



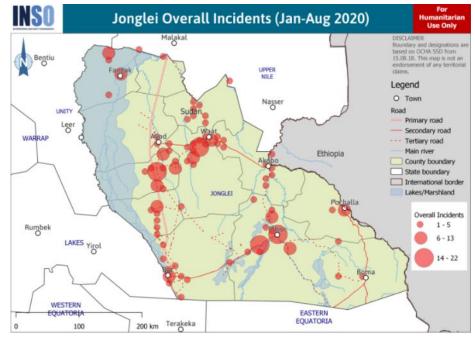


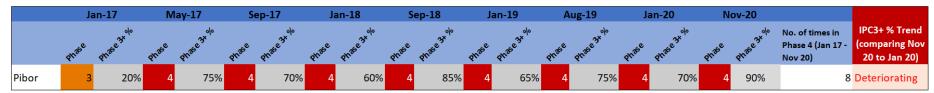


Compounding Shocks

Since late 2019, Pibor has faced a <u>series of</u> <u>compounding shocks that have exacerbated pre-existing vulnerabilities</u>:

- 2019: Most severe flooding in a generation
- 2020: Worst recorded violence across Jonglei State/GPAA since 2013 civil war (UNHRC)
- 2020: Second consecutive year of severe flooding
- November 2020 'Famine likely'









Reported periods of severe hunger

<u>2021.</u> Irkitchi Magizo – '**The year of hunger**'/ Irkitchi Karanonto – '**The year of starvation**'

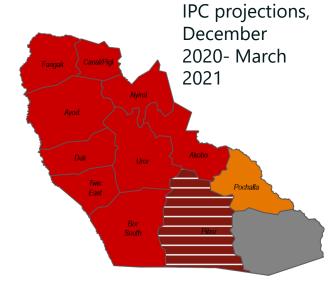
<u>2020.</u> Irkitchi Akenet Modo – '**The year the enemies came and killed** many people'

2019. Irkitchi Tawano – 'The year of the flood'

2011. Irkitchi Nyapurjok – 'The year of Nuer' (attacks in Kengen)

1983. Irkitchi Dorkowo – 'The year many livestock died'

- Pibor is currently experiencing and will likely continue to experience "Famine Likely" conditions over the near to medium term - including critical malnutrition, morbidity, and excess mortality.
- This is driven by once-in-a-generation level of violence, near collapse of the pastoralist livelihood, extreme food consumption gaps, breakdown of social networks, which have jointly exacerbated morbidity and malnutrition rates across lowland Pibor.



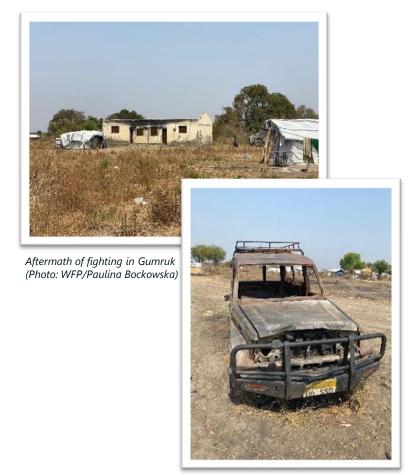
Phase 5 Famine Likely





OBJECTIVES

- 1. Provide a snapshot of the current humanitarian needs and gaps in Pibor County.
- 2. Understand the scale of the humanitarian response in Pibor County since the IPC Famine Review Committee (FRC) classified Pibor as "Famine Likely"
- 3. Monitor IPC assumptions and build reviewed assumptions for the upcoming months
- 4. Identify variations in need between different groups and geographic areas in order to inform prioritisation of response planning.











METHODOLOGY

Data collection timeframe: 10th February – 18th February

Assessment locations: Purposively selected, accessible locations; Pibor Town, Gumuruk Town, Eviano, Lekongole Town, and Kongor. Due to access barriers the team assessed Verteth remotely from Pibor Town.

Qualitative Data: Focus group discussions disaggregated by gender, key informant interviews with community leaders, static NGO partners, and healthcare providers.

Quantitative Data: Neighbourhood methodology. Non-representative HH level data collected remotely from Pibor Town with recently arrived IDPs from Pibor, Lekongole, Gumuruk and Verteth payams.



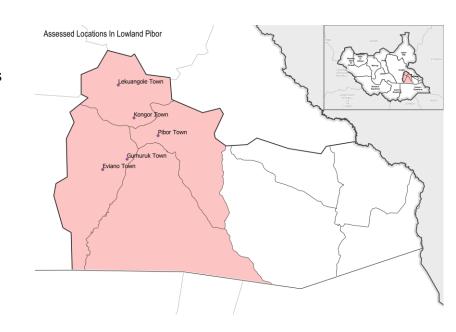
Focus Group Discussion in Lekongole (Photo: WFP/Paulina Bockowska)





Preliminary Key Findings

- From preliminary findings, the situation in Western Pibor aligned with the Famine Review Committee classification of "Famine Likely," suggesting that the famine-likely conditions will persist in the coming 3 months
- Continuous and widespread reports of hunger-related deaths across Lekuangole, Verteth, and Gumuruk, but particularly so in Northern Lekuangole
- Visible malnutrition and morbidity was seen among both children and adults
- 2021 was reported as the most severe period of hunger in living memory
- Better off populations were able to displace from outlying areas into Pibor town, with the worst off and most vulnerable left behind and many reportedly have not survived
- Overlap between worst off areas and areas most affected by conflict, which led to a decimation of social networks
- Widespread livelihood collapse and food consumption gaps
- Widespread employment of coping strategies 'never used before'





Excess mortality

Continuous and widespread reports of hungerrelated deaths

- Widespread reports of recent hunger related deaths across lowland Pibor in 2021
- 2021 already named Irkitchi Karanonto, 'The year of starvation'
- Constant waves of displacement due to flooding and conflict throughout 2020
- 'Most vulnerable' elderly, women, children often left behind
- Waves of 'worst off' many have already died

Mortality in Lekuangole – a case study

- Compounding shocks
- Mass displacement in February, June and November
- IDPs reported making a 10-day migration journey to Pibor Town
- Left vulnerable family members in Lekongole widespread exhaustion
- Children left along the way unable to continue
- Feeding children mud to neutralise lalup





Current healthcare provision by United Network for Health mobile team in Gumuruk (Photo: REACH/ Alex Riley)



Critical malnutrition

Low calorific retention/lack of dietary diversity

- Children increasingly skipping full days, as adults prioritise productive members of the household
- Visible critical malnutrition in all assessed locations
- Minimal retention of calories due to
 - I) Minimal access to clean water
- II) Atypical consumption of wild foods (lalup in various forms) and atypically high dependence on them

Health and nutrition service provision severely disrupted in 2020

- Most nutrition clinics functional again needs are high
- Acute malnutrition 'worse' now than past years according to nutrition workers

Disease	# of cases in last 3 months					
	November	December	January			
Malaria	122	149	327			
Acute Malnutrition (case = new OTP admissions)	371	461	765			



Children in Kongor and Lekongole Cen (Photo: REACH/Alex Riley)





Widespread livelihood collapse

Marginal access to primary livelihood activities

- Primarily pastoralist farming livestock population has been decimated by a combination of cattle raiding and disease
- Limited subsistence farming people have been (continuously) displaced and unable to engage in farming activities
- Possible long-term livelihood shift
- Exhaustion and topography likely to limit livelihood shift

Exhaustion of coping capacity and depleting food sources

- Inability to rely on cattle-related coping strategies
- Typical income generating activities, such as collection and sale of firewood, charcoal, poles, grasses and water no longer viable
- Collapse of marriage market desire to marry daughters but no livestock
- Shift towards collection of (wild) foods, but limited by exhaustion
- Seasonal unavailability of wild foods is likely to exacerbate exhaustion





i) Lalulp seeds, ii) Pibor Town cattle market (Photo: WFP/Paulina Bockowska)





Extreme food consumption gaps

Coping strategies that 'have never been employed before', accounting for almost all food consumed

- Reported consumption of mud during displacement journeys
- Grinding lalup shells into flour in the absence of sorghum and maize – known to cause sickness
- Skinning diseased cattle and consuming skin
- 1 meal per day is typical, skipping days common
- Children skipping entire days so that productive members of the household can eat

Consumption gaps widening in the near-term

- Seasonal rivers have dried, reducing access to fish
- Reducing access to wild foods until the next wet season
- Wild animals have migrated
- Remaining cattle, along with young men and women have migrated
- Increased pressure on female headed HHs

IPC PHASE 5

Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and





i) Lalulp shells and ii) hide of diseased cow drying in the sun. Gumuruk (Photo: REACH/ Alex Riley)



Zero-sum coping

Zero-sum coping – "A tradeoff between survival tasks by forgoing an activity that is equally important to survival as the task being implemented."

Zero-sum coping

- Taking children to the clinic OR collecting food OR accessing HFA at a distribution site
- Consumption of wild foods causing sickness compounding
- Displacing to rivers but likely forgoing HFA in towns
- Leaving vulnerable community and family members behind

Displacement and hunger related deaths in Gumuruk, December 2020 – a case study

- Gumuruk attacked in June 2020
- Many IDPs too exhausted to flee
- Most displaced to Kengen for 3 / 4 months
- Those who were able returned to Gumuruk in October
- Vulnerable people, unable to move, left in the forest
- Flooding in September until November, limiting movement
- People from Gumuruk returned to Kengen in December with food
- 40 people reportedly died of hunger-related causes



Markets

Market Functionality

- Limited functionality of markets across Pibor County
- High prices and limited diversity and availability of goods in all assessed locations (Pibor, Gumuruk and Lekongole)
- Driven by limited access to its supply market (Juba) due to poor road conditions, flooding and conflict which increase transport costs and reduce the frequency of restock.
- Sorghum grain was only available in Pibor Town and in limited quantities.
- Traders do not sell items such as staple cereals due to lack of demand as a result of food aid

Market Access

- Almost all HHs reportedly have no cash to access markets
- Lost their most productive income generating activity the sale of livestock and livestock products
- To generate income, some HHs sell wild foods, charcoal, firewood, fish and shelter materials.
- Most HHs do not engage in any income generating activities as they reportedly did not have the energy to do so along with other daily tasks.



Lalup for sale in Pibor Town market (Photo: REACH/ Alex Riley)



Health Services: Access and Availability

Extreme outcomes, including mortality, malnutrition, and morbidity are exacerbated by barriers to healthcare and WASH services

- Widespread morbidity across all assessed areas
- Healthcare facilities targeted in Gumuruk, Lekongole and Verteth, meaning access to healthcare outside Pibor town remains limited
- Reduced functionality outside of Pibor Town since January 2020 in Lekongole and June 2020 in Gumuruk and Verteth
- Targeting of humanitarian staff and facilities during bouts of conflict and sub-national violence
- Facilities remain minimally functional
- One clinic in Gumuruk providing treatment for malaria, cholera and typhoid
- Community outreach services with 8 community outreach workers in Lekuangole and 9 in Gumuruk, treating children under 5 for malaria, pneumonia and diarrhoea, treating all ages for malaria, and giving IPT (intermittent preventative treatment for malaria) to pregnant women



Old MSF hospital in Lekongole (Photo: REACH/ Alex Riley)



WASH Services: Access and Availability

WASH infrastructure

- Water points targeted and destroyed during bouts of violence (boreholes servicing 15,000 HHs destroyed in Gumuruk in June alone)
- Many remaining boreholes sunk during flooding
- Limited number of functional boreholes in each assessed area (5 in Pibor town; ~2 in Gumuruk/Lekuangole)
- Financial access barriers to water in Pibor and overcrowding
- Most people are consuming untreated and visibly unclean river water
- Water purification materials no longer distributed
- Widespread reporting of diarrhoea
- HHs likely to have to travel further and further to access water in the near term, as rivers dry up

Women collecting water in Pibor Town (Photo: WFP/Paulina Bockowska)





Nutrition/Health Service Disruption

Site name	Payam	Status	From	То	Disrupted by
Pibor	Pibor	Not disrupted	NA	NA	operational
Kulugur	Pibor	Disrupted	June	Oct	Violence/ Flood
Manydekel	Pibor	Disrupted	June	Oct	Violence/ Flood
Thangajon	Pibor	Disrupted	Aug	Nov	Flood
Lekuangole	Lekuangole	Disrupted	Feb	March	ICV
Lekuangole	Lekuangole	Disrupted	May	Nov	Violence/ Flood
Gei	Lekuangole	Disrupted	May	Nov	Violence/ Flood
Bebuzen	Lekuangole	Disrupted	Sept	Nov	Flood
Kongor	Lekuangole	Disrupted	July	Nov	Violence/ Flood
Verteth	Verteth	Disrupted	July	Nov	Violence/ Flood
Durein	Verteth	Disrupted	July	Nov	Violence/ Flood
Murlil	Verteth	Disrupted	July	Nov	Violence/ Flood
Kireka	Verteth	Disrupted	July	Nov	Violence/ Flood
Gumuruk	Gumuruk	Disrupted	June	Nov	Violence
Lawol	Gumuruk	Disrupted	June	Nov	Violence/ Flood
Lothila	Gumuruk	Disrupted	June	Nov	Violence/ Flood
Vuveth	Gumuruk	Disrupted	June	Nov	Violence/ Flood

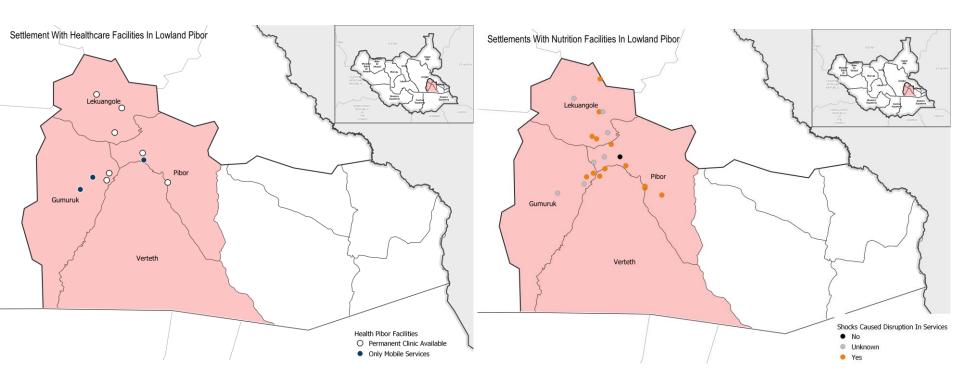
One key provider of Nutrition services – example of widespread disruption throughout 2020

OTP = Outpatient Therapeutic Program, for uncomplicated cases severe acute malnutrition TSFP = Targeted Supplementary Feeding Program, for cases of moderate acute malnutrition

* 'Disruption' means that the facility was either not operational or operating below full capacity.



Nutrition/Health Service Disruption*



*as reported by partners



Humanitarian Food Assistance

Large proportion of populations without access to HFA

 Many beneficiaries of livelihoods assistance (pastoralist household) are now looking for options to register for HFA

Challenges with registration/distribution:

- Registration done with "interference" from local authorities that favoring local population (IDPs without access)
- Lost biometric cards hindering access to assistance
- Populations often far from the settlement collecting food and missed by registration teams
- Challenging outreach beyond Pibor Town
- Population is completely unaware of any feedback mechanisms
- Households are sharing the rations between themselves hence 2months rations last less than a month

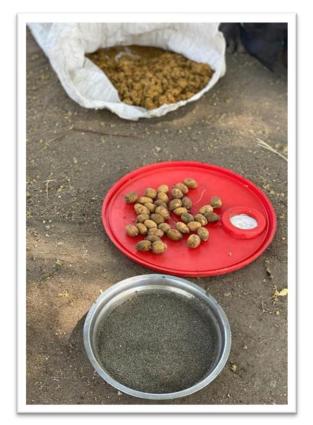


Food distribution in Pibor Town (Photo: WFP/Paulina Bockowska)



Forecast: Next 3 months

- Increased food consumption gaps expected in the next
 1-3 months
 - Access to food likely to deteriorate, leaving HFA as main source of food
- Expected inability to implement coping strategies will likely increase food consumption gaps
 - Seasonal unavailability of fish, bush meat and wild foods
 - Increased dependence of productive family members to provide for increased networks of dependents
 - The distribution of food within the HH will likely be skewed away from vulnerable groups, towards 'breadwinners'
 - People will travel further to access unclean water in the absence of boreholes
 - General exhaustion will likely increase, limiting coping capacity
 - Financial access to markets likely to remain minimal
 - Access to healthcare to remain low
 - Potential disruption to humanitarian activities if clashes begin



Konye (lalop in Arabic) and nganshuash (Photo: WFP/Paulina Bockowska)



Recommendations

- Comprehensive response planning to ensure a coherent, multi-cluster, emergency response and to urgently mitigate against the worst outcomes – mortality and malnutrition
 - Maximise utilisation of food through scaling up volume and outreach of non-food assistance (including nutrition, health, WASH, and shelter)
- Scale up volume and outreach of **food and non-food assistance to remote and outlying areas** (outside Pibor town)
- Continue **biometric registration** efforts ensuring that IDPs, cattle-camp populations, and populations in more remote areas are included
- Conduct rapid SMART survey to determine current Global Acute Malnutrition (GAM) rate across
 Western Pibor
- Continued needs and response close monitoring to ensure clear understanding of potential gaps and to ensure a targeted response
 - Maintain a forward-looking approach to prepare for expected further deterioration, and likely upcoming shocks (such as flooding or violence)
- Mainstream Accountability to Affected Populations (AAP) throughout interventions to better understand community perceptions of humanitarian assistance
- Maintain a **conflict-sensitive approach** to prevent further deterioration in conditions due to uptick in violence



THE ASSESSMENT TEAM WOULD LIKE TO **THANK THE FOLLOWING PARTNERS FOR THE LOGISTICS AND OPERATIONAL SUPPORT** ON THE GROUND:











