

**Initial Rapid Needs Assessment:  
Dethoma, Melut County, Upper Nile State  
31 January 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:**

An ad-hoc IDP camp has been established by the Melut County Commissioner at Dethoma in order to accommodate Dinka IDPs who have fled from Baliet county. Reports of up to 45,000 based in Paloich were initially received by OCHA from RRC and UNMISS staff based in Melut but then subsequent information was received that they had moved to Dethoma. An IRNA mission from Malakal was conducted on 31 January 2014.

Due to delays in the deployment by helicopter, the RRC Coordinator was unable to meet the team but we were able to speak to the Deputy Paramount Chief, Chief and a ROSS NGO at the site. The local NGO (Woman Empowerment for Cooperation and Development) had said they had conducted a preliminary registration that showed the presence of 3,075 households. The community leaders said that the camp contained approximately 26,000 individuals. The IRNA team could only visually estimate 5 – 6000 potentially displaced however some may have been absent at the river.

The camp is situated on an open field provided and cleared by the Melut County Commissioner, with a river approximately 300metres to the south. There is no cover and as most IDPs had walked to this location, they had carried very minimal NFIs or food.

Given the number of IDPs and the extreme conditions of the site, a multi sector emergency response is required urgently.

**Site overview**



View from the southern edge of Dethoma IDP camp looking north.

Location Map



Dethoma IDP site is located approximately 4km east of Melut: 36P 0417738 1153433

### ***Drivers of Crisis and underlying factors***

Armed conflict in Baliet County (to the South East of Melut) forced the displacement of the Dinka population from that county to seek refuge at Paloich. It was stated that they were attacked by neighbours from six counties which are mainly Nuer – Nassir, Ulang, Langchock, Myout (in UNS) and Waat and Nyirol (in Jonglei). The affected IDP population at Paloich was reportedly 45,000.<sup>1</sup> As there was very limited access to water in that location the government offered a site at Dethoma for them to use. On or about the 27<sup>th</sup> of January 2014, the affected IDPs started walking the approximately 35km from Paloich to Dethoma. At the time of assessment community leaders assessed that some 26,000 of the IDPs had made the walk and that 17,000 remained at Paloich<sup>2</sup> but more continue to make the trek. A very small number had also come from the UNMISS POC site at Malakal.

They did note that many due to a lack of food, water and through exhaustion many had died during that walk. The IDP site was noticeably absent of elders and adult males. The community leader said that many elders had not been able to survive the walk from Baliet to Paloich and then onto Dethoma and that many of the adult men had been killed in the fighting at Baliet.

In addition, two local women (spoken to while walking round the camp) said that during the attack many people, particular the elderly, were killed in the hospital or burned in their houses because they were unable to run away.

Another representative of the local NGO said (while walking round the camp) that the fighting is still going on back in the county, and some men stayed behind to defend their territory; young men were also encouraged to stay back and fight.

The site at Dethoma is on the northern bank of the White Nile, situated on open land that was cleared by the County RRC. It is situated approximately from the 300metres from the river and close to a small number of tukuls still inhabited by local inhabitants. There is interaction between the IDPs and local but that is positive.

Most families fled from Baliet County without any belongings and minimal food and they believe that their homes and chattels have been destroyed in the fighting. The perception is that it is too unsafe to return and when asked the community leaders said they required “peace to come from Juba” before they would feel safe to return.

<sup>1</sup> As reported by the County RRC, not verified

<sup>2</sup> Another assessment for Paloich is being planned accordingly.

### ***Scope of crisis and humanitarian profile***

Population of Dethoma IDP site as assessed by community leaders:

**26,000**

Population of Dethoma IDP site as assessed by the IRNA team:

**5-6,000**

Number of households at the Dethoma IDP site as assessed by local NGO:

**3,075**

### **Key Response Priorities**

#### **FSL:**

- To provide food support to IDPs at Dethoma site.

#### **Health and Nutrition:**

- Equipment and supplies for the County Hospital
- A clinic to address medical needs within the IDP site.

#### **Protection / Child Protection:**

- FTR for separated / unaccompanied children
- Culturally appropriate psychosocial support (for trauma from killings)
- Appropriate GBV services
- Monitoring & reporting on children recruited into armed forces

#### **Shelter/NFI:**

- Registration of IDPs and distribution of selected NFI/ES

#### **WASH**

- Water treatment to be provided for 6,000 people (90,000 L per day)
- Latrines (120 units)
- Bathing facilities
- Hygiene items (Jerry cans and soap)
- Training of hygiene promoters.

## Humanitarian Access

### Physical access

Dethoma is situated 4km east of Melut on the northern bank of the White Nile. It is accessible by road from Malakal (135km or approximately 4 hours drive), air and by barge.

### Access coordination

The SPLA have assured OCHA that they can provide safe passage and an armed escort if required. UNMISS regularly conduct road patrols and aerial visits to their CSB at Melut.

## Key Findings



## Food Security and Livelihoods

### Key findings:

- As they had walked for some time to reach the site they carried almost no food with them and any existing stocks have since been exhausted. The County RRC had issued 1,000 bags, each containing 100kg of sorghum when they first arrived. As there were no grinding mills this was eaten whole which had caused stomach problems and the last stocks of this sorghum were being consumed now.
- During the Inter-agency assessment, it was clear the IDP's were about to start suffering from food insecurity after finishing the only food ration of sorghum mentioned above. In the Dethoma IDP site families were visited and all of them informed the mission that they only had food for one or two days maximum.
- The Melut IDP's informed that they left behind all livestock they had. In addition, the Nile river is located a couple of a hundred meters away from the camp; however, the IDP's expressed fear of venturing into fishing because of the insecurity in the area.
- The IDPs in the POC mentioned that among the displaced there here teachers and small-scale entrepreneurs/business people. Those livelihoods have been adversely affected considering that no one knows when they are going to be able to return to their community to rebuild their lives and restart their business and farming activities.

***Priorities for humanitarian response***

- To provide food support to IDPs at Dethoma site.

**Health and Nutrition**

***Key findings:***

- The health conditions are not alarming. The population seems to be small and big space for everyone. This might greatly mitigate transmissible diseases. The nutrition status is still good. MSF-Spain was in the place and they might be interested to continue their work there.
- The MoH set up a mobile clinic with 1 clinical officer and 2 CHW. They don't have enough drugs particularly they had no anti-malaria and antibiotics for children. The clinic started functioning from 28 January and 7, 97 and 80 consultations were conducted on 28, 29 and 30 January. Morbidities were: diarrhoea 6%, malaria 10%, and acute respiratory infection 20% including URTI.

***Priorities for humanitarian response***

- The County Hospital is functional and could assist in addressing this caseload but they need support for medicines and medical supplies. Needs are: cold chain (solar fridge) and all vaccines, injectable antibiotics, all dressing materials, comprehensive EmOC.
- 1 team (2 clinical officers, 2 nurses and 1 community midwife) doing activities in the semi-static clinic at the IDP site. Nutrition screening needs to be done during consultation.



**Shelter + NFI**

***Key findings:***

- IDPs arrived at the site 4 km outside of Melut approximately 3 or 4 days before the IRNA assessment.
- From a survey of the camp, most families were able to bring basic household items with them such as cooking pots and water containers.
- 400 plastic sheets had already been delivered to the site by the local authorities as reported by the representative from Women's Empowerment for Cooperation and Development NGO.
- Some of the plastic sheets, quantity unknown, were stockpiled and in the possession of possibly one or more of the local leaders inside the camp.

- Approximately one third of the total households had either used recently distributed plastic sheeting to construct a shelter or local grasses to make a shelter. More families were preparing to construct grass shelters.
- A large number of families did not have adequate shelter in terms of plastic sheeting. Many families were using clothing for shelter from the sun.
- Almost without exception, all families had adequate cooking pots.
- Only a limited number of families had sleeping mats and no mosquito nets were seen.
- Most families had a least one water container, some had multiple.
- Only a few blankets were observed in the camp.
- It appears there was little or no soap available.

***Priorities for humanitarian response***

- Distribution of selected NFIs and emergency shelter items: plastic sheeting for those who did not receive in the initial distribution, sleeping mats, water containers, blankets, mosquito nets and soap, if not included in any WASH intervention.
- A adequate system of registration must be in place including the issuance of a ration card for each family



**Protection and Child Protection**

***Key findings:***

The following from discussion with a female leader Rebecca while walking round the camp:

- While the conflict started in Juba, between political rivals Salva Kiir and Riek Machar, there is a rival political conflict at the state level in Upper Nile State. The Nuer have an alternative candidate for governor called Gado Golqun (with a “state government in the bush” she said) and plan to remove the current governor (Simon) even though he too is a Nuer; but as he is on the side of the president they want to remove him. This means that there is a reason for ongoing fighting in this area, and she does not see any prospects of peace unless it comes from the top – she does not see the possibility of community level reconciliation “because the Nuer won’t go for it until they change the government”.
- Another representative of the local NGO said (while walking round the camp) that the fighting

is still going on back in the county, and some men stayed behind to defend their territory; young men were also encouraged to stay back and fight.

- Two local women told us (while walking round the camp) that during the attack many people, particular the elderly, were killed in the hospital or burned in their houses because they were unable to run away.

#### *Priorities for humanitarian response*

- Support, but do not substitute, the role of the government in providing protection, assistance and other services to the people here. The local government has shown it has some capacity (eg provision of plastic sheet); we should not take that role away from it but rather encourage it.
- FTR program with Registration of Unaccompanied and Separated Children (UASC) and missing children, family tracing and a foster care network. This can be done through Red Cross, local NGOs and the government ministries of social welfare at state and federal levels.
- Child friendly Spaces with structured psychosocial support activities, recreational activities and more targeted and specialized programs for traumatized children which are culturally appropriate.

## **WASH**

#### *Key findings:*

- Water supply: The source of water for the IDPs is the river Nile (N. 10.43242; E. 32.24639), distant 300 m from the center of the settlement. The water is consumed raw. Access to the river is unrestricted. Almost all the families have at least one jerry can. Bathing takes place at the river with limited features in the landscape that could provide some privacy for women and men. Laundry of clothes takes place there as well. There are 2 ponds located in the border areas of the camp ((N. 10.43399; E. 3225010), (N. 10.43008; E. 32.25338), these ponds are not being accessed by the IDPs for water neither bathing, though the slope at the sides of the man-made ponds is sharp and children or animals could fall in them.
- Sanitation: There are no latrines in the settlement, neither in the host community compounds adjacent to the camp. Defecation takes place in open areas distant from the settlement; IDPs walk there seeking privacy for defecation since it is a plain flat area, with scarce trees and with grass not so high. There is no open defecation within the camp boundaries.
- Hygiene: Having the river so close, the IDPs are able to bathe and laundry clothes regularly, though soap is rarely seen. Hygiene conditions are undermined due to the limited hygiene items they manage to transport when displaced.

#### *Priorities for humanitarian response*

- Setting up a treatment system for water distribution, 2 SWATs or an equivalent batch treatment system able to provide at least 90 m<sup>3</sup> of safe water per day. At least 30 m<sup>3</sup> of storage capacity and adequate number of tap stands.
- Construction of 120 latrines and bathing facilities to address mainly privacy and protection related issues.
- Hygiene promotion program to be undertaken, focusing on training members of the community and distribution of hygiene items, primarily jerry cans and soap.
- Establishment of standing committees from the community to manage water points, collection

of garbage and cleaning of latrines.

### Next steps

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

| Cluster                              | Priority actions  | Human and material resources required  | Responsible Entity   | By when |
|--------------------------------------|---|--|--|---------|
| <b>FSL</b>                           | To provide food support to IDPs at Dethoma site.                                      | 6 food distribution coordinators and 10 porters.   | World Food Programme and one of its counterparts, probably WERD. | TBD     |
| <b>Health and Nutrition</b>          | Assist the County Hospital with supplies and equipment.                               | Cold chain (preferably a solar fridge) and all vaccines, injectable antibiotics, all dressing materials and comprehensive EmOC                           | TBA  | TBD     |
|                                      | Presence of clinic at the IDP site.   | 1 team (2 clinical officers, 2 nurses and 1 community midwife) doing activities in the semi-static clinic at the IDP site including nutrition screening. | MSF-S  | ASAP    |
| <b>Protection / Child protection</b> | Undertake psychosocial evaluations  | In cooperation with health team  | Potentially IMC  | ASAP    |
|                                      | Undertake appropriate community outreach  | TBD  | Protection Cluster in association with other clusters            | ASAP    |
|                                      | Advise government social welfare departments on issues to do with children (FTR, GBV) | TBD  | Protection Cluster / CP AoR / GBV AoR                            | ASAP    |
| <b>Shelter / NFI</b>                 | Register and verify IDP numbers with a focus on vulnerable groups.                    | Registration teams   | Relief International   | ASAP    |
|                                      | Distribute selected NFIs/ES items not to include cooksets.                            | NFIs/ES – plastic sheets, sleeping mats, blankets, jerry cans, mosquito nets and soap, if not included in any WASH intervention already.                 |  |         |
| <b>WASH</b>                          | Water treatment system with minimum capacity of                                       | Hygiene items (soap, jerry cans); latrine  | WASH Cluster IOM   | ASAP    |

|   |  |  |  |
|---|--|--|--|
| 90 m3/per day.<br>120 latrines.<br>40 bathing facilities.<br>12 hygiene promoters<br>trained. | construction tools and<br>materials. Water<br>treatment and<br>distribution equipment. |  |  |
|---|--|--|--|

### Assessment information

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 Dethoma was conducted on 31 January 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:*

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