Introduction

Following the outbreak of violence in Juba on 8 July 2016 between government and opposition affiliated armed groups, fighting has spread throughout most of South Sudan's Greater Equatoria region. As of 15 November 2016, conflict is still ongoing, and over 309,899 people have now fled to neighbouring countries. While the total number of internally displaced persons (IDPs) is still unclear, initial estimates suggest that hundreds of thousands more have fled to remote areas with limited access to services due to the continued presence of armed groups.

While previous assessments have shown Uganda to be the most preferred location for South Sudanese refugees, insecurity along major roads and the presence of armed groups has made it increasingly dangerous for IDPs to cross as refugees into Uganda. In response, many people have reportedly begun to make their way easy to Kakuma Refugee Camp in Kenya since mid-August. However, as of 13 November, only 7,562 new arrivals have been registered in Kakuma, highlighting a large discrepancy between the number of people reported to be fleeing to the camp and those actually arriving. Limited access due to conflict, and the lack of capacity for development partners in the area to respond to the emergent crisis have complicated the process of building a clear understanding of displacement dynamics and the intentions of those who have been displaced.

Lost in the discussion is Kapoeta town, where most IDPs heading toward asylum in Kenya are believed to be passing through. Despite registration figures of asylum seekers arriving in Kenya, it is unclear how many people are currently passing though the town or are now staying there; given the deteriorating security situation in many parts of Eastern Equatoria State, the overall security and humanitarian trends in the town are unclear.

From 1 – 15 November, REACH conducted an assessment of Kapoeta and Narus Towns in Kapoeta South and Kapoeta East Counties, respectively, and a remote assessment of Budi County to provide a baseline of humanitarian information for organisations working in the area. Using its “Area of Knowledge” methodology, REACH spoke with recently arrived IDPs and non-displaced members of the community to gather information about the triggers and patterns of displacement, and the intentions of IDPs and host communities to return to their homelands, go to Kenya, or remain in Kapoeta. Humanitarian conditions in Kapoeta Town were also assessed. Market traders and the heads of government ministries were consulted to triangulate finding and provide a more detailed understanding of current economic trends and access to services.

Key findings are presented in this situation overview under the following sections:

- Assessment methodology
- Kapoeta Town overview
- Displacement dynamics following the escalation of conflict
- Intentions, conditions and access to services for the population in Kapoeta Town
METHODOLOGY

The following tools were used by the REACH team during the assessment:

Key Informant Interviews (KII)

REACH conducted KIIIs using the Site Suitability Assessment Tool Suite (originally developed in collaboration with OCHA and the Solutions Working Group to provide information on potential IDP resettlement sites). The tool was programmed onto smartphones using the Open Data Kit (ODK). Two enumerators conducted KIIIs with respondents from both IDP and host community populations. In total, 127 KIIIs spread over eight bomas in Kapoeta town were conducted, covering a variety of sectors, including Health, WASH, Food Security and Livelihoods, Protection, Shelter, NFI, and Education. Findings should be taken to be indicative rather than representative of the situation in Kapoeta town.

In addition to the structured KIIIs, the REACH team also conducted semi-structured KIIIs with individuals with specialised sector-specific information. These interviews were not scripted and collected with pen and paper rather than smart phones. Five interviews were conducted with the following individuals:

- Honourable Health Minister, Nyamorunyang State Ministry of Health (MoH)
- Director General of Education, Nyamorunyang State
- Head of the Department of Water, Kapoeta South County
- Relief and Rehabilitation Commission (RRC) Director, Namorunyang State
- Vulnerability and Assessment Mapping (VAM) Focal Point, World Food Programme (WFP), Kapoeta Office

Focus Groups Discussion (FGDs)

Qualitative data was collected through focus group discussions (FGDs) to add nuance to the responses of the KIIIs. FGDs were organized though the local RRC, who liaised with chiefs from eight of Kapoeta Town’s nine bomas to select IDP participants from different locations around the country. Participants were interviewed about their displacement to Kapoeta Town, along with push/pull factors and their future intentions. Participatory mapping was conducted alongside traditional FGD questions, in which participants mapped out the routes that they took to get to Kapoeta.

Alongside of this, a qualitative supply chain tool was employed. This tool asked a variety of open-ended questions about how goods were brought to the market, along with how their volume had fluctuated over time, and if suppliers could meet potential changes in demand. Eight small business owners in the market and their suppliers were interviewed.

Remote Assessment of Budi County

Conflict broke out in Budi County on 6 October, continuing throughout the rest of the month. Though the conflict in Budi County has since ended, at the time of this assessment, humanitarian access to Chukudum and other major population centres in Budi County were still restricted. In light of these constraints, REACH used a shortened version of its “Area of Knowledge” tool, which is used to collect information on hard to reach or inaccessible areas of South Sudan. New arrivals from different settlements across Budi County were interviewed on current displacement trends and the level of service access in the settlements that they had fled. In total, 37 interviews with IDPs from 30 different settlements in Budi County were recorded. The results are detailed in an inset on page 10 of this situation overview.

Port Monitoring

REACH conducted a port monitoring exercise using an ODK smartphone survey to record the number of people entering and exiting the town, along with push/pull factors, intended length of stay, and future intentions. The data was compared with UNHCR registration figures in Kakuma to estimate the approximate number of people exiting and entering Kapoeta Town on a daily basis.

Table 1: Assessment tools by type, number of interviews and dates conducted

<table>
<thead>
<tr>
<th>Tool</th>
<th>Type</th>
<th>Number of Interviews</th>
<th>Date Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Informant Interview (KII)</td>
<td>Quantitative</td>
<td>127</td>
<td>04/11/2016 - 09/11/2016</td>
</tr>
<tr>
<td>Focus Group Discussion (FGD)</td>
<td>Qualitative</td>
<td>8</td>
<td>04/11/2016 - 07/11/2016</td>
</tr>
<tr>
<td>Specialised KII</td>
<td>Qualitative</td>
<td>5</td>
<td>09/11/2016 - 10/11/2016</td>
</tr>
<tr>
<td>Market monitoring</td>
<td>Quantitative</td>
<td>11</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>Supply chain analysis</td>
<td>Quantitative</td>
<td>8</td>
<td>08/11/2016 - 09/11/2016</td>
</tr>
</tbody>
</table>

5. A new settlement, Kalobeyei, was opened near Kakuma in Summer 2016. Intended as a place for up to 20,000 of Kakuma’s refugees to be relocated, it is now where many new arrivals are now being settled (IAFR, Kalobeyei, October 2016); UNHCR, Kakuma New Arrival Registration Trends 2016, 02 December 2016.

6. No interview was held in Hai Musheshva Boma. Hai Musheshva is a recent extension of the Malakia Boma, and has a similar composition of IDPs.

7. IDPs tend to settle in areas where people from their pre-displacement locations are already living.
Kapoeta Town Overview

Kapoeta Town is the county capital of Kapoeta South County, and the largest town in the eastern half of Eastern Equatoria. It is the only large town in the area, and is linked to Torit and Juba via the Juba – Kapoeta Road to the west, and Narus, Nadipal, and Kenya via the Kapoeta – Lokichogio road to the east. Smaller roads link Kapoeta with Riwoto in Kapoeta North County to the north, and Chukudum in Budi County to the south. Though poorly maintained, the rocky soil prevents most of the roads from deteriorating during the wet season, allowing regular access to all neighbouring towns year round.

Kapoeta Town is located in the pastoral livelihood zone of Eastern Equatoria State and most of the local population subsists primarily on livestock rearing supplemented by small-scale subsistence farming. Additional food is bought at the market in Kapoeta, most of which either comes from the more productive agricultural regions in Central Equatoria or is imported from Uganda. Aside from farming, gold mining is also common in the area. Gold has traditionally been mined by the local population for artisanal purposes, though foreign companies have recently began exploration on a larger scale.

The Greater Kapoeta area has remained peaceful since the beginning of the crisis. Other than fighting in Chukudum in October, no incidents related to the larger political conflict has been recorded since the outbreak of the crisis. However, seasonal cattle raiding is quite common, and has led to inter-community tensions between many of the communities living in the area. Cattle migration (and also raiding) usually begins with the dry season in November and December, shown on Map 2, and concludes with their return in May and June. However, rain shortages over the past few years have reportedly caused migration and raiding to begin much earlier this year in August and September.

Displacement

Displacement to Kapoeta Town began during the Second South Sudanese Civil War (1983 – 2006) when IDPs traveling to Kakuma Refugee Camp sought shelter there. The population stabilized following the end of the war. Escalation of conflict in July 2016 triggered a new wave of displacement, which has caused the town’s population to rapidly increase. Displacement patterns related to the renewed conflict can be divided into four distinct phases, which are shown on Maps 3 and 4 on the following pages.

Map 2: Greater Kapoeta dry season cattle migration routes, November - December

Table 2: Current boma location, primary county of IDP displacement, and date of FGDs conducted

<table>
<thead>
<tr>
<th>FGD Number</th>
<th>Boma Name</th>
<th>Primary County of Origin</th>
<th>Date of FGD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hai Sujun</td>
<td>Torit</td>
<td>04/11/2016</td>
</tr>
<tr>
<td>2</td>
<td>Atalabara</td>
<td>Yei</td>
<td>04/11/2016</td>
</tr>
<tr>
<td>3</td>
<td>Lodingding</td>
<td>Northern Budi</td>
<td>05/11/2016</td>
</tr>
<tr>
<td>4</td>
<td>Malakia</td>
<td>Torit/Juba/Kapoeta East</td>
<td>05/11/2016</td>
</tr>
<tr>
<td>5</td>
<td>Hai Rei</td>
<td>Jonglei</td>
<td>06/11/2016</td>
</tr>
<tr>
<td>6</td>
<td>Hai Tarawa</td>
<td>Lopa/Lafon</td>
<td>06/11/2016</td>
</tr>
<tr>
<td>7</td>
<td>Nalingaro</td>
<td>Southern Budi</td>
<td>07/11/2016</td>
</tr>
<tr>
<td>8</td>
<td>Palakal</td>
<td>Southern Budi</td>
<td>07/11/2016</td>
</tr>
</tbody>
</table>

8. South Sudan Humanitarian Project, County Profiles: Kapoeta South, 2016
9. As reported by World Food Programme Vulnerability Analysis and Mapping team in Kapoeta town.
10. Cordaid, Mining in South Sudan: Opportunities and Risks for Local Communities, January 2016.
Conflict broke out in Torit on 14 July, forcing much of the population to flee to surrounding villages for security. While some began to return as the security situation stabilized a few days later, those IDPs and non-displaced who could afford motorized transport travelled to Kapoeta or to Kenya. As the conflict spread to Lopa County in early August forced many people to flee their homes, a minority reportedly took footpaths leading out of Torit including attacks on military and NGO vehicles, prevented food and other goods from entering the town, worsening access to sufficient amounts of food. Those without the means to purchase transport out of Torit waited in taxi parks for free space on government convoys that frequently move between Torit and Kapoeta towns.

Many of those who arrived in the first wave of displacement from Juba had been previously displaced from parts of Western Jonglei. These people were displaced by inter-communal conflict in Duk and Twic East Counties in early 2016, and fled to Bor town or Mingkaman Spontaneous Settlement. Unable to get food and other services due to not being registered, FGD participants reported that they continued to Juba, where they moved in with family.

In Kapoeta North, Kapoeta East, and northern Budi Counties, cattle raiding and related inter-community conflict in August and September 2016 displaced numerous communities. While most reportedly remain displaced near their homes, a minority have fled to Kapoeta town.

The spread of conflict to Lopa County in August forced many people to flee their homes. While most sought refuge in mountain villages, a minority reportedly took footpaths to Torit Town, where they waited in bus parks until they were able to get transport to Kapoeta Town. Those in eastern Lopa County either walked to Torit town, or, if they had access to a motor vehicle, came directly to Kapoeta town. FGD participants noted that most people aware of the deteriorating security situation in Torit town at the time, and were concerned about being ambushed by armed groups.


entering or leaving the town. Following the start of conflict in Chukudum town in Budi County on 6 October, people in villages along the Ugandan border fled across the border to Uganda, while those north of the town were able to safely walk to Camp 15, a large town located north of Chukudum on the Torit - Kapoeta Road. From there, they were able to find transportation to Kapoeta town. Most of those living in southern Budi County and Chukudum town itself fled to villages in the mountains east of Chukudum Town. After 2 - 3 weeks, the people hiding in these mountains began to run out of food. FGD participants reported that from there, most travelled on foot to Lauro village on the Kapoeta South border where they were able to access motorized transport to Kapoeta.

**Pull and Push Factors**

Nearly all FGD participants reported that they had left their homes due to insecurity and a lack of access to food. Most of those who arrived in July and August reported having fled due to insecurity, while those who arrived in September and later came due to a lack of food.

Whether or not people stayed in Kapoeta Town or continued on to Kenya was dependent upon their personal socio-economic status before the crisis and whether they knew someone in Kapoeta. FGD participants reported that all households with the means to procure motorized transport continued on to Kenya unless they had family living in Kapoeta. Families that had come to Kapoeta town together often split themselves; women and children continued to Kenya while men stayed in Kapoeta to be within easy access of their homes. This mirrors findings from other assessments which have found that when given the choice husbands will often stay behind to keep an eye on their property while women and children will flee to a location that is deemed to be both secure and allows them to access food and other services, such as education and healthcare.15

For those with limited financial resources, most either spent all the money they had to get to Kapoeta Town, or were forced to stop in Kapoeta when the government convoys that brought them there would not proceed any further. Though unable to leave Kapoeta town, most respondents reported being happy to stay there due to the favourable security situation and the ability to return to their homes quickly should the conflict end.

FGD participants displaced by cattle raiding reported that Kapoeta town was seen as a sanctuary which they could rest in until the cattle raiding ended and they could return to their homes. Most FGD participants reported the initial conflict had caught them by surprise, and were separated from other members of their families during their displacement. Women usually fled with children, while men, who were often working elsewhere, fled alone. Most reported still having sporadic contact with family they had been separated from, particularly those who had managed to flee to Uganda, but could not always talk to them due to the intermittent mobile network.

**Method of Transportation**

Motorized vehicles were reported to be necessary for at least part of the journey to Kapoeta town. FGD participants reported that natural barriers, including tall mountains and wide deserts that lacked food and fresh water, as well as the presence of armed groups, confined most people to one of four “zones.” Inside of each zone, people could walk from one village to another. However, FGD participants reported that the inhospitable landscape prevented movement between zones without a motor vehicle.16 Due to these restrictions on movement, the large-scale movement seen from South Sudan into Uganda has not occurred in Kapoeta town. Access to motorized transport directly to Kapoeta Town was reported to be highly dependent upon a person’s income; professionals, merchants, and wealthy people made up most of the early arrivals. Prices for rides have risen steeply since the beginning of the crisis; FGD participants reported that IDPs must currently pay 1,000 SSP from Torit to Kapoeta, 600 SSP from Kapoeta to Narus, and an additional 150 SSP from Narus to Nadipal on the Kenya Border.

The majority of people, however, lacked the means to pay for transportation, and were forced to travel part of the way on foot. Most reported using main roads to travel until the presence of armed groups forced them to begin using bush routes. They would usually travel on foot to a major transport hub, such as Torit Town Keyala in Torit County, or Camp 15 in Budi County, where they would find someone who would be willing to take them by car to Kapoeta Town. Due to the expense, most respondents reported getting rides from government vehicles, usually routine military or police convoys moving between Torit and Kapoeta Towns. Soldiers and policemen were reported to be happy to share whatever space was left in their vehicles, and no discrimination based on community of origin was reported.

**IDP Intentions**

FGD participants reported that they intended...
to stay in Kapoeta Town. Despite a lack of food and other strained services, it was reported to be safe both day and night, and lack inter-communal tensions found in other parts of the country. Many respondents voiced a desire to stay in South Sudan if at all possible, and that the only reason they had fled their homes was insecurity. Financial barriers also stymie attempts of people to leave Kapoeta Town; in addition to transport costs, many IDPs believe that they must pay an additional 150 USD at the border for a visa in order to cross into Kenya.17

The only major concern that might lead to further displacement from Kapoeta Town was a declining access to food among the population. There is very little food available for most IDPs, and, should this continue, some IDPs stated that they would go to Kakuma Refugee Camp, on foot if they had to, in order to get it.

Although more displaced persons are likely to arrive in both Kapoeta town and Kenya, it is unlikely that either will experience a massive influx of displaced persons on the level currently seen in Uganda.18 This is because of the difficulties in moving across Eastern Equatoria State without motorized transport, and a lack of sufficient vehicles moving between Torit town, Kapoeta town, and the Kenyan Border. This has created bottlenecks in IDP movement preventing a large influx of displaced persons.

**Situation in Kapoeta Town**

**Population**

The exact number of host community members and IDPs in Kapoeta Town is currently unclear; the most recent official figures are from the 2008 census, and all projections available for public use are at the payam level.19 Kapoeta Town had less than 10,000 people in the 2008 census.20 The population has grown, and since July 2016, REACH estimates that it has been joined by approximately 9,000 – 11,000 IDPs. The estimated population can be found in Table 3 below.

Based on estimates from the port monitoring assessment compared with UNHCR registration figures of new arrivals in Kakuma Refugee Camp in Kenya, at the time of this assessment, REACH estimated that about 1,200 people a week were entering the town, and about 900-1,000 were continuing on to Kenya, leaving between 200-300 who were settling in Kapoeta Town.21 FGD respondents reported that very few host community members were believed to have left since the beginning of the crisis. Participants also reported that the number of IDPs were steadily increasing, and the strain on public services had become a chief concern for local authorities.

IDPs were largely been integrated into the existing host community. No inter-communal tensions were reported in Kapoeta town, and many communities who have been observed to be in conflict in other parts of the country were observed living and working together in several bomas in the town.

The local government has encouraged the integration of IDPs with the host community, and according to RRC officials, has blocked several plans to create designated IDP settlements. Land is provided by local authorities to any new arrivals who are unable to find accommodation. No registration or tracking system has been implemented, however, as local authorities have expressed concerns about raising expectations for aid distributions.

**Food Security and Livelihoods (FSL)**

Only 13% of KIs reported having adequate access to food; most KIs reported having only one week of food stored. Kapoeta town itself had little arable land, making anything more than small-scale farming difficult.22 Interviews with local officials revealed that multiple years of inadequate rain were reported to have stunted most of the crop yields in Kapoeta South County, making most of the population reliant on the town’s main market for food. However, prices were reported to have skyrocketed in recent months due to the economic crisis and insecurity only major

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17. Local authorities in Kapoeta and Narus Towns supported these claims, though REACH was unable to verify them with immigration authorities during the assessment.
18. There has been an average of 2,307 new arrivals per day in Uganda since 8 July. UNHCR, Uganda: Emergency Update on the South Sudan Refugee Situation, 7-13 December 2016.
19. The South Sudan Census (2008), World Pop (2010), Landscan (2010 -2015), and United Nations (2014) were all consulted for population estimations.
20. Two bomas which are located outside of the town were excluded from this measurement.
21. Interviews with local officials revealed that multiple years of inadequate rain were reported to have stunted most of the crop yields in Kapoeta South County, making most of the population reliant on the town’s main market for food. However, prices were reported to have skyrocketed in recent months due to the economic crisis and insecurity only major
Photo 2: Kapoeta town from the air. Beyond the trees lie desert and barren plains, making the town difficult to access without motorized transportation.

supply routes from Uganda, making most things unaffordable to people in town.

To cope with the lack of food, a variety of coping strategies were reported to have been employed. Most KIs reported eating fewer meals and limiting portion sizes. FGDs revealed that most people in town were eating one meal a day. FGD participants expected there to be a small boost in the food supply when the second harvest season begins in December, though the few crops grown were expected to run out by late January or February. According to FEWSNET, the Greater Kapoeta area is currently classed as being in Crisis (IPC Phase 3).23

The vast majority of KIs reported that most of the host community still have cattle and other livestock, which are kept in camps located far from town. FGD participants reported that many have begun to sell off their cattle as a coping strategy in order to purchase food in the market. Options for IDPs, who have reportedly lost most of their possessions, are limited. Most women either work in town (waitressing, washing dishes or cloths, etc.) or collect firewood in the bush and make charcoal to sell. They then use the money made at the end of the day to buy that day’s food. With no livestock and little wild food to be foraged, male IDPs lack sufficient livelihood opportunities.

According to WFP Market Price Monitoring in September, prices have risen by an average of 360% over last year.24 REACH’s market monitoring survey conducted on 8 November found that prices have increased since then.

According to REACH’s supply chain analysis, prices in the market have been driven up both by the economic crisis and by restricted supply routes; as a pastoral area, Kapoeta has historically been dependent upon other regions in the country for cereals and other staples.25 To keep domestic prices stable, the Kenyan government tightly controls the export of most staple grains, including maize and wheat. Because of fighting in other parts of Greater Equatoria, nearly all food must now be shipped from Uganda.26 Although roads in Kapoeta are safe, because of the insecurity in the Greater Torit area, it has become extremely difficult to ship goods to Kapoeta Town, as trucks risk being ambushed along the roads. According to shop owners, shipments have fallen to 17% (one out of six trucks) of their pre-crisis levels.27

Nearly all of the international humanitarian and development organisations working in the Greater Kapoeta Area are implementing FSL activities, and WFP currently delivers food to over 233,000 individuals across Eastern Equatoria State.28 However, nearly all activities are focused on rural areas, and so far there has been almost no attention on people living in Kapoeta Town. In addition, due to a lack of coordination structures outside of those programmes that are supported directly by WFP, duplication of programmes was reported by many organisations to be common.

WASH

Sixty-nine percent (69%) of respondents in Kapoeta Town reported that they had consistent access to water. WASH activities are focused on rural areas, and so far there has been almost no attention on people living in Kapoeta Town. In addition, due to a lack of coordination structures outside of those programmes that are supported directly by WFP, duplication of programmes was reported by many organisations to be common.

Table 3: Population of bomas in Kapoeta Town

<table>
<thead>
<tr>
<th>Boma</th>
<th>2008 Census29</th>
<th>2016 Host Community Estimate</th>
<th>2016 IDP Estimate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alalabara</td>
<td>936</td>
<td>1,338</td>
<td>801</td>
</tr>
<tr>
<td>Hai</td>
<td>N/A</td>
<td>1,338</td>
<td>486</td>
</tr>
<tr>
<td>Mushesha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hai Rei</td>
<td>792</td>
<td>1,699</td>
<td>1,180</td>
</tr>
<tr>
<td>Hai Sujun</td>
<td>1,026</td>
<td>1,029</td>
<td>947</td>
</tr>
<tr>
<td>Hai Tarawa</td>
<td>894</td>
<td>1,448</td>
<td>1,196</td>
</tr>
<tr>
<td>Lodinidong</td>
<td>1,014</td>
<td>1,212</td>
<td>1,651</td>
</tr>
<tr>
<td>Malakia</td>
<td>3,492</td>
<td>1,991</td>
<td>1,317</td>
</tr>
<tr>
<td>Nalingaro</td>
<td>546</td>
<td>1,102</td>
<td>1,403</td>
</tr>
<tr>
<td>Palakal</td>
<td>1,260</td>
<td>2,842</td>
<td>1,619</td>
</tr>
<tr>
<td>Total</td>
<td>9,960</td>
<td>14,000</td>
<td>10,600</td>
</tr>
</tbody>
</table>

* The population was calculated in the following way: 1) a growth rate for Kapoeta South was created using the 2008 Census population and 2014 UN estimates. This was multiplied by the census population and rounded to the nearest hundred, giving a population of 14,000. This was then multiplied by the approximate ratio of IDPs to host community in town, acquired from both FGDs, KI interviews, and observations from REACH, and estimated to be about 45%. This was rounded to the nearest hundredth, which gave an IDP estimate of 10,600, and a total population of 24,600. The estimates of IDPs and host community for each boma were then taken from FGDs and KIs, averaged, and then added up to create a proportion for IDPs and host community in each neighbourhood. This was multiplied by the estimated totals to give an estimate for host community and IDPs in each boma.

21. To estimate the number of new arrivals entering Kapoeta Town each week, REACH conducted a port monitoring exercise of people entering and exiting Kapoeta Town each day. Between Monday and Friday, REACH found that for every 6 people who entered town, 5 left for Kenya. REACH extrapolated these numbers using UNHCR new arrival figures.

22. South Sudan Humanitarian Project, Kapoeta South County Profile, 2016.

23. FEWSNET, Extreme levels of food insecurity expected by May 2017, October 2016.


25. FEWSNET, Extreme levels of food insecurity expected by May 2017, October 2016.
access to safe drinking water. Like many other parts of Eastern Equatoria, the WASH infrastructure in Kapoeta Town is inadequate to meet the needs of the population.30 There are only 10 functional boreholes, down from 19 less than two years ago, and 8 functional tap stands. However, all of the functional tap stands are currently inactive due to a lack of fuel. Like food and other goods, fuel comes by road from Uganda, and its usage has been increasingly rationed. Boreholes have slowly broken down due to a lack of maintenance and the IDP influx that has strained functional boreholes.

As boreholes break down due to overuse and lack of maintenance, more people move to the fewer remaining boreholes, putting greater pressure on them. Small numbers of people on the outskirts of town reported getting their water from rivers and other sources due to the strain on clean water sources.

There is no WASH partner in town with the capacity to drill new boreholes or repair any of the damaged WASH infrastructure, and the government lacks the capacity to do so. Water management committees led by boma chiefs exist, but they are reported to be ineffective in managing the time that boreholes are open, leading to their overuse. The only other source of clean water aside from boreholes was the treatment of water with chlorine tablets, of which only 20 of 148 respondents reported using as their main source for clean water.

Only 13% of KIs reported that most people are using latrines; many local pastoral communities refuse to use them because of cultural practice. The digging of new latrines is reported to be very difficult due to the soil, which is very loose and often loses its integrity when traditional latrine pits are dug.

Health

All KIs reported having adequate access to a functioning healthcare centre, and 92% reported that it was within a two hour walk. According to the State Ministry of Health, there are two functioning hospitals in Kapoeta Town: Kapoeta State Hospital in Hai Musheshva Boma, which is supported by ARC, and Mission Hospital in Nalingaro Boma, which is supported by the Catholic Diocese of Torit (CDOT). Mission Hospital is currently closed, but according to the Ministry, is slated to re-open soon with three new doctors and HIV and TB treatment wards.

A third hospital is located 15 km south in Katiko Village. The hospital, which was reported by the MoH to have x-ray machines, a maternity ward, and an ophthalmology lab, has been closed due to a lack of funding. The MoH reported its intention to turn it into a teaching hospital, though until they receive funding it will remain a referral hospital.

### Table 4: Average market prices and changes in prices for staple goods

<table>
<thead>
<tr>
<th>Type of Good</th>
<th>Unit</th>
<th>Availability</th>
<th>August 2016</th>
<th>September 2016</th>
<th>November 2016</th>
<th>August - November</th>
<th>September - November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maize Flour</td>
<td>1 kg</td>
<td>Normal</td>
<td>50</td>
<td>65</td>
<td>63</td>
<td>26%</td>
<td>-3%</td>
</tr>
<tr>
<td>White Maize Graine</td>
<td>Malwa (3.5 kg)</td>
<td>Normal</td>
<td>83</td>
<td>175</td>
<td>215</td>
<td>161%</td>
<td>23%</td>
</tr>
<tr>
<td>White Wheat Flour</td>
<td>1 kg</td>
<td>Normal</td>
<td>50</td>
<td>65</td>
<td>72</td>
<td>44%</td>
<td>11%</td>
</tr>
<tr>
<td>Rice</td>
<td>1 kg</td>
<td>Normal</td>
<td>100</td>
<td>50</td>
<td>122</td>
<td>22%</td>
<td>144%</td>
</tr>
<tr>
<td>Casual Labour (Agricultural)</td>
<td>1 day</td>
<td>Normal</td>
<td>N/A</td>
<td>150</td>
<td>460</td>
<td>N/A</td>
<td>207%</td>
</tr>
<tr>
<td>Diesel</td>
<td>1 litre</td>
<td>Scarcity</td>
<td>45</td>
<td>46</td>
<td>53</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Beans (Janjaro)</td>
<td>1 kg</td>
<td>Normal</td>
<td>95</td>
<td>60</td>
<td>122</td>
<td>28%</td>
<td>103%</td>
</tr>
<tr>
<td>Medium Bull</td>
<td>1 unit</td>
<td>Normal</td>
<td>15,125</td>
<td>15,000</td>
<td>15,545</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Medium Male Goat</td>
<td>1 unit</td>
<td>Normal</td>
<td>1,200</td>
<td>2,500</td>
<td>3,682</td>
<td>207%</td>
<td>47%</td>
</tr>
<tr>
<td>Medium Male Sheep</td>
<td>1 unit</td>
<td>Normal</td>
<td>1,725</td>
<td>2,700</td>
<td>2,482</td>
<td>102%</td>
<td>29%</td>
</tr>
<tr>
<td>Petrol</td>
<td>1 litre</td>
<td>Scarcity</td>
<td>46</td>
<td>46</td>
<td>96</td>
<td>109%</td>
<td>109%</td>
</tr>
<tr>
<td>Vegetable Oil</td>
<td>1 litre</td>
<td>Normal</td>
<td>100</td>
<td>95</td>
<td>115</td>
<td>15%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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27. FEWSNET reports markets in both Kapoeta and Torit to be experiencing, “significant disruption with limited activity,” only one category away from, “Minimal to no activity” (FEWSNET, Extreme levels of food insecurity expected by May 2017, October 2016).
28. WFP, Kapoeta Humanitarian Coordination Meeting Minutes, 10 November 2016.
30. REACH, Situation Overview of Eastern Equatoria State, October 2016.
is another PHCC supported by the American Refugee Committee (ARC) in Kapoeta South County, and a network of PHCCs and PHCUs across the greater Kapoeta region, supported by ARC, Cordaid, and Save the Children. Numerous private clinics and dispensaries exist in Kapoeta Town. Cordaid also supports the hospital in Chukudum, Budi County. All hospitals are run by the government but supported by NGOs, who help supply drugs. Staff are paid by the Health Pooled Fund (HPF), which funds most of the health programmes in the area.

There have been several drug shortages lately due to insecurity along the roads further west. According to the Ministry of Health, drugs are usually free, though when stocks run out, patients are sometimes referred to a pharmacy for drugs, which most people cannot afford. Supplementary feeding programmes exist for both children and pregnant and lactating women, though only 73% and 60% of KIs were aware of either respective programme.

Despite the coordination of health infrastructure between the MoH and supporting international organisations, most partners and ministry officials reported that more support is needed to deal with the influx of IDPs, which reportedly threatens to overwhelm existing health infrastructure.

### Education

Schools are open in Kapoeta Town, though they are not open anywhere else in Kapoeta South County. Ninety-five percent (95%) of KIs reported that their household had access to education in Kapoeta town, and 78% reported that IDPs had the same level of access as the host community.

The Ministry of Education is currently supported by several education partners, who provide a variety of services, including teaching staff, supplies, and school lunches. However, education has suffered in Kapoeta due to poorly trained or inadequate numbers of teachers, a resistance by many communities towards formal education, and many schools not qualifying for school lunch programmes. The Department of Education noted that the majority of communities in the Kapoeta area dislike formal education, especially when it relates to women: girls are reported to have been forcefully removed from school in order to be married.

Education has been further hurt by the economic crisis, which has led to a decline of funding for education in federal budgets since independence, forcing many of the town’s best trained teachers, many of whom came from Uganda and Kenya, to leave the country. Other teachers who came from Magwi and Torit have since fled the country with their families.

According to the Department of Education, schools are poorly funded, and there are only three staff at the State Ministry of Education to monitor activity for the entire state. Though education is free by law, voluntary donations of cash or in-kind are allowed, and many teachers are reported to have made these donations mandatory, referring to them as “school fees.” This is driven by the low salaries of most teachers, who, along with other civil servants, only make about 300 SSP a month. Most respondents, particularly IDPs, reported being unable to afford to send their children to school.

The low salaries also contribute to a lack of motivation for many teachers, which has lowered the quality of education. Corruption has also become an issue; the Department of Education is unsure of how many nursery school teachers there are, as all of the primary school teachers also claim to be teaching nursery school at the same time, and are therefore entitled to additional salaries.

### Figures and Tables

#### Table 5: Functional water sources in Kapoeta town

<table>
<thead>
<tr>
<th>Source</th>
<th>Functional</th>
<th>Non-functional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boreholes</td>
<td>10</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Tapstands</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

#### Photo 4: Non-functional boreholes in Hai Tarawa Boma. IDPs have further stressed the town’s already crumbling water infrastructure.

#### Table 6: Functional and non-functional health centres in Kapoeta Town

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Functional</th>
<th>Specialty</th>
<th>Supporting Agency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kapoeta Mission Hospital</td>
<td>No</td>
<td>HIV, TB</td>
<td>CDOT</td>
<td>Nalingaro</td>
</tr>
<tr>
<td>Kapoeta State Hospital</td>
<td>Yes</td>
<td>Surgery, Maternity</td>
<td>ARC</td>
<td>Hai Musheshva</td>
</tr>
<tr>
<td>Katiko Hospital</td>
<td>No</td>
<td>X-ray, Ophthalmology, Maternity</td>
<td>None</td>
<td>Katiko Village (15 km away)</td>
</tr>
</tbody>
</table>

#### Figure 1: Most common reported health problems in Kapoeta Town:

- Typhus: 59% at 75 Kls
- Diarrhoea: 46% at 59 Kls
- Malaria: 22% at 28 Kls
- Bursulosis: 21% at 27 Kls
- Fever: 13% at 17 Kls
- Pneumonia: 9% at 12 Kls
- Malnutrition: 8% at 10 Kls
- TB: 8% at 10 Kls

### References

33. An incident like this happened in Riwoto during the assessment.
35. Interview with Head of Education
FOCUS: Budi County

Conflict began in Chukudum town in Budi County on 6 October.¹⁶ Fighting soon spread to villages across the southern half of Budi County, which had been largely untouched by the larger conflict that erupted in the Equatorias in July, though according to FGD participants, the northern half of the county was subject to cattle raids in August and September. Most people fled to villages in the mountains near the Kapoeta South County border. Based on FGD discussions, REACH estimates 5,000 individuals continued to Kapoeta Town, and now make up approximately half of the IDPs who have fled there. Smaller numbers have gone to Torit or fled to Uganda though Budi County’s southern border. A small number started to return to Chukudum in November.

Budi County reportedly had a good first harvest in September, though most food was reported to have been eaten by wild animals or stolen after being left in fields when people fled. Those who have returned in November have found their homes mostly intact (though many in villages near Chukudum and major roads have been burned) though nearly all have been completely looted. A recent assessment found over 1,000 homes in Chukudum Town had been looted, and most people lack necessary food and NFIs in order to restart their livelihoods.³⁷ With the end of fighting in late October, NGOs in the education and health sectors are returning to Chukudum to get schools and the hospital running again, though they are not looking at rural villages yet, and many of the services that will soon be available in town again will not be available in villages for the foreseeable future.

Though at the time of the assessment, Budi County was peaceful, most IDPs who fled to Kapoeta town do not feel that they have the resources to support themselves if they return.; Most returnees have been forced to leave again due to a lack of food. Resources in many of the mountain villages in Budi County where IDPs have fled to are reported to be overstretched by the IDP influx, and have also experienced violence and looting.³⁸ Most IDPs intend to wait in villages on the Budi/Kapoeta South County border and in Kapoeta town until the wet season when they can plant again. Those with the means to do so plan to travel to Kenya.

This has had a deliterious effect on pupil retention and enrolment in Kapoeta town. According to the Department of Education, the enrolment rate among primary school students has fallen by 74% in the last year. Fees were already required for Secondary school enrolment prior to the crisis, so there have been fewer pressures to decrease enrolment; enrolment has instead reportedly increase by 149%, mainly from IDP households with more resources who have been able to enrol their children in school. Total student attendance has declined by 57%.

Shelter/NFI

Despite the influx of IDPs, almost no new shelters have been constructed to house them; most IDPs have moved in with host community households. As a result, Kapoeta’s pre-existing shelters have reportedly become overcrowded, particularly in Hai Tarawa, Hai Musheshva, Hai Rei and Malakia bomas were 10-20 people share shelters made for 2-3. Further away from the town centre, in Palakal and Nalingaro, 3-5 people share each shelter. Most sleep outside when it is dry, only crowding inside of shelters when it rains.

A lack of adequate shelter materials in Kapoeta Town prevents the construction of new shelters. Though mud and wood are reported to be available, grass and alternative roofing materials such as plastic sheets are not. Grass will not be ready until December, and is reported to grow far from town, which exposes people to cattle raiders and other protection concerns while harvesting.
Seventy-three percent (73%) of KIs reported that more than half of people in Kapoeta were sleeping under mosquito nets. FGD participants reported that the humanitarian organisation PSI conducted a large distribution of mosquito nets throughout the Greater Kapoeta area between August and September 2016; those IDPs who arrived after the distribution do not have any mosquito nets. IDPs also reported that they have no access to other NFIs such as cooking implements.

After food, distribution of shelter and NFI items was the greatest reported need in Kapoeta Town due to the inability of populations to meet these needs themselves.

### Protection

Kapoeta Town was reported by both KIs and local authority to be safe; 61% of KIs reported that they felt safe at all times, and an additional 38% reported that they felt safe outside of their homes during the day time. Until recently, a power plant provided power in the town 24 hours a day, and a network of street lights kept all major roads well-lit. Though fuel shortages have now forced the local power plant to cut its hours, the town is still reported to be safe, and people were observed moving around at all times of the night.

Relations between the host community and IDPs were reported to be good or very good by 97% of KIs. All KIs reported that new IDPs would be welcomed into the community though they did voice concerns about the strain on the town’s dwindling resources, particularly food, shelter and NFIs. In case of any problems, most IDPs interviewed (88%) are aware of the RRC’s presence in Kapoeta Town, and report their concerns when necessary.

Most people reportedly fear cattle raiders outside of the town, and many are concerned about being attacked or robbed should they leave the town on foot. According to government officials, child-marriage also remains a major concern. The depressed economic situation has led many families to withdraw young girls from school and marry them off in order to obtain a dowry to help provide for their basic needs.

### Conclusion

Five months after the outbreak of conflict in Juba, Kapoeta Town remains a rare island of stability in Eastern Equatoria, attracting IDPs from across a region that is rapidly collapsing due to economic crisis and conflict. Travel to Uganda remains too dangerous for many IDPs, making Kenya the preferred destination for those fleeing conflict in Eastern Equatoria. Though the influx towards Kenya has increased in recent weeks, due to the necessity of motorized transport, it is unlikely that new arrivals will increase so rapidly as to overwhelm the town’s capacity to absorb them. However, there are several concerns which, if not addressed, are likely to become major problems in the future. Kapoeta Town’s population has nearly doubled since July and most services, while available, have become strained. Of greatest concern is the lack of food. Most people are reportedly living day to day, and are dependent on the main market, whose prices continue to increase due to constricted supply routes. Most people were reported to eat only one meal day, and it is unclear how long they will be able to afford what little food is left in the market. The second harvest in December will assuage some of these concerns, but yields are unlikely to last beyond January.

In addition, shelter and NFI and WASH sectors are under increasing strain. Existing shelters are overcrowded, and there are not enough shelter materials in town to build new ones. The influx of people has led to overcrowding of both homes and boreholes, with the latter rapidly breaking down due to overuse, it is unclear how long water infrastructure will remain functional as more people continue to arrive in the town.

Education services are deteriorating, though this is tied to the national economic crisis; until the economy stabilises, and teachers are able to return and receive living wages, it is unlikely that education services will be able to

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40. All of the town’s primary school teachers also claim to be teaching nursery schools at the same time.
make a full recovery. Health services remain functional and well-coordinated, though they will require additional resources should the influx continue.

Most IDPs who have arrived in Kapoeta Town have reported finding a safe environment with a host community that has been willing to accept them. So long as services do not continue to deteriorate, most have no interest in leaving, and would prefer to wait until their homelands are safe again. However, if the current intentions of IDPs from Budi County are any indication, most will not return until the next growing season, and will likely require significant food and NFI support from humanitarian organisations when they do.

Prior to the assessment, trends suggested that more than half of IDPs who had fled east had chosen to stay in Kapoeta Town. However, as of early December, this trend appears to be reversing. Between 2 October and 5 November, 1,551 new arrivals were recorded in Kakuma.

Then next month, between 6 November and 3 December, this number almost doubled to 3,079. The number of new arrivals in Kapoeta town was believed to be much smaller. A new settlement Kalobeyei, was opened near Kakuma in Summer 2016. Intended as a place for up to 20,000 of Kakuma's refugees to be relocated, it is now where many new arrivals are now being settled. As services in Kapoeta Town continue to degrade, and the host community loses the capacity to support the large number of IDPs, it is anticipated that many of the displaced will be forced to move once again, likely to Kenya.

Photo 5: Ruins of a church destroyed in the 2nd Sudanese Civil War (1983 - 2006) in Nalingaro Boma. Once one of the country's most dangerous towns, Kapoeta is now a rare island of peace, safety and stability in an area rapidly collapsing due to insecurity.

43. UNHCR, Kakuma New Arrival Registration Trends 2016, 02 December 2016.
44. IAFR, Kalobeyei, October 2016.

About REACH
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

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