

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.

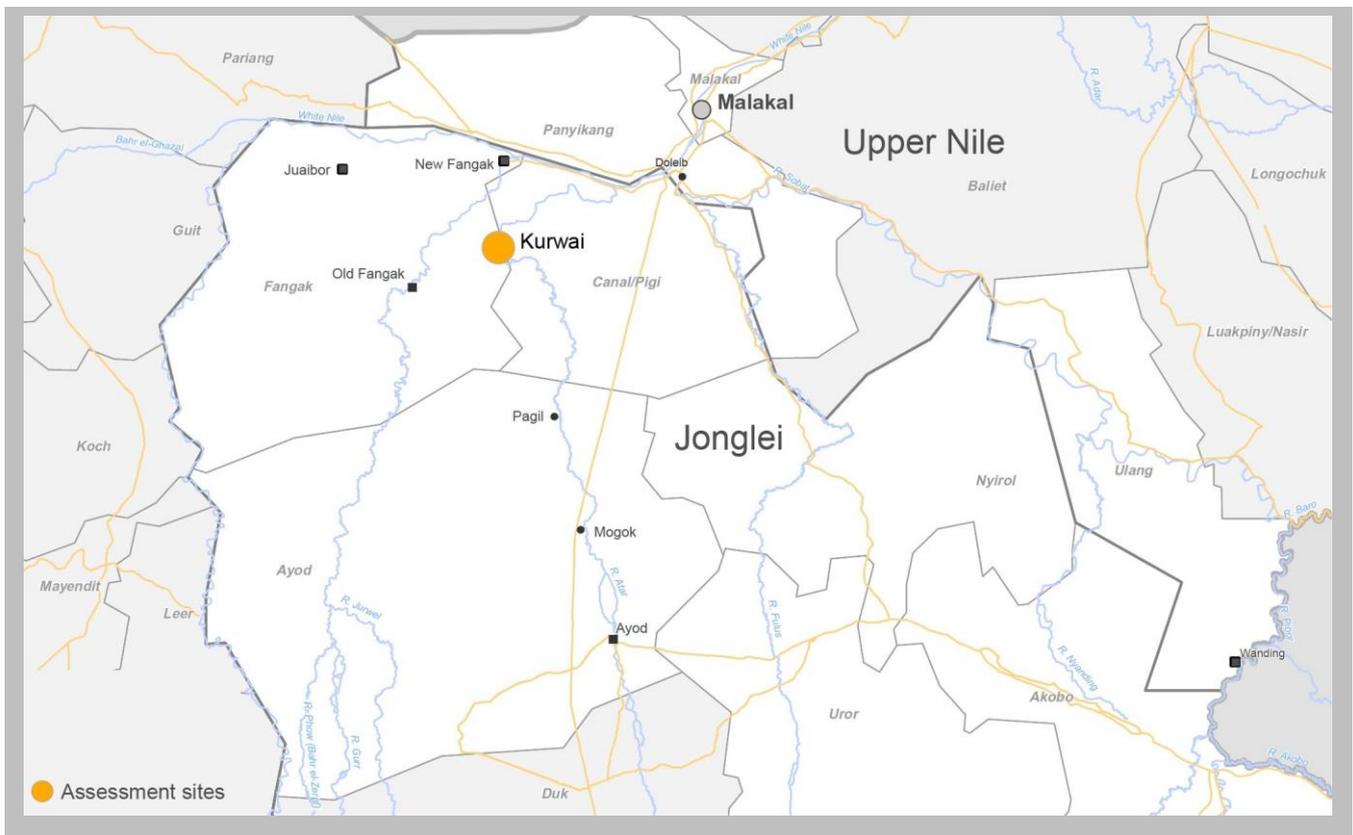
Situation overview

- Since the conflict began in December 2013, the IDPs now living in Kurwai locality have suffered multiple displacements of not less than two times as the barest minimum. IDPs have lost their livelihood means and are most of them solely dependent on host community and wild foods. Quite concerning is the fact that the host communities capacity to cope have been seriously overstretched and now rated as near depletion levels. Immediate humanitarian assistance is recommended to avert the situation best described as reaching crisis levels. Apart from the biting food insecurity, IDPs lack NFIs (plastic sheet, bed-sheet, cooking utensil), health services, and access to safe drinking water. Malaria, respiratory disease and diarrhoea are the most prevalent diseases in Kurwai locality.
- Jonglei State has been the scene of violence in the ongoing conflict in South Sudan since December 2013. Bor, the state capital, has changed hands a couple of times resulting in displacements. Ayod town itself has been a scene of fierce battles to control the town. The continued conflict now concentrated in the northern belt of Jonglei State is the main factor of the displacement and the subsequent dire humanitarian situation. Kurwai is a location that has never known peace for a very long time having seen active hostilities as George Athor's group battled government forces from 2010 to 2012. The area has not developed as evidenced by not having a single borehole or school in the entire Pigi County.
- The conflict in December 2013 displaced some of the IDPs from Malakal. A sizeable proportion of IDPs initially stayed in Kaldak, Atar, Phom, Khorfulus and then Canal. Most of the IDPs fled November 2014 shelling and clashes. Some of the IDPs seem to have moved from the Bor, Juba and within the Ayod County. However, Kurwai seems a bit far from the conflict zone and in the short term it is less likely to be affected or lead to further displacement.
- The estimated number of IDPs at Kurwai varies from 25,000 (Commissioner's estimates) to 15,000 (NPA staff estimates). Whilst the authorities reported 15000 IDPs, the IRNA team estimated the conflict affected caseload to be 10000. The priorities for assistance were given as food, WASH, health, NFI (fishing gear), education and psycho-social support. In assessed locations, the IDPs are dominated by women and children. During the discussion with IDPs, more than 80% of the participants were women. In Kurwai and Nibak, the locations visited included Patai, Kolanyang, Nibak, Kurwai village itself. In Kolanyang, IDPs are living on their own and not hosted at all. Some IDPs were seen living under trees with no host community. In Patai, IDPs took over abandoned and occupied empty homes. In Kurwai in general, there is no health services or education services. There is no history of assistance in Kurwai. A significant proportion of the IDPs seen are from Atar, Kaldak, Canal and Dor. There is no functional market in Kurwai. IRNA team members heard of 35 suspected cases of Kalazaar.
- The displacements have been triggered by clashes, shelling, sentiments of insecurity, lack of food and basic services. In some cases, IDPs are staying on their own without any support from the host households. Concerns are running high that the high influx of IDPs could potentially trigger disease outbreaks and severe malnutrition, amongst a host of humanitarian concerns. Most of the IDPs visited have pretty nothing at all.
- Food insecurity is the main issue as most of the households cannot meet their requirements without any external support. Most of the households were seen to have little or no food at all, most of the households thriving on 'lalop fruit or leaves'. There are reports of stolen or confiscated livestock during the clashes. GBV cases were also reported especially by those crossing frontlines. Amongst a host of needs are traumatized children, lack of health services, shortage of NFIs, and overstretched coping capacities. The local authorities have designated a humanitarian compound with ground already cleared and a toilet in place.
- In summation, the assessment mission confirmed the presence of IDPs in Kurwai. Kurwai remains a fragile humanitarian situation which can deteriorate rapidly in the absence of immediate humanitarian action. Most of the IDPs lost most of their belongings, assets and livelihood mechanisms. Wai generally seen as a safe haven by most of the IDPs.

Site overview



Location map



Drivers of crisis and underlying factors

The IDPs seen were largely women, children, and elderly people; most of them have suffered multiple displacements in areas like Camel, Khofulus, Kaldak and Ayod. Just like Wai, the coping mechanisms in Kurwai have been roundly described by IRNA team as 'overstretched and depleted'. There is observable scarcity of resources and likelihood of stiff competition with host community for the scarce resources. Immediate response action recommended to avert further deterioration and possible tensions arising out of resource scarcity. More IDPs are expected to arrive. The IRNA team is convinced that the situation will only change if the IDPs and host households are able to re-establish asset and livelihood base. The resumption of activities like farming will also demand assistance packages with seeds, tools and a range of other inputs. With the conflict scenario, there are no expectations of any planting in the next 3 to 4 months.

Multiple displacements are a major factor driving the humanitarian crisis. IDPs in Kurwai were displaced from Camel, Khorfulus losing they key asset base. In the absence of immediate assistance especially food, the situation is set to deteriorate further. 70 – 80 % of the IDPs seen were female. The continued clashes in Ayod town, Atar, Canal and Khofulus are the main factor driving the trend of displacements. Interviews with a wide spectrum of IDPs show that Kurwai is the safe haven for the predominant Nuer populations. Kurwai and Pigi County in general is already a fragile humanitarian context having seen some of the worst fighting since the December 2013 crisis. The seasonal flooding weakens the coping mechanisms to disasters and the recent conflict outbreak has worsened the already dire situation.

Scope of crisis and humanitarian profile

Population of Pigi/Canal County: 119,752 people (Mid 2014 Population Projections)

IDP population of Kurwai: 25000 (RRA/Local Authorities)

IDP Population of Kurwai; 10000 (IRNA team estimates)

Host Population of Kurwai; 5000 (IRNA team estimates)

Key response priorities

Food Security and Livelihoods

- Food assistance to both IDPs and host populations. Local coping capacities overstretched and depleted.
- Fishing gears and kits to both the IDPs and host populations; will increase access to more fish for their consumption.
- Seeds and tools

Health:

- A mobile clinic providing medical consultations, antenatal care services, integrated measles, Polio, Vitamin A campaign.
- Training of the traditional birth attendants on clean and safe delivery with major emphasizes on danger signs as well as provision of clean delivery kits.
- Daily health education sessions on various topics.
- Support with staffing and medical supplies

WASH

- Distribution of buckets/collapsible jerry cans and soap. There is a concerning lack of water containers
- Need for hand washing sensitisation especially on the usage of soap/ash.
- Promotion of household sanitation like cat sanitation as there is widespread open defecation.
- In the medium to long term, a sustainable community led approach to sanitation recommended through working with communities and local partner to create demand for sanitation.

Shelter/NFI:

- Distribution of full NFI kits prioritizing IDPs.
- Verification/registration of the IDPs
- Distribution of emergency shelter kit (2 plastic sheets & rope) for the IDPs.

Nutrition:

- Implement BSFP activities targeting children between 6 to 59 and PLW coupled with IYCF activities and routine mass screening to prevent further deterioration of the nutrition condition of the most vulnerable communities,
- Implement vitamin A supplementation and de-worming for the under five children,
- Implement nutrition interventions for treatment of both severe and moderation acute malnutrition,
- Close monitoring of the nutrition situation in the areas

Protection/Child Protection/GBV:

- Psychosocial support, reports of traumatized children heard.

- Components of psychosocial support should be included in the emergency education.
- Teachers and health workers should be trained in psychological First Aid.
- A short FTR registration mission.
- Protection, child protection and GBV mainstreaming in all sectors.
- Integration of GBV prevention and response in education, health and livelihoods.

Education:

- Initiate emergency education support or resumption of learning activities.
- Delivery of educational supplies, and learning material.
- Repair of damaged educational facilities.
- Training for teachers in emergency education, including psychosocial components

CCCM

- Monitor populations flux (new displacements, movements etc.) and better capture intentions of IDPs reaching Wai - possible Displacement Tracking Monitoring (DTM) deployment.
- CCCM partners could also undertake registration, given the IDPs as well as the DTM
- Further assessment for a better idea of the IDPs current living conditions and needs.
- CCCM cluster does not recommend the establishment of a formal site in the area

Key findings

Food security and livelihoods

Key findings

- Since the conflict began, the IDPs are away from their homes and hence no agricultural activities carried out in 2014. IDPs largely dependent on support from the host community and also on the consumption of wild fruits (thou) and leaves (lalop).
- Host communities have stocks of staple cereals (sorghum and maize) from their recent harvest (October) but the stocks are depleting faster than the usual trends due to sharing practices with the IDPs. The availability of wild foods is seasonal and will not last longer than February 2015.
- The food security situation of the IDPs to sharply deteriorates in the absence of immediate and unconditional humanitarian assistance. The nearest market location is Old Fangak, which is a minimum of two days walk distance from Kurwai. Most of the IDPs in Kurwai were recipients of humanitarian assistance before the latest displacements. Some of the IDPs had WFP ration cards from the distributions before displacement.
- Livestock disease called Foot and Mouth Disease (FMD) and cases of internal parasites are prevalent in the area. Pasture and water is readily available for livestock.
- Fishing potentially a source of broadening food basket should the fishing gears be made available. Goats and cows providing meals.

Priorities for humanitarian response

- Urgent food assistance to both IDPs and resident populations. Local coping capacities overstretched and depleted.
- Distribution of fishing gears to both the IDPs and residents. This will allow them access more fish for their consumption.
- Provide host communities and IDPs with agricultural inputs in readiness for the next agricultural season.

Health

Key findings

- IDPs reported malaria, eye infection, diarrhoea, coughing (blood stained) respiratory disease and fever as the main diseases affecting them. In the last two weeks, 3 people died in what is believed to be malaria. One of the lives was lost to suspected malaria in the last seven days. The closest health center is available in Old Fangak; it is approximately not less than 2 days walking distance depending on the other factors. Kurwai locality has never had a health facility even prior the current crisis. Currently, IDPs using the "neem" tree leaves and roots for the treatment of both human beings and livestock.

- There were also reported cases of suspected Kalazaar (approximately 35). Many cases (9 cases) of blindness were also noted and it was attributed to chronic untreated eye infections. One complicated cases of pregnancy was seen. The mother was examined and advised to go to the nearest health facility which is a two day walk journey. Children under the age of 5 years have never received any immunization. A total of 50 new births reported were reported to have happened. The traditional birth attendants were seen to be present.

Priorities for humanitarian response

- A comprehensive Health response recommended for Kurwai.
- A mobile clinic providing the medical consultations, antenatal care services, and testing for Kalazaar by use of RDT and management. The mobile clinic to be based in Kurwai since it is a central location for the surrounding villages.
- Integrated Measles, Polio, and Vitamin A campaign recommended.
- Training of traditional birth attendants in the various villages on clean and safe delivery with major emphasizes on danger signs. Provision of clean delivery kits recommended.
- Daily health education sessions on various topics.

WASH

Key findings

- Pigi County is known for not having any boreholes well before the crisis, Kurwai is no exception. The community in Kurwai is settled along Pow River, which is the main source of water. Some IDPs are drinking from surface ponds. Reports from interviews show that these ponds dry up and the river water becomes stagnant as the dry season progresses.
- No treatment is done prior to drinking water from these sources though the communities have used water purification products such as PuR. Communities have very few water collection containers. Some share with their neighbors while others use 5L containers.
- The sanitation method used in Kurwai is open defecation. There were no latrines seen at all in Kurwai locality except for the newly built humanitarian compound. Cat sanitation is a method that the community is aware of, though they do not practice it.
- Hygiene standards are very low, visibly dirty children were spotted with signs of lacking regular baths. More children were seen covered with ashes and with flies around their faces. Common disease such as diarrhea, eye infections and skin conditions were reported. Most of the ailments are linked to poor WASH and personal hygiene levels. There was no evidence of hand washing in the community, interviews showed lack of soap as the main challenge in maintaining personal hygiene. The knowledge of the link of WASH with diarrhea is generally poor.

Priorities for Immediate Humanitarian response

- The WASH situation in Kurwai is concerning, immediate response recommended to ensure access to safe water and improved hygiene.
- Ensure access to safe water to the community of Kurwai through:
 - PuR distributions and demonstrations on its use.
 - Distribution of 20 L buckets for water collection and storage
 - Dissemination of messages on safe water options
- Promote personal hygiene to the Kurwai community through:
 - Distribution of soap for hand washing (supply for 3 months/HH)
 - Promotion of the use of ash for hand washing
 - Dissemination of messages on prevention of wash/hygiene related diseases

Education:

Key findings

- During the field mission, the IRNA team visited locations Pathai, Kolonyang, Nyibak, Majonyang and Kurwai itself. It was established by the team that there has never been a school. Thus there has never been any learning activity in Kurwai locality before and after the current conflict.

- Given the influx of IDPs from Canal, Khorfulus, New Fangak, and Kaldak, the population of school age going children has grown high. While some of the children displaced from the various locations settled around Kurwai earlier last year, they have not been able to resume learning. Resumption of learning hampered by lack of schools; children are thus exposed to hard labour.
- Non availability of learning in this locality has made children vulnerable to recruitment into armed forces. There is an estimated 1,000 children within Kurwai and the surrounding areas. There are also no recreational facilities for children in and around Kurwai increasing their psychosocial distress as they sit around watching their parents failing to meet their basic needs.
- In terms of settlement patterns and trends, the populations are scattered, largely settling on the bank of the swamps. This will affect identification of a central point for possible establishment of learning/recreational Centre. While there is NPA (Norwegian People's Aid) in the area, there is no education partner. This explains why there has been no service for the children. The lack of road connection and flights to this area will continue to affect provision of education service delivery.
- On a positive note, there was one teacher displaced into Pathai, three others were identified within Kurwai. They expressed willingness to voluntarily teach should educational and learning material be made available. There is no school facility available in the area, displaced children have thus been compelled to discontinue their education.

Priorities for humanitarian response

- Initiate emergency education support and resumption of learning activities.
- Delivery of educational supplies and learning material teachers. Provision of School supplies such as exercise books, pens, pencils, blackboards, chalk, teaching aids, among others
- Training of teachers on EiE intervention including psychosocial support, life skills as well as formation of PTA committee to support the teachers
- Establishment of TLS(temporary Learning Spaces)

Protection / Child Protection/GBV

Key findings

- The IDPs have left the areas of Pigi/Canal county affected by conflict, particularly Canal, Camel, Kaldak and Atar. IDPs now residing with the host community in Kurwai. Those who do not have access to social support networks are particular vulnerable as they lack access to food.
- The IDPs are in need of shelters. Some have relatives in the area. However, some IDPs have to sleep in the open as there is no space for them to sleep inside their tukuls.
- Children not attending school seem an easy target for armed groups recruitment.
- There is presence of orphans and unaccompanied minors in different locations, taken care by the community, relatives or neighbors.
- There are no cases of GBV cases reported; nevertheless a further assessment is necessary.
- Most part of the IDPs fled when the shelling started, while others fled Kaldak and Canal at night, when their areas fell under attack. This caused family separation warranting FTR activities.
- IDPs raised no security concern in their current location. However, the longer IDPs stay and being idle, it is likely that protection to be a one of the concerns.

Priorities for humanitarian response

- Psycho-social support to children and assessment of need to set up child friendly spaces as well as distribution of child protection materials like ECD kits. Provision of recreational materials to engage the children
- Urgent food distribution to both host communities and IDPs. Distribution of NFI kits also recommended.
- Family Tracing and Reunification (FTR)
- Conflict mitigation measures between host community and IDPs
- Provision of School supplies such as exercise books, pens, pencils, blackboards, chalk, teaching aids, among others.

- Ensure hygiene messaging in Kurwai to prevent diarrheal diseases through capacitating hygiene promoters to deliver key messages on :
 - hand washing, safe drinking water, cat sanitation, food and personal hygiene
- Promote access to improved sanitation to the community of Kurwai through:
 - Promotion of cat sanitation in the greater community

Nutrition

Key findings

- The main observation is that IDPs community have been integrated in the host communities and “kinship in the south Sudan context has been widely observed since most IDPs managed to settle and supported by the host communities wherever possible”.
- The nutrition situation in Patai was reported to be very fragile and mostly for the younger children as the aggravating factors do exist. Inaccessibility to and lack of food have been reported in many of the households visited. The majority rely on wild foods (lalop leaves and fruits) and as a coping mechanism the number of meals has been substantially reduced (to one meal a day) with no difference between children and adult, hence placing the under 5 most at risk of malnutrition. Although fishing has been reported as one of the source of food for some communities’ members in the area, the majority of the IDPs communities do not practice this because of the lack fishing equipment.
- The area is characterized by poor health (prevalence of diseases and absence of health facilities) and WASH conditions (very limited access to water, poor hygiene and sanitation) coupled with poor food security situation (limited food available and access, no operating market, poor purchasing power from the IDPs communities...) and absence of basic services were the major factors that prevailed in Kurwai area. Most of the families that were interviewed reported not being beneficiaries of food assistance since no GFD has occurred in the areas and particularly in the whole of Kurwai. .
- Although younger children are still breastfed, mixed feeding (no EBF for less than 6 months) and poor complementary feeding for children below 24 months have been observed. The available food commodities do not respond to both caloric and nutrient requirement for the vulnerable groups. Although there were no signs of higher level of malnutrition among these vulnerable children, the situation could deteriorate rapidly if no immediate action is taken to improve access to basic services.

Priorities for Immediate Humanitarian response

- Implement BSFP activities targeting children between 6 to 59 and PLW coupled with IYCF activities and routine mass screening to prevent further deterioration of the nutrition condition of the most vulnerable communities,
- Implement vitamin A supplementation and de-worming for the under five children,
- Implement nutrition interventions for treatment of both severe and moderate acute malnutrition,
- Regular and close monitoring of the nutrition situation in the areas

NFI & ES

Key Findings

- IDPs fled without any NFIs and shelter materials. Some have been accommodated in the host community and their living conditions currently congested.
- Some IDPs have no shelter, some sleeping under trees in the host community compound.
- The IDPs largely do not have cooking pots. Empty vegetable tins are used for cooking borrowed from host community. In most cases, there are no serving plates in visited homes. Clearly, both host community and IDPs are in vulnerable state.
- Some IDPs received World Vision NFI/Shelter distribution cards in Canal. These IDPs did not receive items as conflict broke out.

Priorities for Immediate Humanitarian response

- Registration and verification of IDPs population.
- Distribution of full NFI/Shelter materials to the IDPs .

CCCM

Key findings

- IDPs came from Kaldak, Canal, Khofulus, and Camel following clashes and shelling of these areas. IDPs stated that both Nile Hope and NPA had a permanent presence in the area, and had previously employed members of the host community, whose contact information is available on request form the SRRA Commissioner.
- Local authorities or SRRA has not conducted any formal registration or opened any activities in the area. IDPs were clustered in several remote locations between half an hour and two hours from Kurwai. Four separate areas were identified: Majonyang, Patai, Nibak, and Kolanyang. At all of the sites, the team observed that all IDPs came as communities, and had functioning, representative leadership that they had chosen before displacement. All stated that minorities, women, and children had representation in community governance, and met regularly with the host community.
- With the exception of the IDP community in Kolanyang, all IDPs were hosted by local communities, which shared shelter and resources with them. Relations were described as positive, as most IDPs had moved in with relatives.
- Over 240 IDP's were observed at Nibak. Most of Nibak Community was displaced by fighting on October 5th from Khofulus, though a few were displaced at the beginning of the conflict in December 2013. IDPs moved into homes that had been vacated by the host community, which had fled to their cattle camp an hour away over fears of possible future fighting, and are also displaced.
- IDPs in Kurwai village itself were initially displaced from Malakal to Fangak, due to fighting last year, and were then displaced to Kurwai in November 2014. Some other members of the IDP community also came from other areas in Ayod County around November 2014. Most of this community came alone, without other members of their former community.
- The only communication is by word of mouth, which comes either from the host community leadership, or from new arrivals. Host community has access to a long-wave radio, though there is no phone network in the area.
- At all locations, all IDPs feel safe at their current location, and intend to stay until a formal, lasting peace agreement is reached.

Priorities for Immediate Humanitarian response

- As most IDPs are comfortably situation within the host community, and have no intentions of leaving, the CCCM cluster does not recommend the establishment of a formal site in the area at this time.
- Relations between host community and IDPs is generally positive, though the lack of food, NFI's and health services may lead to tensions as resources become stretched. Aid should be provided to maintain the status quo pattern of relations.
- NPA and Nile Hope should be contacted immediately to help coordinate the distribution of aid materials should the decision to supply aid at the location be made.
- For the IDPs in Kolanyang location, sufficient shelter should be provided, though there are not enough IDPs to justify a permanent site location in the area.

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
FSL	<ul style="list-style-type: none"> • Food assistance to both IDPs and resident populations • Distribution of fishing gears • Asset creation initiatives or livelihoods restorations activities • Distribution of agricultural inputs 	<ul style="list-style-type: none"> -Food distribution teams -Fishing gears -emergency livelihoods assessments/information -seeds, agric inputs 	FSL/WFP/Partners	ASAP

Health	<ul style="list-style-type: none"> • Provide primary health care services • Mobile clinic providing medical consultations, antenatal care services, integrated Measles, Polio, Vitamin A campaign 	<ul style="list-style-type: none"> • -Medical supplies • -Drugs for common morbidities • -Preposition nutrition supplies (moderate & acute) 	<ul style="list-style-type: none"> • Health Cluster, WHO, IOM, UNICEF 	<ul style="list-style-type: none"> • ASAP
Nutrition	<ul style="list-style-type: none"> • Conduct routine nutrition screening for children (6-59 months) and pregnant and lactating women • Run moderate & acute management of malnutrition programmes 	<ul style="list-style-type: none"> -nutrition screening material -nutrition supplements -plumpy nut -CSB+ 	IRC, UNICEF, Medair	ASAP
WASH	<ul style="list-style-type: none"> • Borehole sinking and maintenance. • Provision of basic spares, rods, should the boreholes be sunk. • Distribution of Buckets/collapsible jerry cans, and Soap. There is a concerning lack of water containers • Need for hand washing sensitisation especially on the usage of soap/ash. • Promotion of proper sanitation. 	<ul style="list-style-type: none"> -Borehole spare parts, rods, pipes, fast moving spares -trainings to the local pump minders -buckets, collapsible jerry cans, soap 	CMD/UNICEF/WASH Cluster	ASAP
Education	<ul style="list-style-type: none"> • Emergency education support or initiate learning activities. • Delivery of educational supplies and learning material. • 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/CMD	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 	NP, Child protection sub-cluster, GBV Sub Cluster and protection cluster	ASAP
SHELTER / NFI	<ul style="list-style-type: none"> • Verification/Registration • Emergency Shelter Kit distribution to the IDPs (in schools and abandoned compounds) • Full NFI kit distribution to IDPs 	<ul style="list-style-type: none"> -Plastic sheets, mosquito nets, blankets, fishing gear, soap, and rope as most essentials. 	IOM/ NFI cluster partners	ASAP
CCCM	<ul style="list-style-type: none"> • Monitor populations flux (new displacements, movements etc.) and better capture intentions of IDPs reaching Wai - possible Displacement Tracking Monitoring (DTM) deployment. • Further assessment of the situation of IDPs to get a better idea of their current living conditions and needs. 	<ul style="list-style-type: none"> • DTM teams • Registration material 	CCCM partners DTM Teams	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 Nasir was carried out by the following individuals:

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