

RAPID APPRAISAL

KODOK TOWN

Fashoda, Upper Nile

15 March 2018

KEY HIGHLIGHTS & RECOMMENDATIONS

Although the community was massively displaced to Aburoc and Sudan in April 2017, following the intensified fighting in March to April¹ leaving the Kodok town empty, return movements have now been observed.

The overall food security, nutrition, WASH, health and education situation is reported to be moderately poor and has deteriorated due to conflict and displacement.



Given its favorable geographic location near the river Nile, the local community has access to some livelihood opportunities, hence future interventions to support the populations need to focus on strengthening resilience.

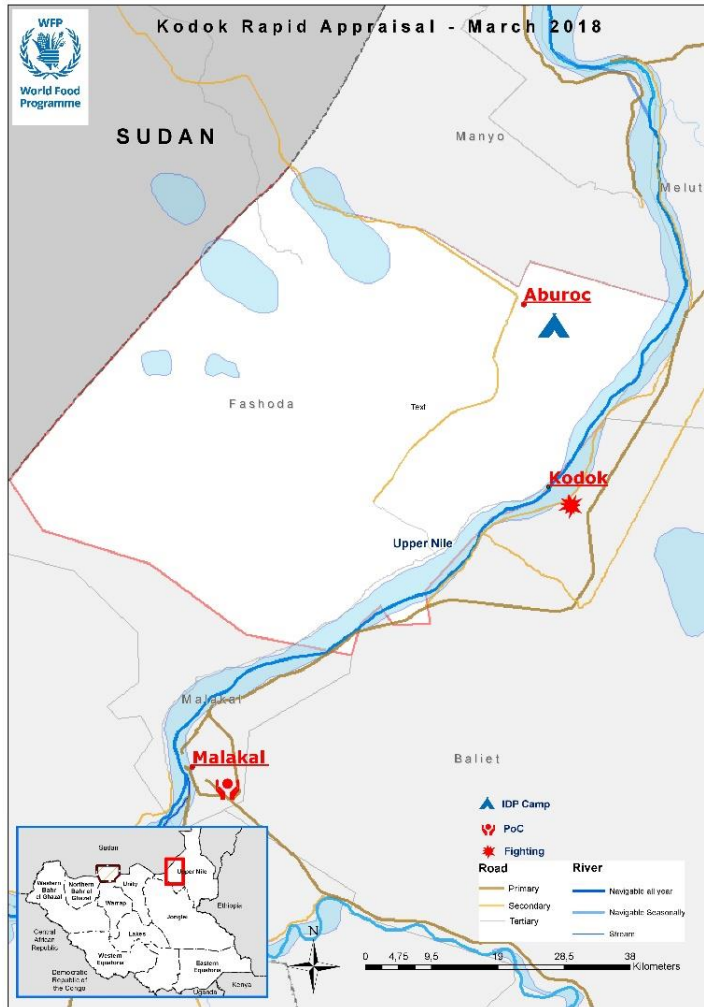
The findings of this rapid appraisal translate into the following recommendations:

- Given the presence of various humanitarian partners operating in the area, a **gap analysis** in terms of needs should be done before recommending any action. This analysis should be supported by the ICWG in Malakal;
- As the planting season is approaching and as the population is expected to resume its traditional livelihoods now owing to the relative stability in the area since some time now, distribution of seeds (mainly short-cycle crops), tools and fishing kits is recommended.
- A one-off food ration to support other livelihood interventions should be considered, after further consultations with partners already operating in the area.
- Any assistance should be preceded by a population verification exercise.

¹ Kodok town was captured by SPLA-IG on April, 20th, 2017.

Situation Overview

Kodok town is situated in Fashoda State, part of the Upper Nile state, and it is located along the Nile river on the western bank. The location has experienced conflicts over the years, changing hands between the rivaling actors.



Following the intensified fighting in March-April 2017 in Kodok, and the consequent take-over of the town by SPLA-IG, part of the local population fled the town and the neighboring villages to seek refuge in Aburoc (Fashoda county) while some continued northwards to Sudan. During and immediately after the violence, looting of properties and raiding of cattle were reported, leaving the town empty of civilians and in a desperate situation. According to OCHA², in April 2017, an estimated 25,000 people were displaced to Aburoc from various previously IO-controlled locations, including Kodok. Five months later, in September 2017, the Local Administration was re-established and it started advocating for safe returns to the area.

Kodok is located in the Northern Sorghum and Livestock livelihood zone³. This livelihood zone, located along the border

with Sudan, is inhabited mainly by agro-pastoralists. Agriculture is rain-fed, and typical cultivations include sorghum, cowpeas, pumpkins and okra and other vegetables. The main livestock reared are small ruminants (goats and sheep) and to lesser extent, cattle.

² OCHA Flash Update Report, 27 April 2017.

³ South Sudan Livelihood Zones and Descriptions, FEWS NET, August 2013.

According to the February 2018 IPC⁴ report, substantial humanitarian assistance is maintaining crisis (IPC phase 3!⁵) food security outcomes in Fashoda County. This critical food security situation is mainly determined by the fact that due to the intensified conflict in 2017, especially at the beginning of the cropping season, most households in the area were displaced and could not access their farming land.

As numerous households were reported returning to Kodok from Aburoc and Sudan in the last months, the local authorities requested humanitarian actors to assist these populations⁶, which would amount to 60,574 individuals comprising 8,785 households.

Background and Methodology

A multi sectorial team visited Kodok town for a day, arriving via river from Malakal. The team was composed by WFP (VAM, nutrition and programme), WOCO (Protection) and WVSS (WASH).

Due to the rapid nature of the assessment, the team was on the ground for only few hours. Thus, the findings are based on focus group discussions (FDG) with men and women from the affected community and key informant interviews with local authorities, health officials and NGO staff in the area. The team members first met with the local authorities, including the RRC, the County Commissioner and the State Governor for introduction and discussion on general information about the area which forms the background of this report.

In particular, the team conducted focus group discussion with a group of women and men separately. The team members later visited the health center and the market where they interacted with health officials and sellers respectively, to gather more information relevant to the scope of the rapid assessment.

Information collected ranged from food consumption, livelihoods, food security and nutrition to service delivery, water and sanitation, health, protection and security concerns.

Due to the nature of the rapid appraisal, it is not possible to have in-depth and statistically representative results on the situation in terms of food security, livelihoods and nutrition (including anthropometric measurements), as well as WASH and protection. However, the report still provides some indicative results for a better understanding of the situation in this community, and to be the basis of a response analysis.

⁴ Integrated Food Security Phase Classification

⁵ This means that even with the humanitarian assistance, at least 20% of the population face food consumption gaps with high or above usual acute malnutrition.

Objectives of the mission

The main objective of the mission was to assess the current security and humanitarian situation in Kodok to provide recommendations on a possible humanitarian response.

Following are the specific objectives of the joint rapid assessment:

- To provide an immediate and quick overview of the humanitarian situation in Kodok;
- To identify existing gaps by sector (Food security, Nutrition, Health, WASH, Education, etc.) in order to advise for possible interventions by the government and humanitarian partners.

MAIN FINDINGS

Demographics

Currently, the civilian population in Kodok town is constituted by people that recently returned from Aburoc and Sudan, after fleeing in mid-2017. According to the Local Authorities (RRC), the total returnee population is 1,857 individuals with an average household size of six. Kodok mainly represents the final stop of their return journey, even though some still pass through Kodok and proceed to other nearby payams (e.g. Lul, Oryiny).

The local authority reported expecting further returns as a result of hardship in Sudan and scarcity of water in Aburoc. Moreover, the Local Government is facilitating the transportation of returnees.

However, the team did not have enough time to visit all nearby villages to have a full idea of the population in the area.

Food Security and Livelihoods

Food Consumption

The general food situation in the community is rather poor as a result of the conflict that caused disruption of livelihoods and forced people to displace and abandon their agricultural fields. The community explained that, due to the conflict that arose in 2017 right at the beginning of the cropping season, thus resulting to massive displacement and looting, most of the concerned population lost livestock (normally used for trading purposes) and were not able to plant the crops they rely on for both subsistence and income generation. This is negatively affecting their food consumption during this period of the year (December – March), when they would be relying on their own crop harvests and market to complement the fish from the river.

The FGD reported that, currently, the consumption of fish from the nearby river remains the pillar of their diet, even though the level of catchment has decreased as a result of lack of fishing equipment. Fish is

accompanied by sorghum, vegetables and green leaves from the wild. Sorghum and other food commodities (sugar, onions, etc.) are acquired through the bartering of charcoal from traders coming from Sudan.

Most participants reported eating once a day, while they used to consume two meals per day in the pre-crisis period. The main consumption-based coping strategies that the local population is employing include reduced number of meals per day and sharing food.

Livelihoods (Food and Income Sources)

Before the conflict, the local population in this area was relying on cultivation (both for own consumption and selling), livestock (mainly for trading purposes) and fishing. These livelihoods have been disrupted by the conflict and displacement: the local population has abandoned farming and experienced major livestock losses, shifting to fishing and the exploitation of natural resources.

Unlike the pre-conflict period, the majority of households are currently relying on fishing and bartering of charcoal and firewood for food, though fishing is limited by lack of fishing equipment and long distance to the river. The only available source of cash is the selling of natural resources to traders arriving to town as well as to local communities.

The widespread looting of livestock during the April 2017 crisis also deprived households from access to milk.

Markets



The local market is currently functioning but only a limited number of commodities are available. These include sugar, salt, onions and sorghum flour, which are imported from Sudan by local traders. Before the 2013 crisis, it used to be a very big market, where traders from Sudan would bring processed food items while South Sudanese traders would sell mainly livestock and natural resources (e.g. charcoal).

According to the FGD, the current level of prices is high compared to the average purchasing power of the local households: for instance, a kilogram of sugar cost 300 SSP and that of sorghum flour cost 300 SSP.

Considering the economic vulnerability of the local population, the volume of trade is low as prices are generally not affordable.

Service Mapping

The mission was informed that the following humanitarian partners are currently active in Kodok town:

- ICRC⁷, which is providing health services in Primary Health Care Center;
- SUDDA and CORDIAD, national NGOs supporting livelihoods and WASH through the implementation of cash for work;
- WVSS⁸, which is implementing WASH and nutrition activities.

Nutrition

A nutrition centre exists in the Primary Health Care Center for the treatment of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) which is managed by World Vision. Apart from cases identified by the few CNVs, other malnutrition cases are screened and identified at the OPD and referred to the nutrition centre, if these malnutrition cases have complications, they are treated/stabilized before they are referred to the nutrition centre for further treatment. However, the nutrition centre is not a fully-fledged treatment centre since it is implemented with supplies and mostly technical staff from the Gollo and Aburoc nutrition programmes. Therefore, the Kodok nutrition activities implemented by World Vision is conducted on a much smaller scale than is required to cover the entire catchment area since majority of the cases registered at the facility are from Kodok town. Case identification, nutrition supplies and the number of technical staff were found to be inadequate. Only a small amount of nutrition supplies (RUTF and RUSF) were available and per the officer present at the nutrition centre, each time there is a shortfall, the nutrition supplies will have to be sent from World Vision in Aburoc. The register of beneficiaries and hence those that have been treated and discharged prior to the assessment was unavailable at the nutrition centre because it is kept in Aburoc. The mission identified the need for a more robust effort to undertake a more effective and active case finding and treatment for all forms of acute malnutrition including those with complications. At the time of assessment however, there were 7 cases of SAM⁹, 12 cases of MAM¹⁰ and 11 PLW¹¹ with acute malnutrition who were receiving nutrition support.

⁷ International Committee of the Red Cross (ICRC)

⁸ World Vision South Sudan

⁹ Severe Acute Malnutrition (SAM)

¹⁰ Moderate Acute Malnutrition (MAM)

¹¹ Pregnant and Lactating Women (PLW)

A recent SMART survey conducted in January 2018 by World Vision in the former Fashoda County, which is also yet to be validated by the NIWG¹², indicates a GAM¹³ level that is slightly below the WHO emergency threshold of 15% though still serious.

Previous SMART surveys conducted in the former Fashoda County presented GAM levels very close if not above the WHO emergency threshold: the one conducted in December 2015 by World Vision International (WVI) showed a GAM level at 15.4% while two surveys conducted by Action Against Hunger (ACF) in August and November 2014 showed GAM prevalence of 16.0% and 14.1% respectively.

The mothers interviewed during the focus group discussions demonstrated fair amount of knowledge on early initiation of breastfeeding, exclusive breastfeeding and appropriate complementary feeding practices. Since the mothers sampled composed of returnees from Aburoc and residents, it is believed they acquired some knowledge of the MIYCN through such services for IDPs in Aburoc and for mothers who are residents at the health centre in Kodok town.

Fish and wild vegetables constituted the main food groups consumed during the night prior to the assessment, according to the focus group discussions held. According to the interviewees, this meal is not a common occurrence under normal circumstances as, at this time of the year, local population used to consume sorghum to complement their diets especially with the abundant fish.

Health

There is a functioning government-led Primary Health Care Center in Kodok town that is fully supported by ICRC in terms of incentives for health workers, equipment, drugs and other supplies. The Primary Health Care Center has two medical doctors, a clinical officer, one nurse, three community health workers, two midwives, a pharmacy assistant and a lab technician. However, before the crisis, there were three health facilities in the community, but repeated cycles of insecurity prompted the closure and abandonment of all of them. The recent stability made it possible to reopen the current one.

The top five most common diseases recorded, according to a medical doctor who also doubles as the acting director of health services for the new state, are malaria, diarrhea, respiratory tract infections (RTIs), skin diseases and eye infections.

Six cases of tuberculosis were recorded since December 2017, and they were a relapse due to unavailability of drugs where they had sought refuge. According to the medical doctor, these patients have resumed treatment even though they exhibit signs of malnutrition with one on isolation. Screenings for HIV are yet to commence even though health center received delivery of some test kits.

¹² Nutrition Information Working Group (NIWG)

¹³ Global Acute Malnutrition (GAM)

A meningitis vaccination campaign was carried out on the 21st February by the health center personnel. A polio booster vaccination is also scheduled for the 24th of March, followed by vitamin A and measles.

WASH

Water and sanitation conditions appear acceptable thanks to the presence and the work of humanitarian partners.

Approximately 900 household latrines were constructed by World Vision and other partners in 2017 which significantly contributed to ameliorating the overall sanitation in the area. According to interviewees, however, some of these have broken down and need repairs as some of the iron sheets have been taken away and used for constructing makeshift shelters.

The main source of water for the community is the river. The water is treated by World Vision and made accessible to the entire community, which has to collect it at treatment point. An initial plan of free water distribution across Kodok town was shelved due to insecurity.

No major epidemic or disease outbreaks linked to poor water and sanitation was recorded in the past one year or at present.

Education

There is currently only one functioning government school in Kodok town and its maximum capacity has been reached, thus not allowing additional children to join. A total number of 389 children is reportedly attending school, from P1 form to P5.

There is another educational institute in town but it is used as a barrack by the army. For these reasons, the majority of the children living in the area are out of school.

In the functioning school, there is no ongoing school feeding programme, and this has been highlighted as a constraint.



Protection

Kodok mainly represents the final destination for most returnees the mission met, even though some still plan to proceed further to other nearby payams (e.g. Lul, Oryiny).

The Local Authorities reported that there are still movements of return from Sudan and the Local Government is facilitating their transportation. Many people are residing in fenceless houses, done in mud and with grass roofs.

During discussions, women insisted that, if there is no food, they might be forced to engage in doing activities that could put their health in jeopardy like cutting woods in the bush, collecting grass and firewood to support the household's income.

Women did not report any cases of harassment and said the movement is free from Kodok to the surrounding bomas. On the same note, women have expressed concern over adolescent girls working as dish washers in the markets who may likely be at risk of GBV as they often return home late. Most of the girls come from the neighboring villages and return home very late while others do not return but they are accommodated with the owners of the business whom they are working e.g. tea sellers and restaurant owners.



Women were also seen brewing local alcohol at their houses and selling it to men in uniforms, which can be considered hazardous as it may expose them to violence and exploitation.

According to the FGDs, there are 5 cases of unaccompanied and separated children (UASC).

RECOMMENDATIONS

Although there was massive displacement of community to Aburoc and Sudan in April 2017, leaving the Kodok town empty, return movements have been observed. The overall food security, nutrition, WASH, health and education situation is assessed to be moderately poor and has deteriorated due to conflict in April 2017. Given its favorable geographic position near the river Nile, the local community has access to some livelihood opportunities, hence future interventions to support the populations need to focus on strengthening resilience.

The findings of this rapid appraisal translate into the **following recommendations**:

- Given the presence of various humanitarian partners operating in the area, a **gap analysis** in terms of needs should be done before recommending any action. This analysis should be supported by the ICWG in Malakal;
- Moreover, a survey to assess the intentions of the returnees about their final destination is recommended as a piece of information upon which building any response strategy.

Food Security and Livelihoods

- As the planting season is approaching and as, owing to the relative stability in the area for some time now, the population is expected to resume its traditional livelihoods, distribution of seeds (mainly short-cycle crops), tools and fishing kits is recommended.
- A one-off food ration to support other livelihood interventions should be considered, after further consultations with partners already operating in the area.
- Any assistance should be preceded by a population verification exercise.

Nutrition

- The Nutrition cluster should identify a suitable partner to expand and continue the implementation of the ongoing screening by WWSS and treatment of MAM and SAM cases in Kodok Urban. A further assessment in Kodok rural, Lul and other adjoining communities is recommended prior to further expansion of the existing nutrition activities.
- In case of a sudden deterioration of the nutrition situation in the area beyond the current response capacity, the deployment of readily-available emergency nutrition response teams should be considered for at least 3-4 months in Kodok town and Kodok rural.

Other Recommendations

- Since the rains will be starting soon, it is recommended to provide returnees and host communities with Long Lasting Insecticide Treated Nets.
- As the returnee population is increasing, the construction of additional family latrines is recommended. This should be accompanied by awareness raising on the use of soap and ash at critical times.
- Newly returned households should be provided within-kind shelter materials.
- In order to improve the overall protection situation in this community, a continuous protection monitoring mechanism should be instituted. Moreover, intervention to provide psycho-social support to traumatized and vulnerable people is recommended.
- As WOCO has documented some cases of missing children whose possible current location is in Sudan, the establishment of child help desk along the river side is recommended. This would be instrumental in supporting family tracing and reunification (FTR).
- Distribution of dignity kits for women and girls of child-bearing age is also recommended.

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Annex: SEASONAL CALENDAR¹⁴:

The rainfall pattern in this zone is unimodal, with a rainy season running from May to October, and a dry season from November to April. The zone has relatively fertile sandy and loamy soils with rocky surfaces in some areas. These are somewhat less fertile than neighboring zones in Upper Nile and Unity States and are distinguished from these by relatively low rainfall, which restricts crops mainly to drought resistant sorghum and some gum arabic production.

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Seasons												
Rainy season												
Dry season												
Lean season												
Cropping												
sorghum												
vegetables												
Livestock												
lambling/kidding/calving												
milking												
Other												
employment by oil companies												
Hazards												
livestock diseases												
conflict/cattle raiding												
Legend	land preparation				sowing		weeding		harvest			

The inhabitants of this zone are agro-pastoralists. The main rain fed food crops grown include sorghum, cowpeas, pumpkins and okra and other vegetables. The main livestock reared are goats and to lesser extent sheep and cattle. There are seasonal livestock movements to Greater Bahr El Ghazal, with frequent inter marriages and other exchanges between communities in these areas. These seasonal movements

are the source of frequent conflict over pastures, waters and cattle raiding.

CONSUMPTION CALENDAR FOR POOR HOUSEHOLDS

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Staple foods												
sorghum												
market purchase												
wild food collection												
Income												
sale of firewood												
sale of elephant grass												
domestic work												
Expenditures												
health care												
education												
Legend	own production				market purchase				in-kind		gathering	

¹⁴ South Sudan Livelihood Zones and Descriptions, FEWS NET, August 2013.

