Note on Mangalla IDPs

Background Information and Context.

Mangala is one of the payams of Juba County located in Northeastern part of Juba around 90 km along the Juba-Bor road. The area is inhabited by Bari and Mundari. There has been perpetual ethnic dispute related to land ownership between the two tribes (Mundari and Bari). The land dispute is associated with constant changes in the administration, recognition of the states and local government boundaries. The two communities continuously quarrel/fight over limited resources and ownership of the administrative area (the Payam headquarter).

In July 2020, clashes erupted between the two communities resulting in displacement of the Bari community to Mangala town, to the islands and riverbank. The Mundari tribe then crossed the river and settled in the town which was part of the Bari community. This also led to closure of the health facility (Mangalla PHCC) up to date, based on ethnic component of staff, working in the PHCC.

The area is managed by SSPDF only, who were deployed by the then governor of Central Equatorial, thus no proper law governing bodies, local authority, or judicial structures are present. With the heavy rains and floods in 2020 some of the Bari community from the Islands got displaced and return to Mangalla Town highland areas.

Population is represented by two bigger groups - displaced by floods from areas along the River Nile in Jonglei state - Duk, Bor South, and Twic East Counties sought refuge in Mangalla initially for three months. The other part are IDPs, who were previously displaced to Sherikat in Juba, and have been relocated to Mangala following discussions and resolutions from both the Central Equatoria state and national government.

Humanitarian community, having agreement on initial three-months response arranged a representation of all the clusters. But the partners deployed ran out of the resources following the expiration of the three months.

WFP verified 17,738 individuals and provided the food ration accordingly. However, there has been continuous reports on new arrivals from Jonglei, given the fact that the water level had not gone down as anticipated. Currently there are over 8,600 unverified individuals, tracked by the IOM volunteers and the number is expected to increase with the early start of rainy season, affecting the conditions in Jonglei state. The IDPs expressed their willingness to stay in Mangalla, having a verbal consensus with the local communities, sighting a fear to return and asking to get more time to stay in Mangalla and continuous support for these communities.

Emerging Concerns:

- No proper tracking system for the new arrivals. Chances of double registration are common; no reception facility and designated staff to conduct proper registration upon arrival.
- Funding gap: most of the partners have pulled out due to lack of funds. Protection Cluster has one Child Protection partner with funding ending in September.
- Health: the main health facility (PHCC) remained closed since the conflicts between the Bari and Mundari. Efforts by the Central State Ministry of Health and the local authorities are yet to yield results. The main health partner - Health Link, that has been supporting the PHCC has pulled out. GBV and reproductive health services are not accessible, pregnant women face challenges in accessing antenatal services and during delivery.
• Education: with proclaimed schools reopening, the site does not have any learning facility, the host community also do not have capacity to absorb the IDPs children
• CCCM activities are now being run by a national partner, who is working on voluntary basis; thus, no proper coordination activities at the site
• The unsigned MoU, confirming the status of the site, keeps creating an anxiety among the IDPs.
• Shelter needs remain high for new arrivals, old arrivals have worn out previously distributed plastic covers.
• WASH: lack of pit latrines, open defecation is rampant. Chances of hygiene related diseases rise are high.
• Lack of jobs and livelihood opportunities, lost their jobs by moving to Mangalla, which created possibilities for negative copying mechanisms proliferation, especially for women

Enabling Factors:

• Security situation has been calm for few months. However more durable solutions are necessary to avert escalation of the crisis. IDPs and the host community continue to live in harmony.
• There is a letter from the local administration on temporary land allocations for IDPs.
• Some basic services like water and health (Primary health care unit) are available. Currently there are five boreholes and water treatment plan serving both the IDPs and host community
• There are established local leadership structures responsible for handling minor issues.
• Presence of some few organizations; child protection partner, CCCM focal point and health partners.
• WFP plan to conduct scope registration for the new arrivals
• Availability of nutrition services for vulnerable children under five.

Recommendations:

1. OCHA
   • Engage the leadership on the signing of the pending MoU;
   • Advocate with the respective governors on establishment of the proper government authorities;
   • Prioritize the site for resources allocation within the country pool -fund given the growing gaps in critical frontline services.

2. WFP/Partners:
   • support IDPs, including the new arrivals with food rations for the following months. The “Food for Asset” could help to achieve extensive farming, massive produce, and a move from total dependency
   • Need to liaise with FAO, FLS partners for distribution of seeds and other farm inputs

3. IOM:
   • To verify the IDPs figures and refer for biometric registration for the new arrivals
   • Establish and staff registration centers especially at the arrival points

4. Protection Clusters/sub-clusters
   • To advocate for urgent funding for frontline CP, GBV and GP services regular monitoring and reporting on the situations;
   • To continue community-based activities on social cohesion and provision of protection-related services;

5. Health cluster:
   • Advocate for the reopening of the PHCC and ensure localized sustainable solution to prevent similar disagreement in the future is put in place.
   • Lobby for funds for health, WASH and Nutrition activities