Talodi locality has 13,968 IDPs (2,328 HHs) mainly living in five locations, four of which are inside Talodi Town, and one in Al Tugula Village, 16 kilometers east of Talodi Town. The IDPs were displaced from Mandi, Angarto, Al Gardod, Mafioua, Kindirma, Al Salamat and Taboli which experienced several attacks by both SPLM-N and the Sudanese Armed Forces (SAF). Most of those villages are no longer under government control. Some people from these villages initially fled to Talodi and Om Dual village which had been evacuated and later moved to Al Tugula. The displaced people did not form displacement camps but were absorbed into existing villages by relatives and other people in Talodi. The total population of Talodi is 48,862 people, including IDPs.

The assessment team visited six communities in Talodi, during the focus group discussions, the IDPs prioritized health, water, re-establishment of livelihoods, Education and NFIs in that order as their key humanitarian needs. The mission observed that there was adequate supply of goods at the local market however, the cost of commodities prices was expensive for IDPs and other vulnerable members of the community. The displaced people have limited access to paid labor or other resources such as livestock rearing. This in addition to the fact that more than 50% of displaced persons have not been receiving food assistance in the last three years, however, WFP distributed 160.30 mt of food in October 2018 to 6,120 individuals for 90 days which is a one-off ration for this year. IDPs face land access problem because there is no guarantee of being allowed to continue using the land as well as presence of ERWs and UXOs. The town is surrounded from East, North and West and some war ordnates have been found. These combined factors have made it difficult for IDPs to access adequate food for their families.

There are 16 health facilities in Talodi Locality which are supposed to provide health services, but only 6 HFs (37.5%) are operating, another eight HFs are not functioning as they are in an insecure area. One HF was destroyed during the conflict and one primary health care unit (PHCU) is not functioning due to unavailability of furniture and medical supplies. The functioning HFs provide EPI, RH/ANC, Nutrition and consultation and lab services. On average more than 1,000 persons are seen per week. The commonest ailments are malaria and respiratory infections among both adults and children. The referral system is not working as the ambulance requires maintenance. There is a gap in regular supply in routine and <5 years medicines. Also, all health facilities are not providing HIV/AIDS services and only one HF provides TB services in Talodi hospital.

In nutrition, there are no community outreach activities and the situation is compounded by the absence of trained volunteers to mobilize and refer SAM cases to nutrition centers. The entire locality has 10 volunteers. Nutrition specialists who were part of the IA assessment team screened 32 children and found all to be growing normally. Pregnant and lactating women are not receiving vitamin A.

The education sector is in crisis in Talodi. In all the assessed IDPs locations, the number of out of school children were reported to exceed those attending school though no reliable data was immediately available to the assessment team. For example, the only school outside Talodi Town in Al Tugula Village has only one classroom (G1) with 85 children and a kindergarten of 54 small children. The village has 450 school-aged children who are out of school. There are 22 schools in total in Talodi, 10 are in Talodi Town and accommodate children from the other 12 schools which were closed at the height of the conflict. The operational schools are overcrowded, understaffed and under resourced. Also, some parents send underage children to work to supplement family income.

IDPs community’s leaders and HAC reported the presence of 64 unaccompanied minors who were registered in Talodi. The mission observed that IDPs shelters are poorly constructed. The IDPs informed the mission that they are not able to collect local materials from the forest due to insecurity and they do not have money to buy materials from the local market. IDPs community said they would like to return to their place of origin if security could be guaranteed.

Regarding access to water, only 45% of total needs are covered by the available water. In summer the gap increases when the haffirs dry up. In Al Tugula IDPs area, the water is contaminated, has color and smells bad. This is attributed to a 2013 incidence of a mine collapsed killing unknown number of miners whose bodies were never recovered. The ground water passes through the cave systems in this mining area.
Site overview

IDPs women in Talodi fetching firewood form the bush

Assessment Team Talk to IDPs Children in Talodi

Location map
Drivers and underlying factors

According to a population census of 2008, the official population of Talodi Town and its suburbs is about 68,000 persons, however, the actual number could be higher due to inflows of people from the neighboring areas following the outbreak of the SAF/SPLM-N conflict in 2011 and local custom that prohibit residents from declaring the actual number of people in a household. Local authorities estimate that more than 48,000 people, including IDPs, live in Talodi Town. Talodi Town is about 81 kilometers south east of Kadugli, the capital city of South Kordofan State. For its historical value, Talodi is considered as one of the important towns in the region. It used to be the capital city of the Nuba Mountains Region before state government was headquartered in Kadugli. It has also got a geographical value due to its location 30 kilometers away from the border with South Sudan; some of its residents have intermarried with South Sudan’s tribes of Dinka, Shiluk and Nuer as well as with the other groups in the region such as the Nuba and Arabs.

On 5 June 2011 fighting broke out in Sudan’s South Kordofan state, centering on the Nuba Mountains area. The conflict set the Nuba Mountains section of the SPLM-N against the SAF and its aligned militias. The conflict continued up to March 2016. Talodi was attacked more than six times between June 2011 to April 2013. The population in Talodi locality was advised to move inside the Town for their safety. The came from Mandi and Angarto villages. The civilians in Al Gardod and Mafloua villages moved to Talodi Town. Some people remained in their villages which later fell under control of SPLA such as Mandi, Angarto, Kindirma, Al Salamat and Taboli. SAF continued to use air bombardments in a bid to regain control. Some people from these villages fled to Talodi and Om Dual village some 16 kilometers east of Talodi and later moved to Al Tugula village where they settled. Some of the displaced moved on to El Leri, Kalogi and Abu Jubaiha, while those with enough resources went further and left South Kordofan State fleeing the critical security situation.

Key response priorities

Health:
- Establish Health Unit in Al Tugula to provide primary health care (PHC) services.
- Establish reliable supply of medicines.
- Equip health facilities with necessary medical equipment, IEC material.
- Erect WASH facilities.
- Provide furniture for medical staff and patients.
  Strengthen referral system through repair of ambulance.

WASH:
- Conduct quality test /Construction/operating of 9 drilled WY.
- Rehabilitate six broken hand pumps
- Conduct CLTS for latrines construction.

Food Security and Livelihood:
- Provide food aid to 13,968 vulnerable people
- Provide nutrition support including ready to use supplementary food (RUSF) for 3,492 (3,011 children U5 and 481 PLW).
- Provide income generating activities/IGAs for 1,000 HHs.
- Restock with small ruminants and poultry for 1,000 HHs.
- Provide livestock support in terms of vaccination and treatment.
- Provide agricultural inputs.
- Support skills development for making fuel-efficient stoves.

Education:
- State Ministry of Education (SMoE) to provide adequate number of teachers at schools by
- Training of untrained and newly recruited teachers.
- Support/facilitate opening of new schools in Almattar and Atla’a Barra Quarters in Talodi Town as they have a high proportion of IDPs and there are no schools in the settlement areas.
- Provide and distribute teaching and learning materials.
- Advocate for children from IDP community to be exempted from school levies and fees.
- Conduct education and awareness raising sessions and enrolment campaigns.
Protection and ES/NFIs:
- Distribute NFIs to 12,000 HH in Talodi.
- Constrict 4 CFS, 4 women Centers and one vocational training center for youth.
- Provide finance and psychosocial support to 64 AUSC, 8 Separated children and inclusion of the most vulnerable group of 821 women HH in such support.
- Establish 5 child protection networks in Talodi and Al Tugula to capture child protection issues including child labor.

Nutrition:
- Recruit permanent staff
- Conduct mobile nutrition outreach to treat malnourished cases on monthly basis in hard to reach areas
- Provide inpatient SAM management refresher training to nutrition and medical staff in Talodi Hospital
- Form mother to mother support group in five IDPs area to raise awareness about infant and young children feeding habits (IYCF).

Humanitarian access

Physical access
Talodi can only be accessed by road through either El Leri- Kalogi- Abu Jubaiha or Al Tugula- Kalogi- Abu Jubaiha routes. However, it is difficult to access the town during the rainy season from July through September. The government had levelled the road just before the rains started, facilitating movement between Abu Jubaiha, Kalogi and Talodi. Only WFP has Warehouse in Talodi for prepositioning food in June of each year to cover the rainy season. 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.

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 residents cannot move more than 10kms outside town to access their land due to insecurity and proximity to areas controlled by SPLM-N.

Key findings

Food security and livelihoods

Key findings
- IDPs in Talodi Locality have been living in displacement from 2011 and are all hosted inside the town apart from those living in Um Dual village – outside the Town.
- Prior to displacement, they practiced agriculture, pastoralism, agro-pastoralism and traded in other crafts. However, following displacement, they lost all their belongings and a majority were unable to re-establish their livelihoods due to restriction of movement outside the town and lack of seeds and farming tools. Some pastoralists lost their entire herds. IDPs interviewed by this mission said they earn an income through working as seasonal daily laborers, participating in agricultural production whenever they have access to land, women work as domestic help, mining, charcoal production and cutting firewood for sale.
- Food commodities are available in the markets, but the prices are high. A 90kg sack of Sorghum, which is the main staple food, costs 1,050 SDG which is nearly double of the cost of a similar amount of sorghum at the same time last year.
- In food consumption at the household level, the IDPs reported relying on the same food types without diversification. Sorghum is used as the core meal. This could lead to malnutrition especially among young children.
- When food was inadequate, the IDPs coped by reducing the number of meals consumed per day in addition to reducing quantity of food consumed to make what they have last longer. They also supplement their food with wild fruit and borrowing food from others.
- There is less amount of food available at the household level for both IDPs and vulnerable host community, despite it being time for harvesting of early crop. This is due to restriction of movement outside the town which limits the amount of land cultivated. There is high incidence of farmers and pastoralists clashes.
IDPs access to land is constrained by insecurity. Due to the many years of active conflict, the IDPs live in fear of ERWs and UXOs. The Town is surrounded from East, North and West and the land beyond the town is suspected to be contaminated with such war ordnates.

Talodi has good potential for agricultural production, despite the limited available land for cultivation as it has good soils and usually receives adequate rainfall. However, production is curtailed by inadequate access to seeds and tools to support household food production.

SMoA has fenced seven Feddans as demonstration farm with an irrigation unit. The Unit requires to be rehabilitated in order to serve as a group vegetable farm. SMoA is willing to provide technical assistance if any entity rehabilitated for them.

During the dry season there is usually shortage of water for both domestic and livestock consumption which has a potential to cause conflict between the resident community and cattle herders.

The town has qualified veterinary cadres and some community animal health workers (CAHWs) who provide the services when vaccines and drugs are available.

There is one vocational training center and a women development Center that could be used for learning income generation skills. Nevertheless, the center does not have appropriate equipment.

Some IDPs practice honey production using traditional methods. They would benefit from learning new skills that would enhance production and protect the bees and maintain environment balance.

Awareness session should be conducted for all residents of Talodi to be sensitized about environment protection. Currently there is indiscriminate felling of trees for charcoal, firewood and construction and no one is replanting trees. This will have serious environment implications. 67% of the assessed communities reported to have inadequate food.

**Priorities for Immediate Humanitarian response**

- Provide food aid to vulnerable people after doing a Vulnerability Assessment for IDPs and vulnerable residents.
- Provide nutrition support to malnourished children, pregnant and lactating women.
- Provide income generation activities/IGAs such as distribution of donkey carts for water vending, skills training in areas such as buildings, welding, auto mechanic, flour mills, driving tuktuk, hand crafts, bee keeping and food processing.
- Provide livestock support in terms of vaccination and treatment.
- Provide of agricultural inputs (Seeds and tools). Provide poultry and support restocking of small ruminants. This was widely requested in all assessed IDPs communities.
- Provide refresher training for CAHWs and reorganize CAHWs networks.
- Construct fire lines to mitigate fire burnings practices that have disastrous impact on pasturelands and natural forests.
- Train animal herders in preparation of animal feed from locally available materials.
- Rehabilitate water sources for livestock use.
- Rehabilitate SMoA vegetable demonstration farm and allow IDPs to use it for group vegetable production.
- Demarcate cattle routes to reduce tension and conflicts between animal herders and farmers.
- Support the use of fuel-efficient stoves by supporting their production as an income generation activity for IDPs.
- Restore and improve natural resources and environment conservation by reforestation around IDPs and vulnerable host communities’ settlements through, training of 15 environment promoters to maintain awareness raising and distribution of seedlings.
- IOM and HAC to register and verify the IDPs.
Clear UXOs and remnants of war in Talodi Town as well as undertake mine risk education to enhance safety for farmers to expand cultivation and grazing land.

Nutrition:

**Key findings**

- CMAM service (OTP and TSFP) are not accessible in most IDPs areas due to the long distance to the HFs
- Low coverage of CMAM activities was observed by the IA assessment mission
- There is no regular MUAC Screening in IDPs area
- Community outreach activities are lacking. The locality has only 10 trained volunteers who are supposed to mobilize and refer SAM cases to Nutrition service
- There are no infant and young children feeding (IYCF) activities. After delivery, the women said they were not taught how to feed the children. Also, there are no support groups for pregnant and lactating mothers.
- Vitamin A is not being routinely given to women after delivery.

**Priorities for Immediate Humanitarian response**

- Recruit permanent staff
- Conduct mobile nutrition outreach to treat malnourished cases on monthly basis in hard to reach areas
- Provide inpatient SAM management and refresher training for nutrition and medical staff in Talodi Hospital
- Formulate mother to mother support group in five IDPs areas to raise awareness about infant and young children feeding habits (IYCF).
- Select and train community volunteers on (community outreach) to screen and refer malnourished children on monthly basis

Education

**Key findings**

- IDP children from Atla’a Barra and AlMattar do not have access to a nearby school therefore school going age children (grade 1-3) are usually kept at home.
- There is a shortage of teachers in the locality. On average, there are 5.25 per school, while the accepted minimum is 12 teachers per school (1.5 teachers per grade). Only 105 teachers are available in the 20 schools operating in Talodi.
- For the last two or three years, no education materials were provided or distributed in the assessed town schools.
- In all assessed IDPs locations, the numbers of out of school children are said to be higher than those in school. In the only school outside Talodi Town, in Al Tugula gold mining village, only one classroom is available (G1) with 85 children and a kindergarten with 54 small children. It is not clear if the children will be able to continue with their education after grade 1. An estimated 450 school-aged children are out of school in Al Tugula.
- There are 22 schools in total in Talodi locality with 12 located inside the town. Out of the 12, two are closed meaning that children from 22 schools are now crammed into 10 schools. This has led to overcrowding in the schools in town with limited physical facilities, teaching and learning materials.
- The total number of in-schools children is 2,183 girls and 2,240 boys (4,423) from both IDP and host communities.
- A significant number of IDP children are not attending school as they work to support their families.

**Priorities for Immediate Humanitarian response**

- SMoE to provide enough trained teachers in schools in Talodi .
- SMoE/Community and UNICEF to advocate for opening of one or two schools near AlMattar and Atla’a Barra IDP areas and improvement of the school environment in Al Tugula gold mining village .
- Provide education materials to targeted schools in locality.
- School fees and levies exemption for IDP children of in all schools.
- Conduct education awareness and enrolment campaigns to absorb Out of School Children (OoSC).

Health

**Key finding from Health Sector:**
• Talodi locality has 16 health facilities but only 6 HFs (37.5%) are working, another 8 HFs are not functioning due to security issues, one HF was destroyed during the conflict and 1 BHCU is not functioning as it has no medical supplies and furniture.

• The locality is served by one rural hospital, four health centers and three BHCU’s for a total of 48,862 people. These are staffed by 113 health care providers who include one medical doctor, three medical assistants, 41 nurses, seven CHW, 56 midwives, two Public Health Officers, one health observer, one pharmacist and one lab technician.

• There is no health facility that is providing HIV/AIDS services and only one HF provides TB services.

• While two of the 10 functioning health facilities do not meet the SMoH criteria to qualify to be a HF, the other eight provide EPI, RH/ANC, nutrition and consultation including lab services. The average of consultation per week for all HFs combined is 1,068 patients. The major ailments reported among adults is malaria and respiratory disorders. For children, the most common is diarrhea, malaria and respiratory ailments.

• The referral system is not functioning due to breakdown of ambulance, in addition to lack of regular supply in routine and <5 years medicines.

• Four of the functioning HFs have inadequate medical and laboratory equipment. All HFs have inadequate medical staff and those working in the HFs need refresher training.

• Most of the population in assessed areas of Alkaranik, Akhazan, Darelsalam, Hai almatar, Atlaa Bara and Al Tugula IPDs reported that they did not access the health facilities as they were too far from their area of residence with a walking distance of two to three kilometers.

• EPI coverage is very low as per last month report where only 920 children under two years received Pentavalent third dose (75.2%), however 969 children vaccinated against Measles (first dose). The low coverage was attributed to irregular provision of mobile health services like EPI, which resulted in numbers of under-two year not having access to vaccination services.

• Most health services are available, but the beneficiaries from communities must pay to access these services (fees for consultation, medications and laboratory services).

• Most health care providers needed comprehensive training and workshops (ToT and Basic Training) to build their capacity in different aspect thematic areas such as training on HIS, IMCI, infection control, management of TB/HIV and EmOC).

• The assessed areas have health committees at community level that were formed and trained to assist in changing unhealthy behavior that contributes to illness among communities particularly under five children and their mothers (maternity health). However, the lack of clean water for domestic use and non-use of toilets contributes to the risk of spreading of diseases.

**Priorities for Immediate Humanitarian response**

• Establish reliable supply of medicines.

• Strengthen referral system through repair of broken down ambulance to deal with emergency cases in a timely manner and reduce the mortality rate especially among children and mothers (Maternity).

• Activate existing health committee to play a role in dissemination of key health messages towards changing unhealthy behavior.

• Support building the capacity of health care providers in different aspects of health such as IMCI, EmOC, infection control, health information system and rational use of medicine.

• Construct / rehabilitate health facilities in Al Tugula, Alkarinik, Al Matar, Atlaa Bara and Umdwal.

• Provide medical and laboratory equipment, furniture and medications such as routine and under-five medicine.

• Erect WASH facilities in all health facilities and coordinate with WASH cluster to connect HFs by permanent water supply to ensure availability of water at HFs level.

• Construct incinerators in all functioning health facilities including Talodi Hospital as well as train concerned staff in medical waste collection and disposal (medical waste management).

• Support implementation of awareness sessions to increase the level of knowledge among communities.
- Deploy or recruit of additional health care provider specifically medical doctors, lab technicians and medical assistants to contribute in improving the quality of services.

**Protection:**

**Key findings**

- The assessment team was informed of many protection issues related to lack of proper government registration documents as the IDPs lost all their documentation and belongings at the time of displacement.
- The mission noted that a large number of IDPs were not registered and verified, there is a low presence of NGOs and OIDPs have poor access to basic services such as schools and hospitals. Though they have developed some coping mechanisms, they need assistance in all areas.
- IDPs community’s leaders reported difficulties in either fetching wood for cooking or house construction due to insecurity as part of the area surrounding Talodi is not under government control. The mission was informed of a case where three child herders being killed near Al Tugula by unknown assailants. The case was confirmed by HAC and local authorities.
- The IDPs community leaders in Al Tugula village, 30 km away from Talodi, reported that 60 to 80 UASC children are identified but none of them has received support.
- Women in Al Tugula reported that child labor is very high due to the poor wages paid for daily labor. So, parents send their school age children to work to supplement family income. In general 67% of the assessed communities reported to have child labor.
- HAC informed the assessment team that a new women center was constructed but is not in use due to lack of furniture and other equipment for training.
- No child protection court in Talodi
- No child friendly spaces area available in Talodi.
- The assessment team noted that the IDPs shelters were poorly constructed and cannot protect the occupants from weather elements. The community leaders informed the team that they did not have access to local materials from the surrounding areas and could not afford to buy supplies from the market.
- IDPs community expressed their willingness to return to their places of original displacement when security improves.

**Priorities for Immediate Humanitarian response:**

- All sectors need to respond to the identified child protection and overall protection issues as identified by the assessment team.
- Humanitarian response should build on the existing community structures to enhance their capacities to manage their own lives.
- Conduct registration of all IDPs in Talodi to ensure all are included when assistance is provided.
- Advocate with local authorities to issue national numbers for IDPs children which will facilitate their access and enrollment in school.
- Provide Best Interest Assessment (BIA), and Best Interest Determination (BID) to 1,000 children in Talodi locality, given that total IDPs are more than 11,000 individuals scattered in different areas inside Talodi Town.
- Support the new women center in Talodi that was constructed by Ministry of Social Welfare;
- Construct and equip a vocational training center for the youth.
- Support establishment of 4 child friendly spaces for children and
- Construction of a child protection court in Talodi Town.
- Urgent distribute a full package of NFIs to 1,100 HHs of IDPs and 1,000 vulnerable HH from the host community.
- Advocate with authorities to allocate cultivation land to the IDPs in 2019 to enhance household food security.
• Clean up UXOs in areas occupied by IDPs and raise awareness on mine action issues and provide support to UXO victims.

WASH

Key findings

• Talodi Town has 13,968 IDPs registered by IOM /HAC living alongside 42,360 Talodi residents in addition to an estimated 30,000 gold miners coming from outside the locality. Such huge number of people rely on unsafe and limited amount of water during summer season where the need for water for both humans and animals is high.

Water Sources in Talodi:

<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>8</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MWY</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HPs</td>
<td>42</td>
<td>6</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>Not yet constructed</td>
</tr>
</tbody>
</table>

• The functioning water sources cover 45% of total need of the population, however in summer the gap increases due to drying up of most of the water ponds they depend on during the rainy season.

• Water needs could be met through commissioning of 9 boreholes that were drilled by gold mining company, but these nine sources are not yet tested and or equipped. In general, the existing water sources has color, turbid and appears contaminated.

• All interviewed IDPs complained of water related diseases such as diarrhea, and UTI. Seven of the water sources are being chlorinated but there is a gap in staff and training. There are no tools available for water quality testing.

• In Al Tugula IDPs area water is contaminated, has color and smells bad. This is attributed to an earlier incidence of a mine collapse on 26 Feb. 2013 where the bodies of an unknown number of miners was believed to have been trapped underneath. During the rainy season the holes left behind by gold prospectors are filled with water that is mixes with decayed bodies and human waste due to open defecation at the mine sites, this water contaminates the underground water. People use hand pumps to get water for drinking, cooking and daily consumption.

Sanitation and hygiene:

• There are 10 schools – eight primary schools and two secondary school with 5,224 pupils in Talodi Town. Four of the primary schools do not have latrines and the other 4 have semi full latrines, this is due to huge number of students. On water availability, four schools have hand pumps. In the two secondary schools, one does not have no latrine or water facilities. In all schools there are no health clubs. The general hygiene situation is poor in all the schools.

• In Talodi Town there are six health centers, all have no water facility, three have no latrines, moreover, the Talodi Hospital latrine is full. There is no incinerator for burning medical waste. A water yard and hand pump at the Talodi Hospital is not function.

• Talodi market receives considerable number of people but has no latrines which lead to open defecation resulting in poor hygiene.

• In Hai Al Matar there is slaughter house that brings bad odor and act as source of both mosquitoes and flies that lead to bad hygiene and spread of diseases such as Malaria, and diarrhea.

• Regarding the garbage collection there are no containers for primary collection and no means of transportation to final disposal area.

Priorities for Immediate Humanitarian response

• Conduct water quality test and equip and commission the nine water yards.
• Rehabilitate 6 HPs.
• Establish water management system
• Distribute of jerry cans and purification tablets at household level
• Conduct CLTS for latrines construction.
• Conduct hygiene promotion sessions and garbage collection campaigns.
- Provide of solar system for the hospital to operate the WY.

## Next steps

**[Indicate ICWG-endorsed cluster commitments based on the findings]**

<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>FSL</td>
<td>Initiate income generation activities, livestock vaccination and treatment, making of fuel Efficient stoves, and goats and poultry restocking.</td>
<td>No budget set aside for this activity</td>
<td>FAO and FSL IPs</td>
<td>Dec. 2018</td>
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<tr>
<td>FSL</td>
<td>Food Aid</td>
<td>Supply of GFD and TSFP</td>
<td>WFP</td>
<td>Nov. 2018</td>
</tr>
<tr>
<td>FSL</td>
<td>Agriculture inputs (seeds and tools).</td>
<td>No budget set aside for this activity</td>
<td>FAO and FSL IPs</td>
<td>April –June 2019</td>
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<tr>
<td>Nutrition</td>
<td>Support Abdelfadeel and Almaz HFs</td>
<td>No budget set aside for this activity</td>
<td>Local government and Nutrition sector</td>
<td>Nov 2018</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Conduct mobile nutrition session</td>
<td>No budget set aside for this activity</td>
<td>Nutrition Sector</td>
<td>Nov 2018</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Train health staff (nutrition Assistants, nurses, medical assistants) on SC to operate SC department in Talodi Hospital.</td>
<td>No budget set aside for this activity</td>
<td>Nutrition Sector</td>
<td>Dec 2018</td>
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<tr>
<td>Education</td>
<td>Provide enough teachers at all schools</td>
<td>180 teachers</td>
<td>SMoE</td>
<td></td>
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<tr>
<td>Education</td>
<td>Train 200 teachers</td>
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<td>SMoE/UNICEF</td>
<td></td>
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<tr>
<td>Education</td>
<td>Construct 3 units in Almattar Quarter of IDPs.</td>
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<td>SMoE/UNICEF</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Conduct 2 awareness and enrolment campaigns among IDP communities.</td>
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<td>SMoE/UNICEF</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Access to PHC services</td>
<td>ensure supply of essential medicines, medical equipment and furniture for targeted HFs</td>
<td>Health cluster</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Health</td>
<td>Community sensitization campaigns</td>
<td>Activate Health Committees and train community member on Health Promotion.</td>
<td>Health Cluster</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Health</td>
<td>Access to PHC services.</td>
<td>Train health care providers (HCPs) in different aspect thematic areas like, EPI, EmOC.</td>
<td>SCI and Concern</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Category</td>
<td>Activity</td>
<td>Description</td>
<td>Implementing Partner(s)</td>
<td>Start Date</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Health</td>
<td>Community sensitization campaigns</td>
<td>Provide IEC material and support implementation of awareness sessions.</td>
<td>SCI and Concern</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Health</td>
<td>Improve the quality of PHC services</td>
<td>Support joint monitoring supervision visits to HFs.</td>
<td>Health Cluster</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Health</td>
<td>Strengthening of Referral System</td>
<td>Maintain ambulance and train staff in referral system</td>
<td>Health Cluster</td>
<td>Nov 2018</td>
</tr>
<tr>
<td>Health</td>
<td>Strengthening Coordination Mechanism</td>
<td>Connect HFs with water supply, provide hand washing facility and incinerator in HF</td>
<td>Health/WASH Cluster</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Health</td>
<td>Strengthening coordination mechanism</td>
<td>Support construction of HF latrines and recruit or deploy health care providers.</td>
<td>Health/WASH Clusters</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Protection</td>
<td>Conduct registrations exercise of all IDPs in Talodi</td>
<td>No funds allocated for this activity</td>
<td>MOSW and IOM</td>
<td>Dec. 2018</td>
</tr>
<tr>
<td>Protection</td>
<td>Issue national number to IDPs children to support enrollment in basic schools</td>
<td>No funds allocated for this activity</td>
<td>UNHCR, MOSW</td>
<td>2019</td>
</tr>
<tr>
<td>Protection</td>
<td>Provide BIA, BID to 1,000 child</td>
<td>No funds allocated for this activity</td>
<td>UNHCR.MOSW</td>
<td>2019</td>
</tr>
<tr>
<td>Protection</td>
<td>Construct 4 CFS and women centers in Talodi</td>
<td>No funds allocated for this activity</td>
<td>MOSW and UNHCR</td>
<td>2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Quality test all water sources, Equip 9 drilled boreholes.</td>
<td>No budget set aside for this activity Supplies: Chlorine and Construction materials</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Rehabilitation of existing 6 HPs</td>
<td>No budget set aside for this activity Supplies: HPs spare parts</td>
<td>WASH partners</td>
<td>Q1. 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Distribution of jerry cans and purification</td>
<td>No budget set aside for this activity Logistics and Programme</td>
<td>WASH partners</td>
<td>Q1.2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Conduct CLTS for latrines construction. And hygiene promotion session, garbage collection campaigns.</td>
<td>No budget set aside for this activity Excavation tools, slabs, hygiene kits and cleaning tools</td>
<td>WASH partner</td>
<td>Q1. 2019</td>
</tr>
</tbody>
</table>

Assessment information

The assessment to XX 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>
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<td>JASMAR</td>
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<td>Health</td>
<td>Said Ahmed Elkhair</td>
<td>SMoH</td>
<td></td>
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</table>