



# Vulnerability Profile of Gendrassa Camp Maban County, South Sudan

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## SUMMARY

Vulnerable individuals, namely, children at risk, women at risk, older persons at risk, and disabled individuals, face a variety of challenges, 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 security challenges related to close living quarters and shelters that offer little protection against intruders.

This report analyzes the challenges and access to services of these vulnerable individuals in Gendrassa refugee camp in Upper Nile State, South Sudan. By using UNHCR biometric registration data and ACTED's camp management data of the geographic area of each community, this research assesses the spatial distribution of those with special needs across the camp, as well as relevant service points and areas of concern. It is hoped that this vulnerability profile will be of use to humanitarian partners, local authorities, and inter-governmental agencies who are involved in supporting refugees in Gendrassa camp and around the world.

One of the main findings from the vulnerability assessment and mapping exercise is the high concentration of several groups of vulnerable individuals in the same areas within the camp. The largest concentrations of women at risk under the leadership of a single sheikh are in the eastern and central western sides of the camp, as well as the northwest corner. This area is also home to a large concentration of children at risk and disabled persons at risk. Service provision is predominantly located in the middle of the camp, where the food distribution site, health clinic, camp management team, child protection office, and community center (location of the camp reporting mechanism) are all located on the central road in Gendrassa. This means that many vulnerable individuals may have to travel up to a kilometer to access these important services. To address this, many service providers have decentralized their engagement with the community through outreach programs and household visits.

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## ACRONYMS

ACTED Agency for Technical Cooperation and Development  
DRC Danish Refugee Council  
FGM female genital mutilation  
ICRC International Committee of the Red Cross  
IMC International Medical Corps  
LWF Lutheran World Federation  
MSF Médecins Sans Frontières  
NGO non-governmental organization  
SGBV sexual and gender-based violence  
UNHCR United Nations High Commissioner for Refugee  
UNICEF United Nations Children's Fund  
VSF Vétérinaires Sans Frontières  
WFP World Food Program

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## I. BACKGROUND

Refugees began arriving into Maban County, Upper Nile around November 2011 as a result of conflict in the Blue Nile region of Sudan. As the refugees dispersed into three camps (Batil, Doro, and Jamam)<sup>1</sup>, a variety of NGOs came to support the emergency relief efforts. Gendrassa camp was established in July 2012 as an alternative location to Jamam camp, which closed due to wide-scale flooding and limited potable water. Humanitarian actors relocated refugees to Gendrassa between July 2012 and September 2012.

Over the past year and a half, the influx of refugees has slowed and life-saving needs are met 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 REACH undertook a series of assessments to learn more about vulnerable individuals in each of the four refugee camps in Maban County. An extensive secondary data review of information available from national and international sources complemented the field assessments.

Vulnerable individuals, namely, children at risk, women at risk, older persons at risk, and disabled individuals, face a variety of challenges, 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 security challenges related to close living quarters and shelters that offer little protection against intruders.

More specifically, refugees in Gendrassa, and throughout Maban County, face distinct environmental challenges following relocation. During the rainy season, the camp suffers 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 Gendrassa. The presence of armed elements and incidence of youth military conscription complicate protection efforts. Early marriage and young pregnancies exist in the camp and 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.

This report assesses four vulnerable groups—children at risk, women at risk, older persons at risk, and disabled individuals—in Gendrassa camp. First, the report outlines the methodology used in the assessment, including a discussion of data collection and how the REACH team mapped the data to indicate the spatial distribution of vulnerable populations in the camp. The second part of the report provides a brief introduction to the demography of Gendrassa, followed by an analysis of each vulnerable group and the unique challenges they face in a refugee setting, in Maban County, and in Gendrassa camp itself. The third section of the report outlines the service provision available to each of these groups in Gendrassa, as well as integrated approaches to supporting vulnerable groups in the camp. Finally, the report offers a brief conclusion that addresses vulnerability in the camp and recommendations for improved attention to the special needs of these individuals.

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<sup>1</sup> From May to June 2013, Jamam camp was dismantled and the remaining residents who had not moved to Gendrassa were relocated to Kaya, which opened in June 2013.

## II. METHODOLOGY

This assessment primarily uses data captured through the United Nations High Commissioner for Refugees (UNHCR) Biometric Registration, which created a comprehensive database of all refugees in the camp. The UNHCR Level 3 Biometric Registration exercise was completed for all refugees in Gendrassa in May 2013. As new refugees arrive, they meet with a UNHCR registration and protection team, and their information is entered into UNHCR's database.<sup>2</sup> Through an extensive interview process, protection teams identify vulnerable individuals for further assistance and code these individuals according to their vulnerability group in the database. These vulnerable persons consist of separated and unaccompanied children, other vulnerable children, women at risk, and older persons at risk; and individuals with living with serious illnesses and disabilities.

To better address the needs of vulnerable individuals in the four camps of Maban County, UNHCR granted the REACH team access to the UNHCR Biometric Registration database to conduct this assessment and share the results with partners. It is important to note that the data used in this research were captured by UNHCR during the Biometric Registration process only, meaning that they provide a static representation of the conditions of refugees.

In addition to demographic and vulnerability data, UNHCR also captured the name of each individual's local leader, known as a sheikh. This adds a spatial component to the data as it allows each individual in the database to be linked to the location of their sheikh's community. As camp manager in Gendrassa, ACTED maintains a record of the populations of each sheikh as well as a map of each sheikh's community boundaries. Gendrassa is divided into 32 sheikh areas in total, amounting to an area covering 127 hectares (ha). The mean size of the sheikh areas is 4.0 ha, ranging from 0.03 ha to 13.86 ha. By matching UNHCR's vulnerability codes to ACTED's map of the sheikh's community, the REACH team was able to view the locations of the individuals across the camp while still protecting their privacy. In Gendrassa, the number of individuals over which a sheikh presides varies; one sheikh has population of 48 and another has 1,605 individuals, with an average of 528 refugees per sheikh. As this analysis uses the number of vulnerable individuals per sheikh, clearly those with a larger population are likely to have a higher number of vulnerable individuals in their community.

After mapping the number of vulnerable individuals in each community (focusing specifically on children at risk, women at risk, older persons at risk, and the disabled), the REACH team analyzed their locations relative to specific elements of service delivery that may affect vulnerable groups disproportionately. To describe services in the camp, REACH collected information from Intersos on education and child protection efforts, International Medical Corps (IMC) and Médecins Sans Frontières (MSF) on health services, UNHCR on registration issues, Danish Refugee Council (DRC) on general protection efforts, Help Age on special concerns for older persons, International Committee of the Red Cross (ICRC) on family reunification and protection efforts, and ACTED on camp management, food distribution, and youth and livelihood programs.

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<sup>2</sup> In Gendrassa, the registration of new arrivals occurs in the second and third week of each month.

### III. VULNERABILITY ANALYSIS FOR GENDRASSA

This section introduces the demography and environment of Gendrassa camp, including a brief overview of the geography and natural environment, as well as the services available in the camp and a population breakdown. Next, this section provides an analysis of four vulnerable groups in Gendrassa: children at risk, women at risk, older persons at risk, and disabled individuals at risk in Gendrassa camp; focusing on their respective population numbers, special needs, and the unique challenges they face as a refugee in the area. The discussion of each vulnerable group also includes an analysis of the spatial distribution of their residences in the camp with respect to key service delivery points.

#### DEMOGRAPHY AND ENVIRONMENT OF GENDRASSA

Gendrassa camp opened in July 2012 and now holds over 17,000 refugees from Blue Nile State in Sudan. The camp hosts refugees from three ethnic groups: the Magaja, the Jumjum, and the Ingessana (which is further divided into five sub-tribes). The refugees in Gendrassa are predominantly agro-pastoralists and ownership of cattle, sheep, and goats is common in the camp. The population of Gendrassa is largely Muslim and traditional leaders, known as sheikhs, represent the interests of the refugees in camp proceedings.

Table 1 Gendrassa Demographics

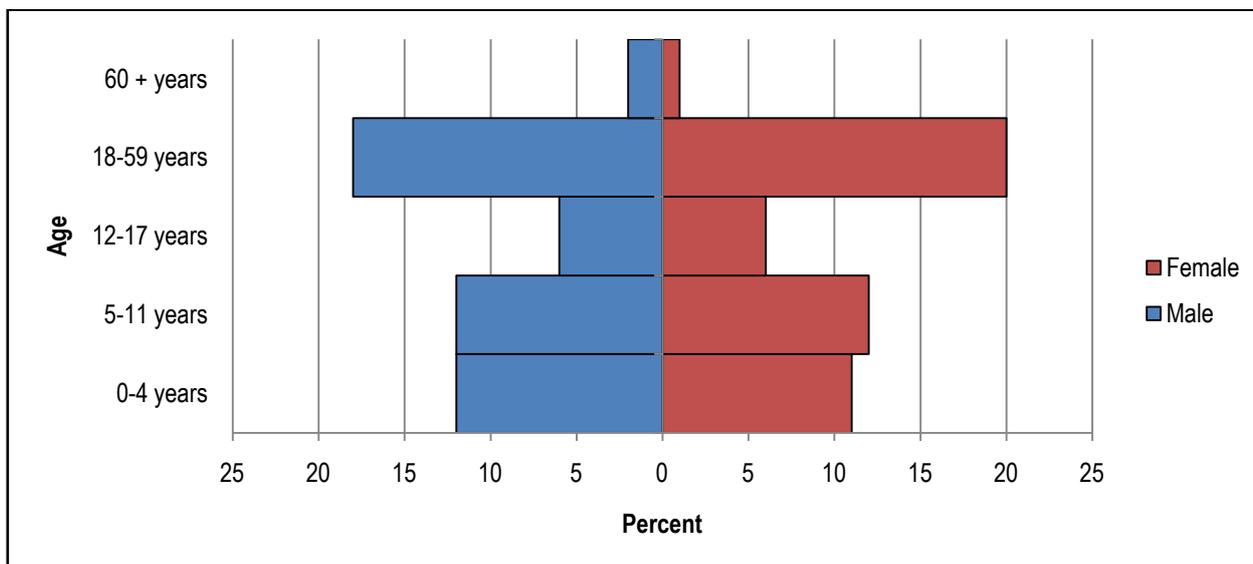
Registered refugee population	17,059
Households	4,209

Cumulative gender & age breakdown	Males (as a percentage of population)	Female (as a percentage of population)
0-4 years	2,016 (12%)	1,878 (11%)
5-11 years	1,986 (12%)	2,111 (12%)
12-17 years	1,019 (6%)	1,024 (6%)
18-59 years	3,096 (18%)	3,360 (20%)
60+ years	332 (2%)	237 (1%)

Source: UNHCR Information Sharing Portal, data.unhcr.org/SouthSudan, as of November 3, 2013

Note: Numbers add up to 16,040, which implies that the gender and age breakdown may not be current.

Figure 1: Gendrassa Population Distribution



Source: UNHCR Information Sharing Portal, data.unhcr.org/SouthSudan, as of November 3, 2013

Note: Numbers add up to 16,040, which implies that the gender and age breakdown may not be current.

## Geography and natural environment

Gendrassa camp is the smallest of the four camps in Maban County. The camp expands west-to-east on the north side of the main road that connects Bunj town to the major cities of Upper Nile state. The camp is bisected by a north-south road along which most of the service provision of the camp is located.

Gendrassa is located just south of a seasonal river that dries up at the end of the rainy season. The black cotton soil in the camp is fertile and highly absorbent, but easily becomes saturated and does not drain well. This often leads to flooding or pooling of stagnant water in the rainy season, which lasts from late-May until mid-November. The flood-prone topography affects a significant number of refugee households, requiring refugees to move within and out of camp boundaries when it rains. This seasonal relocation of shelters can create problems for vulnerable groups because of the physical burden of moving their belongings and traveling increased distances to service providers. As inhabitable land shrinks, the relocation of shelters may lead to security issues as new communities combine. Refugees travel approximately three to four kilometers from the camp to collect firewood, often to the east of the camp.

## Overview of camp services and facilities

The food distribution site, health clinic, camp management team, child protection office, and community center (location of the camp reporting mechanism) are all located on this central road in Gendrassa. The camp has eight schools which will be consolidated to four at the end of 2013. In addition to the clinic on the main road, IMC runs two health outposts in the west and east side of the camp, each of which provide emergency transportation to the central clinic, and when necessary, the hospital. MSF also runs a 24-hour clinic along the main road, which will close at the end of 2013, and 24-hour service will transfer to IMC. In addition to this clinic, MSF operates a hospital for the refugees of both Gendrassa and nearby Yusuf Batil camp, as well as the host community. The hospital, known as Gentil hospital, is approximately 4.5 kilometers west of Gendrassa. Transportation services to the hospital are available from both the IMC and the MSF clinics in the camp.

The camp market is also located near the central road to the north of the camp. The market location may be a point of concern for vulnerable individuals; it is isolated on the edge of the camp and offers no public lighting or daily governance presence. Furthermore, alcohol is sold in the market and the stalls and market alleys are vacant at night. Several security incidents have occurred in or near the market.

## Overview of vulnerable groups among camp population

According to UNHCR registration, Gendrassa camp contains 2,500 vulnerable individuals, many of which are registered as having more than one type of vulnerable condition, as these categories are not mutually exclusive. Of these 2,500 individuals, 1,417 are solely registered as lactating women. Since lactation is prevalent amongst female camp residents (37% of women between the ages of 12 and 60) and it is not a permanent condition, this study does not include women who were registered only as lactating, but includes lactating women with another type of vulnerability. An additional 95 individuals were excluded from the database because their vulnerability codes were not relevant to this exercise<sup>3</sup>. The 991 remaining individuals included in the analysis as vulnerable individuals comprise: 44 children, 500 women, 318 older persons, and 191 disabled persons. The situation of each of these groups of vulnerable individuals is outlined below.

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<sup>3</sup> The vulnerable individuals not included in this assessment are those with critical medical conditions, chronic illness, or malnutrition, as well as those requiring family reunification or those who have witnessed or experienced torture. This report also excluded those categorized as requiring specific legal and physical protection needs, for example, individuals with a criminal record, alleged perpetrators, or individuals who lack legal documentation.

## CHILDREN AT RISK

According to UNHCR, nearly half of the world's forcibly displaced individuals are children.<sup>4</sup> All children require care and protection; in a refugee context this need is amplified as families and communities are often less able to provide for them. Children at risk are more vulnerable to disease, malnutrition, and physical injury. They face higher risks of violence, abuse, sexual exploitation, and military recruitment.<sup>5</sup> 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.

**Table 2: Children at Risk in Maban County Refugee Camps<sup>6</sup>**

	Batil	Doro	Gendrassa	Kaya
<b>Total Population</b>	38,817	46,841	17,059	18,284
<b>Population under age 18 (% of entire population)</b>	22,848 (59%)	29,011 (62%)	10,034 (59%)	10,841 (59%)
<b>Total Children at risk (% of under 18)</b>	85	314	44	385
<b>Child Caregiver</b>	1	5	0	6
<b>Child Parent</b>	21	67	15	47
<b>Child Spouse</b>	36	79	17	123
<b>Child Laborer</b>	0	1	0	0
<b>Child Not Attending School</b>	0	14	0	105
<b>Child with Special Education Needs</b>	0	1	0	2
<b>Teen Pregnancy</b>	0	6	0	4
<b>Unaccompanied Child</b>	0	39	1	2
<b>Separated Child</b>	19	66	9	3
<b>Child in Foster Care</b>	6	25	3	18
<b>Child associated with armed forces or groups</b>	0	0	1	0
<b>Child in Institutional Care</b>	2	2	0	1
<b>Child Headed Household</b>	1	21	1	9

Source: UNHCR Phase 3 Biometric Registration (2013)

Note: Data are accurate as of November 2013.

In Maban County, the presence of armed elements and incidence of youth military conscription complicate protection efforts. Early pregnancies and marriage are present in all refugee camps. UNHCR has identified five priorities for the care of children at risk in refugee settings; 1) separation from families and caregivers, (2) sexual exploitation, abuse, and violence, (3) military recruitment, (4) education, (5) specific concerns of adolescents.<sup>7</sup> Each of these five priorities is salient for all camps in Maban County, and often vulnerable children experience challenges associated to several of these priority areas concurrently.

<sup>4</sup> UNHCR website, <http://www.unhcr.org/pages/49c3646c1e8.html>

<sup>5</sup> Inter-Agency Camp Management Toolkit, Norwegian Refugee Council, 2008, pg 335-345.

<sup>6</sup> The category of children at risk includes the following: child associated with armed forces or groups; child caregiver; child in conflict with the law; child parent; child spouse; child engaged in forms of child labor; child at risk of not attending school; child with special education needs; teenage pregnancy; child-headed household; child in foster care; child in institutional care; 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). Children at risk also include those under the age of 18 who are survivors of sexual and gender-based violence (SGBV), including those who were threatened or exposed to it, as well as those who experienced female genital mutilation (FGM) or other harmful traditional practices.

<sup>7</sup> UNHCR website, <http://www.unhcr.org/4398146f2.html>

In Gendrassa, approximately 10,000 of the 17,000 refugees are under the age of 18. Of the 44 children listed as vulnerable in the UNHCR database, 17 are listed as child spouses and 30 are child parents of which almost half (13) are single parents. Twenty of these child parents were lactating when registered and one experienced a difficult pregnancy. Many of the children at risk in Gendrassa are vulnerable for reasons related to child care. At least one child in the camp is associated with armed forces or groups. Separated children in Gendrassa often stay with a relative, and unaccompanied children typically stay by themselves or with someone they encountered during displacement.

Annex 1 shows a map of the distribution of children at risk in Gendrassa camp. As indicated on the map, the largest concentrations of children at risk under the leadership of a single sheikh are located in the center of the camp, and the northwest part of the camp. More specifically, there are 44 vulnerable children in Gendrassa, 25 of which are in four sheikh areas on the west side of the camp. In the camp, the locations of the following resources are particularly important for vulnerable children: schools, health care points, water points, the food distribution site, and the child protection focal point/organization.

As one of the larger populations of children at risk is situated near the center of the camp, this group will have an easy time accessing food distribution and health care. Fortunately, the higher concentrations of children at risk are near the four schools in Gendrassa that will continue to operate in 2014. This means that many of the identified vulnerable children do not have to travel far for educational services, yet those in the northwest may be a kilometer away from the nearest school. Additionally, there does not appear to be a large concentration of vulnerable children near the market to the north of the camp. Children are often responsible for retrieving water and this map displays a relatively equal distribution of water points across the camp. In general, this spatial analysis of service provision in Gendrassa would indicate that partner service locations are favorable to the needs of children at risk.

## WOMEN AT RISK

In a refugee context, women often face significant challenges related to displacement. The breakdown of family and community structures can result in new responsibilities and a weakened traditional justice system. Women in refugee camps can also become victims of discrimination or sexual violence. Women also face additional risks in terms of maternal and reproductive health issues, as they may not be aware of specialized health services or may have difficulty accessing them. Depending on the situation of the individual and the relationship with his/her family or caregiver, women protection cases can become complex, requiring multiple forms of assistance.

In Maban County, families are often separated because 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. Female-headed households represent one third (1,408 households, 33%) of all households in Gendrassa. Additionally, 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 to carry out daily household activities. The traditional leadership in the camp is male-dominant, which may lead to the misrepresentation of women's rights in camp proceedings.

There are 500 women listed as vulnerable in Gendrassa, 473 of which have vulnerable conditions related to parenthood or pregnancy. Of the 473 parents among the vulnerable women, 371 are single parents. Twenty-one of these vulnerable women can also be categorized as disabled, including three with mental disabilities, three with physical disabilities, and fifteen with sensory impairments. The fifteen women at risk with sensory impairments include one woman with hearing impairment and one with speech impairment, as well as thirteen women who have visual impairments including blindness. In addition to women at risk who also have disabilities, seven of the 500 women registered as vulnerable are also older.

Table 3: Vulnerable Women in Maban County Refugee Camps<sup>8</sup>

	Batil	Doro	Gendrassa	Kaya
<b>Total Population</b>	38,817	46,841	17,059	18,284
<b>Total Female Population over age 11 (% of population)</b>	10,770 (28%)	12,461 (27%)	4,621 (27%)	5,256 (29%)
<b>Lactating Woman (% of women over age 11)</b>	3,420 (32%)	5,402 (43%)	1,631 (35%)	1,900 (36%)
<b>Single Woman (% of women over age 11)</b>	62 (0.5%)	224 (2%)	18 (0.4%)	163 (3%)
<b>Woman at Risk (% of women over age 11)</b>	23 (0.2%)	65 (0.5%)	32 (0.7%)	37 (0.7%)

Source: UNHCR Phase 3 Biometric Registration (2013)

Note: Data are accurate as of November 2013.

Annex 2 shows a map of the distribution of women at risk in Gendrassa camp. As indicated on the map, the largest concentrations of women at risk under the leadership of a single sheikh are in the eastern and central western sides of the camp, as well as the northwest corner. The concentration of vulnerable women in the northwest corner of the camp is of particular concern because the area is isolated and far from essential services, such as the clinic and the food distribution site. Furthermore, this area is also home to a large concentration of children at risk, as seen in Annex 1 and disabled at risk, as seen in Annex 4. It is important to note that this sheikh leads one of the largest groups in the camp with a high number of single-headed households.

The eastern side of the camp also hosts a large number of women at risk, but is fortunately located near one of the health outposts. In the camp, the locations of the following resources are particularly important for vulnerable women: health care points, water points, the food distribution site, and the community center (reporting mechanism) noted on the map as the protection actor.

Both of the health outposts are near higher concentrations of vulnerable women per sheikh, but the group to the northwest has a far distance to travel to get to the clinic at the center of the camp. They are also among the refugees with the farthest distance to travel to the food distribution point. This can be particularly challenging if they are single-headed households and they require assistance to transport their food ration. The market at the north of the camp borders a sheikh with a moderate number of women at risk. The market has no public light after sundown and the market stalls, which are predominately operated by men, are vacated at night. Security incidents have occurred near the market and the area has the potential to be dangerous for vulnerable individuals.

<sup>8</sup> The category of women at risk includes the following: single heads of family; widowed women; female single parents; female single care-givers; female single grandparents; and women diagnosed with difficult pregnancies in need of special medical assistance or supplementary feeding/nutrition programs. Women at risk also include those over the age of 18 who are survivors of SGBV, including those who were threatened or exposed to it, as well as those who experienced FGM or other harmful traditional practices. This analysis does not include lactating women as this categorization is not necessarily permanent and a high percentage of women of child-bearing age are lactating.

## OLDER PERSONS AT RISK

As described in the inter-agency Camp Management Toolkit,<sup>9</sup> older persons 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 or being a burden on their family, intergenerational conflict, and the realization 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.

Table 4: Vulnerable Older Persons in Maban County Refugee Camps<sup>10</sup>

	Batil	Doro	Gendrassa	Kaya
<b>Total Population</b>	38,817	46,841	17,059	18,284
<b>Total Persons over 60, (as % of camp population)</b>	1,562 (4%)	1,014 (2%)	569 (3%)	813 (4%)
<b>Older person unable to care for self, (as % of those over age 60)</b>	460 (29%)	360 (36%)	156 (27%)	300 (37%)
<b>Older person with children, (as % of those over age 60)</b>	281 (18%)	430 (43%)	127 (22%)	233 (29%)
<b>Unaccompanied older person, (as % of those over age 60)</b>	57 (4%)	313 (31%)	55 (10%)	125 (15%)

Source: UNHCR Phase 3 Biometric Registration (2013)

Note: Data are accurate as of November 2013.

As the refugee situation in Maban County has moved out of the emergency phase, UNCHR collaborated with Help Age International (hereafter Help Age) to review the specific challenges related to older persons in the four refugee camps. Help Age supported a number of targeted events and conducted focus group discussions with older persons in each camp. Through this process Help Age determined that the greatest challenges older people face in the camps are related to lack of appropriate clothing and lack of inclusion in livelihood projects, primarily land cultivation. During previous clothing distributions, older persons have received flip-flops, which are often not appropriate for their specific needs.

In Gendrassa, there are 318 older persons in total. Of these 318, 138 are 'unable to care for themselves' and 119 have children. Two dozen of the older persons in the database have a visual impairment, three have a hearing impairment and seven have a physical disability. Annex 3 shows a map of the distribution of older persons at risk in Gendrassa camp. As indicated on the map, the concentrations of older persons at risk under the leadership of a single sheikh are

<sup>9</sup> The interagency Camp Management Toolkit, [http://www.nrc.no/arch/\\_img/9295458.pdf](http://www.nrc.no/arch/_img/9295458.pdf)

<sup>10</sup> The category of older persons at risk includes those who are over the age of 60, older persons unable to care for themselves, older persons with children, and older persons who are unaccompanied.

relatively evenly geographically distributed across the camp with the largest group in the center. In the camp, the locations of the following resources are particularly important for vulnerable older persons: health care points, the food distribution site, and the community center (location of the reporting mechanism). The older persons in the center of the camp will have an easier time accessing the health clinic, and their location next to the food distribution site is optimal. However, the concentration of older persons at risk in both the eastern and western parts of the camp is troublesome. It may be difficult for these individuals to make frequent visit to the clinic at the center of camp or to retrieve and transport their food ration from the distribution site.

## DISABLED PERSONS AT CHILDREN AT RISK

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 disabled in refugee settings 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. During displacement, assistive devices can be lost or damaged and inconsistent or inadequate medical care can cause difficulty for those with disabilities.

Table 5: Number of Households with a Disabled Individual by Vulnerability and Camp<sup>11</sup>

	Batil	Doro	Gendrassa	Kaya
<b>Total Population</b>	38,817	46,841	17,059	18,284
<b>Visual Impairment</b>	148	402	98	135
<b>Hearing Impairment</b>	40	108	27	38
<b>Moderate Intellectual Impairment</b>	10	20	9	14
<b>Serious Intellectual Impairment</b>	10	22	8	11
<b>Moderate Physical Impairment</b>	22	71	14	32
<b>Serious Physical Impairment</b>	40	82	38	25
<b>Speech Impairment</b>	7	25	9	16

Source: UNHCR Phase 3 Biometric Registration (2013)

Note: Data are accurate as of November 2013.

In Maban County, disabled people at risk face potentially significant challenges. Those with sensory or mobility impairments may find it difficult to engage in livelihood activities or daily chores such as fetching water. Collecting firewood, the chief source of fuel for cooking in Maban County, can also be challenging for those with physical or sensory disabilities. Many refugees frequently travel between the four camps to visit their community or family members, another activity that can be difficult for those with mobility constraints.

Annex 4 shows a map of the distribution of disabled persons at risk in Gendrassa camp. As the map shows, the concentrations of disabled persons at risk under the leadership of a single sheikh are relatively evenly geographically distributed across the camp. As with women at risk, the sheikh in the northwest corner presides over the largest number

<sup>11</sup> The category of persons with disabilities includes: individuals with visual, speech, and/or hearing impairment, individuals with mental or physical disabilities, and those with mental illness or addiction.

of disabled persons at risk. In the camp, the locations of the following resources are particularly important for vulnerable disabled persons: health care points, the food distribution site, and the community center (location of the complaint mechanism) marked on the map as the protection actor. Disabled individuals may need frequent visits to the health clinic, located at the center north of the camp, which may be difficult for those on the east and west edges of the camp.

## IV. SERVICE PROVISION IN GENDRASSA FOR VULNERABLE GROUPS

This section introduces the service provision available to vulnerable groups in Gendrassa. A number of humanitarian partners work with UNHCR to support the refugees in Gendrassa camp (see table 6). Although attention to the needs of vulnerable individuals is a cross-cutting issue for all NGOs in a refugee setting, several organizations have developed special programming. Initiatives for children at risk, women at risk, older persons at risk, and the disabled are outlined below, as well as programs that integrate support for several vulnerable groups.

**Table 6: Humanitarian Actors in Gendrassa**

Role	Partner
Camp Management	ACTED
Child Protection	Intersos, (LWF in 2014)
Education	Intersos, UNICEF (LWF in 2014)
Food	ACTED, World Food Program (WFP)
Environment	ACTED
Health	International Medical Corps (IMC), and MSF-Holland
Livelihood	ACTED, Veterinarians Sans Frontieres (VSF)
Logistics	ACTED, UNHCR
Non-Food Item Distribution	ACTED, UNHCR
Nutrition	IMC
Protection	ACTED, ICRC, UNHCR, DRC
Registration	UNHCR
Shelter	ACTED
WASH	Oxfam-GB, ACTED (in 2014)

Many of the organizations listed in Table 6 have programs that target the needs of specific vulnerable groups in Gendrassa. 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. To address these situations, many humanitarian actors work together to provide integrated support programs that assist a variety of vulnerable individuals.

### INITIATIVES FOR CHILDREN AT RISK IN GENDRASSA

ACTED has identified fourteen youth groups in Gendrassa and the vocational training center focuses programming on young men and women, including prioritized tailoring classes for young women. Gendrassa is also home to Radio Salaam, the only radio station in Maban County. Programming for Radio Salaam is community focused and youth driven; in addition to the station manager and radio operator, the station is run by ten volunteers, half of whom are from the host community and half of whom are refugees. Of these ten, two volunteers are young women.

There is a weekly radio discussion on cultural issues, as well as one for youth and one for children. Humanitarian actors across Maban County also use Radio Salaam to conduct sensitization campaigns related to key issues in the camp, such as health initiatives (for example, a cleft lip surgery campaign) or general awareness and special events (such as promotion of United Nations International Day of Older Persons).

In Gendrassa, Intersos is the child protection actor. In this role, they execute a number of programs that support the needs of vulnerable children. Intersos's main means of working with children at risk is through individual case management. The organization identifies the case, monitors the child, and follows up with him/her or refers him/her to a specialized agency according to his/her needs. To identify potential cases, staff members visit the schools to ask teachers about children who skip school or seem at-risk. The staff members also attend food distribution or other assemblies, as well as the market during school hours to find children who are working.

In addition to individual case management, Intersos also provides targeted material assistance to the following groups: unaccompanied and separated children, cases of recruited children that have to be reintegrated, children at risk of recruitment, disabled children (both physical and mental), children survivors of SGBV, child spouses, child parents, and sick children with chronic diseases.

Additionally, the child protection actors analyze particular situations for potential vulnerability on a case-by-case basis. These can include, for example, children who are working at the market instead of attending school, children of single female-headed households, or children who are abused or neglected. Material assistance has included clothing and undergarments, as well as sanitary materials for girls ages 10-18.

Intersos also works closely with IMC, and the two organizations have established a reporting mechanism for individuals who may require follow-up care or intervention. Both organizations support the physical transportation of sick and disabled children to nearby Gentil hospital as well. MSF provides psycho-social support for vulnerable individuals, including child survivors of traumatic events, such as military recruitment or SGBV. IMC runs targeted supplemental feeding programs for malnourished children, as well as outpatient therapeutic programs to monitor their health. They also ensure that at-risk children are incorporated in camp-wide vaccination campaigns (for example, polio and measles), and that the community health team follows up with specific cases when needed.

## INITIATIVES FOR WOMEN AT RISK IN GENDRASSA

UNHCR and ACTED are working together to develop a new women's committee in Gendrassa. Camp actors will provide workshops for the committee on issues related to women's rights. The committee will be encouraged to discuss sensitive women's issues within the community, such as SGBV, child marriage, or FGM. ACTED has recently assumed the SGBV focal point position and in this new role DRC and UNHCR will transfer active cases. Based on the personal situation and consent of the individual, SGBV survivors have access to medical, legal, security (police involvement or possible relocation), and psycho-social support. The ACTED SGBV team identifies cases, refers them to the necessary agency, monitors the support they receive, and follows up with the individual.

IMC refers SGBV cases to nearby MSF Gentil hospital for medical follow-up and psycho-social support. Pregnant and lactating women who are moderately and severely malnourished receive targeted supplemental feed programs and outpatient therapeutic services with regular follow-up. IMC also offers reproductive health services, both ante-natal and post-natal, where mothers are given specific health education and undergo one-on-one counseling from trained midwives. Special cases receive follow-up visits from the community health team when appropriate.

## INITIATIVES FOR OLDER PERSONS AT RISK IN GENDRASSA

Help Age has reviewed the specific challenges related to older persons in the four camps of Maban County. The organization mobilized groups in each camp to plan special events for United Nations International Day of Older Persons. In addition to special events, Help Age conducted a number of focus group discussions to address the needs of older persons, the results of which will be disseminated in a report. The majority of the report will focus on high level decision making and the need to re-prioritize the humanitarian approach to reach vulnerable groups where the benefits

can be realized by larger numbers of refugees. Specific suggestions for targeted programs to support the needs of older persons include food assistance, both through greater inclusion in livelihoods cultivation projects and supplementary feeding programs to improve nutrition, and improved clothing distribution.

ACTED and Intersos also engage in ad-hoc distribution of non-food items to vulnerable groups. Examples of this include the distribution of clothing donated by the Olympic Committee to over-65 year-olds.

The ICRC, with the support of ACTED's community mobilization team, conducted a special program for unaccompanied older persons to contact their relatives back in Blue Nile. ACTED mobilized the refugees and provided transport to a special location where they were allowed to use a satellite phone to make contact with family members.

IMC provides transportation for older persons to other health facilities when necessary; for example, to Gentil or Bunj Hospitals for referrals. They also refer patients to DRC when protection concerns arise.

### INITIATIVES FOR DISABLED INDIVIDUALS AT RISK IN GENDRASSA

ACTED is piloting a new program that helps to minimize the strain of food ration collection for vulnerable groups. Vulnerable individuals (namely people with physical impairments or older individuals) who do not have a family member capable of transporting their food ration are able to designate a caregiver to retrieve their ration on their behalf. Currently ACTED has a food transport system in place that uses tractors to deliver food for vulnerable individuals. DRC also supports attention to vulnerable individuals during food distribution.

IMC provides transportation for disabled individuals to other health facilities when necessary; for example, to Gentil or Bunj Hospitals for referrals. They also refer patients to DRC when protection concerns arise. Mental health patients receive curative care as necessary and follow up with the community health team when appropriate.

### INTEGRATED INITIATIVES FOR VULNERABLE GROUPS IN GENDRASSA

The ACTED camp management team recently initiated a reporting mechanism at the centrally-located community center. A trained staff member assists refugees each weekday afternoon with a variety of issues. The goal of the reporting mechanism is threefold: it serves as an information point regarding services available in the camp; it collects reports on incidents and infrastructure that require attention; and it receives complaints related to camp services and other issues. Two days each week a woman will be present to receive sensitive reports. In the case of an emergency, the appropriate partner must respond to the report within 48 hours. In non-urgent cases, there is a ten-day response time. The initiative, which began one month ago, has yet to gain traction but partners are optimistic.

Throughout Maban County, the ICRC works on family tracing and reuniting individuals across the border in Sudan. The organization works in partnership with the South Sudan Red Cross (SSRC) and with other National Societies (for example the Sudanese Red Crescent Society) to ensure that family members who are separated are able to find out the whereabouts of their loved ones and restore contact with them. Family links are restored and maintained through phone calls and Red Cross Messages (containing only family news). They are also supported through tracing of family members (i.e. tracing of parents of all unaccompanied children and of vulnerable separated children when needed or efforts to locate children on behalf of parents looking for them), as well as family reunifications if requested by both sides and appropriate. Moreover, the ICRC in Maban County promotes knowledge of and respect for International Humanitarian Law among the political and military authorities, armed groups, and civil society. In all these activities, the ICRC pays particular attention to vulnerable individuals and groups.

DRC conducts general protection activities in all camps. In this role, they conduct household protection monitoring visits to assess gaps in services and security incidents. DRC also supports UNHCR in the registration and screening exercises

of vulnerable individuals, and they provide individual protection assistance to persons with special needs based on this screening or on referrals from agencies. They conduct trainings in protection principles and actors in the camp as well as trainings in conflict management education and support for conflict resolution mechanisms between the refugees and the host community. DRC also follows and refers cases of violence between refugees and host community members, or cases of domestic violence. The organization meets with families who have lost their shelters in a fire or have no shelter, and they process these referrals to UNHCR and distribute tents.

## V. CONCLUSION

Vulnerable refugees, namely children at risk, women at risk, older persons at risk, and disabled individuals, may face new challenges as a result of their displacement. This report uses data from the UNHCR Biometric Registration on vulnerable individuals in the refugee camps in Maban County. The analysis herein has sought to introduce readers to the challenges that vulnerable individuals face in Gendrassa, as well as the targeted services they may access in the camps. The maps of children at risk, women at risk, older persons at risk, and disabled individuals at the sheikh level can be used by humanitarian actors in the camp to target services and improve camp infrastructure to accommodate the special needs of these individuals.

In Gendrassa, where many of the key service delivery points are in the center of the camp, many of the vulnerable individuals are concentrated on the western and eastern edges of the camp. While the central location of the clinic, protection actor, community center, and the food distribution site are convenient for most of the population, camp actors must ensure that their outreach programs target the communities on the edges of the camp. This outreach is particularly necessary for the sheikh in the northwest, with a high number of vulnerable individuals, particularly women at risk and disabled individuals. Several organizations in Gendrassa overcome these challenges by providing transportation or outreach services for vulnerable individuals, as outlined in the initiatives section of this report.

As the humanitarian context in Maban County stabilizes and shifts out of the emergency phase, the humanitarian community should make every effort to improve access to services for these vulnerable individuals.

**REACH** is a joint global initiative by ACTED, IMPACT and UNOSAT and its main goal is to enhance the humanitarian community's planning and decision-making capacity through collection and processing of humanitarian data in humanitarian emergencies and during recovery all the way through development. REACH works within the framework of the humanitarian reform, systematically partnering with clusters and inter-cluster initiatives and promoting interagency assessments as well as synergies between various humanitarian stakeholders. For more information about REACH, visit: [www.reach-initiative.org](http://www.reach-initiative.org) and you can also write to: [geneva@impact-initiatives.org](mailto:geneva@impact-initiatives.org).



Humanitarian Aid and Civil Protection



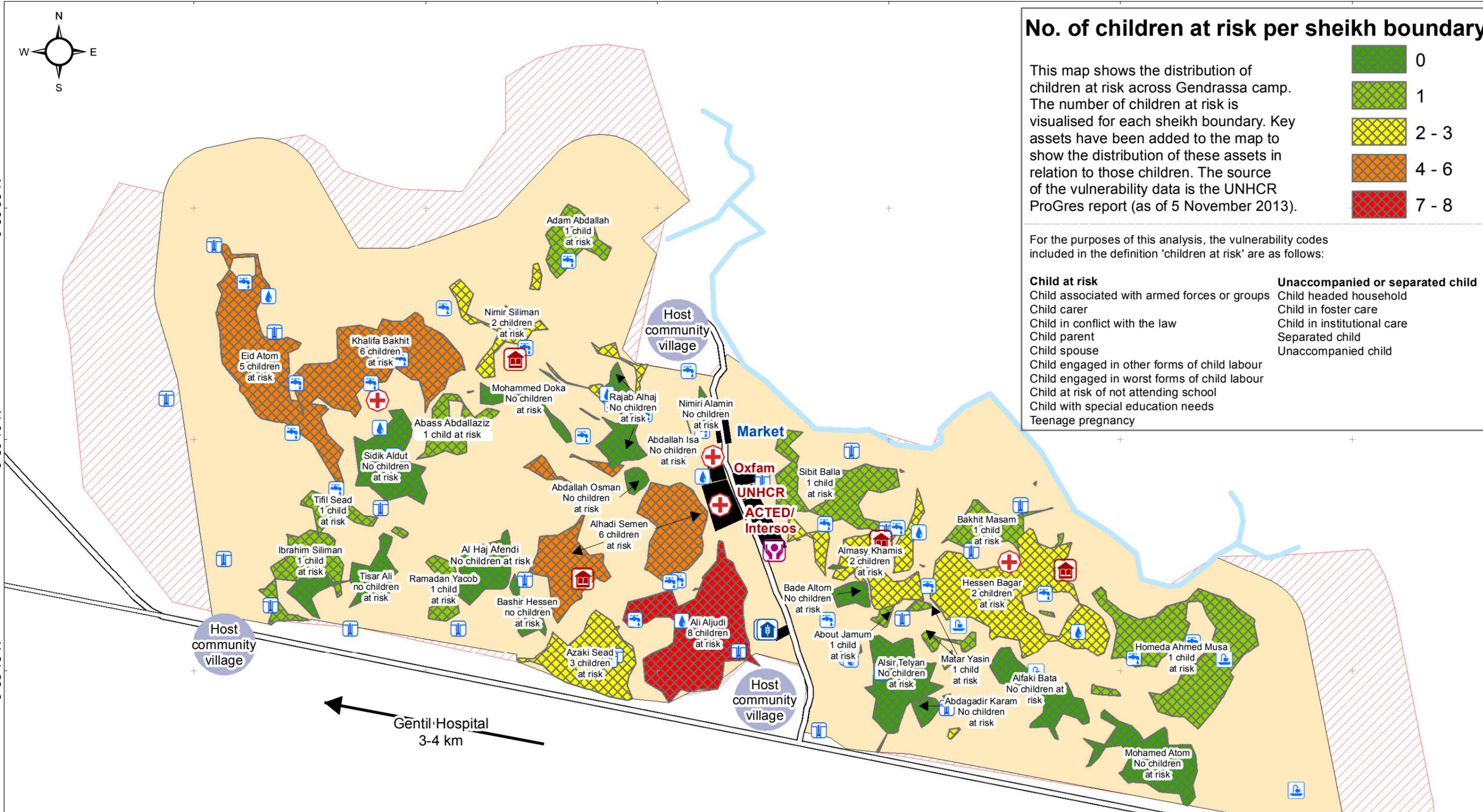
Funding provided by the United States Government



# Refugee Response in Upper Nile, South Sudan

## Distribution of children at risk in Gendrassa camp

For internal use only.  
Contains sensitive vulnerability data  
Production date: 07 November 2013



**Assets**

	Protection		Food Distribution		Borehole
	Gendrassa Schools		Clinic		Hand Pump
	Tap Stand		Storage		

**Structures**

	Village		Structures
	Road		Extended Camp Boundary
	River		Original Camp Boundary

NB: The labels on the map list the sheikh name followed by the number of children at risk within that particular sheikh boundary. Arrows are used for clarity to show which boundary is covered by each sheikh.

**Data Sources:**  
Boundaries & Infrastructure - ACTED/REACH;  
Vulnerability data: UNHCR ProGres (Nov 2013);  
Contact: reach.mapping@impact-initiatives.org

**Note:** Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners mentioned on this map.

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Coordinate System: WGS 1984  
File: SSD\_Gendrassa\_CCM\_ChildrenatRisk\_07Nov2013\_A3L



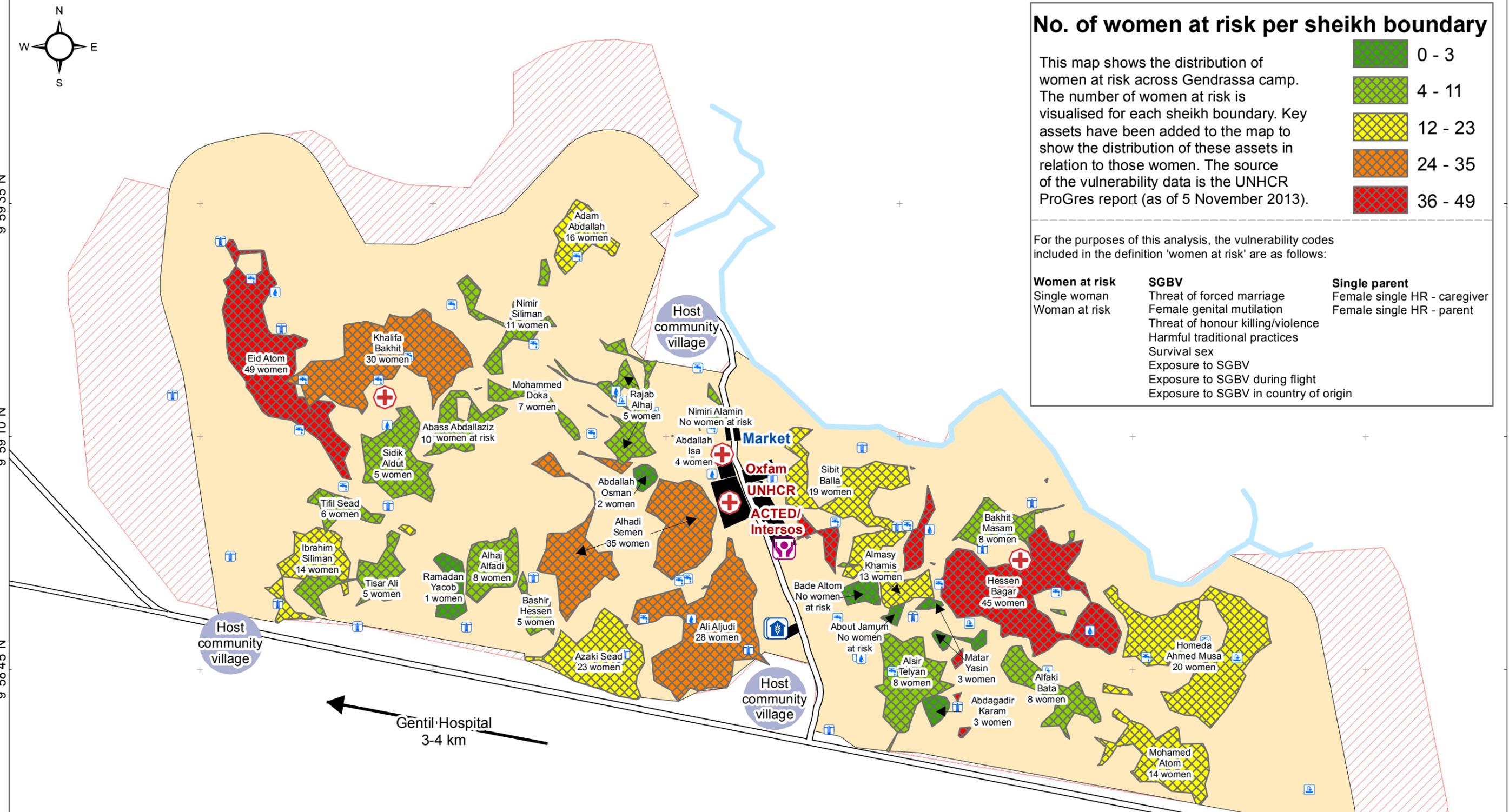
# Refugee Response in Upper Nile, South Sudan

## Distribution of women at risk in Gendrassa camp

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Contains sensitive vulnerability data  
Production date: 07 November 2013

Humanitarian Aid and Civil Protection

Funding provided by the  
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**Assets**

Protection	Food Distribution	Borehole
Clinic	Tap Stand	Hand Pump
		Storage

**Map Symbols:**

Village	Structures
Road	Extended Camp Boundary
River	Original Camp Boundary

NB: The labels on the map list the sheikh name followed by the number of women at risk within that particular sheikh boundary. Arrows are used for clarity to show which boundary is covered by each sheikh.

33°37'5"E      33°37'30"E      33°37'55"E

**Data Sources:**  
Boundaries & Infrastructure - ACTED/REACH;  
Vulnerability data: UNHCR ProGres (Nov 2013);  
Contact: reach.mapping@impact-initiatives.org

*Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners mentioned on this map.*

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Coordinate System: WGS 1984  
File: SSD\_Gendrassa\_CCM\_WomenAtRisk\_07Nov2013\_A3L

**Meters**  
0      250      500      1,000



# Refugee Response in Upper Nile, South Sudan

## Distribution of older persons at risk in Gendrassa camp

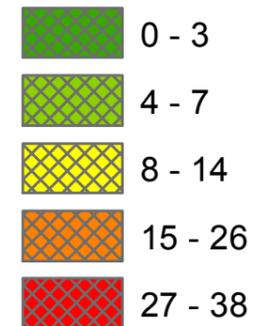
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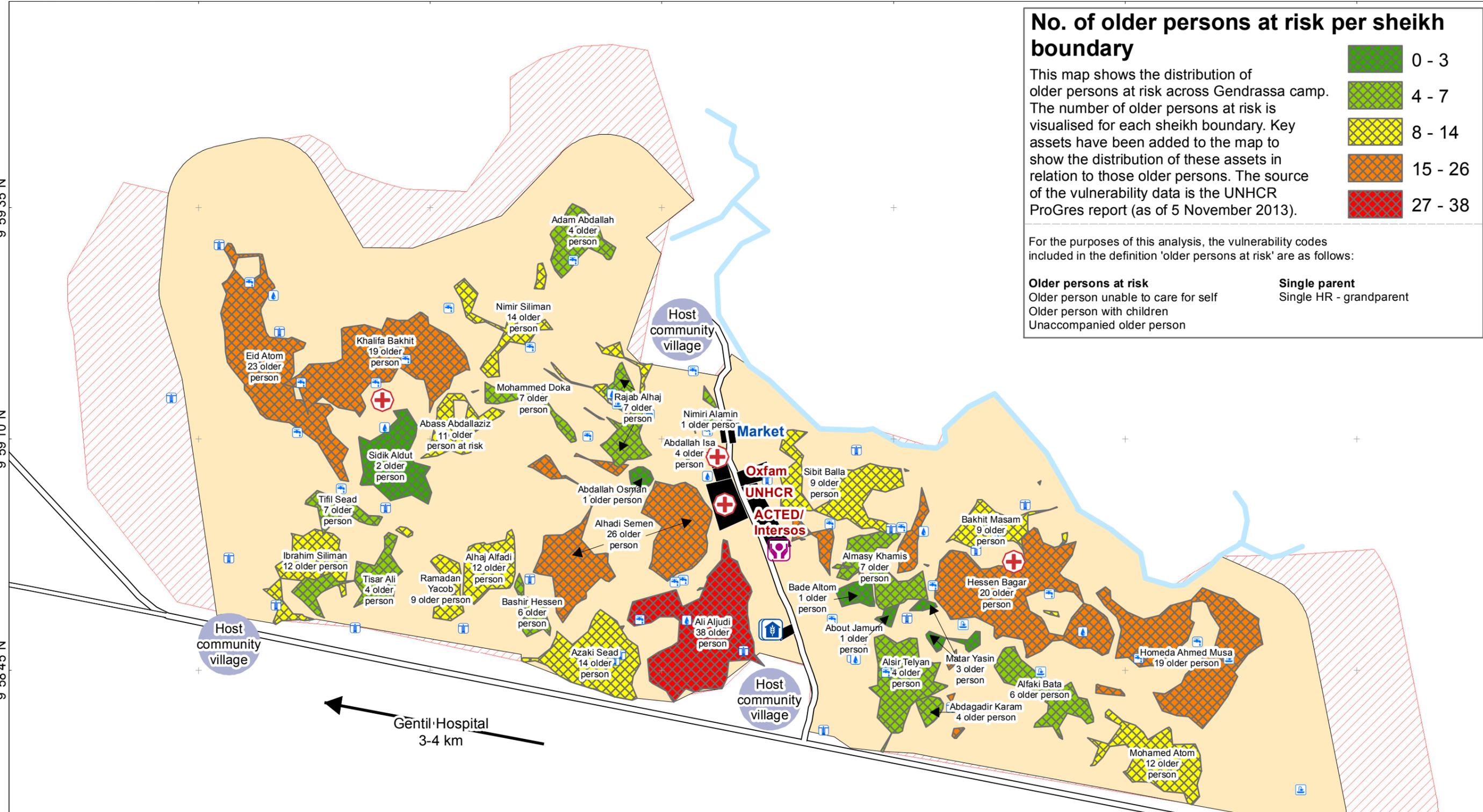
### No. of older persons at risk per sheikh boundary

This map shows the distribution of older persons at risk across Gendrassa camp. The number of older persons at risk is visualised for each sheikh boundary. Key assets have been added to the map to show the distribution of these assets in relation to those older persons. The source of the vulnerability data is the UNHCR ProGres report (as of 5 November 2013).



For the purposes of this analysis, the vulnerability codes included in the definition 'older persons at risk' are as follows:

- |                                      |                         |
|--------------------------------------|-------------------------|
| <b>Older persons at risk</b>         | <b>Single parent</b>    |
| Older person unable to care for self | Single HR - grandparent |
| Older person with children           |                         |
| Unaccompanied older person           |                         |



	<b>Assets</b>		<b>Food Distribution</b>		<b>Borehole</b>
	<b>Protection</b>		<b>Clinic</b>		<b>Hand Pump</b>
			<b>Tap Stand</b>		<b>Storage</b>
	<b>Village</b>		<b>Structures</b>		
	<b>Road</b>		<b>Extended Camp Boundary</b>		
	<b>River</b>		<b>Original Camp Boundary</b>		

NB: The labels on the map list the sheikh name followed by the number of older persons at risk within that particular sheikh boundary. Arrows are used for clarity to show which boundary is covered by each sheikh.

Data Sources:  
Boundaries & Infrastructure - ACTED/REACH;  
Vulnerability data: UNHCR ProGres (Nov 2013);  
Contact: reach.mapping@impact-initiatives.org

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Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners mentioned on this map.

Coordinate System: WGS 1984  
File: SSD\_Gendrassa\_CCM\_OlderPersonAtRisk\_07Nov2013\_A3L





Humanitarian Aid and Civil Protection



Funding provided by the United States Government



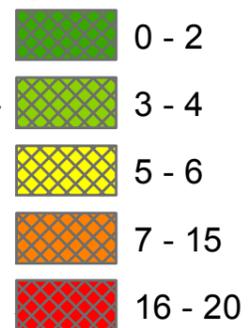
# Refugee Response in Upper Nile, South Sudan

## Distribution of people with disabilities in Gendrassa camp

For internal use only.  
Contains sensitive vulnerability data  
Production date: 07 November 2013

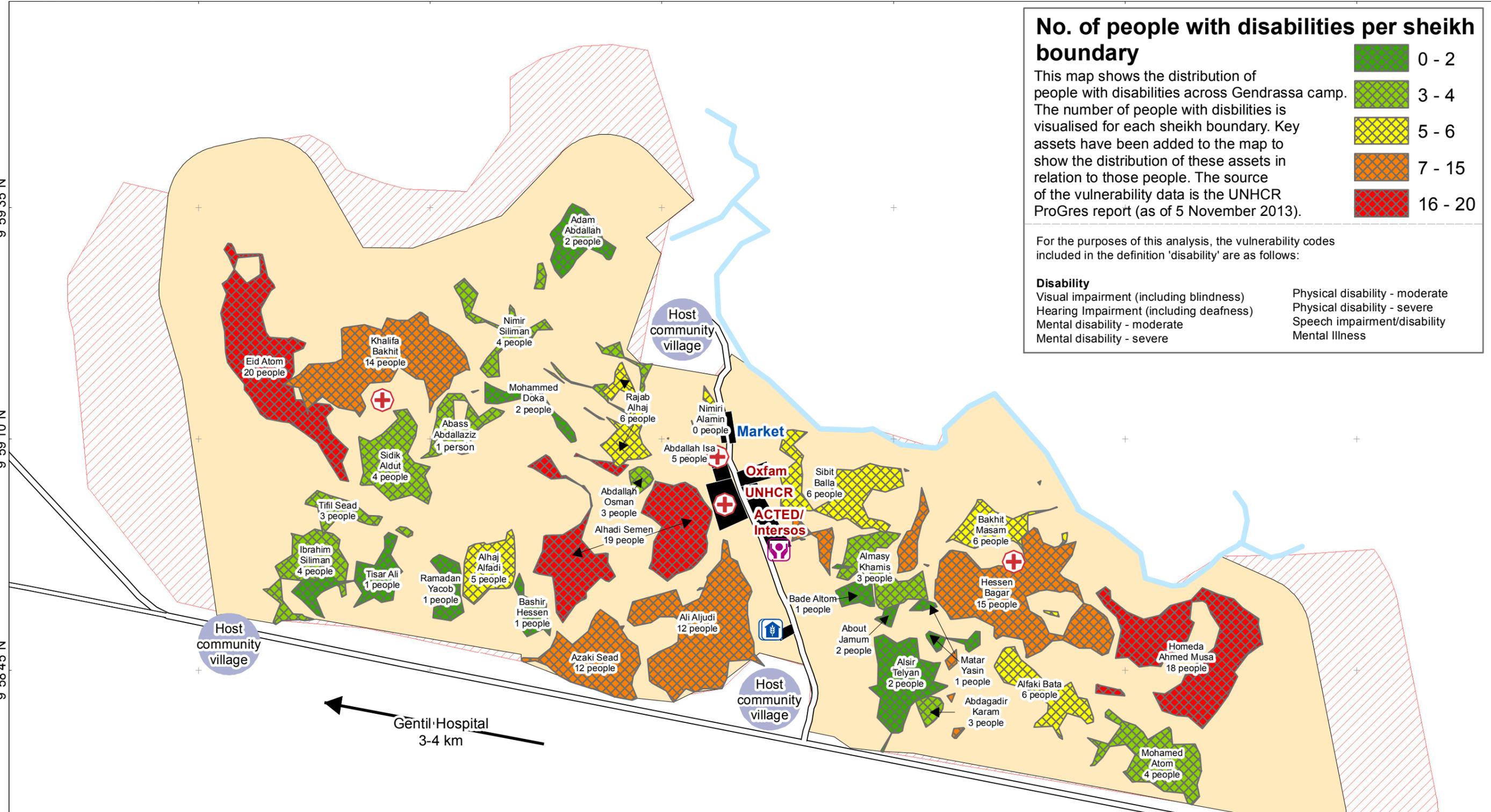
### No. of people with disabilities per sheikh boundary

This map shows the distribution of people with disabilities across Gendrassa camp. The number of people with disabilities is visualised for each sheikh boundary. Key assets have been added to the map to show the distribution of these assets in relation to those people. The source of the vulnerability data is the UNHCR ProGres report (as of 5 November 2013).



For the purposes of this analysis, the vulnerability codes included in the definition 'disability' are as follows:

<b>Disability</b>	
Visual impairment (including blindness)	Physical disability - moderate
Hearing Impairment (including deafness)	Physical disability - severe
Mental disability - moderate	Speech impairment/disability
Mental disability - severe	Mental Illness



	Protection		Food Distribution		Borehole
	Clinic		Tap Stand		Hand Pump
	Village		Structures		Storage
	Road		Extended Camp Boundary		
	River		Original Camp Boundary		

NB: The labels on the map list the sheikh name followed by the number of people with disabilities within that particular sheikh boundary. Arrows are used for clarity to show which boundary is covered by each sheikh.



33°37'5"E      33°37'30"E      33°37'55"E

Data Sources:  
Boundaries & Infrastructure - ACTED/REACH;  
Vulnerability data: UNHCR ProGres (Nov 2013);  
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Coordinate System: WGS 1984  
File: SSD\_Gendrassa\_CCM\_Disabilities\_07Nov2013\_A3L

