Situation overview

Between 2011 and 2016, the Sudan Armed Forces (SAF) and the SPLM-N fought for control over parts of South Kordofan State resulting in the displacement of thousands of people. The conflict started in June 2011 following a disagreement between the Government of Sudan (GoS) and SPLM-N on implementation of the comprehensive Peace Agreement (CPA) and the unsettled protocols on the two areas (South Kordofan and Blue Nile). This resulted in massive displacement within and outside Rashad Locality. Currently there are 22,324 IDPs composed of 3,576 households living in displacement in Rashad. They comprise of 12,520 females, 9,794 males and 4,702 children under five years of age. IDPs originated from Tabdoun, Terre, Tagelbo, Um Darawa, Tendimin, El Beyeera, El Mangala, Serein, Alsaraf, Woroula, Douma, El Mansour, El Moglum and Keleiro.

The mission team visited eight communities in Rashad locality including Alasaraf and Tendimin where 2,000 returnees were said to have come back on their own. More than 3000 returnees were reported in parts other parts of Rashad such as Al Manzla, Kalouba, Tagyak and Meiteimeira. However, the assessment team could not reach this villages because no security assessment had been carried out by DSS and it was also outside the area indicated in the assessment plan. The mission recommends that IOM and VRRC should register the returnees and carryout a preliminary assessment of their needs.

The IDPs in the assessed areas told the team that their immediate humanitarian assistance needs are; access to clean water for domestic use, health, education, re-establishment of livelihoods, and NFIs in that order. Presently Mercy Corps Scotland (MC-S), Global Aid Hand (GAH), Sudanese Red Crescent Societies (SRCS), Alsalam Organization for Rehabilitation and Development (AORD), SOS Sahel Sudan have offices in Rashad. Other partners such as INGOs, UN agencies and NNGOs operate remotely. They are providing food, health, WASH and nutrition services to the IDPs and some vulnerable community members. The IDPs confirmed receiving on going humanitarian assistance in the form of hygiene promotion, water and nutrition. NFIs were distributed in 2015.

Since displacement, a majority of the IDP have been unable to re-establish the livelihoods they practiced before being displaced. They were farmers, pastoralists as well as agro-pastoralists and those who lived near urban centres practiced other crafts and trades. Regarding food security, the IDPs said they are finding it difficult to provide enough food at house hold level because of steep increase of prices in the market. For example, the price of Sorghum, which is the main staple food crop has doubled compared to the same time last year. After WFP reduced the number of people reached through general food distribution, 8,500 of IDPs which is equal to 38% of the displaced are receiving half ration of food from WFP once a year to cover their need for three months (hanger gap).

Health facilities cannot adequately meet the needs of the affected people as well as the host population in Rashad. The locality has a population of 92,719 people being supported by 11 functional health facilities; two are under health insurance management and three others are not functioning as they are situated in an area that is insecure. Most of the IDPs are unable to access health services because they do not have money to pay for the services or drugs while IDPs residing in Tendimin and Saraf Faliata cannot access health facilities at night due to insecurity. MoH records showed that the total number of monthly consultation is 11,000 - 40% of which are by children under five years of age. The most common ailments in the locality population are malaria, ARIs and diarrhoea. Nine women died in childbirth this year. EPI coverage for the last month is 74% which is not ideal. The exercise was affected by lack of fuel and cash shortage.

Most of the IDPs in Rashad live near schools but are unable to access them because of lack school fees, textbooks and other learning materials as well as school uniform besides the cost of school meals. In addition, most of the school age children from IDP families are working to support their families. There are 6,817 girls and 5,556 boys (12,373) from IDP and host communities attending school in Rashad.

Four nutrition centers offering CMAM service (OTP and TSFP) are operational in Rashad. They are support by SCI, Pan Care, Assist. The mission observed that no MUAC screening was done in the last two months. The assessment team conducted MUAC screening for 166 children as random sample 125 were normal 26 had MAM (16%) cases and 15 had SAM (10%) and were referred to the nearest OTP.

Frequent occurrence of water related ailments among the displaced illustrated the dire situation. At least 40% of the malnourished children had diarrhoea and 75% of the diseases treated at the health centers were water-related diseases such as diarrhea, Schistosomiasis, eye infections, skin infections and worm infestation. The area also suffers poor sanitation cover with a 46% latrine coverage in the Locality, which fell to 5% at the areas occupied by IDPs and returnees. The IDPs informed the mission that the land lord had prohibited construction of latrines on the rented land, therefore, open defecation is common among the IDPs resulting in poor sanitation. The functioning sources of water cannot meet the needs of the population either. The water produced from HPs is of poor quality. The IDPs say it is salty, has a metallic smell, and that fetched from seasonal streams is contaminated. Fetching water from both HPs and streams (Khor) takes long time, ranging from 30 m to 1 hour.

On protection, the IDPs reported presence of 321 vulnerable women and 86 unaccompanied minors in addition to 1,178 orphaned children (Source MoSW and the protection networks in Rashad locality). These people of concern are receiving limited support through interventions by Mercy Corps, Global Aid Hand and Zakat chamber. More than 300 children do not have birth certificates or registration numbers. GAH and Child State council assisted 100 children to process the documents allowing them to access basic schools. The team observed that ES/NFIs condition is very poor their using local materials and plastic sheet that was distributed since 2014.
Site overview

Meeting with IDPs community in Rashad Oct.2018

An IDP shelter visited by WASH team!!!!

Location map
Drivers and underlying factors

The conflict between Sudan Armed Forces (SAF) and SPLM-N started in June 2011 following a disagreement between the Government of Sudan (GoS) and SPLM-N on implementation of the comprehensive Peace Agreement (CPA) and the unsettled protocols on the two areas (South Kordofan and Blue Nile). For instance, the aerial and ground attacks of April 2014 on the villages west of Rashad town, Um Darawa, Tendimin, El Beyeera, El Mangala, Serein, Alsaraf, Woroula, Douma, El Mansour, El Moglum and Keleiro, resulted in a wave of displacement towards Rashad town. The newly displaced people occupied schools and mosques and at one point more than 7,000 people were housed in public buildings. Other families fled to Abu Jubaiha and Al Abassiya, with others moving as far as Um Rwaba and El Obeid in neighboring North Kordofan State.

Key response priorities

**WASH:**
- Rehabilitation of 6 water yards (WYs) and 38 Hand Pumps (HPs) beside drilling and construction of new HPs, WYs, and construction of water pipeline from the nearest WY to Hai Abu Anga.
- Construction of latrines to cover 95% IDPs through community led total sanitation (CLTS). Latrines should also be built at every school.
- Distribution of hygiene kits for IDPs and returnees

**Health:**
- Provision of essential medicine and supplies as well as operational costs
- Availability of the required equipment, materials and furniture.
- SC to run night-shift in Rashad health center.
- Support RH department in Rashad locality by availing the required equipment and materials for service provision.

**Education**
- Provision of adequate teachers at schools by SMoE.
- Training of untrained and newly recruited teachers.
- Provision and distribution of education materials.
- Exemption of IDP children from all school levies especially at host community schools.
- Awareness sessions on children rights in education and enrolment campaigns

**Food Security and Livelihood:**
- Provision of food aid (GFD, FFE and RUSF).
- Provision of income generation activities/IGAS.
- Restocking with small ruminants and provision of poultry.
- Livestock support in terms of vaccination and treatment.
- Provision of agricultural inputs.
- Support to making of fuel efficient stoves.

**Protection ES/NFIs**
- Distribution of NFIs packages to 3,576 HH from IDPs community as emergency assistance (jerry can, plastic sheeting, blankets, sleeping mats and cooking sets).
- Construction of three women centers to be used for training on income generation activities (IGAs) targeting 321 most vulnerable women from IDP community.
- Provision of referral pathway services to IDPs from Rashad to Um Rwaba Hospital.
- Provide Cash Based Intervention (CBI) support to UACS 286 children through their Family Tracing and Reunification (FTR) in Rashad locality.

**Nutrition:**
- Provision of ready to use supplementary food (RUSF)
- Construction of shelters and stores in Rashad and Kabus health facilities.
- Support stabilization center in Rashad hospital with supplies and human resources.
Inter-Agency Rapid Needs Assessment

Humanitarian access

Physical access

There are three road access routes to Rashad Town — via Al Abassiya or Abu Jubaiha and another short-cut road from Kadugli through Delling - Dalami – Abu Kershola to Rashad (Subject to clearance by DSS and can only be used during the dry season). The government had levelled the road just before the rains started, facilitating movement between Al Abassiya and Rashad. There is no warehouse for prepositioning supplies because of easy access by transportation any time from stores in El Obeid of Kadugli. Regarding UXOs, the road is safe with no incident involving UXOs or ERWs being reported. The area has good phone network and is served by most of the mobile phone services providers. However, it is difficult to access Alsaraf and Tendimin villages from Rashad approx. 20 km NW due to bad road condition as there is only one stony road crossing mountain and only 4x4 cars can access but the trucks cannot thus the road need to be levelled.

Humanitarian access

HAC was very cooperative in facilitating this mission, the team visited all the targeted areas without obstruction. The communities and local authorities were also co-operative 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, but food shortage is expected because of reduction of food ration by WFP and IDPs in Rashad town cannot access their land for cultivation due to insecurity and proximity to areas controlled by SPLM-N same as other assessed locations in Talodi.

Key findings

Food security and livelihoods

Key findings

- Prior to displacement, the IDPs were sustained by agro-pastoralism livelihoods with a few people engaging in crafts and trades. Despite living in displacement for four to seven years, a majority of the IDPs have not been able to re-establish livelihoods to a satisfactory level.
- The price of Sorghum in the market has increased by 100% compared to the previous year. At a similar time, last year, it cost 25 sdg and now it is retailing between 40 to 50 sdgs. However, there is an expectation that the prices will decrease following harvest of current crops in the farms.
- They mainly consume sorghum and do not diversify their diet.
- Host community reported having limited food stock as it is harvest time, but IDPs do not have stored food because they cultivated very small area size due to limited cultivation lands where they are hosted and cost of seeds and farm implements was too expensive for them. IDPs are hosted escalated with no agricultural inputs support provided to them for years.
- The markets have good supplies of commodities, but the prices are too high therefore, there is a need to increase frequency of general food distribution to vulnerable IDPs during the lean period and support supplementary feeding for malnourished children, pregnant and lactating women to stop IDPs from adopting negative coping methods such as
- reduction of number of meals consumed per day, reduction of quantity and quality of food consumed,
- To raise an income, they work as farm daily laborer, seasonal agricultural labor, traditional mining related activities, charcoal burning, wood cutting, hay and wild fruits collection and the women work as house helps.
- Child labor is widely practiced with families taking out their children from schools to work and support the family.
- IDPs don’t have access to enough arable land because the area is rocky. This also affects the host community.
- SMoA has 11 feddans of land in Rashad town that could be used by 75 HHs in three-cultivation rotations around the year to grow vegetables. However, the irrigation system requires rehabilitation. In Aludam there is an additional 1000 Feddans where the IDPs could cultivate sorghum.
On livelihoods, the IDPs could be assisted to start income generation activities through small grants or loans and training on maximizing agricultural production. Other forms of income generation could be started through distribution of donkey carts for water vending, skills training such as masonry, welding, auto mechanic, running flour mills, handcraft training in including decoration products to improve the quality of products practiced widely in Rashad, bee keeping and food processing specially drying and canning techniques for fruits and vegetable products.

- Rashad locality livestock population is estimated at 445,000 heads and pastoralists usually face water challenges during the dry season which increases tension between farmers and the local community using the same water sources
- Some animal diseases were reported in Rashad this year, however, there has been no mass vaccination of livestock since a project by FAO and implemented by NIDAA ended in 2014.
- There is a gap in trained veterinary personnel.
- SMoAR locality office estimated the need of vaccines amount to be 590,000 doses for HS 150,000, Anthrax 150,000 and B.Q 50,000 PPR 15,0000, sheep pox 70,000 and 20,000 for Lumpy skin disease.
- As Rashad locality is a key producer of honey, IDPs and vulnerable members of the community could benefit from modern honey harvesting techniques that preserve the environment.
- There is a gap in environmental conservation as evidence through clear felling of forested areas for firewood, charcoal and shelter materials. Priorities for Immediate Humanitarian response
- Provision of agricultural inputs (Seeds and tools for winter crop to enhance household food security).
- Organize IDPs in group farming for cultivation through Implement of tractor hire services in Aludam mechanized scheme area, that SMoA agreed to provide the land of 1000 Feddans and the technical services.
- IOM and HAC to register and verify the IDPs actual numbers and WFP to conduct vulnerability assessment.

HEALTH

Key findings

Rashad Locality population is 95,288. They are served by 11 health facilities (one hospital, 7 health centers and 3 health units). Two of the HFs are managed by health insurance. Three others are non-functional due to security situation. Most of the displaced population do not use the available health services because they do not have money to pay for the services. In some instances, such as the HFs are 2-12 km away from the settled area such. Tandeck and Alshargeia HFs are 2km, Abu Anja is 3 kms, Saraf Falata is 6 kms while Tarouba and Tendimin are 12km) away. Another reason for not accessing the HFs is that they are situated in insecure locations where they fear for their personal safety especially at night. This includes Tendimin, Saraf Falata. The services are provided through 79 health care providers (one medical doctor, three Medical Assistants (MA), 58 midwives, eight nurses, two lab technicians). The referral system is no longer functioning since two ambulances require to be repaired. MoH records showed that the total number of consultation is between 11,000 and 12,000 of which 40% of the consultations are for children under five years old. The most common illness among the locality population are malaria, ARIs and diarrhea also maternal death. This year nine women died in child birth. and EPI coverage for September 2018 is 74% which is lower than target of 100% due to fuel and poor cash access especially for hiring vehicles.

- Key findings in Alshargeya:
  - There is no health facility at this site and people access the primary health services at Rashad health center and Rashad hospital 5 kms away. They do not use the services because they do not have money to pay for consultation or drugs
  - The common illnesses are malaria, ARIs and diarrhea.
  - There are no RH supplies provided to the pregnant women. Deliveries are doen at home with supervision of midwives. There was no awareness on the benefits of attending Ante-natal clinics.
  - There is no referral system for the critical cases.
  - The community access the EPI services at Rashad center.

- Key findings in Tarouba:
  - There is no health facility at this site
  - Lack of awareness regarding health-related issues.
  - The community in Tarouba access EPI services at Tandeck health center about 10 Kms away.
- There are three trained midwives in this village providing reproductive health services and the deliveries attended at home with affordable cost.
- There are no RH supplies provided to the pregnant women.
- Cases referred to Rashad and the referral cost is about 500 SDGs.

**Key findings in Tandeck:**
- There is a health center managed by health insurance, but it has no short stay room
- It lacks furniture and medical equipment as well as electricity.
- The common illnesses are malaria, ARIs and diarrhea but no malaria medications.
- There is no midwifery set for midwives use, RH supplies are fees-based as per group discussion.
- Some of pregnant women attend delivery at the health facility but there is no delivery bed and midwifery set for the midwives who provide RH services at the health facility level.
- The community self-administer over the counter drugs without going to the HF.
- The ANC visits during this month are 80 visits.
- The average of consultation per month is between 400 and 500.
- The communities awareness in health-related issues is low.
- There is no referral system at this health facility and the community pays more than 1,500 SDG to rent a vehicle for referring the critical cases.
- They use a traditional incinerator for medical waste which needs to be replaced.

**Key finding in Abu Anja, Tendimin and Saraf Falata.**
- Abu Anja is 3 KMs Saraf Falata 6km and Tendimin 12km from Rashad and there are no health facilities at these locations. People go to either at Rashad health center or Rashad hospital, but both charge a fee for services and drugs.
- The coverage of EPI services is about 50% which is considered to be extremely low.
- Trained midwives provide RH services for pregnant women and attend deliveries at home in both Saraf Falata and Abu Anja; In Tendimin there is traditional a midwife. Two maternal deaths were reported in Tendimin which is indicative of the poor antenatal and post-natal care

Save the Children manages Rashad health center and services are free. However, the HF runs only during the day.

**Priorities for Immediate Humanitarian response**

- Establish reliable supply chain of essential medications and supplies and running cost.
- Avail the required equipment, materials and furniture.
- Request Save the Children to operate Rashad Health Center HF for 24 hours.
- Support RH department in Rashad locality by availing the required equipment and materials for services provision.
- Refresher training in deferent aspects of reproductive health for midwives.
- Support health community awareness campaigns on issues related to reproductive health.
- Support routine EPI.
- Strengthening monitoring and evaluation system through workshop on M and E principles for MoH responsible cadres at the locality level.
- For long term construct and equip health facilities at Tendimin and Saraf Falata.

**Nutrition**

**Key findings**

- CMAM service (OTP and TSFP) are available and accessible in 4 nutrition sites in Rashad (Rashad, Tandeck, Tajmala, Kabus all of them support by SCI and Pan care for OTP and Assist for TSFP
- RUSF supply is not stable as many centres reported shortages
- Most of nutrition staff are volunteers without pay.
- There is no MUAC Screening for the last two months.
- There are some trained volunteers (Community outreach) working at the various HFs catchment area.
- They have trained mother to mother support group, but the groups are not active, pregnant and lactating mothers are not being trained on good infant feeding methods and there was evidence of early weaning practice. Children are fed cow milk, semi-solid and solid food.
- Nutrition members of the assessment team screened 166 children; 125 were normal, 26 had MAM and 15 had SAM and were referred to the nearest OTP.
- Kuo Al mango HF not cover by nutrition service
Rehabilitation of the stores and shelters is required at Rashad and Kabus HFs

**Priorities for Immediate Humanitarian response**
- Support Rashad and Kabus OTP sites by repairing the existing shelter and store as well as construct latrines.
- Activate the role of community volunteers to screen their children on monthly base
- Provide nutrition support supplies such as RUSF
- Activate Mother to mother support group and provide monthly support
- Conduct monthly monitoring visit at locality level to follow up community outreach and mother support group activities
- Conduct monthly mobile nutrition sessions to treat malnourished children at returnee area (Alsaraf and Tendimin) and host community around Kabus
- Coordinate with SMoH RH unit to provide Vit A to women after delivery and folic acid for pregnant women
- Support bimonthly monitoring visits to all nutrition centers.
- Support recruitment of nutrition assists at locality level.

**EDUCATION**

**Key findings**
- Most of the IDPs in Rashad legality have access to education but are hindered by the high cost of education such as school fees, cost of textbooks, learning materials and school uniform besides cost of school meals.
- Rashad is better off than El Leri and Talodi on number of teachers in the locality. Teachers’ average being eight teachers per school, compared to the accepted minimum of 12 teachers per school (1.5 teachers per grade).
- Locality education authorities told the team that for the last four or five years, no education materials were provided and distributed in the assessed town schools.
- In all assessed IDPs locations, the numbers of out of school children exceeds the number of children in schools (no accurate figures available).
- There are 38 schools in Rashad locality, only 7 of them in Rashad town and 31 are in locality villages and towns.
- Total number of in school children is 6,817 girls and 5,556 boys (12,373) from both IDP and host communities.
- Significant number of IDP children are not attending school as they are working to support their families in their basic food needs. Other were forced to drop out because their families cannot afford the school fees and other levies.
- Six schools were used as army bases during the war and continue to be used to-date. This forced communities to construct schools using local material in other locations.

**Priorities for Immediate Humanitarian response**
- Provision of enough teachers at schools by SMoE.
- Training of untrained and newly recruited teachers by SMoE and UNICEF.
- Provision and distribution of education materials to targeted schools in the locality.
- Exemption of IDP children from school fees especially at host community schools.
- Education awareness and enrolment campaigns to absorb Out of School Children (OoSC).
- Advocacy to return the six schools occupied by the military to their original use.
WASH

Key findings

Rashad locality received 17,960 IDPs from 20 villages around Rashad town as result of the conflict. They joined 38,000 people residents in Rashad Town. This large number of IDPs and host community created high pressure on available water sources in the town. Although some water and sanitation projects have been implemented in the town for the last seven years, there is a gap in safe drinking water, sanitation, and hygiene promotion activities.

Water sources:

<table>
<thead>
<tr>
<th>Source type</th>
<th>Total</th>
<th>Functioning</th>
<th>None functioning</th>
<th>Remarks</th>
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</thead>
<tbody>
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<td>19</td>
<td>14</td>
<td>5</td>
<td>Need maintenance</td>
</tr>
<tr>
<td>HPs</td>
<td>151</td>
<td>113</td>
<td>38</td>
<td>Need rehabilitation</td>
</tr>
<tr>
<td>Sand Dams</td>
<td>7</td>
<td>7</td>
<td></td>
<td>Need rehabilitation</td>
</tr>
<tr>
<td>Dam</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>Need rehabilitation</td>
</tr>
</tbody>
</table>

The functioning sources of water cannot meet the needs of the population being served. The water produced from HPs has salty, metallic smell, and the one fetched from seasonal streams is contaminated. Fetching water from both HPs and streams (Khor) takes long time, ranging from 30 minutes to 1 hour. In some areas many people rely on one HP which cannot cover their needs adequately. In Rashad town there is a trained water user committee, but it does not have spare parts to maintain the non-functioning HPs. Also, there is no partner paying incentives to the chlorination team, moreover, there are no water quality monitoring tools.

Sanitation and hygiene:

According to assessment findings Focus Group Discussion (FGD), HHs visits, and health unit statistics, 40% of the malnourished children had diarrhea and 75% of the diseases treated at the health centers were water-related diseases such as diarrhea, schistosomiasis, eye infections, skin infections and worm infestation. During this interagency assessment WASH and health were highlighted as top priority requiring urgent intervention to decrease the possibility of disease outbreak. The accumulation of non-immunized children in the congested settlements and poor living conditions is major threat for outbreak of disease.

In general, the latrine coverage is around 46% in Rashad Locality, but in the IDPs and returnees gathering areas only 5% had latrines, because landlords did not want the IDPs constructing latrines on their land. Therefore, open defecation is common among the IDPs, resulting in poor sanitation 34 of the 40 schools have latrines and water facilities.

Priorities for Immediate Humanitarian response

- Rehabilitate non-functional WYs and HPs, drill and equip new HPs and WYs in places with high population of the affected population.
- Construct a water pipeline linking the nearest WY to Hai Abu Anga.
- Construct latrines in all schools.
- Provide water quality monitoring and treatment tools and equipment.
- Train MOH and rural water corporation staff
- Provide waste disposal means with proper management system as well as distribution of cleaning tools such as wheel barrows for rural communities
- Strengthen the medical waste disposal and management systems by construction of incinerators at the health facilities.
- Distribution of hygiene kits for IDPs and returnees

Protection:

Key findings

- Rashad is hosting 22,324 IDPs from 3,576 HH, who originated from the surrounding villages because of the 2011 conflict as per report by the Ministry of Social and Welfare Rashad office and HAC. The locality has 286 unaccompanied and separated minors who work as child laborers based on agreements between their parents and the people giving them work.
- IDPS representatives said that there is no medical referral system linking Rashad to either Um Rwaba or El Obeid hospitals as result two women from the IDPs community died in child birth in 2018. The two incidents were confirmed by HAC and MoSW office in Rashad.
- Some 350 children had difficulties accessing basic services such as schools because they did not have birth certificates or registration numbers. GAH and Child State Council assisted 100 children to process their documents.
Most of the IDPs are unable to access land in their areas of original displacement because of its proximity to SPLM-N territories as well as insecurity.

MoSW reported that 1,178 orphans were identified by the protection networks in Rashad locality. They are receiving minimum support through MC-S, GAH and Zakat chamber.

The team observed that most IDPs are using NFFs distributed in 2014 which have become tattered and require replacement.

Priorities for Immediate Humanitarian response

- Support processing of national numbers to 500 UACS children in Rashad town. UNICEF and HAC to continue advocating with local authorities as well as to ensure that children are enrolled in the basic schools.
- Provide Cash Based Intervention (CBI) assistance to 1,000 most vulnerable women HH from IDPs community.
- Allocate land for cultivation to the IDPs in Rashad locality.
- Support victims of rape and SGVB.
- Provide full food ration assistants to IDPs in Tandeck village who were found to be most insecure compared to other communities.
- Distribution of NFIs packages to 4,000 HH in Rashad locality.
- Sensitization campaign on child soldier recruitment.

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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Security and Livelihoods</strong></td>
<td>Income generation activities, Livestock vaccination and treatment. Fuel efficient stoves / FES, Goats restocking and provision of poultry</td>
<td>No funds currently available for these activities</td>
<td>FAO and FSL IPs</td>
<td>Dec.018</td>
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<td><strong>Food security and livelihoods</strong></td>
<td>Food Aid</td>
<td>Supply of GFD, TSFP</td>
<td>WFP</td>
<td>Nov.018</td>
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<td>Agricultural inputs (seeds and tools).</td>
<td>No funds currently available for this activity</td>
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<tr>
<td><strong>Health</strong></td>
<td>Open Rashad HC for night shift</td>
<td>Staff/Human resources</td>
<td>SMOH and SC</td>
<td>November</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Activate the referral system</td>
<td>Maintenance for ambulance for referral case</td>
<td>SMOH, SRCs</td>
<td>November</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Increase coverage of vaccination</td>
<td>Provide cold chain and operation cost</td>
<td>SMOH, WHO and UNICEF</td>
<td>November</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Regular monitoring for Health projects in area</td>
<td>Coordination between M and E team at locality and state</td>
<td>SMOH, WHO and OCHA</td>
<td>November</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Conduct monthly mobile, satellite nutrition outreach to treat malnourished children at returnee area (Alasaraf and Tendimin) and host community around Kabus</td>
<td>No funds currently available for this activity</td>
<td>SCI, SMOH</td>
<td>Dec 2018</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Support Banat HF to provide CMAM service</td>
<td>No funds currently available for this activity</td>
<td>SMOH, UNICEF</td>
<td>Dec 2018</td>
</tr>
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<td>Category</td>
<td>Activity Description</td>
<td>Responsible Parties</td>
<td>Available Funds</td>
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<tr>
<td>Nutrition</td>
<td>Select and train mothers on (Mother to mother support groups)</td>
<td>No funds currently available for this activity</td>
<td>SMOH, UNICEF, SCI</td>
<td>Dec 2018</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Provide nutrition support supplies such as RUSF</td>
<td>WFP, SMOH</td>
<td>Dec 2018</td>
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<tr>
<td>Education</td>
<td>Provide enough teachers at schools</td>
<td>Recruit and post 152 teachers</td>
<td>SMOE</td>
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<td>Education</td>
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<td>SMOE/UNICEF</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Conduct 2 awareness and enrolment campaigns among IDP communities.</td>
<td>SMOE/UNICEF</td>
<td>UNICEF</td>
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<tr>
<td>Education</td>
<td>Provision and distribution of education supplies, especially in IDPs schools.</td>
<td>SMOE/UNICEF</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Rehabilitation of existing none functional 5 WY and 38 HPs, beside drilling and construction of new 5 HPs, 2 WY, and construction of water pipeline from the nearest WY to Hai Abu Anga.</td>
<td>No funds currently available for or drilling and buying construction materials</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Construction of latrine for IDPs and at school level</td>
<td>No set funds to buy Excavation tools and construction materials</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Provision of Waste disposal means with proper management system as well distribution of cleaning tools such as wheel Barros for rural communities</td>
<td>No set funds to buy cleaning tools</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Distribution of hygiene kits for IDPs and returnees</td>
<td>No set funds to purchase hygiene kits</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>Protection and ES/NFIS</td>
<td>Advocacy with local authorities to issue national number to the IDPs to be able to access basic schools</td>
<td>No set funds</td>
<td>MOSW, UNHCR and UNICEF</td>
<td>April 2019</td>
</tr>
<tr>
<td>Protection and ES/NFIS</td>
<td>Provide CBI assistant to 1,000 HH whom used to send their children to work to support the families</td>
<td>No set funds</td>
<td>UNHCR</td>
<td>2019</td>
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<tr>
<td>Protection and ES/NFIS</td>
<td>ES/NFIs sector leads to initiate NFIs request for 4,000 HH</td>
<td>No set funds</td>
<td>UNHCR /IOM</td>
<td>2019</td>
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<tr>
<td>Protection and ES/NFIS</td>
<td>Construction of child protection Police Unit and 3 women centers in Rashad town.</td>
<td>No set funds</td>
<td>UNHCR</td>
<td>2019</td>
</tr>
</tbody>
</table>

**Assessment information**

The assessment to IDPs in Rashad 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>
<td>Coordination</td>
<td>Nasir Abdalla</td>
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<td><a href="mailto:abdalla42@un.org">abdalla42@un.org</a></td>
<td>0912170417</td>
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<tr>
<td>Coordination</td>
<td>Hamdan Alahemir Beeka</td>
<td>HAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES/NFIs</td>
<td>Shaza Mohamed Ismail</td>
<td>AORD</td>
<td><a href="mailto:ashkolashaza123@gmail.com">ashkolashaza123@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Name</td>
<td>Organization</td>
<td>Email/Phone</td>
<td></td>
</tr>
<tr>
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<td>-------------------------------</td>
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<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>ES/NFIs</td>
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<tr>
<td>Protection</td>
<td>Jamaladin Abdalla</td>
<td>JASMAR</td>
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<tr>
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<td>Almanar</td>
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<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>Huda Hussein</td>
<td>SMoH</td>
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</tbody>
</table>