

# JOINT INTER-AGENCY ASSESSMENT REPORT

## INFORMAL SITES -RENK

JUNE 2023

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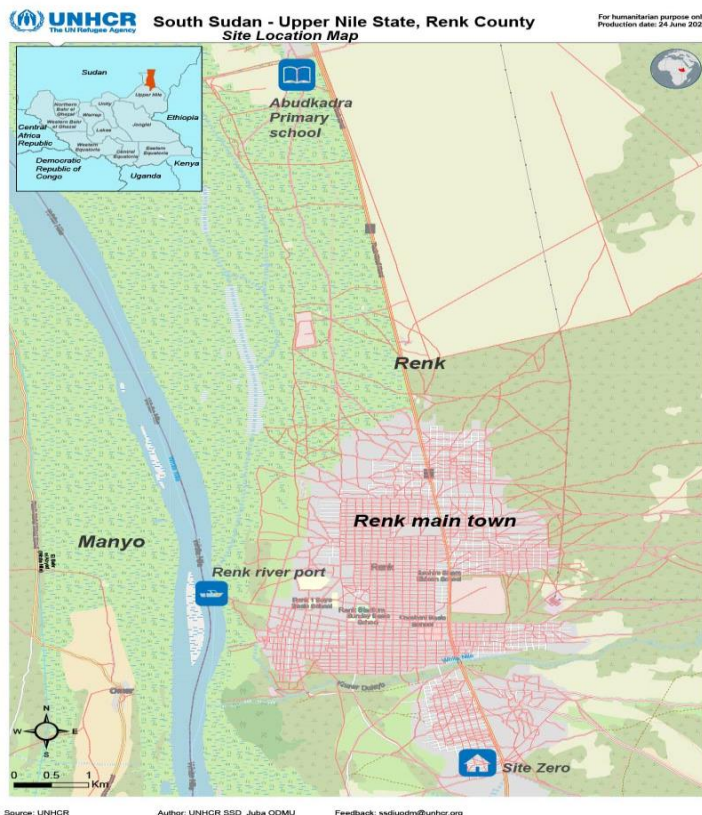
### BACKGROUND

The armed clashes between the Sudanese Army Forces (SAF) and the Rapid Support Forces (RSF) erupted on April 15, 2023, in Khartoum City, Sudan, and have resulted in the displacement of an estimated 131,838 people who entered South Sudan through the Joda border point of entry alone as of June 23, 2023. As a result, the South Sudanese government, with the assistance of humanitarian partners, established a transit center (TC) at Upper Nile University in Renk County, Upper Nile State. At the TC, the South Sudanese government and humanitarian actors are providing basic services such as water, health, food, shelter, and NFIs, among other things.

On 15 May 2023, fighting erupted at the Transit center between two ethnic communities causing many South Sudanese to flee the transit center and established informal settlement sites within Renk town. River site, Zero, and Abukahdra primary school were the three main informal sites established. The initial objective of the emergency response was to provide basic services only to the population at the TC which was the formal site established by the government. As a result, the humanitarian actors were unable to provide basic services to the informal sites. It was agreed during the inter-agency coordination meeting on June 8, 2023, that a joint inter-agency rapid assessment be conducted in the three informal sites to inform the basis for humanitarian actions in those sites. Based on this recommendation an inter-agency rapid assessment was carried out on 17 June 2023.

## Methodology

All partners met for about three days to discuss and agree on the tools, methodology, personnel, and logistics to be used during the joint rapid assessment. UNOCHA shared a draft assessment tool, and each sector lead was tasked with working with its sector partners to review the tool for the sector and agree on its questionnaire/checklist. The team decided to use qualitative rather than quantitative methods of assessment. Each site agreed to and held four focus group discussions with men, women, youth (girls), and youth (boys). For each of the three sites, the teams were divided into three major groups. The three major groups were divided into four subgroups at each site, with each facilitating one focus group discussion. For sites with health facilities, key informants were interviewed, who were mostly local leaders and health workers. Additionally, observations and a transect walk were also used.



## Objective of the joint assessment

The objective of the assessment was to collect evidence-based information on protection and sectoral gaps, as well as to identify priority needs.

## Limitations of the assessment

First, except for nutrition, those were able to carry out nutrition screening and the results were adopted for this assessment, the inter-agency assessment was carried out in a very short period of time, which did not allow adequate time for household surveys to provide quantitative data. Second, the tool used was not very comprehensive in terms of capturing detailed information in each sector, but rather of obtaining key information for each sector.

## Acknowledgement

The team acknowledges the participation and support of the below organizations that supported the processes and actual participation during the assessment and compilation of the report. The partners were RRC, UNHCR, WFP, IOM, WHO, UNICEF, UNOCHA, IMC, RI, MSF, SCI, ADA, LWF, AIRD, SI, ACTED, DRC, NRC, OXFAM, HDC, MHADM, SSRC, GOAL, PLAN INTERNATIONAL, MSF, Medair, AAHI, IRC, Community Engagement Network (CEN), JRS.

## SUMMARY OF THE KEY FINDINGS AND RECOMMENDATIONS

### 1. FOOD SECURITY AND LIVELIHOOD

#### Findings:

- The returnees' food security situation has deteriorated as they wait for onward transportation, which is moving slowly due to a variety of factors.
- So far, no food assistance has been provided to returnees.
- There is no nearby market in some areas, such as the Abukhadra site, making it very difficult for returnees to access or buy food for those who can afford to buy food.
- Returnees have limited coping mechanisms, with some selling their clothes, shoes, and other items in exchange for food items.

#### Key Recommendations:

- Provision of urgent life-saving food assistance (dry ration for 20 days) to returnees living outside the main transit center (Riverside, Zero, Abkahdara primary School), while they wait for onward transportation to their final destination.
- The majority of the returnees live in schools, churches, or an old store, agencies responsible for onward transportation must expedite the process before the heavy rainy season begins.

### 2. SHELTER AND NFIS

#### Population of the informal sites

By the time of the assessment, according to the community leaders there were an estimated number of 3,431 individuals of 580 household at zero site. At River site there were an estimated 3,435 individuals of 650 households and in Abukahdra there were about 2,051 individuals of 293 households. The total cumulative number of South Sudanese in the three sites were about 8,917 individuals of 1,523 households. Important to note is that the population of all these sites are not constant as more returnees continue to join on daily basis

and others left the sites whenever the transported are provided for them to reach their areas of origins.

### **Shelter**

In both the river side and Abudkadra primary school there are public building which the returnees were using for shelter. At Abukhadra primary school the returnees are using the school classroom blocks for shelters while at river side former warehouse buildings are being use for the shelters. There was over congestion in the shelters both at River site and Abukhadra primary school. At zero site there was no public building being used for shelter, but the population had erected makeshift tents with few plastic sheets and most of them did not have the shelter covers. In all the three sites there were significant number of households without shelter, and they could sleep in the open and prioritized women, children and other vulnerable groups like the elderly.



*Figure 1: One of the school classrooms without roof and doors being used by the returnees for shelter at Abukhadra primary school.*

### **Duration of stay at the current site**

The majority of the returnees have lived at the current sites (River, zero and Abukhadra primary school) for period between one to two months and in all the locations the population indicated that they do not want to stay in these locations and their stay is temporary. In all the three sites the living conditions are very bad because of congestions, poor housing conditions, no pit latrines, no food and very poor hygiene among others.

The state government of Rweng Administrative area transported most of the returnees from Joda border to the zero site. Returnees at Abukahdra primary school came to site after consultation with local authorities of the area who agreed for them to stay at school following the fighting that broke out on 15 May 2023 at Renk transit centre. The population at the river side were requested by local authorities to leave the mosque areas which was located in town where they had settled after the fighting at the transit center on 15 May 2023 which forced them to leave the transit centre. They had to relocate to the river side

### **Humanitarian services**

In all three sites there had not been humanitarian assistance except for a few partner which had been supplying water through tracking but inadequate. A health partner started mobile clinics in these locations just about two weeks before the date of this assessment. At Zero site, four stances of pit latrines were constructed which was not adequate for the population of over 3000 individuals at the site. In all the sites most of the population did not know where to get the humanitarian services from.

### **Site Leadership**

In all three sites, there were leadership structures in place by the community, and the leadership structure was composed of a chairperson, secretary, women leader, youth, and in some sites, there are local chiefs.

### **Non-Food Items (NFIs)**

In all the three sites there had not been any general distribution of NFIs to the population. It is only one partner that distributed some soap and buckets, but it was a target assistance for only the about 125 vulnerable households. As result of lack of NFIs some households were sharing both cooking and serving utensils. For the households that have some NFIs they either came with them from Sudan during flight or bought them from the local market.

### **Key findings (Emergency Shelters and NFIs)**

- The shelters are in disrepair, inadequate, and overcrowded, many people sleep outside.
- Most HHs lack NFIs for both cooking and serving food.
- There are no sanitary materials for women and girls of reproductive age.
- There is peaceful coexistence between returnees and host communities.
- No dignity kits for women and girls of reproductive age.

### **Key recommendations (Emergency Shelters and NFIs)**

- All the three sites need to be supported with plastic sheets for the households that do not have shelter. For all the sites immediate shelter assessment should be carried out to determine how many households do not have shelters before the peak heavy rainy seasons starts.

- Basic essential NFIs like sleeping mats, soap, blankets, mosquito nets, cooking and serving utensils need to be planned for this site. Without basic NFIs like blankets, sleeping mats and mosquito nets, there is likelihood of an increase in diseases like pneumonia and malaria.
- Women and girls of reproductive age need to be supported with sanitary materials
- Continuous awareness about peaceful coexistence needs to be carried out to maintain the current good relationship existing between returnees and the host communities.

### 3. WASH

#### **Findings:**

- Lack of enough sanitation facilities at all the locations
- Inadequate water supply Aabukhadra, zero church and Riverside
- Lack of WASH NFIs (Buckets, soap, aqua tab, Pur and filter clothes)
- Lack of MHM and Dignity kit for age-bearing group.
- Lack of bathing shelters.
- Poor hygiene practices amongst returnees at all the locations.

#### ***Priorities for Immediate Humanitarian Response:***

- Provision of Dignity kits (MHM) Kits to ensure dignity of affected women and girls of reproductive age.
- Provision of safe and clean drinking water
- Provision of WASH NFIs like buckets, soap, water purifiers, MHM kits and dignity kits for women and Lactating women and girls.
- There is a need to construct more emergency latrines and installation of handwashing facilities at Zero church and semi-permanent latrines at Abukhdara
- More hygiene promotion activities should be intensified in all areas.

#### **Recommendations for the three locations Abukhadra, Riverside and Zero Church**

- Due to the high water table along the riverbank, mobile sanitation is required.
- There is need to distribute WASH NFIs to all the returnees.
- Provision of MHM and Dignity kits for women and girls of age bearing groups
- Construction of emergency latrines at Zero church and Abukahdra.
- There is need to increase water supply to meet the demand of returnees at Zero church, Abukahdra and Riverside.
- Distribution of pur and Aqua tabs for all the locations.
- Community sensitization on the usage of Wash facilities
- Construction of communal bathing shelters
- Installation of hand washing facilities at designated locations (Newly constructed latrines)



Figure 2: One of the school pit latrines without doors being used by the returnees at Abukhadra primary school which according to observations is already full.

## 4. HEALTH AND NUTRITION

### 4.1 HEALTH

#### Findings:

- Increased cases of measles and also reported some mortalities due to measles particularly at the river bank.
- Malaria, diarrheal diseases and acute respiratory diseases were among the leading diseases mentioned by the discussants. In the past 14 days with 4 mortalities due to diarrheal diseases were reported.
- Health care services were being provided at all the three sites. MSF's provides mobile medical services at Zero site and Riverbank only work on alternate days between the 2 locations, while in Abukhadra, the community could access services from Abukhadra PHCC.
- No medicines for Abukhadra but MSF mobile clinics have medicines, discussants at Abukhadra reported lack of most essential medicines.
- Immunization services were readily available in all the three sites assessed. No antigen was reported missing. In Zero and Riverbank, discussants reported that all children were vaccinated for measles one week back.

- Malaria, diarrheal diseases and acute respiratory diseases were among the leading diseases mentioned by the discussants. In the past 14 days with 4 mortalities due to diarrheal diseases were reported. Other morbidities reported included eye infection, skin disease, TB among others. Discussants associated the cases of the diarrhoea diseases to the lack of WASH facilities at these sites.
- Chronic non- communicable diseases including Hypertension, Heart disease, chronic lungs diseases, hepatitis and Diabetes were mentioned by discussants at all the sites. One mortality due to Diabetic complication was noted which was due lack of diabetic medicines. Mental health concerns including severe distress were also reported.
- In all the 3 sites, Renk Hospital was mentioned as the only referral sites. Some discussants particularly from the riverbank report lack of food in the hospital as major concern for in patient as well as lack of some essential medicines and charges levied on some services. Referrals to the hospital were facilitated by cars although in Abukhadra most patients move on foot to access service at Transit Centre or Renk Hospital.

#### **Recommendations:**

- There is a need to provide preventive packages for malaria for children and pregnant women in all the sites while enhancing health education on key morbidities including measles.
- Abukhadra PHCC needs to be availed with adequate medical supplies and staffing to cater to the increased demand and cover weekends and night duties.
- Health partners in these locations need to include mental health and psychosocial support services in their package or liaise with MHPSS partners currently on the ground .
- Chronic non-communicable diseases consultation and follow-up needs to be instituted by partners supporting these sites or consider harmonizing NCD outpatient clinic at Renk Hospital.
- Partners particularly WFP need to consider initiating in-patient feeding for the patients at the hospital. This will improve patients from escaping from the hospital.
- MSF/Health partners to Consider providing daily outpatient services at site Zero and River Bank.





Figure 3: Focus Group Discussion session at Abukadra Primary school, taken 17th June 2023

## 4.2 NUTRITION

### Findings:

- There was low sensitisation on the availability of nutrition services as majority of the returnees did not know where to seek for nutrition services.
- The highest number of malnourished children was identified in zero site (23.4%), followed by river site (16.9%) and Abukahdra (11.4%).
- There was no general food distribution conducted since arrival of the returnees to collection sites and the food situation is dire
- Infant and young child feeding (IYCF) practices were very poor probability due to lack IYCF awareness, lack of food choice, limited food availability and access.
- Cultural barriers could hinder access and utilization of the services.

Table 1: MUAC Screening Data Per site

	Total Children < 5 Screened			MUAC<115mm			MUAC ≥ 115 mm and <125 mm			MUAC≥ 125 mm		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Zero sites	102	86	188	6	7	13 (6.9%)	10	21	31 (16.5%)	86	58	144
River site	126	116	242	2	2	4 (1.6%)	14	23	37 (15.3%)	110	91	201
Abukahdra	108	93	201	2	2	4 (1.9%)	6	13	19 (9.4%)	100	78	178
<b>TOTAL</b>	<b>336</b>	<b>295</b>	<b>631</b>	<b>10</b>	<b>11</b>	<b>21 (3.3%)</b>	<b>30</b>	<b>57</b>	<b>87 (13.8%)</b>	<b>296</b>	<b>227</b>	<b>523</b>

A total of 631 children were screened in the 3 locations using a MUAC. The results showed that 108 (17.1%) of the children screened were malnutrition of whom 21 (3.3%) had severe

acute malnutrition (SAM: Red MUAC) and 87 (13.8%) presented moderate acute malnutrition (MAM: Yellow MUAC). There was no Oedema case found during the assessment.

The total number of malnourished (SAM and MAM) children in relation to the totals screened per sites were as follows: Zero sites 44 (23.4%), River site 41 (16.9%) and Abugadra 23 (11.4%). Location specific MUAC screening results for SAM and MAM are presented in the table above.



Figure 4: FGD and MUAC screening at Zero returnees' sites

#### Key Nutrition recommendations:

- Nutrition partners to conduct regular active nutrition screening among the refugees and in the returnee and refer malnourished children and PLW to nutrition services for treatment
- Nutrition partner to scale up nutrition service intervention to returnee collection sites through mobile /outreach nutrition services
- To intensify on community sensitization through CNVs and community leaders, to create awareness on availability and accessibility of nutrition services and the benefits in treatment and prevention of malnutrition.
- WFP to conduct regular general food distribution or provision of cash to the refugees and returnees to ensure food security at this critical period of transit, to protect peoples' right to food and to reduce related vulnerable including malnutrition.
- To improve MIYCN activities and counselling services among the refugees and the returnees' population to prevent malnutrition.
- To organize an in-depth understanding of the cultural barriers hindering access to services through key informants to address concerns and improve services seeking practices.
- To strengthen multisectoral approach to prevent malnutrition including WASH, health, FSL for a better health and nutrition outcomes.

## 5. PROTECTION

### Findings:

**Safety and freedom of movement:** The sense of feeling safe and ability to move freely was high among men (99%), comparing to women and girls, particularly during nights.

**Violence:** Although, no death was reported because of violence, but due to limited access to health assistance, children, elderly people, people with medical complications and river have continued to lose their lives.

**Reporting channel and lack of awareness on reporting channels:** The most common channel that the participants are reporting their concerns are community leaders/structures, followed by community security guards, and religious leaders. However, 80% of the respondents were not aware of the feedback and complaint mechanism.

**Documentation:** The percentage of participants mentioning that they have identity document is ranged between 0 and 25, while the range of those who lost their documentation ranged from 51 -75. Lack of documentation led to people not being able to travel from place to place.

### Peaceful coexistence

All four groups of men, women, youths (boys), and youths (girls) said their relationships with the host communities were very good at all three sites (river site, zero, and Abukhadra). There has been no reported conflict between returnees and host communities at any of the sites. The returnees indicated that they do share some of the local population's services.

**Lack of women presentation in the community structures:** The women are not part of the structure in the community, meaning that women have no possibilities to raise their voices and participate in the decisions.

### Recommendations:

- Ensure the inclusion of returnees, living in river, zero and school sites in humanitarian services and plan the urgent distribution of the assistance.
- Distribution of dignity kits for girls and women of reproductive ages.
- Establishment of complaints and feedback mechanisms and enhance outreach interventions.
- Advocate with the authorities to ensure the security of the people living in these locations
- Ensure female representation in the existing structures, enabling women t to raise their voices.

- Provision of a group, family, and individual PSS counseling to men, women, boys, and girls.

### Key priority needs of the returnees

Returnees were asked to list their four main needs in order of priority, and the answers varied from group to group, but all needs were similar except for the order of priority. Onward movement, food, shelter, water, and sanitation facilities were prioritized. The priority needs by different groups and sites are listed below.

Table 2: Key priority need of returnees

Locations	Gender	Priority 1	Priority 2	Priority 3	Priority 4
River site	Men	Transportation to place of origin	Food	Health services	
	Women	Food	NFIs	Shelter	Latrines
	Youth (boys)	Transportation to place of origin	Food	Health services	Shelter
	Youth (girls)	Food	Mosquito nets	Transportation to place of origin	Sanitary pads
Abukhadra primary school	Men	Food	Shelter	Water	Health services
	Women	Food	Shelter	Sanitation facilities	Health services
	Youth (boys)	Transportation to place of origin	Food	Water	Shelter
	Youth (girls)	Shelter	Sanitation facilities	Sanitary pads	Food
Zero site	Men	Food	NFIs	Transportation to place of origin	Water
	Women	Food	NFIs	Mosquito nets	water