

Situation Overview: Displacement and Humanitarian Needs in and around Nimule

South Sudan, November 2016

REACH Informing more effective humanitarian action

Introduction

On 8 July 2016, fighting erupted in Juba between armed factions of the government led Sudan People's Liberation Army (SPLA) and SPLA in Opposition (SPLA-IO). Over the following weeks, fighting spread to other areas of the Greater Equatoria region, leading to the displacement of thousands of people.

As a strategic entry point for refugees seeking to enter the Elegu Collection Point in Uganda, the greater Nimule area has experienced a simultaneous influx of internally displaced persons (IDPs) from surrounding towns and exodus of both local community members and IDPs into Uganda. An estimated 303,434 individuals have fled to Uganda since July 2016¹. Additionally, Nimule's location on the border with Uganda makes the town a primary transit route for goods into and out of Uganda, and an important economic hub for market supply routes to Juba. As a result, Nimule's location is strategic for armed groups in the region.

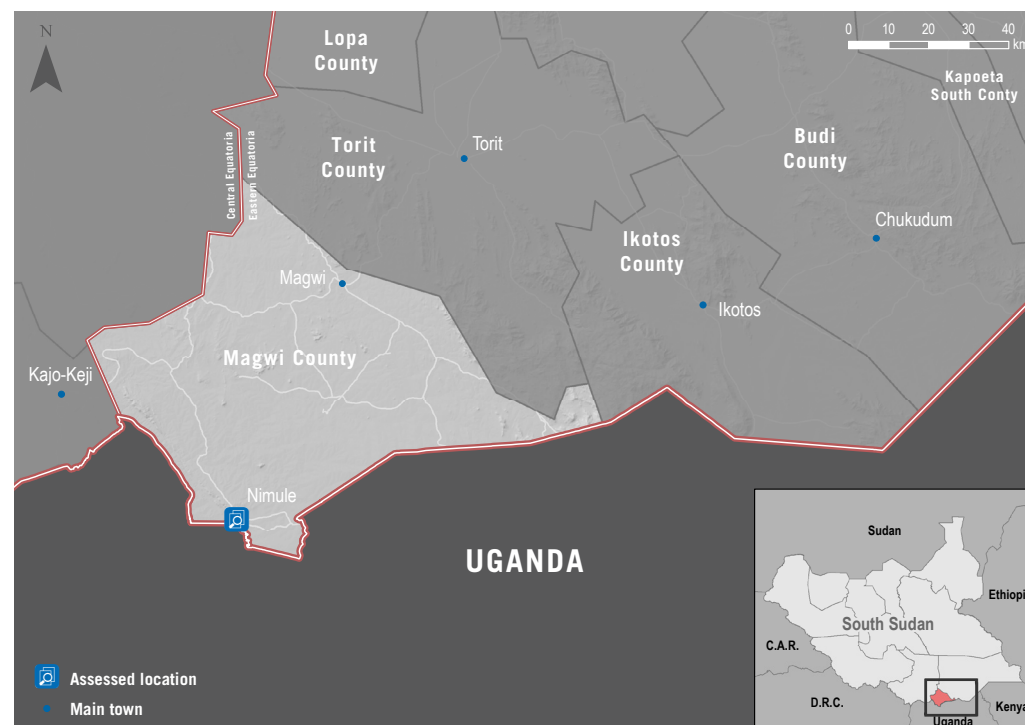
Since the July crisis, armed groups have increased their presence along Juba-Nimule Road, rendering the road unsafe for aid workers and civilian populations alike. For this reason, the needs of both local communities and IDPs in the area were unknown. To fill this information gap and to better inform the humanitarian community, an interagency team of 12 agencies and REACH conducted an assessment on basic service availability and humanitarian needs in the greater Nimule area

(Nimule), which includes Anzara, Jalei, Olikwi, and Nimule Central bomas². Between 10 and 17 November 2016, 153 key informants (KIs) from local government (10 KIs), NGOs (12 KIs), and both the local communities (98 KIs) and IDPs (43 KIs), were interviewed. Participants came from a wide variety of professional backgrounds including farmers, market sellers, and education officials.

REACH also conducted nine focus group discussions (FGDs) involving a total of 96 both IDP and local community participants to better understand access to services. IDP respondents (61 respondents from both KIIs and FGDs) had fled from the following cities and towns: Anzara, Arapi, Jalei, Kerepi, Loa, Mugali, Opari, and Pageri. Whenever possible, separate discussions were held for females and males. REACH also conducted market price monitoring to complement the data. Findings are indicative of the overall situation in Nimule.

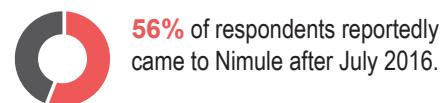
Population Movement and Displacement

Following the July 2016 crisis, thousands of South Sudanese fled from Greater Equatoria due to insecurity to new locations, either within South Sudan or to border countries including the Democratic Republic of Congo, Ethiopia, Kenya, Sudan and Uganda³. Most IDPs entering Uganda through Nimule used the town as a transit route. However, a small



Map 1: Map of Nimule

Figure 1: Reported time of arrival to Nimule



number informally settled in Nimule without crossing into Uganda due to the perceived security of being close to the Ugandan border.

The majority of respondents indicated that IDPs were traveling to Nimule from Eastern Equatoria (Magwi county), Central Equatoria (Juba county), and Jonglei States. For those IDPs who travelled longer distances to Nimule,

95% used primary roads, including Juba-Nimule Road.

The primary reported reasons for remaining in Nimule for both local community members and IDPs were: financial constraints, health restrictions, former negative experiences in Ugandan refugee camps, and reports of unfavourable conditions within current Ugandan refugee camps.

"My family was in a camp when I was young. We learned a lot from that experience. Camp living is very hard, so we chose to stay here." - Female IDP Respondent

1. UNHCR, Uganda: South Sudan Refugee Situation, 14 November 2016

2. Bommas refer to villages

3. UNHCR. Press briefing. November 2016.

Nearly all respondents had family members residing in Ugandan refugee camps and many received reports that conditions in the camps were difficult, dissuading many families from migrating to Uganda.

“As we talk now, there are people from the camps coming back. We want to remain here. We will not go to the camp, even if war breaks out.” - Female IDP Respondent

Respondents remaining in Nimule reported feeling relatively safe because of the ability to travel to Uganda if the security situation worsened, and many indicated that they would remain in Nimule unless insecurity pushed them into Uganda.

Most respondents indicated that only a few people remained in their local community

(Anzara, Arapi, Jalei, Kerepi, Loa, Mugali, Opari, and Pageri) and that those who remained were primarily the elderly and individuals with disabilities who were unable to travel due to limited mobility and health concerns. One IDP respondent with disabilities reported that due to his condition, it took him two weeks on foot to travel from Pageri to Nimule.

Figure 2: Estimated combined HC and IDP population of greater Nimule area as of November 2016⁴:

Boma	Population (est.)
Anzara	18,750+
Jalei	600
Nimule Central	10,100+
Olikwi	1,100
Total	30,550+

“Right now there is no one in Loa [because everyone has fled]. You are killed upon arrival [to Loa].” – Female IDP Respondent

Identified Population Needs

Protection

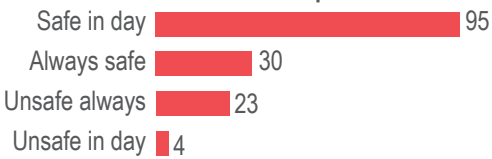
Roads between bomas and along primary travel routes into Nimule are reportedly insecure and unpredictable. The majority of respondents reported restricted movements while traveling between bomas (including to and from Nimule Central) due to insecurity related to attacks by armed groups and general violence.

Respondents reported that they were fearful of attacks by armed groups along roads, in particular there were concerns of ethnically targeted attacks along the roads.

“There are checkpoints. They ask your ethnic group [...] the road is unsafe for certain tribes.” – Male IDP Respondent

Within bomas, criminality and looting, domestic violence, and family separation were reportedly the largest protection concerns.

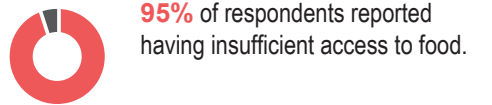
Figure 3: Perceptions of safety based on time of day



Food Security

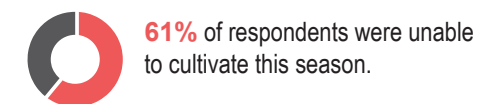
Most respondents cited food security as their greatest single concern.

Figure 4: Reported food insecurity



The majority of respondents traditionally sourced food from small scale subsistence farming, which was disrupted in 2016 by a combination of irregular rains and insecurity. Nearly two-thirds of respondents indicated that local communities were unable to harvest this season due to lack of land access and insecurity.

Figure 5: Reported ability to cultivate this season



IDPs reported abandoning their crops at the onset of violence, and both IDPs and members of local communities reported that the areas with planted crops were occupied by armed groups who often looted remaining crops.

This is even more concerning given that the Equatoria region is responsible for more than half of the country’s net cereal production. It is estimated that half of all harvests have been lost in the region this season due to the conflict, and most farmers were unable to plant due to insecurity⁵. In Magwi County, conflict disrupted both first season harvests and second season

cultivation, and displacement led to field abandonment⁶.

Insecurity did not significantly hinder access to markets, with 70% of respondents reporting market access. However, respondents reported that increased market prices made food purchase unaffordable. Due to low harvests in Loa, Kerepi, Magwi, and Pageri villages, most market goods were no longer available from these areas, resulting in their importation from Uganda at exorbitant costs. One FGD respondent supported this, noting that because the villages of Magwi County were the primary supplier of agricultural goods into Nimule, the disruption of agriculture had decreased food availability in the market and increased prices. Across South Sudan, the annual inflation rate has risen over 800% since October 2015, making staple food purchases difficult for many households⁷.

Picture 1: Goods in Nimule Market sold in smaller measurements



4. Estimate based off modal response of respondent estimates of HC remaining, IDP arrivals, and IDP departures compared to 2008 census data.
 5. FAO. 2016. Escalating food crisis in 2017, FAO warns.
 6. FEWSNET. Satellite imagery points to below-average 2016 cultivation in South Sudan. October 2016
 7. FEWSNET. Insecurity continues to displace people and limit food access. November 2016.

To cope with the lack of food, respondents reported that most people were eating less preferred and less expensive foods, and reducing portion sizes at meal times. FGDs revealed that most respondents and their families were eating only one meal per day. Families at the market were seen purchasing food in small quantities on a daily basis rather than in bulk. Just over half of the respondents reported having enough food stored to survive one week, the other half reportedly had no stored food from which to survive.

Livelihoods

IDPs emphasized the need for livelihood materials (e.g. canoes, hooks, fishing lines for fishermen) because most lost them during displacement. This inability to access pre-crisis livelihoods compounded food insecurity.

“If I had tools, I could open my own [motorcycle repair] shop, but without my tools I cannot open my own business. The local community will not allow me to work in their shops.” Male IDP Respondent (motorcycle mechanic)

One IDP respondent was formerly a tailor and complained about the loss of her sewing machine when fleeing her village. Another was formerly a fisherman who had lost his boat.

“I left my boat behind, which was my livelihood. [In Nimule] I have no source of income. Fishing without a boat is impossible because I can only access fish along the shoreline.” – Male IDP Respondent

Most IDPs earned a living by collecting and selling firewood and charcoal, or by fetching water for local community members in the market, but respondents indicated that this was seasonal work and did not provide a sustainable income. Both IDP and local community women requested increased capacity building programs for adults such as hairdressing, tailoring, horticulture, and microenterprise. A woman from the local community shared that prior to the conflict, groups of women developed savings cooperatives, but the groups had disbanded following displacement.

Non-Food Items (NFIs)

Across all respondents, mosquito nets and cooking sets were the most requested NFIs.

Figure 6: Most commonly requested NFIs by both HC and IDPs

	1st	2nd	3rd
Mosquito net	32%	23%	22%
Cooking set	25%	9%	18%
Livelihood item	18%	7%	4%
Blanket	5%	14%	11%
Sleeping mat	5%	5%	11%
Shelter material	3%	14%	3%
Soap	3%	13%	13%

Forty-six percent of respondents reported that less than a quarter of the community slept under a mosquito net.

Shelter

Respondents reported that the average local community household in Nimule owned two to three shelters and that on average, one

to five individuals shared each shelter. The most commonly reported and observed forms of shelter for both local communities and IDPs were the tukul followed by the rakooba. Although the majority of shelters in Nimule remain standing despite the ongoing crisis, assessment teams visually observed a large portion of shelters abandoned and locked with owners reportedly in Uganda.

Although most local community members were willing to share resources with IDPs (particularly with IDPs from the same tribe), there were insufficient resources to meet the needs of both populations. The majority of IDPs were sharing shelter with family or friends in Nimule, resulting in overcrowding and insufficient food and water. Although most respondents indicated that local community members had the ability to share resources (41%), a substantial portion indicated that hosting IDPs created resource constraints for host families resulting in the need for emergency assistance (35%).

Water and Sanitation (WASH)

The primary reported source of clean water in Nimule was boreholes (95% of respondents). However, three quarters of respondents reported insufficient access to clean water.

Figure 7: Reported access to clean water



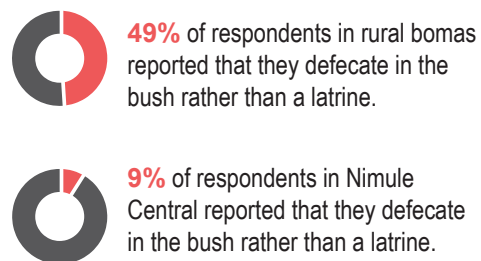
Picture 2: Functioning borehole, Nimule Central



Despite the population shift caused by the post-July displacement, there were not enough functioning boreholes to meet the needs of remaining local communities and IDP arrivals. Of 106 total boreholes in Nimule, 48 were in need of repairs including seven that did not function at the time of the assessment. This resulted in communities using rivers/streams, swamps, and unprotected wells as coping strategies. The use of unclean water sources was particularly concerning given that although within Nimule Central, the urban center of Nimule, most respondents reported using latrines, respondents in rural bomas reported resorting to open defecation due to lack of latrine access, which increased the risk of waterborne illnesses.

“There is a tributary stream to the River Anyama which is where people defecate. This water flows into the main river that people use for drinking water and cleaning.” – Male IDP Respondent

Figure 8: Reported use of open defecation



Notably, in rural communities with less infrastructure and less access by INGOs, open defecation was even more common practice.

Health

The majority of respondents (91%) reported that they had access to a healthcare facility within two hours, typically Nimule Hospital, provided by Save the Children. Healthcare access was limited for individuals living in rural bomas, who reported a lack of functioning healthcare facilities and mobile clinics due to staff displacement following the resumption of fighting in July. Available healthcare services were perceived to be low quality by respondents, who reported a lack of technical services.

Poor healthcare availability has resulted in negative coping mechanisms among respondents, who reported risking insecurity on the road to Nimule Central to seek healthcare.

“A child fractured their arm, but there is no X-ray in Nimule hospital so referrals are to Juba or to Uganda. If you travel to Juba, you

face insecurity on the road. If you travel to Uganda, you cannot afford the services [both clinical services and visa costs to cross the border].” – Male IDP Respondent

One recommendation from a FGD respondent was to build health capacity within the local community and to provide health kits including medications to provide services within the bomas themselves.

KIs from the health sector responded differently to health questions from the general population, indicating a difference in perceived healthcare availability and quality. Notably, KIs from the health sector indicated greater availability of services (e.g. medications, health centres) than KIs from the general population.

The most commonly reported health problems in Nimule were Malaria, Typhoid and diarrhea.

Figure 9: Most commonly reported health problems

Respondents could choose more than one response.

	1st	2nd
Malaria	88%	9%
Typhoid	4%	54%
Diarrhea	3%	20%
Fever	1%	11%
Stomach Pain	1%	5%

Education

Two-thirds of respondents reported having access to nursery, primary, or secondary school. Ninety-two percent of respondents reported that, at a minimum, most communities had access to primary school.

Figure 10: Reported proportion of respondents with access to education

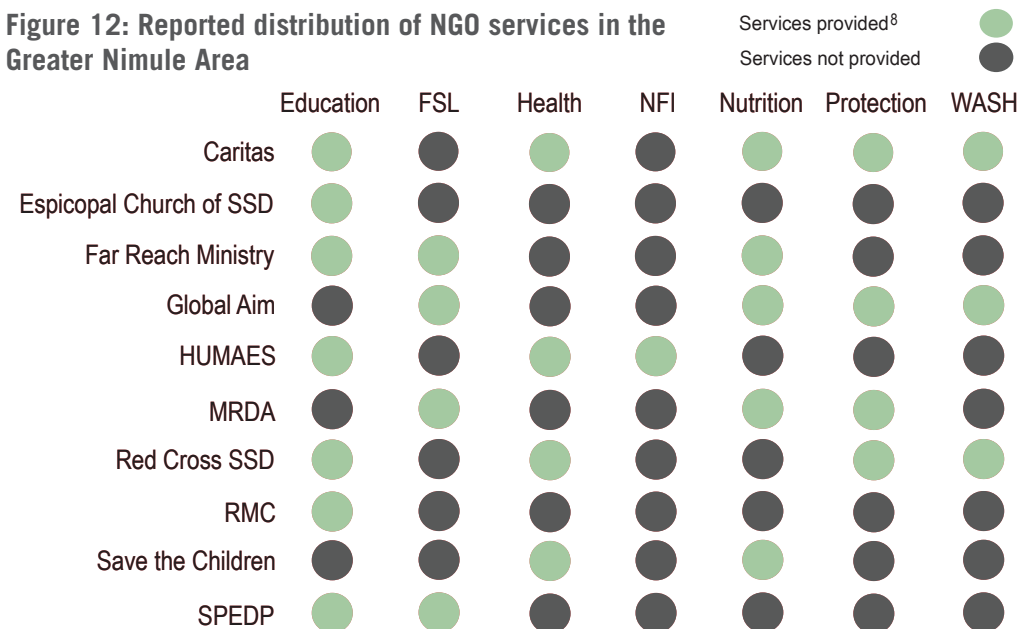


Figure 11: Proportion of school age children reportedly attending school, November 2016



Respondents from the education sector reported that about half of the students enrolled in school before the crisis had not returned.

Figure 12: Reported distribution of NGO services in the Greater Nimule Area



FGDs revealed that a number of schools had not reopened since the July crisis. Within the schools that reopened, the exodus of teachers from local communities following the crisis resulted in overcrowded classrooms. Although 64% of respondents indicated that there were teachers in the bomas, respondents indicated that most teachers were not formally trained or educated. An informal discussion with a teacher in Olikwi boma revealed that one primary school teacher was teaching a class of 100 students. FGD respondents reported that school fees made education prohibitive for many families.

Education was a primary concern for IDPs, who reported that some children were returning from Uganda due to lack of education services

within refugee camps.

“During my [youth], we did not learn to read or write. Most parents pulled us [girls] out [of school] and forced us to marry. I’m concerned that if my children cannot be educated in Uganda, I need them to be back here with me.” – Female IDP Respondent

Available NGO Resources

Respondents indicated that the greatest needs in the area were food security and livelihoods (FSL) (52%), followed by health (14%) and education (12%). While most residents of Nimule Central had access to certain services (e.g. WASH, education, healthcare, markets), residents of surrounding bomas reportedly struggled to access basic needs.

KIs reported that there were currently 16 NGOs operating in Nimule. Representatives from 10 NGOs reported multisectoral coverage in education, FSL, health, NFIs, nutrition, protection and WASH. Nine of the 12 NGO representatives surveyed indicated that their NGOs did not have the capacity or resources available to upscale activities in their areas of intervention to support an influx of IDPs. NGO respondents listed financial issues (83%), logistical difficulties (50%), and staffing challenges (17%) as the primary barriers to scale up in Nimule.

Conclusion

While the influx and exodus of transit populations has maintained a stable population size in Nimule, the resources to support the population have decreased. NGO capacity, medical facilities and schools have suffered loss of human resources, and insecurity along roads between Nimule’s bomas and nearby payams has limited the capacity of the service providers who remain.

Food security was cited as the primary concern by most respondents in Nimule. Livelihood access that could alleviate food insecurity remained a high concern among IDP respondents. While shelter and WASH services exist, respondents reported that available resources do not cover population needs. Healthcare is reportedly accessible from Nimule hospital, but access is challenging for residents of distant bomas. Education enrollment has reportedly not returned to pre-crisis levels. Movement between bomas is considered dangerous by residents of Nimule.

The situation in Nimule is currently stable, but the potential for further conflict coupled with rising food insecurity, loss of livelihood materials, and resource competition between IDPs and remaining local community centered around Nimule Central.

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