

Paloich Inter-Agency Report

5th July 2023

Melute County, Upper Nile State

Following the conflict that started between Sudan armed forces and Rapid Support forces on the 15th of April 2023, in the capital city of Sudan, Khartoum, large numbers of people fled the city for safety and entered South Sudan through the Joda entry point in Renk County, Upper Nile State. Consequently, a transit centre was established in April at the Upper Nile University, Renk County by the South Sudan government with the support of humanitarian agencies. This transit centre is meant to host the South Sudanese returnees and asylum seekers fleeing from the Sudan conflict for two to three days prior to their transportation to their destinations or refugee camps in Maban, Upper Nile State. However, thousands of South Sudanese and hundreds of asylum seekers intend to proceed from the Joda entry point via Renk to Paloch.

Due to the continuous flow of returnees and asylum seekers to Paloch and to avoid camping of returnees at the Paloch airport, a transit site was identified and established by the government in Paloch to accommodate the returnees and asylum seekers who continue to come from Renk to Paloch and then to their places of origin. Currently, the transit site is hosting over 12,000 returnees, and the humanitarian situation in the transit site continues to deteriorate. A significant number of children are malnourished, and others are sick with measles, respiratory infections, acute watery diarrhea, and malaria. The returnees at the transit site are in dire need of humanitarian assistance in terms of transportation, food, shelter, health, and WASH.

Sector	Findings	Challenges	Recommendations
Food security and livelihood	<ul style="list-style-type: none">Returnees don't have food because the food that was provided in June got finished.No food was provided to the returnees who arrived after the June distribution80% of the population have sold their belongings such as clothes, shoes, etc in exchange for food.The nearby market is about 12km away from the transit site, making it hard for those who can afford to buy food for themselves.	<ul style="list-style-type: none">Returnee population has no food.Selling clothes, shoes, and other items is the only coping mechanism the returnees have adopted.	<ul style="list-style-type: none">Continue provision of food assistance in kind or cash.
Shelter & NFIs	<ul style="list-style-type: none">The transit site is small and located within oil fields which exposes the returnees to health hazards.Existing shelters are inadequate and congested.Many households are sleeping in an open area.Others are sheltering under the trees covered with torn bedsheets or blanketsNo NFIs were provided before.	<ul style="list-style-type: none">Inadequate communal shelters.Lack of NFIs and dignity kits.	<ul style="list-style-type: none">Relocation of the returnees to a new site to avoid exposure of returnees to health hazards.Provision of NFIs such as mosquito nets, and blankets to protect children from cold weather as well as Malaria and pneumonia.Provision of dignity kits to women and girls of reproductive age.

WASH	<ul style="list-style-type: none"> • Insufficient sanitation facilities • Inadequate water storage facilities and water supply • Lack of handwashing facilities • Poor hygiene practices 	<ul style="list-style-type: none"> • Inadequate water storage and sanitation facilities. • Shortage of water supply • Lack of hygiene supplies (soap) 	<ul style="list-style-type: none"> • Installation/construction of water storage and sanitation facilities. • Improve water supply • Provision of NFIs and hygiene supplies.
Health	<ul style="list-style-type: none"> • Mobile clinic provides health service at the site. • Insufficient health infrastructure and specialized treatment. • Shortage of essential drugs/medicines • Measles outbreak • High number of Malaria, Pneumonia, and Diarrhea cases 	<ul style="list-style-type: none"> • Congestion in the health facility due to limited space. • Lack of essential medicines. • Lack of ambulance services 	<ul style="list-style-type: none"> • Expansion of the health facility • Provision of essential drugs. • Increase medical personnel to meet the increasing needs. • Provision of immunization according to international guidelines.
Nutrition	<ul style="list-style-type: none"> • Under nutrition cases were recorded. • SAM and MAM services are available at the site. • Nutrition situation among the children and PLW is at a critical phase. 	<ul style="list-style-type: none"> • Limited or no CMAM case management. • Insufficient nutrition supplies 	<ul style="list-style-type: none"> • Provision of CMAM case management. • Continue provision of nutrition supplies • Establishment of stabilization centre.
Protection	<ul style="list-style-type: none"> • Presence of different vulnerable groups (disabled, elderly persons, unaccompanied children, etc). • Many families separated due to domestic violence. • Some people look traumatized. • Cases of women/girls' exploitation by some organized elements were reported. • Restriction of movement • Sharing of shelters by women, men, and girls may expose the population to GBV. • No complaint desk at the site • Returnees report their concern to soldiers, humanitarian agencies and RRC 	<ul style="list-style-type: none"> • Lack of protection (to attend protection issues, GVB case management) and CCCM agencies on the ground. • Lack of complaint desk • Lack of community structure 	<ul style="list-style-type: none"> • Need for protection and CCCM agencies. • Establishment of complaint mechanism desk. • Formation of the community structure. • Engagement of local authorities on exploitation issues. • Engagement of host community on peaceful coexistence.

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