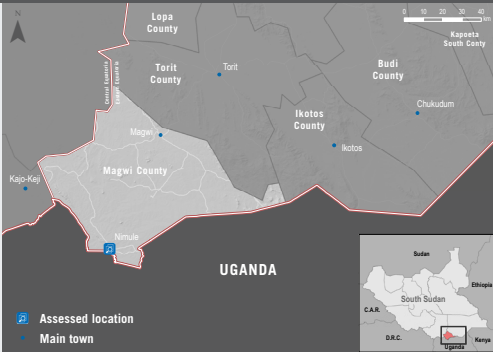


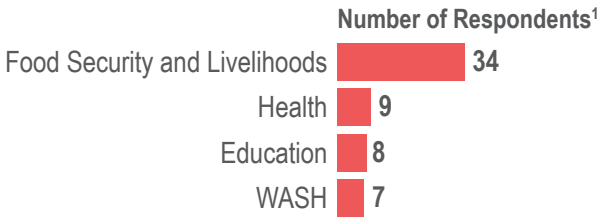
This factsheet presents preliminary findings about the humanitarian needs in the greater Nimule area (Nimule Central, Anzara, Jalei, and Olikwi), Eastern Equatoria State. Between 10 and 17 November 2016, an interagency team of 19 enumerators and 2 REACH staff interviewed 153 key informants (KIs) from local government, NGOs, and both the host community (HC) and internally displaced persons (IDPs). Due to the purposive sampling of KIs, findings are not statistically generalisable but remain indicative of the situation.

As a primary point of entry for refugees seeking to enter Uganda, Nimule has experienced a simultaneous influx of IDPs from surrounding areas and exodus of both IDPs and HC members into Uganda. Due to the highly fluid nature of the conflict in Eastern Equatoria, access to the region has been limited for humanitarians and population needs have been difficult to assess. The information presented in this factsheet aims to inform humanitarian actors seeking to respond to the humanitarian needs of both HC members and IDPs in the greater Nimule area.



Priority Needs

Greatest need reported:



Displacement

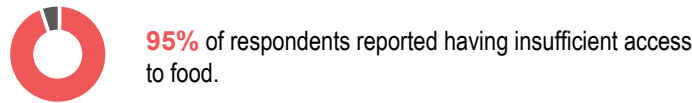
The escalation of conflict in July caused widespread displacement from Eastern Equatoria. An estimated 303,434 individuals have fled to Uganda since July 2016.<sup>2</sup> Nimule is situated in a popular route of transit for displaced South Sudanese seeking refuge in Uganda and as such has experienced a large influx of IDPs from other parts of South Sudan, many of whom have continued to Uganda along with HC members.

Estimated combined HC and IDP population of greater Nimule area as of November 2016:

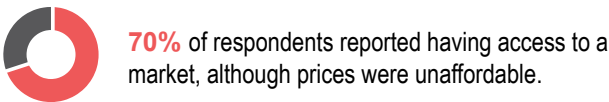
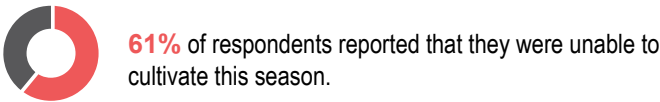
Boma	Estimated Population
Anzara	18,750
Jalei	600
Nimule Central	10,100
Olikwi	1,100
Total	30,550

Food

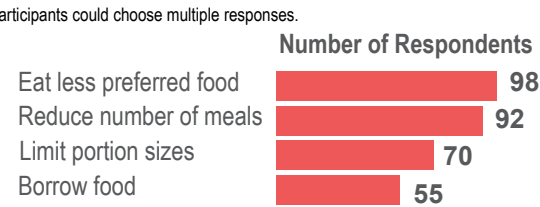
Respondents cited food security as their greatest single concern. Two-thirds were unable to cultivate because of lack of access to land (largely due to displacement and insecurity) and irregular rains stunted what crops they were able to plant. This was further exacerbated by a loss of livelihoods and simultaneous increase in market prices, resulting in families purchasing food in small quantities on a daily basis. Most respondents reported eating one meal per day.



1 week Average number of weeks that respondents reportedly had until food ran out.

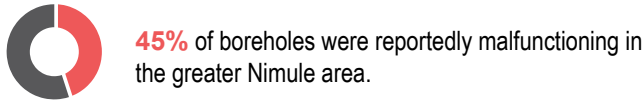
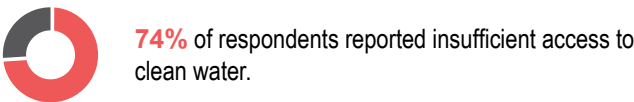


Top reported food coping strategies:

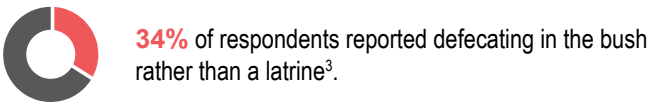
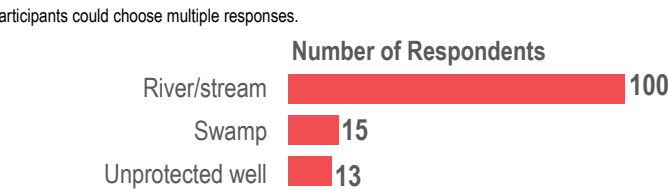


Water and Sanitation

Most respondents reported insufficient access to clean water due to insufficient functioning boreholes for the population size, resulting in the use of rivers, streams, and other unclean water sources. Although in Nimule Central most respondents reportedly used latrines, respondents in rural bomas reported resorting to open defecation.



Top reported sources of unclean water:



<sup>1</sup>Based on responses of 65 respondents who answered the question

<sup>2</sup>UNHCR, Uganda: South Sudan Refugee Situation, 14 November 2016

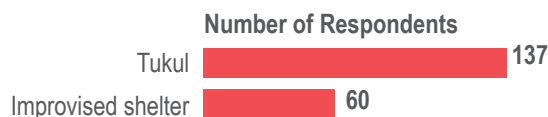
<sup>3</sup>Proportion of respondents resorting to open defecation in rural bomas ranged from 40-60% compared to Nimule's urban center, Nimule Central.

## Shelter

Although HC members were sympathetic to IDPs and willing to share resources, these resources were reportedly insufficient to meet the needs of both populations. The majority of IDPs were sharing shelter with family or friends in Nimule. Approximately 13% of respondents reported that hosting IDPs made it challenging to share resources and 35% reported a need for assistance with emergency shelter, food, and non-food items (NFI) in order to continue hosting IDPs.

### Most reported shelter types used by HC:

Participants could choose multiple responses.



## NFI

Across all respondents, mosquito nets and cooking sets were the most requested NFIs. IDPs emphasized the need for livelihood materials (e.g., canoe, hooks, lines for fishermen) because most lost their livelihood materials during displacement. This inability to access pre-crisis livelihoods contributed to food insecurity.

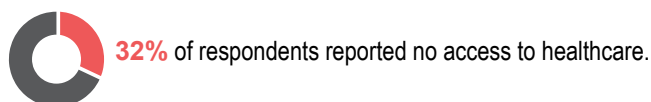
### Most commonly needed NFIs by both HC and IDPs:

Participants could choose multiple responses.

	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%

## Health

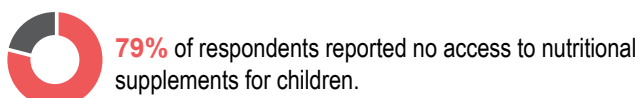
Most healthcare in Nimule was provided at Save the Children's Nimule Hospital, which was accessible to most respondents. However, respondents living in more distant bomas struggled to receive healthcare. Since the July crisis, boma-based health centers and mobile clinics have ceased to function.



### Most commonly reported health problems:

Participants could choose multiple responses.

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



## Education

Most respondents indicated that at a minimum most communities had access to primary school. However, focus group discussions revealed that a number of schools had not reopened since the July crisis, leading to overcrowded classrooms and fewer teachers. Respondents indicated that school fees made education prohibitive for many families. Notably, IDP focus group discussion participants reported that some children were returning from Uganda due to lack of education services within refugee camps.

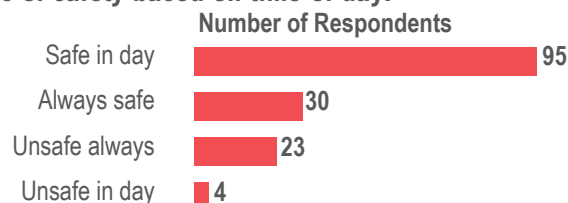
### Proportion of school age children attending school:



## Protection

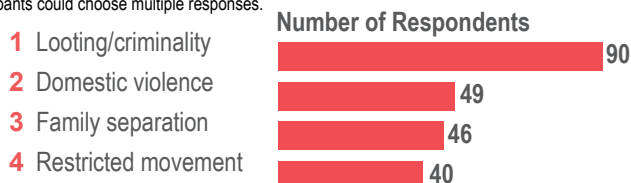
Protection was primarily a concern for all respondents in transit between bomas, and for IDPs on long distance travel routes.

### Perceptions of safety based on time of day:



### Top reported protection concerns WITHIN bomas:

Participants could choose multiple responses.



### Top reported protection concerns travelling BETWEEN bomas:

Participants could choose multiple responses.



## Conclusion

The situation in Nimule is currently stable, but the potential for further conflict coupled with rising food insecurity, loss of livelihood materials, and overcrowding of IDPs among the remaining HC population requires contingency planning and humanitarian support. Although the results presented aggregate data across the greater Nimule area, it is important to note that distant bomas were in greater need of assistance than Nimule Central.

## Contributing Partners

Action for Development (AFOD), Care International, Caritas, Global Aim South Sudan, Humans Must Access Essential Services (HUMAES), IntraHealth, Intersos, Plan International, Save the Children, Sudan Peace and Education Development Programme, TEMO-SS, War Child Canada, War Child Holland