



REFUGEE VULNERABILITY PROFILES

MABAN COUNTY, UPPER NILE, SOUTH SUDAN

AUGUST 2013

CHILDREN AT RISK

WOMEN AT RISK

ELDERLY AT RISK

DISABLED AT RISK

EXECUTIVE SUMMARY

Background

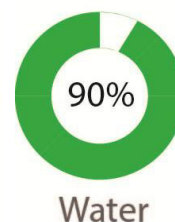
As a result of conflict in the Blue Nile region of Sudan, refugees began pouring into Maban County, Upper Nile around November 2011. As the refugees dispersed into four camps (Batil, Doro, Gendrassa, and Jamam)¹, a variety of NGOs came to support the emergency relief efforts. Over the past year and half, the flow of refugees has slowed and life-saving needs are sustained for the majority of the population. As conditions stabilize, the NGO community has begun to transition beyond meeting basic needs toward developing a greater understanding of how best to support the camp populations. It is out of this concern that ACTED/REACH undertook an in-depth assessment to learn more about vulnerable individuals in refugee camps in Maban County.

Vulnerable individuals, namely children at risk, women at risk, elderly at risk, and the physically disabled, face a variety of challenges in developing countries, such as violence, ostracism, and mobility constraints. In the refugee context, when the community and family structures are altered or even disbanded, support systems for vulnerable individuals are threatened, introducing the potential for additional challenges. During the relocation, refugees may be forced to leave behind assistive devices or consistent medical treatment. Additionally, life in refugee camps can present unique security challenges related to close living quarters and shelters that offer little protection against intruders.

More specifically, refugees in Maban County face distinct environmental challenges following relocation. During the rainy season all four camps suffer significant flooding, which has led to additional displacement and community separation after arrival, as well as increased health risks and a more rapid destruction of shelters. Access to resources—primarily firewood, grazing land, and water—has led to clashes with the host community.

In addition to environmental concerns, socio-cultural elements have the potential to compound vulnerability challenges in the refugee camps of Maban County. The presence of armed elements and incidence of youth military conscription complicate protection efforts. Early marriage and young pregnancies are present in all camps. Women have little social power in terms of decision-making at both the family and community levels. For aid workers, access to these vulnerable populations can be difficult because of rigid hierarchical structures.

Access to Services



¹ From May to June 2013, Jamam camp was dismantled and the residents relocated to Kaya, which opened on June 2013.

Survey

The profiles that accompany this document address each of the four major categories of vulnerable populations: elderly at risk, women at risk, children at risk, and the physically disabled. The study was motivated by a desire for better information management to refine and more efficiently target the particular needs of vulnerable individuals, and, more specifically, to evaluate the intervention's impact on the situation of women and youth in Jamam camp.

As a complement to United Nations High Commissioner for Refugees (UNHCR) Biometric Registration, which captured a comprehensive record of vulnerable individuals in the camps, ACTED and REACH undertook an additional survey of 240 vulnerable individuals to gain a deeper understanding of the challenges they face. To that end, the survey addressed the following elements: demographics, income generating activities, access to food and other basic services, quality of shelter, ability to conduct daily activities, prevalence of psycho-social symptoms, and a number of specific questions related to the four types of vulnerabilities covered in the survey: women, children, disabled, and elderly.

Methodology

The data in these four profiles are from two sources: UNHCR Biometric Registration, which provided statistics for the entire population and an ACTED-led purposive sample of 240 identified vulnerable individuals in Jamam, which supplied a deeper context of the challenges vulnerable individuals face. Of these 240 vulnerable individuals who participated in the survey, 119 are physically disabled, 101 are elderly, 61 are women, and 16 are children. Fifty-five were categorized as more than one type of vulnerability.

Between March and May of 2013, UNHCR conducted a Phase 3 Biometric Registration in the four existing camps of Maban County at that time (Jamam, Batil, Gendrassa, and Doro). As part of this registration, every household in the camp was required to appear at the registration center to submit fingerprints for their registration file. During this process, UNHCR identified vulnerable populations of various types. Further details of the types of vulnerabilities identified are provided below.

REACH surveyors and ACTED Assessment, Monitoring, and Evaluation (AME) staff conducted a survey of 240 individuals in Jamam camp to obtain additional information on identified vulnerable individuals and households (some households had multiple vulnerable individuals; the total number of interviewed households is 230). ACTED/REACH worked closely with the Danish Refugee Council (DRC), Handicap International (HI), and Intersos to develop the survey questionnaire. HI then conducted a half-day training for roughly 20 staff members that focused on recognizing different types of vulnerabilities and the challenges they face, as well as how to conduct the survey. ACTED held consultations with both the sheikhs and the women's committee in Jamam in which the groups discussed different types of vulnerable individuals who may require additional support and could benefit from targeted services. The sheikhs selected vulnerable individuals in their respective communities and accompanied the surveyors as they visited each of these households. The surveyors were instructed to approach vulnerable individuals who were not listed and to ask

interviewees if they knew of any additional vulnerable individuals. The surveyors conducted interviews with individuals and their caretakers, if appropriate, to find out more about the individuals' access to services, family relationships, and psychosocial status.

This method of sampling presents several challenges. The small sample size (240 interviews out of a total 16,991 residents in Jamam) may not be representative of the entire population of Jamam or the other camps in Maban County. Furthermore, all of the interviewees resided in Jamam and it is possible that their experiences are unique to that camp. All of the surveyors were male, which could lead to biased or incomplete answers as individuals may have felt uncomfortable responding to sensitive questions about domestic violence or pregnancy, for example. Some vulnerabilities, such as physical impairments, are more easily identified by sheikhs than others, such as women at risk. Additionally, the number of vulnerable individuals identified through the ACTED/REACH survey was greater than the number identified by UNHCR Biometric Registration of the same village, which further demonstrates the subjectivity of recognizing vulnerability. This subjectivity complicates data collection and has the potential to generate different results with each study.

While this is an imperfect method for targeting vulnerable households, the interviews with each individual are 30-45 minutes and it is impractical to do this length of interview with every household in the camp in order to identify vulnerable households. However, the 240 interviewed individuals do provide a cross-section of categories of vulnerabilities.

Generalizing Results and Statistical Analysis

This study used a non-random sampling method to identify households and communities (see above for more information on the selection process). Therefore, it is important to note that the results cannot be accurately generalized across all affected communities. The survey team selected this methodology because they did not have sufficient resources or time to provide coverage of the entire population. Rather, the team used specific criteria to elicit results indicative of the overall response to date. Therefore, this assessment does not include a statistical analysis.

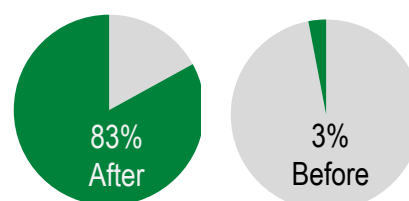
Nonetheless, given the identification of communities across different response and damage levels, these results can be considered indicative of municipalities with similar conditions. Organizations are encouraged to supplement this data with additional information.

Findings

To better understand and isolate the specific concerns of each vulnerability group, the accompanying profiles provide an overview of all data obtained during the survey broken down by women at risk, children at risk, elderly at risk, and disabled at risk. Additional key results are:

Income Generating Activities: 83 percent of refugees who participated in the survey reported no source of income. Those who did were primarily engaged in cash for work, crafts/basket-making, and livestock. This is in stark contrast to

No Source of Income



83% of refugees who participated in the survey reported no source of income. This is in stark contrast to the 3% of the same respondents who had no source of income before moving to Maban County.

the same respondents prior to relocation; only 3 percent reported no source of income before moving to Maban County and income generating activities were far more diverse. Before arriving in Maban County, 85 percent reported receiving the bulk of their income from agriculture; in the camps only seven individuals report profitable agriculture.

Access to Services: The surveyed vulnerable individuals report excellent access to services, with a significant majority of those who responded to the question stating access to health (94%), food (91%), drinking water (90%), and sanitation (88%). Access to protection (83%) and education (67%) may be slightly lower because they can be interpreted as gender- or age-specific, respectively. When questioned about the source of support received, respondents answered that they receive the majority of their food (95%) and health services (87%) from NGOs; yet fewer respondents access protection (23%) and livelihood (3%) from NGOs. Family is another source of assistance, providing economic (2%), food (5%), and physical (20%) support. Only one respondent reported access to nutrition services.

Quality of Shelter: Regarding the condition of their shelter, 78 percent of respondents reported that their shelter was in good or average condition. Ten individuals reported that they had no shelter.



Ability to Conduct Daily Activities: Of those surveyed, 90 percent reported that they were unable to engage in at least one of the following daily activities: bathing, using the latrine, dressing, eating, cooking, cleaning, walking, earning income, or participating in the community. By far respondents found earning income and participating in community activities to be the most difficult without assistance.

Prevalence of Psycho-Social Symptoms: The surveyors asked vulnerable individuals if they experienced any of the following psycho-social symptoms: changes in sleeping patterns, images of what happened, feelings of isolation, changes in appetite, changes in behavior, and crying spells. 75 percent of respondents reported experiencing at least one of these symptoms. The most frequently experienced by all groups was changes in sleeping patterns, followed closely by images of what happened and changes in appetite.



Experience Difficult Situations: To address the personal situations and conditions of those with vulnerabilities, the surveyors asked them if they experience any of the following: isolation and dependency, neglect and deprivation, family separation, loss or no documentation, violence, unsafe living conditions, threats and harassment, or discrimination. Over a quarter (26%) of respondents reported that they experienced none of these challenging situations, yet another 39 percent of vulnerable individuals surveyed reported unsafe living conditions. Those surveyed also experienced family separation (5%) as well as isolation and dependency (7%) to a much lesser extent. It should be noted that 78 individuals chose not to respond to this question.

How to Use This Study

The data and analysis in this study are intended as an introduction to the experiences and challenges of at-risk children, disabled, elderly, and women in the refugee camps of Maban County. The following analyses should be used to inform program design and as greater encouragement for the incorporation of vulnerability-sensitive training for all staff that may come into contact with these individuals. More research should be done on the topic of vulnerabilities in Maban County to develop more targeted support programs, be they related to health and service delivery, or community based. Given the small sample size of 240 individuals, the data herein should not be taken as a rigorous statistical depiction of the population of vulnerable individuals in Maban County; nor should it be used without additional independent analysis of the intended beneficiaries.

The vulnerabilities discussed in this study are diverse and represent unique challenges to the ability of NGOs to effectively administer services. With a greater understanding of their experiences in Maban County, NGOs have the potential to better serve not just those with vulnerabilities, but all beneficiaries.

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AUGUST 2013

CHILDREN AT RISK

WOMEN AT RISK

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Funded by:



Humanitarian Aid



UNHCR

United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés



Funding Provided by the
United States Government

CHILDREN AT RISK

Background

Vulnerable persons and households may face additional challenges and obstacles in carrying out everyday functions and require additional protection and assistance. Although many are highly resilient and find coping strategies to provide for their own and their families' needs, there are instances where the challenges faced are too great to be overcome without assistance. In the refugee context, there may be a "breakdown of community support structures that would ordinarily care for persons with special needs"¹. In that instance, individuals and households with special needs require additional support from external actors.

Under ideal circumstances, children require care and protection. In a refugee context this need becomes amplified as families and communities become less able to provide for the youth. Children at risk are more vulnerable to disease, malnutrition, and physical injury. They face higher risks of violence, abuse, sexual exploitation, and military recruitment (Ibid., pg 335-345).

Methodology

This report is the result of an ACTED/REACH study intended to learn more about vulnerable individuals in the refugee camps of Maban County. The 16 children who participated in this survey were selected by their sheikhs and responded to questions from trained surveyors. Given the small sample size and the fact that all interviews took place in Jamam camp, it is not advisable to make large scale generalizations from the data herein. The analysis that follows is intended as an introduction to the unique challenges that children at risk face in Maban County.

Categories of Vulnerabilities

There are four major categories of vulnerable populations: elderly at risk, women at risk, children at risk, and the physically disabled. The four categories are not mutually exclusive and, in fact, are frequently compounding. For instance, a mentally disabled woman may be abandoned by her husband due to her impairment and then become a woman at risk.

The category of children at risk includes the following: child not attending school; minor spouse; child/adolescent with physical, mental, and/or psychological conditions in need of special attention; child-headed households; children separated from both parents and other relatives and who are not being cared for by an adult who, by law or custom, is responsible for doing so (unaccompanied child); and child separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives (separated child). In most cases, there are different humanitarian partners offering assistance to the distinct categories of vulnerabilities and even various aspects of single categories of vulnerabilities. Depending on the situation of the individual and the relationship with his/her family or caregiver, cases can become complex, requiring multiple forms of assistance.

¹ Norwegian Refugee Council Camp Management Toolkit, 2008, pg 335

Demographics

Phase 3 Biometric Registration was conducted in all four camps in Maban County at the time: Doro, Batil, Jamam, and Gendrassa. Batil, Jamam, and Gendrassa differ in size, but the characteristics of the populations are similar. All three camps are dominated by the Ingessana tribe, a Muslim agro-pastoralist tribe, with smaller populations of other Muslim, agro-pastoralist tribes such as the Funj, Magaja, and Jumjum. Doro has a somewhat different makeup; there are Ingessana, Magaja, Jumjum, and Funj among other small tribes, but the largest tribe represented is the Uduk, who are Christian agriculturalists. Table 1 shows the numbers of identified vulnerable children in each camp. The accuracy of these numbers depends on the ability of registration workers to recognize potentially vulnerable individuals and select them for further interviews.

Table 1: Children at Risk in Maban County Refugee Camps

	Batil	Doro	Jamam	Gendrassa
Total Population	37,868	45,471	16,991	15,905
Child Caregiver	1 (0.00%)	4 (0.01%)	5 (0.029%)	1 (0.01%)
Child Parent	16 (0.04%)	40 (0.09%)	34 (0.20%)	3 (0.02%)
Child Spouse	35 (0.09%)	85 (0.19%)	96 (0.57%)	19 (0.12%)
Child Laborer	0 (0.00%)	1 (0.00%)	0 (0.00%)	0 (0.00%)
Child Not Attending School	0 (0.00%)	13 (0.03%)	55 (0.32%)	0 (0.00%)
Child with Special Education Needs	0 (0.00%)	1 (0.00%)	2 (0.01%)	0 (0.00%)
Child Pregnancy	0 (0.00%)	14 (0.03%)	4 (0.02%)	2 (0.01%)
Unaccompanied Child	0 (0.00%)	39 (0.09%)	2 (0.01%)	1 (0.01%)
Separated Child	19 (0.03%)	65 (0.14%)	45 (0.26%)	5 (0.0%)
Child in Foster Care	6 (0.02%)	25 (0.06%)	10 (0.06%)	2 (0.01%)
Child in Institutional Care	2 (0.01%)	2 (0.00%)	1 (0.01%)	0 (0.00%)
Child Headed Household	1 (0.00%)	22 (0.05%)	5 (0.03%)	2 (0.01%)

Source: UNHCR Phase 3 Biometric Registration (2013)

Depending on the conditions and staffing of the registration exercise, the numbers may be more or less accurate. For example, from anecdotal evidence, it is believed that the numbers of vulnerable people in Batil are actually higher than in other camps, however the data collected during registration does not reflect this.

ACTED and REACH surveyors interviewed a total of sixteen children, focusing on ages 18 and younger, classified as at risk. Among them, there was one minor spouse, one teenage pregnancy, and two child-headed households. Eight children were classified as separated from a primary caregiver, cared for by a grandparent or other extended family or the village sheikh, and one as unaccompanied by any caregiver. Demographics of the identified vulnerable children are listed below in Table 2.

Table 2: Demographics of Surveyed Vulnerable Children in Maban County Refugee Camps

Total Number interviewed	16
Average Age	12.5
Sex:	
Male	7 (43.75%)
Female	9 (56.25%)
Marital status of interviewees:	
Married	4 (25%)
Single	12 (75%)
Do you have a caregiver?	
Yes	12(75%)
No	3 (18.75%)
No Response	1 (8.33%)
Relationship with Caregiver	
Sister/Brother	1 (6.25%)
Mother/Father	4 (25%)
Grandparent	5 (31.25%)
Sheikh	1 (6.25%)
Aunt/Uncle	1 (6.25%)
Are you the head of your household?	
Yes	2 (12.5%)
No	14 (87.5%)

Source: ACTED/REACH Vulnerabilities Survey (2013)

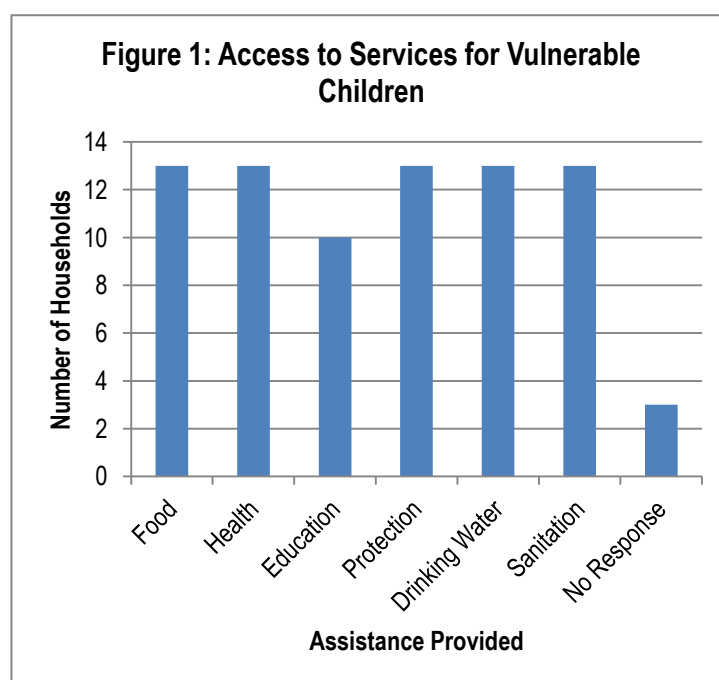
Access to Services and Assistance

As Figure 1 demonstrates, the sixteen interviewed households with vulnerable children reported excellent access to services. Thirteen reported access to food, health, protection, water, and sanitation. Ten reported access to education; those who did not have access to education stated that it was because the children were too young to begin attending school and one stated that he cannot attend school because he cares for four small children. Three households did not respond.

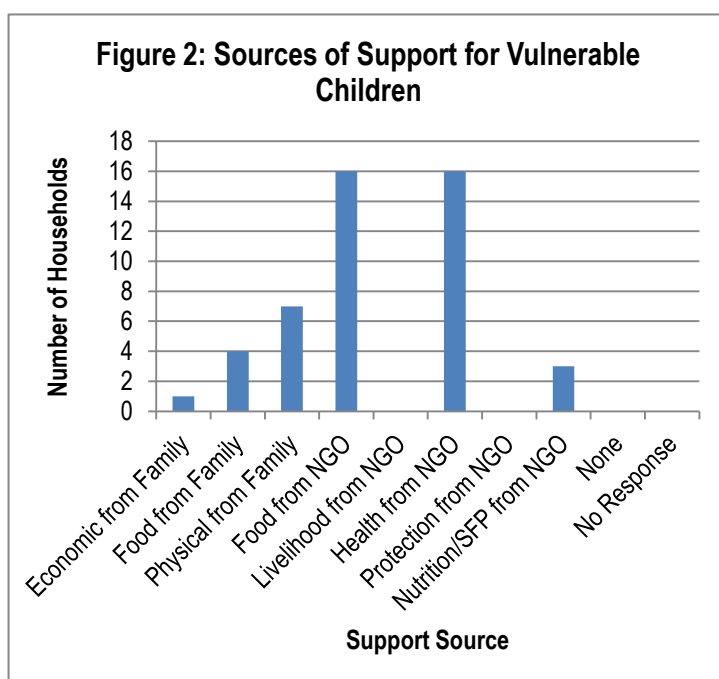
Seven of the interviewed children reported that they attend school and six reported that they do not, three did not respond. Of the six currently not attending school, one did attend school in Blue Nile until the 5th grade and four did not. There is no secondary school available in the Maban County refugee camps, so it is not clear if the one child who did attend school in Blue Nile but does not currently simply completed primary school and did not have access to further education.

Figure 2 shows the type and source of assistance provided to the respondents. As compared to other vulnerable groups, households with vulnerable children report more assistance from extended family, including economic, food, and physical assistance. All respondents report receiving food and medical support from relief agencies. Three households reported requiring long-term medical support and all three stated that that assistance is available.

Thirteen respondents stated that their primary source of food is GFD, the remaining three did not respond. Eight households stated that they never buy food in the market, four reported that they regularly do, one reported that they sometimes do (between once per week and once per month), and three did not respond. The source of income for purchasing food in the market was crafts (2), cash for work (2), and selling livestock. Ten households reported eating three meals per day, five reported two meals per day, and



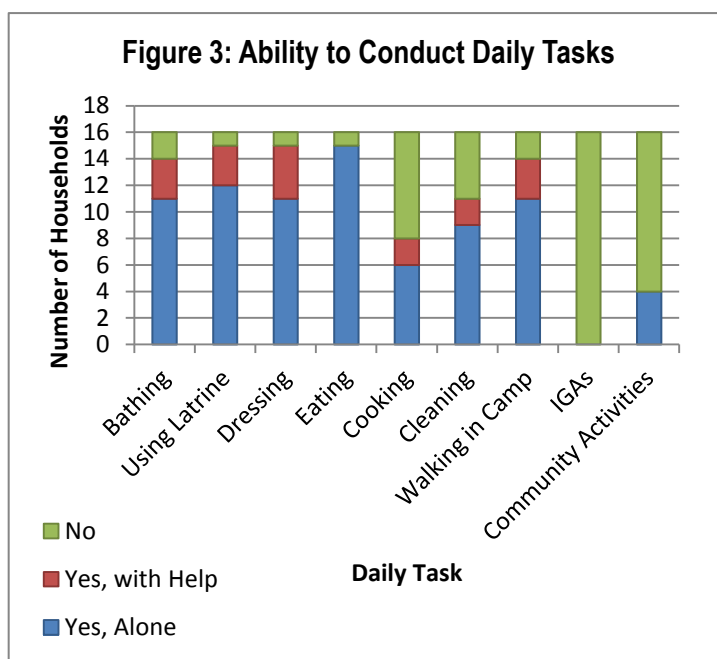
Source: ACTED/REACH Vulnerabilities Survey (2013)



Source: ACTED/REACH Vulnerabilities Survey (2013)

one household did not respond to the question. Fifteen households report the General Food Distribution as their main source of food, one did not respond.

Figure 3 shows the numbers of interviewees who are able to participate in normal daily activities and whether they require assistance. The majority of vulnerable children in the camp are able to engage in the most basic daily activities, bathing, using the toilet, dressing, and eating. Some of those unable to engage in all activities without assistance are simply too young to do so.

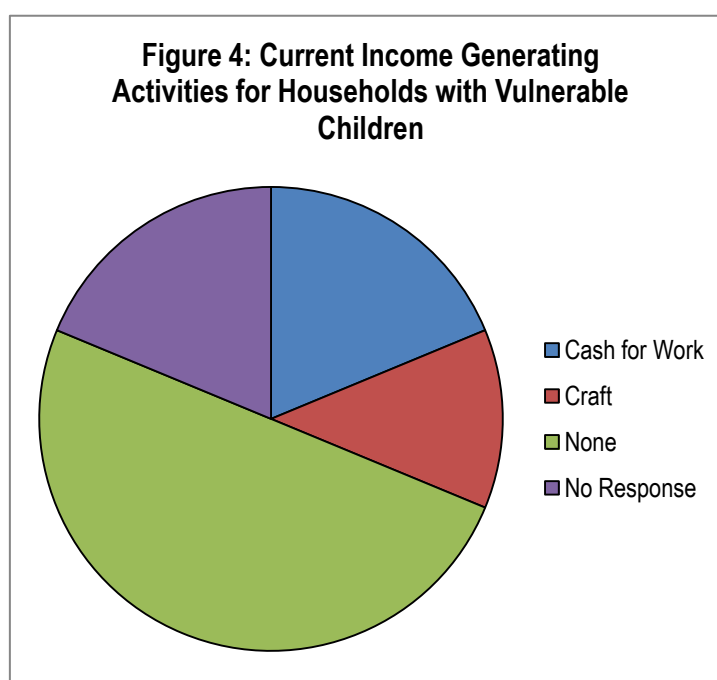


Source: ACTED/REACH Vulnerabilities Survey (2013)

Income Generating Activities

Of the 16 households with children at risk interviewed, only 5 reported having any current source of income (see Figure 4). Three households earned income from cash for work and two earned income from a craft, eight reported no source of income, and three did not respond. One household reported having secondary sources of income in addition to cash for work, running a donkey cart, and grinding mill.

Respondents reported that they engaged in a diversity of income sources. Many of the households were previously either agro-pastoralists or agriculturalists. However, in the camps in Maban County, refugees do not have sufficient land to engage in agricultural activities. In addition, due to disease



Source: ACTED/REACH Vulnerabilities Survey (2013)

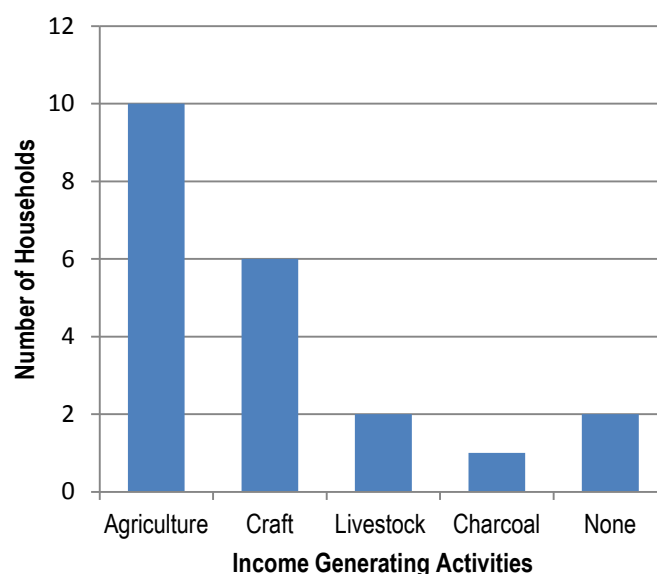
and lack of resources, many of the livestock owned by households in Blue Nile were either left behind or died en route or after arrival in Maban County. Finally, many more households engaged in production of crafts as the materials for this activity were more readily available. Among the 16 interviewed households, 10 reported previously engaging in agriculture, 6 previously produced and sold a craft, 2 raised livestock, 1 produced and sold charcoal, and 2 had no source of income (see Figure 5).

Psychosocial Impact

Surveyors asked the children about the frequency of symptoms typically associated with psychosocial issues and mental illness. This survey does not take into account clinical significance or impaired functioning and cannot provide a “meaningful distinction between mental disorders and non-pathological psychological distress” (*Assessing Mental Health and Psychosocial Needs and Resources – Toolkit for Humanitarian Settings*, World Health Organization, 2012). Figure 6 shows the frequency of these symptoms among respondents.

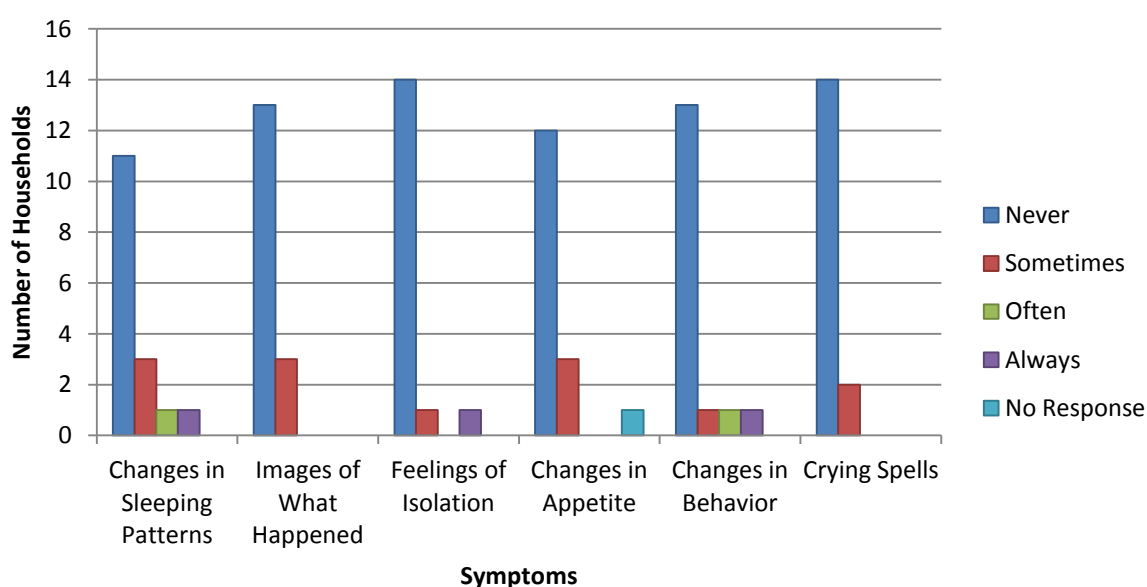
Few households with vulnerable children report psychological or behavioral changes in their children. Of the three children who report that they sometimes experience images of what happened before they were displaced, all are above the average age of 12.5; it is possible that they remember more of what occurred or were more profoundly impacted. The one respondent who reported feelings of isolation is a separated child living in the camp without his parents. This is a serious concern with separated children who may be living with extended family or the village sheikh, while they may be given all necessary support (food, shelter, etc), they may not be treated as a member of the nuclear family.

Figure 5: Sources Income Prior to Arrival in Maban County



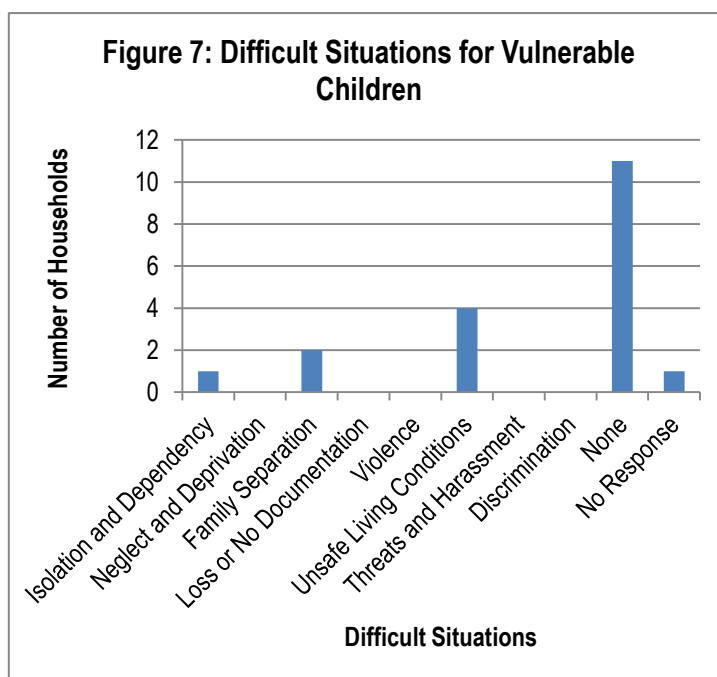
Source: ACTED/REACH Vulnerabilities Survey (2013)

Figure 6: Frequency of Psychosocial Symptoms for Vulnerable Children



Source: ACTED/REACH Vulnerabilities Survey (2013)

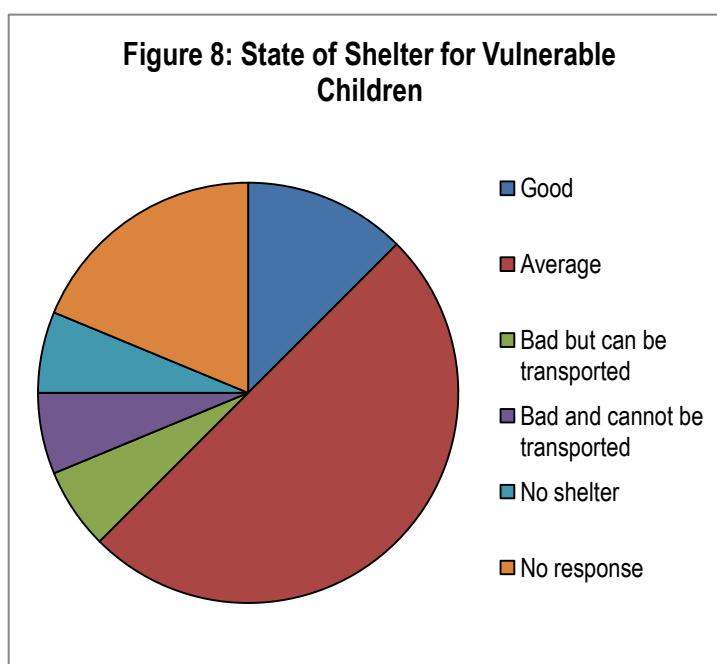
Surveyors asked the children about additional difficult conditions which may be affect their vulnerability status. Surveyors also asked if they experience isolation and dependence, neglect and deprivation, family separation, lost or no documentation, violence, unsafe living conditions, threats and harassment, and discrimination (see Figure 7). Few responded that they experience any of the above situations. Four reported experiencing unsafe living conditions, two reported family separation, and one reported feelings of isolation and dependency. None who reported unsafe living conditions chose to explain the source of that insecurity, although three of the four were separated children.



Source: ACTED/REACH Vulnerabilities Survey (2013)

State of Shelters

The surveyors assessed the shelters belonging to households including children at risk, as shown in Figure 8. Two households have a shelter in good condition, eight (half) have shelters in average condition, one is in bad condition but can be transported, one is in bad condition and cannot be transported, one household has no shelter and sleeps outside, and three did not respond.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Conclusions and Recommendations

Children at risk face significant challenges in the refugee community in Maban County. This profile, which combines the UNHCR Biometric Registration data with a survey of 16 youths in Jamam with disabilities and/or serious illness, seeks to introduce readers to the access to services and general living conditions of this group.

Although the sample size was small, the study introduced a number of concerns regarding children at risk. A chief concern is that none of the respondents were aware of child protection services available in the camp. Discussions with Intersos regarding this low level of awareness revealed that child protection services are often difficult to explain and perceive because they don't typically involve a physical transaction, unlike food or medical services (both of which respondents reported receiving support from). Additional challenges to vulnerable children in the camps, according to Intersos, include dropping out of school, often because of early marriage and pregnancy and child exploitation, primarily family activities, including watching livestock or working in the market.

On a positive note, respondents reported excellent access to food and health services. Similar to other vulnerable individuals who participated in the survey, children at risk reported very low levels of isolation, threats, or neglect. They also reported good or average quality shelters. Recommendations for improved conditions for children at risk include continued monitoring and engagement from protections clusters in the four camps. An additional study with a greater sample size may shed more light on these challenges.

About this report

This report summarizes the findings of an in-depth assessment conducted by REACH on vulnerability profiles of refugees in Maban County, Upper Nile, South Sudan.

The assessment covered four groups of vulnerable people, namely

- Children at Risk,
- Women at Risk,
- Elderly at Risk, and
- Disabled at Risk.

Profiles of all four groups can be found in the complete “Vulnerability Profiles” or separately in specialized sections.

Conducted by

REACH <small>Informing more effective humanitarian action</small>	<p>REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction and development contexts.</p> <p>At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organisation and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.</p>
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WOMEN AT RISK

Background

Vulnerable persons and households may face additional challenges and obstacles in carrying out everyday functions. Although many are highly resilient and find coping strategies to provide for their own and their families' needs, there are instances where the challenges faced are too great to be overcome without assistance. Among the refugee population in Maban County, and in many other refugee situations around the world, families and communities are called upon to assist the vulnerable persons around them. Women are the largest group of vulnerable individuals in the refugee camps of Maban County. Many men remain in Blue Nile State to engage in the conflict or protect the family's land or livestock. This leaves many women in the camp without adult male family members, which contributes to economic vulnerability. In addition, to obtain food rations, water, or firewood for cooking, women may walk long distances either through the camp or outside the camp. Women reported harassment or violence when walking alone.

Categories of Vulnerabilities

There are four major categories of vulnerable populations: elderly at risk, women at risk, children at risk, and the physically disabled. The four categories are not mutually exclusive and, in fact, are frequently compounding. For instance, a mentally disabled woman may be abandoned by her husband due to her impairment and then become a woman at risk.

The category of women at risk includes the following: single heads of families; widowed; women unaccompanied by adult male family member; survivors of sexual violence, physical abuse, and torture; women facing economic hardship; and girls/women diagnosed with difficult pregnancies in need of special medical assistance or supplementary feeding/nutrition programs. In most cases, there are different humanitarian partners offering assistance to the distinct categories of vulnerabilities and even various aspects of single categories of vulnerabilities. Depending on the situation of the individual and the relationship with his/her family or caregiver, cases can become complex, requiring multiple forms of assistance.

Methodology

This report is the result of an ACTED/REACH study intended to learn more about vulnerable individuals in the refugee camps of Maban County. The 61 women who participated in this survey were selected by their sheikhs and responded to questions from trained surveyors. Given the small sample size and the fact that all interviews took place in Jamam camp, it is not advisable to make large scale generalizations from the data herein. The analysis that follows is intended as an introduction to the unique challenges that women at risk face in Maban County.

Demographics

Phase 3 Biometric Registration was conducted in all four camps in Maban County at the time: Doro, Batil, Jamam, and Gendrassa. Batil, Jamam, and Gendrassa differ in size, but the characteristics of the populations are similar. All three camps are dominated by the Ingessana tribe, a Muslim agro-pastoralist tribe, with smaller populations of other Muslim, agro-pastoralist tribes such as the Funj, Magaja, and Jumjum. Doro has a somewhat different makeup; there are Ingessana, Magaja, Jumjum, and Funj among other small tribes, but the largest tribe represented is the Uduk, who are Christian agriculturalists. Table 1 shows the numbers of identified vulnerable women in each camp. The accuracy of these numbers depends on the ability of registration workers to recognize potentially vulnerable individuals and select them for further interviews. Depending on the conditions and staffing of the registration exercise, the numbers may be more or less accurate. For example, from anecdotal evidence, it is believed that the numbers of vulnerable people in Batil are actually higher than in other camps, however the data collected during registration does not reflect this.

Table 1: Vulnerable Women in Maban County Refugee Camps

	Batil	Doro	Jamam	Gendrassa
Total Population	37,868	45,471	16,991	15,905
Lactating Woman	2,701 (7.13%)	4,420 (9.72%)	500 (2.94%)	1,250 (7.86%)
Single Woman	60 (0.16%)	226 (0.50%)	153 (0.90%)	16 (0.10%)
Woman at Risk	24 (0.06%)	69 (0.15%)	29 (0.17%)	21 (0.13%)

Source: UNHCR Phase 3 Biometric Registration (2013)

Among the 240 individuals interviewed by ACTED/REACH surveyors, there were 34 female single-headed households, 28 widows, 1 divorcee (due to her mental illness), and 3 women unaccompanied by a male adult family member (see Table 2). One was a survivor of sexual violence, physical abuse, or torture and three were victims of gender-based violence. Three women were suffering from additional economic hardship. Nine women were pregnant or lactating and one was suffering a difficult pregnancy. Of those, three were being medically followed. One woman was receiving supplemental feeding along with her child and three reported their children only were receiving supplemental feeding. Five women have physical disabilities and two have visual impairments.

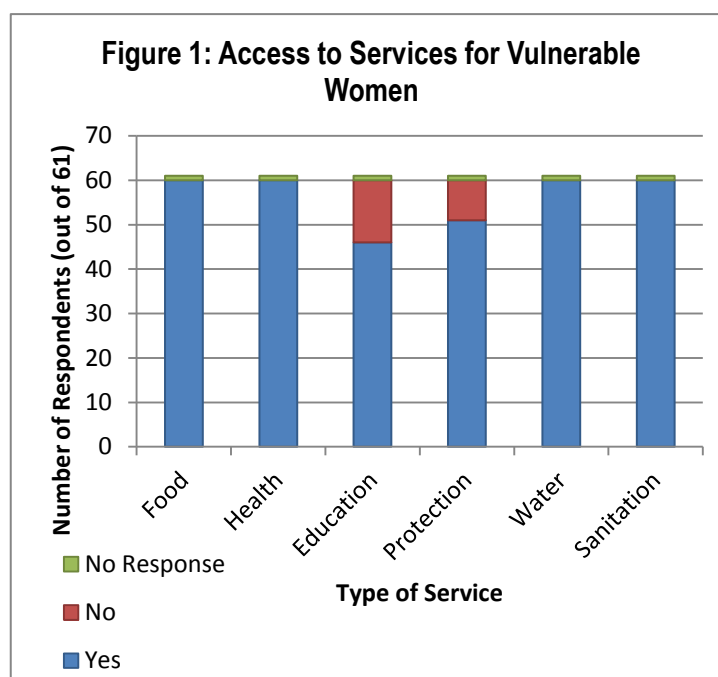
Table 2: Demographics of Surveyed Vulnerable Women in Maban County Refugee Camps

Total Number interviewed	61
Average Age	58
Marital status of interviewees:	
Married	14 (22.95%)
Divorced	15 (24.59%)
Widowed	32 (52.46%)
Do you have a caregiver?	
Yes	19 (31.15%)
No	36 (59.02%)
No Response	6 (9.84%)
Relationship with Caregiver	
Sister/Brother	1 (1.64%)
Mother/Father	6 (9.84%)
In law	4 (6.56%)
Son/Daughter	4 (6.56%)
Husband	2 (3.28%)
Nephew	1 (1.64%)
No Response	1 (1.64%)
Are you the head of your household?	
Yes	49 (80.33%)
No	10 (16.39%)
No Response	2 (3.28%)

Source: ACTED/REACH Vulnerabilities Survey (2013)

Access to Services and Assistance

As shown in Figure 1, the majority of respondents have access to all services in the camp, including food, health, education, protection, drinking water, and sanitation facilities (shower, latrine, and handwashing). All who responded (60 individuals) stated that they have access to food, health, water, and sanitation, although many noted long waiting times or extended distances to walk. Those who stated that they did not have access to education or protection services explained that they do not require those services and, therefore, do not frequent them.

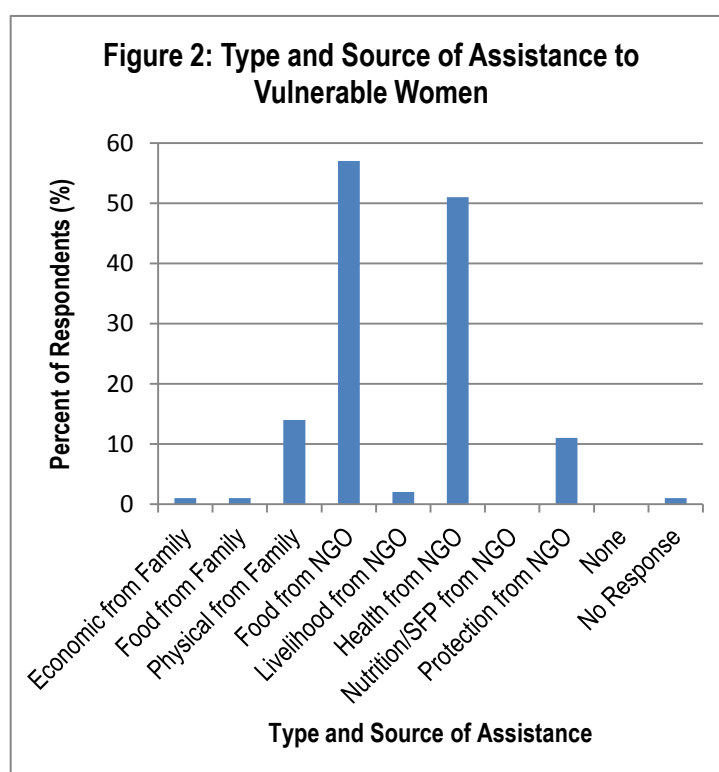


Source: ACTED/REACH Vulnerabilities Survey (2013)

Figure 2 displays the type and source of assistance provided to the respondents. The data show that the interviewed households and individuals do not rely greatly on assistance from family, although the questions asked likely do not fully capture the mental and emotional support provided by families and communities. The majority of respondents reported that they receive food and medical assistance from relief organizations.

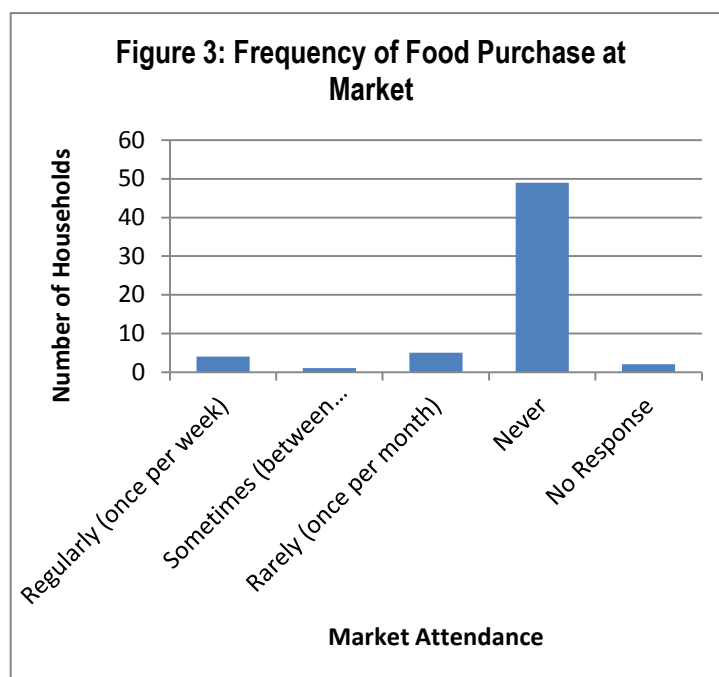
When asked about eating habits, over half (34) of the respondents stated that they eat three meals per day, 19 reported two meals per day, and 7 did not respond to the question. Almost all individuals surveyed (60 respondents) reported that their main source of food is general food distribution (GFD), one did not respond. Figure 3 shows how often respondents purchase additional food in the market.

Respondents who reported purchasing food in the market on a regular basis engaged in a variety of



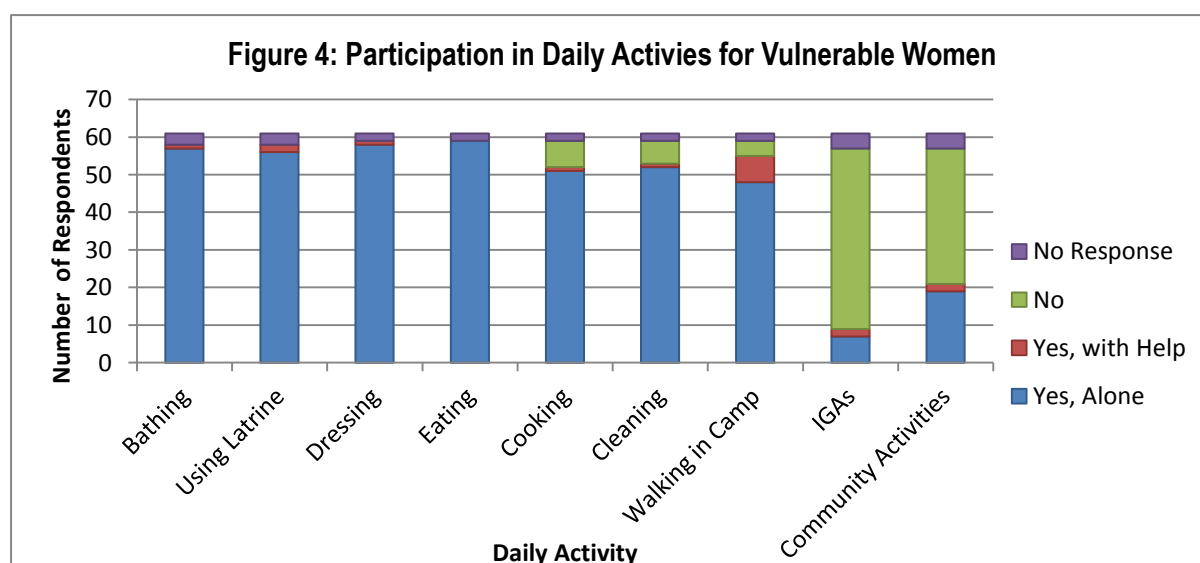
Source: ACTED/REACH Vulnerabilities Survey (2013)

economic activities including producing and selling local beer, participating in cash for work projects, and operating a donkey cart. Of those respondents who purchase food in the market only sometimes, the main source of income they reported is selling water. Those who rarely purchased food in the market reported that their main sources of income include selling non-food items (NFIs) and food assistance, selling water, and producing and selling local beds.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Figure 4 shows the numbers of interviewees who are able to participate in normal daily activities. The majority of women at risk in the camp are able to engage in the most basic daily activities: bathing, using the toilet, dressing, and eating. Those who are unable to walk in the camp are at a severe disadvantage for distributions, both of food and non-food items, unless they share a ration card with a family member who is able to go to the distribution. There are many more vulnerable persons who are not able to participate in important psychosocial functions, such as income generating activities (IGAs) and community activities. It is not clear from the gathered data whether the interviewed women feel that they cannot engage in IGAs or community activities due to their vulnerability, if they are not aware of these activities, or if there are no culturally appropriate activities for women without male accompaniment. However, not engaging in IGAs puts at-risk households at further economic disadvantage, as will be expanded upon below. Furthermore, lack of participation in community activities may have a profound effect on the psychosocial status of that individual or household.

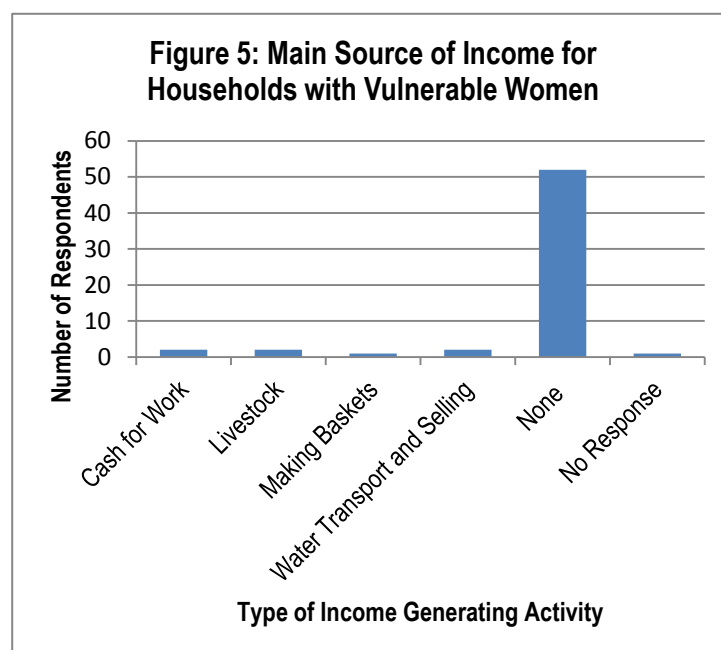


Source: ACTED/REACH Vulnerabilities Survey (2013)

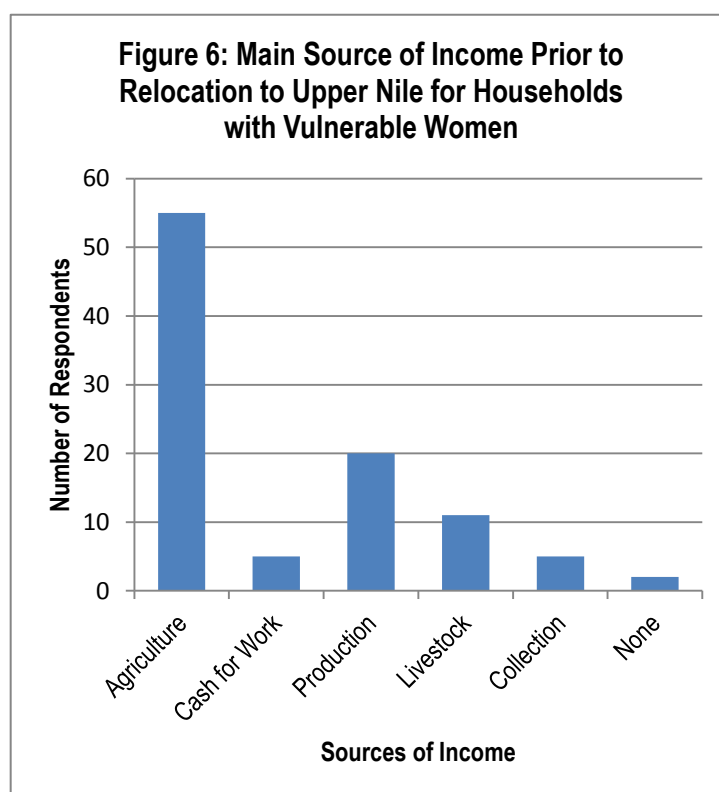
Income Generating Activities

Of the households including women at risk, very few have a source of income. The majority of respondents stated that they have no source of income in the camps (see Figure 5). There may be reasons that households would choose not to disclose sources of income, however, the data indicate that income generating activities in the camp are limited. Cash for work opportunities generally come from NGOs, who often require language, computer, or other specialized skills. Therefore these opportunities are limited and frequently go to men who are either preferable for manual labor or enjoyed greater educational opportunities. Few households engage in making crafts, perhaps in part because the raw materials for crafts, such as grass for baskets, are very limited. A few individuals collect water from camp water points and sell it. Two households list secondary sources of income as operating a donkey cart and owning livestock.

Respondents reported far more diversity of income sources before arriving in Maban County. Many of the respondents were previously either agropastoralists or agriculturalists. However, in the camps in Maban County, refugees do not have sufficient land to engage in agricultural activities. In addition, due to disease and lack of resources, many of the livestock owned by households in Blue Nile were either left behind or died en route to or after arrival in Maban County. Finally, many more households engaged in production of crafts as the materials for this activity were more readily available. Figure 6 displays the number of interviewees who



Source: ACTED/REACH Vulnerabilities Survey (2013)

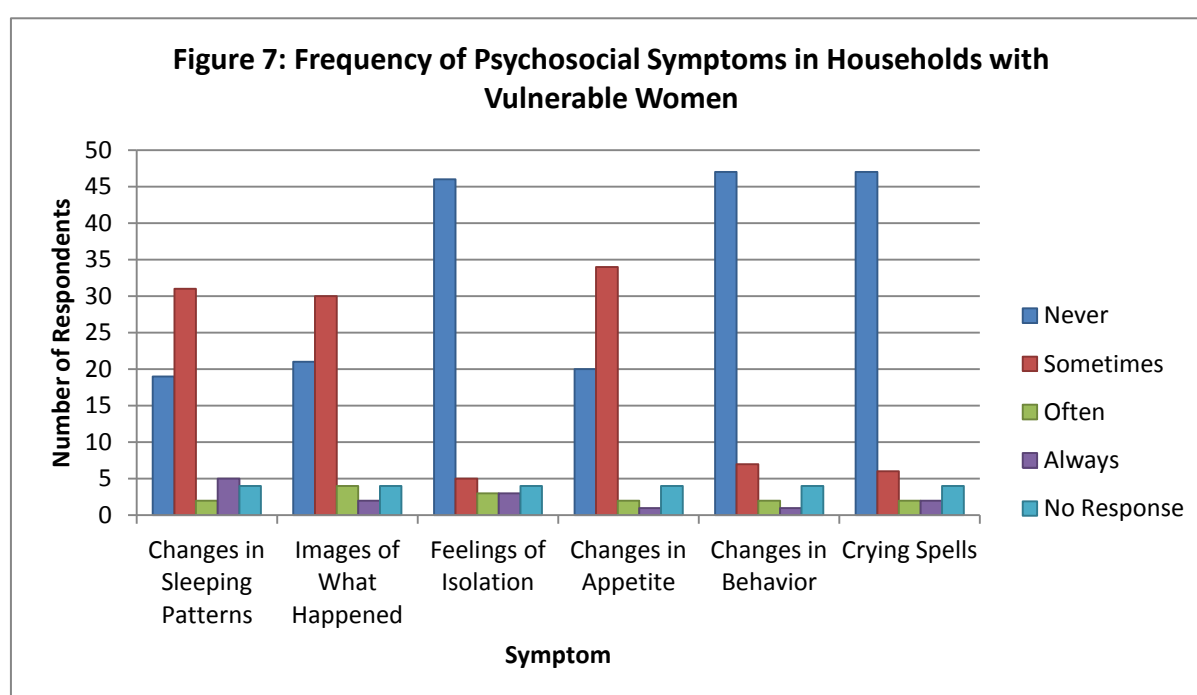


Source: ACTED/REACH Vulnerabilities Survey (2013)

reported these income sources before arriving in Maban County. The category of production includes households who produced and sold rope, crafts, baskets, mats, and charcoal. The category of collection includes households who collected and sold wild fruit, gum Arabic, palm, and firewood.

Psychosocial Impact

Respondents were asked about the frequency of symptoms typically associated with psychosocial issues and mental illness. This survey does not take into account clinical significance or impaired functioning and cannot provide a “meaningful distinction between mental disorders and non-pathological psychological distress”¹. Figure 7 shows the frequency of these symptoms among respondents.



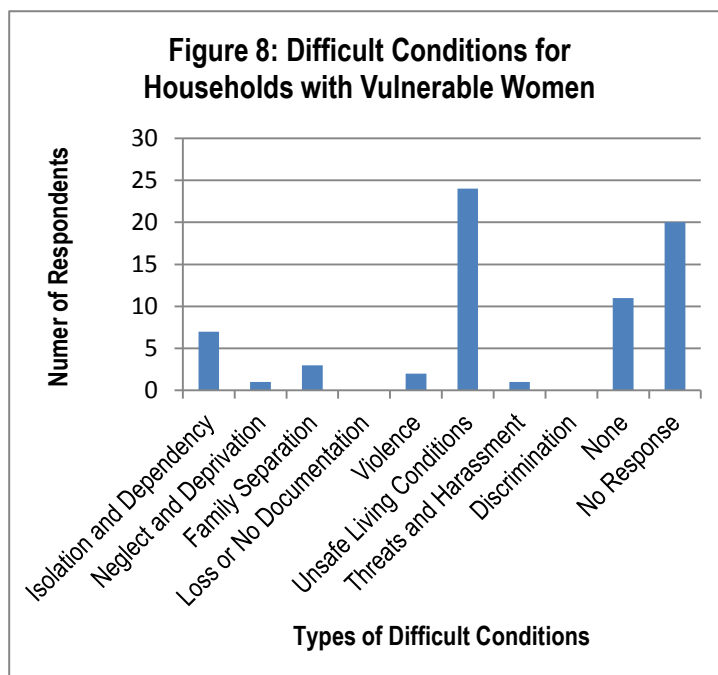
Source: ACTED/REACH Vulnerabilities Survey (2013)

Surveyors asked the vulnerable individuals about additional difficult conditions which may be impacted by or impact their vulnerability status. They also asked if individuals experience isolation and dependence, neglect and deprivation, family separation, lost or no documentation, violence, unsafe living conditions, threats and harassment, or discrimination (figure 8). Those who stated that they experienced violence or threats and harassment or discrimination were asked from whom they experience these problems. However, none of the women questioned about these conditions chose to explain the source of the issues.

¹ Assessing Mental Health and Psychosocial Needs and Resources – Toolkit for Humanitarian Settings, World Health Organization, 2012

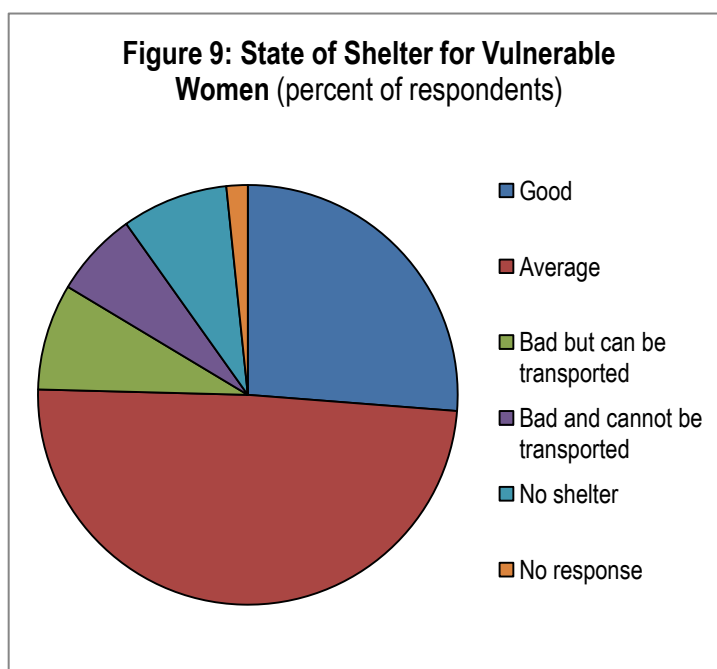
State of Shelters

The surveyors assessed the shelters belonging to households including women at risk. They found that 16 are in good condition, 30 are in average condition, 5 are in bad condition but can be transported, 3 are in bad condition and cannot be transported, 5 had no shelter and slept outside, and 2 did not respond to the question (see Figure 9). As Figure 8 indicated, one of the largest concerns among interviewees regarding their safety and other challenges was “unsafe living conditions”. Since roughly a quarter of households with vulnerable women surveyed reported bad shelter or lack thereof, this is an issue that deserves attention.



Conclusions and Recommendations

While the UNCHR Biometric Registration provides us with a statistical picture of vulnerable women in the four camps, this profile seeks to introduce the more specific challenges for vulnerable women living in refugee camps in Maban County. The 61 women surveyed in the ACTED/REACH study face a broad variety of difficulties, including economic, physical, and psychosocial challenges. Several of them receive support from their families, but, as Figures 2 and 5 demonstrate, most of these women rely heavily on the NGO community in Maban County for basic services such as food and healthcare.



On a positive note, many of the women surveyed indicated that they did not feel isolated from the community. The villagers have a long history together, and many of these vulnerabilities are out in the open. Community involvement in the care and support of vulnerable women should be encouraged.

Recommendations for the support of vulnerable women include greater awareness of the types of vulnerabilities, the various challenges these individuals may face, and examples of the many ways in which sheikhs, neighbors, and the community at large may be able to support these women. As described in the methodology, the ACTED/REACH survey benefited from consultations with both sheikhs and the women's committee in Jamam. This type of interactive discussion with community leaders should be continued, particularly because, as Figure 4 demonstrated, these women often have a difficult time engaging in community activities and therefore may be missing out on important social support.

The NGO community in Maban County has a larger role to play as well in the protection and support of vulnerable women as well. Several women with physical ailments reported receiving extra medical attention. However, the very fact that the involvement of the sheikhs and the individual questioning of the surveyors led to a higher percentage of identified individuals with vulnerabilities for the same population indicates that there may be vulnerable individuals in the camps that are not recognized as such and do not receive the adequate attention they require. A number of programs exist in Maban County to specifically support vulnerable women, particularly those in the WASH and protection clusters. Further research on vulnerable women in refugee camps in Maban County may help these NGOs provide more targeted services.

About this report

This report summarizes the findings of an in-depth assessment conducted by REACH on vulnerability profiles of refugees in Maban County, Upper Nile, South Sudan.

The assessment covered four groups of vulnerable people, namely

- Children at Risk,
- Women at Risk,
- Elderly at Risk, and
- Disabled at Risk.

Profiles of all four groups can be found in the complete “Vulnerability Profiles” or separately in specialized sections.

Conducted by

REACH Informing more effective humanitarian action	<p>REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction and development contexts.</p> <p>At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organisation and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.</p>
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Humanitarian Aid



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United States Government

REFUGEE VULNERABILITY PROFILES

MABAN COUNTY, UPPER NILE, SOUTH SUDAN

AUGUST 2013

CHILDREN AT RISK
WOMEN AT RISK
ELDERLY AT RISK
DISABLED AT RISK

Funded by:



Humanitarian Aid



UNHCR

United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés



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ELDERLY AT RISK

Background

Vulnerable individuals and households may face additional challenges and obstacles in carrying out everyday functions and require additional protection and assistance. Although many are highly resilient and find coping strategies to provide for their own and their families' needs, there are instances where the challenges faced are too great to overcome without assistance. In the refugee context, there may be a "breakdown of community support structures that would ordinarily care for persons with special needs."¹ In that instance, individuals and households with special needs require additional support from external actors.

According to the Norwegian Refugee Council's Camp Management Handbook chapter on older persons in refugee camps, the elderly are vulnerable for a number of reasons. Elderly at risk may face chronic poor health, including health conditions they acquired before displacement, a degradation of health during the move, or health concerns due to conditions within the camp. They may have psychosocial issues stemming from feelings of isolation, being a burden on their family, intergenerational conflict, and realizing that the losses suffered may not be replaced in their lifetime. They sometimes have mobility issues, either due to physical or mental impairments or general weakness which does not allow them to protect their belongings or carry water and food. Grandparents caring for young children may rely on that child for labor, including carrying food and water and fetching firewood, which can put both that child and the household as a whole at risk.

Methodology

This report is the result of an ACTED/REACH study intended to learn more about vulnerable individuals in the refugee camps of Maban County. The 101 elderly individuals who participated in this survey were selected by their sheikhs and responded to questions from trained surveyors. Given the small sample size and the fact that all interviews took place in Jamam camp, it is not advisable to make large scale generalizations from the data herein. The analysis that follows is intended as an introduction to the unique challenges that elderly at risk face in Maban County.

Categories of Vulnerabilities

There are four major categories of vulnerable populations: elderly at risk, women at risk, children at risk, and the physically disabled. The four categories are not mutually exclusive and, in fact, are frequently compounding. For instance, a mentally disabled woman may be abandoned by her husband due to her impairment and then become a woman at risk.

¹ Norwegian Refugee Council Camp Management Toolkit, 2008, pg 335

The categories of an elderly person at risk include: elderly person unable to care for themselves, elderly person with separated children, and elderly person without accompanying family members. In many cases, this category overlaps with disabled persons and persons with serious medical conditions. However, the elderly may also face psychosocial struggles due to the trauma of displacement and the potential loss of family support due to displacement.

Demographics

Phase 3 Biometric Registration was conducted in all four camps in Maban County at the time: Doro, Batil, Jamam, and Gendrassa. Batil, Jamam, and Gendrassa differ in size, but the characteristics of the populations are similar. All three camps are dominated by the Ingessana tribe, a Muslim agro-pastoralist tribe, with smaller populations of other Muslim, agro-pastoralist tribes such as the Funj, Magaja, and Jumjum. Doro has a somewhat different makeup; there are Ingessana, Magaja, Jumjum, and Funj among other small tribes, but the largest tribe represented is the Uduk, who are Christian agriculturalists. Table 1 shows the numbers of identified vulnerable elderly individuals in each camp in three mutually exclusive categories: older person unable to care for themselves, older person with children, and unaccompanied older person. The accuracy of these numbers depends on the ability of registration workers to recognize potentially vulnerable individuals and select them for further interviews. Depending on the conditions and staffing of the registration exercise, the numbers may be more or less accurate. For example, from anecdotal evidence, it is believed that the numbers of vulnerable people in Batil are actually higher than in other camps, however the data collected during registration do not reflect this.

Table 1: Vulnerable Elderly in Maban County Refugee Camps

	Batil	Doro	Jamam	Gendrassa
Total Population	37,868	45,471	16,991	15,905
Total Persons over 60, (as % of camp population)	1,884 (4.97%)	996 (2.19%)	566 (3.33%)	786 (4.94%)
Older person unable to care for self, (as % of those over age 60)	460 (1.22%)	340 (0.75%)	228 (1.34%)	131 (0.82%)
Older person with children, (as % of those over age 60)	281 (0.74%)	426 (0.94%)	202 (1.19%)	114 (0.72%)
Unaccompanied older person, (as % of those over age 60)	55 (0.83%)	314 (0.69%)	106 (0.62%)	48 (0.30%)

Source: UNHCR Phase 3 Biometric Registration (2013)

According to a 2013 population estimate², the percent of individuals over the age of 60 in South Sudan is likely below 2.6%. Both Batil and Gendrassa have a higher percentage of elderly individuals than the rest of the country's population. In fact, according to UNHCR Biometric Registration, there are almost twice as many elderly individuals in Batil than in Doro, despite Doro's larger population. However, if the populations of the four camps are averaged, the percentage of elderly individuals in the refugee camps in Maban County (3.64%) is very similar to the rest of South Sudan's, and lower than that of Sudan (estimated 5.2%), where many of the refugees originated.

² CIA World Factbook South Sudan, 2013, www.cia.gov/library/publications/the-world-factbook/geos/od.html

The surveyors interviewed 101 elderly at risk in Jamam. Table 2 gives demographic information about the interviewed elderly at risk.

The majority of interviewed elderly were married, although a high percentage of them were widowed. Few interviewees were single or divorced. Fifty respondents, nearly half of all elderly interviewed, reported having a family caregiver, most had a son or daughter caring for him or her. The majority of respondents were the heads of their households. Elderly heads of household and family caregivers are common in traditional local culture where strong family relationships and hierarchies are customary. Seven of the heads of households were single, which can present additional risks for the household if that individual suffers an illnesses or physical or mental impairments. Twenty respondents reporting having some sort of assistive devices and an additional five reported that they were unable to walk without the assistance of another person. Of those without family to help them with mobility, one respondent reported using a donkey for support, while another reported crawling around the camp.

Table 2: Demographics of Surveyed Vulnerable Elderly in Maban County Refugee Camps	
Total Number interviewed	101
Average Age	69
Marital status of interviewees:	
Married	49 (48.52%)
Widowed	39 (38.61%)
Divorced	4 (3.96%)
Single	7 (6.93%)
Do you have a caregiver?	
Yes	51 (50.50%)
No	42 (41.58%)
Who is your caregiver?	
Son/Daughter	28 (27.73%)
Husband/Wife	6 (5.94%)
Brother/Sister	6 (5.94%)
In-laws	5 (4.95%)
Father/Mother	4 (3.96%)
Nephew/Niece	1 (0.99%)
Are you the head of your household?	
Yes	66 (65.35%)
No	31 (30.69%)
Do you use an assistive device?	
Walker or cane	18 (17.82%)
Bedpan	1 (0.99%)
Urine flask	1 (0.99%)
<i>Source: ACTED/REACH Vulnerabilities Survey (2013)</i>	

Often there are additional disabilities and illnesses associated with vulnerable elderly persons. Nearly one quarter, 22.77% (23) of interviewed elderly at risk reported physical impairments of varying severity. Eighteen individuals (17.82%) reported a visual impairment. One woman stated that she had left her glasses behind in Blue Nile. Three people reported mental impairments, one so serious that the individual does not get out of bed. Two individuals reported a hearing impairment.

Access to Services and Assistance

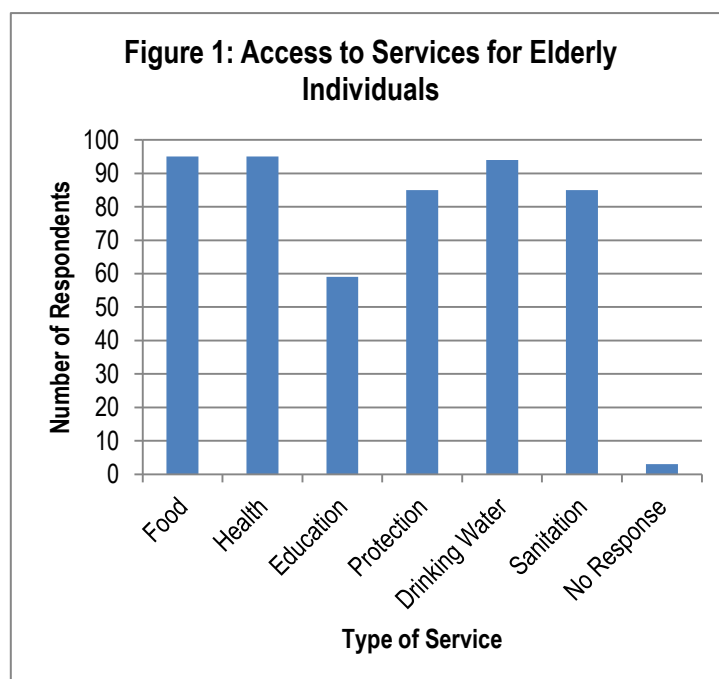
Of the 98 total respondents to questions regarding the accessibility of services to the household, 95 reported that they have access to food and health services. Of those who reported they did not have access to food or medical care, the reason given was that the distance to assistance points was too far. When asked about access to WASH services (bathing, latrines, and handwashing), 94 respondents stated that they have access to drinking water and 85 stated they have access to sanitation facilities. Only one of those stated that he/she could not access the latrine due to physical limitations; the remaining stated that the points were too far away or difficult for them to get to due to mobility issues. Eighty-five respondents reported access to protection services. Fifty-nine

reported access to education services, however the majority of those without access stated that there were no school-age children in the household.

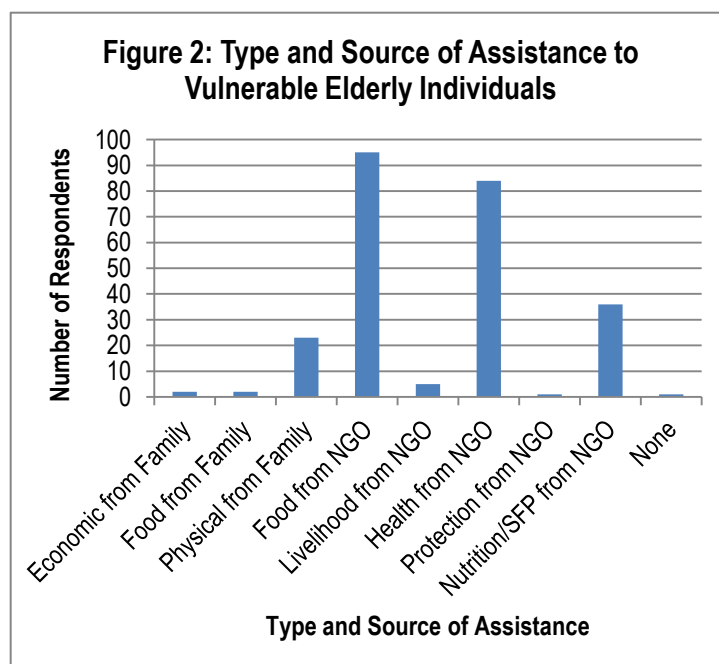
Figure 1 shows the number of positive responses to access to listed services.

Figure 2 shows the type and source of assistance provided to the respondents. As compared to other vulnerable groups, households with vulnerable elderly report more physical assistance from family, but no more economic or food assistance than the other groups. The majority of respondents receive food and health support from relief organizations.

Ninety-eight respondents stated that General Food Distribution (GFD) is the household's main source of food, and only 1 reported the market as the main source of food for the household. The majority of respondents, 83.17%, or 84 households, never buy food in the market. Of those interviewed, five households purchase food in the market rarely (once per month), two households purchase food in the market only sometimes (between once per month and once per week), and eight households do so regularly (once per week). Among those who buy food in the market regularly, the sources of income include selling local beds, selling water, selling a craft produced by the household, including mats, selling livestock or meat, cash for work, operating a donkey cart, selling food distribution or non-food items (NFIs). Forty-seven households reported that they eat three meals per day, all from GFD, 41 reported that they eat two meals per day with food both from GFD and the market, and 2 households stated that they eat one meal per day from GFD. Figure 3 shows percentages of number of meals eaten per day.



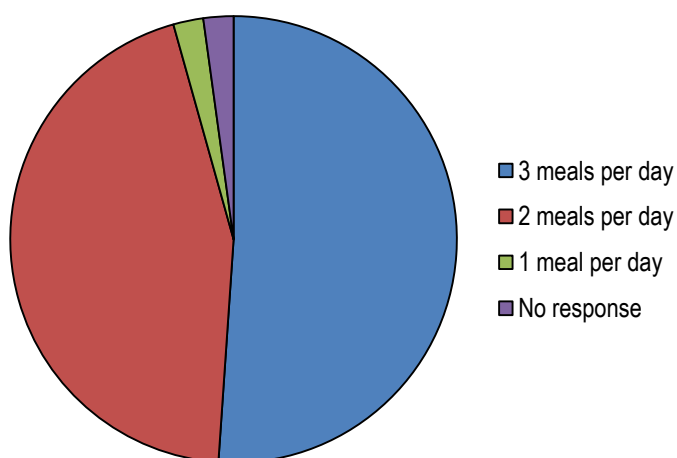
Source: ACTED/REACH Vulnerabilities Survey (2013)



Source: ACTED/REACH Vulnerabilities Survey (2013)

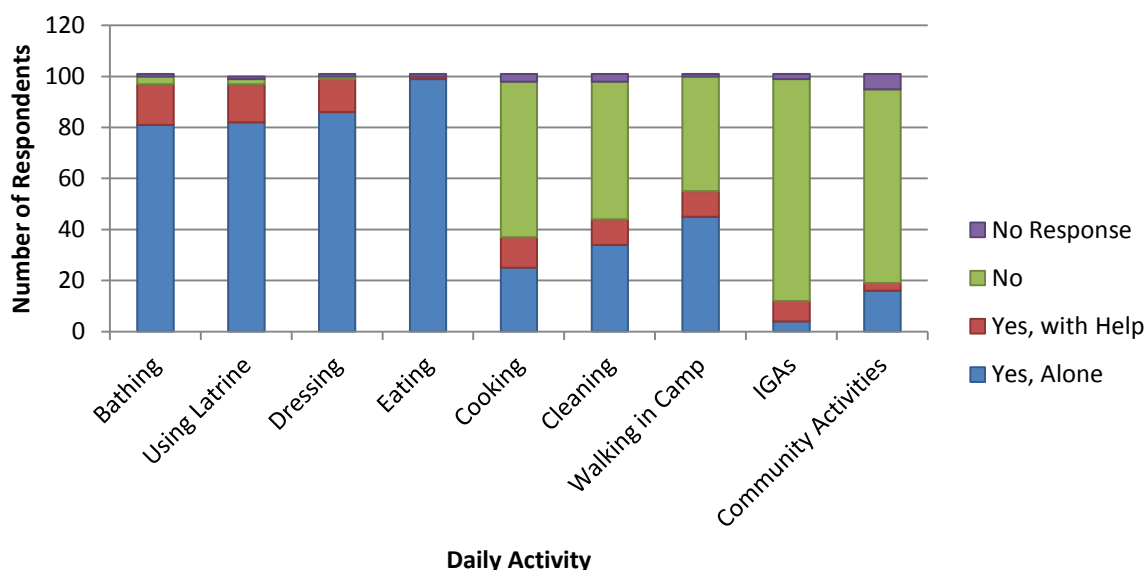
Figure 4 shows the numbers of interviewees who are able to participate in normal daily activities. The majority of vulnerable elderly in the camp are able to engage in the most basic daily activities: bathing, using the toilet, dressing, and eating. Some of the listed activities are traditionally done by women and not men, such as cooking and cleaning. For these activities, it is impossible to say whether the individual is physically unable to complete the task or if he/she finds it culturally unacceptable to do the task. In addition, it is not possible to say whether the individual considers him/herself unable to engage in Income Generating Activities (IGA) or community activities or if he or she feels there are none available.

Figure 3: Number of Meals Consumed per Day for Vulnerable Elderly Individuals



Source: ACTED/REACH Vulnerabilities Survey (2013)

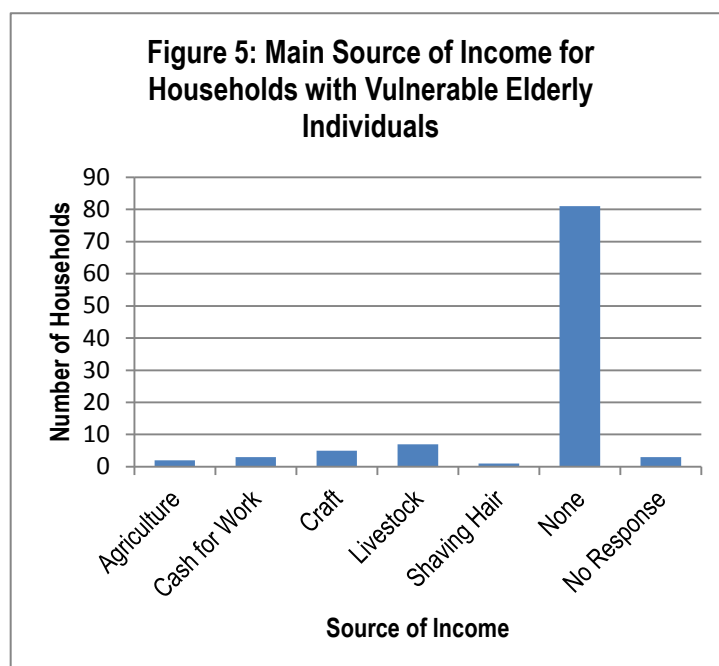
Figure 4: Participation in Daily Activities for Vulnerable Elderly Individuals



Source: ACTED/REACH Vulnerabilities Survey (2013)

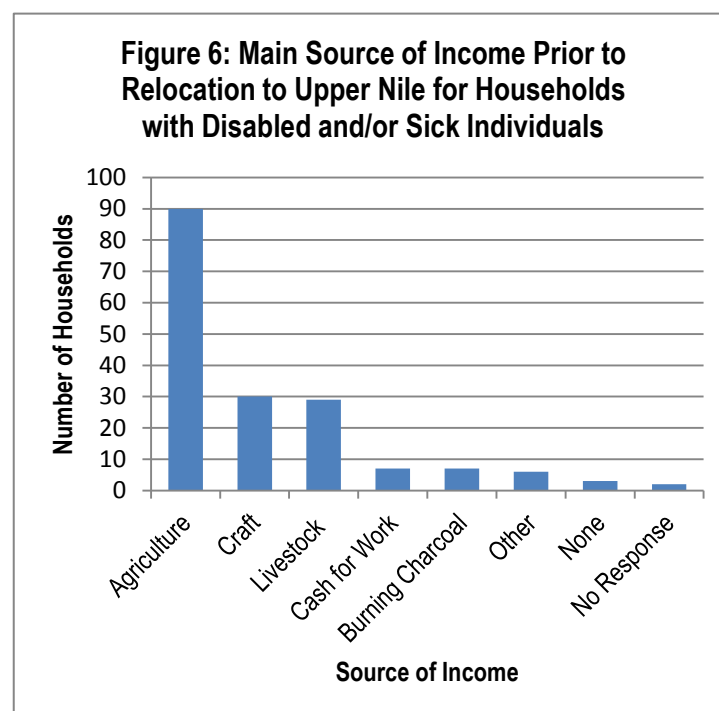
Income Generating Activities

The majority of households with a vulnerable elderly person reported no current source of income. As Figure 5 shows, 80.20% (81 households) reported no source of income. There are limited numbers of households able to engage in other forms of income generating activities, including two in agriculture, three in cash for work, five in crafts (including making baskets), seven in livestock, and one individual who shaves hair. Four households reported having two sources of income; the secondary sources (one family each) of income were from livestock, agriculture, operating a donkey cart, or running a grinding mill.



Source: ACTED/REACH Vulnerabilities Survey (2013)

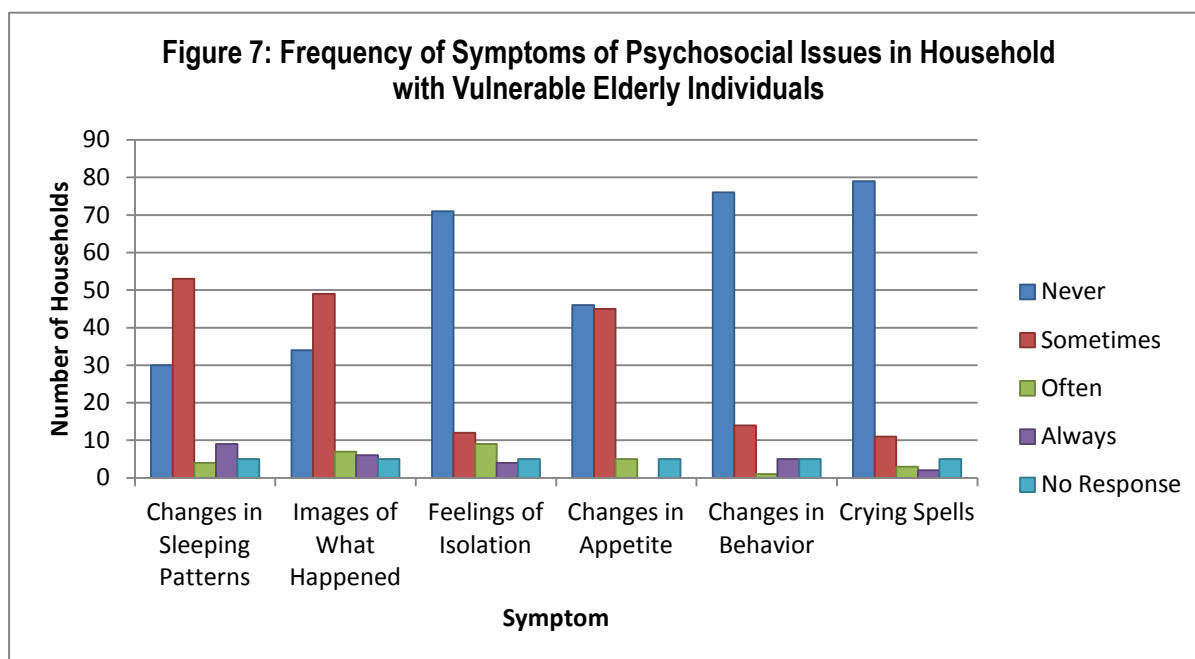
Respondents reported far more diversity of income sources from before arriving in Maban County (see Figure 6). Many of the households were previously either agro-pastoralists or agriculturalists. However, in the camps in Maban County, refugees do not have sufficient land to engage in agricultural activities. In addition, due to disease and lack of resources, many of the livestock owned by households in Blue Nile were either left behind or died en route or after arrival in Maban County. Finally, many more households engaged in production of crafts as the materials for this activity were more readily available. The crafts include making traditional beds, mats, and baskets, among other items. The “other” category includes: one person who fished, one who collected wild fruits, one who cut and sold poles, two who harvested gum arabic, and one who received support from the government.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Psychosocial Impact

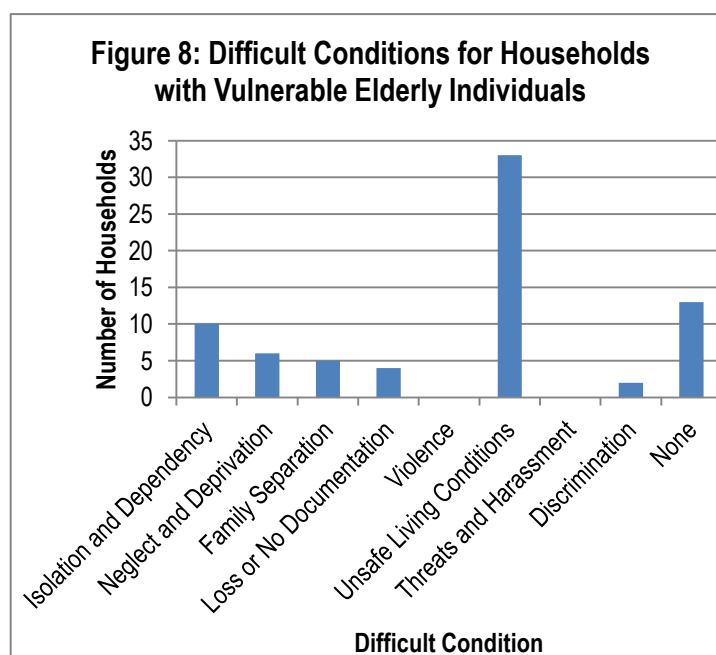
Respondents were asked about the frequency of symptoms typically associated with psychosocial issues and mental illness. This survey does not take into account clinical significance or impaired functioning and cannot provide a “meaningful distinction between mental disorders and non-pathological psychological distress”³. Figure 7 shows the frequency of these symptoms among respondents.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Very few respondents reported regularly experiencing the listed behavioral or emotional changes since displacement, which is consistent with the other vulnerable groups in this study.

The ACTED/REACH surveyors asked the households with vulnerable elderly individuals about additional difficult conditions which may affect their vulnerability status. Respondents were asked if they experience isolation and dependence, neglect and deprivation, family separation, lost or no documentation, violence, threats and harassment, discrimination, or none.



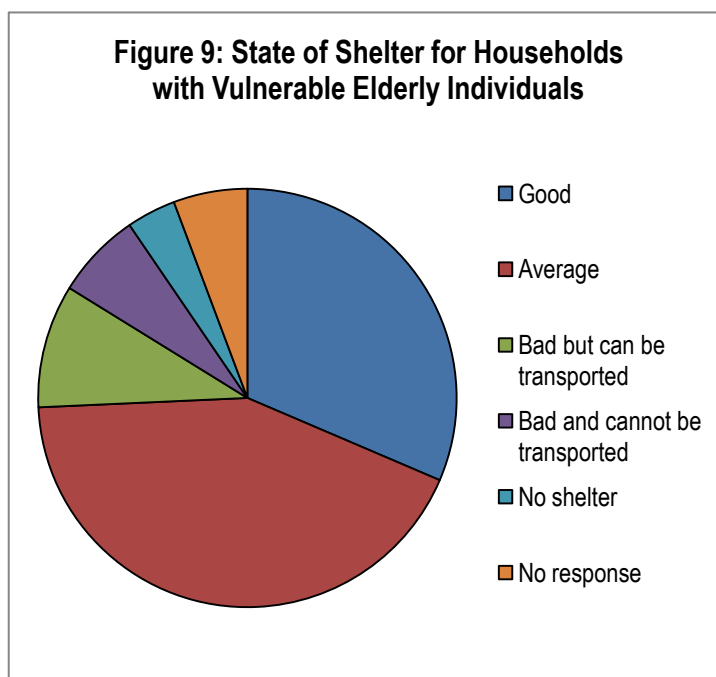
Source: ACTED/REACH Vulnerabilities Survey (2013)

³ Assessing Mental Health and Psychosocial Needs and Resources – Toolkit for Humanitarian Settings, World Health Organization, 2012

unsafe living conditions, threats and harassment, or discrimination. As Figure 8 demonstrates, by far the most commonly cited struggle is unsafe living conditions. However, no respondents elaborated on the unsafe living conditions they experience. It is not clear if this is due to the physical environment, the state of their shelters, or perceived human threats around them. Only two reported experiencing discrimination, both of those respondents stated that the discrimination was from relief agencies working in the camps.

State of Shelters

ACTED/REACH surveyors also inquired about the shelters belonging to households including elderly at risk. Figure 9 shows the reported states of the shelters. The majority of respondents reported shelters in either good or average condition, which is consistent across all groups of vulnerable individuals surveyed.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Conclusions and Recommendations

Elderly individuals may face significant and unique challenges in the refugee community in Maban County. This profile, which combines the UNHCR Biometric Registration data with a survey of 101 elderly individuals in Jamam, seeks to introduce readers to the access to services and general living conditions of this group.

Strong family ties and support are the cultural norm, which is likely why many of the elderly interviewed in this survey report family caregivers. Familial relations and deferential treatment toward the elderly may also be the reason why few report isolation, neglect, or threats and harassment. However, two of the elderly respondents reported discrimination from relief agencies working in the camps and this deserves further investigation.

Like other vulnerable groups, the elderly report great awareness of and access to NGO services, particularly food and health. Recommendations for the support of elderly individuals include continued monitoring of this group and mobility assistance. Additionally, further research should be conducted regarding the elderly population in Doro camp, which reports roughly half the number of elderly individuals as Batil camp, despite a larger population.

About this report

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United States Government

REFUGEE VULNERABILITY PROFILES

MABAN COUNTY, UPPER NILE, SOUTH SUDAN

AUGUST 2013

CHILDREN AT RISK
WOMEN AT RISK
ELDERLY AT RISK
DISABLED AT RISK

Funded by:



Humanitarian Aid



UNHCR

United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés



Funding Provided by the
United States Government

DISABLED AT RISK

Background

Vulnerable persons and households may face additional challenges and obstacles in carrying out everyday functions and require additional protection and assistance. Although many are highly resilient and find coping strategies to provide for their own and their families' needs, there are instances where the challenges faced are too great to be overcome without assistance. In the refugee context, there may be a "breakdown of community support structures that would ordinarily care for persons with special needs."¹ In that instance, individuals and households with special needs require additional support from external actors.

The United Nations Convention on the Rights of Persons with Disabilities defines disabled individuals as "those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." The sick and disabled in refugee camps are vulnerable to additional problems in the camps. They face ostracism and isolation if the family or community is unable or unwilling to care for them. They may struggle to access camp services if they have mobility problems or cannot carry food and water. They may be at greater risk of physical or sexual abuse if they are considered weak or isolated.

Methodology

This report is the result of an ACTED/REACH study intended to learn more about vulnerable individuals in the refugee camps of Maban County. The 119 disabled individuals who participated in this survey were selected by their sheikhs and responded to questions from trained surveyors. Given the small sample size and the fact that all interviews took place in Jamam camp, it is not advisable to make large scale generalizations from the data herein. The analysis that follows is intended as an introduction to the unique challenges that disabled individuals at risk face in Maban County.

Categories of Vulnerabilities

There are four major categories of vulnerable populations: elderly at risk, women at risk, children at risk, and the physically disabled. The four categories are not mutually exclusive and, in fact, are frequently compounding. For instance, a mentally disabled woman may be abandoned by her husband due to her impairment and then become a woman at risk.

¹ Norwegian Refugee Council Camp Management Toolkit, 2008, pg 335

The category of persons with disabilities or serious illnesses includes: persons with chronic illnesses such as diabetes, cancer, TB, HIV/AIDS, heart disease; psychological problems; sight impairment; mental, physical, and speech disabilities.

Demographics

Phase 3 Biometric Registration was conducted in all four camps in Maban County at the time: Doro, Batil, Jamam, and Gendrassa. Batil, Jamam, and Gendrassa differ in size, but the characteristics of the populations are similar. All three camps are dominated by the Ingessana tribe, a Muslim agro-pastoralist tribe, with smaller populations of other Muslim, agro-pastoralist tribes such as the Funj, Magaja, and Jumjum. Doro has a somewhat different makeup; there are Ingessana, Magaja, Jumjum, and Funj among other small tribes, but the largest tribe represented is the Uduk, who are Christian agriculturalists. Table 1 shows the numbers of identified vulnerable individuals with disabilities and/or serious illness in each camp. The accuracy of these numbers depends on the ability of registration workers to recognize potentially vulnerable individuals and select them for further interviews. Depending on the conditions and staffing of the registration exercise, the numbers may be more or less accurate. For example, from anecdotal evidence, it is believed that the numbers of vulnerable people in Batil are actually higher than in other camps, however the data collected during registration do not reflect this.

Table 1: Number of Households with a Disabled and/or Sick Individual by Vulnerability and Camp

	Batil	Doro	Jamam	Gendrassa
Total Population	37,868	45,471	16,991	15,905
Visual Impairment	146 (0.39%)	399 (0.88%)	113 (0.67%)	91(0.57%)
Hearing Impairment	40 (0.11%)	107 (0.24%)	38 (0.22%)	27 (0.17%)
Moderate Intellectual Impairment	8 (0.02%)	20 (0.04%)	14 (0.08%)	10 (0.06%)
Serious Intellectual Impairment	10 (0.03%)	21 (0.05%)	11 (0.06%)	6 (0.04%)
Moderate Physical Impairment	20 (0.05%)	70 (0.15%)	28 (0.16%)	14 (0.09%)
Serious Physical Impairment	36 (0.10%)	83 (0.18%)	24 (0.14%)	35 (0.22%)
Speech Impairment	8 (0.02%)	25 (0.05%)	15 (0.09%)	9 (0.06%)
Critical Medical Concern	2 (0.01%)	4 (0.01%)	4 (0.02%)	4 (0.03%)
Chronic Illness	10 (0.03%)	10 (0.02%)	4 (0.02%)	12 (0.08%)
Difficult Pregnancy	567 (1.50%)	785 (1.73%)	175 (1.03%)	270 (1.70%)
Mental Illness	8 (0.02%)	5 (0.01%)	8 (0.05%)	4 (0.03%)
Malnutrition	11(0.03%)	34 (0.07%)	28 (0.16%)	4 (0.03%)
Other Serious Medical Concern	70 (0.18%)	139 (0.31%)	98 (0.58%)	30 (0.19%)

Source: UNHCR Phase 3 Biometric Registration (2013)

Among the 240 vulnerable individuals interviewed in Jamam, 119 were disabled and/or seriously ill. Table 2 displays the demographic information captured by ACTED/REACH surveyors.

Approximately one half of interviewed disabled and/or seriously ill persons are married; more than one quarter are single. Few interviewees are divorced. Sixty-six respondents, more than half, reported having a family caregiver; the largest percentage are cared for by the mother or father, and

the next largest percentages are cared for by a son/daughter or husband/wife. The majority of respondents were the heads of their households.

Often having a disability or serious illness is associated with other vulnerabilities. Four of the interviewed disabled persons are also vulnerable children, thirty-four of the disabled persons are also elderly, and twenty of the disabled persons are also vulnerable women. Of the 119 interviewed disabled and seriously ill persons, 16 (13.45%) have hearing impairments, 4 (3.36%) have speech impairments, 17 (14.29%) have intellectual impairments, 48 (40.37%) have physical impairments, and 43 (36.13%) have visual impairments.

Access to Services and Assistance

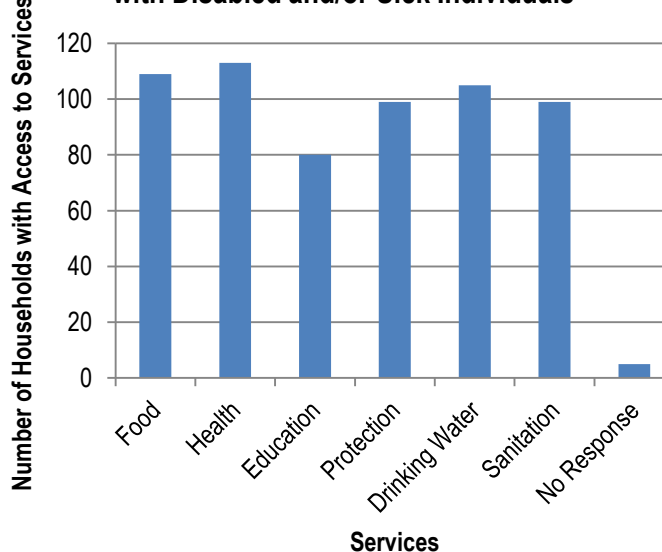
Of the 114 total respondents to questions regarding the accessibility of services to the household, 109 reported that they have access to food and 113 reported access to health services. Of those who reported they did not have access to food or medical care, the reason given was that the distance to assistance points was too far due to physical limitations. One respondent stated that food is too far, but a family member is able to bring the food back to the household. When asked about access to WASH services (bathing, latrines, and handwashing), 105 respondents stated that they have access to drinking water and 99 stated they have access to sanitary facilities. Several respondents stated that the points were too far away or difficult for them to get to due to mobility issues. Ninety-nine

Table 2: Demographics of Surveyed Disabled and/or Sick Individuals in Maban County Refugee Camps

Total Number interviewed	119
Average Age	47.73
Sex:	
Male	78 (65.54%)
Female	41 (34.45%)
Marital status of interviewees:	
Married	60 (50.42%)
Widowed	19 (15.96%)
Divorced	5 (4.20%)
Single	32 (26.89%)
Do you have a caregiver?	
Yes	66(55.46%)
No	43(36.13%)
No Response	10 (8.40%)
Relationship with Caregiver	
Brother/Sister	8 (6.72%)
Nephew	1 (0.84%)
Son/Daughter	18 (15.13%)
Mother/Father	22 (18.49%)
Grandparent	1 (0.84%)
Husband/Wife	17 (14.29%)
In-law	1 (0.84%)
Are you the head of your household?	
Yes	64 (53.78%)
No	49 (41.18%)
No Response	5 (4.20%)

Source: ACTED/REACH Vulnerabilities Survey (2013)

Figure 1: Access to Services in Households with Disabled and/or Sick Individuals



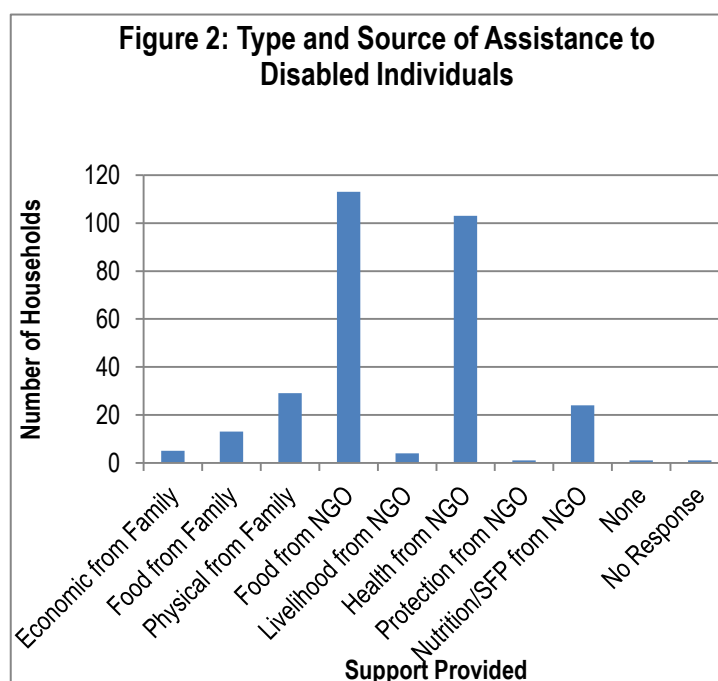
Source: ACTED/REACH Vulnerabilities Survey (2013)

respondents reported access to protection services. Eighty reported access to education services, however, the majority of those without access stated that there were no school-age children in the household.

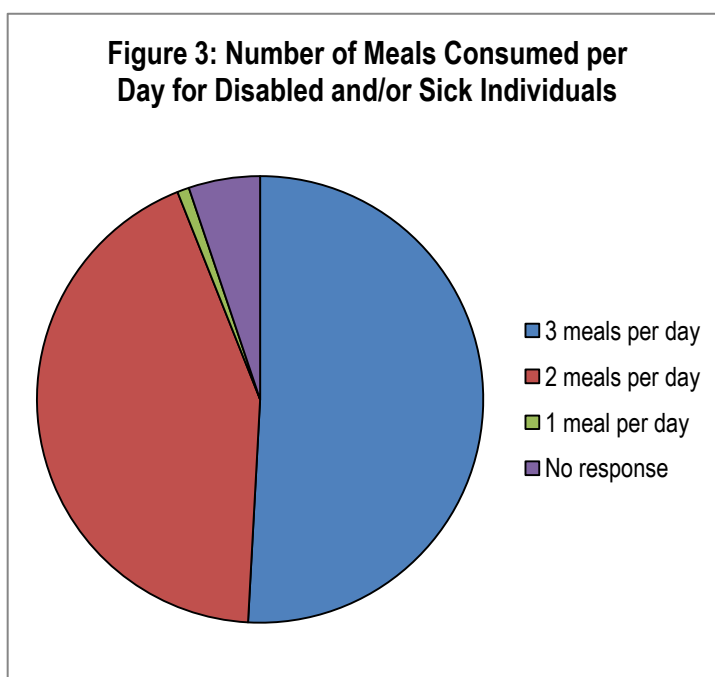
Figure 1 shows the number of positive responses to access to listed services among disabled and/or sick individuals who participated in the survey.

Figure 2 shows the type and source of assistance provided to the respondents. The greatest source of support is food and health from NGOs. As compared to other vulnerable groups, the percentage of disabled or seriously ill persons receiving nutrition support is higher. This is expected because this vulnerable group includes malnourished individuals and individuals who might receive nutrition support while in the hospital. The disabled vulnerable population also receives more physical support from family—much like the vulnerable elderly population—than the vulnerable female population. However, this group of vulnerable persons is likely more in need of physical support.

Out of all 240 interviewed vulnerable individuals, less than 18% (42) have visited the market. Among the disabled and/or sick surveyed, 113 respondents stated that general food distribution (GFD) is the household's main source of food; only 1 reported the market combined with GFD as the main source of food for the household while 5 did not respond. The majority of respondents, 81.51% (97 households) never buy food in the market. It should be noted that several of the ACTED/REACH surveyors reported that respondents are often reluctant to disclose market attendance. Of interviewed households, 3



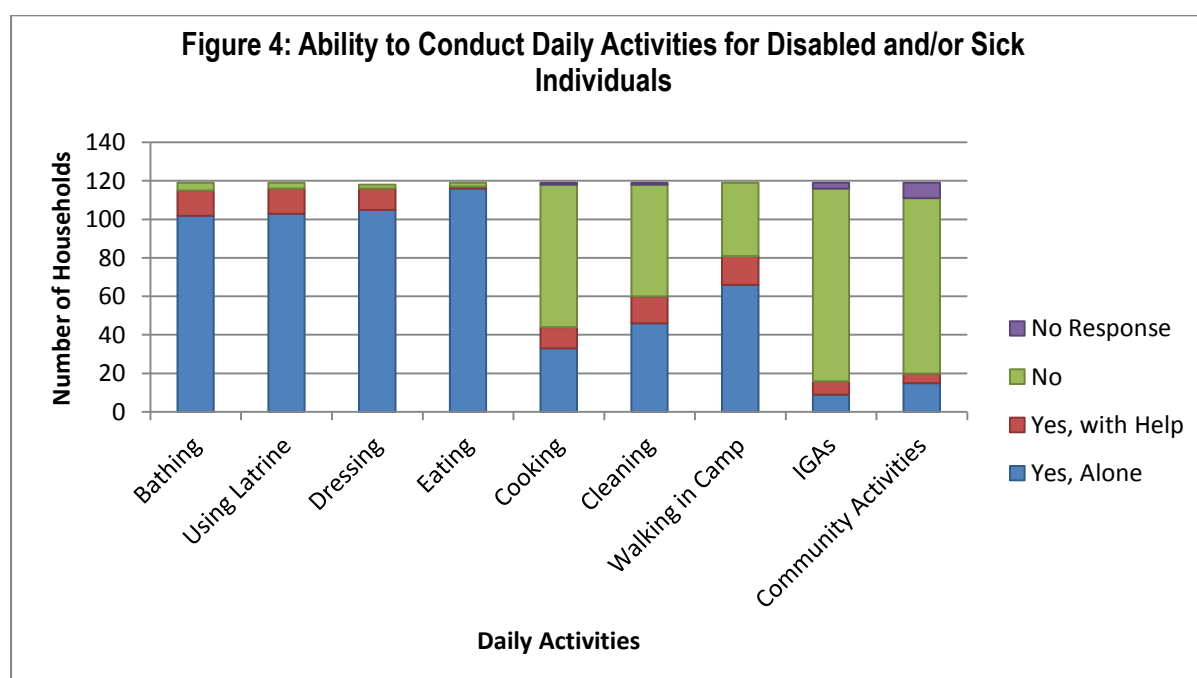
Source: ACTED/REACH Vulnerabilities Survey (2013)



Source: ACTED/REACH Vulnerabilities Survey (2013)

purchase food in the market rarely (once per month), 3 do sometimes (between once per month and once per week), and 11 do regularly (once per week). Among the 11 households who buy food in the market regularly, the main sources of income include producing and selling a craft, participating in cash for work, selling livestock, being given money from family, and selling water and firewood. For those who purchase food from the market only sometimes, the main source of income is selling livestock; and for those who purchase food from the market rarely, the main sources of income include making local beds, producing and selling crafts, and selling tools. Fifty-nine households report that they eat three meals per day, all from GFD, fifty report that they eat two meals per day with food both from GFD and the market, and one household stated that they eat one meal per day from GFD. Figure 3 shows percentages of number of meals eaten per day in surveyed households with disabled and/or sick individuals.

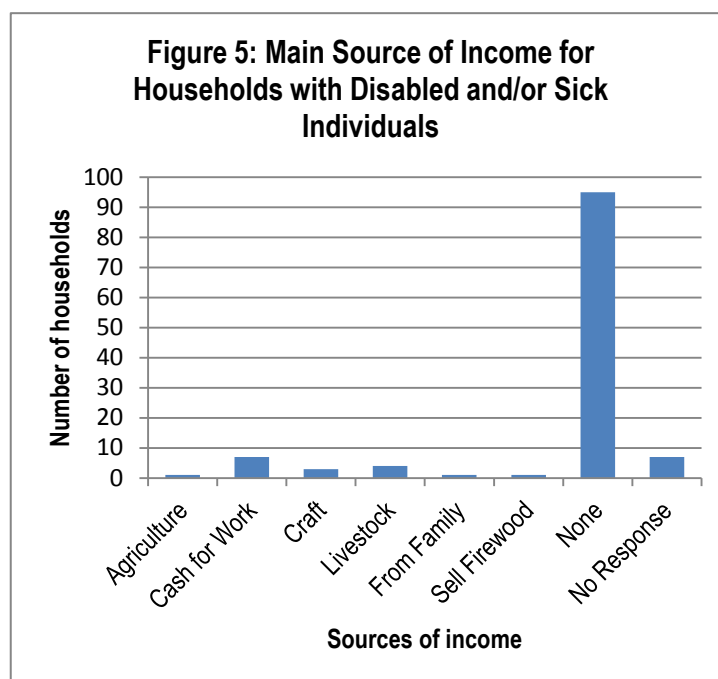
Figure 4 shows the numbers of interviewees who are able to participate in normal daily activities. The majority of vulnerable disabled and/or sick individuals in the camp are able to engage in the most basic daily activities, including bathing, using the toilet, dressing, and eating. Some of the listed activities are traditionally done by women and not men, such as cooking and cleaning, which is especially relevant since over 65% of the disabled and/or sick respondents were male. For these activities, it is impossible to say whether the individual is physically unable to complete the task or if he or she finds it culturally unacceptable to do the task. In addition, it is not possible to say whether the individual considers him/herself unable to engage in income generating activities (IGA) or community activities or if he or she feels there are none available.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Income Generating Activities

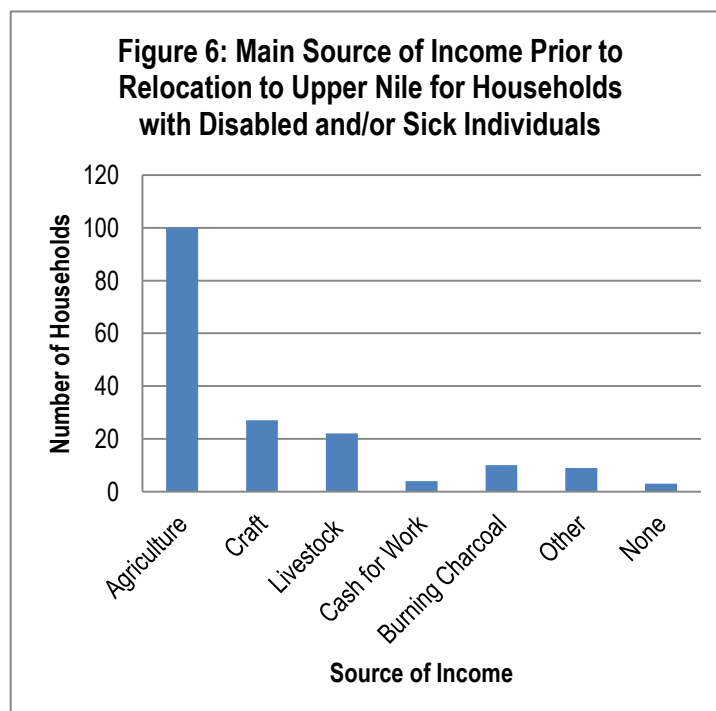
The majority of households with a vulnerable disabled person reported no current source of income, which corresponds with the previously discussed low market visitation. Ninety-five households (79.83%) report no source of income. As Figure 5 shows, the number of households able to engage in other forms of income generating activities is limited. Of the disabled individuals surveyed, one received income from agriculture, seven from cash for work programs, three from crafts (including making baskets), four from livestock, one from his/her family, and one from selling firewood. Four households reported having two sources of income, the secondary sources include running grinding mills (three), running donkey carts (two), livestock (two), and growing and selling vegetables (one).



Source: ACTED/REACH Vulnerabilities Survey (2013)

Prior to coming to Maban County, respondents reported far more diversity of income sources (see Figure 6). Many of the households were previously either agro-pastoralists or agriculturalists.

However, in the camps in Maban County, refugees do not have sufficient land to engage in agricultural activities. In addition, due to disease and lack of resources, many of the livestock owned by households in Blue Nile were either left behind or died en route or after arrival in Maban County. Finally, many more households engaged in production of crafts as the materials for this activity were more readily available. The crafts included making traditional beds, rope, mats, and baskets, among other items. The “other” category includes: one person who fished, two who collected gum arabic, one

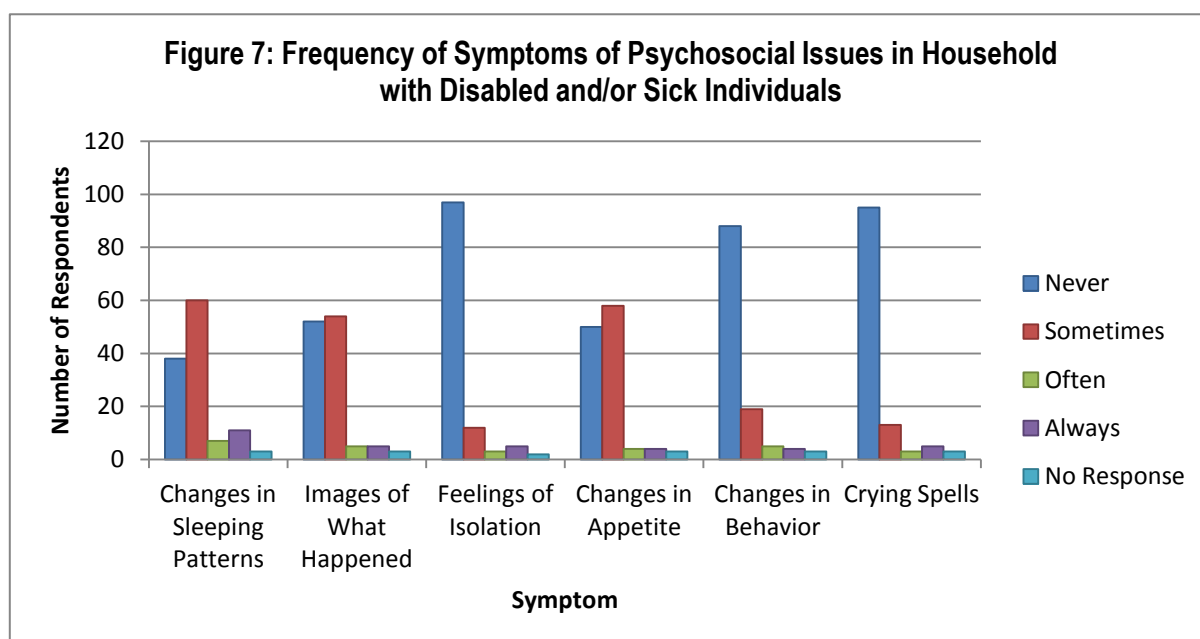


Source: ACTED/REACH Vulnerabilities Survey (2013)

who cut and sold poles, one who sold palm leaf, one who worked in a company, and one who received support from the government.

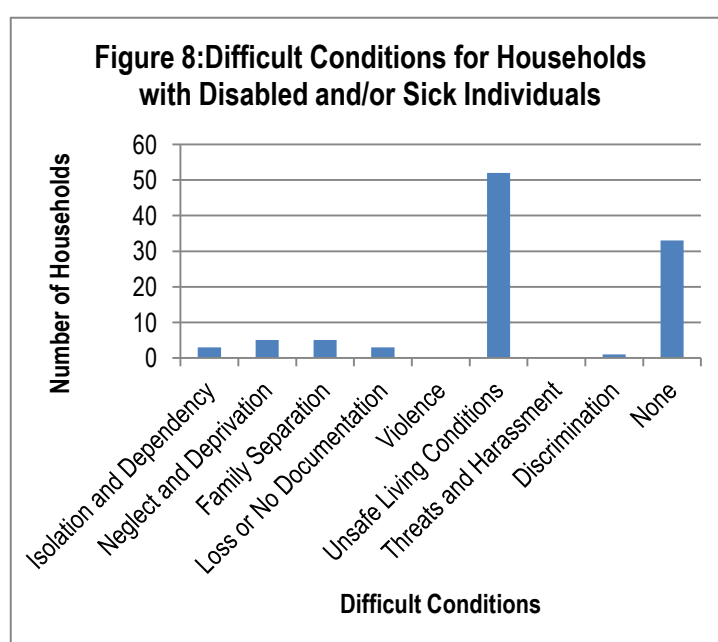
Psychosocial Impact

Respondents were asked about the frequency of symptoms typically associated with psychosocial issues and mental illness. This survey does not take into account clinical significance or impaired functioning and cannot provide a “meaningful distinction between mental disorders and non-pathological psychological distress” (*Assessing Mental Health and Psychosocial Needs and Resources – Toolkit for Humanitarian Settings*, World Health Organization, 2012).



Source: ACTED/REACH Vulnerabilities Survey (2013)

Figure 7 shows the frequency of these symptoms among respondents in households with disabled and/or sick individuals. For all 240 survey respondents, very few reported regularly experiencing the listed behavioral or emotional changes since relocation. The responses of disabled and/or sick individuals are consistent with the larger interviewed vulnerable groups. This may be because they represent the largest group interviewed (119 out of 240).

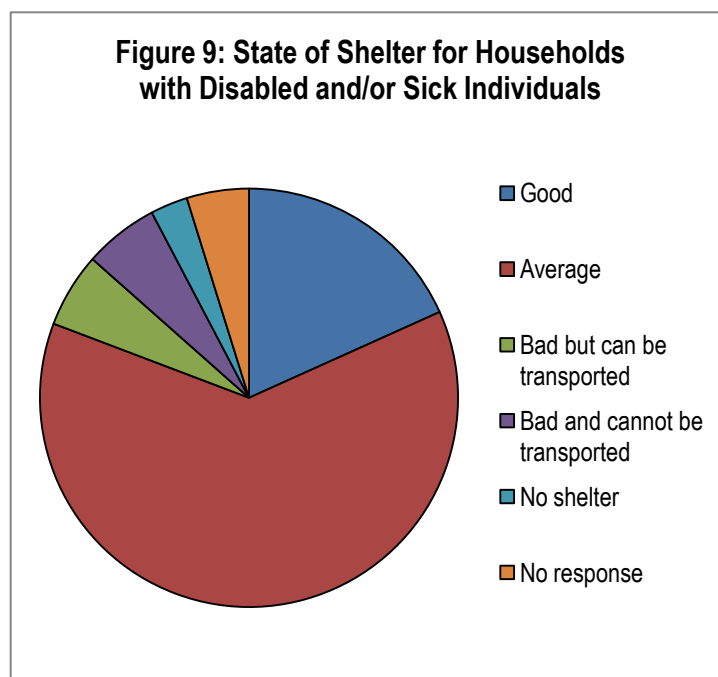


Source: ACTED/REACH Vulnerabilities Survey (2013)

The ACTED/REACH surveyors asked the households with disabled and/or sick individuals about additional difficult conditions which may be impacted by or impact their vulnerability status. Respondents were asked if they experience isolation and dependence, neglect and deprivation, family separation, lost or no documentation, violence, unsafe living conditions, threats and harassment, and discrimination (see Figure 8). By far the most commonly cited struggle is unsafe living conditions. However, no respondents elaborated on the unsafe living conditions they experience. It is not clear if this is due to the physical environment, the state of their shelters, or perceived human threats around them. A few respondents did report feeling threatened by the perceived high death rate in the camp. This may be one possible explanation for the unsafe living conditions response. Only one reported experiencing discrimination; this household perceived discrimination from the community.

State of Shelters

ACTED/REACH surveyors assessed the shelters belonging to households with disabled and/or sick individuals. Figure 9 shows the reported states of the shelters. The majority of respondents reported shelters in average condition. There are three families without a shelter who sleep outside.



Source: ACTED/REACH Vulnerabilities Survey (2013)

Conclusions and Recommendations

Vulnerable individuals with a disability and/or serious illness may face significant challenges in the refugee community in Maban County. This profile, which combines the UNHCR Biometric Registration data with a survey of 119 individuals in Jamam with disabilities and/or serious illness, seeks to introduce readers to the access to services and general living conditions of this group.

Of the 240 vulnerable individuals who participated in the ACTED/REACH survey, the disabled and/or ill represent the largest contingent. This is likely because physical impairments may be easier for sheikhs to identify than other types of vulnerabilities. As previously discussed, households with a disabled and/or seriously ill individual reported a diminished ability to engage in income generating activity since relocation to Maban County. On a positive note, disabled and/or sick individuals report high awareness and use of NGO services, particularly health and food. Over half of respondents were under the care of a family member, and very few reported feelings of isolation. Although few reported participation in community activities, it seems that society is relatively inclusive and

respondents with disabilities and/or serious illnesses generally do not feel neglected, threatened, or discriminated against.

Recommendations for the support of vulnerable disabled and/or seriously ill individuals include further research into why so many respondents (59% of those who answered the question) reported unsafe living conditions, despite the fact that the majority of respondents reported having good or average shelter. Additionally, continued support of food and health services and monitoring populations is important. The largest group of disabled and/or sick individuals in the UNHCR Biometric Registration was women who experienced a difficult pregnancy, so continued medical support is crucial. Continued monitoring of individuals with disabilities and/or serious illness in refugee camps in Maban County may help NGOs provide more targeted services.

About this report

This report summarizes the findings of an in-depth assessment conducted by REACH on vulnerability profiles of refugees in Maban County, Upper Nile, South Sudan.

The assessment covered four groups of vulnerable people, namely

- Children at Risk,
- Women at Risk,
- Elderly at Risk, and
- Disabled at Risk.

Profiles of all four groups can be found in the complete “Vulnerability Profiles” or separately in specialized sections.

Conducted by

REACH <small>Informing more effective humanitarian action</small>	<p>REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction and development contexts.</p> <p>At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organisation and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.</p>
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