Situation overview

Background:

In June 2019 OCHA lead an IRNA to Kajokeji which triggered responses from Humanitarian partners reaching over 86,000 people in IDP within and in Moyo refugees camps in Uganda. Around November 2019, about 11 of these partners moved to Kajokeji setting up operation bases in Ramogi, Mere and Kangapo II inside Kajokeji. As at December 2019, there were 1166 registered returnees into Kajokeji and the rate of return has since increased due to positive political development that led to formation of the TG of South Sudan in March 2020. Further, there are reports of mass movement back into South Sudan by refugees from Uganda since the confirmation of the Covid-19 case in Moyo district in Mid-March 2020. The number is largely unverified.

Kajokeji is IPC phase 4 requiring allocation of more resources in 2020 but is not considered in the phase 1 of the SSHF allocation. At State Inter-Cluster Coordination Group meeting held on 2nd of March, Cluster Focal Points discussed at length the emerging humanitarian situation of Kajokeji and recommended a 5 day assessment that is here reported.

Objectives:

- To assess the humanitarian needs of Returnees and Host population in areas of return.
- To establish the access routes and central points for humanitarian actions

Method or Data gathering and update:

Reference was made to the previous report IRNA report of June and December 2019 on Kajokeji and comparison made to current humanitarian situation while making reasonable projection of the developing humanitarian trends through observation; meetings, key informants, focus group discussions, Interviews in order to gather data for relevant clusters.

Summary of findings

- Expected massive returns from Uganda will exert more pressure on already strained basic services.
- Over 90% of returnees are housed by relatives or in schools. House occupancy is 5 people per tukul.
- 2 reported cases Women raped fetching cassava from fields.
- Access to markets limited as border to Ugnada remain closed
- Only 6 health facilities are functioning at minimum (5PHCU and 1 PHCC) there are 6 health parners operating in Kajokeji.
- There are only 62 health workers of different caders across the County. ARVs accessed from Uganda.
- Only 46% (300) of the established 651 water points are functional. Access to sanitation facilities is below minimum standards.
- Out of the 79 school across Kajokeji, only 17 are functional. Others are occupied by solders while other have been vandalized with about 1:34 teacher: pupil ratio.
- There is low level of acute malnutrition in Kajo-Keji County. 5.0% of children aged 6-59 months were malnourished. On the other hand, 32 pregnant and lactating mothers were screened for acute malnutrition of which two (6.3%) were identified with acute malnutrition (MUAC <23cm).
Site overview

[Insert maximum 2 picture(s) of assessed site in the boxes below.]

Location map

underlying factors

- High areas of returning population from Uganda and other counties within South Sudan after confirmation and swearing in of the First Vise President.
• Existence of pockets of rebels not party to the peace agreement that may hinder smooth integration of returnees into their original homes and may end up establishing informal settlements within Kajokeji.
• Confirmation of the Covid-19 in Moyo has caused panic among the refugees triggering fastened return.

Scope of the crisis and humanitarian profile
• Low access to food; Shelter/NFI and risk of malnutrition and exposure to harsh weather elements especially children and elderly.
• Disrupted livelihoods after displacement, markets disrupted, no farm surplus to sell, no means of exchange and access to money incomes.
• Poverty levels likely to be elevated likelihood of increased cases of GBV, sex for survival, forced marriages.
• Access to safe drinking water at lowest after destruction of water points, collapsed sanitation facilities and household and institutional levels.
• Not a single functioning health facility with KK town and other Payams and all health needs are referred to Uganda

How many people are affected disaggregated by sex and age?

<table>
<thead>
<tr>
<th>County/Payam/Boma</th>
<th>Location</th>
<th>Host population</th>
<th>Retuning Population</th>
<th>Sources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>B</td>
<td>G</td>
</tr>
<tr>
<td>Payams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liwolo</td>
<td>Sokare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kangapo I</td>
<td>All Bomas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kangapo II</td>
<td>All Bomas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nyepo</td>
<td>All Bomas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lire</td>
<td>All Bomas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Secondary Data from County RRC. The figure collected form RRC is subject to verification by any responding agencies*

Coping mechanisms of the population? Describe patterns for men, women, boys and girls.
• Dependence on kin in Uganda as Majority of the population are busy preparing the ground for cultivation
• Men and women engage in fragile livelihoods selling locally brewed alcohol.
• Returnees retreating to refugee camps in Uganda to receive relief supplies.

Status of the population in the affected area
There are two categories of the affected population within Kajokeji:

- The host community, mainly made up of about 60% elderly and other households that remained in their areas throughout the crisis. These group does not have the capacity to cultivate due to their diminished physical strength and inability to access arable lands that remained occupied by armed groups. Their food situation is wanting, access to water is moderate while access to health services is poor.

- The returning population from the refugee camps in Uganda. Some have temporarily settled at main centers or deserted houses as they try to rebuild their own house. This group has some basic household items. The schools are opened but most teachers are either held back in Uganda or have sort other forms of employment.

- There were reports of some physically challenged person that are receiving some support from Humnity Inclusion (Handicap International) but it was reported that the funding for this programmes ends in April 2020. The mission did not obtain their numbers and locations.

- Those living with HIV Aids have no access to HIV support services including access to ARVs. Some can still access this life saving drugs from Unganda.

- There majority of the people are men, followed by women, then boys and lastly girls. Men make advance mission back to rebuilt their homes while while women and boys engage in cultivation. Generally children are left behind as they attend school in Uganda together with uncertainity in security matters.

There is also the IDP hosted in Korijo Ajio and Kerwa camps in Liwolo Payam. The mission did not reach these locations as the Yei partners had conducted assessments there in December 2019 followed by some responses in January 2020.

HUMANITARIAN ACCESS

Physical access

Kajokeji is a border county and there is considereable access to markets across in Uganda. The road linking Kajokeji town to Uganda is earthen (marrum) motorable and takes about 1 hour. Access from Juba takes about 6 hours and heavy trucks can also ply the road. There are no reported restrictions along the two road and no cases of mines and its reported that the demining group from Dan Church Aid explored the roads did not raise any concerns.

As at the time of the mission, the only restrictions were Covid-19 related on movement to and from Uganda side.

Kajokeji can also be accessed by air by use of the exisiting airstrip that measures approximately 1.5km and remains landable throughout the year.

There is no GSM telephone networks except at the County headquarters where there is a weak signal of the MTN network.

Humanitarian access

There is no hinderance to humanitarian access. However, humanitarian actors are advised to ensure that the humanitarian supplies take into consideration the needs of the different genders including the need to cater for the elderly, women menstruating age while ensuring safety and security of the beneficiaries.

Key response priorities

[Briefly highlight top priority actions for response. Add clusters as required.]
Key response priorities

<table>
<thead>
<tr>
<th>S/N</th>
<th>Top Priority action for response</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NFI/Shelter – loose items (plastic sheeting, Mosquito net,) conduct specific NFI/Shelter assessment to ascertain needs for loose items in Gemeiza and Mangalla North.</td>
<td>NFI/ Shelter / Protection</td>
</tr>
<tr>
<td>2</td>
<td>Health: Supply of essential drugs and reestablishment of PHCUs in Bori, Lime and Jalimo. Support to all PHCs</td>
<td>Health and Nutrition/protection</td>
</tr>
<tr>
<td>3</td>
<td>Education: Teacher incentives, provision of scholastic material and school feeding</td>
<td>Education/Protection</td>
</tr>
<tr>
<td>4</td>
<td>FSL: Food Aid and seeds and tools</td>
<td>FSL/protection</td>
</tr>
</tbody>
</table>

1. **Emergency Shelter and NFI Cluster**

**Key findings**

- Most households use same mats for sleeping and for drying cereals
- Houses and household items were burnt and vandalized in most of the areas
- Some returnees were witnessed occupying public structures (teachers quarters) in Lire and they will have nowhere to go once the school is reopened. Other occupy burnt tukuls without roofs.
- Average occupancy is 5 persons per tukul of approximate radius of 2 meter among them returnees
- Local materials such as poles, ropes, and raw bricks are available
- Widows witnessed that cannot afford to build shelters where they can sleep in with their children
- No functional markets in most of the areas assessed building materials are accessed in Ugandan markets across the border.
- Some NGOs like SPEDP, Titi and PAH gave some NFIs but their targets were limited, worsened by the high rates of returns.

**Coping mechanism**

- Doing casual work in the nearby Ugandan borders to have access to some of the basic S/NFIs.
- Using damaged or borrowing saucepans and some of the NFIs from friends like clothing
- Hosted by kins.

**Immediate recommendations**

- There is need for cash and voucher assistance intervention in the area in order to boost the economy and individuals capacity to purchase building material
- Immediate distribution of emergency shelter and non-food kits especially the plastic sheets, Mosquito nets, blankets, Sleeping Mats and Jerry Cans to returnees who are arriving on a daily basis.
- Provision of tools shelter material to the vulnerable.
- Construction of some resilience shelters to the most vulnerable people such as the elderly and widows and child headed households.
- There is need for distributing Lighting materials, like the solar lamp since the population is using the grass and burning wood at night for light which exposes them to high risk of burning themselves.
- Distribution of WASH NFI kits and hygiene kits plus sanitary pads for women and girls in the reproductive age.

2. Health

Health Partners in Kajo-keji: In total there are currently six (6) partners:

- GOAL South Sudan (supporting Kansuk PHCC as a static facility and five outreach sites),
- SSUHA (partner of HPF but supporting only two health facilities: Litoba and Mere PHCU),
- IOM (supporting 3 health facilities: Jalimo and Bori PHCCs and Kinyiba PHCU),
- CONCERN World Wide (UNICEF implementing partner for EVD related WASH component only)
- ARC (UNICEF implementing partner for nutrition services only)
- TRI-SS (UNICEF implementing partner for risk communication

Medical and non-medical supplies: In general, there are inadequate supply of essential medicines. The few medicines that are available may not last for more than 2 months considering the high number of returns from the refugee camps in Uganda. There are no dressing materials in all the health facilities assessed by the team.

Common morbidity in the County: From the Key informants and health facility records review. Malaria is the commonest infection at 70%, followed by acute respiratory infections (ARIs), urinary tract infections (UTIs), acute watery diarrhea (AWD), skin infections, eye infections, injuries, peptic ulcers disease (PUD), fungal infections and worm infestations respectively

Disease outbreak: None.

EPI services: Only at Kansuk PHCC supported by GOAL South Sudan. Service hindered by lack of coldchain network. There is a solar powere fridge at the County Health Department there are solar panels.

Referral system: The only facility serving as referral point is Kansuk PHCC and onwards to Moyo Hospital in Uganda. No ambulance facility in the whole county.

Human resources for health (HRH): Distribution of health personnel is as follows:

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>Supporting Agency</th>
<th>Medical Officer</th>
<th>Clinical Officer</th>
<th>Nurse</th>
<th>Midwife</th>
<th>CHW</th>
<th>Lab Tech</th>
<th>Pharm Assistant</th>
<th>Vaccinator</th>
<th>Nutrition Assistant</th>
<th>Cleaner</th>
<th>Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinyib PHCU</td>
<td>IOM</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1**</td>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Jalimo PHCC</td>
<td>IOM</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1**</td>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Bori PHCC</td>
<td>IOM</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1**</td>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Kiri PHC</td>
<td>CHD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1*</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Inter-Cluster Need Assessment Report: Kajokeji County Central Equatoria State 23rd to 28th March 2020

**Disease surveillance reporting:** GOAL South Sudan is supporting the County Health Department (CHD) to collect the weekly surveillance reports and submit the reports to Juba using two reporting mechanisms: EWARS and DHIS-2. The challenge facing reporting in Kajo-keji through EWARS reporting platform is the absence of mobile network in Kajo-keji. There are only fewer spots where mobile network may be got.

**Remuneration for the HRH:** All the healthcare workers in Kajo-keji are government employees and the health partners are supporting the incentives for those HR who are working in the health facilities being supported by the health partners.

**Facility waste management:** In general, the waste management in all the health facilities visited by the assessment team is not to the required standard. Most of the incinerators are not functional and one could easily see the sharps littering the facility compounds.

**Health facility infrastructures and equipment:** Mostly vandalized. Some of the structures (buildings) have their iron sheets removed, windows and doors removed etc. An example of such vandalized facility are Kajo-keji hospital, Kangai PHCC, Sareguro PHCU etc.

**HIV Services:** No HIV services. ARVs can only be accessed in Uganda.

**Coordination forum:** Coordination mechanism in place but weak.

**Kajo-keji hospital:** (Mundari hospital total vandalization of the facility. OPD staff left and others are now working as volunteers for IOM and GOAL South Sudan. At the time of the visit the team did not see any sign of health services being offered in the hospital OPD.

**Donation of medical supplies:** WHO as the health cluster lead has donated some assorted medical supplies to Kajo-keji County Health Department (CHD). The medical supplies include: 1 complete trauma kit (104 boxes), 1 IEHK 2017 supplementary modules antimalarial kit (2 boxes) and 2 IEHK 2017 Basic medicines modules without antimalarial kit (2 boxes). The medical supplies donated will treat an estimated 10,000 people for three (3) months.

**Sensitization on COVID-19:** Assessment team conducted some sensitization sessions on COVID-19 to the healthcare providers in the different health facilities visited. The assessment team also met with partners in Kajo-keji to discuss on the need to form a multi-disciplinary taskforce for COVID-19. During the meeting, a number of action points were agreed upon:

- Immediate formation of a multi-disciplinary taskforce led by the CHD and secretariat is by GOAL South Sudan. Taskforce to meet on 30th March 2020 and decide on the frequency of the meetings.

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<table>
<thead>
<tr>
<th></th>
<th>PHCU</th>
<th>PHCU</th>
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<th>PHCU</th>
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</tr>
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<tbody>
<tr>
<td>Liri PHCU TRI-SS</td>
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<td>2</td>
<td>2</td>
<td>0</td>
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<td>1</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lire PHCU CHD</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>Kansu PHCC GOAL SSD</td>
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</tr>
<tr>
<td><strong>Totals</strong></td>
<td>0</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>12</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* TBA and ** Dispenser

NB: Lire PHCU is non-functional. At the time of the visit, the doors of the facility were opened but there are no services being offered.
and minutes of the meetings should be shared with the national taskforce with copies to WHO and UNICEF Yei Field Office;

- Dissemination of information on COVID-19 to the general public;
- Handwashing facilities to be installed in key public locations.
- Commence screening of people who might be crossing from Uganda into Kajo-keji;
- WHO to train partners and RRT team in Kajo-keji on COVID-19 and provide protective gears and sample collection kits;
- UNICEF Yei Office to develop communication plan for Kajo-keji and to train partners and community leaders on risk communication on COVID-19.

Key Recommendations

a) Immediate:

- UNICEF to deploy their cold chain experts to carry out an in-depth assessment of the cold chain to identify the issues and urgently re-establish the cold chain systems so that vaccines can be re-stocked for the routine EPI services to commence in the County;
- Health partners in Kajo-keji (GOAL South Sudan, IOM, SSUHA, TRI-SS etc) to procure and deliver essential medicines to fill the gap currently existing in terms of essential medical supplies;
- MoH/WHO HIV program to collaborate with GOAL South Sudan and other health partners in Kajo-keji to explore and establish HIV services in Kajo-keji;
- UNFPA to support the health partners in Kajo-keji with clean delivery kits;
- WHO to support Kansuk PHCC with Microscope, centrifuge machine and other laboratory reagents;
- With support from the health cluster, the health partners operating in Kajo-keji should strengthen the very weak coordination mechanism that currently exists.

The partners supporting health, nutrition and WASH should consider convening monthly coordination meetings because weakness in nutrition or WASH sector might impact health sector. The minutes of such meetings should be shared the cluster leads (WHO and UNICEF) in Juba and Yei;

b) Short to medium term:

- MoH/WHO to organize refresher trainings on Case Management of the priority disease and common outbreak prone diseases, disease surveillance and laboratory to the healthcare workers in Kajo-keji;
- MoH/WHO NTD program should support GOAL South Sudan to establish the HAT services at Kansuk PHCC;
- MOH and the health partners to recruit more qualified healthcare providers and improve the remuneration for the healthcare workers;
- MoH/WHO in collaboration with WASH partners in Kajo-keji to organize training on waste management in facilities;

c) Long term:

- MoH with support of health developmental partners like MSF and others to consider re-establishing on stepwise manner (on phases) services in Kajo-keji hospital. This will alleviate the main gap in health services delivery for the people in Kajo-keji County;
- MoH with support of the developmental partners to carry out a comprehensive health infrastructure assessment to commence the renovation of the damaged or vandalized health infrastructures in Kajo-keji County;
3. Education

Findings

Functional and non-functional schools per payam

<table>
<thead>
<tr>
<th>S/No</th>
<th>Payam</th>
<th>Functional schools</th>
<th>Non-functional schools</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Liwolo</td>
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<td>13</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Kangapo 11</td>
<td>3</td>
<td>19</td>
<td>22</td>
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<tr>
<td>3</td>
<td>Kangapo 1</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Nyepo</td>
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<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Lire</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
<td>62</td>
<td>79</td>
</tr>
</tbody>
</table>

Enrolment of pupils per payam

<table>
<thead>
<tr>
<th>S/No</th>
<th>Payam</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>1015</td>
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<td>Kangapo 1</td>
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<tr>
<td>4</td>
<td>Nyepo</td>
<td>19</td>
<td>35</td>
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<td>5</td>
<td>Lire</td>
<td>268</td>
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<td>555</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2191</td>
<td>2361</td>
<td>4552</td>
</tr>
</tbody>
</table>

Teachers per payam

<table>
<thead>
<tr>
<th>S/No</th>
<th>Payam</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Liwolo</td>
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<td>46</td>
</tr>
<tr>
<td>2</td>
<td>Kangapo 11</td>
<td>20</td>
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<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Kangapo 1</td>
<td>31</td>
<td>4</td>
<td>35</td>
</tr>
<tr>
<td>4</td>
<td>Nyepo</td>
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<tr>
<td>5</td>
<td>Lire</td>
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<tr>
<td></td>
<td>Total</td>
<td>113</td>
<td>22</td>
<td>135</td>
</tr>
</tbody>
</table>

Key challenges raised in education

- Lack of incentives for teachers
- Inadequate scholastic materials including preparation materials, pens, exercise books, chalk etc.
- Food insecurity both in schools and homes for returnees
- Low capacity of teachers due to high level of untrained teachers
- Lack of access to clean drinking water in schools
- Girls lack dignity kits to manage monthly periods
- Occupation of school premises by army
- Vandalized school infrastructures such as furniture, windows roofs and doors
- Insecurity for children along the way to school due to long distance to access few operating schools
- Poor sanitation in the schools

Recommendations from education stakeholders (teachers, PTA headmen)

- Teachers need to be motivated with some incentives
- School children need school feeding program since their parents have not yet cultivated food and it will improve their wellbeing and enrolment
- Children and teachers need to be provided with school supplies like exercise books, pens, pencils, rulers etc. since these items are not readily available and parents could not afford to buy
- Rehabilitation and drilling school boreholes
- Rehabilitation of latrines and hygiene promotion in schools
- Providing psycho-socio support to teachers and children
- Rehabilitation of schools infrastructures like doors, windows, roofs, furniture etc

4. Food Security and Livelihood Cluster

- There is limited access to food within the county due to the fact there are no agricultural activities taking place. The population however manages to walks long distance to acquire monthly rations from the camos in Uganda.
- Most HHs and families in the different payams of Kajokeji have received seeds and tools from Titi Foundation.
- Villages/HHs that have planted cassava have been affected by disease like cassava mosaic.
- Low access to different varieties of seeds leading to limited dietary diversification.
- Livestock and poultry was stolen/looted and rest was sold off to fend for family needs.
- There are no functional markets in areas like Kangapo1 (Lim and Kiri), Kangapo2 (Bori, Jalimo, Kenyiba) 98% of the communities’ access markets in Uganda Moyo areas of Goboro and Mijale to purchase their essential commodities such as salt, soap, Cooking oil, Clothes, food stuffs and to selling their agricultural produce using Ugandan currency. It takes them 6-7 hours walk to the market.
- During the assessment mission was only one grinding mill found in Mondikolog village (Nyepo - Payam) Most of the women in kajokeji still uses local method of grinding flour like using of stones for grinding.
- The community lacked proper storage for their harvests, This Increased post-harvest losses of agricultural products which was estimated to be 70 % as a result of poor handling methods by the farmers in the county of Kajo – Keji.

Coping Mechanism.
- Fragile incomes from sale local breweries/ home lager, charcoal, some have non-food item kiosks with those selling food items limited to biscuits, sweets, tea leaves, salt among others
- Bee keeping and wild fruits from areas of Kigwo, Moijo, Saragoro and other parts of Nyepo Payam
- Barter trade as means of survival and a way of accessing food.
- Casual labour to farm lands
- Reduced the frequency of food intake from three to two and from two to one and alternative cheap foods.
- Families rely on the abandoned cassava in peoples’ gardens where women were allegedly reported cases of rape and harassment especially in Bori, Mangalotik.
- Consuming seed stocks for the next season that they received from partners due to lack of food.
- Rations from the refugee camps in Uganda

Main Challenges
- Limited movement to cultivate and access other food staffs in fields due to insecurity and fear of rape.
Closure of border to Uganda due to Covid-19 blocking access to humanitarian food rations and markets in Moyo Town, Lefori, Afoji, Goboro and Mijale (Ugandan Boarder) to access food essential commodities and other basic needs with Uganda Shilling as the currency.

The team also observed challenges of network especially for mobile communication.

The team observed challenges of limited food within the households in the county. Though there is cassava which is mainly planted, food diversity does not exist. There is no variety of food/crops in most of the villages assessed.

**Immediate Recommendations to the finding.**

- Emergency food assistance to the community of Kajokeji County. The entire population especially the returnees and host communities are still depending on the left over cassava that was planted in 2016 most of which is rotten and spongy.
- There is need to provide additional tools like fishing kits to fishing communities that stay along the river Nile like in Moijo (River Nile) and Kaya (river Kaya).
- Provision of agricultural tools and Seeds to the households in the community like Ox-Plough, hoes, rakes, pangas and seeds like beans, cabbage seeds, tomato seeds, maize etc
- Re – stocking of animals and poultry to the community for livelihood diversification like poultry, Goats etc
- Capacity building of the farmers through trainings on farming practices (pesticides usage)
- Continuous monitoring of the market situation by the present partners at the boma/payam in Kajo – keji
- A three-month Cash/voucher assistance to person with special needs, the most vulnerable and female headed households

**5. Nutrition Cluster Key Findings and Recommendations**

The Nutrition sector visited six health facilities during the inter-agency assessment mission and screened 21 children and 19 pregnant and lactating women (PLW) for acute malnutrition in Kinyiba, Jalimo and Limi. The screening process was limited and hindered by the need to keep distance as per guidelines in management of transmission to the covid-19 issued by the MoH.

<table>
<thead>
<tr>
<th>Payams visited</th>
<th>Health facility</th>
<th>Secondary screening information data in the past one week for children of 6-59 months and PLWs in the health facilities.</th>
</tr>
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<tr>
<td></td>
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<td>&gt;12.5 cm</td>
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<tr>
<td>Kang’apo 1</td>
<td>Limi PHCU</td>
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<td>Jalimo PHCU</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>Kiri PHCU</td>
<td>05</td>
</tr>
<tr>
<td>Kang’apo 2</td>
<td>Bori PHCC</td>
<td>19</td>
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<tr>
<td>Nyepo</td>
<td>Kansuk PHCC</td>
<td>04</td>
</tr>
<tr>
<td>Total facility screenings</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Community MUAC screening in Kinyiba, Jalimo &amp; Limi during the IRNA</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Total Nutrition screening data</td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>
• There is low level of acute malnutrition in Kajo-Keji County as shown by the proportion of the children screened and identified with acute malnutrition, 5.0% of children aged 6-59 months were malnourished. On the other hand, 32 pregnant and lactating mothers were screened for acute malnutrition of which two (6.3%) were identified with acute malnutrition (MUAC <23cm).

• Poor dietary diversity was reported in some households due to limited food items, 69.2% (9 out of 13) mothers reported during focus group discussions to only have access to foods such as cassava tubers, beans and cassava leaves.

• Seven (7) pregnant and lactating mothers in Bori said that returnees have no food upon return thus end up having a meal in a day. They further said that, the returnees depend only on the food rations received in the refugee camps in Uganda.

• The focus group discussions with pregnant and lactating mothers also revealed positive practices on exclusive breastfeeding in the first 6 months in Kiri, however, in Limi and Lori infants are given water at 3 months of life.

• Nutrition screening is ongoing in the visited health facilities, which include Kiri, Jalimo, Bori, Kansuk and Limi except in Lire PHCU due to lack of support from the health partners/government in terms of incentives and human resource as a result they operate irregularly.

• Management of severe acute malnutrition is ongoing in the four OTP outreach sites visited i.e. in Kiri, Bori, Sokare and Kansuk operated by ARC. Facility staff in Bori PHCU reported that the identified cases of severe acute malnutrition were admitted in the outreach site while cases of moderate acute malnutrition were also admitted for treatment under the expanded criteria. In addition, Mere and Korijo PHCUs static OTP sites as well as Pure and Kerwa/Mapu outreach sites not visited during the assessment continue to manage all cases of acute malnutrition among children under five years within their catchment areas.

Recommendations

• There is need to strengthen dissemination of MIYCN messages at all the health facilities as well as in the community to put an end to the early introduction of complementary foods before the age of 6 months (ARC, Health partners, CHD).

• Partners dealing with food security and livelihoods to consider distribution of food to returnees for at least six months and provision of seeds and tools.

• ARC to continue with treatment of malnourished children in the two static OTP sites (Mere & Korijo PHCUs) and the six outreach sites in Kiri, Kansuk, Bori, Kerwa/Mapu, Sokare and Pure. In addition, monitor the population and scale up outreach activities where necessary.

• There is need for TSFP for children aged 6-59 months and PLW since children identified with moderate acute malnutrition are treated under the expanded criteria.

• There is need to strengthen nutrition surveillance as well as MIYCN messaging in newly opened health facilities (ARC, health partners, CHD).

6. WASH Cluster

• There were 951 hand-pumps (300 are functional and 651 non-functional) and 4 water yards.

• People in some villages like Sera-jale, Bori, Jalimo, Pamoju, Sunyu, Logu, Wudu, Rudulokoka, Nyandu, Goyo, Meruwa, Ukubani, Mere, Romogi, Mekir, Longira, Lire and Rodo, Gadoru, Lori get water from stream, unprotected hand dung wells and stagnant water in which they don’t treat due to lack of water
purifiers like Pure and Aqua-tabs and knowledge since these methods need knowledgeable person to use which is very dangerous to human health.

- Water quality was observed as not good. Water from most hand pumps presents a red disc pigmentation and foul smell.
- Some HHs go a distance of more than 500 meters to fetch water for their domestic use.
- Water is mostly fetched by the women, children exposing them to GBV given the distances.
- Lack of latrine digging tools hamper construction of HH latrines.
- School and other institutional waste management is poor e.g. Bori primary school.
- Observed poor Knowledge on hygiene at HH level, hand washing at critical moment was not practiced.
- Hygiene practice among the population was observed very low as some breastfeeding mother were using dirty clothing for cleaning babe’s bottom, no hygiene items like for dental, hair, baby hygiene at HH level.
- WASH NFI’s (buckets, pure, soap and filter cloths) remain a high demand as returning populations and the integrated IDP’s were observed with old worn water containers which will never sustain for more months though TERM together with Oxfam distributed WASH NFI’s jointly, it was not enough to cater for the whole affected population Women and girls of menstrual age group lack menstrual hygiene kit for menstrual

**Recommendation**

**Water**
- There is high need of drilling more boreholes in areas without/ restore the more than 600 defunct water points
- Due to the high level of iron experience by the communities there is need to change the metallic pipes with plastic ones??
- There is need for water quality analysis before rehabilitation for chemical and bacteriological test.
- Need for treatment and chlorination of all the boreholes during the process of rehabilitation.
- Immediate provision of spare tools to the pump mechanics at the payam level.

**Sanitation**
- Urgent construction of latrines to the community and functional institution with protection concern to reduce/ mitigate GBV /protection concerns and Provision of hand washing facilities to institution
- Provision of latrine digging kit (pix axes, digging bars, spade, hoes, metallic buckets, nylon rop) at community level to encourage construction of household latrines
- Formation of sanitation committee to oversee the usage of the latrine digging tools and encourage the digging of HH latrines.

**Hygiene**
- There is high need of sensitization of the Community on the key hygiene practices and messages
- Provision of transport like bicycles for Community hygiene promoters so as to reach the inaccessible locations
- Training of community leaders, women leaders group, church members, Vendors on safe water chain, the 5Fs and hygiene practice
- Functional school should be established with school hygiene clubs to encourage good hygiene practice at Institutions to be provided water containers and soap for hand washing
WASH NFIS

- WASH NFIs (buckets, pure, soap and filter cloths) remain a high demand as returning populations and the integrated IDP’s were observed with old worn water containers which will never sustain for more months though TERM together with Oxfam distributed WASH NFIs jointly, it was not enough to cater for the whole affected population. Women and girls of menstrual age group lack menstrual hygiene kit for menstrual.

Challenges

- Latrine digging tools distributed before by some partners were not enough as a result of increase in the returning population.
- Massive returns will continue to hinder achievement of standard access to WASH services.
- Lack of tool boxes for the pump mechanics to continue with the rehabilitation after the exit of the partners.
- Though there has been rehabilitation of boreholes by some partners all the projects ended in a time there was still high demand from the Community.
- Lack of Community ownership of the facilities after hand over because the maintenance depends on their responsibility.

7. Protection Cluster

Finding and observations:

- Schools and health facilities were distracted in most parts of Kajo-keji County during the time of conflict therefore children have no access to go to school.
- Long distances to abandon cassava fields expose women to rape and other forms of violence.
- Some of the schools are still occupied by soldiers in areas like Lori, Jalimo and Bori.
- Lack of maternity and MCH and HIV services at functioning health facilities.
- Acute shortage of scholastic material, teachers and pupils walk long distance to functioning schools.
- Lori and bongosam bomas reported harassment and destruction of crops by cattle.

Challenges

- Generally GBV cases are rampant in the areas due to the influences of alcohol, the women brew alcohol and sell in their villages and lead to domestic violence, their husbands also physically abuse them due to alcoholism.
- Rape cases were recorded especially in area of Kiri where six women are reportedly rape and the case reached police but not properly handle.
- Girls do not have dignity material that can protect them from their routine activities.
- Lack of scholastic material for both learners and teachers.
- The most vulnerable people such as children, women and elderly and person with disabilities are not cared for in communities due to scared resources.
- Most houses were burnt during the war leaving some people stayed in an open space with nothing to support especially women, children and elderly who are the most vulnerable.
- There was a report of child right abuses and this happened in Kiri village where parent abundance their children and neighbors’ look after the children.
- In Lokojo and Kiri two cases of underage girls got marriage to elderly men which are an abuse of girl child right to education.
• Sexual harassment cases reported in lori boma bongosam village men in uniform once got drunk, want to force women to have sexy
• In mekinda kudupi village displacement of the population comes as results of seven people were burnt to houses and these scared the general population in the area.

Recommendations
• Provision of rugs/medicine to the health facilities to help the communities rather than community checking medication in Uganda especially women who need maternity care
• Health partners to support health unit and provide mobile medical services where possible, provide delivery kits to traditional birth attendant
• There is need support for extremely construction of shelters to for disable people, elderly widows.
• UN Agencies to plead with armed commanders to make sure all forces occupied schools to quit school premise.
• The number of children visibly present in kajo-keji during the assessment justifies the need to support to restore education opportunity in the area to help the children go back to school.
• Parent should be given awareness on the right of children
• Rape cases should not be ignored in the communities or when the case reached the authority it need proper follow up
• Communities should be trained on the GBV awareness

CHALLENGES NOTED BY PARTNERS:
• Population Movement: Partners asserted that both the population is steadily increasing with returnees; however, the population is still in constant flux, with people constantly leaving and returning to Kajo Keji. One partner explained that, given the lack of agricultural support, populations come back to Kajo Keji to live, but return to Uganda to purchase food. This constant population fluctuation cause challenges for service delivery, as by the time supplies arrive, population has exceeded the needs.
• Supply Delays: Supply delays at Cluster-level or by pipeline agencies reported to be a challenge across partners (Health, WASH, SNFI, FSL), with some partners reporting significant consequences (i.e. missing planting season).
• High Needs: High needs noted across partners, with populations exceeding partner capacity to respond. Some areas do not have partner support (i.e. near the border). For example, SPEDP noted that they planned to feed 1,000 learners but received 2,500 students at their schools.
• WASH: Although boreholes are being flushed by partners during repair operations, iron concentration in the soil is high. Additionally, boreholes drilled are too shallow, leading resting water to deteriorate rapidly without use. As such, flushing of boreholes is not a sustainable solution for improving water quality in Kajo Keji. WASH cluster has advised a geological survey is needed to fully identify a permanent solution.
• Salary Taxation: IO is reportedly imposing 10% taxes on humanitarian partner salaries in Korijo; OCHA Access Unit has advised that partners should pay the imposed taxation.
• HIV: HIV is common in Kajo Keji and there is no referral pathway for detected cases
• Other:
  o Vandalism: The visible effects of the previous vandalism (buildings missing doors, windows, solar panels) has been noted to scare the population in Kajo Keji, with the suggestion raised to emphasize housing repair.
  o Proposal Design: Partners indicate that project quality is impacted by budget limitations imposed at SRC stage, with specific mention for borehole flushing and partner training.
Pre-Feb 22 Challenges:

- **Government Interference:** The former commissioners interfered in project activities significantly, with partners reporting commissioners would allocate newly-established or rehabilitated infrastructure or staff hires per state. This led to lower quality of activities. Each commissioner also had specific document requests for authorizing project operations.

- **Security:** Partners operating in IO areas from government side note they were requested to provide a letter certifying the S/NFI needs; however, letter is perceived as admission that partner is supporting IO. This creates security issues for NGO staff.

### List of Participants

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<td>Pitia Sworo Emmanuel</td>
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<td>Kenyi Nason</td>
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