



## **Floods, food security and Covid-19 pandemic, health and Refugees and returnees situation in South Sudan**

South Sudan is experiencing severe flooding for the third consecutive year 2019 to 2021. Flooding has affected more than 800,000 people and displaced over 365,000 since May, causing widespread damage to livelihoods, houses, schools, health facilities, and displacing thousands of families. Eight of the country's 10 states are affected with Jonglei and Unity State the worst hit. Rains are expected to continue for the remainder of the year, with an anticipated increase in the number of people affected and needing humanitarian assistance. Many families have set up makeshift camps along highways and embankments where they are living in the open with minimum cover from the rain, heat, mosquitos, and limited access to food and drinking water. Floods have contaminated water sources and destroyed both health and WASH facilities making sanitation and disease containment more difficult. To complicate matters, COVID-19 continues to spread, though humanitarian organizations such as Hope Restoration are conducting awareness raising campaigns to the affected population especially during NFIs distribution. Incidences of snake bites, malaria and outbreak of water-borne diseases such as cholera have increased due to the flooding and poor sanitation. Of particular concern is the safety of IDPs living in Protection of Civilian (PoCs) and Temporary protection Area (TPA) sites.

As per 2<sup>nd</sup> August 2021, there were reported 11,063 confirmed cases of Covid-19 in South Sudan, with 119 Covid-19 related deaths. By 25<sup>th</sup> July 2021, a total of 56,989 vaccine doses had been administered, with recovery of 10,514 individuals. South Sudan imports considerable quantities of cereals and other foods from neighbouring countries such as Uganda and Sudan. Recent COVID-19 related border closures and prevention and control measures in Uganda have led to the disruption of commercial supply chains, severely slowing commercial traffic and limiting road and

river entry points into the country. Humanitarian supply chains are also being affected by these same slowdowns.

The protracted political crisis, outbreaks of sub-national inter-communal violence and natural disasters, such as severe flooding, have left 1.7 million South Sudanese internally displaced across all 78 counties. Conditions are not conducive for promoting or facilitating voluntary repatriation in safety and dignity to South Sudan due to ongoing pockets of armed conflict and human rights violations. This is despite the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) by the warring parties in September 2018 and the formation of the Transitional Government of National Unity in February 2020. About 80% of the population lives in rural areas and a large part is dependent on subsistence agriculture and humanitarian assistance. The consecutive floods, economic downturn, civil insecurity, and the effects of COVID19 have exacerbated an already fragile situation. It's estimated that 7.2 million people or 60% of the total population were already food insecure before the impact of the floods. Between January and June 2021, DTM reported on 268 spontaneous and 11 organized instances of population movement comprising of 411,105 IDPs (82%) and 90,764 returnees (18%) across ten states and Abyei Administrative Area. Localized conflict accounted for most displacement (60%), while further 20 per cent was the result of national disaster (flooding). Forty-four per cent of the IDPs were displaced by localized conflict to locations in Warrap, and 10 per cent in Upper Nile.

Access to health services with a limited number of health care workers, facilities, and supplies, poor roads and a lack of transport, and cultural beliefs produced some of the worst health indicators in the world. Around 75 per cent of all child deaths are due to preventable diseases, such as diarrhea, malaria and pneumonia. South Sudan is one of the countries with the lowest rate of vaccination against COVID-19 in the world – just 1.3% of the population have had one dose and 0.3 both jabs. Poor access to health services, a limited number of health workers and lack of access to health services have produced some of the worst health indicators in the world, with a child mortality rate of 96 deaths per 1,000 live births.

In conclusion, both Livelihoods activities of men and women have been affected as a result of the flooding. Women no longer collect firewood, thatching grass, engage in manual labor, make sitting mats or collect gravels and sand for construction. There is no any viable income sources for both gender. Many areas have been flooded making access difficult even to market. Most basic services have been affected especially school which is no longer functioning due to COVID-19 lockdowns. Health services are available but limited supply of mosquito nets and also access is difficult to some health centers due to flooding situation. There is no longer food supply in the houses and market is out of reach due to lack of purchasing power. Agencies carrying out protection activities have been overwhelmed by the increased needs of support by the affected individuals mainly women and girls. GBV cases are on the rise in areas of Kanhial and Maluak due to the recent cattle raids and flooding. The elderly, chronically ill individuals, female headed households, child headed households and those with protection needs have been severely affected by the disaster which has continued to date. There is need for humanitarian assistance in order to save lives and alleviate suffering of women, girls, boys and men. Due to congestion, increased poverty and stress created by the crisis, GBV cases are on the rise in most parts of the affected locations.

### **Recommendations**

- Construction of temporary structures for girls and women friendly spaces in the displacement's sites
- Assist the most vulnerable household and individual to relocate to higher grounds areas
- Immediate community support to persons living with disability through existing community-based protection network (CBPN)
- Distribution of solar lamp, to prevent the rising number of snake bites reported by health workers and also to prevent occurrences of GBV cases that might occur at night hours.
- There is need to start profiling and registration of children especially the unaccompanied and separated children and provision of interim care to unaccompanied minors to safeguard their safety by the CP partners in the area.
- Family tracing and reunification services. There is need to fund child protection services so as to establish and strengthen child protection committees to monitor child protection incidents and report to the relevant organizations that deals with protection.

- Health partner supporting Guit PHCC need to conduct training to the health staff on clinical management of rape and treatment other GBV survivors related condition.
- Need to engage government authority on the safety of health staff providing the services both at night and daytime. Provision of essential drugs as the in charge reported the existing stock will finish in the next 3 weeks and accelerate its prevention.
- Supporting the health partners on ground with funding to scaled up their services
- Disseminate COVID-19 prevention key messages to the displaced population.
- Immediate provision of water purifiers for household water treatment (aqua tabs, and filter cloths)
- Distribution of emergency kits WASH-NFI (water container, soap) to the affected community
- Hygiene message for safe waste disposal (human wastes) and jerry can clean topics are immediate needs in the area.
- Once the flood water subsides, detail assessment and verification of borehole data is recommended
- Plastic sheets to be provided due to the deplorable situation of the houses and the IDPs so that they can be able to erect new tukuls or revamp the existing ones
- Need for mosquito nets due to prevalence of mosquitoes in the areas which has been one of the major causes of death due to malaria hence these households need the items in order to prevent the spread of malaria.
- Build community resilience through farming by provision of farm inputs including seeds, tools and trainings
- Enhance a well-coordinated Refugee and IDPs returnees monitoring through registration and re-integration.