options to purchase what they lack in their diet.

Need to provide age-friendly solutions in food distribution. This is by ensuring that older people and people living with disability do not queue for food during distribution. There is also need to provide age-appropriate food to older people.

Since most people are returning, regardless of the places they are settling, there is need to provide the affected population with tools and earlier maturing seeds that are tolerant to the local condition (vegetable & other field crops). This should be done for winter and the next rainy season. During the winter season, people especially along the rivers or near water pond would plant vegetable like okra, tomatoes, pumpkins, kelas etc to complement their diet Training and extension services should be part of the package delivered to such affected population.

Through FAO core pipeline, those near rivers and other water board be provided with fishing gear. According to the interviewed person, fishing one of the major activity that people were earning a living and also complimenting their diets.

As another life saving strategy, depending on the levels of vulnerability, the affected population should be provided with cash transfers (Conditional or non conditional). The cash transfers will provide an options for the affected persons to purchase what they lack in their diet. However, this is dependant on the market functionality. The humanitarian actors and the private sector need to think on how to support other market actors like traders to access capital to the make the ounce vibrant market functional.

Some of the the interviewed beneficiaries especially the IDP and host community staying out PoC, felt that they should be supported with small micro enterprises (SME) to enable them generate some income to regain their livelihood status. Some of the the SME they felt they would be supported included: Fish, vegetable, charcoal and milk selling. This would call for strengthening the capacity in some of the business management skills.
Especially to those IDP who have access to grazing land, and based on the varification that they lost their livestock, there is need to support them with restocking programme by providing them with small ruminants (goats/sheep) that are easily to manage. Other livestock related services that benefit the whole community like vaccinattion needs to be strenthened. This will efectively be done by working hand in hand with FAO, Ministry of Agriculture & Cooperative, directorate of animal resources, and strenthening the capacity of Community Animal Health Workers

There is need to increase food rations distributed to the affected population so as to last them until the next distribution. Because some catagory of persons like older people weren’ t registered, people share rations with such persons. Similarly, other food ration like lentils and oil needs to be increased as most people interviewd claimed to be receiving less which they again share.

The affected population need to be provided with milk (powdered) and sugar especially the malnourished like children, lactating mothers, pregnant women and older people.

Need to provide age-friendly solutions in food distribution. This is by ensuring that older people and people living with disability do not queue for food during distribution. Older people also need to be provided with age-appropriate food as they cant chew and swallow well, less gastric secretion, and test perception.

The need to provide focused humanitarian assistance that addresses the affected older persons to benefit from the humanitarian response and strategies by various stakeholders. This calls for the need to build capacity of community structures and humanitarian actors to acquire relevant knowledge and skills to support the older people adequately in their programmes and policies

**Water Sanitation and Hygiene:** Lack of quality and quantity water has resulted to increase of acute watery diarrhea in general therefore there is need to improve on water supply. There is an urgent need of rehabilitation of non-functional water points and improve on water treatment. Isolated areas can be served by temporary services including water trucking.

Sanitation services are very scanty in all areas assessed. There is urgent need to construct new latrines that were destroyed during the crisis. This will reduce incidences of open defaecation which is common in all locations assessed. The toilets should be age appropriate for both older people and people living with disability. More awareness on hygiene promotion messages. There is also need to increase the number of sanitation hygeine workers within the POCs to improve hygiene within the POC and other settlement areas.

There is urgent need to rehabilitate the existing facilities and improve on their water supply and sanitation infrastructure. This include the facilitation to build pit latrines at household level and rehabilitation of the destroyed boreholes during the crisis.

Need to step-up promotion of hygine practices at personal and domestic level through awareness creation.

**Health:** There is need to improve the provision of comprehensive emergency obstetric and neonatal care as they are totally missing in all payams. Health education services need to be re-introduced so as to improve on knowledge of care givers in terms of disease prevention and seeking of early treatment incase of any diseases outbreak. The few available health cadres (mid-wives, nurses, Community Health Workers (CHWs), traditional birth attendanta (TBAs), laboratory technicians need refresher trainings and on-job trainings. Disaster risk reduction (DRR) should be mainstreamed.
Referral services are missing as the only referral hospital, Bor, is in dire need of assistance and over congested. Ambulance services are non-existent and patients are forced to walk long distances to seek for medication.

Most health facilities were damaged during the civil wars. Humanitarian organizations should also strive to pay for salaries and build capacities of available health workers on the ground so as to motivate them to return back to isolated and remote areas of Jonglei state. Many patients seek medication from unqualified medical professionals with expired or non-recommended medicines some already expired.

There is need to supply essential drugs, disposables and equipment to the few available health facilities which most were destroyed or looted during the conflict. The region has few organizations active in provision of health services.

**Non food items (NFIs):** The self-settled (returnees) who were affected by the conflict and fled to other counties and states are in dire need of immediate support to access basic needs. There is need to provide shelter, blankets, mattresses, soap, walking sticks to older people, mosquito nets, cooking utensils etc.

**Operations:** There is need to have a close collaboration with logistics cluster and UNHAS that can help in air lifting project items as well as staff into Jonglei remote parts without hindrance. These areas are hard to reach. UNMISS compound provide a safe environment for operation accomodation wise.
SECTION ONE

Background Information

1.0 Introduction

South Sudan has been faced by many challenges since their independence from Sudan. However, the situation became worse following the ethnic conflict that erupted in December 2013. The conflict spread quickly in Jonglei, unity and upper state where thousands were killed and millions more displaced. The situation in these state remain volatile to date seven months after the conflict. Besides, those who fled conflict in those state were currently being camped at Juba of which Islamic Relief support 3 of those and HelpAge through their partnership with local organization support displaced older men and women.

Islamic Relief Worldwide – South Sudan (IRW-SS) and HelpAge International has responded to the situation in the State of Central Equatorial providing water and sanitation, non-food items (NFI) and medicine in various camps within Juba. However, it’s noted that those IDPs within the supported camps were from the farthest areas of Jonglei, Unity and Upper Nile. As people fled, many lost their lives including children through attacks and exposure to extreme weather amongst many challenges.

IRW-SS in partnership with HelpAge International plans to provide emergency support where the affected population can access services in their own localities that are lifesaving and protective from any harm. In a bid to get a clear picture of the humanitarian situation, IRW-SS and HelpAge International conducted a rapid assessment from 25th August, 2014 to 29th August, 2014 in Bor County within Jonglei State to inform future interventions. The main objective of the assessment was to: (a) identify priority needs of the affected population including older men and women; (b) provide approximate numbers of affected people disaggregated by age and sex; (c) Identify severely affected geographic areas within Jonglei state and priority needs or sectors; (d) provide specific recommendations to inform strategic decisions on resources mobilization and response planning; (e) identify the most vulnerable segments of the population and the challenges they are facing in accessing the existing support if any, who should be the objective of the assistance and (f) identify level of access to humanitarian aid for the vulnerable groups and barriers to access

1.1 About HelpAge International and Islamic Relief

HelpAge International (HelpAge) is a global network of not-for-profit organizations that helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure and active healthy lives. HelpAge supports the improvement of the lives of older older people through advocacy and implementation of projects and programmes in a wide range of areas such as health and HIV/AIDS, emergencies, secure incomes and social protection, rights and discrimination and networks and partnerships. In South Sudan, HelpAge International has been implementing its programmes through its local affiliate (South Sudan Older People Organization (SSOPO) to support older people affected by the ongoing conflict in Juba, Central Equatorial State, UN houses IDP camps, Don Bosco and Mahad. Specifically, HelpAge has identified and registered 427 vulnerable older person-headed households, distributed NFI such as blankets to over 300 vulnerable older people, set up two older people’s citizen’s monitoring groups in the camps that are trained to monitor older people’s rights and access to essential services, age-proofing 12 latrines by installing hand rails and advising other organisations on age-proofing, and setting up one age-appropriate social centre where older people can feel safe in the camp. Additionally, HelpAge has been actively participating in various clusters particularly
protection cluster to increase knowledge about older people and advocate for their needs and rights among the humanitarian actors including government agencies.

The Mission of Islamic Relief Worldwide is that in the quest of exemplifying the Islamic values, to mobilise resources, build partnerships, and develop local capacity in order:

- Enable communities to mitigate the effect of disasters, prepare for their occurrence and respond by providing relief, protection and recovery.
- Promote integrated development and environmental custodianship with a focus on sustainable livelihoods
- Support the marginalised and vulnerable to voice their needs and address root causes of poverty.

These resources are allocated regardless of race, political affiliation, gender or belief, and without expecting anything in return. Since South Sudan declared independence in 2011, Islamic Relief Sudan has continued providing essential aid to poor people in both countries. Currently, there are two offices in South Sudan in Central Equatoria State office is located in Juba, and the second in Tonj North County office based in Warrap.

In 2004, IRW helped to set up a health clinic serving over 50,000 people in Tonj North, Warrap State. Three years later, 20,000 people were vaccinated against meningitis during an emergency response delivered by Islamic Relief. With UNHCR support, IRW managed a camp for Ethiopian refugees seeking safety in Juba. Thousands of children in the area benefited through the construction of four new schools in 2008, and in 2012 delivered an emergency project to provide families returning to Juba with access to water.

Over 150,000 poor people benefitted from IRW projects in Terekeka, and Tonj North. The scheme, which was completed in 2011, improved access to drinking water and also helped prevent the spread of disease by promoting good hygiene.

Current programmes include water and sanitation, emergency response and healthcare covering Central Equatoria, Kuda, Terekaka and Warrap. The organization is also supporting South Sudan’s most vulnerable people – particularly women and children – to achieve sustainable economic and social development.

1.3 Overall security situation

The Republic of South Sudan, three years into its independence, has suffered a tremendous political and social upheaval as divisions within the ruling party, the Sudan Peoples’ Liberation Movement, and fragmentation of its army, has turned into major violence engulfing significant parts of the country. What started as a political dispute has been interpreted through a lens of old, deeply bitter narrative of ethnic rivalry between Dinka and Nuer, and is exacerbated by a host of complicating unresolved political, economic and social issues. The polarisation and arming of communities along ethnic lines in this conflict, and its ready manipulation by powerful elites, is a key factor that risks a rapidly deepening and widening war with serious regional humanitarian and political consequences.

The general security in Jonglei State remains tense and unpredictable. This is according to UNMISS security advisory office. POCs within the state are manned by UN Soldiers. The POC at Bor provide a closed secure environment for slightly over 4,000 Nuer tribe IDPs. Outside the POC at Bor, the Uganda

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1 South Sudan Protection Cluster, Macro Analysis of Conflict in South Sudan, August 2014
Soldiers and the SPLA soldiers are manning the area. Most of the humanitarian organizations operate from UNMISS as they have been identified as safe haven. UNMISS sets all the Security standards and advisories for all humanitarian organizations in the state since the overall security situation in the area is unpredictable. The recommended radius of operation by the security advisory office at UNMISS is 10Km due to the unpredictable nature security situation outside the advised radius. The specific nature of threats to the humanitarian organization staffs and the internally displaced (IDPs) in camps takes a number of forms. They include theft, road accidents due to poor infrastructure, assault, vandalism and civil disputes, child abuse, rape and other sexual forms of sexual and gender-based violence, murder and explosive land mine fields.
SECTION TWO

Approach and Methodology

2.0 Approach and Methodology

Data was collected from both secondary and primary sources. A combination of approaches, and tools with inbuilt validation mechanisms were used. These included literature review, household surveys, Focus Group Discussions (FGDs), observation and Key Informant Interviews (KIIs). A total of 291 households were reached during the survey and 3 FGDs and 11 KIIs facilitated.

The following steps were observed during the survey:

Enumerators Training: A training workshop was held for the enumerators. The training of enumerators focused on the data collection using the mobile phone – how to navigate through the phones and enumerators familiarization of the assessment tool – terms and terminologies. Data quality was also emphasized throughout the training. After the training, a few households were sampled to pre–test the tool. This was aimed at understanding how best the enumerators had grasped the whole process.

Key Informant Interviews: KIIs were used for two main reasons; i) to introduce the exercise to the local authorities and negotiate entry into the communities and camps and, ii) to collate specific information as guided by the assessment guidelines. Key informants were drawn from the South Sudan Red Cross (SSRC) - State, South Sudan Red cross (SSRC) - County, World Food Programme (WFP), Ministry of Water, County Ministry of Health, County Ministry of Agriculture, United Nations Office for Coordination Humanitarian Assistance (UNOCHA), United Nations International Children’s Emergency Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), ACTED and Non-violence Peace Force. The KIIs were conducted by the assessment team themselves.

Focus Group Discussions (FGDs): Three FGDs were conducted to the local chiefs, POC IDPs and self settled camps IDPs (returnees). The FGDs were aimed at obtaining information on demographics, food security and livelihood, nutrition, livestock and water hygiene and sanitation. In all FGDs, a mixed gender representation and different age groups were deliberately ensured. The KIIs were conducted by the assessment team themselves.

Assessment Tool (quantitative): Individual household interviews were held with 291 households sampled across the three settlement types; - POC (planned camp or settlement), self settled camp or settlement (returnees) and the host communities. At HH level, female respondents were purposively sought to respond to the assessment session specific to women. 12 Enumerators were recruited in total; 6 inside the POC camp and 6 outside the POC camp. Due to the volatile situation in the area, enumerators from outside the POC were not allowed to collect data inside the POC as this could trigger tension within the camps. Household data was collected using mobile phone platforms. In summary, the assessment tool covered the following areas; Shelter, Food Security and Livelihood, Care, Infant feeding, Non Food Items, Water hygiene and sanitation, and health.

Data Analysis and Report Compilation: Qualitative data especially from FGDs, KIIs, literature review and observation was analyzed independently by the assessment team whose analysis was then merged. Quantitative data was analyzed using SPSS ver. 21.0 and grounded with qualitative data from primary sources (KIIs and FGDs) and Secondary sources (literature review).
The quantitative results in this report have been presented as percentages and means. Representativeness was maintained by weighting any statistics that apply to the assessment population (such as percentages and means) by the inverse of the probability of selection of any given assessment respondent.

**Percentages:** Values provided in nominal scales (e.g., yes/no responses), percentages have been computed using the weighted number of cases that provide a given response as the numerator, and the total weighted number of cases as the denominator. Single response variables add up to a maximum of 100 percent, while multiple response variables may total to more than 100 percent.

**Means:** For variables collected in a continuous scale format (e.g., number of household members), means have been computed using the weighted sum of values as the numerator and the total weighted number of cases as the denominator.

2.0.1 Sampling

The assessment employed random sampling and purposive sampling. Purposive sampling ensured that specific conditions that are important in shaping the findings were considered (for example selection of respondents based on key information needs). On the other hand, random sampling was used to reduce bias on the information obtained from the beneficiaries within the purposively targeted households in the selected sites. Three cohorts were considered during the sampling process. They include;

a) **POC (Protection of Civilian) – spontaneous settlement**

These are protected areas based inside South Sudan UNMISS compounds which are secured areas whereby people who have sought refuge during the December 2013 civil unrest ran to seek protection from perceived enemies. They are located in Juba, Bor, Malakal, and Bentiu, which had serious escalation of South Sudan conflict. The assessment only covered Bor POC. Threats to such IDPs from the community outside POC is as a result of their ethnicity, revenge, etc. 109 internally displaced households within the POC camp at Bor County participated in the assessment.

b) **Self settled camp or settlement**

These are South Sudanese natives who had returned to their country/homes after the crisis. Some of the returnees were not settling in their homes rather in settlements left by others who had gone to seek refuge elsewhere; can be termed as temporary settlement. 100 internally displaced households participated in the assessment.

c) **(3) Host communities**

These are communities who have welcomed IDPs to their homes and provide them with some means to survive. Normally they are people who share a common lineage, ethnicity, religion, aspirations, faith, etc. 82 households within the host communities in Bor County participated in the assessment.

2.2 Limitation of the Assessment

A number of limitations were encountered during the assessment. Key among them includes; security concerns in Bor town. Due to security, the assessment team could only interview respondents who
were within a 10 Kms radius from the UNMISS camp – in line with the security briefing the team had received from the security office at UNMISS camp before commencing the assessment. The assessment team was also forced to hire two sets of enumerators – one within the POC and one outside the POC. This is because enumerators outside the POC were not allowed into the POC camps as they could trigger tension within the camps because of their different ethnic background (Dinka). Equally important, security challenges also affected the sample size.. Initially, the team had planned to collect data from 324 households however only 291 households were covered.

On the use of mobile phones to collect data, a few limitations were also encountered. Training of the enumerators on the use of mobile phones to collect data proved to be time consuming especially those who had never used mobile phones to collect data before. To improve on the quality of data expected from the enumerators, a lot of time had to be dedicated towards the training. Another challenge on the use of mobile phones was around locating the GPS coordinates using the gadget. Out of the six mobile phones, only one managed to locate GPS coordinates after 30 minutes of trying. However, due to the 10Kms radius advisory from UNMISS; the GPS coordinates would not have added much value to the process due to the proximity distance between the points of data collection. The initial thinking was that the GPS coordinates would have helped to monitor the enumerator’s progress in data collection i.e. whether they actually visited the households. Another challenge faced was the internet to upload the data from the mobile phones on a daily basis in a way to verify the quality of data coming from the field. Lack of internet meant that data could not be verified on a daily basis.

To mitigate the effects of the above challenges, the assessment team i) ensured a good representation of the three cohorts – POC, Host Community and Self settled camps (returnees) in the data. During data analysis, representativeness was maintained by weighting any statistics that apply to the assessment population (such as percentages and means) by the inverse of the probability of selection of any given assessment respondent; ii) More hours were spent on the training of enumerators on mobile data collection to ensure that the enumerators had grasped the process. In some cases, the review team would physically accompany the enumerators to the sites so as to monitor the data collection process.
CASE STUDY 1:
Name: Achol Makuol Arok
Age: 24 years
Current location: Luediar Village, Bor
Former location: Twic County

Achol and her family are settled in a deserted homestead whose owner fled the area after fighting broke out in December 2013. Achol can be considered an IDP because the land she is occupying is not her own. She was settled on the deserted homestead by the local chief. The local chiefs in Bor County have been settling IDPs on unoccupied homesteads with the understanding that they will vacate the land once the owner comes back. Achol is one of the IDPs who have been settled on such deserted homes.

“I was just running away for fear when war broke out in December 2013. When the war broke out, I went to the riverside and took a boat to Juba and lived there for 5 months. Before then, I was living in Twic County and had come to Bor and was staying at my brother-in-law’s place. My brother-in-law was killed during the fighting. My brother-in-law was the one who was taking care of us. My husband is unemployed and has nothing. We have four children.I had come here (Bor) for visiting and when the war broke out there is no way I could go back home. This crisis has really affected me. For one, I am living in someone’s home and my relative was also killed. If there was no war, I could be living in my home. We have a lot of sickness and have nothing to go see a doctor. The main hospital (in Bor) is also very congested. The common diseases we suffer from include malaria and typhoid. Before the war, our children used to drink milk from our cows but now the milk is not available for them. There is even no food here. We usually depend on the food provided by the Government through the RRC (Relief and Rehabilitation Commission). The food that we are given is not enough but there is nothing we can do. We just have to depend on what we are given. I am also the one who has planted the crops here (pointing at some maize plants). My husband lives with me but he has gone to town. My husband is a jobless person and before the war used to look after cows. The cows were taken away when fighting broke out. For water, there is a water point (well) around 500 meters from where we are now living. The well is used by around 1,000 people and I go to fetch water 2 times a day. We have nothing in the house (pointing at a mud walled grass thatched house in the compound). We sleep on mats on the floor.

If there is peace, I would go back to my home in Twic County. My children are not going to school because many schools were destroyed during the fighting. If the owner of this home comes back, I would talk to him and ask to stay on. If they accept, I would stay on but if they refuse, I would look for somewhere else. I would like to thank all of you who have come to visit us. If you find it well, you will assist us. We are just depending on prayer and God.”
Achol looks older than her 24 years. During the interview, her 4 children were playing around her with the youngest one sitting on her lap. She declined our request to take photos inside the house saying that there is nothing there to photograph. Her 4 children had visible skin patches/rings on their heads which is a sign of ringworms. The children however appeared to be in good health and happily posed for photos.

3.0 Humanitarian Situation in South Sudan

According to the South Sudan Crisis Situation Report No. 51, 1.3 million people remain internally displaced across the country and just over 449,000 people have fled the violence to neighbouring countries (Uganda 121,600, Kenya 42,700, Ethiopia 185,000 and Sudan 90,300). There are currently over 95,000 IDPs sheltering in nine UN bases across South. This translates to one in seven people in South Sudan have been displaced from their homes since conflict broke out in December 2013. Jonglei has the highest number of internally displaced persons and also with the highest level of food insecurities and malnutrition indicators in South Sudan.

Food insecurity in South Sudan is widespread and severe, particularly in the conflict-affected areas of Jonglei, Upper Nile and Unity States. According to the most recent Integrated Food Security Phase Classification (IPC) analysis conducted in May, 2014, 3.5 million people – 30% of the population - are facing ‘emergency’ levels of food insecurity. This number is expected to increase to 3.9 million. There is risk of famine. Most households are experiencing deteriorating food insecurity, malnutrition and, for some, elevated levels of mortality. Expected green harvests in October, are projected to improve food security, but in the short-term. However, in 2015, conflict affected areas will likely experience more severe food shortages due to reduced harvest overall and the effects of continues conflict, population displacement and seed shortages which have prevented people from planting.

Figure 1: Source: Humanitarian bulletin South Sudan

Figure 2: Source: Humanitarian bulletin South Sudan | Monthly Bulletin – August 2014
Humanitarian partners continue to respond to the cholera outbreak. As of 31 August 2014, a total of 6,037 cholera cases including 139 deaths (CFR 2.3%) had been reported in South Sudan affecting both children and adults. The continued insecurity and displacement of communities pose increased health concerns among displaced persons. Most displaced communities are expected to be particularly affected by the rains that lead to flooding resulting to Malaria, acute watery diarrhoea and Acute Respiratory Infections (ARIs) are currently the highest causes of morbidity, while measles and diarrhoea and related complications are the top causes of mortality among IDPs. Due to the onset of the rains, there has been an increase of malaria in the IDP camps. Secondary health care and referral of the critically ill/injured remain a huge gap in South Sudan.

HIV remains a major concern in the current crisis. Many people living with HIV in South Sudan have been affected by the crisis, and many of the sick whose lives were disrupted by conflict are defaulting on treatment because they have lost access to follow up care in their new locations. The main risk factors for HIV transmission are gender-based violence; increased casual sex among displaced people, especially the young and lack of access to information and prevention commodities, including condoms.

5,213 children were screened (MUAC) across the country bringing the total number of children screened from January to date to 643,831. Of these children, 42,828 (6.7 per cent) were identified as suffering from Severely Acute Malnutrition (SAM) and 80,817 (12.6 per cent) from Moderate Acute Malnutrition (MAM).

Protection concerns including, GBV, forced recruitment of children into armed groups, and increasing numbers of unaccompanied and separated minors, persist in conflict-affected areas of South Sudan. In response, humanitarian agencies are supporting protection activities to support vulnerable populations. Protection actors recently conducted child protection awareness training for approximately 1,400 individuals and provided psychosocial support to more than 41,000 children in Central Equatorial, Eastern Equatorial, Jonglei, Lakes, Unity, and Upper Nile, according to the U.N.

3.1 Humanitarian situation in Jonglei State

There are 11 counties in Jonglei State - Fangak, Canal, Nyirol, Uror, Ayod, Akobo, Bor South, Pochalla, Pibor, Twic East and Duk. According to the Jonglei State Relief and Rehabilitation Commissioner (RRC) it is reported that out of the 11 counties, 5 of them are under and/or being shared with the rebels - Nyirol, Uror, Fangak, Akobo, Duk and Pochalla.

Eight months since the outbreak of fighting, food security remains at Emergency (IPC Phase 4) with 567,084 people affected and Crisis (IPC Phase 3) with 620,170 people affected in most areas of Jonglei. Of these people affected, it’s estimated that 8 percent are older people - 45,367 under IPC phases 3 and 49,614 IPC phase 4 respectively. This is an invisible population that isn’t involved in assessments where their needs would be identified and appropriate interventions designed.

3 UNICEF South Sudan Sitrep # 35| 13-19 August, 2014

4 Even with any humanitarian assistance, one in five households in the area have the following or worse: large food consumption gaps resulting in very high acute malnutrition and excess mortality OR Extreme loss of livelihood assets that will lead to food consumption gaps in the short term

5 Even with any humanitarian assistance, one in five households in the area have the following or worse: food consumption gaps with high or above usual malnutrition rates OR are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps
In areas that have received little or no humanitarian assistance, some households continue to employ distress coping strategies like asset stripping, begging, and borrowing. Even with these distress strategies, poor host community and displaced households across continue to face significant food consumption deficits. Increased time spent searching for food has compromised livelihood activities, particularly planting. Food assistance has reached many of the most affected areas of the State but deliveries remain inconsistent due to logistical constraints during the rainy season, limits on humanitarian access, and funding gaps. Livelihoods support, including seeds and fishing kits has also been less widespread than planned. Protection of Civilians (POCs) and other Internally Displaced Persons (IDPs) in camps are heavily dependent on food assistance from humanitarian organizations and these needs to be consistently sustained to prevent further deterioration.

<table>
<thead>
<tr>
<th>State</th>
<th>Mid-2013 population (NBS)</th>
<th>Phase 1 Minimal</th>
<th>Phase 2 Stressed</th>
<th>Phase 3 Crisis</th>
<th>Phase 4 Emergency</th>
<th>Phase 5 Famine</th>
<th>Crisis &amp; Emergency (% of population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Equatoria</td>
<td>1,489,030</td>
<td>703,397</td>
<td>552,746</td>
<td>153,768</td>
<td>44,638</td>
<td>-</td>
<td>13%</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>1,002,088</td>
<td>417,964</td>
<td>413,599</td>
<td>141,687</td>
<td>39,558</td>
<td>-</td>
<td>16%</td>
</tr>
<tr>
<td>Jonglei</td>
<td>1,695,056</td>
<td>42,638</td>
<td>250,566</td>
<td>620,170</td>
<td>567,084</td>
<td>-</td>
<td>70%</td>
</tr>
<tr>
<td>Lakes</td>
<td>1,036,066</td>
<td>682,493</td>
<td>275,006</td>
<td>69,293</td>
<td>2,411</td>
<td>-</td>
<td>7%</td>
</tr>
<tr>
<td>Northern Bahr el-Ghazal</td>
<td>1,319,657</td>
<td>576,615</td>
<td>555,175</td>
<td>170,194</td>
<td>17,874</td>
<td>-</td>
<td>14%</td>
</tr>
<tr>
<td>Unity</td>
<td>1,052,269</td>
<td>112,096</td>
<td>164,446</td>
<td>413,543</td>
<td>273,199</td>
<td>-</td>
<td>65%</td>
</tr>
<tr>
<td>Upper Nile</td>
<td>1,295,275</td>
<td>331,175</td>
<td>352,770</td>
<td>421,205</td>
<td>172,121</td>
<td>-</td>
<td>46%</td>
</tr>
<tr>
<td>Westrn Bahr el-Ghazal</td>
<td>907,766</td>
<td>371,864</td>
<td>112,881</td>
<td>21,561</td>
<td>1,402</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Warrap</td>
<td>1,364,063</td>
<td>865,366</td>
<td>306,675</td>
<td>110,635</td>
<td>6,663</td>
<td>-</td>
<td>9%</td>
</tr>
<tr>
<td>Western Equatoria</td>
<td>756,644</td>
<td>635,952</td>
<td>108,501</td>
<td>11,612</td>
<td>578</td>
<td>-</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>11,601,612</td>
<td>4,708,582</td>
<td>3,241,466</td>
<td>2,133,722</td>
<td>1,105,585</td>
<td>-</td>
<td>13%</td>
</tr>
</tbody>
</table>

Table 1: IPC – FSL Cluster 2014 population classification; Source: FAO (Feb 2014)

At least 490 children have been reported been killed in Bor since December 2013. These children have been identified in mass graves in and around Bor town. In Bor, most children observed in town were living/playing in and around compounds of soldiers' families. In some parts of Jonglei state internally displaced persons are said to be traumatized. Older people and women left with the burden to take care of their grand children and children respectively are said to be the most affected as they lack some source of livelihood to support their dependents. In Fangak, IDPs escaped from fighting, grave violence, looting and burning. Women and children were killed Girls from age of 14 were raped during the attack and while fleeing. In Bor, women and girls felt insecure during the peak of the crisis as they had to flee their homes and sleep in the bush under trees where they were easy target for sexual violence. In Bor South, parents coming from Awerial are reporting missing children. In Fangak, a large number of separated and unaccompanied children are being cared for by IDP families (source: South Sudan – child protection sub cluster Jonglei State analysis report).

3.2 INGOs/Agencies mapping in Jonglei State

As at the time of the assessment, there were already a number of humanitarian organizations responding to the crisis. It was reported that within the POCs, a number of humanitarian organizations were already on the ground providing different services covering different thematic areas. However, it was noted that outside the POCs, there is need for more humanitarian aid as compared to the POCs. The organizations which were in operating outside the POC had closed their offices in Bor town during the
crisis due to the looting by the SPLA –IO during the crisis which discontinued most of the implementation within the state.

The table below presents a list of INGOs and Agencies responding to the crisis in different thematic areas within Jonglei State. Note that the table presented below may not exhaustively represent the actual picture of all the humanitarian organization responding to the crisis in Jonglei State.

The table below presents a list of INGOs and Agencies responding to the crisis in different thematic areas within Jonglei State. Note that the table presented below may not exhaustively represent the actual picture of all the humanitarian organization responding to the crisis in Jonglei State.

<table>
<thead>
<tr>
<th>Organization name</th>
<th>Organization Type</th>
<th>Cluster area</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agence pour la Cooperation Technique et au Development (ACTED)</td>
<td>International NGO</td>
<td>CCCM</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>International Organization for Migration (IOM)</td>
<td>United Nations</td>
<td>CCCM</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Office for the Coordination of Humanitarian Affairs (OCHA)</td>
<td>United Nations</td>
<td>Cluster Coordination</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>International Aid Services (IAS)</td>
<td>International NGO</td>
<td>WASH</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Intermon OXFAM</td>
<td>International NGO</td>
<td>WASH</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>International Rescue Committee (IRC)</td>
<td>International NGO</td>
<td>Health</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Food and Agriculture Organisation</td>
<td>United Nations</td>
<td>Food Security and Livelihood</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>United Nations</td>
<td>Health</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Intersos</td>
<td>International NGO</td>
<td>NFI/Shelter, Protection, Education</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>World Food Program (WFP)</td>
<td>United Nations</td>
<td>Food Security and Livelihood</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Non Violent Peace Force (NP)</td>
<td>International NGO</td>
<td>Protection</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>United Nations International Emergency Children's Fund (UNICEF)</td>
<td>United Nations</td>
<td>Nutrition</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>United Nations</td>
<td>Protection</td>
<td>Bor POC,</td>
</tr>
<tr>
<td>Hold the Child (HTC)</td>
<td>National NGO</td>
<td>Nutrition</td>
<td>Bor POC,</td>
</tr>
</tbody>
</table>

Table 2: Source: OCHA

### 3.3 Humanitarian consequences

#### 3.3.1 Most affected group

The assessment sort to understand the most vulnerable group as a result of the crisis, as such household respondents were asked to mention the group within their households that were affected mostly as a result of the crisis. Three cohorts participated in the assessment. They include; (1) Protection of Civilians (POC) – refers to households who sort safety inside the UNMISS compound in Bor, (2) (Spontaneous settlement) – refers to households that have returned to their homes after the
It comprises of two groups; households living in their former homes and those households living in abandoned houses by other displaced persons and (3) the host communities – refers to those communities who have welcomed IDPs to their homes and provide to them some means to survive. From the assessment data, 284 households (98%) responded to this question – POC (n= 103), self settled camps (n=100) and the host communities (n=81).

An overall analysis indicates that children\(^6\) (54%, n= 152) were the most affected after the crisis followed by people with special needs (27%, n= 77). People with special needs were identified as older men and women and people living with disability. Men (3%, n=9) were least affected after the crisis with women (10%, n= 29) affected more than men. The trend is the same across the three cohorts. Table 3 below presents this information in detail.

<table>
<thead>
<tr>
<th>Vulnerable group</th>
<th>Hosting Communities</th>
<th>POC</th>
<th>Self settlement</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assessment values</td>
<td></td>
<td></td>
<td>Percentages, n values</td>
</tr>
<tr>
<td>Children</td>
<td>75.31 (61)</td>
<td>41.75 (43)</td>
<td>48.00 (48)</td>
<td>53.52 (152)</td>
</tr>
<tr>
<td>People with special needs</td>
<td>17.28 (14)</td>
<td>24.27 (25)</td>
<td>38.00 (38)</td>
<td>27.11 (77)</td>
</tr>
<tr>
<td>Women</td>
<td>7.41(6)</td>
<td>9.71(10)</td>
<td>13.00 (13)</td>
<td>10.21 (29)</td>
</tr>
<tr>
<td>Men</td>
<td>0</td>
<td>7.77 (8)</td>
<td>1.00 (1)</td>
<td>3.17 (9)</td>
</tr>
<tr>
<td>Youth</td>
<td>0</td>
<td>16.50 (17)</td>
<td>0</td>
<td>5.99 (17)</td>
</tr>
<tr>
<td></td>
<td>n=81</td>
<td>n=103</td>
<td>n=100</td>
<td>n=284</td>
</tr>
</tbody>
</table>

Table 3: Vulnerable group analysis

It is estimated that 695,172\(^7\) children under 18 years have been internally displaced as a result of the crisis\(^8\) in South Sudan. In Jonglei State, 95,346 children are estimated to have been displaced of which 62% (59,115) are of refugee population and 47% (44,812) of IDP population\(^9\).

In Kaldak, within Jonglei state, UNICEF screened 921 children for malnutrition, out of whom 103 children (11.2 per cent) were suffering from severe acute malnutrition (SAM) and 153 (16.6 per cent) were found with moderate acute malnutrition. The findings indicate a critical nutrition situation among the displaced population and especially the children in the state\(^10\).

During the assessment, a focus group discussion with the community reveals that children and older people have been affected greatly as compared to other groups. Most school aged children are reported not to be going to school especially the ones living in the POC camps due to security reasons outside the POC camp. Of the children living outside the POC, access to school facilities is still a problem as most of the schools were destroyed during the crisis. Lack of school fees as a result of lack of livelihood in the households was also reported as a reason to lack of access to schools.

Despite aid from humanitarian organizations, there are still high incidences of diseases such as typhoid, malaria and diarrhea affecting children inside and outside the POC. Due to lack of enough nutritious

\(^6\) Boys and Girls below the age of 18 years
\(^7\) Disaggregated data is yet to be made available, as registration has not been completed across the country.
\(^8\) Children under 18 years have been calculated based on census
\(^9\) UNICEF South Sudan Sitrep # 35| 13-19 August, 2014
\(^10\) NDDRC 2014
food, despite the aid from humanitarian organizations, lactating mothers report to have no enough milk to breast feed their lactating children – poor diet and lack of enough food being major contributors; this has affected the health of both the mothers and children. A key informant interview with the Jonglei State Director -South Sudan Relief and Rehabilitation Commission (SSRC) reveals that malnutrition cases are high within Jonglei state affecting children the most. UNICEF and WFP through its partners are providing food on a monthly basis. In some counties like Akob, Nyirom Uror, Pochalla and Fanjak, whenever food is distributed, it is looted by the rebels because the government has sealed off the border area to Sudan and Ethiopia cutting off food supply routes for the rebels. Lack of enough food has affected the number of meals consumed by children in a day (1-2 meals a day). During the assessment, households were asked whether there are issues affecting the feeding of young children in their households, 82.23 per cent of the household confirmed citing reasons to be lactating mothers not being able to breast feed due to reduced number of meals and low food diversity (76%, n=176) including low quality of children food (13%, n=30)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of breast milk substitutes</td>
<td>4%</td>
</tr>
<tr>
<td>Reduced number of meals/not enough diversity in food</td>
<td>76%</td>
</tr>
<tr>
<td>Mothers not able to adequately breast feed</td>
<td>7%</td>
</tr>
<tr>
<td>Low quality of Children food</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Figure 3: Challenges feeding young children in households**

It is estimated that there are 63,200 older people displaced within Jonglei state; these includes both the internally displaced persons and refugees. During the crisis, older people had mobility problem hence they could not run for safety hence most of them were killed as a result, especially the older men. The FGD discussion revealed that older women have been left with the burden to take care of their grandchildren after losing their parents during the crisis. Older people decreased physical capacity reduces their livelihood potential as most of them lost their cattle’s after the crisis. The analysis in the next sections gives an in depth analysis as to how older people have been affected after the crisis.

A key informant interview with the camp manager at the POC in Bor revealed that there are no organizations within the area taking care of older people issues. Older people within the POC are in dire need of psychosocial support services and other age appropriate services like infrastructure age proofing, age friendly NFI/Shelter, among other services.

Households were asked whether older people encounter challenges in accessing food, 61.1 percent (n=171) confirmed that older people face challenges in accessing food citing reasons to be lack of money to purchase due to lack of livelihood (27%), older people are not registered as beneficiaries (25%) they are not given priority (17%), as they as in most case they are assumed be members of the registered households; food is expensive and they lack a source of income (13%), they are not able to reach the distribution sites or markets (11%) and no one bothers about them (7%)
In Bor South County, women and girls felt insecure as they had to flee their homes and sleep in the bush under trees, where they were an easy target for sexual violence. Gender Based Violence cases have been reported within the POC while rape cases outside the POC are still on the rise.

### 3.3.2 Direct and immediate needs by “type of settlement” and “thematic area”

**a) Food Security, Livelihood and Nutrition**

The assessments also sort to understand the current food situation in the households. Households were asked whether food situation changed in the households since the crisis. 75 percent (n=212) of the households that were interviewed confirmed that food situation in the households has worsened since the crisis. Of those who confirmed, they cited reasons to be low quality of food they are able to access (23.8 %) from WFP food assistance, there being no enough food within the household and in the markets (23.2%) as the ounce vibrant market was disrupted and distorted by to the conflict. Other notable reasons given by the households were that the cooking fuel is expensive or unavailable (17.2%) which has resulted to some households using plastic material for cooking. Especially the people staying outside the PoC, the food which they are able to access in the markets is expensive (14.5%) since they lack a source of livelihood.

Table 4 below presents the reasons given in the three cohorts. Within the host communities, lack of enough food in the markets (58%) was cited as the main reason as to why food situation in the households has deteriorated. Within the host communities, households also cited poor quality in the food they are able to access (53%). The host community households used to plant vegetables around their homestead, but because they are sharing the little pieces of land with the IDP, they don’t have enough space to grow vegetable to improve the food quality- diet. In the POC, just like in the host communities, the same reasons were given. However, households within the POC cited poor quality of

![Figure 4: Challenges faced by older people in accessing food](image-url)
food they are able to access (47%) as the reason as to why food situation in the households has worsened. In the spontaneous settlement camp, the trend was the same as in the host communities and POC households.

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>Host Communities</th>
<th>POC</th>
<th>Self settled camp</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage, n value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough food available (including in markets, etc.)</td>
<td>23.22 (176)</td>
<td>29.15 (58)</td>
<td>29.23 (38)</td>
<td>39.60 (80)</td>
</tr>
<tr>
<td>Quality of food is poor</td>
<td>23.75 (180)</td>
<td>26.63 (53)</td>
<td>36.15 (47)</td>
<td>39.60 (80)</td>
</tr>
<tr>
<td>Cooking fuel is expensive/unavailable</td>
<td>17.15 (130)</td>
<td>12.56 (25)</td>
<td>14.62 (19)</td>
<td>1.49 (3)</td>
</tr>
<tr>
<td>No cooking utensils</td>
<td>11.74 (89)</td>
<td>11.06 (22)</td>
<td>0.77 (1)</td>
<td>16.34 (33)</td>
</tr>
<tr>
<td>Food is too expensive</td>
<td>14.51 (110)</td>
<td>12.56 (25)</td>
<td>14.62 (19)</td>
<td>1.49 (3)</td>
</tr>
<tr>
<td>No access to markets</td>
<td>6.46 (49)</td>
<td>5.53 (11)</td>
<td>2.31 (3)</td>
<td>0.99 (2)</td>
</tr>
<tr>
<td>High levels of inflation</td>
<td>1.06 (8)</td>
<td>2.51 (5)</td>
<td>0.00 (0)</td>
<td>0.50 (1)</td>
</tr>
<tr>
<td>Food is not accessible for people living with special needs</td>
<td>1.06 (8)</td>
<td>0.00 (0)</td>
<td>1.54 (2)</td>
<td>0.00 (0)</td>
</tr>
<tr>
<td>Inconsistent food ration</td>
<td>1.06 (8)</td>
<td>0.00 (0)</td>
<td>0.77 (1)</td>
<td>0.00 (0)</td>
</tr>
</tbody>
</table>

Table 4: Reasons for deteriorating food situation in the households

According to FGD discussants, food-insecurity has increased, potentially because households have exhausted stocks from the previous harvest due to sharing, stocks looted and poor harvest in the conflict affected States. The average dates of onset of suitable conditions for land preparation and planting are mid-April to mid-May in Jonglei, which so far has passed without much activity due to displacements and insecurity as people can’t access farm land. This is also coupled with lack of quality seeds. There is already a lack of food in the markets that is associated to non-functional markets and trade routes effect that are likely to exacerbate the already poor food security situation. Large stocks in urban or peri-urban areas were looted or destroyed.

Senior Inspector of Agriculture- Jonglei state who also revealed that, before the crisis, the area had bounty supplies of fresh food such as grains, ground nuts, beans, okra, milk, etc. After the crisis, the state is now experiencing a huge shortage of food as a result of looting, burning of food stores by the insurgents and people not accessing their farm land. Sorghum is the staple food in the area but people are unable to cultivate their farms because of fear of being attacked again. Many households also lost their farm tools due to crisis and are therefore unable to farm. It is estimated that the area under cultivation this year is only 30% compared to 75% cultivated last year.

A FGD with households in Bor POC revealed that before the crisis, households used to grow sorghum, millet, maize, onion, kales, okra and tomatoes. Their diets used to be complemented by meat, fish, and milk. After the crisis, households just eat for survival as they only receive sorghum, salt, oil and lentil for one month from WFP through JAM. According to the older people, the food aid distributed does not address some key requirement for older people. For example, before the crisis, they used to feed on meat, milk and vegetables that are easily chewed and digestible unlike currently where they only receive sorghum which lasts them for a two weeks. The rations received from WFP are reported to be limited – lasts for only two weeks with all household members; children, adults and older people feeding from the same pot. The discussants in the POC also reported that despite them getting food aid, access to fire wood to cook the food remains a challenge as they cannot access fire wood outside the POC due
to security concerns. They have resulted to using plastic materials for cooking which is an environmental and health hazard. The households within the POC have no access to cultivation land as they are not allowed to move outside the POC due to security reasons. The discussants also reported that lactating mothers lack enough milk to breast feed their children attributed to low frequency of meals by the lactating mothers (1-2 meals a day). This has contributed to high level of malnutrition in the POC which is being addressed by some humanitarian agencies like UNICEF.

According to the Bor county RRC commissioner, fishing, hunting and wild food collection—activities that typically help households get through the lean season, will remain limited as long as insecurity persists. Even if security conditions improve, the effects of disruptions to production and market supply, as well as damage to infrastructure, will have a lasting impact on food security outcomes in conflict-affected areas within the Jonglei state. According to the RRC, January is usually when cattle keepers begin migrating in search of water and pastures, following designated routes. However, the violence has forced livestock owners to follow non-traditional routes to avoid frontlines and ensure safety of both their animals and themselves. This is increasing the risk of disease outbreaks as vaccinated and unvaccinated herds come in contact. It’s also causing conflict between agro-pastoralists and crop farmers as the animals pass and destroyed the field crops.

A key informant interviews with the some Bor local chiefs- reveals that livestock remains a very important component of agriculture in Jonglei, not only for generating commodities for the market but also for its value in generating and sustaining people’s livelihoods, and their value in managing crisis and early recovery. During the conflict most people lost their animals like goat, cattle, sheep, chicken and pigs.

The Jonglei State Director, SSRRC reported that Pochalla and Akob counties are the most food insecure counties in the state as these places cannot be accessed. The two counties are among the counties held by the SPLA – IO to whom the government troops have blocked food supply routes from Ethiopia. This blockage is a move to cut off the food supplies to starve the SPLA-IO which is also affecting the innocent civilians who had decided to stay. On the same move, the government has also blocked food supply channels from Sudan like Nyassir & Rong counties in Unity State. The other counties under SPLA-IO include Nyirol, Uror, and Fangak.

On household’s livelihood status, the assessment sort to understand whether the crisis affected households’ income, money or resources to live. 55.8 percent of the households reported that the crisis affected their livelihood status. Lack of income generating activities (31.5%) and lose of livelihood as a result looting (26.0 %) were cited as the main reasons.
When asked what can be done to solve the deteriorated livelihood status, households cited that small loans (17.7%), small business items (16.6%) and provision of seeds (16.2%) among other help. The figure below explains this in detail. However, according to FDG with returnees (spontaneous settlers) who had just returned, it was observed that their priority was food and shelter items as even if they get financial support, when there is poor market functionality, it won’t benefit them. Due to the rain season, the roads from Juba aren’t that accessible for traders to bring the commodities to the market to which they can retail.

**Figure 6: Reasons for deteriorated livelihood status graph**

**Figure 7: Assistance required to aid deteriorating livelihood status**
Households coping strategies

The assessments also sort to understand coping strategies practiced by households in the region. Reduced food intake (38.7) by the households was cited as the common coping strategy practiced by most of the households within the area. Change in diet (21%) was also cited as a common coping strategy within the households. This coping strategy somewhat has a negative effect on their digestive and immune system that predisposes them to digestive infections like gastric ulcers. Table 5 below represents this information in detail comparing the coping strategies across the three cohorts covered by the assessment.

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>ALL</th>
<th>Host Community</th>
<th>POC</th>
<th>Self settled camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing food intake</td>
<td>38.68 (164)</td>
<td>34.29 (48)</td>
<td>41.28 (45)</td>
<td>35.00 (70)</td>
</tr>
<tr>
<td>Changes in diet</td>
<td>20.99 (89)</td>
<td>27.14 (38)</td>
<td>17.43 (19)</td>
<td>15.50 (31)</td>
</tr>
<tr>
<td>Income generating activity</td>
<td>17.92 (76)</td>
<td>17.86 (25)</td>
<td>24.77 (27)</td>
<td>10.50 (21)</td>
</tr>
<tr>
<td>Borrowing money</td>
<td>14.39 (61)</td>
<td>13.57 (19)</td>
<td>15.60 (17)</td>
<td>26.00 (52)</td>
</tr>
<tr>
<td>Selling assets</td>
<td>8.02 (34)</td>
<td>7.14 (10)</td>
<td>0.92 (1)</td>
<td>13.00 (26)</td>
</tr>
</tbody>
</table>

Table 5: Coping strategy practiced by households

Figure 8: Coping strategy practiced by household's graph

b) Water Sanitation and Hygiene

The assessments also sort to understand the main water source in the community and findings indicate that most of the households depend on boreholes (55.3) for water. A comparison across the three cohorts, the trend is the same for the host communities' households and self settled camp outside the POC. The POC households depend on piped water (94.3%).
<table>
<thead>
<tr>
<th></th>
<th>Host communities</th>
<th>POC</th>
<th>Self settled camp</th>
<th>ALL</th>
<th>Percentage, n value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>85.00 (68)</td>
<td>0.96 (1)</td>
<td>88.78 (87)</td>
<td>55.32 (156)</td>
<td></td>
</tr>
<tr>
<td>Piped water</td>
<td>7.50 (6)</td>
<td>94.23 (98)</td>
<td>2.04 (2)</td>
<td>37.59 (106)</td>
<td></td>
</tr>
<tr>
<td>River</td>
<td>3.75 (3)</td>
<td>2.88 (3)</td>
<td>8.16 (8)</td>
<td>4.96 (14)</td>
<td></td>
</tr>
<tr>
<td>Unprotected spring</td>
<td>3.75 (3)</td>
<td>1.92 (2)</td>
<td>1.02 (1)</td>
<td>2.13 (6)</td>
<td></td>
</tr>
<tr>
<td>n, value</td>
<td>80</td>
<td>104</td>
<td>98</td>
<td>282</td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Households’ main water source

![Households’ main water source graph](image)

Figure 9: Households’ main water source graph

When asked whether they face any challenges with regards to accessing water in the households, 55.6 percent reported to be having challenges in accessing water in their households. They cited the main challenges as lack of jerry cans and buckets for storage water (25.4%). Across the three cohorts, in the host communities, the households cited the distance between the water points and their dwellings (36.8%), within the POC, households reported that the available water was not safe for drinking (32.4%). Within the self settled camps, lack of enough jerry cans and buckets was cited as the main challenge in accessing water.
On sanitation, the assessment sort to understand whether household’s members find it difficult to keep clean, for example because there is no enough soap, water of suitable place to wash. 62.3 percent (n=172) of the households confirmed that people are facing difficulty in keeping clean. Of those who confirmed, they cited the main reasons as being lack of enough water for washing (31.5%) and in some cases they lack soap (27.9%). Across the three cohorts, challenge varied across. Within the host community, water was reported to be unavailable or insufficient (34.4%). This is confirmed by Deputy Director Water and Sanitation who indicated that must water facilities like bore holes were destroyed during the conflict. Within the POC, lack of separate toilets for men and women (21.1) was cited as the main challenge and within the self settled camp, lack of soap (31%) and unavailability/ insufficient water (30.6%) was reported to be the main problem to sanitation.

When asked which toilet facility households have been using since the crisis, 39.4 percent reported to be using pit latrines while 36.9 percent reported to be practicing open defecation.
Figure 10: Toilet facilities used by households graph

Figure 11: Communal toilets/ Photo by Charles Njanga
According to the Ministry of Water and Sanitation in Jonglei State, the water quality in Jonglei State before the crisis was at 48 percent as they had the equipment to test for water quality that was later on destroyed during the conflict. People are now at risk of taking contaminated water which contributes to waterborne diseases. 80 percent of the population in Jonglei state depended on water from the boreholes. It is estimated that 35 percent of the existing boreholes before the crisis were destroyed by the SPLA-OP. Water storage is reported not to be a problem as 65 percent of the affected have been provided with jerry cans by humanitarian organizations which they use to store water. In general, the ministry applauds the work done by the humanitarian organizations in supplying water to the affected population however it was quick to note that the supply is not enough as compared to the total population within the state.

The Ministry of Water and Sanitation also revealed that hygiene and sanitation within the state remains a major concern especially in existing schools as latrines and water supplies were destroyed during the crisis. Rivers were affected as dead bodies were thrown into the river. The waste disposal is not functioning as before. For example Bor town council lacks revenue to maintain the existing facilities.

A FGD with the some chief community at Bor town reveals that immediately after the conflict the community faced water problem. The water is said to be inadequate and not safe for drinking. It is reported that the SPLA – IO destroyed all the boreholes in the town during the crisis. People resulted to using untreated water from the river for drinking and cooking although this is said to have been the case even before the crisis. As the dry season is almost approaching, the water table is expected to be even low and people are expected to buy water from the nearest water points of which they don’t have a livelihood to afford.

In terms of accessibility to the water points within the POC, it was reported that the water points are accessible to both young and the old people as the five existing water points have been distributed within an average distance of 150-250 meters. Drinking and cooking water within the POC is stored in clean buckets in tents. This has avoided contamination of drinking and cooking water. Despite the five water points within the POC, the household feel that more water points should be introduced to avoid the long queues (estimated waiting time 40-60minutes). Older people and persons living with disability find it difficult to queue for long and
they are not given preference either.

Within the POC, lack of enough land to dig enough pit latrines remains to be a major concern as people are forced to share pit latrines beyond the capacity that is allowed (over 60 people per pit latrine). The pit latrines are dug very close to their dwellings (radius of 20 metres). Despite the mentioned, both men and women have access to separate toilets. The existing pit latrines were also reported not to be age-appropriate. Both older people and people living with disability find it difficult to access the pit latrines. Crowded conditions, sharing of facilities, open defecation and poor waste management remains to be a major problem within the POC.

<table>
<thead>
<tr>
<th>County</th>
<th>Total population</th>
<th>N improved water sources</th>
<th>Population per improved functioning water source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bor</td>
<td>221,106</td>
<td>2</td>
<td>122,496</td>
</tr>
<tr>
<td>Fangak</td>
<td>110,130</td>
<td>7</td>
<td>15,733</td>
</tr>
<tr>
<td>Pibor</td>
<td>148,475</td>
<td>61</td>
<td>2,430</td>
</tr>
<tr>
<td>Pochalla</td>
<td>66,201</td>
<td>33</td>
<td>2,002</td>
</tr>
<tr>
<td>Akobo</td>
<td>136,210</td>
<td>71</td>
<td>1,912</td>
</tr>
<tr>
<td>Ayod</td>
<td>139,282</td>
<td>77</td>
<td>1,820</td>
</tr>
<tr>
<td>Uror</td>
<td>178,519</td>
<td>101</td>
<td>1,773</td>
</tr>
<tr>
<td>Nyirol</td>
<td>108,674</td>
<td>75</td>
<td>1,445</td>
</tr>
<tr>
<td>Duk</td>
<td>65,588</td>
<td>98</td>
<td>669</td>
</tr>
<tr>
<td>Twic East</td>
<td>85,349</td>
<td>160</td>
<td>534</td>
</tr>
<tr>
<td>Pigi</td>
<td>99,068</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>

Table 10: Water sources coverage

“.....We do not have good toilets. We had a small toilet near here but it filled up and eventually collapsed. The toilet that I go to now is far away and it takes me at least 10 minutes to reach there while walking slowly....”

Name: Nyalam Lim Nhial, Age: 75 years, Current location: PoC IDP site, UNMISS Bor, South Sudan, Former location: Uror County

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11 SPHERE standards recommends one toilet for a maximum of 20 people with 50 people allowed in some instances

12 SPHERE standards recommends 50 metres from dwellings
c) Health

In general, malaria (30%), chronic illness (14.5%), cholera (13.6%) and diarrhea (12.9%) respectively were mentioned by the households as the main illnesses suffered within the households. Acute respiratory infections (6.9%), communicable diseases (6.5%), diabetes (2.7%), and high blood pressure (2.34%), were mentioned as the most common ailments affecting older men and women in the area. However, cases of malaria among the older people were also mentioned attributed to older people offering their mosquito nets to the children in the households.

Figure 13: Common illnesses within the household's graph

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>Hosting Communities</th>
<th>POC</th>
<th>Self settled camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage, n value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicable diseases</td>
<td>6.47(58)</td>
<td>6.11(16)</td>
<td>8.72(26)</td>
<td>6.08(16)</td>
</tr>
<tr>
<td>Cholera</td>
<td>13.60(122)</td>
<td>17.18(45)</td>
<td>8.72(26)</td>
<td>19.01(50)</td>
</tr>
<tr>
<td>Malaria</td>
<td>29.99(269)</td>
<td>29.77(78)</td>
<td>30.20(90)</td>
<td>37.64(99)</td>
</tr>
<tr>
<td>Acute respiratory Infections</td>
<td>6.91(62)</td>
<td>6.49(17)</td>
<td>9.06(27)</td>
<td>7.60(20)</td>
</tr>
<tr>
<td>Chronic illness</td>
<td>14.72(132)</td>
<td>5.73(15)</td>
<td>8.05(24)</td>
<td>6.08(16)</td>
</tr>
<tr>
<td>Injuries</td>
<td>10.37(93)</td>
<td>8.40(22)</td>
<td>7.38(22)</td>
<td>6.84(18)</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>12.93(116)</td>
<td>25.19(66)</td>
<td>14.77(44)</td>
<td>15.59(41)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.68(24)</td>
<td>0.76(2)</td>
<td>6.38(19)</td>
<td>1.14(3)</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>2.34(21)</td>
<td>0.38(1)</td>
<td>6.71(20)</td>
<td>0.00(0)</td>
</tr>
</tbody>
</table>

Table 11: Common illnesses within the households
In general, access to health facilities was reported to be a main concern. 64.2% (n=181) of the respondents confirmed this to be the case. Within the hosting community, 73.8 percent of the households reported to have difficulty in accessing health facilities with 42.2 percent within the POC households.

Within the self settled camped, 79.6 percent reported challenges in accessing health facilities. Respondents cited reasons to lack of enough health facilities available (32.6%). Lack of medical personnel was also cited to be one of the common challenges (20.4%).

![Figure 14: Medical Record/Photo by Charles Njanga](image)

![Figure 15: Challenges in accessing health facilities](chart)
According to the Ministry of Health in Jonglei State, Health services delivery in the state has been affected by a growing population in dire need of health services. Existing health facilities are unable to carry out essential services as some were looted during the crisis and some destroyed. Many health facilities lack essential drug supplies, particularly in the counties with high number of internally displaced persons. There is a serious risk of deterioration in the health and nutrition status of the affected populations including children under five, pregnant and lactating women and older persons. Malaria, acute watery diarrhea and Acute Respiratory Infections (ARIs) are currently the highest causes of morbidity, while measles and diarrhea and related complications are the top causes of mortality among the internally displaced persons. Due to the onset of the rains, there has been an increase of malaria in the IDP camps. Secondary health care and referral of the critically ill/injured remain a huge gap in State referrals of Bor. Despite supply of mosquito nets by humanitarian organizations, this is said not to be enough with increasing number of internally displaced persons. In some households, older people are reported not to be sleeping under a mosquito as this is meant for children within the same household. During the crisis, shelters were burnt and many people were forced to sleep in the open spaces and this resulted to increased cases of upper respiratory diseases by 15%, according to medical reports. Most health care workers ran away during the conflict and this has resulted to shortage of human resource in the health sector.

d) General findings

Primary and Secondary needs
The assessments also sort to understand the primary and secondary needs within the households. Food (47.4%) and water (37.2%) respectively were reported as the most immediate needs required within the households. Food (37.6%) was also mentioned as a future need required within the households. Shelter (31.2%) was also reported as a future need. Figure 12 below illustrates this in detail.
Figure 16: Immediate (primary) and future (secondary) household's needs

Table 13: Immediate and future households needs across cohorts
Figure 17: Immediate and future household's needs across cohorts
SECTION FOUR

Recommendations and Conclusion

A. Emergency Phase (6 Months)

Within the POC: The assessment team felt that support by humanitarian organizations within the POCs is adequate with most of the sectors covered well. However, the team felt that more effort should be increased towards supporting older people and people living with disability as there is no organization within the POC addressing older people issues. Specifically, within the POC, there is need to provide age-appropriate pit latrines, distribution of age-appropriate food as most, need to conduct a nutrition assessment within the POC for older people so us to understand their nutrition status better. There is also need to provide psychosocial support to the affected population especially the ones who lost their families during the crisis as this was found to be lacking. There is also need to increase the number of sanitation workers within the POCs to improve on sanitation as the current number is overwhelmed.

Within the host Community and Self settled camp:

Food Security, Livelihood and Nutrition

- There is need to support WFP in terms of food rations distribution so as to increase food supply to the affected population so as to last them until the next planting season. The affected population need to be provided with food supplements such as milk (powdered) and sugar especially the malnourished like children, lactating mothers, pregnant women and older people. Cash Transfers will enable them have options to purchase what they lack in their diet.
- Need to provide age-friendly solutions in food distribution. This is by ensuring that older people and people living with disability do not queue for food during distribution. There is also need to provide age-appropriate food to older people.

Health

- There is need to supply essential drugs, disposables and equipment to the few available health facilities which most were destroyed or looted during the conflict. The region has few organizations active in provision of health services

Water Sanitation and Hygiene

- Lack of quality and quantity water has resulted to increase of acute watery diarrhea in general therefore there is need to improve on water supply. There is an urgent need of rehabilitation of non-functional water points and improve on water treatment. Isolated areas can be served by temporary services including water trucking.
- Sanitation services are very scanty in all areas assessed. There is urgent need to construct new latrines that were destroyed during the crisis. This will reduce incidences of open defaecation which is common in all locations assessed. The toilets should be age appropriate for both older people and people living with disability.
- More awareness on hygiene promotion messages.
- There is also need to increase the number of sanitation hygiene workers within the POCs to
improve hygiene within the POC and other settlement areas.

**Non food items (NFIs)**

The self-settled (returnees) who were affected by the conflict and fled to other counties and states are in dire need of immediate support to access basic needs. There is need to provide shelter, blankets, mattresses, soap, walking sticks to older people, mosquito nets, cooking utensils etc.

**Operations**

There is need to have a close collaboration with logistics cluster and UNHAS that can help in air lifting project items as well as staff into Jonglei remote parts without hindrance. These areas are hard to reach. UNMISS compound provide a safe environment for operation accommodation wise.

**B. Recovery Phase**

**Food security, Nutrition and Livelihood**

- Since most people are returning, regardless of the places they are settling, there is need to provide the affected population with tools and earlier maturing seeds that are tolerant to the local condition (vegetable & other field crops). This should be done for winter and the next rainy season. During the winter season, people especially along the rivers or near water pond would plant vegetable like okra, tomatoes, pumpkins, kelas etc to complement their diet. Training and extension services should be part of the package delivered to such affected population.
- Through FAO core pipeline, those near rivers and other water board be provided with fishing gear. According to the interviewed person, fishing one of the major activity that people were earning a living and also complementing their diets.
- As another life saving strategy, depending on the levels of vulnerability, the affected population should be provided with cash transfers (Conditional or non conditional). The cash transfers will provide an option for the affected persons to purchase what they lack in their diet. However, this is dependant on the market functionality. The humanitarian actors and the private sector need to think on how to support other market actors like traders to access capital to make the market vibrant.
- Some of the interviewees especially the IDP and host community staying out PoC, felt that they should be supported with small micro enterprises (SME) to enable them generate some income to regain their livelihood status. Some of the SME they felt would be supported included: Fish, vegetable, charcoal and milk selling. This would call for strengthening the capacity in some of the business management skills.
- Especially to those IDP who have access to grazing land, and based on the verification that they lost their livestock, there is need to support them with restocking programme by providing them with small ruminants (goats/sheep) that are easily to manage. Other livestock related services that benefit the whole community like vaccination needs to be strengthened. This will effectively be done by working hand in hand with FAO, Ministry of Agriculture & Cooperative, directorate of animal resources, and strengthening the capacity of Community Animal Health Workers.
- Though there is locally available shelter materials such as poles, and sticks from bushes, care should be taken not to cause massive deforestation.
- Need to conduct a nutrition assessment for older people to understand the nutrition status among them.
There is need to increase food rations distributed to the affected population so as to last them until the next distribution. Because some category of persons like older people weren’t registered, people share rations with such persons. Similarly, other food ration like lentils and oil needs to be increased as most people interviewd claimed to be receiving less which they again share.

The affected population need to be provided with milk (powdered) and sugar especially the malnourished like children, lactating mothers, pregnant women and older people.

Need to provide age-friendly solutions in food distribution. This is by ensuring that older people and people living with disability do not queue for food during distribution. Older people also need to be provided with age-appropriate food as they can’t chew and swallow well, less gastric secretion, and test perception.

The need to provide focused humanitarian assistance that addresses the affected older persons to benefit from the humanitarian response and strategies by various stakeholders. This calls for the need to build capacity of community structures and humanitarian actors to acquire relevant knowledge and skills to support the older people adequately in their programmes and policies.

Health

There is need to improve the provision of comprehensive emergency obstetric and neonatal care as they are totally missing in all payams. Health education services need to be re-introduced so as to improve on knowledge of care givers in terms of disease prevention and seeking of early treatment incase of any diseases outbreak. The few available health cadres (mid-wives, nurses, Community Health Workers (CHWs), traditional birth attendanta (TBAs), laboratory technicians need refresher trainings and on-job trainings. Disaster risk reduction (DRR) should be mainstreamed.

Referral services are missing as the only referral hospital-Bor- is in dire need of assistance and over congested. Ambulance services are non existent and patients are forced to walk long distances to seek for medication.

Most health facilities were damaged during the civil wars. Humanitarian organizations should also strive to pay for salaries and build capacities of available health workers on the ground so as to motivate them to return back to isolated and remote areas of Jonglei state. Many patients seek medication from unqualified medical professionals with expired or non-recommended medicines some already expired.

Water Sanitation and Hygiene

There is urgent need to rehabilitate the existing facilities and improve on their water supply and sanitation infrastructure. This include the facilitation to build pit latrines at household level and rehabilitation of the destroyed boreholes during the crisis.

Need to step-up promotion of hygine practices at personal and domestic level through awareness creation.
SECTION FIVE

Response Plan

Note: To be developed by the two organizations separately.
Case Studies

Case Study II:
Name: Akur Aleng Anyang
Age: 55 years
Current location: Luediar Village, Bor

Akur lives at her home at Luediar Village of Bor South County. Akur is a jovial person and often breaks into infectious laughter. During the interview she was joined by 2 other women. Her homestead is well kept and neat.

“I am taking care of a 3 year old orphan boy. The boy is however not here but has gone out to play. The boy’s father was killed during the fighting (in December 2013) and the mother became mad and just moves up and down. The boy is my grandchild and this (Luediar village) is my original home. I also have 3 children of my own all grown up girls. They are all married and live in their homes. I only live here with the boy. Everything was messed up during the crisis. All the cows, goats and sheep were taken away. Many people were killed and also many houses burnt down. Before the crisis, we used to cultivate our land and kept cows and goats but they were all taken away. There is a big difference between life before the crisis and now. We used to cultivate sorghum, groundnuts and maize. We also use to get some assistance from some relatives who were working but now it is not there. If one had a relative who was working, they used to send some money to us at the end of the month. We are now depending on the Government through the RRC (Relief and Rehabilitation Commission) for food. We are only provided with sorghum but there is no soup/stew. The food given is not enough. 3 families have to share a 50 kilogram sack of sorghum. We have just come back from where we had fled during the crisis. People still fear to cultivate their farms. We had fled to Nyinkaman in December 2013 and only came back in April 2014. Before the crisis, we used to get milk from our cows. We also used to make soup/stew from groundnuts. We also used to go and collect some fruits from the Lalop tree in the forest. The fruits were used to make juice or even medicine to cure many diseases like malaria, blood pressure and stomach problems. Now when we fall sick, we just stay at home. This is because when we go to the hospital, we are asked to pay or even buy medicine. We now use the leaves of the Neem tree when we fall sick. Sometimes the boy falls sick either from malaria or typhoid. When that happens we just boil the Neem tree leaves and use it as medicine.

The water point/well is just around 500 metres from my home. The water is not enough and I only get one 20 litre jerry can per day. The water point is also very congested. I go to fetch the water myself. For the assistance that we would like to get, you are the ones who know what you can give us. We just want peace to come so that we can go back to our ways like the cultivation we used to do. At the moment we fear to cultivate because we are not certain about the future. If there is peace, we would cultivate our farms.

If there is peace and are not working like in an NGO or the Government, one can go to the forest to fetch firewood to sell or make charcoal. One can also cultivate vegetables like okra and potatoes to sell thereby not
depend on anyone. We would like peace to come so that we can depend on ourselves.”

Akur’s homestead is well kept and neat. Her mud walled house with iron sheet roof is also well kept and has a floor mat. Inside the house there are two beds, one for herself and her orphaned grandchild she lives with. There are also mosquito nets over the beds.

**Case Study III:**
**Name:** Nyalam Lim Nhial  
**Age:** 75 years  
**Current location:** PoC IDP site, UNMISS Bor, South Sudan  
**Former location:** Uror County

During the interview, Nyalam was in high spirits and would break into laughter that lit up her old eyes. She looks healthy for her age and was accompanied by four other women during the interview.

“I come from Uror County in Jonglei State. I came to the PoC on 18th December 2013. I came with my son who brought me here. My son is around 35 years old and live with him and his wife and their child. We stay in the same shelter with my son, his wife and their child. I have 4 more children but they live in Uror. The situation while living in Uror was better than the current one at the PoC. The living conditions at the PoC are not good for me and I think a lot. At the moment, I do not have any health problems. The last time I was sick, I went to the PoC clinic but did not receive good treatment. There was no medicine. I went back to the clinic after 2 weeks but my problem was not solved. My ribs are aching, the heart has problems and also the backbone. Some of the health problems I have existed but increased while at the camp. Regarding food, we do not have beans, oil, enough salt and oil. There is a problem when we do not have these items. Our children are suffering because they cannot get a good meal. Bring me some milk now. I live like a small child. In my home, I used to take milk. I am also requesting for charcoal and firewood. We do not have charcoal or firewood. We collect old jerry cans and cut them up and use them as fuel for cooking. We cannot continue using jerry cans for cooking because they can bring diseases.

My grandchild was born today and there is no one to bring him some of these things. My new grandchild is a boy and I am very happy at his birth. We have enough water here at the camp. My son’s daughter usually goes to fetch me water.

We do not have good toilets. We had a small toilet near here but it filled up and eventually collapsed. The toilet that I go to now is far away and it takes me at least 10 minutes to reach there while walking slowly.

The important thing for us to get is milk. We also need charcoal and firewood. We would also like to get sugar. We do not have any shoes as well. We are forced to go to the latrine barefoot. We need shoes because even our children are going to the latrines without shoes. I do not have a bed or a mattress and just sleep on the floor. My message to you my son is that I want these things very soon because I am suffering. I am happy because you have come to ask me about these things. If I get a way to go back to Uror, I would go. I am just waiting for peace to go back home. Here (at the camp) I feel like I am locked up. Since I came here 8 months ago, I have never gone outside the camp.

My message to all people is that we want peace. We want peace because now the country is suffering. Other people are also suffering. Let them bring peace for the country.”
Case Study IV:
Name: Sarah Nyarwach Chan
Age: 45 years old
Current location: PoC IDP site, UNMISS Bor, South Sudan
Original location: Panyeuk village, Pere Payam, Uror County

“I came to the PoC on 17th December 2013. I was living in Uror and had come to Bor to seek medical treatment and was living with my nephew when fighting broke out. My nephew used to work as a security guard in a NGO. I fled to the PoC site with a smaller brother who is currently schooling in Kenya. I have 8 children, 4 boys and 4 girls who are still living back home in Uror. I am living here at the PoC site with my brother’s son who is 14 years old. I also live with another brother’s son who is 14 years old and disabled. I have not communicated with my children and do not know whether they are still in Uror. The WFP provides me with food but there is no stew. The food distribution is done once a month. The food is not enough. Food without stew is not enough. There is no stew, cooking oil or sugar to accompany the food provided. I also live with my sister who has a 2 month old baby. There is no milk to feed the baby and is only breastfeeding. It is now the rainy season here and I do not have a blanket or bed. It gets very cold especially at night. Life here is like life in a prison. The cold season has brought rheumatism to my body. One day I went to the clinic (at the PoC) but did not get good medicine. I was just given a few tablets and they were not enough. I am not able to manage my rheumatic condition because I do not have firewood or even a bed. Lack of charcoal and firewood has become a problem. I cook with old plastic containers that produce a bad smell and which can bring diseases. The water here is enough and available. The water point is near here and I use jerry cans (20 litre) to store the water. The latrines are very far and not enough. The toilets are in block 1 while we live in block 10. Each block should have a toilet and bathing/shower place. The sanitation also needs to be improved. Nutrition is needed especially for the children. We are currently provided with sorghum and maize flour. We prefer the red sorghum and not the white one. We also need firewood, charcoal, sugar, milk, cooking oil and lentils. My message to those who may want to assist us is that we will thank any such organisation and bless them. The blessings will come from vulnerable people such as children and older people. Older people need to be assisted with beds and bed sheets/covers. If peace comes, I will go back to my home. There is no way to currently go outside this place because the Dinkas will kill us. That is why we are seeking protection here at the PoC site”.

During the interview Sarah sometimes seemed a bit pensive and would often confuse her narrative. There was constant need to probe further to try and understand what she meant. Despite this, she would sometimes break into a smile especially when posing for photographs.
Case Study V:
Name: Thomas Kun Padit
Age: 75 years DOB 1937
Current location: PoC IDP site, UNMISS Bor, South Sudan
Former location: Chinuerben Village, Bor County

Thomas is very healthy looking for his 75 years. He is tall and walks upright without a stoop. He however likes to brandish a walking stick. During the interview he was keen and paid attention to the questions. Thomas even interjected a few times as he speaks some English.

“I was born in 1937 and am now 75 years old. My home is in Akobo County of Jonglei State. Before the (15 December 2013) crisis, I was living in Chinuerben Village, Bor County.

I came to the PoC on 29th December 2013. Most of the people fled the village on 18th December. I stayed on because I thought the government would solve the problem. There were no rebels in Bor. I was living here at the PoC with my sister but she was killed on 17th April 2014. Armed Dinka invaded the PoC site at 10.00am and killed people. UNMISS could not prevent the killing of 137 people. Many people were killed during that raid. The rest of my family lives in Akobo. I am now living here alone. Life here at the camp is very difficult. I was given a ration card by the UN to be getting food. The sorghum that I get has to be shared among eight people. There is no stew for the sorghum and have no money to buy either meat or fish. The food here at the PoC is enough. The only problem is stew. There is no milk for babies and also we do not get any sugar. Since the day I was born, I have never received any medication. Whenever I fall sick just sit out in the sun. If a doctor wants to inject me or give medication, I say no. If I fall ill, just sit out in the sun from 9.00am to 3.00pm and the sickness is gone. When I sit outside in the sun, I sweat and all the sickness is gone. Fifty years ago, there was no sickness in our area. One just sat outside in the sun and was fine. People living in towns take medicine but for us living in the rural areas we do not fall sick. The walking we do daily and cultivation in the farms keeps us healthy.

We cannot even blame the NGOs for the problems in the PoC site. Our problem here as older people is just the meals (food). The bed is also another problem for us older people. If there are no beds, it affects their bones and joints. If an NGO could bring these things, there would be no problem. For an older person like me, my children or relatives would have taken care of me. But they are not here with me now. I have 3 wives and 8 children, 3 boys and 5 girls. 3 of my children are schooling in America. I am not in touch with them. I do not want to talk to someone over the telephone but face to face.

In the future, I would like to go back to Akobo my original home where I was born. I was working with the Ministry of Agriculture and was following up on my pension in Bor when the crisis broke out. I had also come to Bor to check on my children. At the moment I cannot go back to my home. All of my wives are still in Akobo and some of my children. Please bring us milk and sugar. I have a mattress but need a bed. If I have a bed and it rains and water gets into my shelter, I will not be affected very much.

About livelihood support for older people, I am now old but strong. We just need to get some money and start a business such as a shop. I am too weak for anything else. If I get such money, would go to buy goods and stock the shop. The sorghum (we are given here) is enough. The problems of older people and children are the same. Older people are like babies.

The water and sorghum are enough for all the people in the PoC. I go to the water point to fetch water for myself (pointing to a 5 litre jerry can in his shelter). It is me alone to fetch the water. I just get one 5 litre jerry can for drinking per day.”
References

- South Sudan Protection Cluster, Macro Analysis of Conflict in South Sudan, August 2014
- Humanitarian bulletin South Sudan | Monthly Bulletin – August 2014| UNOCHA
- IPC – FSL Cluster 2014 population classification; Source: FAO (Feb 2014)
- South Sudan – child protection sub cluster Jonglei State analysis report
- UNICEF South Sudan Sitrep # 35| 13-19 August, 2014
- NDDRC 2014
- UNICEF South Sudan Sitrep # 35| 13-19 August, 2014
- South Sudan, Upper Nile, Unity and Jonglei – briefing note| Acaps
Annexes

- Terms of References (Assessment and Case Study)
- Data Collection Tools – Quantitative and Qualitative
- Key Informants