

EMERGENCY BASELINE ASSESSMENT REPORT

PANYIKANG COUNTY

UPPER NILE STATE

SOUTH SUDAN

BY IMPACT HEALTH ORGANIZATION



MARCH 2019

TABLE OF CONTENT

EXECUTIVE SUMMARY.....	4
1.0 Background.....	5
1.1 Introduction.....	5
1.1 BACKGROUND OF THE ASSESSEMENT	5
1.4 SPECIFIC OBJECTIVES OF THE ASSESSEMENT.....	6
2.0 METHODOLOGIES	7
2.1 STUDY DESIGN.....	7
2.2 DATA COLLECTION TOOLS	7
2.3 SAMPLE SIZE DETERMINATION.....	7
2.4 ETHICAL CONSIDERATION.....	7
3.0 ASSESSEMENT FINDINGS.....	8
3.1 HUMANITARIAN SITUATION.....	8
KEY INFORMANT:	10
4.0 CHALLENGES	10
4.1 CHALLENGES FACED BY TONGA PHCC.....	10
4.2 CHALLENGES FACED BY THE PEOPLE OF PANYIKANG COUNTY.....	10
4.3 CHALLENGES FACING CHILDREN AND WOMEN.....	11
4.4 CHALLENGES FACED DURING THE ASSESSMENT.....	11
5.0 CONCLUSION.....	11
6.0 RECOMMENDATION.....	12
7.0 ANNEXES.....	12
7.1 LIST OF THE ASSESSEMENT TEAMS.....	12
7.2 PHOTOS TAKEN DURING THE ASSESSEMENT.....	13

ACRONYMS

WASH	WATER, SANITATION AND HYGIENE.
CHD	COUNTY HEALTH DEPARTMENT
IHO	IMPACT HEALTH ORGANISATION
PHCU	PRIMARY HEALTH CARE UNIT
PHCC	PRIMARY HEALTH CARE CENTRE
IDP	INTERNALLY DISPLACED PEOPLE
NDRC	NATIONAL DEVELOPMENT RELIEF CORPS
RUCAPD	RURAL COMMUNITY ACTION FOR PEACE AND DEVELOPMENT.
ROSS	RELIEF OF SOUTH SUDAN
HRC	HUMANITARIAN AND RELIEF COMMISSION.
RRC	RELIEF AND REHABILITATION COMMISSION
FGD	FOCAL GROUP DISCUSSION
ANC	ANTENATAL CARE
EPI	EXTENDED PROGRAM ON IMMUNIZATION
IRNA	INITIAL RAPID NEED ASSESSMENT.
WHO	WORLD HEALTH ORGANIZATION
GAM	GLOBAL ACUTE MALNUTRITION

EXECUTIVE SUMMARY.

Impact health organization (IHO) received funding under the South Sudan Humanitarian Fund First Allocation 2019 through the health cluster. The funds are to support the provision of Mobile emergency health assistance to IDPs and host communities in conflict affected persons in Panyikang County Upper Nile State South Sudan. In this regard, IHO undertook a baseline survey from the 21st to 23rd March 2019 in Panyikang County. Findings from the assessment showed limited access to health care services provide in the County as the population relied on only one functional PHCC which was under staffed, lacked enough medicines and supplies among others. Malaria, diarrheal diseases and acute respiratory infection remained the leading cause of morbidity and mortality especially among Pregnant and lactating women (PLW) and children under five years. The County was also faced with limited access to Nutrition and WASH services.

In conclusion, the finding from the assessment show that the populations settling in Panyikang county are in dire humanitarian situation following the crisis. As more population return, host communities and IDPs pressure is exerted on the limited social services and poor infrastructure calling for immediate humanitarian interventions to save lives.

1.0 Background

This reports presents the findings of the baseline assessment that was done by Impact health organization in Panyikang County, Upper Nile state.

1.1 Introduction

Impact Health Organization is a nongovernmental organization, humanitarian and development organization dedicated to improve health and wellbeing of individuals and communities by meeting health, nutrition and water, sanitation and hygiene needs. Founded in South Sudan in 2013 and started Operating in 2015, IHO has grown to support communities by addressing the immediate and long term needs. What remains unique and constant with IHO is the commitment to quickly respond to both development and emergency needs of the communities we serve in timely and pragmatic fashion. In South Sudan IHO continues to support the communities by providing health, Nutrition and WASH services.

1.1 BACKGROUND OF THE ASSESSEMENT

Republic of South Sudan continues faces considerable humanitarian problems, which have increased substantially since the outbreak of violence across the country in December 2013. Among the mostly affected states is Upper Nile State and security situation in Upper Nile state remains uncertain with armed conflict in almost all parts of the state. The situation has further aggravated the humanitarian situation, producing secondary or third displacement. Among the most affected Counties in Upper Nile state is Panyikang County having figures way off thresholds in the thematic areas of WASH, nutrition, health. The West Bank and Panyikang County in particular have experienced conflicts leading to displacements of populations. Displacement as a result of hunger or insecurity may force affected populations to accept a greater exposure to disease in order to mitigate other risks, such as death by violence or hunger (Reach Situation Overview: Upper Nile State, South Sudan July - September 2018). Panyikang County also evidenced some returns to Dor from other settlements in the county and Malakal PoC site. The people that had fled from populated areas face a severe lack of food, shelter and health services. (UNOCHA South Sudan: Humanitarian Snapshot (August 2018). Insecurity pose challenges to food security across the state. The County has access to minimal preexisting services and food security including southeastern and such population inflows likely diluted available humanitarian food assistance, resulting in a spike in self-reported rates of hunger in this quarter. As both epidemics and more

minor occurrences, a wide array of human diseases were reported by nearly all respondents as having a negative impact on access to food. FGD respondents from Panyikang, consistently reported human disease outbreaks as more disruptive to livelihoods and food access as armed conflict and frequently as much more damaging than most natural shocks. (Reach 2018 Report, “Now the Forest is Blocked”: Shocks and Access to Food” South Sudan). The Integrated Food Security Phase Classification (IPC) for September 2018 - March 2019 classifies Panyikang (Upper Nile) at the peak of the lean season in Catastrophe (IPC phase 5, Humanitarian Catastrophe’). The worsening situation is mainly attributed to the economic crisis caused by the conflicts and resulting disruptions to agricultural activities, fall out of foreign trader and high food prices in most parts of the West Bank. Insecurity along major trade routes and in the area disrupts market functionality. There is increased pressure on the already weak health care system, increased the disease burden which has directly affected the health status of the population (Reach Situation Overview in Upper Nile State, South Sudan July - September 2018).

1.3 MAIN OBJECTIVES OF THE ASSESSEMENT

The main objective of the assessment was to understand the health needs of populations settling in Panyikang community and identify gaps influencing health care service delivery in the county.

1.4 SPECIFIC OBJECTIVES OF THE ASSESSEMENT.

The specific of Objectives of the study were as follows:

- To generate both the quantitative and qualitative data that could help in the health planning and interventions in this area.
- To identify the gaps and factors that are hindering health care delivery services to the people in this locality and identifying possible intervention mechanism.
- Identification of the priority areas of health intervention within this target location.
- To discuss with the local authorities on the implementation plan and processes.

2.0 METHODOLOGIES.

2.1 STUDY DESIGN.

This was a cross sectional survey. Panyikang county has 4 Payams namely Tonga, Panyikang, Pakang and Dethem, but the assessment covered only 2 Payams i.e. Tonga and Panyikang since they were considered as the most affected Payams and would provide the relevant information required for the planning and successful implementation of the emergency health project in this purposively targeted location of Panyikang county

2.2 DATA COLLECTION TOOLS.

The following tools were used for data collection and it includes the followings: -

- Households questionnaires (both open and close ended)
- FGD Guide
- Key informants guide.
- Observations.
- Review of the health based retrospective audit of records at the health facilities.

2.3 DATA COLLECTION

This survey was done with the help of the trained enumerators selected within the target community where each questionnaires were well translated in the local dialect of Chiluk ethnic group and their concerns instantly noted down.

2.4 SAMPLE SIZE DETERMINATION

Because of the short time of the study. The team interview 40 household which was selected randomly.

2.5 ETHICAL CONSIDERATION.

The IHO assessment teams obtained ethical clearance from the Humanitarian and relief commission and commissioner office and other local leaders before starting the assessment since there is no CHD office in Panyikang county. To all the respondents, the purpose of the assessment was well explained in local Chiluk language by trained enumerators and also assuring them that all the information provided shall be treated with utmost confidentiality and to ensure this, there was no writing names of the respondents on the questionnaires.

3.0 ASSESSEMENT FINDINGS

3.1 HUMANITARIAN SITUATION:

According to the information gathered from the local leader, the humanitarian situation of Panyikang was very poor. Many community members lacked access to basic social services such as education. International organization for migration (IOM) continues to register the IDPs and returnees as Panyikang is the main entry point for both the IDPs and returnees for people from the neighboring Panyikang county. IOM estimated that between about 400 individuals return per week translating to about 65 households. RRC estimated that Panyikang had a population 8000 individuals.

Panyikang county can only be accessed by air and water transport. The authorities reported that the internal security in Panyikang was quiet stable at the time of the study. However, some tribal conflicts related to cattle raids had taken place a few months ago.

The team observed Poor housing structure and authorities reported limited access to safe drinking water, lack of food and well as other basic needs which makes the population vulnerable to diseases outbreaks including WASH related diseases.

There was one functional health facility in the entire Panyikang County providing the health services to the people and mostly within Tonga town. The health facility is supported by Health link South Sudan. The major challenges faced by the health facility included staffing and medical supplies.

Other agencies such as RUCAPD (Rural Community Action for Peace and Development), world vision, NRDC (National relief and development corps) were on ground providing different services. World Vision continues implemented WASH and Nutrition services while RUCAPD and NRDC livelihood programmes e.g. cash distributions, vocational trainings, agriculture, fishing etc.

3.2.0 GENERAL FINDINGS.

3.2.1 HOUSEHOLD FINDINGS

Demography:

The study interviewed most Women (67 %) and Men (33%) of whom 5% were aged 16-20 years contributed 10 % aged 21-25 years, 10 % 26 -30 years, 12.5% aged 31- 35 years, 7.5 % aged 36-40 years, 15 % aged 41-45 year, 10 % aged 46-50 Year and 30 % aged 51 and above years.

Morbidity and Mortality:

The leading causes of morbidity and mortality in the area were malaria 85 % followed by diarrheal diseases (60%) and ARTI (42.5 %) affecting mostly children under the age of 5 years (70%).

Immunization:

Most respondents 60% who had children under five reported they had not completed immunization and on.

Access to health Facility:

More than Quarter of respondents 32.5% spent more than 5 hours to reach nearby health facility, 27.5 % spent 1-2 hours mean while 40 % spent 3 -4 hours to reach the facility.

Majority of the respondents 92 % rated access to the health services in County as very poor and 8 % access poor.

Malaria Prevention

All respondents 100 % reported lack of mosquito nets in the household.

Cough

Most respondents 75 % at least a family member having cough that had lasted for more 2 weeks.

Health Education:

Most respondents Panyikang county a95 % reported not to have attended health education session in the past 12 months.

Water Sanitation and Hygiene:

Majority of the household assessed 90 % had no access to latrine.

All respondents 100 % reported lack of access to safe water drinking water and all communities source drinking water from the river with minimal treatment as only 20 % of respondents reported to boil or filtering drinking water.

Majority of the respondents 87 % reported their households used less than 15 liters/person/per day.

This because 75% of the respondents reported household lacked water containers.

Most respondents 60 % reported lack of soap in the house for hand washing as 40% report existence of soap or ash for hand washing.

Gender Based Violence:

Most respondents 67 % reported that girls get married between 15-17 years 3 % reported 10-14 years and 30 % reported 18 years.

Only 7% of the respondents reported existence of gender based violence mostly through beating women.

Suggestions by Respondents:

All the respondents suggested that the only ways to improve access to the health services in Panyikang is by having mobile clinics that can be rotating to support Tonga PHCC. They also suggested the need to improve staffing and re-opening the PHCUs in the various locations within the county. The respondents suggested the need to distribution of the NFIs (non-food items) to the affected community and lastly scaling up services such as ANC and EPI services.

KEY INFORMANT:

The assessment team visited Tonga PHCC the only functional health facility in Panyikang county. The in charge of the PHCC reported that the facility had one clinical officer, one nurse and 2 TBAs. Malaria remained the highest disease burden with more than 100 cases registered in a week followed by acute respiratory infections and sexually transmitted diseases. At the time of the study there was no disease outbreak report at PHCC in the past 7 days.

The key informant report lack of EPI activities at the health facility since 2013 however WHO together with health link undertake only Polio vaccination.

Safe motherhood remained major challenge in the county with no trained midwife in Tonga PHCC despite 3 live deliveries were conducted by the health facility within the week of assessment assisted by the Facility clinical officer.

4.0 CHALLENGES

4.1 CHALLENGES FACED BY TONGA PHCC.

- Lack of ANC services.
- Lack of adequate medicine and supplies
- Limited EPI in the County
- Lack of enough Human resource.
- No salary or incentives for the staffs since 2013.

4.2 CHALLENGES FACED BY THE PEOPLE OF PANYIKANG COUNTY.

- Shortage of Medicine and supplies in the health facilities.
- Shortage of health workers.
- Long distance travelled to the health facility

- Limited access to protected water sources.
- Limited access to WASH NFIs
- Limited access to agricultural and the fishing tools
- Lack of jobs for the youth.
- Shortage of food.
- Long distance to access water points.

4.3 CHALLENGES FACING CHILDREN AND WOMEN.

These included the followings: -

- Limited access to BEmNC services.
- Lack ambulance
- Limited access to Immunization services

4.4 CHALLENGES FACED DURING THE ASSESSMENT.

- Political interference e.g. different system of the governance.
- The County lacks the County health department (CHD)
- Poor roads
- No communication network
- Insecurity in some areas hence limited accessibility.
- Over expectation of the communities.
- High market prices.
- Hostility of the communities hence life-threatening to the humanitarian workers.

5.0 CONCLUSION

In conclusion, the finding from the assessment show that the populations settling in Panyikang county are in dire humanitarian situation following the crisis. As more population return, host communities and IDPs pressure is exerted on the limited social services and poor infrastructure calling for immediate humanitarian interventions to save lives.

6.0 RECOMMENDATION.

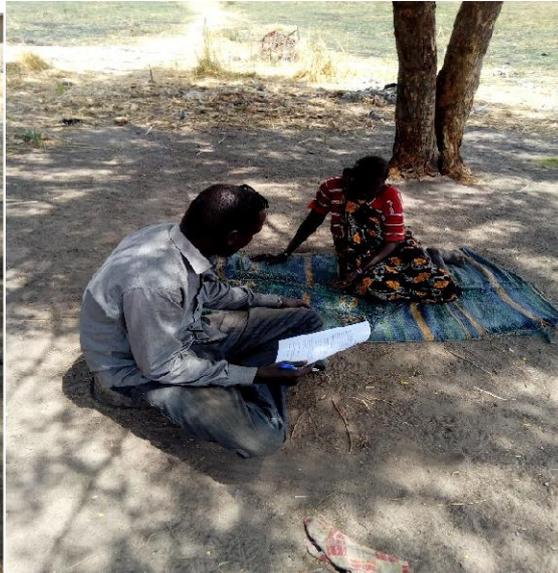
- IHO should support the communities through mobile clinics especially for locations i.e. Papwoc and Nyilwak Bomas in Tonga and Panyikang Payams where communities walk between 4-5 hours to access health services.
- IHO should work with the MOH to train available health workers and if possible to recruit more skilled health workers to provide quality services.
- IHO should urgently support cold chain through use of cold boxes
- There is a Need to increase access to safe water and health education to address issues of water borne diseases.
- There is need for construction of toilet for IDPs, returnees and the host community since most household had no latrines.

7.0 ANNEXES.

7.1 LIST OF THE ASSESSEMENT TEAMS.

Name	Organization	Contact
OLARA JAMES	IHO	0925705220
OGWAL DENIS	IHO	0921693796
GAI TUT	HRC	NO CONTACT
PHILIP OWUR MAYIIK	ENUMERATOR	NO CONTACT
ACHIEN OYIJ GOKWAJ	ENUMERATOR	NO CONTACT
ABRAHAM CHOL JAGO	ENUMERATOR	NO CONTACT
PITO ADUOK NYABA	ENUMERATOR	NO CONTACT

7.2 PHOTOS TAKEN DURING THE ASSESSEMENT.



Photos taken during the assessment.

