



POC, UNMISS_CSB, Renk

Initial Rapid Needs Assessment Renk County, Upper Nile State, 08th-12th May, 2014

Assessment of Humanitarian Needs of
Internally Displaced Population, Located in
POC, Abayok, Jalhak, Shimudi and Wontou
areas of Renk County.

Introduction and Situation Overview

Renk is one of fast growing and developing counties in Upper Nile state and is located on the Eastern banks of river Nile- close to the International border with Sudan. Its location lies approximately 370 kilometers (230 mi), by road, north east of the State capital of Malakal.

According to a rough estimation, the total population of Renk county is between 250,000 and 300,000 mainly from DinkaAblang followed by Shiluk and other tribes. Renk town is also hosting four transit sites (Agany, Abayok, Mina and Payuer) for returnee's families, who came from Sudan using road corridor, since July 2011. Renk's significance is also because of its fertile land, which produces enough cereal (Sorghum) to feed the whole of South Sudan- when fully utilized.

Drivers of Crisis and underlying factors

Since Dec 2013, Due to volatile security situation in S. Sudan- in general and in Upper Nile State in Particular, areas in Renk county, especially the Renk town and its adjacent areas are experiencing an influx of IDPs population- seeking protection, mainly from Malakal, Maluit, Baliet, Manyo and other counties. During the months of April - May 2014, The Renk town came under attack many times, by the opposition forces. Due to which, many Renk residents together with the hosted IDPs from above mentioned locations were forced to flee and leave their area.

Scope of crisis and humanitarian profile

Given the ongoing crises and continued displacement coupled with difficult and remote terrain, lack of Govt's capacity and absence of any mechanism to record dislocation, it is hard to establish the actual number of displaced population. However, according to local authorities, 10,000 to 15,000 IDPs were settling with the host community in Renk town, during December and April. Whilst others went to Jalhak and towards Shimudi payam areas (numbers not available). Also a significant number proceeded further North to Wanthou payam (13000, as per IOM's latest DTM) and many families opted to enter into Sudan as refugees (confirm numbers not available). Some 56 Individuals are also located in a POC, outside of UNMISS COB in Renk.

In Ulith, located around 8kms from Renk town towards Shimudi, 25--300 IDPs are staying at a community school with hosting community.

Those IDPs, who are settled in Wonthou (13000), Ulith (300) and POC (56) areas, are living in poor conditions in absence of basic Humanitarian assistance. The basic needs can be prioritized as ES/NFIs, Food, WASH and Health.

Map



Affected population:

About 13000 to 15000

Displaced population:

Mainly Women/Girls/boys

Key Priorities

- Shelter/NFIs
- Food
- WASH
- Health/Nutrition
- Protection

<p>During past one week, it is observed that many civilian families are returning to Renk town and life is slowly- getting back to normal, however the situation will remain unpredictable for some time.</p>	
Humanitarian Access	
<p>At the moment, all those areas where the main IDPs population is concentrated i.e. Wontou and POC, are accessible. The team also did not see any hindrance to access affected population from the Govt OR Opposition side.</p>	
<h2 style="text-align: center;">Findings</h2>	
<p><u>FSL</u></p> <p>Places Visited included: Abayok Returnee Transit Centre, Jalhaq Payam, Shomadi Payam (Shomadi village, Atonling village, Akonbiek), and Wanthau Border town. There is a significant level of displacement into, and across Renk county, with people moving from different parts of UNS, including Malakal, Manyo and Renk town. Statements and stories told by families and communities corroborated the nature of the displacement and arrival dates, as well as, major challenges/ concerns faced by the displaced persons.</p> <p>There are 52 IDPs at UNMISS COB in Renk who are too afraid to venture out of the base in search of food, or other items; they are poorly sheltered, and with very poor sanitation. Access to food from the Renk is unthinkable due to security fears. The Elders in Abayok returnee people's camp reported some IDP presence but the team could not meet or speak with a single IDP, or families who may have recently been displaced from other areas.</p> <p>The next day, the mission visited Jalhaq. The Payam authorities in there reported to have received 10,000 IDPs since the crisis. Mina was reported to have the largest concentration. The Chief of the area indicated only 150 IDPs arrived and were living in the surrounding areas, but the mission interviewed only one family.</p> <p>In Shomadi Payam, the Payam Administrator and elders reported 15,000 IDP arrivals in and around the Payam. Only a handful of families from Renk town were seen. Displaced people in a school along the Renk- Shomadi Road live in a school and are exposed to the elements. They have no access to any nearby market, and there was some evidence of stress, with too many children and women. Male presence is characterized only by young boys (probably 15-19 -year olds).</p> <p>In Wanthau, there was evidence of stress, poor shelter, extreme challenges in WASH, health, food and nutrition issues. While IOM reported to have registered 13,000 until end of last week, the authorities estimated the IDP numbers to be 85,000 (this was questionable for a town that normally houses 400 households). Our interviews/focus group discussions revealed that all families have access problems and that meals were not regular. A female member of one household indicated that her children eat one meal a day, and sometimes they are lucky</p>	<p>Photos</p> <p>Insert photos from the community level assessment that provides in-depth view of situation.</p> <hr/> <p>Photos</p> <p>Insert photos from the community level assessment that provides in-depth view of situation.</p>

when neighbours bring milk for breakfast. She is worried about the general health of the kids due to poor hygiene/sanitation and the amount of food they eat.

Some of the areas visited have very little existence, if any, of a vibrant or functioning market system with adequate stocks of basic foods and requirements. However, Renk Town has a functioning market and well stocked stores; though operating at not more than 20% owing to continuing fears about further fighting; while Wanthau, a border town at the South Sudan-Sudan has a bustling market fully stocked with grains, oils, vegetables and many other consumable items. Extensive interviews with various families revealed their humanitarian needs in order of priority as: Shelter, WASH, Food and Nutrition, NFIs, and Health. Casual observations revealed that some children were under-weight and looking a little frail. It is also clear that food stocks in all areas receiving IDPs have been impacted owing to drastic increases in demand.

All families interviewed reported lack of shelter and poor living conditions. Our UNICEF colleague conducted some MUAC screening and reported 6 severe cases, with 20% of those screened falling close to the border-line. This is already too bad and needed some level of nutrition intervention as a preventive step.

Recommendation for immediate Humanitarian Assistance:

The 52 IDPs at the Renk PoC, plus the IOM registered 13,000 in Wanthau, as well as, the 30-35 families in and around the school along the Renk-Shomadi road are deemed to be vulnerable and in need of humanitarian intervention.

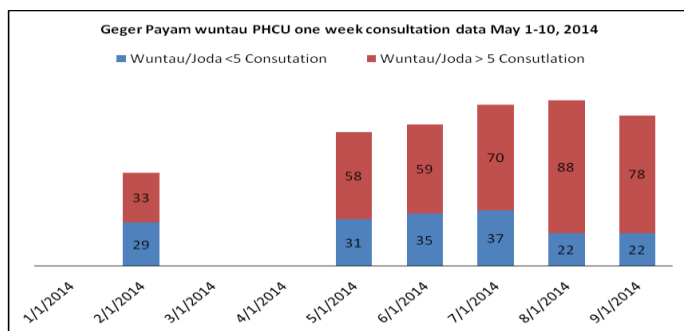
While there have been references to livelihood opportunities from those interviewed, and the fact that populations are still moving, we recommend no immediate livelihood programmes at for the next three to five months. The FSL therefore recommends life-saving interventions with a fifteen-day general ration distribution, to be complimented with a protection ration (BSFP) for all under-fives to address the looming malnutrition problems, alongside some degree of integration with complimentary programmes by WASH, Health, Shelter and NFI clusters to address under-nutrition and related challenges. In all locations, a competent partner should be identified immediately to undertake a GFD and BSFP in the identified areas.

Health

The current crisis affect the health sector highly in Renk county. The referral linkage is one of the affected part where Renk civil hospital is not functional at this time. This was aggravated by shortage of drug and supplies in the PHCC & PHCU. However, the PHCC/PHCU are performing their routine health care service in their minimum capacity with all these challenges. The new arrivals from neighbouring Payam & counties have also increase the need for health service. In regard to implementing & supervision partner, there is a gap in all health facilities running in the county. Renk POC have also about 25 HH with 52 most vulnerable community. The March/February & April, 2014 Health facility monthly data shows that, Shumudi PHCU has similar but lower case load during the two consecutive months due to supplies & drug shortage. We have found only Anti malaria in the drug store. Medair have provided supplies and drug during the assessment visit. In Jelhak PHCC, The cold chain is functional and they have routine immunization going on, Vaccine were potent and on stage 1. the consultation data shows lower

in April due to discontinue of service after the Renk/Jelhak shelling. We have provided supplies, drugs and Vaccine which the latter were brought from Malakal during the visit.

Wuntau PHCU has supplies which was recently provided from MEDAIR. However, the drastic increase of consultation which mainly registered as AWD & Malaria is a big concern. There is 5-6 times increase of consultation in a one room PHCU in wuntau. This is due to high influx of IDPs from Renk, Malakal, Manyo, Baliet & other counties of Upper Nile State. There is interruption EPI & other preventive activities which was a high concern for childhood illnesses & Epidemiological prone diseases.



Graph - Wuntau PHCU 1 Week consultaiton by day & by age group

Furthermore in Shumudi Payam there is information of 3 children died of the same illnesses. however we could not get any evidence from health facility & even no one including the local administration can show as even one of the houses for the children.

March/February & April Consultation Comparison for 3 Health facility

Shumudi & Wuntau PHCU, Jelhak PHCC

Source -Registration Book

Cases	Shumudi PHCU		Jelhak PHCC		Wuntau PHCU	
	March	April	March	April	February	April
Malaria	62	83	99	95	142	704
AWD	13	9	84	7	82	703
ARTI	2	3	64	7	43	94
Total	161	183	396	465	267	1501

March & April Consultation in Jelhak PHCC, Chumudi & Feb & April Wuntau PHCU -Renk County					
■ Malaria ■ AWD ■ ARTI					
March	April	March	April	February	April
Chumudi PHCU		Jelhak PHCC		Wuntau PHCU	
62	83	64	75	43	704
0	0	81	0	82	703
0	0	99	0	142	94

Conclusion

- The overcrowding of living condition in places such as wuntau & movement of population can possibly create outbreak in the county.
- Majority of the IDPs are mothers and children in most of the sites visited (Vulnerable group)
- Health care service is critically affected by both the country/state & county crisis.
- No referral linkage and option with the secondary health care service (Renk civil Hospital with its county cold chain) is not functional.
- There is interruption of outreach services such as EPI for months in some of the Payams
- With the rainy season there is urgent need to prepositioning of supplies, drugs and services in the county.

NFI

During the assessment we have visited several key locations that might be affected to the crisis. The need in this document for NFI is only related to IDP’s.

CSB-POC (UNMISS Renk)

IOM registered (4hhs/52indvs) staying within the POC area at UNMISS in Renk and distributed with support of Medair ES/NFIs materials namely; blankets, sleeping mats, mosquito nets, jerry cans, life straw for water purification, washing soap, plastic sheets, bamboos and digging kits. However, in case there is an attack on Renk town, number of IDPs within the POC site is expected to increase significantly, hence the need to pre-position some ES/NFIs materials to carter for that;

Yelhak (south of Renk):

type of population: host community. no need for NFI’s

Shimidi (including payams close by): we have seen about 500 displaced people alongside the host community. Most of them have integrated with the host community and are sleeping in their houses as result that their houses are overcrowded (up to 3 to 4 families)

There is a need for NFI for about 500 people (100 households).

In between Shimidi and Renk we have noticed another village in which several IDP's were sleeping in the school. 5 HH in one class room. Next to the host community in the village there are an estimate 700 IDPs (140 HH) we are in need for NFI.

In total we will request the cluster for 240 NFI kits, containing: mosquito nets, plastic sheets, blankets, hygiene kits, jerrycan, rope, and sleeping meets. No registration has been done An additional need for the IDP's and host community of Shamidi is Pur and Soap. This won't be part of the NFI distribution but will be part of WASH and will be taken up by Medair.

Renk town:

Currently the town is very empty; however we have noticed that more people are slowly returning. We estimate that the town contain at the moment about 25% to 30% of the normal host population. Besides the host community and returnees in Payuer, Abajok and Mina (which camps don't have a high population due to the recent shelling) there is no clear indicator of IDP's. Once people feel safe to travel back again to either Malakal or Manyo we can expect that Renk will be a temporary transit town, till the end of the rain season (3 to 4 months). In order to provide the necessary primary needs we will stock an additional 1000 NFI kits (for about 5000 people), containing: plastic sheet, blankets, mosquito nets, sleeping mats and rope.

The condition of the houses in Payuer and Abajok (returnee camps) is poor: This assessment report is related to IDP's, follow up on these camps will therefore not be part of this report but will be followed up by Medair and IOM. with the Cluster level coordinator for follow up.

Wonthow (north of renk):

- Local authorities estimated the current total population of Wonthow to be 85,000 people a drastic jump from 2,500 individuals reported prior to the conflict. Local authority number is inflated and way above to the population visibly seen on the ground which is slightly above 13,000 based on IOM DTM figures;
- IDPs from Malakal, Baliet and Manyo started arriving in Wonthow in December 2013, after the conflict in their places of origin. Many IDPs who fled to Renk from Manyo, Malakal and Baliet seeking refugee were forced to further proceed to Wonthow after the reported clashes in Renk town mid-May 2014;
- 90% of the IDPs in Wonthow are from the Shiluk tribe originating from Renk, Malakal and Wau Shiluk Kingdom, followed by Dinka;
- Most of the Nuer IDPs/refugees are staying on the northern side of the border with Sudan as they don't feel secure on the southern side;
- There is ongoing mixed movement of IDPs across the border, between Renk and Wonthow, new arrivals at the border from Geiger and Renk;
- Many interviewed individuals are willing to return to their place of origin only if the security situation normalizes – most of those in Wonthow are

not willing to cross the border into Sudan;

- Around 13,200 IDPs are staying in three schools located at the vicinity of the border area, churches, deserted shelters, market area, verandas and makeshift type of shelters in the available open space.
- Some IDPs are setting up shelters, using local materials (polls, papyrus and bamboos) available in the market, as a defense copying mechanism against harsh weather. Those who can't afford (mainly female headed households, elderly) are staying in makeshift type of shelters which are not resistant to rain, wind and sunlight;
- In case there are plans by the local authorities to re-open schools, all families currently staying in schools will be left in the open with no shelter of which 95% of them are women and children,;
- There is need to conduct distribution of ES/NFIs in Wonthow as soon as possible with priority given to the most vulnerable cases especially, elderly, female headed households, pregnant women which constitute more than 80% majority before the rainy season intensify;
- On average each Tukul is hosting 4 families, translating to 15-20 individuals without adequate blankets, sleeping mats, mosquito nets;

Medair will in partnership with IOM request for 2600 NFI kits, containing: mosquito nets, plastic sheets, blankets, hygiene kits, jerrycans, rope and sleeping mats

Protection

While the presence of IDPs was ascertained in a limited number of locations, there were concrete protection needs in a wider range. The predominant presence of women single heads of household and many children, an important number of whom separate or unaccompanied, shows serious vulnerability of the group. The number of the elderly, especially in Wanthao was considerable and requires special attention.

The limitations of the team to access and speak freely to people in closed individual meeting, without the presence of either army officials or community leaders, being up the need for a protection presence of UNHCR both in Wanthao and in other areas visited, depending on the number of people in each settlement.

Child Protection

The IRNA format was used, in addition to components of the CPRA tool. There was at the most one hour allotted to assessment in each site.

Where possible to assess, the IDP population seems to be dominated by women and children, particularly younger children. The biggest IDP population seems currently to be in Wunthau. There are also pockets of scattered settlements in the many villages El-Galhak and Shomedi payams, in addition to Abayok and UNMISS, but population movements are fluid. Since the opening of the border to Sudan 18.04, many have fled and moved to Sudan. One important characteristic of the IDP population in Wunthau seems to be lack of means to settle temporarily across the border. Some of the IDPs in Wunthau were originally displaced from other parts of the country to Renk town, and have been displaced more than once, putting strains on coping mechanisms. There are protection risks associated with boys and girls being let to the market or to the river next to the site to find food/earn money unaccompanied by caregiver, or left during daytime as many

cross the border. There are unaccompanied and separated children because of involuntary separation due to disorganized flight/movement and lack of livelihood and attempts to protect property. There is psychosocial distress among boys and girls because of attacks, separation from family, separation from friends, lack of food and lack of education. There is psychosocial distress among mothers due to ongoing conflict, lack of food, livelihood and shelter and safety of children. In the three villages visited in Shomedi, there was also distress among mothers related to the physical health of their children. There are other protection concerns related to boys being used by armed groups.

Education

There is currently no ongoing formal education in Wunthau, El-Galhak and Shomedi payams or in Abayok. According to two sources of information, there is school material in Renk County, including the new syllabus. Schools are intact, but several schools in the region are used as shelter. In at least one of the Child Friendly spaces/Temporary learning spaces, there is ongoing Informal education directed at younger children. The CFS/TLSs are also used as shelter. Some of the teachers have fled or are displaced, but there is teaching capacity.

WASH

The IRNA team led by OCHA visited five key locations during the assessment: UNMISS COB, Abayok, Jalak Payam, Chumudi Payam and Wounthau. Because IDPs were only found in all locations but Jalak Payam, and each location requires a specific WASH response, the following assessment is divided accordingly.

UNMISS COB

The 4 households and 52 individuals located in UNMISS COB are not receiving any WASH service.

- Water is fetched on a daily basis by women in the river, located less than 300 meters away from the COB. There have been some reports that women have been raped while fetching water/bathing in the river. During the interviews, both men and women confirmed there are constantly harassed by SPLA.
- Although the IDPs have received pure sachets distribution the high level of turbidity of the water make their use ineffective.
- Although IOM is in process of building three emergency latrines, currently IDPs do not have available any functional sanitation facility. IDPs are practicing open defecation outside of the COB, which also contributes to increase the risk for women and children.
- IDPs in the COB are aware of hand washing and general hygiene practices, but they do not possess the basic WASH NFIs to implement it. None of the IDPs in the COB have soap and the jerry cans they are using were worryingly dirty.
- The location of the IDPs within the PoC is in a flood-prone area. After a heavy rain during the visit, 50 per cent of the shelters were flooded.

ABAYOK

Abayok is a transit station for returnees but there are some pockets of IDPs that

have taken empty shelters or have been accommodated by relatives. In that area, WASH needs for the IDPs are catered by their relatives and the agencies currently working in the area. The needs of the IDPs are similar to the needs of the host community.

- Water supply is granted by two water points fed by the main water supply system. Concerns are the low pressure in the two water points and the long distance some of the dwellers of the transit station and IDPs have to walk to the water points.
- There are an undetermined number of latrines across the transit station, all of them gender-segregated. Some of the latrines need an upgrade of the superstructure (i.e. plastic sheeting).

ROAD RENK-CHUMUDI PAYAM

Along the road linking Chumudi and Renk, there are several pockets of IDPs, including in Chumudi. There is no official registration so the actual figures are unknown, although local authorities claim there are 15,000 IDPs. In Chumudi, IDPs are merged with the local community; they have been accommodated in houses of relative and acquaintances. This is causing an overuse of local resources, in particular water, and aggravating the long-term needs the host community had before the crisis. Besides Chumudi, the team stopped in Bubdit, Owmagliet and Goud Choki Goad School, where IDPs had occupied empty shelters and schools. The majority of the IDPs interviewed agreed that as soon as the security situation in Renk improved they are planning to move back.

- Medair has constructed several shallow wells in Chumudi. The quality of the water is fairly good as the sand naturally filters it, however there is a technical challenge to guarantee the stabilization of the substructure. So far, there are only four wells functioning, two located 500 meters of Chumudi and two more in the center of the town, the rest have collapsed. The recharging rate of the four shallow wells is not enough to cater the population of Chumudi and the IDP population.
- Medair is planning to increase the number of shallow wells and implement a technical solution to guarantee their durability.
- The pockets of IDPs found along road to get water harvest rainwater by building small and unprotected ponds. As per observed, the water they were drinking had very high level of turbidity. Some of them filter the water with clothes.
- In Chumudi and other locations, open defecation is common, although human feces were not observed close to shelters and water points. Medair is planning to build some emergency latrines in Chumudi.
- In all locations, soap and other WASH NFIs were not observed at household level. Jerry cans were unclean but IDPs were aware of basic hygienic practices but highlighted they do not have means to practice them.
- Medair had trained some hygiene promoters in Chumudi, but some of them have departed and others have stopped working.
- There was not observed significant fly/vector problems as a result of sanitation or waste problems in the area.

WOUNTHAU

A registered IDP population of 13,000 is located next to the South Sudanese – Sudanese border, occupying the eastern side of the riverbank. Although the area is not overcrowded, each of the shelter contains a large number of IDPs. The majority of the IDP population in Wounthau comes from Malakal and Renk. When

the team arrived in the location only found women and children in the shelters. Reportedly, men cross everyday the border and stay in the Sudanese side of it until the evening, looking for livelihood opportunities and food.

- Medair is running an emergency plant made up of a 30,000-liter onion and 3 10,000-liter bladders. The daily production is around 30,000 liters but the treatment process is being enhanced to reach a production of 90,000 liters per day.
- Many women were observed fetching water from the river for washing and bathing purposes. Also a large number of IDP were observed bathing next to the intake of the water treatment plant.
- Medair had constructed 18 emergency latrines, segregated by gender. An increased number of latrines and hygiene promotion is a key gap in Wounthau, as AWD was reported to have a high incidence and human feces were observed near shelters and the main water point.
- Soap and other WASH NFIs were not observed at household level. Jerry cans were unclean and IDPs were aware of basic hygienic practices but highlighted they do not have means to practice them.
- Many of the IDPs have set up shops and increasing the flow of supplies in of Wounthau. This has generated a significant increase in the production of garbage, which is accumulated in several spots near the shelters.
- There was not observed significant fly/vector problems as a result of sanitation or waste problems in the area.

Nutrition

Jelhak does not have any Nutrition service apart for the screening that is done by the HHPs in the community. During the assessment the facility staff reported they had screened 3 children with SAM. Some Plumpy provided.

Shamidi . There were 2 children with SAM and 1 PLW. These have been clients in Medair Abayok facility but fled due to insecurity.

Wonhou: There is a great need for Nutrition services in Wunthou. Total screened 10 MAM 3 SAM 1. PLW 5 >230 was 1 . There are no Nutrition services in Wunthou but with this influx of IDPs there is need to set up and have a general food distribution.

Next Steps

<i>Cluster</i>	<i>Priority actions</i>	<i>Human and material resources required</i>	<i>Responsible Entity</i>	<i>By when</i>
Education.	Education focal point In Renk county together with CBO to start EIE.		Unicef, Education,	Followed up within two weeks.

Health	<ul style="list-style-type: none"> Vaccination of children and other preventive measures (bed net distribution) Put county wide support from health partner Regular supplies and service delivery Make Renk hospital functional & restore the referral system. 	<ul style="list-style-type: none"> Fridges, Vaccine, coldchain room in wuntau Lead NGO for the whole county should be on ground - Request MOH and partners 	<p>UNICEF, WHO, Health Partners</p> <p>Health Cluster in Mlakal & Juba</p> <p>MOH, WHO, Lead agent</p> <p>MOH, WHO, Cluster</p>	<p>ASAP, before the rain</p> <p>1-2 week</p> <p>1-2 week</p> <p>ASAP</p>
Nutrition	<ul style="list-style-type: none"> Screen all the children 6-59 month and PLWs (This has already started On 12/05/2014) GFD or blanket feeding Closely monitor the situation Start OTP/TSFP 		Medair	Ongoing
Protection	<p>Establish presence in Wanthao and else</p> <p>Register IDPs in Wanthao / distinguish vulnerable</p>	2 or more protection staff	<p>UNHCR</p> <p>UNHCR</p> <p>IOM</p>	Asap

Child Protection	<p>Contact with INGO which has had presence in Renk until recently (cannot be reached).</p> <p>Medair to set up part-time focal point for child protection to ensure mainstreaming in other sectors.</p> <p>Contact with UNMISS regarding the IDPs in the base.</p>			Ongoing
NFI	Request for 4000 NFI kits from cluster, registrate idp's and distribute	2 NFI staff Distributing 2 IOM staff (registration)	MEdair	ASAP depending on when we will receive the nfi kits from the cluster.
WASH	<p>Implementation of basic water supply and sanitation infrastructure for the IDPs located in UNMISS COB.</p> <p>Preposition of WASH NFI Kits for the IDPs in Abayok, Renk-Chumudi Road and Wounthau. According to the tracking of IDP movements by IOM distribution will be considered in those areas where displacement is</p>	<p>3x1.5 cubic meter bladders with their respective tap stands.</p> <p>Materials and labour to construct 3 latrines.</p> <p>4,000 hygiene kits</p> <p>4,000 plastic jerry cans.</p>	<p>IOM</p> <p>WASH Cluster Juba & Malakal</p>	<p>In progress</p> <p>1-2 week</p>

	<p>volatile. Distribution for the 2,600 IDPs in Wounthau will be happen alongside with the planned distribution of NFI kits.</p> <p>Increase the number and the durability of shallow wells in Chumudi. Combination of a long-term needs of the host population with an emergency response for the IDP population.</p> <p>Increase the number of latrines in Chumudi. Combination of a long-term need of the host population with an emergency response for the IDP population.</p> <p>Consolidate a hygiene promotion strategy in Chumudi and Wounthau.</p> <p>Increase the supply of water in Wounthau up to 90,000 liters per day.</p> <p>Increase the number of latrines to 260, as per minimum standards.</p>	<p>Materials and labour to increase the number of shallow wells.</p> <p>Materials and labour to increase the number of latrines</p> <p>Trained hygiene promoters.</p> <p>Consumables for the water treatment process.</p> <p>Maximize the efficiency of the water treatment process.</p> <p>Materials and labour to construct latrines</p>	<p>Medair</p> <p>Medair</p> <p>Medair</p> <p>Medair</p> <p>Medair</p>	<p>1-2 week</p> <p>1-2 week</p> <p>1-2 week</p> <p>1-2 week</p> <p>1-2 week</p>
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FSL	GFD and BSFP for the assessed caseload of 13,000 in Wanthau, 52 at the Melut PoC and 250-300 at the Shimadi school grounds	Registration and distribution teams- WV, possible WFP programme staff GFD 13,352 IDPs and BSFP to all qualifying families	WFP	ASAP
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Assessment information
Assessment Teams details

Tanvir Khan	Team Leader	OCHA
Ronald Mayanja	RRP/ Mission Support	UNMISS
Gonzalez Palau Rainer	WASH	IOM
Nyararai Kwenda	NFI	IOM
Saikoba Ahmad	Food	WFP
Hortenc Balla	Protection	UNHCR
Esam Ramadan Buto	Protection	UNHCR
Samual H. Hagos	Health	WHO
Anne Kristin Takle	Child Protection	UNICEF
Robert Akua	Nutrition	UNICEF
Willem van Amerongen	project coordination	Medair
James Ireri	NFI	Medair
Tecla Ngaira	Health and Nutrition	Medair
Steve Karigu	WASH	Medair
Alfred Bunyanga	NFI/Translator	Medair

Geographical area visited

Shimudi Payam	(Latitude N 11' 30' 42.72)
	(Longitude E 32' 58' 1.24)
Jalhak	(Latitude N 11° 02' 472")
	(Longitude E 03° 41' 654")

Abayok

POC (UNMISS, COB)

Wontou.

Assessment itinerary

Thursday	08 th May	Malakal - Renk - Abayok
Friday	09 th May	Renk – Jalhak
Saturday	10 th May	Renk – Shimudi
Sunday	11 th May	Renk – Wontou
Monday	12 th May	Renk – Malakal

Type of key informants interviewed

Group discussions, Individual interviews.