



A young refugee woman collecting water at the KM 18 transit camp, near the Jamam refugee camp (2012). Photo: Darya Musiyenko/Oxfam

UPPER NILE REFUGEE CRISIS

Avoiding past mistakes in the coming year

Starting in November 2011, thousands of refugees fleeing aerial bombardments and food shortages in Blue Nile, Sudan, arrived in Maban County, in Upper Nile state, South Sudan. The international community and the Government of South Sudan were poorly prepared to effectively meet the needs of these refugees and, as a result, refugees suffered unnecessarily. Eighteen months into the response the situation for refugees remains fragile. With the rainy season due to begin in May and a Hepatitis E outbreak ongoing, at least twenty-five thousand refugees need to be relocated, and a further influx of refugees is predicted. Through concerted action, the humanitarian community can avoid repeating past mistakes to shape what happens now and in the future. Working together, the UN, the Government of South Sudan, NGOs and donors must improve the quality of the humanitarian response and accountability to refugees and the communities that host them.

SUMMARY

In June 2011, fighting erupted between the Sudan Armed Forces (SAF) and the Sudan People's Liberation Movement-North in South Kordofan, spreading to the Sudanese state of Blue Nile in September. An estimated 700,000 people, close to the population of Abuja, capital of Nigeria have been severely affected or displaced by this conflict. Of these, over 187,000 have fled ground fighting, aerial bombardment, and food shortages to seek refuge in Unity and Upper Nile States in South Sudan. More than half of these have fled to Maban County and are concentrated in four main camps: Doro, Jamam, Yusuf Batil and Gendrassa.¹

Maban County has proved to be a harsh environment for refugees and an extremely difficult operating environment for the humanitarian response. Since the beginning of the crisis, refugees have been arriving in Maban in a desperate state; weak and malnourished, with some having walked for weeks. As part of the humanitarian response led by the UN refugee agency (UNHCR), Oxfam has been providing assistance and protection to refugees in this remote area, with exceptionally high running costs and only a five-month dry season before heavy rains make it yet more difficult to deliver humanitarian assistance. Government austerity measures, inaccessibility, the presence of large numbers of refugees, and an already-vulnerable host community have compounded pressure on scarce financial and natural resources. It cost Oxfam \$250 per person to provide water, sanitation and hygiene promotion (WASH) to refugees in Maban, compared to most other contexts Oxfam works in where the cost is less than \$75 per person.

The refugee population is overwhelmingly made up of women, children and young people; these groups account for 80 per cent of those living in camps in Maban.² Women and girls live under the threat of domestic violence, sexual harassment, beatings, and exploitation, particularly during firewood collection and at water collection points. In the current context where the rule of law is weak capacity building training on human rights and sexual and gender based violence should be provided to members of peace and conflict committees established to address tensions between refugees and the host communities, and traditional refugee and host community leaders. The presence of armed actors in the camps and the fear of recruitments is undermining the civilian nature of the camps and further endangering refugees.

As the crisis unfolds, humanitarian agencies have worked together tirelessly, in what has been described as an 'extraordinary spirit of cooperation' to raise funds and scale-up their work to tackle extremely high rates of malnutrition and mortality among refugees.³

Despite these efforts, refugees in Maban have suffered as a result of the collective failings of those who should have been assisting and protecting them. Donors were slow to come forward with appropriate funding: in the early stages of the emergency, neither Oxfam, UNHCR, nor many of the other humanitarian agencies involved in the response, had sufficient capacity or resources to match the scale of the crisis.

We arrived exhausted from our journey. We walked long distances. It took us 2 months to reach the border. People suffered a lot. We survived, by eating wild fruits and roots. We couldn't even build a fire to cook as we were afraid that the smoke would attract attention to our hiding place.

Community leader,
Gendrassa East camp

Shortcomings in planning and co-ordination, combined with external constraints that the humanitarian community had limited influence over, including a myriad of logistical hurdles, hampered the humanitarian response and the ability of agencies to deliver services to minimum standards.⁴

The newly established Government of the Republic of South Sudan (GRSS), almost bankrupt after the shutdown of its oil pipelines due to an ongoing dispute with Sudan, was unable to play a significant role in the response at the national or local level. The government provided land for refugee camps and police posts outside some of these, but it has acknowledged that it did not have the capacity to lead the response.

The humanitarian response has, however, made progress since the influx of refugees began. Despite the difficulties experienced during the response, many lives were saved and protection was provided to large numbers of vulnerable refugees. Refugees now report better conditions overall, including greater access to food, water, sanitation and health care. There have also been improvements in humanitarian leadership and co-ordination, and the deployment of greater technical capacity by UNHCR, Oxfam and other agencies.

While these gains should be acknowledged, this is not a time for complacency. A Hepatitis E outbreak, declared in September 2012, threatens to derail what has been achieved. The government, UNHCR and many humanitarian agencies were slow to acknowledge the severity of the threat, which has infected nearly 6,340 people since July 2012 and killed over 121, as of February 25.⁵ The largest number of cases and suspected cases is in the Yusuf Batil camp, which has accounted up to almost 70 per cent of the total cases and majority of deaths. The Hepatitis E outbreak, combined with the ongoing threat of cholera and other waterborne diseases, are warning signs that the health and hygiene situation in the Maban refugee camps remains precarious.

During the early phases of the response, humanitarian agencies focused their efforts on the needs of refugees. However, the difficulties experienced in 2012, including the cost and scale of the response, meant that parallel assistance to host communities was inadequate. This imbalance has contributed to hostility between refugees and host communities. Members of these communities have expressed frustration with humanitarian agencies, who they feel have neglected their needs.⁶

Humanitarian agencies have set up various types of mechanisms to communicate with refugees, such as committees representing different community members (e.g. women and youth). Regular meetings are also held with community leaders. However, there is room to strengthen these and other accountability mechanisms.

Most refugees consulted by Oxfam said they will not return to the Blue Nile until the conflict ends. They want to see an improvement in the quality of basic services provided in the camps; some want to be relocated to avoid flooding and all called for longer-term support for livelihoods and access to land so they could grow food and become self-sufficient.

Eighteen months into the refugee response, key lessons can be learned from what went wrong. It is vital that these lessons help shape what happens, now and in the future, to improve the quality of the humanitarian response. With the next rainy season due to start in May 2013, concerted action is needed from UNHCR, the GRSS, donors and NGOs, including Oxfam, to meet the needs of both refugee and host populations.

Seven key areas should be prioritized:

- Work with the Government of Sudan and Sudan People's Liberation Movement- North to end the conflict in Blue Nile and South Kordofan States;
- Ensure better funding for the humanitarian response;
- Identify clear realistic timelines and critical milestones for the preparation of the new Kaya site to relocate refugees from Jamam and Doro, and to establish a second site for new refugees;
- Co-ordinate better for higher quality service delivery;
- Build up state capacity to lead the response;
- Improve protection of refugees, particularly women and children;
- Reduce tensions between refugees and host communities, including through a more integrated response.

Given that the conflict in Blue Nile and South Kordofan will take a long time to resolve, important lessons can be derived from Darfur, where, on the tenth anniversary of the crisis, a third of the population is still reliant on food aid for survival. Early acknowledgement that the refugee situation is likely to be protracted will help avoid a similar situation in Maban.

The humanitarian response needs to shift to a more proactive, integrated approach to prevent failures being repeated and to give people in Maban the assistance they need and deserve.

This briefing paper is based on information gathered between November 2012 and February 2013, through Oxfam's programme in Maban County, including 32 interviews with representatives of the GRSS, aid agencies and UNHCR, and discussions with refugees and the local host communities.

A comprehensive set of actions are required to deliver effective solutions for refugees and host communities. These are detailed in the recommendation section in the full version of this briefing paper. The priority areas for action are listed below.

SUMMARY RECOMMENDATIONS

To end the conflict

The League of Arab States, African Union, UN, UK and US should apply diplomatic pressure on the Government of Sudan and the Sudan People's Liberation Movement-North to negotiate a cessation of hostilities agreement; and to engage in an inclusive political process based on the 28 June 2011 agreement to address the underlying, political, social and economic grievances in Blue Nile and South Kordofan.

To ensure better funding

Donors should maintain sufficient levels of funding to meet vital needs and guarantee equal access to services across the camps, bringing new and existing sites up to standard, and providing better quality basic services, including water, sanitation and shelter.

To identify and plan for new refugee sites

UNHCR and humanitarian agencies should identify clear realistic timelines and critical milestones for the preparation of new refugee sites. In particular, they should relocate refugees to the new Kaya camp site only after the majority of water and sanitation systems, basic services and shelter are in place. Priority should be given to moving refugees from Jamam, as the area worst hit by flooding during the rainy season.

To co-ordinate better for higher quality service delivery

UNHCR sectoral co-ordinators and cluster co-ordinators need to work together more effectively, particularly on water, sanitation and hygiene promotion, health and logistics.

To improve state capacity to lead the response

UNHCR and donors should help strengthen the capacity of government institutions, including the Relief and Rehabilitation Commission and the new Refugee Office, at capital, state and county levels, in areas such as awareness-raising on the new refugee law and refugee rights and protection.

To better protect refugees, particularly women and children

UNHCR and NGOs should provide capacity-building training on human rights and sexual and gender-based violence to peace and conflict committees and traditional refugee and host-community leaders.

To reduce tension with host communities

UNHCR, GRSS, NGOs and donors should support the expansion of programmes, such as tree planting, reforestation and the provision of energy-saving stoves, to manage environmental degradation, and reduce tensions and conflict between refugees and host communities.

NOTES

¹ Figures taken from OCHA Sudan Humanitarian Dashboard, 31 December 2012, for internally displaced people within Blue Nile and South Kordofan

http://reliefweb.int/sites/reliefweb.int/files/resources/sud17_dashboard_a4_31%20DEC%2012.pdf

Figures for refugees in Upper Nile taken from UNHCR Refugees in South Sudan, Information Portal, <http://data.unhcr.org/SouthSudan/country.php?id=251>

² UNHCR, Refugee Information Portal.

³ Interview with humanitarian agency, 12 January 2012,

⁴ See Sphere Handbook, *Humanitarian Charter and Minimum Standards in Humanitarian Response*. These set out widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response. The minimum standards cover four primary life-saving areas of humanitarian aid: water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action. UNHCR also has its own emergency minimum standard indicators.

⁵ Figures from World Health Organization: <http://www.emro.who.int/surveillance-forecasting-response/surveillance-news/hep-e-sudan-february-2013.html>. Refugees brought the Hepatitis E virus with them. It is now confirmed that an outbreak of Hepatitis E has been ongoing in Blue Nile for more than three years.

⁶ Oxfam focus groups with host communities and refugees from Jamam and Gendrassa, December 2012 to January 2013.

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For further information on the issues raised in this paper please e-mail advocacy@oxfaminternational.org

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