



Uror County Rapid Assessment

Jonglei State, South Sudan, August 2022

KEY FINDINGS

- **Vulnerability and Compounding Shocks:** Assessment findings suggest that humanitarian needs in the current period (identified by community members as roughly May to August) were not driven by a single acute shock or major displacement event. **Rather, it is likely that affected communities have experienced a number of compounding shocks and longer-term stressors that have restricted access to foundational livelihoods and food sources and eroded household and communal coping capacity.** These include repeated displacements, poor harvests resulting from consecutive years of atypically severe flooding, reduced ownership of and access to livestock, reduced access to humanitarian food assistance (HFA), and reduced access to traditional support mechanisms for worse-off households.
- **Changing Displacement Dynamics:** Assessment findings indicated the importance of movement to coping and adapting during historical periods of hunger. Participants in 10 focus group discussions (FGDs) (4 context mapping and 6 at-risk of severe hunger focused discussions) reported a wide range of locations where people displaced to during such periods including locations in Jonglei State, Upper Nile State, and refugee camps abroad. **Participants also reported that, in contrast to such historical periods, fewer people had displaced in 2022, and that returns to Uror had continued since the beginning of 2022 despite the current level of needs.** Reduced displacement was attributed to several main factors, including the perception of deteriorated access to resources in prospective displacement locations (including reduced access to humanitarian assistance), the erosion of familial or communal support networks, and perceptions of increased regional insecurity.
- **Use of Severe Coping Strategies to Mitigate Consumption Gaps:** Findings indicate that people in parts of Uror likely experienced atypically severe consumption gaps through parts of the 2022 lean season. In all 7 FGDs assessing risk of severe hunger, participants reported that they or members of their community had been consuming cattle blood roughly since the beginning of May up until the time of assessment, a reportedly extreme coping strategy used only in times of severe hunger. In most of these FGDs, participants reported that the last time people consumed cattle blood had been in 2017-2018, during the height of the conflict in Uror county. **Participants in two FGDs in Panyuk and Motot reported that the large majority of their diet between food distributions consisted of wild foods and small amounts of cattle blood or milk.** When comparing the current period to historical periods of hunger, participants in the majority of FGDs assessing risk severe hunger (six out of seven) reported that the current period was as bad or more severe than historical periods, including those in 1991, 2005, and 2017 (see figure 1).
- **Erosion of Community Coping Capacity:** Community leaders and local NGO staff participating in two context mapping FGDs reported perceiving a **substantial shrinking of the upper and middle classes and swelling of the poor and extremely poor classes since 2013.** The poorest group, the “changai,” is reportedly composed of a growing population of fragmented households, households headed by vulnerable individuals such as older persons, unaccompanied minors, or persons with disabilities — all of whom face significant barriers to participating in physically strenuous livelihoods — and/or households who have lost or had to liquidate all or most of their assets. **It is likely that the reported decline in size of the upper and middle classes and simultaneous growth of the poorer classes has restricted access to vital communal support mechanisms for worse-off households in these areas.**
- **Access to Humanitarian Food Assistance:** Participants in four FGDs assessing risk of severe hunger, and community leaders in one context mapping FGD reported that **access to HFA had decreased since the beginning of 2022.** A KI working with a humanitarian NGO engaged in HFA activities reported that the period between distributions in Uror had increased by 15 days beginning in April. **The same KI reported that the last registration for general food distribution (GFD) had occurred in November 2019 in all but 2 payams, and, as such, many people who had since returned had not been registered to receive food assistance.** These individuals had reportedly been sharing distribution rations with registered households, causing stocks to exhaust more quickly, according to FGDs with community members.
- **Barriers to Accessing Healthcare:** Health service providers KIs reported considerable barriers to accessing healthcare, which have reportedly existed since at least 2020. **Reported barriers included chronic supply and consignment issues, dilapidated infrastructure, staff shortages, and issues surrounding staff payment and retention.** Health service providers reported that community frustrations regarding the quality of healthcare resulted in **disruptions to the provision of services at four of the county’s seven primary health care facilities between at least February and April 2022.** Further, **health service providers reported that there was no operational hospital in Uror at the time of data collection in August.** The nearest hospital was reportedly located in Lankien (Nyriol county), a multiple day walk from most of Uror’s main population centres.

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METHODOLOGY

This assessment comprised two main qualitative methodological components: focus group discussions (FGDs) and key informant interviews (KIIs).

Data collection took place between the 17th and 26th of August 2022 in Wuror, Pieri, and Motot payams of Uror County. During this period, a total of 21 FGDs were conducted, including 6 focused on population movement, 7 focused on risk of severe hunger (all with food-insecure community members, most often women, whose perceptions and experiences may not reflect those of the larger community), 6 focused on community context mapping, and 2 focused on cattle migration. Participants spoke both to their own experiences and to their perception of events that occurred at the community level. In addition, 6 KIIs were conducted with health, nutrition, food security and livelihoods (FSL), and livestock health service providers. Additionally, the team conducted informal, semi-structured interviews with local authority officials and community representatives to gain a better understanding of the situation in the area. Qualitative FGD and KII assessment tools were triangulated with interactive proportional piling exercises, which involved piling 100 beans in front of the respondent, who was then asked to divide them into piles, attributing indicative values to questions on population movement, social stratification, and challenges facing the communities, based on the respondents' perceptions.

The assessment findings are **not statistically generalisable** and should be considered **indicative of the situation** at the time of data collection.

Map 1: Uror assessment coverage

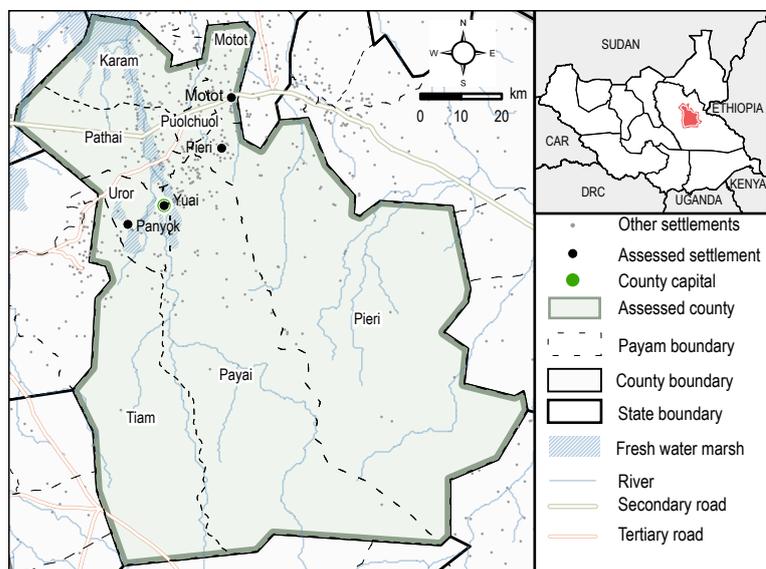
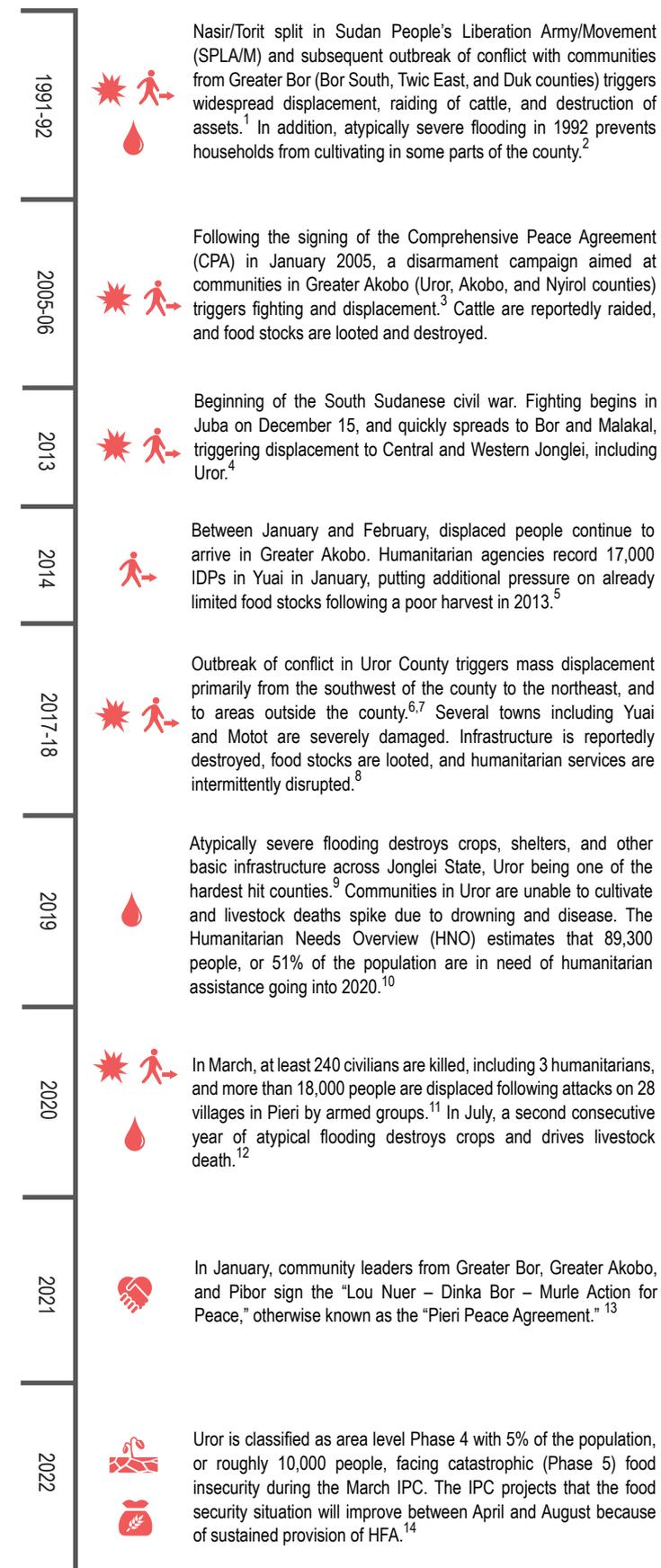


Figure 1: Timeline of compounding shocks in Uror County



INTRODUCTION: VULNERABILITY AND ACUTE EVENTS

More than a decade of compounding man-made and environmental shocks have likely restricted access to traditional livelihoods and decreased the resilience of households in Uror county. It is likely that such shocks, combined with sustained pressure on household and communal coping capacity, culminated in an estimated 5% of the county population (roughly 10,000 people) facing catastrophic (Phase 5) food insecurity between February and March, as found by the March 2022 Integrated Phase Classification (IPC).¹⁵

Uror witnessed heavy fighting in the final years of the 2013 to 2018 crisis. The violence, which spread to Uror in February 2017, resulted in large-scale displacement from the west of the county eastwards, and ultimately from many of Uror's northeastern population centers into the neighbouring counties of Nyriol and Akobo, into parts of Upper Nile State, and into refugee camps abroad, according to community members and local NGO staff in assessed areas (see map 2). Between 2017 and 2018, a number of major towns across the county, including Yuai and Motot, were reportedly occupied or severely damaged, assets were destroyed or looted, and humanitarian access was intermittently disrupted.¹⁶

While the signing of the 2018 peace agreement brought an end to the armed conflict at a national level, **sub-national and inter-communal violence in and around Uror has reportedly intensified since 2018,**¹⁷ and likely continued to restrict movement in locations across the region, limiting access to services. Moreover, between 2019 and 2021, **consecutive years of severe flooding in Uror reportedly reduced harvest yields and caused substantial cattle loss in communities still recovering from conflict.**¹⁸

The March 2022 IPC analysis classified Uror county as area level Phase 4 (emergency) with an estimated 10,000 people in Phase 5 (catastrophic) food insecurity in the current period (February to March), and as area level 4 (no pockets of phase 5) in the projected period (April to July). The IPC projected that the food security situation in Uror would improve between March and July due to the provision of humanitarian food assistance (HFA).¹⁹

In light of the March 2022 phase classification, REACH conducted a rapid assessment with the objectives of: i) gaining a snapshot of current humanitarian needs and service gaps; ii) understanding how shocks have affected access to food and food consumption, and iii) how shocks have affected what entails a 'normal' livelihood.

FOOD AVAILABILITY AND ACCESS

The main livelihood activities employed in Uror County are rain-fed cultivation and livestock rearing.²⁰ These are supplemented by fishing, hunting, the collection of wild fruits and vegetables, and market purchases, particularly during the lean season (from roughly March to July). During the dry season (December to April), pastoralists typically migrate with their herds away from their settlement to access pasture and water. Cultivation, while vital to household food security, is often unreliable due to erratic weather patterns and crop pests.²¹ In a normal year, food from harvests would last a household roughly nine months, from August to April. Markets are a particularly important source of food for poorer households, who are less likely to own livestock or have land to cultivate, particularly during the lean season once harvested food stocks have exhausted. For these households, cash is accessed by selling firewood, charcoal, or thatch.²² Over the past decade, deteriorated access to traditional livelihoods and widespread asset loss has driven a higher dependency on HFA for a greater proportion of the population, according to local NGO staff participating in context mapping FGDs.

In recent years, compounding shocks, including repeated displacements, persistent localized insecurity, and consecutive years of atypically severe flooding,²³ have likely reduced the viability of foundational livelihoods, primarily agriculture and the rearing of livestock, in Uror county.²⁴ Greater barriers to cultivation, particularly since 2018, have likely resulted in significantly smaller yields that last on average between 2 and 4 months, according to participants in 4 FGDs assessing risk of severe hunger. **As a result, households appear to have become increasingly reliant on wild foods, fishing, and market purchases, as well as on HFA to fill consumption gaps.**

Livestock products - milk, blood, and hides

- Participants in all FGDs assessing risk of severe hunger reported that, beginning in roughly April or May and continuing until the time of assessment, they or members of their community were consuming cattle blood, an extreme coping strategy reportedly only used in times of severe food insecurity. Participants in most of these groups reported that cattle blood was last consumed by members of their community in 2017, a period of severe food insecurity that followed the escalation of conflict in Uror (see figure 1). Participants in about half of these groups reported that worse-off individuals with no ownership of cattle were begging for cattle blood from their relatives or neighbours. **Access to cattle blood was reportedly limited due to atypically low rates of cattle ownership.** As stated in the methodology

section, participants in at-risk FGDs were purposively sampled food-insecure community members, most often women, whose perceptions and experiences may not reflect those of the larger community.

- **Participants in two FGDs in Pieri reported knowing of people consuming cow hides, or consuming cows that had died of disease during the most recent lean season.** Participants reported that old cow skins are rehydrated with boiled water while hides from recently deceased cows were cooked directly prior to consumption. This was reported to be among the most extreme coping strategies used during previous periods of food scarcity. The FGD participants who reported this described the practice as “shameful” since it suggests a household is not able to provide for itself.
- **Through proportional piling exercises, local NGO staff and community leaders in 2 FGDs in Yuai and Pieri estimated that the number of cattle in Uror County has decreased by roughly 70-75% since 2018.** FGD participants in these FGDs contributed this loss to cattle death and morbidity following the flooding in 2019, as well as cattle raids and the use of asset-depleting coping strategies. Further, participants in 3 FGDs assessing risk of severe hunger in Yuai, Pieri and Motot regarded atypically low access to cattle as a primary driver of the current period of hunger. **As such, the availability of livestock products, such as milk, was reported to be atypically low.**
- Participants in four FGDs reported that atypically low access to cattle and low milk production due to limited access to pasture and livestock disease had **driven most households to restrict the consumption of milk to exclusively young children.** Milk is a staple food in Uror’s livelihood zone for both poor and better-off households,²⁵ and the **restriction of its consumption to just children may be indicative of atypically poor food access.**
- Individuals with knowledge of cattle movement dynamics, including community leaders, cattle camp leaders, and cattle vaccinators, reported that **the majority of remaining cattle had been kept in rainy-season cattle camps close to the homestead throughout the dry months of 2022,** as opposed to travelling to graze along the Nile or Sobat Rivers in neighbouring counties. This is reportedly due to the unseasonal availability of standing flood water, which allows cows to access water closer to settlements throughout the year. Reduced dry season migration may offset typical seasonal access restrictions to livestock products experienced by worse-off and more vulnerable households without cattle beginning in December. However, it may also result in reduced body health and milk production for cattle who will have limited access to pasture through the dry season.

Cultivation

- **Repeated years of atypically severe flooding drove consecutive poor harvests between 2019 and 2021.**²⁶ Flooding was most destructive in 2019 and 2020, according to FGD participants, but also remained **severe enough in 2021 and 2022 to damage a large proportion of uncultivated crops in some areas,** according to some community members participating in in risk of severe hunger and social context mapping FGDs.
- Participants in 5 FGDs (3 risk of severe hunger and 2 social context-mapping discussions) reported that, in addition to flooding, **various other factors had caused disruptions to crop cultivation during the 2022 rainy season, including crop pests, and late rains and dry spells in some areas.** Damaged crops were reportedly replanted and in some instances damaged by pests a second time. **As a result, the main harvest, which typically occurs in August, was expected by some to bring a relatively small yield,** which participants believed was unlikely to last beyond December, **expanding the duration of the lean season by months.** Participants in one FGD assessing risk of severe hunger reported having witnessed the early consumption of some immature crops due to hunger and in anticipation of late heavy rains; **an indication of zero-sum-coping whereby households prioritise near-term consumption over longer term food security.**
- KIs from a humanitarian NGO implementing livelihood activities in Pieri reported that a distribution of agricultural inputs, tools, and fishing equipment had taken place in August 2022. According to KIs, the distribution was conducted on a one-time emergency basis to highly vulnerable households, and no plans for distributions in other areas were reported at the time of data collection. KIs reported that the distribution had been scheduled for the beginning of the rainy season (in roughly April), when planting typically takes place. **Delays in the consignment and delivery of supplies,** however, had reportedly pushed the distribution to August, which is when harvesting typically begins. **As a result, many of the seeds may not be utilisable until the coming planting period.**
- The same KIs stressed the need for a dry season distribution of agricultural inputs, as well as trainings on how to cultivate crops during the dry season. KIs reported that **dry season cultivation has become increasingly viable across parts of the county due to year-round standing flood water as a result of consecutive years of severe flooding,** but that communities have no experience with such types of planting and would need to be trained on proper farming techniques.

Wild foods and fish

- **The apparent decrease in access to foundational food sources has likely resulted in an atypically high reliance on wild foods since the beginning of 2022, particularly for worse-off households facing greater barriers to cultivation or without access to livestock.** Participants in all 7 FGDs assessing risk of severe hunger listed a range of wild foods that reportedly comprised the bulk of their daily diet. Lallop leaves and unripe lallop fruit were the most commonly reported types of wild foods consumed, followed by *guan*, a small tuber that grows in swampy areas, *wour*, a wild root vegetable, and water lily. **Participants in two FGDs assessing risk of severe hunger in Panyok and Motot reported that wild foods and small amounts of milk or blood had comprised the majority of their diet since the beginning of the rainy season up until the time of the assessment.**
- While most of the wild food items reportedly consumed throughout the rainy season were expected to be exhausted by December, other wild foods are likely to become available during the dry season, including ripe lallop fruit and wild bush meat.²⁷ However, participants in four FGDs reported **that travelling to remote areas to collect wild foods carries significant safety risks.** This may restrict gatherers to smaller spaces closer to settlements, inhibiting the collection of sufficient volumes of food, or potentially push people with greater dependency on wild foods into areas perceived to be less secure.
- Following the harvest in August and September, and in light of the distribution of a 30 day ration in August, it is likely that reliance on wild foods will decrease through the fourth quarter of 2022 for households that harvested or have access to support from those that have harvested. Once harvested food stocks exhaust, however, given expectations of another poor harvest in 2022, **it is likely that the consumption of wild foods will increase towards the start of 2023, and that wild produce, small quantities of livestock products, and market purchases for households with access to cash will be the primary food sources for households through much of the dry season.**
- **Despite reports of limited movement in 2022, small scale seasonal migration of young, able-bodied men to fishing camps in Duk and Nyirol has reportedly increased in 2022.** Smaller-scale fishing is also reportedly possible in swampy areas of Uror due to atypical and unseasonal water-levels resulting from consecutive years of severe flooding. The journey to fishing camps in neighbouring counties can take up to a week, and the fish acquired on such trips last only several days before the same journey is repeated, according to FGD participants in Panyok. Participants in 3FGDs reported

that fishing areas in Ayod have become less accessible since the beginning of the year due to heightened intercommunal tensions, which reportedly began in 2021 and intensified in 2022. Fishing was commonly viewed as a critical means of filling consumption gaps throughout the year, but is reportedly restricted for households without fishing equipment, or without able-bodied members capable of making arduous journeys. Participants in three of seven FGDs assessing risk of severe hunger reported that some amount of fish was being consumed by members of their community at the time of assessment.

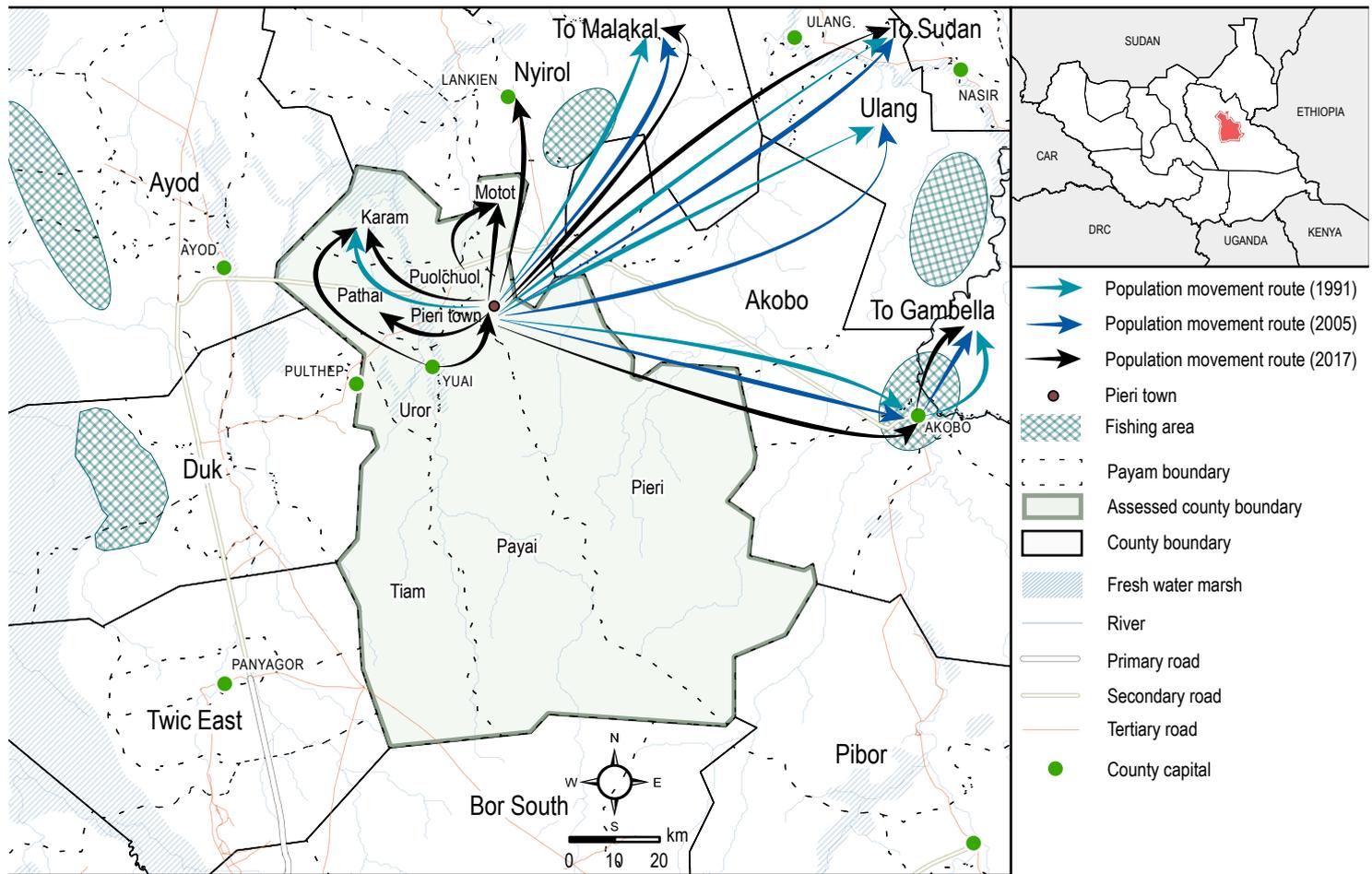
POPULATION MOVEMENT & MOVEMENT BARRIERS

Reports from FGD participants and KIs underscore the importance of mobility as a coping strategy during previous periods of hunger. FGD participants and KIs consistently reported largescale displacement to bordering counties such as Akobo, Nyirol, Duk, and Ayod, Ulang and Malakal, in Upper Nile State, and to refugee camps abroad in 1991, 2005 and 2017. Focus groups revealed several primary pull factors during such periods, including i) accessibility of alternative food and livelihood sources including fishing, markets, and land for cultivation, ii) the presence of family or other support networks iii) perceptions of improved security, and iv) the presence of humanitarian assistance.

While displacement was commonly reported to have been widespread during major historical periods of hunger, participants in 5 FGDs perceived displacement to have been relatively limited in 2022. This was attributed to a number of reasons, including the absence of an acute violent event (such as the large-scale outbreak of fighting seen in 2017), the perception of increased regional insecurity (which according to participants, increases the danger associated with traveling across large distances), a reported deterioration of community and familial support networks in historical displacement destinations, particularly across Greater Akobo, and a perceived decrease in access to humanitarian assistance in prospective displacement destinations, including those within South Sudan as well as in refugee camps abroad. **As such, participants described a seemingly altered cost/benefit to displacing.** As access to food or assistance in prospective displacement locations was perceived to be poor, many were reportedly choosing to not move. **When asked about prospective distress migration destinations, participants in 4 of 7 FGDs assessing risk of severe hunger reported that they would not move, as they had nowhere to go.**

Participants in 8 FGDs (4 FGDs assessing risk of severe hunger, and 4 FGDs assessing population movement trends)

Map 2: Population movement throughout historical periods of hunger, as reported by KIs and FGD participants



reported that tensions between communities in Uror and communities in neighbouring areas have worsened in recent years, exacerbating movement restrictions within Uror and to adjacent counties. The perceived risk associated with such tensions is reportedly greatest in bush areas far from towns and along the county borders with Akobo and Duk, and is reportedly highest during the dry season as flood waters recede. FGD participants and humanitarian service providers reported that insecurity impedes dry-season access to grazing land, markets, and fishing camps, as well as access to more remote areas for collection of wild foods, and restricts the flow of humanitarian aid along roads from Bor Town to Uror. One humanitarian service provider KI in Pieri reported that roads had not been used to deliver supplies throughout all of 2022 due to security concerns.

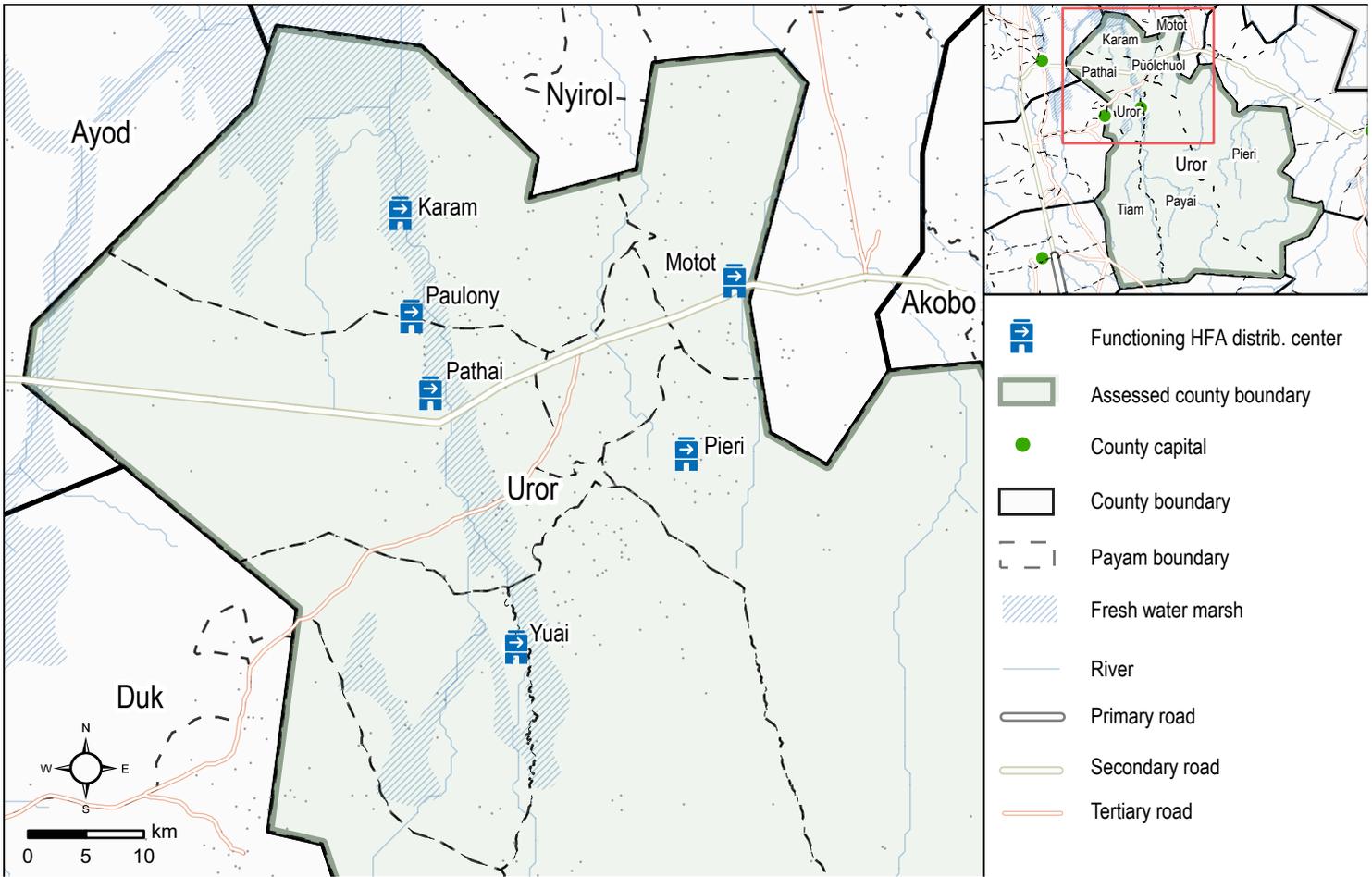
People displaced during the 2013-2018 crisis were continuing to return to Uror throughout 2022, placing pressure on already limited food sources, according to participants in 4 FGDs assessing risk of severe hunger in Pieri and Motot. These returns were reportedly driven by deteriorated living conditions in displacement locations, including reduced access to humanitarian assistance, as well as by the perception that security within South Sudan has improved in the wake of the 2018 peace agreement.

SOCIAL STRATIFICATION AND ACCESS TO SUPPORT NETWORKS

Community leaders and local NGO workers participating in two FGDs in Yuai and Motot reported that years of compounding shocks have altered population demographics, limited access to traditional means of upward social mobility, and resulted in a growing population of poor and extreme poor. This, in turn, might have a considerable negative impact on already eroded community coping capacity, subsequently limiting access to social support networks for the most vulnerable in society.

Historically, the social structure in Uror has reportedly consisted of four groups: the better-off (“riang”), the middle segment (“nguan”), the poor (“chan”), and the extremely poor (“changai”). Through proportional piling, community leaders and estimated that the proportion of the population comprising extremely poor households has grown from the smallest of the four groups to around half of the population since 2013, while the proportion of the population that is better-off has shrunk to the smallest group over the same period.

Map 3: Food distribution points, as reported by KIs



Community leaders and local NGO workers reported that the primary characteristics of better-off households historically were large livestock holdings, large families including multiple wives, and large plots of land to cultivate. **These households reportedly provided employment to poorer households, and supported relatives and worse-off community members with food and assets during periods of acute needs.** Poor and extremely poor households were reportedly more commonly composed of fewer people; were more likely to be fragmented; and more frequently headed by women, children, older persons, or persons with disabilities, in turn indicating greater barriers to engaging in physically demanding livelihoods activities. These households reportedly own very limited or no livestock and have limited access to land for cultivation.

The *riang*, which, according to KIs, historically comprised mostly agropastoralists with large herds and large plots of land, now reportedly primarily consists of NGO workers and market traders. Increased raiding and livestock disease due to unseasonal standing flood water has reportedly increased the physical and financial risks associated with owning cattle, and as a result, many *riang* now prefer to keep their wealth in cash, property, or various market purchases. **As such, it is likely that worse-off households' access to critical forms of social support (including sharing**

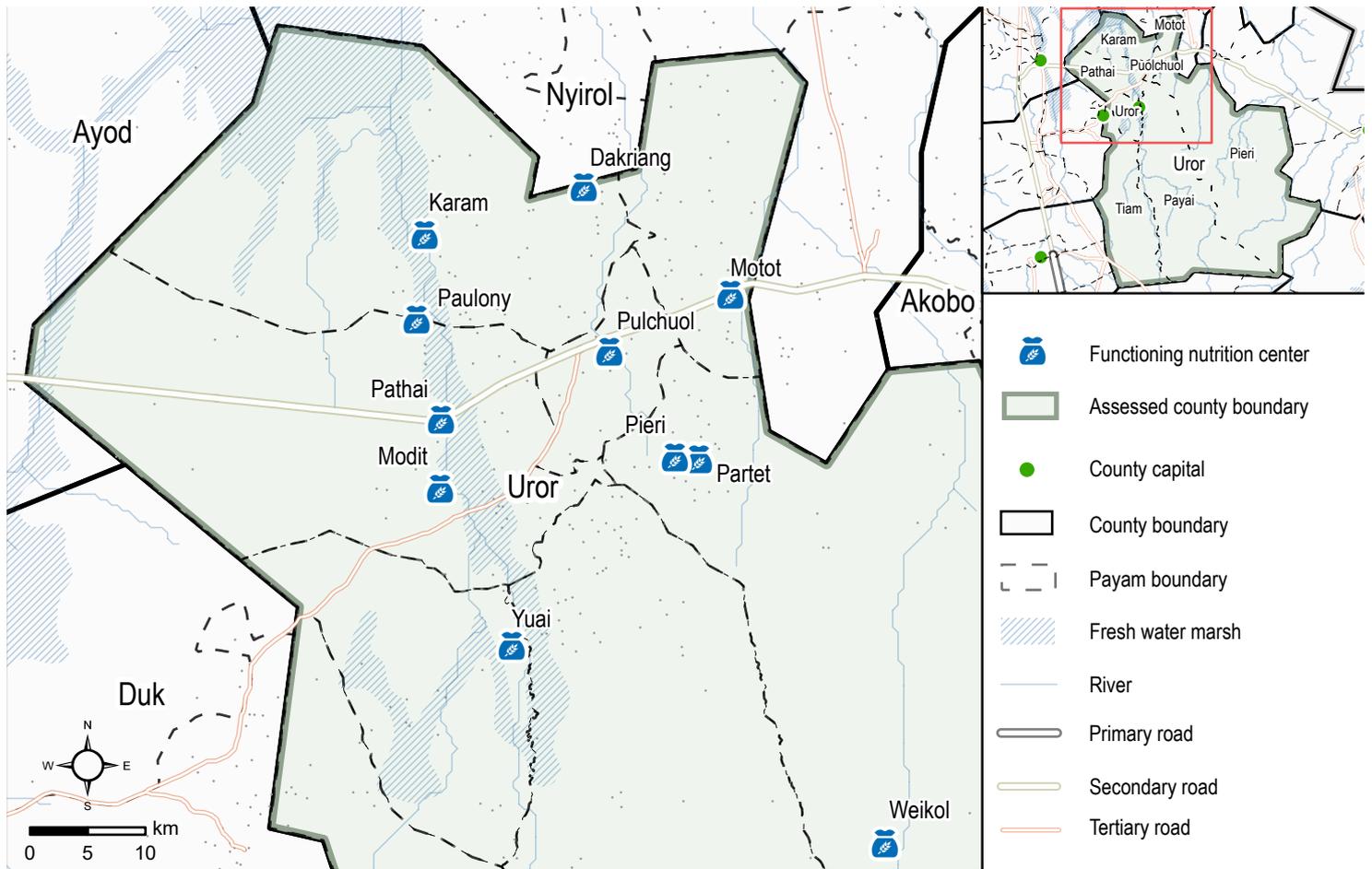
of cows or livestock products provided by family members) is now considerably lower than before. Further, because the number of better off households appears to have decreased since the start of the crisis, there are fewer *riang* on which poorer groups can rely, likely reducing the overall capacity of society to support worse-off households.

HUMANITARIAN FOOD ASSISTANCE

Assessment findings and secondary sources suggest that the erosion of traditional livelihoods is likely to have contributed to increased dependency on HFA since 2018. The March 2022 IPC analysis suggests that at least 25% of households in Uror met 25-50% of their caloric needs from HFA.²⁸ Further, individuals participating in at-risk of severe hunger and context mapping FGDs commonly regarded HFA as a critical means of filling food consumption gaps during historical periods of hunger.

Participants in five FGDs reported that access to HFA has decreased since the beginning of 2022. A KI working with a humanitarian NGO engaged in HFA activities reported that the distribution cycle for general food distribution (GFD) in Uror was increased by 15 days during a reprioritisation exercise that took

Map 4: Nutrition service provision, as reported by KIs



place in April 2022, but that the ration size remained at 30 days, translating to roughly 40% of the food basket. Distributions were reportedly carried out in February, May, and August across 7 distribution points (see map 3).

Sustained levels of returns to Uror have reportedly put additional pressure on limited food stocks. An HFA provider reported that registrations were carried out in Pamai (445 beneficiaries), and in Tiam (1,385 beneficiaries) in May 2022, but that registrations in other locations last occurred in November 2019. **As such, individuals who have since returned to Uror County outside of these 2 payams are unlikely to be registered to receive GFD.** Participants in four FGDs assessing risk of severe hunger in Pierei and Motot reported sharing food received from distributions with unregistered individuals, which they reported had led to an atypically fast exhaustion of food stocks.

The same HFA service provider reported chronic supply challenges, which are worse during the rainy season and throughout periods of flooding. Food supplies are mainly transported along feeder roads originating from Juba via Bor, all of which typically become impassable during the rainy season.²⁹ Further, Uror has no significant rivers on which to transport by

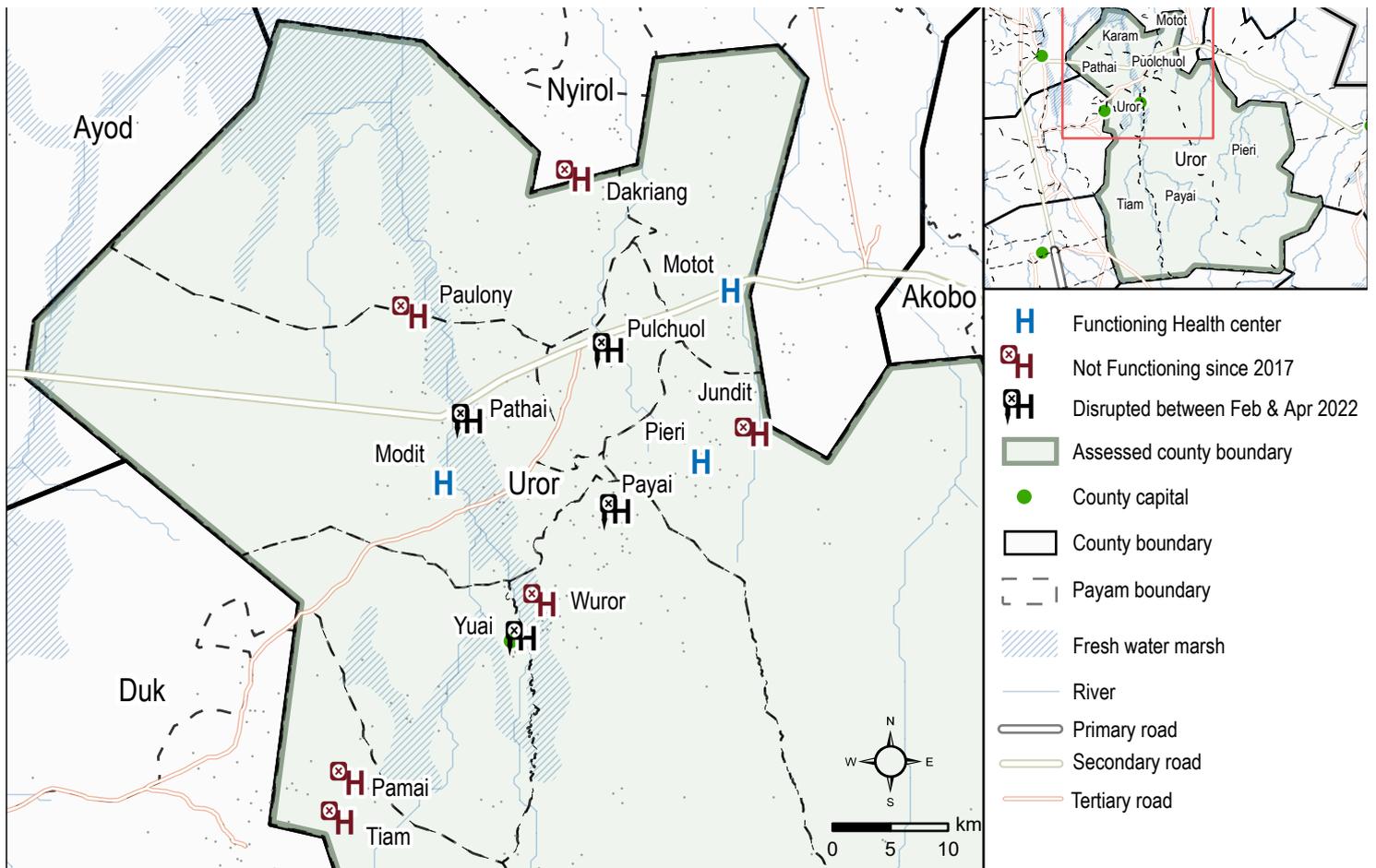
barge, and poor airstrips that are reportedly often not in good enough condition to land a plane. As a result, food supplies are reportedly most often transported by helicopter during the rainy season, severely limiting the quantity that can be delivered, and necessitating the use of airdrops when sufficient quantities cannot be transported. Such challenges reportedly resulted in the November 2021 distribution being missed at several distribution points.

In addition to serving communities in Motot payam, the Motot warehouse was also reported to serve communities from Pulchuoel, and from Waat, a populous area of southern Nyirol. According to the KI, food stocks there are often insufficient to meet the caseload from all three areas. **Shortages in Motot, as well as in nearby Pierei, reportedly led to the full caseload of beneficiaries not being met in August 2022.**

NUTRITION SERVICE PROVISION

At the time of data collection in August 2022, a nutrition service provider working for a humanitarian NGO reported that there were 11 feeding centers and 2 stabilisation centers operating across Uror.³⁰ Seven (7) of the 11 feeding centers were reportedly supplied by air, while the remaining 4 were reportedly supplied by road via

Map 5: Health service provision, as reported by KIs



other facilities. The feeding center in Paluony reportedly faces the greatest challenges with resupplying throughout the year, according to the KI. The facility is a 9 hour walk from the nearest supply site in Pathai, and, in the dry season, insecurity reportedly poses a serious risk to moving supplies by road. **The same KI reported that, at the time of the assessment, the facility in Paluony had been out of ready-to-use therapeutic foods (RUTF) since early July, and that supplies had exhausted sooner than anticipated because of an atypically large caseload as a result of poor access to food.**

Data provided by an NGO providing nutrition services shows a spike in admissions at stabilisation centers for severe acute malnutrition (SAM) with medical complications beginning in March and continuing up until May (June is the latest month for which data was available). A KI from the same NGO reported that admissions appeared to have dropped slightly in August following food distributions in some areas.

Flooding reportedly poses the greatest access barriers to nutrition facilities for communities in Yuai, Karam, and

Motot payams, community members of which reportedly have to cross large flooded areas during and after the rainy season, which is particularly difficult when travelling with sick individuals or young children. Such barriers were present at the time of the assessment, and will continue until flood waters recede, according to KIs. Communities in Motot, Dakriang, Partet, and Pulchuel are reportedly located the furthest from nutrition facilities, with Dakriang and Partet most affected by insecurity along routes.

The same KI reported repeated issues with consignment beginning in 2020, including delays with orders in the second half of the year, **suggesting supply gaps at nutrition facilities for two consecutive years during peak lean season months.**

HEALTH SERVICE PROVISION

Humanitarian service providers working with different healthcare implementing NGOs in Yuai and Motot, as well as a health specialist based in Bor but familiar with the response in Uror, reported the presence of **considerable challenges to healthcare provision**, including chronic supply barriers, late staff payments, and poor infrastructure. **These challenges reportedly drove**

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community frustrations over service quality which ultimately led to the disruption of health services at 4 of the county's 7 primary health facilities between February and April 2022, inhibiting access to healthcare for community members in these locations for several months. Services officially resumed in April after a new implementing partner stepped in to run the facilities, according to KIs.

Disruptions to service functionality between February and April 2022 negatively impacted community health seeking behaviour, according to health service providers based in Yuai. For instance, 3 health service providers in Yuai reported that people were traveling longer distances to reach alternative health facilities or private clinics, which often require additional payment. This is likely to have disproportionately inhibited access to healthcare for poorer households with less disposable income.

Since the resumption of services, many of the original issues with consignment and supply have reportedly persisted. Health KIs reported that patients at multiple facilities are referred to pharmacies to access basic drugs; facilities continue to suffer from shortages of key staff such as skilled birth attendants; **and facilities in Pathai, Modit and Pulchuol are reportedly dilapidated and at risk of collapsing.**

At the time of assessment, health service provider KIs reported that there were four primary healthcare centers (PHCCs) and three primary healthcare units (PHCUs) operated by three different providers in Uror (see map 5). **The number of primary healthcare facilities operating in Uror decreased from 17 to 7 in 2017,** according to health service providers and KIs working with the county ministry of health, **greatly reducing access to health services for people living greater distances from larger towns.**

The Motot PHCC's memorandum of understanding (MoU) with an INGO ended on July 30, 2022, according to staff at the facility, and at the time of the assessment, healthcare staff were uncertain if or when a new partner would step in to fund the facility's activities. At the time of assessment, the facility was operating, but at very limited capacity, and three staff members reported that most drugs and medical supplies were already exhausted or would exhaust within two weeks. Staff reported antibiotics were an area of particular concern given they were not in stock at the facility and not available at private clinics.

At the time of data collection in August 2022, three health service provider KIs reported that there was no operational hospital in Uror. The nearest hospital, an INGO-operated facility, was reportedly located in Lankien, Nyirol county. Health service providers reported that the walk to Lankien is between 10 and 15 hours from Motot Town, and is considerably further from most of

Uror's other main population centers. Further, the duration of the journey can increase significantly in the rainy season, depending on the extent of flooding. Service providers at six of the seven primary healthcare facilities (in all locations except the PHCC in Pieri) reported that serious cases are referred to the hospital in Lankien, but that no financial or logistical support is given for transportation. **As a result, sick and often vulnerable individuals without adequate financial resources face a choice of undertaking a long and arduous journey, or going without critical medical care.**

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ENDNOTES

1. "South Sudan: Jonglei – 'We Have Always Been at War'," International Crisis Group, December 2014, page 4, available online [here](#)
2. REACH KII with community leader, Yuai, August 2022
3. For more information on civilian disarmament in Jonglei, see: "Civilian Disarmament in South Sudan: A Legacy of Struggle," Saferworld, February 2012
4. "Initial Rapid Needs Assessment: Motot, Walgak, and Waat," February 2014, page 2, available online [here](#)
5. Ibid.
6. "Humanitarian Snapshots" produced by OCHA throughout 2017 provide specific information on movement dynamics and numbers of IDPs during this period, including: "South Sudan: Humanitarian Snapshot," OCHA, February 2017, available online [here](#). See also snapshots for [March](#), [April](#), and [May](#) 2017.
7. "Greater Akobo Rapid Displacement Brief," REACH, January 2018, available online [here](#)
8. REACH KIIs with community leaders and NGO staff in Yuai, Pieri, and Motot, August 2022
9. "Special Report: 2019 FAO/WFP Crop and Food Security Assessment Mission to the Republic of South Sudan," FAO and WFP, May 2020, page 102
10. "South Sudan – Humanitarian Needs Overview," United Nations Office for the Coordination of Humanitarian Affairs, 2020, available online [here](#)
11. "Tit-for-tat killings leave hundreds dead in South Sudan," The New Humanitarian, May 21, 2020, available online [here](#)
12. "Special Report: 2020 FAO/WFP Crop and Food Security Assessment Mission to the Republic of South Sudan," FAO and WFP, May 2021, page 23
13. "Lou Nuer – Dinka Bor – Murle Action for Peace, Jonglei State," Peace treaty, March, 2021, University of Edinburgh Peace Agreements Database, available online [here](#)
14. "South Sudan: Acute Food Insecurity and Acute Malnutrition Situation for February – March 2022 and Projections for April – July 2022," Integrated Food Security Phase Classification, March 2022, available online [here](#)
15. Ibid.
16. REACH KIIs with community leaders and NGO staff in Yuai, Pieri, and Motot, August 2022
17. The intensification of intercommunal violence in Jonglei State is well captured by a number of sources, including: "Incidents of Inter-Communal Violence in Jonglei State," United Nations Mission in South Sudan (UNMISS), June 2012, available online [here](#); "Armed Violence Involving Community-Based Militias in Greater Jonglei," UNMISS and United Nations Human Rights Office of the High Commissioner, March 2021, available online [here](#); "South Sudan Needs to Address Cycles of Intercommunal Killings," Human Rights Watch, March 2020, available online [here](#); "The Militarization of Cattle Raiding in South Sudan: How a Traditional Practice Became a Tool for Violence," Wild, Jok, Patel, Journal of International Humanitarian Action, 2018, pages 1-3, available online [here](#)
18. Refer to FAO/WFP Crop and Food Security Assessment Special Reports from [2019](#), [2020](#), and [2021](#)
19. "South Sudan: Acute Food Insecurity and Acute Malnutrition Situation for February – March 2022 and Projections for April – July 2022," Integrated Food Security Phase Classification, March 2022
20. "Livelihoods Zone Map and Descriptions for the Republic of South Sudan (Updated)," FEWS NET, August 2018, available online [here](#)
21. Ibid.
22. Ibid.
23. "South Sudan - Flood Frequency 2019 - 2021," REACH, January 2022, available online [here](#); for additional info on how flooding has affected crop production and access to livelihoods in Uror and Jonglei refer to FAO/WFP Crop and Food Security Assessment Special Reports
24. "South Sudan – Humanitarian Needs Overview," United Nations Office for the Coordination of Humanitarian Affairs, 2020, page 12
25. "Livelihoods Zone Map and Descriptions for the Republic of South Sudan (Updated)," FEWS NET, August 2018
26. "Special Report: 2019 FAO/WFP Crop and Food Security Assessment Mission to the Republic of South Sudan," FAO and WFP, May 2020
27. "Livelihoods Zone Map and Descriptions for the Republic of South Sudan (Updated)," FEWS NET, August 2018
28. "South Sudan: Acute Food Insecurity and Acute Malnutrition Situation for February – March 2022 and Projections for April – July 2022," Integrated Food Security Phase Classification, March 2022
29. "South Sudan – Physical Access Constraints," Map, South Sudan Logistics Cluster, August, 2022, available online [here](#)
30. A stabilisation center is a health facility that provides in-patient health services for children with severe acute malnutrition with medical complications. A feeding center, or out-patient therapeutic center, offers out-patient treatment for acutely malnourished children, including by providing ready-to-use therapeutic foods (RUTF).