

This IRNA Report is a product of Inter-Agency Assessment mission conducted and information compiled based on the inputs provided by partners on the ground including; government authorities, affected communities/IDPs and agencies.

Situation overview

Jonglei State has been the scene of violence in the ongoing conflict in South Sudan. Bor town, the state capital, has changed hands a couple of times resulting in displacements. Various reports show that a significant proportion of the predominant Nuer population has been reportedly displaced to Nyirol County. Indications show that the IDPs were absorbed by the host households in Chuil. With Chuil described as the remotest part of Nyirol County cut off from the main service centres like Lankien, louder distress calls of high food insecurity have been heard. The reported influx of IDPs from Nasir, Baliet, and Malakal could have grave humanitarian concerns. Chuil itself has received little humanitarian assistance ever since the start of the crisis. Attempts to access Chuil have not been successful hence the IRNA assessment to get reliable and accurate understanding of the humanitarian situation.

Chuil lies in the Sobat corridor in Jonglei State (Nyirol County) bordering Upper Nile state. This strategic geographical location, between Malakal and Nasir, two of the most affected areas by the current conflict, turned the area into a safe haven for displaced populations. Chuil has not yet faced any kind of confrontation between government and opposition forces. Chuil may not be considered a militarized zone despite the small presence of opposition forces. The presence of IDPs from three different tribes (Nuer, Dinka and Shilluk) reflects the historical links of the area's mixed ethnography, but also calls the attention for a volatile situation. Additionally, the Nuer IDPs from Nasir and Ulang are Jikany while the host communities from Chuil are Lou Nuer. According to the rapid assessment, the Dinkas and Shilluks are coming from Malakal and Baliet whilst the Nuer came from Ulang and Nasir. Apart from Chuil itself, the IRNA team was able to carry on interviews in Miew, 1 hour walking distance from Chuil. The IRNA team members also reached Wachluachni, 20 minutes walking distance from Chuil. Most of the data collection was done in Chuil village itself.

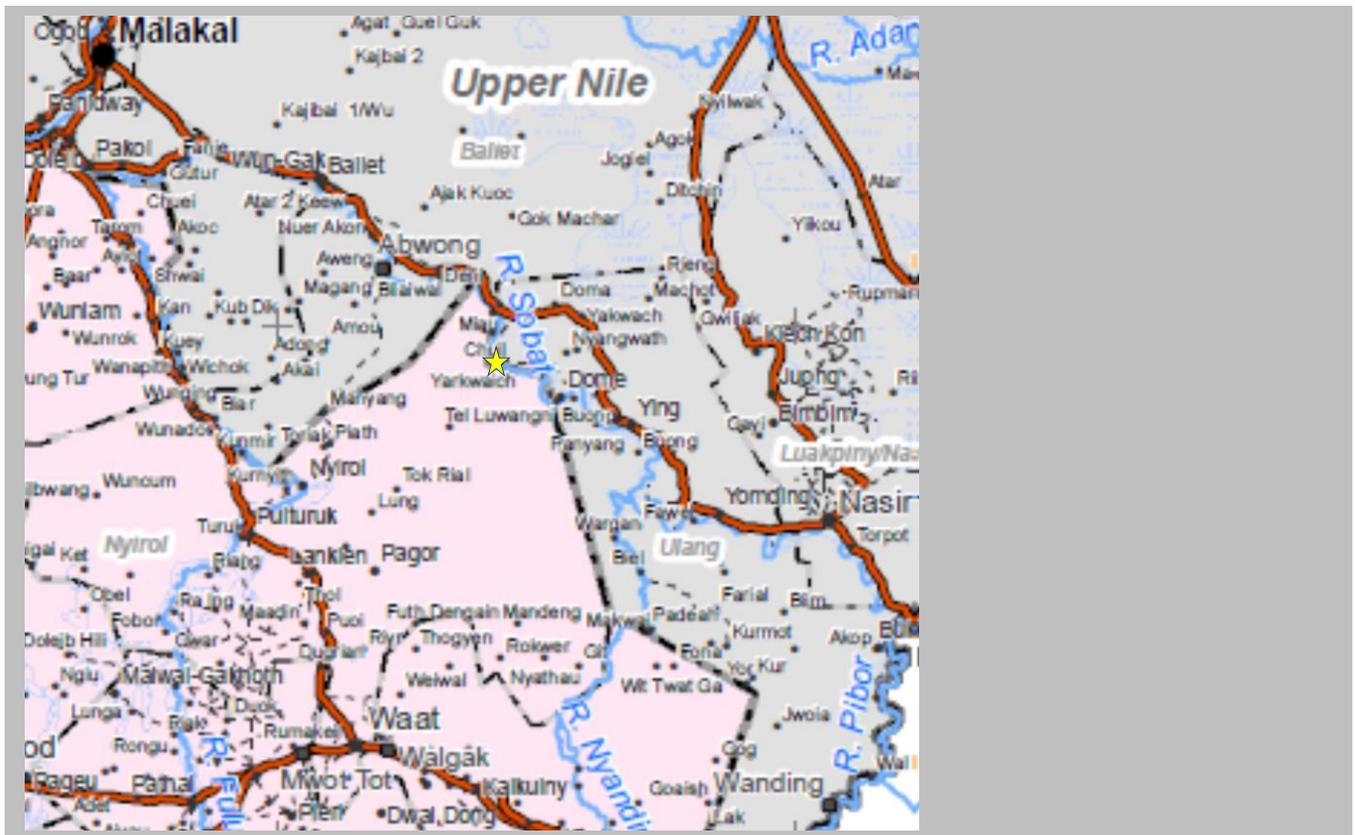
The households surveyed came from a variety of locations, including Khorfulus, Doma, Abong (Baliet areas) and Nabil Jok in Upper Nile between in January or March, and the most recent arrived in May 2014. Some women interviewed reported one baby died along the road, loss of livestock and livelihood means widely reported as well. Most households were staying in houses vacated by the owners when they went to Lou (Lankien). A couple of IDPs are reportedly from Juba. In Miew, the team was able to talk to the local chief and some IDPs families, both Shilluk, and could see a couple of IDP Dinka families close by. According to the chief there are 2000 IDPs in Miew (1.200 Dinka and 800 Shilluk). The first IDPs in Miew arrived on the 23rd of June and 30th of July from Baliet, the chief insisted in mentioning that there are no problems between the three ethnic groups. When there is any issue, it is referred to the chief who reportedly takes neutral decisions in resolving disputes between the different ethnic groups. In the chief's own words, "we are all Sudanese" and the communities have supported each other in the past, besides, there is inter marriage between them.

In Wachluachni, the team spoke to the local sultan and identified similar issues as in Miew. The empty houses, previously used by soldiers (the soldiers left before IDPs arrived), were occupied by the IDPs (Shilluk and Dinka from Baliet). Numbers (not verified) of IDPs given by the sultan reaches 1300 (800 adults and 500 children). The IDPs arrived in June without livestock and the last batch arrived on the 8th of July. According to the chief the IDPs are willing to return when the situation normalizes. No cases of unaccompanied or separated children were reported. However, numbers of approximately 20 orphans have been incorporated into the community. Reports of no schools in the area, no medicine for Kalaazar, no food and no mosquito net were heard from the community. The community is drinking water from the river and there are no sanitation facilities in the area.

Site overview



Location map



Drivers of crisis and underlying factors

The continued clashes in Upper Nile State and Jonglei are the main factor driving the trend of displacements. Malakal town, the state capital of Upper Nile, has changed hands a couple of times resulting in displacements. States Jonglei and Upper Nile are already fragile humanitarian contexts having seen some of the worst fighting.

The IRNA mission had a meeting with the Payam council at its arrival. The figures indicated by the RRC regarding host communities population is about 80915 individuals (of which 47221 IDPs) in total. These figures are not clear as no sign of emergency shelters was visible and no such numbers of people was identifiable during the stay of the mission. Community leaders suggested that IDPs are busy in food collection activities during the day, but during a walk to the furthest bomas (Kurmayom, 8 km away from Chuil) not so many people was around the area.

In Kurmayon, a focus group with community leaders from host communities only (and another group of men between 18 and 25, some of them armed) took place in which they stated the presence of 5000 IDPs (arriving from Baliet, Nasir and Malakal) and 2500 host community individuals. Even though the groups are from different ethnicities, the relation between them is good. They stated the need for food, medicines, livelihoods items, education support.

Scope of crisis and humanitarian profile

Total host population reported by authorities: 80,915 people

IDP population reported: 47221 (RRC/Chuil Reports)

Key response priorities

Health:

- Delivery of medical supplies.
- Surveillance of diseases and regular monitoring.
- Further investigations and attention to reported cases of Kalazaar and malaria.
- Cases of Kalazaar disease were noted in most households. The worst hit population is children. Upon visit to the health centre run by MSF, they confirmed about 120 cases requiring urgent treatment.

Food Security and Livelihoods

- Provision of food assistance, supplementary feeding also recommended. Coping capacities slowly succumbing.
- There is urgent need to distribute fishing gears; this will increase access to more fish for their consumption.
- Veterinary services as there are reports diseases foot and mouth, lump skin and other unknown diseases.
- Food for work projects – community assets, drop-zone, and airstrip rehabilitation
- Provide host communities and IDPs (will be accessible to land) with agricultural inputs in readiness for the next agricultural season

Protection/Child Protection/GBV:

- Psychosocial support and non-formal education especially for recruited boys.
- Components of psychosocial support should be included in the emergency education.
- FTR registration during RRM or food distributions.
- Distribute hygiene kits to females.
- Protection, child protection and GBV mainstreaming into other sectors.
- Active child protection actor required to cover Chuil/Nyirol County.
- Active engagement with authorities to reduce child recruitment in armed forces.
- Integration of GBV prevention and response in education, health and livelihoods.

Shelter/NFI:

- Distribution of mosquito nets prioritizing IDPs, eventually through other distributions that will take place.
- Verification/registration of the IDPs in reported areas.

WASH

i) Ensure access to safe water to the community of Chuil through:

PuR distributions and demonstrations

Distribution of 20 L buckets for water collection and storage

Dissemination of messages on safe water options

ii) **Promote access to improved sanitation to the community of Chuil through:**

Promotion of cat sanitation in the greater community

iii) **Promote personal hygiene to the Chuil community through:**

Distribution of soap for hand washing

Promotion of the use of ash for hand washing

Dissemination of messages on prevention of wash/hygiene related diseases

iii) **Ensure hygiene messaging in Chuil to prevent diarrhoeal diseases through capacitating hygiene promoters to deliver key messages on :**

hand washing, safe water, cat sanitation, food and personal hygiene.

Nutrition:

- Nutrition mass screening for children (0-59 months) and PLW to assess their nutritional status.
- Based on the screening finding plan for Community Management of Acute Malnutrition (CMAM) which includes Therapeutic Feeding Programme (TFP), Targeted Supplementary Feeding (TSFP), Blanket Supplementary Feeding (BSFP) and IYCF-E.
- Preposition of adequate nutrition supplies.
- Integrate nutrition interventions with other clusters.
- Health cluster to initiate child survival interventions like immunization, vitamin A supplementation and Integrated Childhood Case Management (iCCM).
- Routine nutrition screening for children (6-59 months) and pregnant and lactating women

Education:

- Initiate emergency education support or resumption of learning activities.
- Delivery of educational supplies, learning material.
- Training for teachers in emergency education.

CCCM/DTM

- Monitor reported population influx in areas not accessed by the IRNA team.
- Better capture intentions of IDPs in Chuil - possible Data Tracing Matrix (DTM) deployment.
- CCCM partners could also undertake registration as well as the DTM
- Further assessment of the situation of IDPs settled in the reported areas. This will give a better idea of their current living conditions and needs.

Humanitarian access

Physical access

Physical access to Chuil from Juba is primarily by air. One airstrip is in Chuil town, landing possible for both fixed wings and helis. Reports show that if it rains heavily, fixed wing landings very difficult hence helicopters recommended. During the IRNA mission, an MSF fixed wing plane successfully delivered medical supplies for its medical facilities. Sobat River is navigable from Gambella, Ethiopia. Malakal and Juba have been traditionally reached. Akobo and Pibor also reachable when the river levels is high.

Access coordination

Humanitarian access to the area did not present significant challenges at the time of the IRNA mission. The team members freely conducted the data collection without any reports of harassment. None of the team members reported feeling threatened.

Key findings

Education:

Key findings

- There are five schools in Chuil area as follows; Kurmayom 315 pupils, 2 teachers; Yakuach 318 pupils, 2 teachers; Pathiel 255 pupils, 1 teacher; Chuil 416 pupils, 6 teachers; Deni 280 pupils, 3 teachers. The team visited only Chuil School; it is a concrete structure with 6 classes, good chairs and lockers.
- The classrooms are not enough as some children have classes under the trees. Chuil School has some unfinished concrete structures; they cannot be used during the rain season. The other schools reportedly do not have any structure at all.

- The schools have been closed a week ago due to several factors which were reported. These included lack of food in the area, lack of teaching materials (books, pens, chalk) and outbreak of Kalaazar which affected most of the school children.
- Teachers are largely volunteers and not enough to meet the learning requirements. There are no recreational activities and facilities. There is agent need of education support; most of volunteer teachers may not be able to continue in the absence of incentives.
- The teachers also reported that children dropped out of school due to lack of food. The residents did not harvest sorghum since it was destroyed by floods. School meals recommended to reduce support learning activities.
- There is low enrollment of girls in school according to the teachers. More effort should be geared towards sensitization and awareness to ensure that more girls are enrolled to reduce cases of abuse such early marriage.
- With reports of boys being recruited to join the armed groups, there is need to mobilize and equip schools. Promotion of boys learning and enrolment need to be encouraged for the children to stay in school. Continuity of schools is important to act as deterrent of forced recruitment of boys and girls in joining armed groups

Priorities for humanitarian response

- Initiate emergency education support and resumption of learning activities.
- Delivery of educational supplies, learning material and teachers' incentives/salary.
- Teacher Training on life-skills and psychosocial support.

WASH

Key findings

- The WASH situation in Chuil as in most parts of the state is dire. Chuil has been cut off from general services due to the ongoing conflict leaving the community with minimal access to and basic hygiene enabling items.
- There are remnants of a three tank gravity operated settling system – this was reportedly destroyed by the wind (storm). There is one “bio sand” filter unit it appears operational but not used generally used, a small amount of water was taken from the unit and was visibly clear, odour free with no unusual taste. The main requests from the community were for drugs and mosquito nets, the community leaders cited an increase in illness primarily malaria and Kalaazar. Other requests were:
- From discussions with local authorities, women, men and children in Chuil, the community in the area is drinking directly from the River Nile which is less than 30 minutes' walk for the majority. The lack of boreholes in the area means that the whole population is drinking surface water, which directly exposes the communities. People in Chuil town were accessing water from a communal bio-sand filter in the market which was installed in 2010 by FHI (Food for Hunger International). This system is now none functional but requires minor repairs. The women however were not keen on the technology as it involves filling manually with 24*20L Jerri cans as the water pump that served it was vandalised a long time ago.
- The river is not divided into sections by domestic function, thus bathing, laundry and cleaning dishes/fish is done at the same part of the river increasing the risk of cross contamination. Goats and cattle also drink freely from the river. Water treatment is not new to most of the community in Chuil as most of them are from 'urban centres' of Upper Nile, where PuR was either distributed before by WASH partners, or sold on the market. During the IRNA, however, the communities were drinking untreated water though they did seem to understand to some extent the link of untreated surface water and diarrhoea.
- Methods of sanitation in Chuil is largely open defecation (OD) expect for 1 latrine each in Chuil centre, the school, the church , the police station, the Payam Administrator's compound and a teachers homestead. The lack of sanitation facilities does not present an immediate health challenge as the population is fairly dispersed over a large area.
- There was no visible evidence of OD on arrival in Chuil town, however, the proximity of one defecation field to the water causes a real and immediate threat. Environmental sanitation is generally good as there is minimal waste generated in Chuil thus its management is not a public health concern. Drainage is poor due to the black cotton soil, and a lot of ponds and stagnant water were observed around the town and in the villages visited. These do not cause a public health challenge as the water is too shallow and dirty to allow mosquitoes to breed and dries up within a couple of days after the rain stops. No children were observed playing in these dirty ponds of water as the Nile offers a better source of water for swimming.

- Levels of hygiene are generally acceptable in Chuil. No soap is available on the market at all though women did mention that they bath their children regularly with just water. Children did show signs of some hygiene related disease such as ring worms and scabs, which may indicate the need for soap and bathing materials like towels. Hand washing is rarely practised and food hygiene is poor. There was no evidence of pot rakes in the community and the water storage containers/ cooking utensils were observed to be dirty and lying on the ground.

Priorities for humanitarian response

- i) Ensure access to safe water to the community of Chuil through:
 - PuR distributions and demonstrations
 - Distribution of 20 L buckets for water collection and storage
 - Dissemination of messages on safe water options
- ii) Promote access to improved sanitation to the community of Chuil through:
 - Promotion of cat sanitation in the greater community
- iii) Promote personal hygiene to the Chuil community through:
 - Distribution of soap for hand washing
 - Promotion of the use of ash for hand washing
 - Dissemination of messages on prevention of wash/hygiene related diseases
- iv) Ensure hygiene messaging in Chuil to prevent diarrhoeal diseases through capacitating hygiene promoters to deliver key messages on :
 - hand washing
 - safe water
 - cat sanitation
 - food and personal hygiene

Protection

Key findings

- IDPs have fled the violence after the start of the conflict in December and have settled in Chuil. There is presence of Dinka and Shilluk IDPs from Malakal and Baliet and Nuer from Ulang and Nasir. History of inter-marriage between Nuer and Shilluk and Dinka seem holding the ethnic divide. Important to mention that Nuers from Ulang and Nasir are Jikany Nuer and the host community of Chuil is Lou Nuer.
- Although there were Dinkas, Nuer and Shilluk IDPs and Host community, no inter-ethnic tensions reported. There is scarcity of food for IDPs, potential conflict between host community and IDPs in near future as pressure increases on limited resources.
- Children not attending school seem an easy target for armed groups recruitment. Presence of underage armed actors also observed. There were no cases of unaccompanied and separated children, however, cases of orphans being taken care by the community.
- Host communities and IDPs drinking water from Sobat River. IDP women have to walk 2 to 4hrs to find food when not available in the community. No reports of violence (Further assessment necessary). The IDP population present was predominantly female and children. Some reported that their husbands were on the front line or dead.
- The team was not able to meet many IDP families due to time and distance constraints. The information collected shows that IDP's were integrated into the host community and in many cases have occupied abandoned houses that were initially occupied by soldiers now in the frontline.
- It was reported that there had been no food or NFI distribution in Chuil since the conflict started. Despite the existence livestock (cattle, sheep, goat), fish and maize crops, the increase of the population with the arrival of IDPs there is a risk of food insecurity. Food insecurity can be a trigger of conflict between IDPs and Host Communities.
- There are reports of orphans (Chuil n/a, Wachluachni 20, Miw n/a). According to sources, orphans are being taken care by the community, relatives and neighbors of deceased parents.

- IDP women have to walk for 2 to 4 hrs to get food when not available in the community. There are no reports of violence against women during movement. However, a further assessment needs to be carried out.
- There are no gender-segregated latrines, no child protection services in the area. The children not attending school are at an increased risk of recruitment by armed actors

Priorities for humanitarian response

- Further assessment of GBV cases
- Proper registration and verification of IDPs necessary in order to carry out a food distribution
- Potential conflict mitigation measures between IDPs and host communities when providing services.
- Provision of psycho-social support to children and assessment of the need to set up child friendly spaces.
- Raise awareness about child recruitment
- Integration of GBV prevention and response in education, health and livelihoods.

Child Protection/GBV

Key findings

- There were no cases of separated or unaccompanied children reported. Most families that took refuge to the area brought along their children. However such cases may be identified during registration process where the team may conduct in depth interviews to identify and register such cases.
- Few numbers of children were seen carrying guns and others reported to have joined armed actors. Follow up (MrM) with relevant actors recommended.
- Women feel safe .There are no cases of GBV cases reported either by the host community neither IDPs Most of the women and children who came from Malakal and Nasir have been hosted by the host community and currently occupying barracks because most soldiers have gone to war. There is no general fear of attack ,the community feels safe
- The issue of food insecurity was confirmed by all the households visited. There is urgent need to bring food to the community so save them from pangs of hunger.
- No recreational activities for children hence posing more risk to boys for further recruitment. There is need to start CFS in order to address the psychosocial needs of the children since the school is not in a position to do that.
- Urgent RRM is needed to address the need of the children and women.
- Presence of orphans in different locations, taken care by the community, relatives or neighbours.

Food security and livelihoods

Key findings

- Some crops are visible and there are reports of crops failing due to flooding. Cattle were plentiful in the village area. Household food consumption for the people normally consists of maize and sorghum as staple cereals along with animal products, including milk and blood, fish and vegetables, like okra and pumpkin.
- Respondents reported that no sorghum was available, however maize was being harvested. In all but one interview people reported that they planted crops, unfortunately, the women also reported that many gardens in the area were severely affected by flooding (which was evident from the air, although could not be checked on ground). The household that did not plant said they had no access to land and no seeds.
- As a result of the failure of crops, due to flooding around town, many women reported begging for maize from people further from town. One woman described walking for 2 hours with her daughter to beg for food, the women returned with maize and pumpkins. Currently people are consuming gathered foods, including local banana, plant leaves, scrub vegetables fish and eggs. When people have access to cows there is milk, but many of the women reported that they do not have cattle.
- A variety of coping mechanisms were described including staying with relatives, eating once per day, begging for maize, and also gathering yams. Eating one morning meal and then go out searching for food to prepare in the evening are the common trends reported. Milk and blood when there is access to it, for example, one

house gave a cow to the IDP family and cow had a calf so now they have milk and can sell the calf. There is prioritizing of children for food. For example, milk is divided between the small children first.

- Several households had no animals or only a goat or only one small kid (goat) and while the gardens around the houses provide some variety such as beans, okra millet and maize, when they exist, however the owner of the garden determined that it would only provided enough food for the family of 10 for one week.
- With regards to livelihoods, people described several activities that had at one time been pursued for income generation: collecting honey, growing okra and tobacco for use and sale and selling small ruminants when money was needed or as exchange. The rate in the past for exchange of small goat for sorghum was 4kg, however there is no exchange at the moment because of the lack of cereal for sale. One woman had a calf to sell and she was expecting 100SSP from the sale in Lankien where she will purchase food and fishing nets. In order to sell the calf, the woman must have permission from husband, which she did because the sale is for the welfare of the children.
- The males we encountered were queried about the types of cattle disease that were present and the only response was TB which had killed 5 out of 30 cattle owned by the man. When asked what could be done he said there is no treatment and there is no plan available whereas in the past the treatment was brought from Sudan.
- The market in Chuil is relatively small, observed during the visit were 2 teashops, one grocery store, one grain store, a pharmacy kiosk and a fishing net maker. The net maker does not sell the nets and gets his supplies from Lankien. The grain seller described the purchase of sorghum from Ethiopia and the transport back to Chuil. He described difficulty selling the grain, but said he thought he would make another trip soon. There is no sorghum and no seeds for okra and pumpkin however they would plant if they had seeds

Priorities for humanitarian response

- Provision of food assistance. Local coping capacities seem to be slowly but surely succumbing to increasing population pressure.
- There is urgent need to distribute fishing equipment; this will allow them access more fish for their consumption.
- Initiate income generating activities as a wide section reports loss of salaries and usual livelihood strategies due to conflict.
- Provision of agricultural inputs in readiness for the next agricultural season

Nutrition

Key findings

- Some of the households have primarily planted maize and pumpkins at their gardens and only few of the households have cattle and ruminants. Even at some of the household in Miw and Chuil villages 'Wor' –a wild plant used as a source of food. The displacement of the people attributed to armed conflicts in the neighbourhood counties has negatively influenced the household livelihood asset and the absence of local market in the payam has further reduced accessibility and availability of sufficient, safe and nutritious diet.
- Women are responsible to feed the whole family. Some of the mothers with were observed bearing of their children and travel long distances to fetch maize, sorghum and pumpkin from their relatives. Even the grinding, mixing and other cooking processes at household takes pretty much time of the mothers to give close attention for breast feeding and care of their children. Small young children are feed with regular family meal and minimal attention is given for the quality and quantity of food. In the Miw, Chuil and Wech luachini villages, proper behavioural change communication modalities on infant and young child feeding have never been exercised.
- There is only one functional PHCU in Chuil but suffering with lack drugs and supplies. MSF-H is supporting the management of visceral leishmaniasis (Kala-azar) however basic child survival interventions like immunization, safe delivery services, provision of insecticide treated bed nets, promotion of infant and young child feeding practices and therapeutic feeding programme are extinct. As to the CHW in the PHCU, the major causes of morbidity in Chuil for under five children are malaria, malnutrition, pneumonia and Kala-azar. Complex cases are usually referred to Lankien hospital and it takes nearly six days travelling on foot. Immunity deterioration situation related to cyclical food insecurity and poor access for preventive and curative health services would intensify the vulnerability of the people to infectious diseases (like Kala-azar) and/or malnutrition.

- There were some latrines in the villages but proper and consistent usage is a concern. During transient walk in the villages, some open defecation sites were noticed. Adequate surface water is available in a walking distance however people observed drinking untreated. The remarks on water and sanitation would contribute to malnutrition through unhealthy environment and higher disease burden.
- A rapid MUAC screening was undertaken on 25 children (12 girls and 13 boys) in Chuil village. Two female children (8% of the total screened) were found having edema/red MUAC <11.5cm whereas 4 children (2 girls and 2 boys; 16% of the total screened) were obtained with yellow MUAC > 11.5 to 12.5cm. Based on these findings and the above mentioned contextual factors indicate a deteriorated nutrition situation in Chuil payam and even the prospect will be worse unless emergency nutrition response is timely initiated.

Priorities for humanitarian response

- Nutrition mass screening for children (0-59 months) and PLW to assess their nutritional status.
- Based on the screening finding plan for Community Management of Acute Malnutrition (CMAM) which includes Therapeutic Feeding Programme (TFP), Targeted Supplementary Feeding (TSFP), Blanket Supplementary Feeding (BSFP) and IYCF-E.
- Preposition of adequate nutrition supplies.
- Integrate nutrition interventions with other clusters.
- Health cluster to initiate child survival interventions like immunization, vitamin A supplementation and Integrated Childhood Case Management (iCCM).

NFIs & Emergency Shelter

Key findings

- The visual observation of the tukuls in Chuil and Kurmayoun showed enough resources owned by the population regarding NFI (cooking and sleeping items)
- Information obtained by the population (focus group with local community) revealed a need for mosquito nets and on a minor degree for buckets.
- All the population (Host communities and IDP) seem to shelter in tukuls. Between all the needs that the population expressed, there was no mention for any Emergency Shelter Item. Even when directly asked about shelter support, the need was denied.

Priorities for humanitarian response

- Mosquito nets blanket distribution is recommendable according to the figures coming out from an eventual registration. Since the numbers of IDP and Host communities are not clear, at the moment it is not possible to make recommendations on quantities to be distributed. Given that there is no other particular need for NFI or ES items, mosquito nets distribution could be part of other sector's eventual interventions (health for example).
- Verification and registration for targeting purposes.

CCCM

Key findings

- Monitor populations flux (new displacements.) and better capture intentions of IDPs reaching Chuil - possible Data Tracing Matrix (DTM) deployment.
- For the time being the IDP population seems well integrated with the host communities.

Next steps				
Based on the Humanitarian priorities identified, the following Cluster Responses are committed:				
Cluster	Priority actions	Human and material resources required	Responsible Entity	By when

Health	<ul style="list-style-type: none"> • Delivery of medical supplies. • Surveillance of diseases and regular monitoring. • Further investigations and attention to reported cases of Kalaazar and malaria. • Cases of Kalaazar disease were noted in most households. The worst hit population is children. Upon visit to the health centre run by MSF, they confirmed about 120 cases which needs urgent treatment. 	<ul style="list-style-type: none"> -Medical supplies -Drugs for common morbidities -Preposition nutrition supplies (moderate & acute) 	Health Cluster/IMA/World Bank	ASAP
FSL	<ul style="list-style-type: none"> • Food assistance • Distribution of fishing gears • Income generating initiatives or livelihoods restorations activities • Distribution of agricultural inputs 	<ul style="list-style-type: none"> -Food distribution teams -Fishing gears -Rub hall repair and rehabilitation -emergency livelihoods assessments/information -seeds, agric inputs 	FSL/Oxfam/WFP/Partners	ASAP
Nutrition	<ul style="list-style-type: none"> • Nutrition mass screening for children (0-59 months) and PLW to assess their nutritional status. • Based on the screening finding plan for Community Management of Acute Malnutrition (CMAM) which includes Therapeutic Feeding Programme (TFP), Targeted Supplementary Feeding (TSFP), Blanket Supplementary Feeding (BSFP) and IYCF-E. • Preposition of adequate nutrition supplies. • Integrate nutrition interventions with other clusters. • Health cluster to initiate child survival interventions like immunization, vitamin A supplementation and Integrated Childhood Case Management (iCCM). 	<ul style="list-style-type: none"> -nutrition screening material -nutrition supplements -plumpy nut -CSB+ 		ASAP
Education	<ul style="list-style-type: none"> • Initiate emergency education support or resumption of learning activities. • Delivery of educational supplies and learning material. • Repair of damaged educational facilities. • Supporting recreational activities 	<ul style="list-style-type: none"> -Deployment of EiE teams -School in the kits delivery -Educational learning material -Educational teaching material 	Education cluster/UNICEF	ASAP
Protection	<ul style="list-style-type: none"> • Psychosocial support, non-formal education if displacement persists. • PFA training of teachers and health workers • Distribute hygiene kits to females • Regular protection monitoring • Protection awareness and prevention initiatives • Integrate GBV prevention and response in education, health, FSL 	<ul style="list-style-type: none"> -CP, GBV and protection actors -Rapid FTR forms 	Child protection sub-cluster, GBV Sub Cluster and protection cluster	ASAP
SHELTER / NFI	<ul style="list-style-type: none"> • Verification/Registration • Full NFI kit distribution to IDPs identified. 	<ul style="list-style-type: none"> -Mosquito nets 	IOM/ NFI cluster partners	ASAP
CCCM	<ul style="list-style-type: none"> • Monitor populations flux (new displacements) and better capture intentions of IDPs reaching Chuil - possible Data Tracing Matrix (DTM) 	<ul style="list-style-type: none"> • DTM teams • Registration material 	CCCM partners DTM Teams	ASAP

	<p>deployment.</p> <ul style="list-style-type: none"> • CCCM partners could also undertake IDPs registration, as well as the DTM • Further assessment of the situation of IDPs in the reported areas. This will give a better idea of their current living conditions and needs. 			
WASH	<p>i)Ensure access to safe water to the community of Chuil through:</p> <ul style="list-style-type: none"> • PuR distributions and demonstrations • Distribution of 20 L buckets for water collection and storage • Dissemination of messages on safe water options <p>ii)Promote access to improved sanitation to the community of Chuil through:</p> <ul style="list-style-type: none"> • Promotion of cat sanitation in the greater community <p>iii)Promote personal hygiene to the Chuil community through:</p> <ul style="list-style-type: none"> • Distribution of soap for hand washing • Promotion of the use of ash for hand washing • Dissemination of messages on prevention of wash/hygiene related diseases <p>iv)Ensure hygiene messaging in Chuil to prevent diarrhoeal diseases through capacitating hygiene promoters to deliver key messages on :</p> <ul style="list-style-type: none"> • hand washing • safe water • cat sanitation • food and personal hygiene. 	<p>-PUR, soap -trainings to the local pump minders -buckets, collapsible jerry cans, soap</p>	Oxfam/UNICEF/ WASH Cluster	ASAP

Assessment information

IRNA stands for “Initial Rapid Needs Assessment”. The IRNA was endorsed by the South Sudan Inter Cluster Working Group (ICWG) and launched in November 2012, combined with training of humanitarian actors at Juba and state level. The assessment to Chuil was carried out by the following individuals:

Cluster	Name	Position	Org.	email	phone
FSL	Lisa Biblo	Emergency Food Security and Vulnerable Livelihoods RR	Oxfam GB	lbiblo@oxfam.org.uk	0928926614
FSL	Yoal Jooyul Yol	State Coordinator	FAO	Yoal.Yol@fao.org	0955100300
NFI&ES	Simone Licomati	Operations Officer	IOM	slicomati@iom.int	0922123194

PROTECTION	Thiago Wolfer	Emergency Response Coordinator	Nonviolent Peaceforce	twolfer@nonviolentpeaceforce.org	0913168025
Child Protection	Elizabeth Muthama	Child Protection Specialist	UNICEF	enmuthama@unicef.org	0955053869
Protection – UNMAS	Dave Mclvor	Operations Officer	UNMAS	David.Joseph@unmas.org	0920001062
WASH	Elizabeth Kaitano	WASH Specialist	UNICEF	ekaitano@unicef.org	0954736186/ 0971003572
NUTRITION	Abenet Takele	Nutrition State Focal Point	Save the Children	abenet.takele@savethechildren.org	0922412303
EDUCATION	Jennifer Aoko Nyimangu	Education Officer	CMD	info@cmdsouthsudan.org	0971012192
CCCM/DTM	Butrus Wani	Snr Programme Assistant	IOM	bwani@iom.int	0922406623
COORDINATION / TEAM LEADER	Takesure Mugari	Humanitarian Affairs Officer/Head of Sub Office, Bor	OCHA	mugari@un.org	0922453868