Above average floods have affected over 390,000 people in Jonglei.

11,915 tons of estimated cereal loss accounting for 25% of the total cereal produce of the state (source: FAO).

72% of total livestock affected by the flood and 4.8% of the livestock dead (source: FAO).

An estimated 50,000 individuals mainly from Twic East, Duk and Bor South counties displaced to Mingkamaan, Lakes.
OBJECTIVES

1. To assess the current food security and nutrition situation of flood displaced populations

2. To summarize other multi-sectoral needs and access to services of flood displaced populations

3. Understand the resilience strategies and most likely evolution of the situation in the coming months
METHODOLOGY

• **Assessment sites:** Purposively selected IDP settlements and randomly sampled grid areas (300m x 300m) of Mingkamaan town

• **Quantitative Data:** Household survey focused on MUAC screening, FSL and child morbidity (1382 HH);
  • Exhaustive house to house sampling in all identified IDP sites
  • Exhaustive house to house sampling in 15 randomly sampled grid areas (300m x 300m) of Mingkamaan town

• **Qualitative Data:** Focus group discussions disaggregated by gender, key informant interviews with community leaders, NGOs, others.

• **Data collection timeframe:**
  • Quantitative: 8th Oct – 23rd Oct
  • Qualitative: 28th Aug - 13th Oct
FINDINGS – Restricted Food Access

• Food availability and accessibility decreased
  - Lack of access to cattle and ruminants
    - Households either lost or were separated from their animals

• Destruction of harvest and loss of food stock

• Impaired purchasing power to access markets in the new location
  - Livelihood coping strategies are limited due to lack of assets and disputes with the host community
  - Prices of staple foods have doubled or even tripled since before the flooding, partly due to plummeting exchange rate in the parallel market and estimated harvest losses

• Limited provision of the humanitarian assistance
  - Due to compounding shocks (floods and organized violence) only a limited portion of the population has been able to access humanitarian food assistance, health and nutrition services since June 2020
**FINDINGS – Current Food Consumption Gaps**

- Flood displaced households are reportedly relying on support from relatives and neighbors, many of whom are “old-IDPs” that arrived in Mingkamaan in 2013 and 2016 and are receiving CBT.
- Households consuming 1-2 meals per day.
- Limited access to fish and milk for child consumption, particularly for IDPs / New arrivals.

**Household Hunger Scale (HHS)**

- **IDPs (new arrivals)**: 94% very severe, 3% moderate, 1% slight
- **IDPs (last 3 months)**: 89% very severe, 7% slight
- **Host Community**: 82% very severe, 8% slight

- **Access fish**: Host community 9%, IDPs (not new arrivals) 1%, New arrivals 1%
- **Access animal milk**: Host community 10%, IDPs (not new arrivals) 3%, New arrivals 1%
FINDINGS – Current Food Consumption Gaps

Food Consumption Scores (FCS)

- **IDPs (new arrivals)**
  - 2% poor
  - 32% borderline
  - 66% acceptable

- **IDPs (last 3 months)**
  - 9% poor
  - 39% borderline
  - 52% acceptable

- **Host Community**
  - 35% poor
  - 37% borderline
  - 28% acceptable
FINDINGS – Nutrition

For flood displaced households the Global Acute Malnutrition (GAM) based on MUAC suggests the situation is possibly Serious (10-15% GAM) for Host community and IDPs from the last 3 months, and Critical (15%+ GAM) for New Arrivals.

<table>
<thead>
<tr>
<th></th>
<th>Host Community (N = 163)</th>
<th>IDPs (last 3 months) N = 431</th>
<th>IDPs (new arrivals) N = 174</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Acute Malnutrition (SAM) by MUAC</td>
<td>0.40%</td>
<td>0.60%</td>
<td>1.20%</td>
</tr>
<tr>
<td>Moderate Acute Malnutrition (MAM) by MUAC</td>
<td>4.00%</td>
<td>5.40%</td>
<td>8.80%</td>
</tr>
<tr>
<td>Global Acute Malnutrition (GAM) by MUAC</td>
<td>4.4%</td>
<td>6.1%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

NOTE: In South Sudan, GAM measured from MUAC is generally lower than the true prevalence of GAM. While these GAM might seem low, they are likely indicative of a more serious situation. The GAM by MUAC of around 5-6% is moderately high and likely indicative of a "Serious" malnutrition situation by IPC standards (P3). A GAM by MUAC around 10% or more is likely indicative of a "Critical" malnutrition situation by IPC standards (P4).
FINDINGS – Health

Increased number of reported Upper Respiratory Tract Infections, malaria, and watery diarrhoeal diseases in children as well as pregnant and elderly people in the PHCC

Poor health infrastructure serving 3 patients per bed
  • Inadequate number of staff to serve the population
  • Inadequate supply of drugs to cater for the high influx of IDPs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Host Community (last 3 months)</th>
<th>IDPs (new arrivals)</th>
<th>IDPs (last 3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children sick within the two weeks prior to data collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>skin infection</td>
<td>62%</td>
<td>65%</td>
<td>81%</td>
</tr>
<tr>
<td>pneumonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eye infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diarrhoea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cough</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| % of children under-5 years reported sick in two weeks prior to data collection |
|---------------------------------|-----------------|-----------------|-----------------|
| skin infection | | | |
| pneumonia | | | |
| measles | | | |
| fever | | | |
| eye infection | | | |
| diarrhoea | | | |
| cough | | | |
FINDINGS – Humanitarian Food Assistance

- New arrivals continue arriving daily from flood affected areas.

- **Registration closed** so new arrivals will not receive food assistance.

- New arrivals have clearly worse food consumption and nutrition results.

<table>
<thead>
<tr>
<th>% of households registered for humanitarian food assistance in Mingkamaan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
</tr>
<tr>
<td>77%</td>
</tr>
</tbody>
</table>
FINDINGS – Coping Mechanisms

• HC / old IDPs as a comprehensive coping mechanism for shelter and food

The **main source of support for new arrivals has been the HC/old IDPs** as HFA took several months to be distributed in Mingkamaan and there has been no large-scale shelter distribution. This means that the HC/old IDPs (mainly old IDPs, as they are often related to those who have arrived recently to Mingkamaan) have been sharing their resources with new arrivals, and according to FGD participants, **many are reluctant to continue to do so and are even facing exhaustion of their own resources.**

Importantly, since these FGDs were conducted, more of the harvest would be ready to consume and would normally at this time of year serve as the main source of food until planting season being and the seasonal response begins in March/April. However, because of this sharing of resources, it is likely that these stockpiles will not last as long as normal and because the new arrivals do not have their own stockpiles and HFA has been minimal, these will likely also be shared with new arrivals - meaning that **the normal coping mechanisms that people in Mingkamaan (and new arrivals) employ during the dry season, will likely not be as effective or last as long.**
FINDINGS – Compound Severity

• Strong indications of severity relating to both LCSs and CCSs

Severe coping mechanisms (such as borrowing/begging; reducing meal size and meal numbers) **beginning to be exhausted or not being accessible** (due to HC/old IDP fatigue or lack of resources; mixing wild foods that make them sick sometimes with single meal to make it last).

This is compounded with **poor access to cattle** (which will likely not improve in the short-term) - cattle which may be itself be targeted as it is vulnerable and has moved into areas where they would normally not migrate - meaning that they likely don't have a strong ability to liquidate their last assets or access livestock products (mainly for children).

• Overall, **signs of exhaustion in relation to already severe coping strategies, coupled with an inability to access assets and cattle (to liquidate in times of need)** make for **high levels of food insecurity related to coping mechanisms.**
FINDINGS – Medium/long-term implications

New arrivals will likely remain in Mingkamaan for at least 6 months (until water has receded and planting season begins), but probably longer based on their own accounts.

As new arrivals have been sharing resources with the HC/old IDPs in Mingkamaan (who now do not have access to HFA because the seasonal response has ended) and have to share their stockpiled harvest with new arrivals because the harvest for the new arrivals was ruined or could not be brought because of logistical issues - this means that the amount of time that the harvest will last (without HFA) will likely be shorter as it has to be shared between more people.

Meaning that though there may be HFA and coping mechanisms supporting these new arrivals in the short term; because they will likely remain in Mingkamaan for at least 6 months (probably longer) these coping mechanisms will change relating to seasonality and interventions will have to mirror that.
3-MONTH OUTLOOK (EVOLUTION)

Movement Intentions:
- Only 4% of flood displaced households expressed the intention to move from their current location in the next 3 months
- To Monitor: Will households move earlier once the flood waters recede considering lack of access to agricultural land or income generating activities in current location?

Food Security and Livelihoods:
- Competition over access to livelihoods activities between local population and newly displaced; high market prices
- As flood waters recede, cattle will start moving towards primary dry season grazing grounds. Possible frictions due to alternate routes.
- To Monitor: Dry season cattle movement; access to food and livelihood strategies for flood displaced population

Health and Nutrition:
- Common morbidities (malaria, respiratory tract infections, diarrhoea) likely to increase as flood waters recede, and increased risk of disease outbreaks.
- To Monitor: Possibility of disease outbreaks, especially among those dwelling in communal, temporary shelters; access to nutrition and health services