



Emergency Response Team:
Health, Nutrition & WASH
Assessment Report
Owechi payam, Panyikang County
Upper Nile

Specific Activity		
To complete a multi-sector needs assessment of the population in Owechi, Alaki, Pakang, Pakwar and Nyilwak in Panyikang County using the Initial Rapid Assessment tool (IASC) and to determine the feasibility of restoring essential health services to the affected community.		
Specific locations	Region	Airstrips coordinate's;
Patugo, Lello, Pabak and Throuro bomas, Owechi payam	Panyikang County, Upper Nile State	There is no airstrip; access is via tributary River Lol from Malakal town. <i>Malakal airport Coordinates:</i> <i>N 09° 33'32"</i> <i>E 031° 39'08"</i>
Dates of activity		
11 th and 12 th September 2014		
Demographic Data		
Panyikang County has been identified by OCHA as one of the top 10 priority locations for assessment in a hard to reach area. Access to Panyikang has been restricted since fighting in Tonga and the surrounding area in April/May 2014. Although much of the population fled due to the conflict, it has been reported that IDPs are returning to the area and the current population has not been assessed for needs related to health, nutrition, WASH or NFI.		
Medair team	Counterparts	Others
Wani Michael – Health Manager Eunice Kavoi—Health Manager Alex Wafula—ERT WASH team leader Nicholas Chege-Nutritionist	Sister Elena Belatti- Comboni Catholic Missionary. James Awad Deng- CHD Panyikang county. Father Angelo Makwoj- Malakal Catholic dioceses	David Okwach- Commissioner office manager

Summary of Objectives	Outputs Achieved
1. Meet with the Commissioner of Panyikang County and SPLA Malakal to share assessment plans, determine route and secure access to the assessment locations	The assessment team met with James Awad (CHD), SMOH Deputy General for Upper Nile state, Commissioner of Panyikang county, SPLA chief and SRRC representative to share information about the planned assessment of Panyikang county and to receive information on security and the route via the tributary River Lol.
2. Discuss and finalize assessment objectives with Panyikang County Health Director, Cordaid, the Sisters of Comboni, and request their participation.	Sister Elena of Comboni and James Awad (CHD Panyikang county) were consulted regarding assessment objectives and joined the assessment. No Cordaid staff on ground in Malakal.
3. Complete multi-sector assessment to Owechi and Alaki (day trip from Malakal)	On 11 th and 12 th September 2014 James Awad (CHD Panyikang county), sister Elena, Father Angelo (Malakal catholic Diocese), David (Office manager-Commissioner office) and Medair team travelled from Malakal to Owechi for multi-sector assessment. The team was unable to assess areas beyond Owechi payam, including Alaki based on security recommendations of local authorities.
4. Determine feasibility and if possible complete multi-sector assessment to Pakang, Pakwar and Nyilwak (overnighting in Pakwar).	After discussion with UNOCHA, UNDSS and MLO in Malakal about possibility of accessing Pakang, Pakwar and Nyilwak (overnighting in Pakwar) for multi-sector assessment it was determined it was not possible due to insecurity and military presence in that area. UNDSS security assessment has yet to be done.
5. Meet local community leaders and health staff in assessment locations for key informant interviews and community mapping.	Local leaders and authority in Owechi Payam briefed the team about the area and assisted in community mapping. Security clearance not attained for the other areas; Alaki, Pakwar, Pakang and Nyilwak.
6. Use IASC's IRA or IRNA tool to assess health, nutrition, WASH and NFI needs	The team used the IRNA tool.
7. Assess any WASH infrastructure in the area, and comment on the appropriateness of rehabilitating it and what materials/skills would be needed and whether this is available locally or would need to be brought to the location. Note the GPS locations of any WASH infrastructure.	WASH infrastructure (water filters in the market and school compound) was destroyed during violence and is not operational. People are fetching water direct from the river for drinking, cooking and other household use. On average, the river is approximately 200 metres from the villages.
8. Complete rapid MUAC screening of children 6mths to 59 months and pregnant and lactating women (PLW) in assessment locations.	Rapid MUAC screening of children 6-59 months and pregnant/lactating mothers was done. Exhaustive sampling was done because the households were few. The results were as shown in the table below:

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	<p><i>MUAC results for children 6 to 59 months.</i></p> <table border="1"> <thead> <tr> <th>Nutrition status</th> <th>MUAC cut off point</th> <th>Number of children</th> </tr> </thead> <tbody> <tr> <td>Well nourished</td> <td>>12.5cm</td> <td>46</td> </tr> <tr> <td>Moderately malnourished</td> <td>11.5 to 12.4cm</td> <td>2</td> </tr> <tr> <td>Severely malnourished</td> <td><11.5cm</td> <td>0</td> </tr> <tr> <td>Oedema</td> <td></td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>48</td> </tr> </tbody> </table> <p><i>MUAC results for Pregnant and Lactating women</i></p> <table border="1"> <thead> <tr> <th>Nutrition status</th> <th>MUAC cut off point</th> <th>Number of PLW</th> </tr> </thead> <tbody> <tr> <td>Well nourished</td> <td>>23.0cm</td> <td>36</td> </tr> <tr> <td>Moderately malnourished</td> <td>21.0 to 23.0cm</td> <td>1</td> </tr> <tr> <td>Severely malnourished</td> <td><21.0cm</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>37</td> </tr> </tbody> </table>	Nutrition status	MUAC cut off point	Number of children	Well nourished	>12.5cm	46	Moderately malnourished	11.5 to 12.4cm	2	Severely malnourished	<11.5cm	0	Oedema		0	TOTAL		48	Nutrition status	MUAC cut off point	Number of PLW	Well nourished	>23.0cm	36	Moderately malnourished	21.0 to 23.0cm	1	Severely malnourished	<21.0cm	0	TOTAL		37
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<p>9. Assess access to Primary Health Care for affected population; facilities, services, staff availability and capacity, medicine and health supplies and surveillance.</p>	<p>In Owechi there is a PHCC building but no health services or health care workers on ground. The PHCU has been looted and no medical or drug supplies remain. Malaria, acute watery diarrhoea (AWD), acute respiratory infections (ARIs) and skin infections were reported as the main health problems. Patients have travelled to Malakal POC for health care services, this takes approximately 4 hours by canoe and costs 50ssp. Locals report that many do not access care in Malakal due to fear of traveling by river and the cost.</p>																																	
<p>10. Review and continue to monitor security information through communication with local authorities in Malakal and actors on the ground.</p>	<p>Security information was reviewed through communication with local authorities in Malakal and actors on the ground.</p>																																	

Summary of Findings	Recommendations	Follow up
General findings		
<p>In Owechi payam the community on ground were returnees who had fled to the UNMISS POC in Malakal or to Wau Shilluk after fleeing from their homes in earlier 2014 due to insecurity. A high number of tukuls were burned.</p>	<p>Registration should be done to ascertain the accurate population figures of the community.</p>	<p>Actors/agencies proposing to respond in the area</p>
<p>According to the head chiefs and elders of Owechi payam there are approximately</p>		

Summary of Findings	Recommendations	Follow up
<p>120 households (average of 720 individuals) have returned to their homesteads. There are six bomas: Patugo, Lello, Pabak, Throuro, Dewour and Aleal of which the assessment team visited four. They were unable to access Aleal and Dowuor due to swamps and the chiefs reported few individuals have returned to these two Payams.</p>		
Health		
<p>Currently, there are no PHC services available in Owechi payam. Patients have to go to UNMISS POC health facility in Malakal for services. Prior to the conflict, there was a functioning PHCC with primary health care services, ANC and delivery services, with the following staff: 2 clinical officers, 2 nurses, 1 lab technician, 1 midwife, 2 EPI staff, and 1 traditional birth attendant. Currently, no health or PHC support staff was found in Owechi. It was reported that health staff fled to the UNMISS POC and to Wau Shilluk.</p>	<p>Re-establish PHC services to the affected community</p>	<p>SMOH/CHD/ Catholic Diocese of Malakal/Health Partner</p>
<p>No health staff were on ground; however key informants report the main diseases to be: malaria, acute watery diarrhoea, acute respiratory infections and skin infections. Three births and two deaths were reported within the last week in the community. They report ten deaths from unknown causes since June. People rarely go to Malakal to seek health services even when sick due to the cost of the trip (50 ssp), the length of the trip (4 hours) and fear of traveling by river.</p>	<p>Follow-up/Recruitment and refresher trainings of the PHCC is staff required.</p>	<p>SMOH/CHD/ Catholic Diocese of Malakal/Health Partner</p>
<p>The Owechi PHCC, which is supported by the Catholic Diocese of Malakal, was looted of all the drugs, vaccines, equipment, EPI refrigerator, cool boxes, vaccine carriers, Solar Panel, power generator and all hospital mattresses.</p>	<p>Re-equip/ restock the essential drugs, vaccines and medical supplies, restoration of the EPI equipment.</p>	<p>SMOH/CHD/ Catholic Diocese of Malakal/Health Partner</p>
<p>The PHCC compound is muddy and in swampy area but the building and fence are in good condition, with the exception of some doors and windows that are either broken or destroyed. A new PHCC ward under construction by Cordaid was not destroyed.</p>	<p>Rehabilitation/repair of the destroyed windows, doors and locks. Continue construction of PHCC ward when possible.</p>	<p>SMOH/CHD/ Catholic Diocese of Malakal /Cordaid</p>

Summary of Findings	Recommendations	Follow up
Food and Nutrition		
<p>The rapid MUAC assessment of 6-59 months children and Pregnant and Lactating women did not find high malnutrition levels. This may be attributed to food distributions received receiving in Malakal POC and Wau Shilluk before they returned and the availability of green vegetables and fish. There is no community management of acute malnutrition, micronutrient supplementation program and general food distribution.</p>	<p>When the health services resume micronutrient supplementation and MUAC screening to be done daily at facility level to monitor and guide on the nutritional status of under five years children and PLW women.</p>	<p>SMOH/CHD/ Catholic Diocese of Malakal/Health Partner</p>
Food security and Livelihood.		
<p>The amount of food they are consuming now has decreased since crisis began. On average the food stock in the households can last for 1 to 2 weeks, this includes: cereals, pulses/legumes and oils/fats.</p> <p>The coping mechanism they are using is borrowing food from friends or relatives, consuming one meal per day and food stock received from WFP in Wau Shilluk.</p> <p>The main food normally consumed by the population in order of importance is;</p> <ol style="list-style-type: none"> 1. Sorghum. 2. Fish. 3. Wild green vegetables. 4. Green maize 5. Oil. <p>The access to food commodities is from;</p> <ol style="list-style-type: none"> 1. Sorghum -relief from WFP 2. Green maize -own production 3. Fish - fishing. 4. Wild vegetables - collecting 5. Oil - relief from WFP 6. Green Vegetables-own production <p>Current source of livelihood is Agriculture/small scale cultivation, fishery, selling of natural's resources (charcoal) and relief food from humanitarian NGOs.</p>	<p>The priorities expressed by the population concerning livelihood and food security include;</p> <ol style="list-style-type: none"> 1. Provision of fishing nets or hooks because the ones they had were all looted. 2. Provision of seeds for planting 3. Farming tools 	<p>Food Security and Livelihood Partner</p>
NFI		
<p>Over 50 households were visited. Few had utensils, claiming that most of their property was destroyed when their houses were destroyed in December 2013. Most had only one jerry can for collecting water, small cooking pots and a few plates. Tukuls had leaking roofs.</p>	<p>Distribution of NFI kits (water containers, cooking pots, blanket, tarpaulin, mats, mosquito nets and utensil). As some of the households have been in the Malakal PoC and in Wau Shillouk, they may have received NFIs during distributions there.</p>	<p>NFI Partners</p>

Summary of Findings	Recommendations	Follow up
<p>Based on the population figure given by the Chief, there are approximately 120 households in the Owechi payam (approximately 720 persons).</p>		
<p>WASH and sanitation</p>		
<p>WASH</p>		
<p>Water filters built by World Vision were destroyed last year December 2013. Currently community is using water direct from the river for drinking and household purposes.</p> <p>Market water filter: N 9° 25' 43.0" E 31° 34' 28.2" Main structure vandalized, two taps broken not working</p> <p>School water filter: N 9° 26' 04.4" E 31° 34' 42.1"</p> <ul style="list-style-type: none"> • Taps broken size ½" • Top cover. Dirty • Sand dirt. 	<p>Rehabilitation of water filters to pre conflict state</p>	<p>WASH partners</p>
<p>SANITATION</p>		
<p>During the December conflict, the opposing forces destroyed whatever came their way. People living here were using latrines, although as usual there are those who practice open defecation along the paths, noting heavy bushes around the boma. When traversing through the boma most tukuls seemed to have latrines which are now filled up and/or abandoned, some are still operational.</p>	<p>Whilst some sanitation needs are noted, the population is small and population density low, this location does not currently warrant an emergency response. The community should construct more latrines and may benefit from some facilitation, from a partner with a development mandate.</p>	<p>Community/ Development WASH partners</p>
<p>The PHCC has good still new latrines but doesn't have doors. Latrines status good. Main latrine with bathroom: N 9° 26' 01.1" E 31° 34' 33.0</p> <p>Staff latrine: N 9° 26' 01.2" E 31° 31' 31.8"</p> <p>Operational latrines built from local materials: N 9° 25' 41.0" E 31° 34' 22.8"</p> <p>Filled up latrines:</p>	<p>PHCC is not currently functioning, but when it is rehabilitated then latrines doors should also be added.</p>	<p>Agency implementing Health project</p>

Summary of Findings	Recommendations	Follow up
<p>N 9° 25' 50.5" E 31° 34' 31.3</p> <p>School latrines for pupils collapsed during heavy rains: N 9° 26' 05.8" E 31° 34' 40.1" Teacher's latrines are ok. N 9° 26' 06.4" E 31° 34' 41.0"</p>		
<p>Education</p>		
<p>The school structure is still intact but the doors and windows were looted and also the latrines facility has collapsed due to heavy rain. The school is not operational</p>	<p>Repair of doors and windows.</p>	<p>Education Partner</p>

Report Written by	Date written	Results
<p><i>Wani Michael-ERT Health manager.</i></p> <p><i>Eunice Kavoi-ERT Health Manger.</i></p> <p><i>Alex Wafula-ERT WASH team leader.</i></p> <p><i>Nicholas Chege-ERT nutritionist.</i></p>	<p>Report written on: 16th September 2014.</p>	<ul style="list-style-type: none"> • No Primary Health Care services are available in Owechi payam. There are currently, no disease outbreaks reported, yet the area lacks access to health care. • Rapid MUAC assessment of children 6-59 months found no children with MUAC <11.5cm and just 2 of 48 children had MUAC <12.5cm, indicating moderate acute malnutrition. Only 1 of 37 PLW screened had MUAC <23cm indicating moderate acute malnutrition. • Community in this area gets water directly from the river which is not safe for drinking. Very few homesteads have latrines, the majority of the community use open defecation. • When the community in this area was displaced due to conflict, many homes and most household items were lost or destroyed. <p>Recommendations;</p> <ul style="list-style-type: none"> • Re-establish primary health care services. • Registration of beneficiaries and distribution of NFI kits following verification of needs. • Distribution of WASH kits water purification sachets and water containers. • Health & Hygiene Promotion • Distribution of fishing nets, fishing nets/hooks and farming tolls/seeds.

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Humanitarian Aid and Civil Protection



The Common Humanitarian Fund
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