



# HUMANE-AID FOR COMMUNITY ORGANIZATION (HACO)

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## TYPE OF ASSESSMENT: Multisectoral- Rapid Assessment

**STATE** : Central Equatoria

**COUNTY** : Juba County

**PAYAM** : Munuki

**LOCATION** : Manga Teen

**BLOCK** : C

**ASSESSMENT PERIOD:** 4<sup>th</sup> /06/2015 to 13 /06/2015

### 1.0 EXECUTIVE SUMMARY

This rapid assessment aims at identifying a selection of humanitarian needs within Manga Teen population IDP camps which are accessible by Humane Aid for Community Organization (HACO) interacting with a spectrum of stakeholders found managing the camps and compiling a series of available issues for different thematic areas including WASH, Food Security & Livelihood, Child Protection /GBV service, Education Health and Nutrition programs .

The Assessment team consisted of HACO staff with varying technical knowledge and competencies

The team used a selection of assessment tools with widely divergent information from the informant population that came from Upper Nile( Melut, Poloch, Malakal, Piji , Maban and Renk Counties )

Unity State (Mayom, Rubkona, Guit, Koch, Leer, Pariang, Meyandit and Panjiar Counties)

The manga Ten IDP camps comprised of deeply conflicted and Traumatized population from their places of origin in various counties of Unity and Upper Nile states.

The population is highly vulnerable and most food insecure. The team discovered that large population of the IDPs who came from Upper Nile State in Melut had worrying rates of malnutrition with heavy needs of WASH, Protection, Education and health services .

The two camps have low levels of humanitarian coverage with varied needs of assistance in (Child protection and Gender based violence services)

The communities in the two camps have variety of needs which require consistent provision of life saving in WASH, Child protection ,GBV ,Education ,Food Security and Livelihood options for the youths and improved Water supply to alleviate pressure on the conflict affected population .

The constraints in getting reliable population and beneficiary data across the camps have so far meant that coordinated aids response has been limited.

Ethnically , culturally, and linguistically the population has diverse needs in the camp which are orchestrated by the ongoing conflict in Unity and Upper Nile States.

With close guidance and counseling there is optimism that meaning full reintegration and reconciliation can be achieved once peace is negotiated

## **2.0 Situation Overview:**

From 4<sup>th</sup> to 13<sup>th</sup> June 2015 , Humane Aid for community Organization ( HACO) assessment team visited Manga10 IDP camps in Juba County Munuki Payam in Central Equatoria state to assess the humanitarian situation of the IDPs from conflict affected places in Unity and Upper Nile States in the camp.

The assessment team was able to visit camp1 and 2 and found out that the population in camp1 was 13,855 individuals and **9984** individuals in camp2 respectively.

## **3.0 Specific Objectives:**

- Establish an overview of the conditions of the people found in the camp who need humanitarian assistance.
- Establish contacts and rapports with relevant stakeholders, Government and community representative actors in the IDP camps
- Establish possible chances of implementing projects in different thematic areas and apply ways of programming with other partners through prioritizing activities in the camp
- Establish overview information of resources and humanitarian needs of vulnerable populations in the camps to be informed of the details of the rapid assessment

## **4.0 Methods used in conducting assessment**

- Observation
- Respondent interviews with Key persons managing the camp
- Focus group discussion with specific groups (Women group, Youth group local authorities chiefs, Teachers and RRC Personnel available in the camps )
- Participatory approach with beneficiaries from the population from the camp

#### 4.1 HACO Team composition

1. Joseph M.Simiyu- Program Manager
2. Watuwa Charles Alfred –Education Manager
3. Annet Mullu Itto Protection Officer
4. Muhindo Balyana Masereka - WASH-Manager
5. Unia Nambalirwa- Food Security and Livelihood Officer
6. Gatkek gatjiek- /Translator
7. Yaya John Yok – Logistics Officer
8. Lindiyo Magaret Ben –Hygiene Promoter
9. Mutebule Ainea –Clinical Officer
10. Mariam Kabute –Nutrition Officer

Focus Group discussion was used in collecting information from different age groups

- Youth Group,
- Women Group
- Elderly group
- Children with disabilities
- Chiefs and other Community leaders
- Local Authorities ( RRC ) members

Semi structure interviews were conducted, desk review and Observation.

Communities were mobilized for meetings to identify priority areas of great need in the 2 camps.

The primary data gathered during the assessment is combined with the available secondary data to analyze specific needs in the two camps

#### 5.0 Appreciation is given to the following group of people from the community

1. Paramount Chief Juma Undeng local authority
2. Mr. Peter Majok – medical personnel from Melut IDP group
3. Mr. Mark Twong Machar – Emergency Team leader ( teacher)
4. Mr. William Makuach Deng – Chief from the IDP population from Upper Nile
5. Mrs. Mary Both – RRC local Authority team
6. Mrs. Mary Nyathiel – Chair lady of the IDP women group
7. Mr. Paul Pur Mayen chief of Melut IDPs in the camp
8. Mrs Deborah Yar from RRC – Peace building coordinator
9. Mr. Manyluk Maker –Health coordinator in the IDP camp

## 6.2 Key findings and Recommendations

### Food Security:

- **Food rations are distributed by RRC to households weekly( Flour, Cooking Oil ,Lentils and salt)**
- No agriculture done since the population have no farms to practice Agriculture in the camp .
- Recommendation the government to find land for the IDPs to cultivate crops for their food consumption.
- Fishing activity is a livelihood which is supported to engage the youths have income to sustain themselves through enhanced diversified household food

### 7.0 Water Supply

- Water is supplied by the Trucks provided by Relief and Rehabilitation commission (RRC).
- IRW also distributed 200 empty water Jerry cans and distributed to the households in camp1.
- There are 8 empty plastic Water Tank of capacity 1500 liters each in camp 1 which are filled twice daily by Jandak private Water supply company .
- The company has a water treatment plant in Juba Town where water is chlorinated before being taken to the camp for household use.
- The Government is responsible for meeting the water supply charges for two camps.



women lining up Jerrycans to get water from the Water tank

## Recommendation

- More six Water storage Tanks with capacity of 2500 Litres each are required to assist the growing population in the camp
- Water purification drugs required to improve the drinking water
- Number of water supply to the camp per week should be doubled to meet the current needs of the population
- NFI items including Jerrycans, buckets and chlorine ( Water guards ) are highly need for improving the water condition supplied to the camp.

## 10.0 Market Situation

The population is situated in a place where Markets are near to purchase their food requirements. Manga 10 is situated next to Mia Saba, Munuki Payam Markets.

The Food Security situation is currently handled by the Government where RRC has been taking lead in distributing food to IDP households.

There is urgent need to inject Cash in the community to enable the population to purchase food from the available Markets (Cash transfer Markets is vitally important modality of intervention to this population in the community)

High prices of essential commodities due to the increasing inflation in the country makes the conditions hard to be available to the IDPs to survive since they have no money.

### 8.1 Recommendation

- There is need for distribution of the NFI items especially Jerry cans for storing water and Mosquito -nets

## 9.0 Sanitation Situation

Access to sanitation is limited in the camp since there are few Latrines serving a huge population that is increasing daily especially in camp 2

### Key Finds

- Camp 1 has 4 latrines
- Camp 2 has zero Latrines
- There is limited awareness on safe disposal of excreta in the camps.
- Open defecation habit is on the increasing and will likely cause disease outbreak putting health conditions of the whole population in the camp at risk

- Solid Waste Management in the is not well handled since there are no waste bins put across the camps

#### **Recommendation**

There is need for construction of improved latrines especially in camp2 to support the spontaneous growing population because new arrivals come in daily from Upper Nile state which has experienced high population displacement of recent .

- Invitation of WASH Partners who implement sanitation program to take lead in the camp.
- Construction of more improved and separated Latrines for men and women
- Construction of Washer rooms /Shelters both separated for men and women
- Engage the IDP population in the activities which aims at promoting sanitation in the camps

#### **HACO Response**

- Intends to construct emergency improved latrines to safe the current situation of the people in the camps
- Training the Community on Cholera preparedness response
- Training the community on personal hygiene and Sanitation through hand washing activities
- Training the community to learn how to setup utensil table for storing their household utensils after washing them.
- HACO would like to get involved in managing the solid wastes in the camps through repositioning the empty drums / bins for garbage collection.

### **9.2 Key findings**

#### **Hygiene Program**

- Hygiene standards to be improved in the camps /Female and Male sections should be put in place to avoid confusion.
- Diarrhea is likely to be on the increase in Children during this rainy season if action will not be taken.
- Hygiene materials for example dignity facilities for women and girls are not available in the camp

### **9.3 Recommendation HCO –Response**

- Soap distribution and other NFI to the women and girls will be ideal
- Training to the community on hygiene education is highly needed to offset the hygiene challenges arising in the camp
- Hygiene promotion implementing partners to have a quick plan for delivering services
- Dissemination of Hygiene messages in the camp is essential for the community for people to change their behavior
- Promote safe and hygiene practices.
- Promote education and outreach focused on children as agents of behavioral change

- Promote affordable, socially and culturally acceptable technologies and practices to be used in the camps.

## **10.0 General protection**

### **10.1 Key findings**

- Lack of reliable information and service mapping
- Minimal community protection services rendered in the camp
- Lack of shelter to accommodate the households that are increasing daily may expose women to GBV risks in the camp

### **10.2 Recommendation**

- There is need for community based consultations to establish the existing gaps in capacity
- Communication mechanism should be established in the camp to provide essential ground to identify the protection needs of the population .
- There is need for Promoting community knowledge and sensitization on gender based violence cases
- The existing population is a mixture of people with different Cultural norms which expose women and girls to gender based violence risks in the camp
- In a single Tent 7 families are grouped together with no privacy
- There is general lack of Community Monitoring response (CMR) on GBV cases and therefore this gives another opportunity to GBV perpetrators to repeat the act without question.

### **10.3 Recommendations**

- Humanitarian agencies should try hard to engage and work with women to empower them prevent negative coping strategies

- Creation of cultural heterogamous groups of women is essential in the community which shall facilitate discussions among women and girls.
- There is need in the camp for the community to be sensitized on the gender roles and responsibilities to provide equal chances to both men and women to participate in the socio economic well being of the household.
- There is need for the population in the camp to be disseminated with referral pathways for GBV services.

### 11.0 Key findings Child Protection



*A Child left in the Tent alone wondering what to do, HACO-staff comforts lonely child.*

- No education for children in the camps
- No livelihood activities taking place for all age groups in the camps
- 25 separated and unaccompanied Children are found in both camp 1&2 registered by RRC.
- Referrals and Tracing services for separated and unaccompanied children are lacking in the camps
- 68 Children with single parents either with father or mother are registered.
- 66 children are registered with disabilities in the camps
- 27 Children are registered without both parents
- Minimal humanitarian community based protection assistance.
- Fragile traditional justice system in the camps

### 11.1 Recommendations

- Detailed Child Protection verification of the data obtained is required in the camps



- Humanitarian assistance is highly required for separated and unaccompanied children in the camp
- FTR services required in the two camps
- There is need for Community monitoring and reporting mechanism (MRM)
- There is need for MRM services for GBV cases.
- Civil and military influx proximity in the camps drastically increases risk of GBV.
- There is need for specific programmatic objectives to guide operational work plan in the camp.

### Education Sector

#### 11.2 Objectives:

- Increase access to protective temporary learning spaces in the camp for approximately 12,000 children affected by emergencies.
- Supply emergency teaching and learning materials for approximately 12,000 children and 50 teachers affected by emergencies in the camps.
- Train teachers on life saving skills, disaster risk reduction and psychosocial support
- Train Teachers on teaching curriculum

#### 11.2 Key Findings in Education



*Children waiting for school registration in camp 2*

#### **Number of School going age Children in Manga 10 Camps**

AGE		P1		P2		P3		P4		P5		P6		P7		P8	
GENDER		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTAL		60	50	17	16	22	02	04	08	12	02	04	01	03	01	06	02

**Total Male 170**

**Total female 127**

### Key Findings

- One school existing in the camp 2
- 6 teachers / volunteers present
- Lack of teaching materials and learning space
- Lack of scholastic materials for psychosocial support services
- 8% children are found in school.
- No correct statistics of children established
- 90 % of the children are out of school
- RRC is trying to register the Children but the verification of figures is not yet confirmed.

### 11.3 Recommendations

- Provision of scholastic materials to schools in the camp is highly needed for Children to learn.
- Sensitization of the community in the camp on the importance of education to allow their children to learn
- Identification of Teachers who can teach / volunteer to teach the children in school.
- Prepositioning of teaching and learning materials in the camp to promote the learning environment
- Training of teachers and provision of their incentives is required in the camp
- It is recommended to establish learning criteria of 100 children found in the camps
- Learning spaces should be set up in the camp for children to catch up with their learning sessions.
- It is recommended to do awareness creation for teachers and parents for better use of text books supplied to learning centers in the camp.

### 12.0 Nutrition Program

The combination of this baseline vulnerability and severity of the conflict for the IDPs' place of origin in Unity and Upper Nile states, forms the current drivers of the prevailing situation in the camps

### 12.1 Objectives

- To determine the coverage of measles vaccination among Children aged 9-59 months found in the camp
- To determine the coverage of vitamin A supplementation received by Children during the last 6 months among children if there has been any.
- To assess the 2 week period prevalence of diarrhea among Children aged 6-59 months in the camp
- To measure the prevalence of Anemia in Children aged 6-59 months and in women of reproductive age between 15-49 years.
- Many households are in need of NFI, Food, clean drinking water and safe places of excreta disposal
- There is also a proportion of under-nourished population among children who are less than 59 months old in the camp.



#### ***Lactating mothers lining up for Milk distribution in camp2***

Prevalence (percentage) of underweight children under five years of age in the camp is also reflected.

There is need for provision of high quality basic health, hygiene and technical Nutrition education services to vulnerable Mothers affected by conflict.

### 12.2 Health

The Government established one Tent as a clinic where the outpatients come and receive medical services.

Islamic Relief Worldwide provided one mobile ambulance and some sanitation construction materials including plastic slabs for making temporary and improve Latrines in the comp.

IRW also provided eight inpatient beds in the camp.

This health center provides all medical services required by the entire population found in camps.

Both Nurses and drugs are provided by the Ministry of health (MOH)

### 12.3 Key findings

- One diarrhea case was identified, treated and referred to Juba Teaching hospital but not yet confirmed.
- High rates of Malaria cases reported in the clinic at the household level
- Most of the common cases found in this clinic are of malaria, Pneumonia and anthrites in nature.
- One case of food poisoning was identified in camp2 but the patient received treatment and recovered.
- 4 Cholera cases were suspected in camp1 but referred to Juba Teaching hospital where no confirmation has been reached or verified.
- The health centre is currently sponsored by the Government under the auspices of Dr. Abraham Edut from the Ministry of health (MOH) who over sees the health center.
- 138 pregnant Mothers were identified in both camps
- 80 lactating Mothers identified with need of antenatal care and support in the camp
- Sensitization of the mothers on exclusive breast feeding is required in the camps
- During the first six months of a child's life, breast milk alone is the ideal food. It contains all the nutrients and water needed for healthy growth. It also provides good protection against many common infections. Bottled milk lacks the protection from disease that breast milk gives so babies are far more likely to die from diarrhea, pneumonia and other diseases

### 12.4 Challenges faced during the assessment

- Lack of resources to enable comprehensive assessment to be completed
- Accessibility to the camps was limited to those Agencies who had sought permission and approval from the RRC head quarters in Juba.
- Limited information was provided by the informants due to fear of political temperature being risen on sensitive issues
- High expectation raised from both IDPs and camp management when they saw our presence in the camp
- Difficulties in communication flow (Lack of patience to listen and understanding when issues are explained by IDP and other camp managers )
- Assessment conducted does not include verification of the population data for example for camp2 the number is daily increasing

- Information collected is limited to Government officials and humanitarian actors only

**THANK YOU**

DRAFT