Initial Rapid Needs Assessment:
Ganyliel, Panyijiar County, Unity State
20-21 February 2014

This IRNA Report is a product of Inter-Agency Assessment mission conducted and information compiled based on the inputs provided by partners on the ground including; government authorities, affected communities/IDPs and agencies.
Situation Overview:

On 15 February OCHA received reports that up to 45,000 IDPs were seeking refuge in Panyijiar County in Southern Unity State; particularly in Ganyliel and Nyal Towns and on numerous nearby islands that exist in the in the Sud (wetlands surrounding the White Nile). In response an IRNA mission was launched through the Intercluster Working Group. The area normally has high levels of food insecurity which has worsened over the last two years when flooding has destroyed crops and livelihoods.

The team deployed by helicopter to Ganyliel on 20 February 2014 and met with the RRC Coordinator, staff from IRC and other INGOs, some of whom were IDPs themselves. On 21 February the team deployed by boat to Thoanom. Some IDPs were being hosted by the local community including family whilst others, who had no such support were camped out under trees.

Given the number of IDPs and the extreme conditions of the site, a multi sector emergency response is required urgently. The most pressing sector that requires a response is food.

Site overview

Ganyliel Town, looking South

Location Map
Drivers of Crisis and underlying factors

The patterns of displacement in South Unity State have followed the timelines of heavy fighting:

1. First week of January – Fighting in the Bentiu Area drove many south towards Mayendit.
2. Middle – Late January- IDPs from Mayendit driven towards Koch/Leer Counties.
3. Late January – Fighting in Leer and Koch drove the same IDPs from Bentiu and additional IDPs from Koch, Leer and Mayendit further South again, arriving in Panyijiar County (Nyal, Ganyliel, Panyijiar HQ)
4. Early February – Attacks on Panyijiar HQ and the burning/looting of ‘20’ villages in the area Forced the IDPs to scatter once again, including residents of these towns, with many of them hiding in the Sud on islands.

In 2013, Panyijiar County was only able to produce 28% of their total cereal requirements for 2014. In addition a large number of the population lost their stocks during the displacement period, leading to a much higher food deficit.

Ganyliel like most parts of the County was heavily flooded in the last season, which hindered crop production and led to massive losses in cropped areas. The flooding also affected the livestock leading to massive losses.

Scope of crisis and humanitarian profile

So far the conflict has not yet come to Ganyliel and infrastructure is still intact. However it has had an influx of IDPs who are mainly Nuer who had settled over the years in other locations but have family still here. Some had come from places where they had been forced to flee because of fighting i.e. Bentiu, Leer, Malakal and Bor whereas others had come because they believed they could not live safely as Nuer in Rumbek. It was felt that Ganyliel was safe Nuer territory. Registration by the RCC started in the first week of January and has continued with all new arrivals registering. Those departing have not been removed from the register but the RRC says that most people have stayed. Some of these people would have been registered at other locations as they transited through. So far the following had been registered:

Key Response Priorities

FSL:
- Emergency Food distribution immediately
- General Food distribution within 14-21 days
- Emergency seed and agriculture tool kit distribution

Health / Nutrition:
- Drugs and medical supplies for, Ganyliel PHCC, Pachar PHCU, Morgok PHCU and Tiap PHCU. Other government health facilities aren’t functioning
- Mobile clinics to respond to the need at the IDP sites
- Need for routine and outreach vaccination
- Mosquito Net distribution
- Medevac for casualties and emergency cases to appropriate secondary care.

Protection:
- Identification of persons facing specific protecting threats and exploring safe options for them.
- Child protection programming in tracing and reunification and creation of safe spaces for children.
- Engagement with community networks to strengthen positive coping mechanisms

Shelter/NFI:
- Registration of IDPs and distribution of NFI kits, plastic sheets and rope.

WASH
- Repair of the non-functioning borehole and the 2 others which are not actively functioning in Ganyliel.
- Distribution of aqua tab or purifications tabs.
- Construction of emergency latrine in the Ganyliel primary school.
- Hygiene promotion sessions.
As most IDPs are staying with families the burden on the host community has resulted in almost all food being exhausted and the market was completely depleted. The last truck of supplies for the merchants arrived prior to the conflict. Water was available although there are long queues at water points and one of the six hand pumps is not functioning.

IDPs without family including non-Nuer and those from the Panyijiar cattle raid are staying at several sites around the town, some in unused buildings such as the school but many more are staying in the open. Their situation is considerably worse than hosted IDPs and they rely upon the charity of others by begging for food around the town.

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1 As reported by RRC Panyijiar

2 It was not apparent that any more than 500 IDPs were present in Ganyliel Town itself.
Humanitarian Access

Physical access
Ganyliel has an airstrip that is suitable for helicopter and fixed wing aircraft. Reaching neighbouring villages requires boat or walking because due to flooding over the last two years have made roads impassable. IDPs suggested that Ganyliel would be a good central point for distributions and people can easier reach it.

Access coordination
At the date of the assessment the opposition forces in the area assured OCHA that the area is secure and so far humanitarian partners have not suffered from interference.

Key Findings

Food Security and Livelihoods

Key findings:
- The situation is absolutely severe; food stocks in the county are depleted for IDPs and residents same way
- Almost no food available in markets since external supply has broken down due to the conflict; no staple food as maize or sorghum is available in markets, at all
- The very little food available at market is offered at extremely high prices (approx. 100 gram groundnut = 10 SSP, 1 goat/sheep = 300 SSP)
- Food stocks with resident households last under one week only (random sample of 6HH) and many have taken up IDPs to share the little they have
- Copying strategies of residents and IDPs is eating water lily seeds, wild fruits and nuts and cooking leaves from trees
- Population is traditionally engaged in animal husbandry; agriculture activities are on a very low subsistence level (small plots for home gardening of 4x4m), although water is available from the nearby swamp throughout the year and land for crop cultivation sufficiently available (according to chiefs); fishing is also done by some people, but fishing gear is not available to extend this activity
- No seed stocks available since all have been eaten; seed storage items are very simple and need improvement on the long run
- The massive cattle raid in 02/2014 in Panyijiar worsened the situation even more
- Malnutrition was already a severe problem before the present conflict - IRC nutrition survey from 12/2013 show 40% of children under 5 with moderate or acute malnutrition); a quick survey from IRC 02/2014 among the IDP shows very similar results; indicating again that the situation is equally severe for both groups
- Food is mentioned highest and urgent priority from all residents, IDPs, county commissioner, chiefs

Priorities for humanitarian response
- Emergency food distribution immediately
- General food distribution (within 14-21 days)
- Distribution of seeds, agriculture tools and fishing gear
Health and Nutrition

**Key findings:**
- The IDPs settled around the existing health facilities and some utilizing the existing services which lead to double the number of consultations being held now, than before the influx of the IDPs.
- Some IDPs are fetching water from swamp for drinking and cooking which lead to spread of communicable diseases like diarrhoea 12.7%, ARI 17.6% and injuries 8%.
- Need for routine and outreach vaccination.
- IDPs are sleeping under trees and no mosquito nets provided which lead to increase malaria cases: 61% of consultations reported in last 7 days from Ganyliel PHCC.
- The IRC has community nutrition workers screening for malnutrition. 576 children under 5 were screened which found 72 children with **SAM (13%)** and 261 with **MAM (45%)**. There is a shortage of supplies for SAM cases to be received from UNICEF. There is need for another partner to manage MAM cases and a stabilization centre for management of SAM cases with complications.

**Priorities for humanitarian response:**
- Drugs and medical supplies and nutrition supplies to address the increase need of the host and IDP population.
- Mobile clinic to respond to the need for the IDPs who have difficulties accessing the health facilities.
- Distribution of mosquito nets.
- Health education and promotion activities.
- Referral means to transport severe sick patients and patients with trauma (like gunshot wounds).

Shelter + NFI

**Key findings:**
- IDPs had fled their places without any belongings, as the travel involved crossing swamps and rivers in small boats and have no shelter / NFI materials.
- Ganyliel has been cut off from rest of the country since mid-December and has not received any supplies. The market is empty and no NFIs are available including soap.
- IDPs have few if any household items or materials to construct shelters and these commodities are unavailable at the market. IDPs are in need of mosquito nets, soap, jerry cans, sleeping mats, blankets and kitchen sets (in order of priority). Plastic sheets and ropes are required for shelter; other local material can be collected from forest.
- No NFI/ES assistance has been provided to date.
- Majority of IDPs are living with host communities, which has put pressure on the existing limited resources. During the visit, a small number of IDPs were found in a school and two other sites.
- The area also faced flooding over the last three years and water was still standing.
- With rainy season around two months away, it is vital that NFI supplies are provided before the onset of the rains

**Priorities for humanitarian response**
- Registration and verification of IDPs
- Provision of complete NFI kits and selected items for shelter (plastic sheets and rope) for IDPs. The NFI/ES distribution can be done along with food distributions
- The host community is also need of selected NFI kits (mosquito nets and soap), if not included in WASH intervention.
Protection

Key findings:

- At the beginning of the conflict, most persons arrived in Ganyliel on foot but due to increased insecurity on the road, populations are arriving over the past month arrived via canoes. The number of new arrivals depends on boat/canoe capacity.
- Populations interviewed are from Bentiu, Malakal, Rumbek, Bor and Leer. Most are living with family and relatives in the host community. With host families sheltering significantly large numbers of families, some are sheltering outside homes in the open air. In Thoanom, almost all the IDPs are sheltering under trees. Mosquito nets are lacking even for mother and newly born babies presenting more protection risks. Many families in Thoanom reported they fled very quickly in the middle of the night with little to almost no clothing.
- There are approximately 300 IDPs living in Ganyliel school including 8 foreign nationals and approximately 40 Central Equatorians most of whom were caught up in the violence travelling from Malakal to Juba on the boats. This group has no community support system and expressed the desire to be supported to return to Juba. Many reported having to trade their clothing for food and fuel.
- The host community has been pulling their resources such as food to support the new population. However, they are running low on supplies and are stretched. There are no food supplies in the market. The market previously had a lot of traders but with increased insecurity, the routes have closed and no new supplies have arrived since the conflict began.
- Relations between the host and IDP community were reported to be good although these are fragile given the constraint in resources and the fact that the host community has nearly depleted all its’ resources. Lack of food is a serious concern for this population with families feeding on leaves and water lilies to survive.
- Many of the interviewed persons reported feeling safe in their current location but also reported having difficulties sleeping through the night and were worried the security situation could change. Families sleeping in the open expressed feeling unsafe especially at night.

Child protection:

- There are a number of separated and accompanied children. Many families reported hosing 2-3 children whose parents’ whereabouts were unknown. The community has been supporting these children with food but resource such as food are limited and/or quickly running out.
- There are a high number of armed actors in the market and surrounding areas presenting protection risks e.g. recruitment of children under 18 years.
- GBV: Rape of girls and women including elderly women was reported to have occurred during the conflict.
- Women and girls are lacking materials such as sanitary towels, slippers and underwear to as many had to leave quickly and carried nothing with them. Girls reported having to hide during their menstrual period. Access to clothing is also a problem with many respondents reporting they had borrowed clothing from the host community.

Priorities for humanitarian response

- Urgent responses are needed in the sectors of food, NFIs and dignity kits to prevent families from developing further negative coping mechanisms and exposing themselves to protection risks.
- Identification of persons facing specific protecting threats and exploring safe options for them.
- Child protection programming in tracing and reunification and creation of safe spaces for children.
- Engagement with community networks to strengthen positive coping mechanisms.
- Psychosocial support programs are needed in the community.
- Post rape care supplies and trainings for health services
- Information to women and girls on why they need to access health care
- Safe spaces for information, reporting, referrals and access to GBV case management and PSS
WASH

Key findings:

Water Supply
- Ganyliel Payam has 10 water points distributed in all its Bomas with 6 of the water points being in the Ganyliel town of which 5 are functioning although 2 of them will need a change of the cylinder or the cylinder buckets for active functioning.
- Most of the boreholes were maintained as well as repaired by IRC wash staff based in Ganyliel who train water management committees in all the active water points as well as fencing although the drainage needs improvements. In discussion with the IRC WASH staff (one of whom was previously the County MOPI Representative for Panyijiar) and the 2 pump mechanics available in the area confirm that if the spare parts (cylinders) and the tools (standard and special tool boxes) for the work are supplied they would able to repair the 2 boreholes which are not actively functioning.
- Quick test of the water was conducted with H2S TEST KIT (bacteriological Field Test for Drinking Water) showing that the water was fit for drinking, with exception of the Tharyieer borehole (GPS coordinates:N7,40803'', E30,472687'') which indicates bacteriological contamination as the water colour turns black after approximately 36hrs.

Sanitation
- In observations at Ganyliel town it was noticed that there exists latrine pits, decommissioned latrines and actively functioning latrines but despite this the population still practices open defecation in undefined places.

Hygiene
- Generally the hygiene behaviours of the population need improvement.

Priorities for humanitarian response
- Supply of materials required cylinder or the cylinder buckets as suspected technical problems of the 2 water points and rehabilitation of primary school borehole which was broken since May 2013 according to MOPI representative.
- Chlorination's of the all the water points or boreholes.
- Distribution of chlorine tablet for the populations.
- Creation of community hygiene promoters to address the behavior change campaign in the area (personal, food, waste disposal, water points and water containers cleaning).
- Emergency latrine needed in the primary school IDPs.
Next steps

Based on the Humanitarian priorities identified, the following Cluster Responses are committed:

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Priority actions</th>
<th>Human and material resources required</th>
<th>Responsible Entity</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSL</td>
<td>Emergency food distribution immediately for 14 days (CSB++ &amp; Sugar)</td>
<td>Food inputs</td>
<td>WFP/Welthungerhilfe</td>
<td>24.02.2014</td>
</tr>
<tr>
<td></td>
<td>General food distribution (after 14 days)</td>
<td>Registration of resident beneficiaries/IDPs</td>
<td>WFP/Welthungerhilfe</td>
<td>10.03.2014</td>
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<tr>
<td></td>
<td>Distribution of seeds, agr. tools and fishing gear</td>
<td></td>
<td>WFP/Welthungerhilfe</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Drugs and medical supplies for Ganyliel PHCC, Pachar PHCU, Morgok PHCU and Tiap PHCU.</td>
<td>Charter planes either through logistics cluster, WFP or private planes to transport drugs from Juba</td>
<td>IRC</td>
<td>February</td>
</tr>
<tr>
<td></td>
<td>Mobile clinics to respond to the need at the IDP sites</td>
<td>Additional drugs and supplies</td>
<td>IRC</td>
<td>March</td>
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<tr>
<td></td>
<td>Routine and outreach vaccination.</td>
<td>Vehicle hire or use IRC vehicle</td>
<td>IRC</td>
<td>Ongoing</td>
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<tr>
<td>Health / Nutrition</td>
<td>Medivacs for casualties and emergency cases to appropriate secondary care</td>
<td>Availability of stock</td>
<td>Health Cluster</td>
<td>ongoing</td>
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<td></td>
<td>Distribution of bed nets</td>
<td>Transportation from Juba</td>
<td>IRC&amp; PSI</td>
<td>Mar- Apr</td>
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<tr>
<td></td>
<td>Finding another partner to manage MAM cases and stabilization centre for management of SAM cases with complication.</td>
<td></td>
<td>Health Cluster</td>
<td>TBD</td>
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<tr>
<td>Protection</td>
<td>Identification and support to persons facing protection threats</td>
<td></td>
<td>IRC</td>
<td>3 March</td>
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<tr>
<td></td>
<td>Protection mainstreaming support and training.</td>
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<td>IRC</td>
<td>3rd March</td>
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<tr>
<td></td>
<td>Engagement with community networks to strengthen positive coping mechanisms</td>
<td></td>
<td>IRC</td>
<td>3rd March</td>
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<tr>
<td></td>
<td>Post rape care supplies and trainings for health services</td>
<td></td>
<td>IRC</td>
<td>28th February</td>
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<tr>
<td></td>
<td>Information to women and girls on why they need to access health care</td>
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<td>IRC</td>
<td></td>
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<tr>
<td></td>
<td>Safe spaces for information, reporting, referrals and access to GBV case management and PSS</td>
<td></td>
<td>IRC</td>
<td></td>
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<tr>
<td></td>
<td>Psychosocial support programs for the community</td>
<td></td>
<td>IRC</td>
<td></td>
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<tr>
<td></td>
<td>Identification and registration on separate, unaccompanied and missing children</td>
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<td>IRC</td>
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<tr>
<td></td>
<td>Dignity kits for women and girls</td>
<td></td>
<td>IRC</td>
<td></td>
</tr>
<tr>
<td>SHELTER / NFI</td>
<td>Verification / registration of IDPs</td>
<td>Registration Teams</td>
<td>Concern and IRC</td>
<td>Within 2 weeks</td>
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<tr>
<td></td>
<td>Distribution of a complete NFI kits and plastic sheets/rope for all IDPs</td>
<td>common humanitarian</td>
<td>Concern or IRC</td>
<td>Within 2 weeks</td>
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</tbody>
</table>
IRNA stands for “Initial Rapid Needs Assessment”.

**Initial**: Serves as a ‘first look’ at locations where immediate emergency humanitarian response is anticipated, and determines immediate priorities for intervention – registration and targeting of caseload can be required as follow-up, or ‘blanket’ distribution of aid can be actioned directly.

**Rapid**: Deployed quickly, from a list of pre-trained and pre-qualified humanitarian personnel

**Needs Assessment**: The IRNA is an Inter-agency and inter-cluster process using an ICWG-endorsed tool, reporting format and methodology – namely The IRNA form, and the IRNA Reporting Template.

The IRNA was endorsed by the South Sudan Inter Cluster Working Group (ICWG) and launched in November 2012, combined with training of humanitarian actors at Juba and state level.

The IRNA mission to Ganyliel was conducted over two days (20-21 February 2014). The resulting analysis was based on a combination of specialist and generalist key informant interviews, male and female community group discussions, direct observation, review of secondary data and the expert judgement of sectoral specialists on the IRNA team.

**The assessment was conducted by the following team:**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Name</th>
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</tr>
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<tbody>
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</tbody>
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