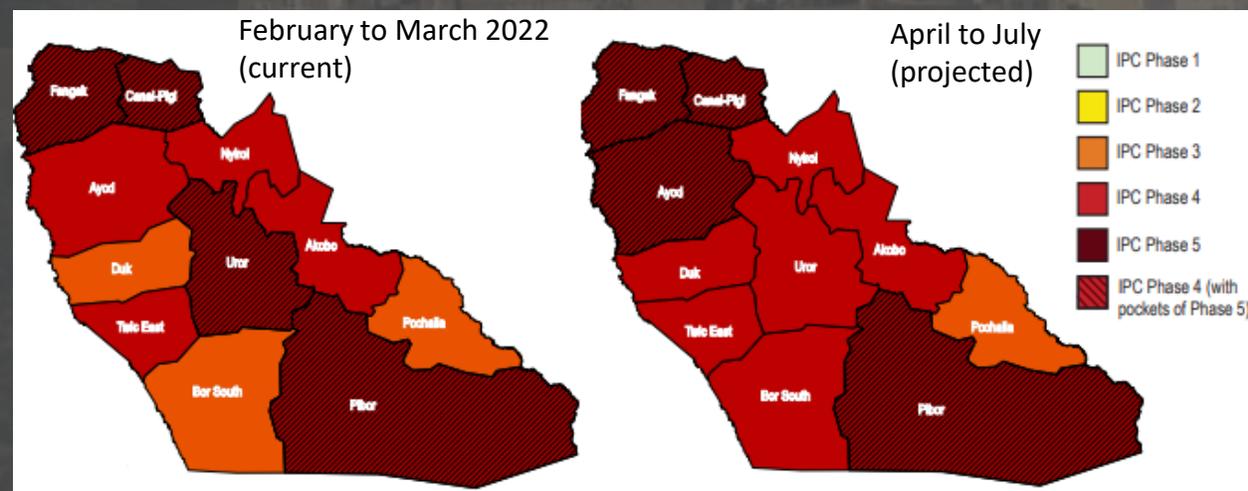


Uror Emergency Rapid Assessment

Jonglei State, South Sudan

August
2022

Assessment Rationale

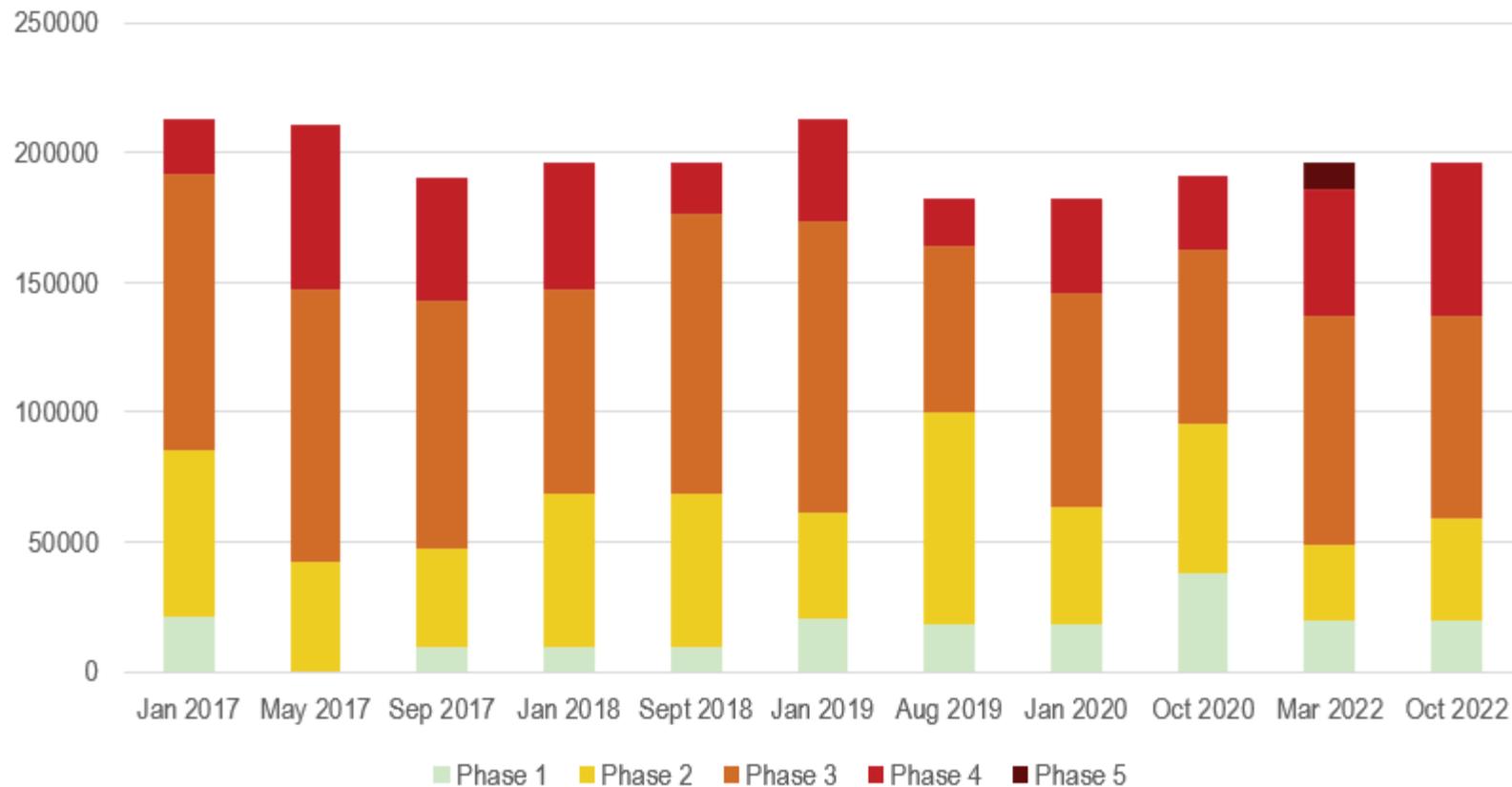


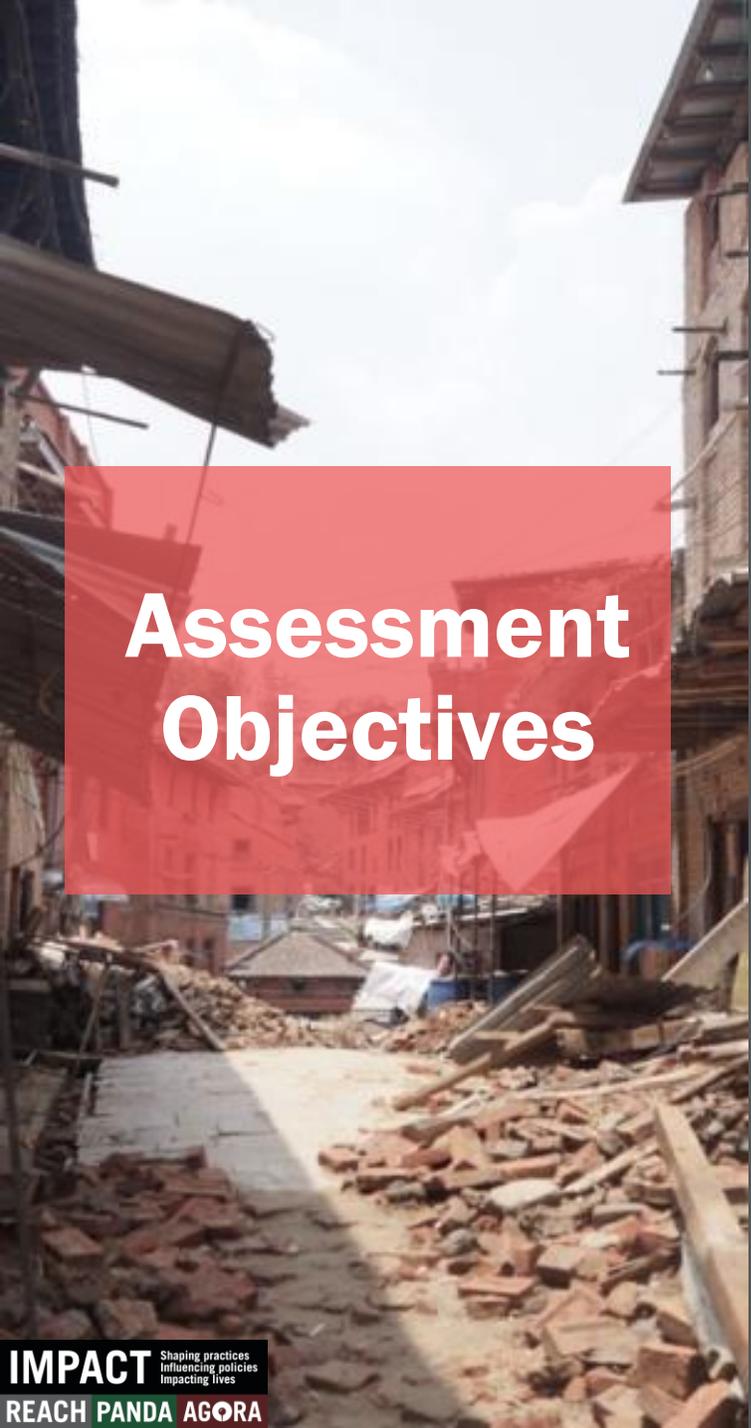
1. March 2022 IPC classification of P4 with 10,000 people in P5. Situation projected to improve into lean season with assumption of upscaled HFA. Cuts to HFA took place in April.
2. Reports of significant disruptions to provision of healthcare services between February and April.
3. History of compounding shocks since 2017 (recurrent fighting/violence, displacement, atypical flooding) – substantial deterioration of livelihoods and high levels of underlying vulnerability.



Uror Food Security

IPC Population Distributions, Uror County, 2019-2022





Assessment Objectives

Key Objective:

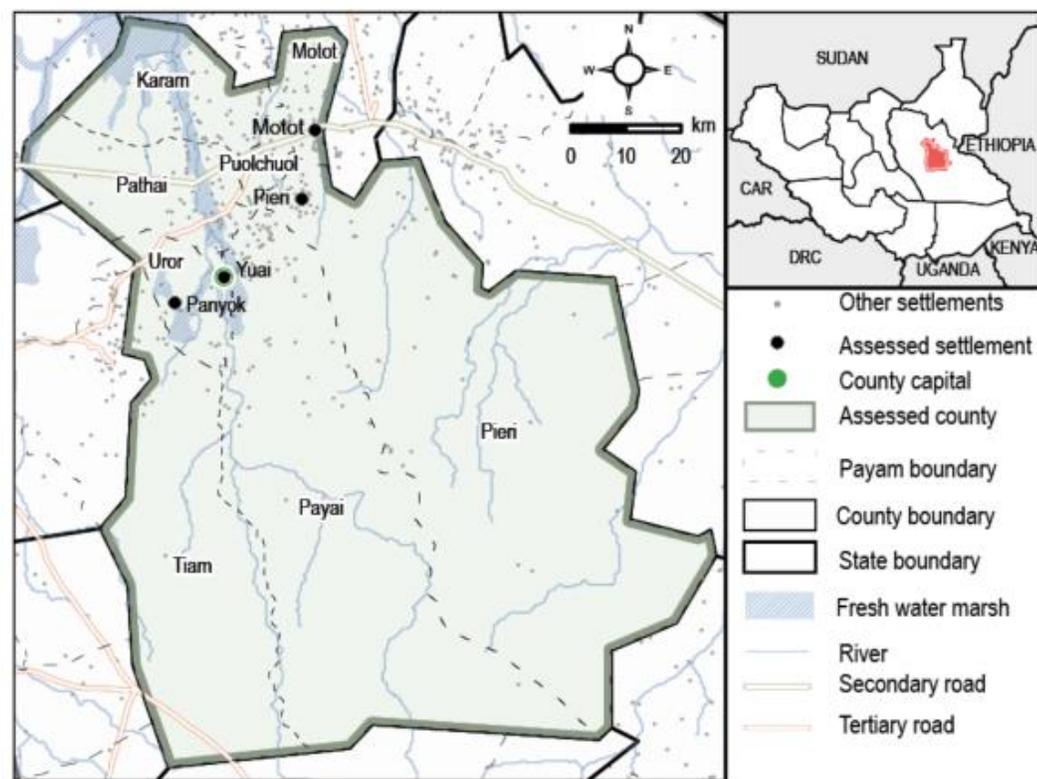
Enable humanitarian actors to make evidence-based decisions by helping them better understand the context and needs profile of Uror county.

Specifically:

- (i) To provide a snapshot of current humanitarian needs and service gaps
- (ii) To better understand how shocks have affected access to food and food consumption
- (iii) To better understand how shocks have affected what entails a 'normal' livelihood

Assessment Methodology

Map 1: Uror assessment coverage



1. Two main qualitative methodological components: focus group discussions (FGDs) and key informant interviews (KIIs).
2. Tools focused on (i) population movement [6], (ii) access to food and risk of famine [7], (iii) community context mapping [6], (iv) cattle migration [2], (v) health and nutrition service provision [6], (vi) and humanitarian food service provision [1].
3. 21 FGDs and 6 KIIs conducted.
4. Data collected in 4 towns/settlements across 3 payams (Uror, Pieri, and Motot) between August 17 and 26.
5. Findings are indicative of the situation at the time of assessment only and not statistically generalizable.

Timeline of Compounding Shocks

1991- 2022

Following the signing of the Comprehensive Peace Agreement (CPA) in January 2005, a disarmament campaign targeting communities in Greater Akobo (Uror, Akobo, and Nyirol counties) triggers fighting and displacement.⁷ Cattle are reportedly raided, and food stocks are looted and destroyed.

Between January and February, displaced people continue to arrive in Greater Akobo. Humanitarian agencies record 17,000 IDPs in Yuai in January, putting additional pressure on already limited food stocks following a poor harvest in 2013.⁹

Atypically severe flooding destroys crops, shelters, and other basic infrastructure across Jonglei State, Uror being one of the hardest hit counties.¹² Communities in Uror are unable to cultivate and livestock deaths spike due to drowning and disease. The HNO estimates that 89,300 people, or 51% of the population are in need of humanitarian assistance going into 2020.¹³

In January, community leaders from Greater Bor, Greater Akobo, and Pibor sign the "Lou Nuer – Dinka Bor – Murle Action for Peace," otherwise known as the "Pieri Peace Agreement."¹⁶



Nasir/Torit split in Sudan People's Liberation Army/ Movement (SPLA/M) and subsequent outbreak of conflict with communities from Greater Bor (Bor South, Twic East, and Duk counties) triggers widespread displacement, raiding of cattle, and destruction of assets.⁵ In addition, atypically severe flooding in 1992 prevents many households from cultivating.⁶



Beginning of the South Sudanese civil war. Fighting begins in Juba on December 15, and quickly spreads to Bor and Malakal, triggering displacement to Central and Western Jonglei, including Uror.⁸

Outbreak of conflict in Uror County triggers mass displacement primarily from the southwest of the county to the northeast, and to areas outside the county.¹⁰ Several towns including Yuai and Motot are severely damaged. Infrastructure is destroyed, food stocks are looted, and humanitarian services are intermittently disrupted.¹¹



In March, at least 240 civilians are killed, including 3 humanitarians, and more than 18,000 people are displaced following attacks on 28 villages in Pieri by armed groups.¹⁴ In July, a second consecutive year of atypical flooding destroys crops and drives livestock death.¹⁵



Uror is classified as area level phase 4 with 5% of the population, or roughly 10,000 people, facing catastrophic (phase 5) food insecurity during the March IPC. The IPC projects that the food security situation will improve between April and August because of sustained provision of HFA.¹⁷



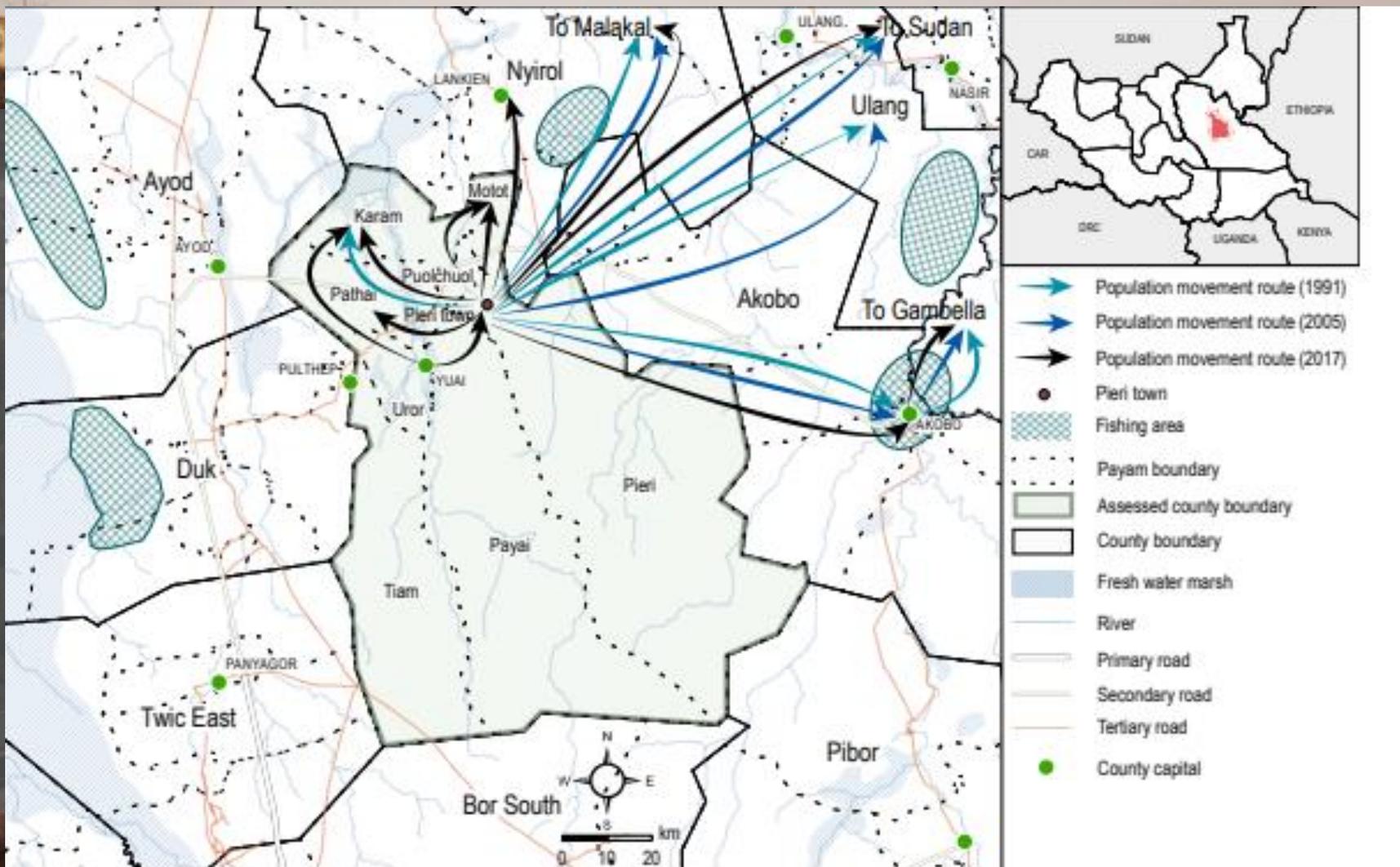
(Source: FGDs with community members, local NGO workers, and community leaders, triangulated with secondary sources)

Access to Food and Livelihoods & Use of Severe Consumption Coping Strategies

Key Findings

- Reports of **atypically large consumption gaps** throughout much of the 2022 lean season. Levels of hunger compared to past periods of “buoth” (1991, 2005, 2017).
- Reports of **extreme coping strategies**, including the consumption of cattle blood and hides.
- Atypically **high reliance on traditionally supplemental food sources**, including foraged fruits and vegetables, market purchases, and fish, as well as on food assistance.
- Reports of **disruptions to crop production** during 2022 cultivation cycle, including dry spells, flooding, and crop pests. August harvest expected by many to be poor, potentially extending duration of lean season by months.
- **Cattle ownership reported to be atypically low** since crisis because of raiding, livestock disease, and asset liquidation.
- **Limited purchasing power** due to abnormally high prices and limited market functionality.
- FSL programs staff report increased **viability of dry season cultivation** (dry season distribution of inputs and training on techniques needed)

Historical Displacement Routes





Key Findings

Decreased access to HFA

- **High dependency on HFA** – March 2022 IPC reports at least 25% of households meet 25-50% of caloric needs from HFA.
- FGD participants described **cuts to HFA as significant driver of atypical consumption** gaps during 2022.
- FSL partners **confirmed cuts to HFA beginning in April** – distribution cycle increased by 15 days following reprioritization (from 60 to 75 days). Ration size remained at 30 days.
- **Last registration for GFD occurred in November 2019** in all but 2 payams. Ongoing returns putting strain on available food stocks.
- **Poor infrastructure, lack of feeder roads, insecurity, and flooding** are main drivers of routine disruptions to HFA annually.



Key Findings

Shifting Displacement Dynamics

- **Mobility critical to coping and adaptation through past periods of hunger** – movement to neighboring counties (Nyiröl, Akobo, Duk), Upper Nile State (Malakal), and refugee camps.
- Displacement locations (historically) chosen based on familial support networks, access to humanitarian assistance, and viability of alternative livelihoods in displacement destinations.
- **Reports of decreased displacement in 2022** – deteriorated familial/support networks, decreased access to humanitarian assistance, and perceived insecurity along displacement routes (ICV, abduction, raiding).
- **Reported sustained levels of returns throughout 2022** driven by optimism towards national peace agreement, and decreased access to humanitarian assistance and worsening living conditions in displacement locations (camps).



Key Findings

Erosion of Community Coping Capacity

- FGD participants report **shrinking of upper and middle classes** and swelling of the poor and extremely poor classes since 2013.
- **Poorest class (“Changai”)** composed of growing group of highly vulnerable individuals, including single headed households, elderly adults, persons with disabilities, and unaccompanied minors. All face significant obstacles in participating in physically strenuous livelihoods.
- **High rates of asset liquidation** to cope through repeated shocks.
- Erosion of traditional communal coping mechanisms **reduces access to integral forms of support for worst-off households.**
 - Fewer better off households → fewer resources to support most vulnerable.



Key Findings

Significant Challenges to Provision of Health Services

- **10 of 17 healthcare facilities shuttered in 2017** following outbreak of fighting in Uror.
- **Frustrations over service quality** resulted in youth groups **disrupting the provision of services** at 4 of 7 primary health facilities between at least February and April.
- **Since resumption of services many original issues reportedly persist**, including late consignment of supplies, understaffing & late payment, and dilapidated infrastructure. Patients reportedly accessing basic drugs at pharmacies, which many cannot afford.
- **ICRC MoU with Motot PHCC ended on July 30.** Drug shortages and late payment of staff at time of data collection.
- **Nearest hospital in Lankien.** Patients at most facilities (with exception of Pieri) not provided support with transportation. Multiple day walk from most population centers.

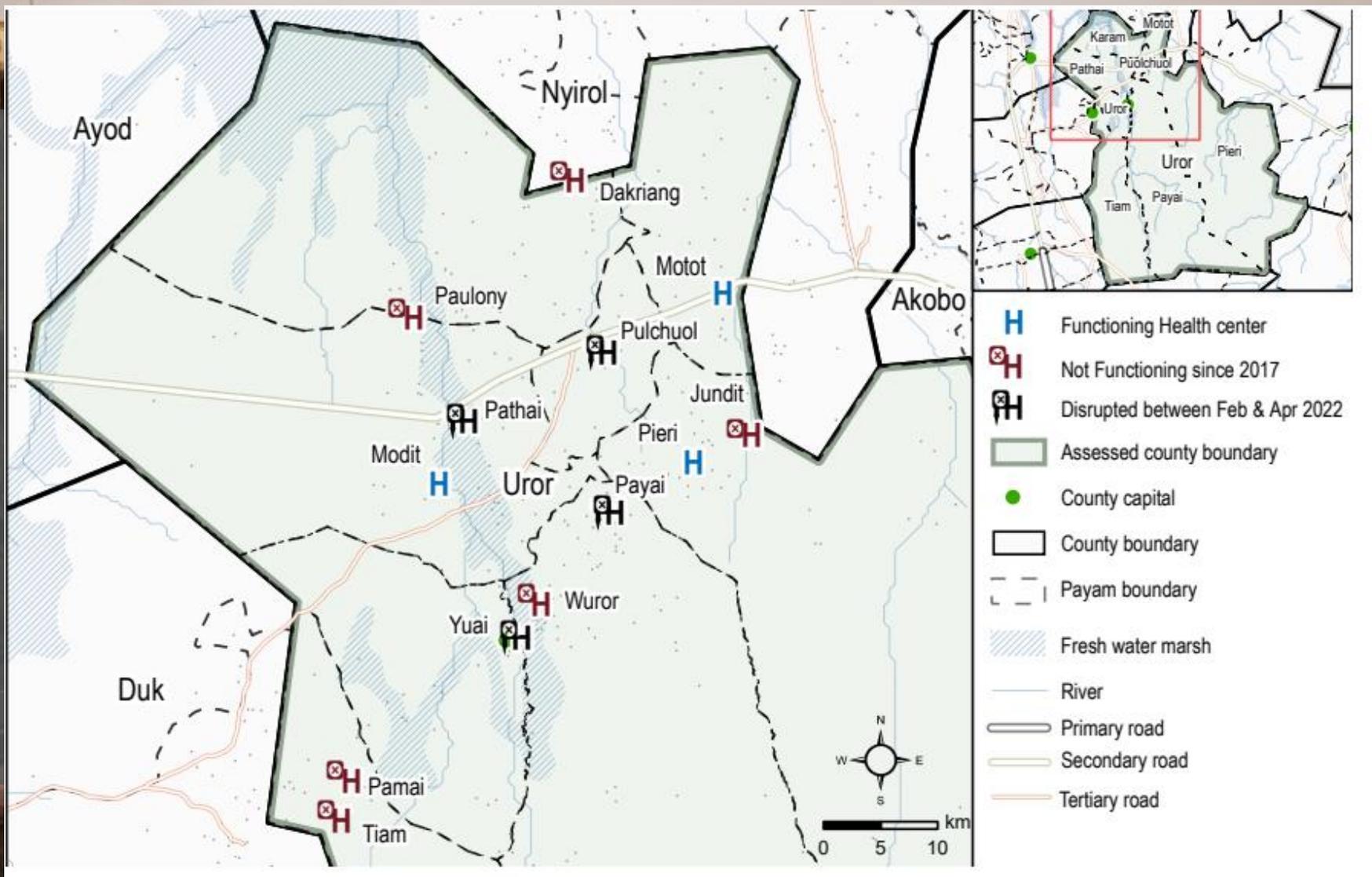


Key Findings

Challenges to accessing Nutrition Services

- Nutrition partners reported 11 feeding centers and 2 stabilization centers operating at the time of data collection.
- Greatest challenges with resupplying at feeding center in Paluony – 9 hour walk from nearest supply site (Pathai); serious protection risks travelling by road.
- Paluony facility reportedly ran out of RUTF in early July, triggered by **atypically high caseload**.
- NGO-provided data reflects **spike in admissions for SAM with medical complications** between May and July.
- **KIs report chronic issues with consignment of supplies.** Issues began in 2020 and typically take place in the second half of the year, suggesting supply gaps at nutrition facilities during peak lean season months.

Operational Healthcare Facilities, as of August 2022



October 2022 IPC Classification

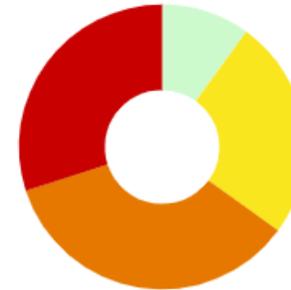
IPC

Current: Oct 2022 - Nov 2022



Phase	Population	%
Phase 1	19,629	10
Phase 2	39,258	20
Phase 3	78,516	40
Phase 4	58,887	30
Phase 5	0	0

Projected: Dec 2022 - Mar 2023



Phase	Population	%
Phase 1	19,629	10
Phase 2	49,073	25
Phase 3	68,702	35
Phase 4	58,887	30
Phase 5	0	0

2nd Projected: Apr 2023 - Jul 2023



Phase	Population	%
Phase 1	9,814	5
Phase 2	39,258	20
Phase 3	78,516	40
Phase 4	68,702	35
Phase 5	0	0

- No pockets of P5 in either current or projected periods
- 70% of the population classified as P3 or above in the current
- PIN decreases in the first projection and increased in the second
- Role of HFA – projected upscale beginning in March?
- Missing harvest data?

Thank you! Questions?

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[Uror Rapid Assessment available online here](#)