Situation overview

Sudan Armed Forces (SAF) clashed with the Sudan People’s Liberation Movement-North (SPLM-N) in parts of South Kordofan State from June 2011 to March 2016. The conflict resulted in massive displacement of people from Warni village (outside GoS control) in El Leri Locality and rural areas around Talodi and El Leri localities. A total of 10,206 people (4,591 Male and 5,669 Female) are living as Internally Displaced Persons (IDPs) in El Leri according to HAC. Only 50% of the displaced are registered as some of the areas where IDPs live have been in inaccessible. El Leri has 38,882 people which was further boosted by the arrival of 14,000 refugees from South Sudan form 2013 to-date.

The assessment team visited six communities in El Leri Locality from 12-26 October. The assessed IDPs prioritized access to clean water for domestic use, re-establishment of livelihoods, health, education and non-food items (NFIs) as their key humanitarian needs. Currently Care International Switzerland, Save the Children (CIS) CONCERN and Al Manar have humanitarian response activities in El Leri Locality. They support health, WASH and nutrition as well as providing cash grants to South Sudan (SS) refugees and some vulnerable IDPs to meet some household expenses.

This assessment mission accessed five communities that have been isolated since the outbreak of conflict in 2011. People in Elsaraf, Um Kawaro, AlGababish Tallow, East and Um Gujja villages said they had no access to humanitarian assistance because they live in an area considered a gray zone. IDPs community leaders in these locations reported that insecurity was rife due to proximity to SPLM-N controlled areas and that their youth cannot walk more than 10 kilometers from their settled areas because they fear for their safety. Regarding protection, women and adolescents work in gold mines for long in isolated areas which might expose them to different risks. Seven cases of separated children in Um Gujja village and early marriage were reported. NFIs is needed for most vulnerable IDPs families due to harsh weather in the area during the on-going cold season.

Prior to displacement, the IDPs livelihoods revolved around agriculture, pastoralism and other crafts. Unfortunately, a majority of the IDPs have been unable to re-establish their livelihoods while living in displacement. Most of the IDPs who were interviewed by the assessment team complained of lack of adequate food at household level. However, food is available in the markets, but they find it expensive. For example, the cost of a 90 Kgs sack of Sorghum is twice as expensive compared to the market price at the same time last year. IDPs reported not having a diversified diet because they rely on sorghum as the main food and have no access to other types of food. They earn a limited income through daily wages, offering themselves for seasonal agricultural labor, women work as domestic workers, cutting wood for sale, charcoal making, hay collection and minding livestock. Regarding access to land for agriculture, IDPs in El Leri have good access to land apart from one community in Um Gujja village that lives in a camp like situation and in isolation. Those with access to agricultural land could not become self-sustaining as they had challenges accessing agricultural inputs due to lack of money. In El Leri Locality, it is estimated that there are more than two million heads of cattle. The area suffers water shortage during the dry season. Vaccination coverage in 2017 was inadequate and some livestock diseases were reported. The locality has experience loss of forest cover due to uncontrolled wood cutting for construction of shelters, sale of charcoal and cooking needs of the IDPs, refugees and host community.

In some of the assessed areas IDPs had good access to education though there were pockets where they have limited access because they cannot afford school fees and levies. In Um Kawaro/ Anjammeina, IDPs children have no access to school. Children of AlGababish are accessing schools in the town by walking 2 kilometers one way to school. Elsaraf and Um Gujja schools need urgent rehabilitation of classrooms structures. In all assessed IDPs locations, the number of Out of School Children was reported to exceed those in school.

Nutrition support supplies are inadequate and irregular. The team found gaps in provision of RUSF, lack of regular MUAC screening and a shortage of trained volunteers. In addition, women are not receiving Vitamin A supplement after delivery. All IDPs sites have access to CMAM service except Um Gujja but the service does not cover all CMAM activities.

El Leri Locality is served by 12 Water Yards (WY) of which three are not functioning. In addition to the WYs, the area has 120 HPs of which 70 are not functioning and only 40 can be rehabilitated. In IDPs rely on unsafe water for domestic use which resulted in water related diseases such as diarrhea being common. Open defecation, poor solid waste management (knowledge and practices) and unhygienic practices caused WASH related disease among IDPs and host community. As observed during house visits, most of the IDPs are cooking in open area within their yards and practice poor domestic hygiene.

On health, the health facilities attend to between 120 to 140 patients daily, where Malaria and ARI cases are the most common illnesses. All the health facilities reported shortage and irregular supply of essential drugs. For drugs for under-five, the last delivery was received in March 2018. SCI and Concern support El Leri East health center and have been supplying medicines, medical equipment and training health care providers.
Site overview

Children talking to the assessment team in Um Gujja requested to have access to education.

A widowed IDP hand craft maker in Um Gujja shows her wares to the assessment team requesting for marketing opportunities.

Location map
Key response priorities

WASH:
- Drilling and construction/rehabilitation of water supply facilities for both IDPs and host community.
- Implementation of community led total sanitation (CLTS) to construct latrines for HHs and schools.
- Jerry cans distribution
- Complementary systemic hygiene promotion with water and sanitation facilities such as hygiene awareness, trainings and supporting materials.

Food security and livelihoods:
- General Food Distribution to 10,206 individuals of IDPs
- Supply of RUSF at nutrition centres for 2,551 Beneficiaries (1735 children U5 and 816 PLW).
- Support to income generating activities for 1,000 vulnerable HHs.
- Restocking with small ruminants.
- Livestock support in term of vaccination and treatment.
- Provision of Agricultural inputs.
- Support communities to learn how to make fuel-efficient stoves.

Health:
- Provision of full package of PHC including RH services and regular medical supplies,
- Equip PHCs with furniture, equipment and infection control materials,
- Construction of water supply system and hand washing facility
- Construction of incinerator for medical waste.

Education:
- Ministry of Education to provide adequate teachers at 28 schools across El Leri locality.
- Training of untrained and newly recruited teachers.
- Construction of additional education spaces (classrooms) and rehabilitation of existing ones.
- Provision and distribution of education materials.
- Exemption from paying school fees for children from IDP community.

Protection ES/NFIs:
- Distribution of NFIs packages to 1,200 HH.
- Conduct level one registration for all IDPs in El Leri Locality.
- Construction of 6 women centers and 6 CFS in El l Leri Locality.
- Provide support to 7 UASC

Nutrition:
- Ensure adequate supply of nutrition commodities in Um Kawaro and El Leri Sharig HF for treating MAM cases
- Select and train volunteers in all IDPs areas for community outreach; and support monthly MUAC screening.
- Support creation of mother to mother support group in all five IDPs areas to raise awareness about IYCF and provide monthly in-kind support for group sessions
Humanitarian access

Physical access

El Leri locality is the area where humanitarian partners are smoothly operating, but it is difficult to access because of its geographical position. The area does not have all weather roads which makes it difficult to access during the rainy season from July, through September. This year was an exception since the government had levelled the road just before the rains started, facilitating movement between El Leri and other major towns in the eastern part of South Kordofan State. UNHCR, WHO and WFP usually preposition NFIs, emergency drugs and food for SS refugees in June of each year to cover the rainy season. Regarding UXOs, the road is safe with no incident involving UXOs being reported.

Humanitarian access

HAC was very cooperative in facilitating this mission, the team visited all the targeted areas without any obstruction. The communities and local authorities were also cooperative and allowed the assessment team to work without interference. There was no threat that was observed that would hinder humanitarian workers from delivering assistance to the IDPs. The IDPs will continue to require humanitarian assistance until they receive assistance to support development of more sustainable livelihoods.

Key findings

Education

Key findings

- In all the assessed locations in El Leri, many school age children from the IDPs community do not have access to education, because the school are too far from the settlements or because they cannot pay school fees and levies. Although, IDPs can access to the existing host community schools, there is no plan to establish schools for IDPs when schools are far or when host community schools are crowded.
- In El Leri Locality, there is severe shortage of teachers where only 131 teachers are available in 28 schools which results in 4.5 teachers per school. This is below the classroom teacher ratio of 1.5 teachers (usually 12 teachers per an 8 grades school).
- Quality of education is being compromised by over use of untrained volunteer teachers.
- In Um Kawaro/ and Umjameina communities, the displaced community children have no access to schools and are attending only to Khalwa (Qur’anic education). In addition, there is no nearby school for the children of IDPs in Algababish which forces children to walk more than two kilometres to schools in town. Further drop outs take place because of high school fees and levies charged by schools in town. On the other hand, Elsaraf and Um Gujja schools need urgent rehabilitation of classrooms.
- For the last two or three years, no education materials were provided to the assessed schools.
- In all the assessed IDPs locations, the number of Out of School Children was reported to exceed those in school.

Priorities for Immediate Humanitarian response

- Provision of adequate teachers at 28 schools.
- Training of untrained and newly recruited teachers.
- Construction of additional education spaces (classrooms) and rehabilitation of existing ones.
- Provision and distribution of education materials.
- Exemption from paying school fees for children from IDP community.

Nutrition

Key findings

- Um Kawaro and El Leri Sharig HF that serve the four IDPs areas of Umjameina, Elsaraf, Um Gujja and El Leri Sharig have shortage of critical nutrition supplies.
- There is no MUAC Screening conducted recently in IDPs areas (Algababish, Umjameina, um Gujja,)

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There are no trained volunteers among the IDPs to undertake nutrition support activities. Only in do 2 out of 5 areas had volunteer from host community doing nutrition activities.

There is no IYCF activities at all five IDPs area, the women did not receive awareness sessions about how to feed children and pregnant and lactating women (PLW).

There are cases of premature weaning where very young infants are fed semi-solid and solid food which is not recommended.

Since the beginning of displacement, the IDPs infant and young children did not receive any type of food items and PLWs also, nevertheless WFP has supported nutrition Center in Talodi hospital to cover 4,851 beneficiaries of IDPs and Host Community.

The CMAM service is accessible in all IDPs area except Um Gujja but the service not cover all CMAM activities such as TSFP program is exist, but HFs are stock out and Community outreach activates not functioning well.

Priorities for Immediate Humanitarian response

- Ensure adequate supply of nutrition commodities in Um Kawaro and El Leri Shareg HFs for treating MAM cases
- Select and train community volunteers on (community outreach) form all IDPs and provide monthly support to conduct screening monthly basis
- Support creation of Mother to mother support group on (5) IDPs area to raise their awareness about IYCF and provide monthly in-kind support for group sessions
- Establish satellite/mobile OTPS in Um Gujja biweekly to treat SAM and MAM cases or open new nutrition site there
- Coordinating with SMOH(RH) to provide Vit A to women after delivery and folic acid for pregnancy women

Protection:

Key findings

- Since the conflict started in 2012, the villages of Elsaraf, Um Kawaro, Algababish Tallow, El Leri East and Um Gujja has not been visited by any organizations which means they did not receive any form of humanitarian assistance.
- IDPs community leaders reported that they don’t have land to cultivate due to shortage of arable land, even the host community do not have access to adequate arable land for cultivation.
- Youths fear going beyond 5-10 kms because of insecurity. About 10 people from the IDPs were reportedly recently kidnapped by unknown group. They were release after being robbed of personal belongings and motorcycles, according to IDPs. However, the IA team could not verify this report.
- The community leaders reported that they did not get any support from the local authorities when they reported any insecurity incidents.
- Women IDPs representatives said they work in gold mining activities for long time in isolated areas to provide basic needs to their families and this could expose them to risk SGBV.
- Seven cases of underage unaccompanied children (UASC) were recorded in Um Gujja village and are now under the care of relatives who are also very poor
- IDPs and the host community reported that they don’t have protection networks, women center and child clubs.
- Women respondents noted that early marriage is common with some girls being married off from 14 and 15
- IDPs community leaders request for urgent supply of NFI including sleeping mats, plastic sheets, cooking sets, jerry cans, blankets and mosquito nets. They said they did not have money to buy from the open market due to depressed livelihoods. A plastic sheet in the market costs 1,200 sdgs.
- IDPS and the host community reported that the risk of children and adolescent being engaged in gold mine is high, given the lack of vocational training opportunities for the out of school youths.

Priorities for Immediate Humanitarian response

- Advocacy with local authorities to provide cultivation land for IDPs in Um Gujja.
- Construction of 2 police post in IDPs areas and provision of furniture to boost security to give IDPs freedom of movement. Police protection could be extended to the nearby farmlands.
- Advocate with local authorities to support land demarcation, birth registration and other important documents.
• Construct two women centers in El Leri east and Um Gujja village where vocational training in cookery, tailoring, embroidery and macaroni making can be taught to the most vulnerable women as preparation to start new income generating activities (IGAS).
• Provide IGAs for families taking care of unaccompanied children.
• Establish three child protection networks as well as train member from both community to enhance child protection activities (identifications, response and preventions)
• Establish six community-based protection centers for women.
• Conduct level one registrations to include all the IDPs who have not been registered.
• Conduct 10 awareness raising campaign on the risk of child and at risk. Adolescents

Food security and livelihoods

Key findings
• El Leri locality IDPs have been living in displacement from 2012. Their livelihoods before displacement revolved around agriculture, pastoralism and agro-pastoralism. A small number were traders. Since displacement, a majority have been unable to re-establish their livelihoods.
• While living in displacement, the IDPs have temporary work in the farms as seasonal labor, the women take up employment as domestic help. Others work in the mines, burn charcoal, cut wood and collect grass for sale in the markets.
• In the absence of livelihoods support and gainful employment, most of the IDPs cope by reducing the number of meals consumed at the household level, reduce quantity, quality and diversity of food consumed. They supplement it with wild fruits and in extreme cases, they also borrow food from others who might have surplus.
• IDPs lost most of their belongings while fleeing an armed attack to their places of origin and have not established livelihoods to assist them to replace the lost assets.
• Sorghum, the staple food, is available at the local markets but the price has increased by more than 100% for the same period last year form 25sdgs for a malwa (3 Kg) to 40 - 50 SDG this year.
• Despite it being the harvest period, IDPs have no stored food stocks as they have no access to land. A quick market survey during the assessment revealed that essential commodities were available, but prices are very high and IDPS and vulnerable host community do not have the capacity to buy in the markets.
• IDPs do not face any land access problem only in one community of Um Gujja village but host community and native administration leaders promised to facilitate their land issue.
• El Leri locality has potential to produce sufficient food for household consumption but the IDPs and vulnerable community need support with agricultural inputs.
• It is estimated that El Leri has 2,000,721 heads of cattle and usually suffers water shortage during the dry months. Wild fires deplete grazing lands forcing livestock to be moved far away from the settlements.
• Some animal diseases were reported in the area as a result of lack of adequate vaccination and treatment services. A limited number of livestock were vaccinated in Dec. 2017 while vaccination should be carried out every six months. The locality borders South Sudan Unity State which could be vulnerable to the spread of transboundary diseases if not controlled.
• El Leri locality has seven veterinary cadres and four active CAHWs providing livestock support to this big number of animals associated with the situations mentioned above.
• SMoAR locality office estimated that 120,000 doses for H.S, Anthrax and B.Q 75,000 PPR ,75000 sheep box and 40,000 CBPP are the vaccines required to meet the current needs.
• El Leri locality is one of the leading producers of natural honey through traditional methods. This is harmful to the and compromises their role in environmental biodiversity. Therefore, the honey harvesters need training on sustainable methods of honey harvesting.
• The area has suffered serious deforestation because of massive cutting of wood for cooking, construction of shelters for 10,206 individual IDPs, 14,525 Refugees individuals beside cover of need for shelter construction to inhabitant of 17 traditional mines in the locality beside local community needs are indicators for natural forests deforestation that need natural resources management measures to mitigate the consequently environmental deterioration. Gujja

Priorities for Immediate Humanitarian response

• General Food Distribution to 10,206 vulnerable IDPs
• Supply of RUSF at nutrition centers for 2,551 beneficiaries (1,735 children U5 and 816 PLW)
• Provide seeds and tools to IDPs who have access to land.
• Support restocking of small ruminant to 500 HH especially for the nomads IDPs who lost all their animals and have been unable to adapt to another form of livelihood.
• Livestock support in term of vaccination (120,000 head of livestock) and treatment (60,000 head of livestock).
• Support income generating activities/ IGAs to the most vulnerable IDPs by providing them donkey carts for 50 HHs, skills training in term of buildings for 25 HHs, welding for 25 HHs, auto mechanic for 25 HHs, to flour mills to be established for direct benefit of 20 women headed households, hand crafts for 100 women headed households and female youths, bee keeping for 100 HHs and food processing for 100 women headed households and female youth.
• Train new 10 Community Animal Health Workers (CAHWs) and maintain good networking to help to cover the big number of livestock in need of vaccination and treatment.
• Construct fire lines (50 Km) to mitigate fire burning practices that affects pasturelands and natural forests.
• Demarcate 2 cattle routes to reduces tension and conflict between animal herders and farmers.
• Undertake TOTs to train making of Fuel-efficient stoves with a goal to train 500 women to reduce deforestation.
• Restore and improve natural resources around IDPs and vulnerable host communities’ settlements through establishment of 4 community nursery, production and distribution of 10,000 tree seedling and training of 40 environmental promoters.
• IOM and HAC to register and verify the IDPs.

WASH

Key findings

The total population of El Leri locality is 53,080 individuals, including IDPs 10,080 individual in addition to more than 15,000 gold miners without any WASH facilities in the mining sites. Gold mining consumes 60% of the water available, that put both host community and IDPs at risk of water shortage during summer. Four locations were visited namely (El Leri Sharig, Um Gujja, Elsaraf, and Um Kawaro) in the four locations the team collected WASH data using Focus group discussion (FGD), home visits and direct observation.

In El Leri locality there are 12 water yards (WYs) of which three are not functioning. From the 120 HPs, 70 are not functioning and only 40 can be rehabilitated. The population is also served by 13 Haffirs which need rehabilitation. All IDPs settlements rely on unsafe water sources without any treatment which causes water related diseases such as diarrhea. The team noted that there are no water user committees which gives space for the destruction of water facilities as no one is responsible for them after they are handed over to the community. Below table show the water sources in El Leri locality

<table>
<thead>
<tr>
<th>Water Source</th>
<th>Total</th>
<th>Functioning</th>
<th>None functioning</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>WY</td>
<td>12</td>
<td>9</td>
<td>2</td>
<td>1 WY destroyed</td>
</tr>
<tr>
<td>HP</td>
<td>120</td>
<td>50</td>
<td>40</td>
<td>30 HPs complete destroyed</td>
</tr>
<tr>
<td>Haffir</td>
<td>13</td>
<td>6 / 50%</td>
<td>7</td>
<td>Need rehabilitation</td>
</tr>
</tbody>
</table>

Sanitation and hygiene promotion

All IDPs are practicing open defecation, poor solid waste management (knowledge and practices) and unhygienic practices caused WASH related disease among IDPs and host community. During home visits, the assessment team noted that the IDPs cook in open areas with the household yard with poor domestic hygiene. The women go out for daily labor jobs and leave under-age but older children to take care of younger siblings. This leads to critical hygiene situation at HH level. The team observed poor storage capacity of water at HH level such as two jerry cans 20 liters each resulting in wastage of time for women in fetching water. At HHs level of IDPs they store water in dirty jerry cans due to using unsafe water supply, beside poor personal hygiene among the children was observed.

Priorities for Immediate Humanitarian response
• Drill and equip or rehabilitate water sources facilities for both IDPs and vulnerable host community (by rehabilitating two WYs, 40 HPs and 6 Haffirs besides drilling and equipping 5 new WYs in the first quarter of 2019)
• Improve water quality for domestic use through treatment and monitoring the water quality.
• Distribute jerry cans to reduce water contamination which will minimize water related diseases
• Support implementation of CLTS for the construction of latrines for HHs and schools with community participation to eliminate open defecation by first quarter of 2019
• Complementary systemic hygiene promotion with water and sanitation facilities such as hygiene awareness, trainings and supporting materials

Health:

Summary

The health system is not able to provide adequate support to the mixed population of IDPs host community and refugees El Leri has 17 health facilities but 11 (64.7%) are functioning with minimum efficiency. The other six are out of service due to lack of staff, furniture and equipment. Of the 11 operational ones, only one provides free health services to SS refugees and is managed by Care International Switzerland (CIS). Medical facilities also suffer irregularity supply of routine/<5-year medicines and weakness in terms of referral system.

Some humanitarian actors such as CIS, Save the Children (SC), Concern and Al Manar support nutrition, health, WASH and cash-based interventions for SSRs which benefit some part of the host community.

Routine EPI coverage is good with 91% coverage. <2 years were reached and received pentavalent third dose according to cumulative coverage up to September 2018, where three static centers, seven outreach sessions and one mobile team contributed effectively in this reported coverage.

Most health facilities provide EPI, reproductive health consultations and referral system, through three static EPI centers, seven HF for ante natal services and one ambulance supports referrals. Also, most HF reported shortage of under-five medicines, medical equipment and other micronutrient supplements like folic acid.

No disease outbreaks were reported recently, but 35 suspected cases of Measles were reported. Blood samples were sent to the laboratory. Most consultation showed that 75% of patients with ARI were children under 5 years of age. For malaria cases 80% were adults as well as 10% of ARI.

Only three doctors, four health officers, six medical assistances, 114 mid-wife, five community health workers and 18 nurses are working in El Leri. There are three health facilities with cold chain.

Key findings

• Um Gujja has a health unit that is not functioning due to lack of health staff, furniture and equipment. IDPs seek health services at El Leri Sharig (8 Kms away). EPI services are usually offered through mobile teams, but the service stopped three months ago due to fuel shortage and EPI vehicle needs maintenance. There is no referral system in this area for critical cases which resulted in the death of one woman in childbirth this year due to delay in referral.
• Um Kawaro health facility has two rooms connected with a hall in addition to shelter for nutrition and one latrine. The HF suffers lack of medical equipment, water supply system, furniture, infection control material and has no incinerator for medical waste. There is no referral system. Patients usually rent vehicles when referred to other facilities. The EPI is covered through mobile team.
• Elsaraf health facility has 5 rooms, latrine and fencing but it has remained closed for more than 6 months due to lack of staff. The community has built a room using local materials for accommodating health cadre. The most common illnesses are Malaria, ARIs and Diarrhea. EPI services are offered through a mobile team.
• El Leri Sharig the finding that:
  - All medical equipment and materials are available and three main services are provided such as EPI,
rh, consultation and dressing through 31 health care providers; 9 nurses, a medical doctor and a
medical assistant and 20 midwives. however, there is no laboratory technician because there is no
laboratory equipment
• Some 120 to 140 patients are seen daily at this facility, where Malaria and ARI cases represent the
major illness (30% are under five children)
• Shortage of essential drugs, last batch of under-five medicine was received in March 2018.
• only 2 beds are available for 8 patients.
• Two implementing partners support El Leri East health center (SCI and Concern) by provision of
medicines, medical equipment and training of health care providers.
• The health center is performing minor and major operations, 24 hours Outpatients and pharmacy but
do not have radiological diagnostic machines (X – Ray and ultrasound).
• A midwife is available at the clinic once per week and sees 20 – 25 Pregnant women per day
• Vaccination services are provided in the clinic with 4 vaccination session per month, the average
number of attendance is 50 children and 12 women per session.

Priorities for immediate humanitarian response:

- Provide PHC services for IDPs and host community by supporting SMOH to provide staff, furniture, equipment
and rehabilitate health units (HU) that are no longer functioning.
- Construct health unit or rent a house to be used as health facility to facilitate the provision of PHC services in
Algababish/Tallow.
- For Um Kawaro and Elsaraf, provide full package of PHC including RH services, medical supplies, furniture,
equipment, infection control materials, Water supply system, hand washing facility and construction of
incinerator for medical waste.
For El Leri Sharig:
- activate the daily notification of notifiable communicable diseases, including zero report for early detection and
containment of any outbreak.
- Provide standard disease notification registries, guidelines and protocols for case definition and case
management.
- SCI and Concern should provide additional drugs dispatches from Khartoum and Kadugli.
- SMoH to deploy or recruit additional staff for health center
- Upgrade the health center to rural hospital (added short and long stay, major theater)
- Maintenance of ambulance to assist on referral of emergency cases to high level inside locality or outside the
locality.
- Provide essential drugs and supplies for RH and fill the gaps in laboratory and dressing instruments services.
- Support close and regular supervision visits for the health center.

Next steps

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Priority actions</th>
<th>Human and material resources needed</th>
<th>Responsible entity</th>
<th>By when</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>Provide enough teachers at schools</td>
<td>150 teachers</td>
<td>SMoE</td>
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<tr>
<td>Education</td>
<td>Teachers training</td>
<td></td>
<td>SMoE/UNICEF</td>
<td></td>
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<tr>
<td>Education</td>
<td>Rehabilitate 6 classrooms in Elsaraf and Um Gujja</td>
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<td>SMoE/UNICEF</td>
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<td>Education</td>
<td>Construct 2 units in Um Kawaro/Injammeina and Algababish each.</td>
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<td>Responsible Body/Project</td>
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<td>Education</td>
<td>Conduct 2 awareness and enrolment campaigns</td>
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<td>Nutrition</td>
<td>Ensure RUSF supply to HFs urgently</td>
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<td>MOH /WFP</td>
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<tr>
<td>Nutrition</td>
<td>Select and train community volunteers</td>
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<td>SMoE/UNICEF</td>
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<tr>
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<td>Ensure RUSF supply to HFs urgently</td>
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<td>UNHCR 2019</td>
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<td>Conduct level one registrations to include women who are not registered and absentees</td>
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<td>WASH</td>
<td>Drilling and Construction 5 WY rehabilitation of water supply facilities for both</td>
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<td>WASH partners Q1. 2019</td>
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Inter-Agency Rapid Needs Assessment

**IDPs and host community (2 WY, 40 HPs, 7 Haffirs)**

<table>
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<tr>
<th><strong>WASH</strong></th>
<th>Implementation of CLTS to construct latrines for HHs and schools</th>
<th>No funds budgeted for this activity - construction materials required</th>
<th>WASH partners</th>
<th>Q1. 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td>Jerry cans distribution</td>
<td>Funding Logistics/Programme</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
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<tr>
<td><strong>WASH</strong></td>
<td>Complementary systemic hygiene promotion with water and sanitation facilities such as hygiene awareness, trainings and supporting materials</td>
<td>No funds budgeted for this activity hygiene kits and cleaning tools</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>Water quality monitoring and treatment is highly required</td>
<td>No funds budgeted for this activity Chlorine, lab apparatus</td>
<td>WASH partners</td>
<td>Nov. 18</td>
</tr>
</tbody>
</table>

| **Health** | Re-open non-functioning Health Facilities | Health cadres, equipment and Furniture | SMOH, WHO and other partners | November |
| **Health** | Activate the referral system by repairing ambulance for referral case | No funds budgeted for this activity | SMOH ,UNHCR | November |
| **Health** | Increase coverage of vaccination through provision of cold chain and operation cost | No funds budgeted for this activity | SMOH ,WHO and UNICEF | November |
| **Health** | Rehabilitate HF and upgrade some HC to rural hospital | No funds budgeted for this activity | SMOH and WHO | JAN 2019 |

### Assessment information

The assessment to IDPs in El Leri was carried out by the following individuals:

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Nutrition</td>
<td>Widad Abu Kalam</td>
<td>SMoH</td>
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