

INTER-AGENCY ASSESSMENT REPORT

Paloch Transit Site

Date: 5th July 2023



Assessment team during the briefing

Overview

Following the conflict that started between Sudan armed forces and Rapid Support forces on the 15th of April 2023, in the capital city of Sudan, Khartoum, large numbers of people fled the city for safety and entered South Sudan through the Joda entry point in Renk County, Upper Nile State. Consequently, a transit centre was established in April at the Upper Nile University, Renk County by the South Sudan government with the support of humanitarian agencies. This transit centre is meant to host the South Sudanese returnees and asylum seekers fleeing from the Sudan conflict for two to three days prior to their transportation to their destinations or refugee camps in Maban, Upper Nile State. However, thousands of South Sudanese and hundreds of asylum seekers intend to proceed from the Joda entry point via Renk to Paloch.

Due to the continuous flow of returnees and asylum seekers to Paloch and to avoid camping of returnees at the Paloch airport, a transit site was identified and established by the government in Paloch to accommodate the returnees and asylum seekers who continue to come from Renk to Paloch and then to their places of origin. Currently, the transit site is hosting over 12,000 returnees, and the humanitarian situation in the transit site continues to deteriorate. A significant number of children are malnourished, and others are sick with measles, respiratory infections,

acute watery diarrhea, and malaria. The returnees at the transit site are in dire need of humanitarian assistance in terms of transportation, food, shelter, health, and WASH.

Based on the deteriorating humanitarian situation and limited humanitarian response to the situation at the transit site, RRC and UNHCR recommended that an urgent inter-agency assessment should be conducted to identify the protection risks, gaps, and priority needs. The assessment report will inform humanitarian response or intervention to alleviate the suffering of the returnees at the transit site due to insufficient shelters, food, health, water, and lack of basic core relief items such as blankets, sleeping mats, mosquito nets, and utensils. As a result, the inter-agency assessment was conducted on 5th July 2023.

Methodology

Prior to the exercise, UNHCR shared the assessment tool with RRC and partners for familiarization and review. On 3rd July, all the partners including RRC met to deliberate and agree on the assessment tool. At the transit site, the team was divided into four groups and held 4 focus group discussions with women, girls, boys, and men representatives. The team used qualitative and quantitative methods. Also, key informant interviews with health and WaSH workers were conducted. In addition to that the team took a walk through the site to observe some of the challenges and gaps.

The objective of the inter-agency assessment

The objective of the conducted assessment was to identify the protection risks, gaps, and priority needs and inform the humanitarian response to the situation in the transit site.

Limitations of the assessment

The inter-agency assessment was conducted in a very short time and there was no ample time for the team to do household surveys to obtain quantitative data. The assessment tool was for capturing the key information under each sector.

Acknowledgment

RRC and UNHCR acknowledge and appreciate all the humanitarian agencies that supported and participated in the assessment and drafting of the report. The partners that participated and supported the exercise are RRC, UNHCR, WHO, SI, RI, PWJ, WVI, ARDF, WCH, GOAL, ADA, and NRDO. IOM couldn't participate due to other commitments and factors.

Findings and the key recommendations per sector

1- Food security and livelihood

Findings:

- The dry food ration distributed by WFP in the previous month is finished and the current population at the transit site doesn't have food, particularly the new arrivals.
- More than 80% of the returnees have sold their belongings such as clothes, shoes, and other items in exchange for food.

- The nearby market is about 12 km away from the transit site and it takes about 2 hours walking. Pregnant mothers and elderly persons cannot easily access the market.
- No livelihood activities that the returnees are doing at the site because all of them need to be transported to their areas of origin.

Recommendations

- Urgent distribution of dry ration food or provision of hot meals to all the returnees residing at the transit site.
- Government and humanitarians should facilitate the onward movement of the returnees in the Paloch transit site to their areas of origin prior to the peak of heavy rains in August, Sept, and Oct.

2- Shelter and NFIs

Findings:

- During the assessment, the number of returnees at the transit site was estimated to be 13,000 individuals in 2,166 households. And about 2000 plus were transported to Wau and Juba prior to the assessment date.
- The existing shelters with an average of 8-10 persons living in each shelter are insufficient and congested. Many are sleeping in an open area.
- Others are sheltering under the trees covered with torn bedsheets or blankets.
- Majority of the returnees cannot afford to buy local construction materials from the market.
- Lack of or insufficient mosquito nets, blankets, sleeping mats, and utensils.
- Families share cooking pots to prepare food for their children.

Recommendations:

- Immediate distribution of plastic sheets to 75% of the households that are sleeping in an open area and sheltering under trees to protect them from rains and harsh weather.
- Provision of core relief items such as mosquito nets, blankets, and sleeping mats to reduce cases of measles, malaria, and respiratory infections in the TS.
- Provision of cooking pots or utensils to avoid sharing of such items which could be one of the factors that spread communicable diseases in the community.
- Identification or establishment of another transit site because the current one cannot accommodate more than 3000 individuals.

3- WASH

Findings:

- Returnees living in overcrowded transits with inadequate sanitation facilities and shelters. This has increased the risk of diseases such as acute respiratory infections, skin infections, waterborne diseases, and parasitic infections.
- The 4 existing latrines and 12 bathing shelters are inadequate to serve the population at the transit site.
- Water is provided by the oil company Bowser once or twice a day.
- The site has 2 water points (a water bladder and a plastic tank).

- Lack of hand washing facilities.
- Inadequate water containers such as jerrycans, buckets, and soap.
- Lack of sanitary materials or dignity kits for women and girls of reproductive age.
- A lot of flies were seen at the site due to open defecation and poor hygiene practices.



Pic shows open defecation due to inadequate latrines at the transit site

Recommendations:

- Improvement of water, sanitation, and hygiene (WASH) facilities at transit sites by constructing additional emergency latrines and bathing shelters.
- Provision of hand washing facilities and soap.
- Distribution of water containers to all households.
- Provision of dignity kits to women and girls of reproductive age.
- Scaling up of hygiene promotion activities.

4- Health

Findings:

- Returnees and especially the youth who were born in Sudan are traumatized because they witnessed violence during the conflicts which leads to psychological disorders, anxiety, and depression.
- Insufficient healthcare infrastructure and specialized treatments.
- There is a report of the measles outbreak at the site.
- No essential medicines were available in the mobile clinic.
- Very high number of malaria pneumonia and diarrhea/ vomiting cases recorded.
- Returnees faced malnutrition, micronutrient deficiencies, and related health complications.
- Number of miscarriages were reported due to harsh weather conditions among pregnant mothers.

- Sudden death of children after birth were reported- where an estimate of 14 cases had been reported.
- Other diseases reported among the returnees at the site included mental illness, hypertension, and Diabetes with observed high cases of eye infection (with suppurative pus discharge)
- There are no nearby clinics except the Tiir mobile clinic within the returnees' site
- Insufficient medical cadres to cater to the increasing needs
- There is immunization taking place daily with Pentavalent, the Measles vaccine at the site. However, the BCG vaccine is out of stock at the site and at the county level. The vaccines cold chain is maintained at Paloch PHCC as managed by RI and vaccines are ferried daily to the returnees' site but returned to the cold chain in the evenings.
- There is limited working space in the clinic which is coupled as a shelter for some returnees at the site.
- Referrals are to Paloch Friendship, which is a 3-hour walk and 30-minute drive by car.
- Lack of Health Education and Awareness in the transit site.

Recommendations:

- Enhance healthcare services at transit sites by establishing temporary healthcare facilities or clinics staffed by healthcare professionals who can provide primary care, emergency care, reproductive health services, mental health support, and management of chronic diseases.
- Provision of necessary immunizations according to international vaccination guidelines to ensure returnees are protected against vaccine-preventable diseases and minimize the risk of outbreaks within the transit site and host communities.
- Establishment of mental health support services to address the psychological needs of returnees.
- Inclusion of education programs to raise awareness among returnees about common health risks, disease prevention strategies, and available healthcare services.
- Establish a robust system for data monitoring and evaluation to track the health status of returnees, identify emerging health trends, and assess the impact of interventions.



Focus group discussions with girls at the transit site

5- Nutrition

Findings:

- Under nutrition cases are recorded.
- Both SAM and MAM services are available at the site.
- Site is accessible to all without cultural barriers.
- Only 2 nutrition nurses are reported to be available to manage the nutrition clinic. This is an outreach service attached to Paloch PHCC.
- Exhaustive MUAC screening was conducted alongside the FGD, targeting children 6-59M and pregnant and breastfeeding women at the site.
- Total screened: 591(289M, 302F), SAM with medical complications: 3(1M,2F), SAM without medical complications: 80 (39M,41F), MAM: 178(85M,93F) and normal: 330 (161M,169F)
- Based on the findings Proxy GAM among children 6-59M was 44.2% and pregnant and breastfeeding women at 43.0%, the nutrition situation among the children and PLWs is at a critical phase and requires urgent nutrition intervention where the partner on ground (RI/ARDF) are supported to scale up the response to prevent catastrophe.

As tabulated below:

	SAM with edema		SAM (RED MUAC)		MAM (YELLOW MUAC)		Normal (GREEN MUAC)	
	Male	Female	Male	Female				
Identified cases	1	2	39	41	85	93	161	169
Total screened	591							
Normal children (green MUAC)	330							
Total malnourished	261							
# SAM with oedema		3						
# SAM only (no medical complication)		80						
# MAM only		178						
Proxy GAM		44.2%						

Pregnant and breastfeeding women

	Pregnant and breastfeeding women			
	Pregnant women		Breastfeeding women	
	MUAC below 23cm	MUAC ≥ 23cm	MUAC below 23cm	MUAC ≥ 23cm
Findings	81	116	90	111
Total screened	398			
Normal (MUAC above 23cm)	227			
Total malnourished	171			
Proxy GAM	43.0			

Recommendations:

- Urgent provision of CMAM case management and establishment of the stabilization centre for children with SAM plus medical complications.
- Provision of nutrition supplies.
- Provision of food to the entire population at the transit site.

6- Protection

Findings:

- There is a presence of different vulnerable groups at the site, people with disabilities, elderly people, unaccompanied children, single-headed HH, and chronic disease people.
- Cases of exploitation by some armed elements against girls were reported.
- Many returnee families are separated due to domestic violence at the household level and people and trauma.
- Presence of a law enforcement unit (NSS) that provides protection at the site.
- Restriction of movements was reported especially during the evening hours.
- Major threats to women, girls, boys, and men are snakes and other venomous insects
- Sharing shelters for women, men, and girls exposing the population to the possibilities of GBV.
- No death cases were reported due to violence, but children, elderly persons, and those with chronic diseases continue to lose their lives because of limited health services at the site.
- Returnees raise their concerns to the soldiers, humanitarian agencies, and RRC because there is not a complaint desk at the site.
- Between 0-25% of the returnees have identity documents
- Between 51-75% of the returnee population have lost their documentation when fleeing from Sudan.
- Boys group stated that the relationship between the host and the returnees is not good because the host community men sometimes harass and rob them (returnees), especially in the evening hours.
- No community structure or committee established in the transit site which means the community is only be represented by one or some specific persons.

Recommendations:

- Establishment of community structure to identify challenges or issues affecting the returnees' community at the site and propose solutions to address those challenges. The committee will also support the government and humanitarian agencies in service delivery.
- Immediate establishment of complaints and feedback desk at the transit site for timely response or intervention.
- Awareness and sensitization of the host community/returnees on peacebuilding and the importance of peaceful coexistence and social cohesion.
- Advocate with authorities to ensure that returnee girls or women are not sexually exploited.

Key priority needs

- Transportation of all the returnees to their areas of origin prior to the peak of the rainy season.
- Provision of dry food ration or hot meals to the returnee population at the transit site to reduce cases of malnutrition.
- Immediate construction of additional emergency communal shelters and provision of core relief items such as mosquito nets, blankets, sleeping mats, utensils, etc to reduce pneumonia, respiratory infections, and malaria cases in the community.

- Improvement of the health services by expanding the clinic and nutrition facility and increasing the medical cadres to cater to the big number of returnees at the site. Provision of essential drugs and vaccines for measles and others.
- Installation of more water points, water storage facilities, and construction of more emergency latrines and bathing shelters to avoid open defecation as well as enhance hygiene at the site. Distribute water containers to households that don't have dignity kits to the women and girls of reproductive age to encourage women's participation in community activities/meetings conducted at the site.
- Enhancing coordination and collaboration among different agencies, organizations, and stakeholders involved in the response to ensure a coordinated approach by establishing an effective communication channel and information sharing.