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Humanitarian Aid



UNHCR

United Nations High Commissioner for Refugees
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REACH Camp Profile

Yusuf Batil Camp, Maban County, Upper Nile State

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Background

Yusuf Batil camp, also known simply as Batil camp, opened after Jamam and Doro camps were established in May 2012. It is the second largest of Maban County's four camps.

Batil camp is located approximately 20 kilometers from Bunj town, the administrative center of Maban County. It is approximately 55 kilometers from Jamam camp, 10 km from Kaya camp, 3 km from Gendrassa camp, and 23 km from Doro camp. There are several host community villages located near Batil camp who share medical facilities and markets with refugees in Gendrassa.

Batil camp covers a total of 569 hectares of land, an average of 157 m²/person. Of the four current camps, Batil has the least land per person with the exception of Doro. Doro has 985 total ha or 15 m²/person, Gendrassa has 347 total ha or 232 m²/person, and Jamam has 496 ha or 308 m²/person.

A map of the Maban County refugee camps is attached as Annex 1.

Demographics

The majority of refugees in Batil camp are Ingessana, with minorities of Jumjum and Magaja tribes. All three are majority Muslim tribes from Kurmuk and Bau counties in Blue Nile state. The Ingessana residing in Batil camp are mainly from Bau County. Most refugees from Bau County crossed into South Sudan near the town of El Fodj, which is approximately 80 km from Batil camp.

The Ingessana have maintained a traditional organization from their place of origin and live in community structures as they did in Blue Nile. Refugees have established villages within the camps, which mirror the names and organization of the village from which they came. The leader of the Ingessana is called the Nassir, who accompanied his people to Maban County. An Umda leads each of the four sub-tribes of the Ingessana which are further divided into smaller groups, led by a sheikh. The sheikhs represent a population of 50-200 households. Among other duties, the sheikhs and Umdas represent the interests of their population to Camp Management and other camp actors.

Figure 1 Demographic Information – Yusuf Batil Camp

Total Population	38,289 individuals	
Total Households	9,644	
Total Sheikhs	95	
Average Family Size	4	
Number Ages 0-5	7,647	20.19%
Number Ages 5-11	9,564	25.26%
Number Ages 12-17	4,572	12.07%
Number Ages 18-59	14,401	38.03%
Number 60 and >	1,684	4.44%
During registration, the following vulnerable households were identified:		
Households with disabled persons and persons with serious medical conditions	936 (2.47%)	
Households with elderly persons at risk	796 (2.10%)	
Households with children at risk	80 (0.21%)	
Households with women at risk	2,789 (7.37%)	

Phase 3 Registration

The UNHCR Level 3 Biometric Registration exercise was completed in Batil on June 2, 2013. The total population data did not change significantly, although the database was refined. Those identified as armed elements were eliminated from the database, while any previously unregistered inhabitants of the camp were interviewed and registered when appropriate. Through an extensive interview process, protection teams identified vulnerable individuals for further assistance. These vulnerable persons included those with medical conditions, particularly serious physical and mental disabilities, separated and unaccompanied children, other vulnerable children, women at risk, and the elderly at risk.

Refugee and Host Community Relations

The refugees in Batil and the surrounding host community residents share some facilities, including health points and the market within the camp. Tensions exist between the groups for shared resources, such as water points. The refugee population of Batil has requested an allotment of agricultural land from local government authorities and the host community. Although grazing land was quickly demarcated after the establishment of the camp, agricultural land remains a point of contention.

Shelter

Shelter is becoming a major concern in all the camps of Maban County, as tents are over one year old and deteriorating. Due to rain, wind, and general use, many tents have suffered severe tears and damage, rendering them no longer water resistant. A longer-term solution is needed. However, due to local resource constraints and the massive logistical challenges in shipping materials to Maban County, the best available option for shelter improvement is to provide households with plastic sheeting. Refugees can place the sheeting over their tents to make them more resistant to rain and wind. As Camp Manager in Batil, the Danish Refugee Council recently completed a large distribution of UNHCR-provided plastic sheeting and other non-food items (NFIs). Household sizes 1-3 received one plastic sheet, as these households share tents with other small households. Household sizes 4-7 received two plastic sheets. Household sizes 9 and above received three, as those households were originally given two tents. Households will also receive mats, blankets, jerry cans for transporting water, buckets, kitchen kits, and mosquito nets. A demonstration was done at the distribution to illustrate proper use of the mosquito net and other messages were passed, such as sensitization to frequent cleaning of jerry cans.

A map of shelters is included as Appendix 2.

Accessibility

Accessibility into Batil camp is a concern for the rainy season as there is currently only one passable road through the camp. During the dry season vehicles are able to travel on unimproved roads yet during the rainy season much of the camp will become muddy and impassable. Marram roads are passable in all seasons. There is currently not a road to the health facility located at the southern end of the camp.

Health

The main hospital is run by MSF-Holland. It serves Kaya, Batil, and Gendrasa refugee camps as well as the host communities located near Batil camp. In addition, there is one clinic located elsewhere in the camp, one health post, and four nutrition centers.

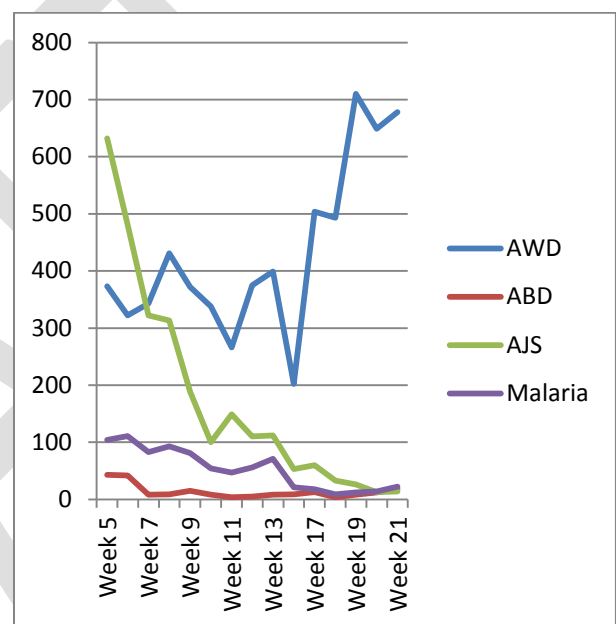
A map of health facilities in Batil is attached as Annex 3.

Like in the other camps, acute watery diarrhea and upper and lower respiratory tract infections are the largest causes of

morbidity and mortality in Batil. Batil saw the highest rates of Hepatitis E Virus (HEV) infection and mortality during the outbreak in Maban County. However, the rates of infection and mortality have both been decreasing in recent weeks, as can be seen in the below chart.

In late May, the first cases of meningitis and measles in Batil were positively diagnosed. In addition to HEV, also known as Acute Jaundice Syndrome (AJS), Batil has had high levels of Acute Watery Diarrhea (AWD), Acute Bloody Diarrhea (ABD), and malaria.

Figure 2 Incidence of Acute Watery Diarrhea, Acute Bloody Diarrhea, Acute Jaundice Syndrome, and malaria per week since January 1, 2013



Water, Sanitation, and Hygiene Promotion (WASH)

Current water provision in Batil is 32 liters/person/day; this is above the SPHERE standard of 20 liters/person/day. There are 450 water taps and 84 individuals per usable tap. The SPHERE standard is fewer than 80 persons per tap. Recently, two additional boreholes were drilled in the vicinity of Batil camp. These new boreholes will serve the MSF hospital. The new boreholes are at the southern end of the camp, while the MSF hospital is at the north end. Water will be piped from the boreholes to the hospital, with additional water points along the way.

A map of water coverage in Batil is attached as Annex 4.

Approximately 84% of families have shared latrines. Each shared latrine serves an average of four families who are

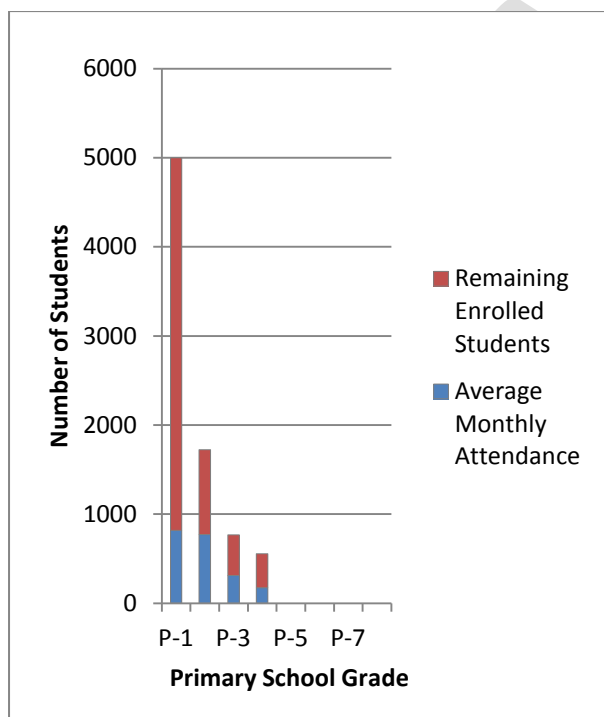
responsible for the maintenance of the facility. However, refugees report that they still do not have sufficient access to latrines. In May it was reported that only 58% of latrines had operational hand-washing facilities, and only 33-34% of latrines had soap at the hand-washing station.

Education and Child Protection

Construction of semi-permanent buildings for schools has begun with site clearing. There are currently 96 teachers, many of whom have completed the first phase of English language training. There are 83.78 students per teacher on average. 83.53% of school-age children are enrolled in school and approximately 16.67% attend on average. The below chart gives average school attendance by grade.

A map of school locations are attached as Annex 5.

Figure 3 Enrolled and attending students per primary year



Nutrition and Food Distribution

Refugees in Maban County camps rely almost entirely on food from monthly General Food Distributions. Refugees report that the distributed food ration lasts up to three weeks, because a portion of the distributed ration is used as payment for various services. Some families use a portion of the ration to purchase other food, often meat or vegetables. While this

practice may improve the dietary diversity of the household, the portion size of the purchased food is usually small enough that it does not improve the nutritional status of the household.

A recent UNHCR/WFP nutrition survey conducted in all four camps in Maban County found that Global Acute Malnutrition (GAM) rates among children under five in Batil are at 15.3%, above the critical threshold of 15%. The crude mortality rate (CMR), or deaths per 10,000 people per day, in Batil is .38, which is considered non-critical. Child anemia in Batil is 57.3%, which is considered high. The stunting rate is 38.3% where rates above 40% are considered to be critical. Similarly, anemia among non-pregnant women between the ages of 15-59 is considered critical if above 40%. The study found that in Batil it is currently 32.6%.

The per person ration of food for a month is 16.67 kg of sorghum, 1.5 kg of lentils, .17 kg salt, and 1.17 liters of oil. For an average family size of 4 persons, this means transporting 66.68 kg sorghum, 6 kg lentils, .68 kg salt, and 4.68 liters oil. Although it is likely that a larger family size will have more family members to assist in transporting the food ration, if there are small children or a spouse unable or unwilling to help, transporting over 70 kg of food for a family of four up to 3 km can be quite difficult. Due to this, some households spend a portion of their food ration on transportation of the food to their home.

Food rations in Batil camp are distributed monthly from a central distribution point. The food distribution point is located close to the main rub halls, which is on the north side of the camp. With one centralized distribution point, tents located at the boundaries of the camp are still some distance away. Currently, DRC provides a donkey cart and tractor service to vulnerable families to assist them in transporting food to their homes. If a household cannot carry the food ration to their tent, they pay a private donkey cart service 1-2 meluas (approximately 3.5 kg) of sorghum per 50 kg bag to assist them in transporting their food. This represents roughly 7% of the food ration. A map of the distribution distances is attached as Annex 6.

There is a discussion to add one or two additional distribution points to decentralize distribution. However, a second distribution site would need to be accessible by large vehicles on the main road. Currently, the camp market is located on the main road and causes congestion on the road which would prevent a large vehicle from moving through. The market must be moved before a secondary distribution site can be established. The process for this has begun, but market stall owners are resisting moving.

REACH

REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction, and development contexts.

At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organization, and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.

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