

*This IRNA Report is a product of Inter-Agency Assessment mission conducted and information compiled based on the inputs provided by partners on the ground including; government authorities, affected communities/IDPs and agencies.*

## **Situation overview**

On 10 September 2015 fighting between armed groups in Wonduruba Payam, Juba County extended to Western Equatoria State (WES), displacing population in Jambo, Lanyi, Lui and villages along the road to Mundri. On 4 – 6 October 2015, an armed group attacked SPLA barracks in Mundri town. The 3 day fighting that followed displaced the entire population of Mundri town, villages and towns along the roads to Maridi, Mvolo and Juba. Allegedly, it was reported that a military helicopter attacked the suspected armed group locations in both Mundri East and Mundri West counties including Kediba and Faragsika among many others. Populations of villages and Centres along the road from Juba via Mundri town and towards Maridi County, including the road to Mvolo remain in displacement. Insecurity remains a major problem.

On 27 -30 October 2015, an inter-agency team from Yambio conducted a rapid assessment. Due to high insecurity, as a last resort, an UNMISS flight and armed escorts on the ground in Mundri supported the assessment.

The RRC and County authorities estimated that the displaced population in Mundri West was about 71,600 individuals while in Mundri East was about 63,000. However, after rigorous discussions and thorough analysis, in the absence of a proper registration, the working figure was agreed at

- 30,000 individuals for Mundri West and
- 20,000 individuals for Mundri East.

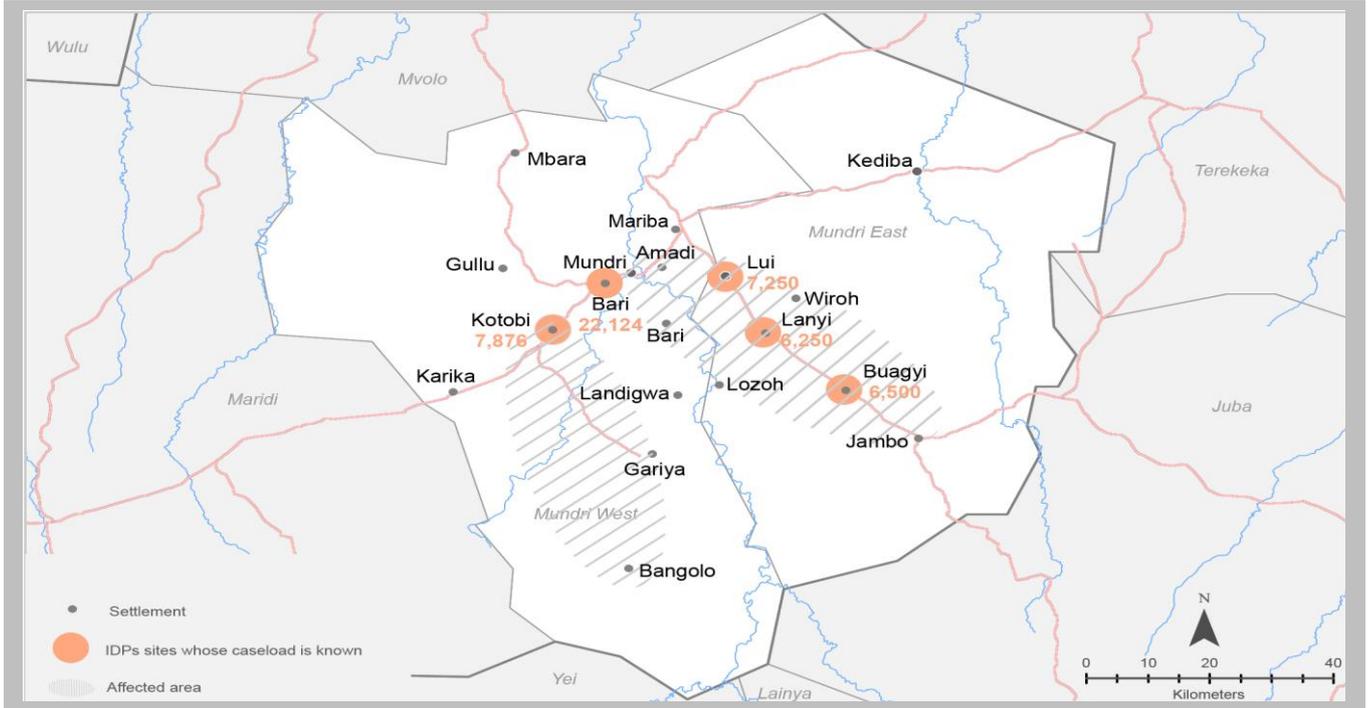
The displaced population is scattered in villages and bushes away from the main centres and have no access to services.

Women and girls are at high risk as they try to collect food from the gardens at night to avoid meeting the military individuals who the community believes are responsible for various acts of assaults on civilians. Allegedly, young men are suspected by military to belong to armed groups and can be shot at by the soldiers. Traders face high risk of looting of goods by the armed groups if they transport them through Mundri counties. As a result, no commercial vehicles are coming to or passing through Mundri. Humanitarian staff and cargo require UNMISS armed escort and approval from military.

The main needs of the affected population include; restoration of security (including local administration structure), food aid and nutrition assistance, shelter and NFIs, medical services, water and sanitation supplies and services, protection, including family reunification and attention to individuals with specific vulnerabilities

# Location map

## Locations and Number of IDPs targeted for immediate humanitarian assistance in Mundri Counties



Picture 1 above: IDPs at UNMISS TOB in Mundri near Mundri Airstrip



Picture 2 above: IDPs gathered for assessment at Kotobi primary School

## Drivers and underlying factors

Mundri counties have been affected by a series of violent incidents involving SPLA against the local population in June 2015, then also SPLA against an unknown armed group in September 2015 and in October 2015.

The September incident started in the Wonduruba Payam of neighboring County of Juba. In that incident, an unknown armed group clashed with SPLA at a location called Mengele. The fighting between the armed group and SPLA spread to Mundri East areas of Jambo and Lui, displacing population along the route.

Then on 4 October 2015 an unknown armed group attacked SPLA barracks in Mundri town. The 3 day long fighting that followed, which reportedly involved use of a military attack helicopter by one group resulted in the killing of civilians in the process, and caused massive displacement from both Mundri West and Mundri East counties.

In addition, there were reported continued incidents of shooting, beating, and looting by the armed men in uniform each time civilians tried to access their gardens or homes for food around Mundri town; including when they tried to collect essential household items. The practice continues. This increases the vulnerability of the affected population in several areas in greater Mundri including Mundri Payam, Lui Payam, Jambo and other areas.

The main driver of the crisis is the insecurity, resulting from fighting between unknown armed group and SPLA. During the fighting, unarmed innocent civilians were also caught in the crossfire, beaten, raped, their property looted and some houses burnt by armed people. IDPs report that these attacks are still being committed allegedly by individual armed soldiers when they find civilians in the areas around Mundri town.

Underlying factors of increased vulnerability include massive displacement of Civilians population, entire Mundri West County administration including NGOs from Mundri town, Lui, Jambo and along the main roads and centres, depriving the population of all essential services.

The civilian population no longer trusts any armed group / personnel allegedly because of their hostile actions which reportedly involves shooting at civilians, looting from their homes, shops and markets, rape and beating. The community report that they will not return to their homes until the conflict is resolved and the armed elements are removed from Mundri town; and security restored.

Currently Schools, health facilities, courts, police stations, prisons, markets and livelihood activities have stopped in the most affected areas including Mundri town, Lui town, Jambo and along villages situated along main roads. If the current situation continues, the population is likely to experience more suffering and loss of lives, as result of lack of shelter, medical care, safe water, Malnutrition, gun shots, looting and theft from houses, shops and crop farms

Movement of humanitarian staff and supplies is current at high risk and can only be done with use of UNMISS armed escorts. For a more rapid response, better coordination with UNMISS needs to be made, given the limited number of UNMISS troops and logistics resources available in Western Equatoria State.

Efforts to resolve the conflict have been started by the church leaders of Western Equatoria State and retired Bishop Paride Taban, who is also a presidential advisor. The leaders, with UNMISS logistical support started arriving in Mundri on 28 October 2015, to mediate for peace among the SPLA, the armed group and the civilian population.

The IRNA team also requested the mediation team of Church leaders to include in the agenda, the need for unhindered access for humanitarian workers and supplies, so that the vulnerable displaced population can receive lifesaving assistance

## Scope of the crisis and humanitarian profile

The areas directly affected by the conflict include the following:

**Mundri West County:** is divided into 4 Payams: Mundri Centre, Kotobi, Bangolo and Amadi. Mundri Centre Payam, where the attack on the SPLA Barracks took place is the most populated Payam in the county and its entire population has been displaced to bushes at its outskirts and to other neighboring Payams including Kotobi, Bangolo, and Amadi Payam.

Also population along the main road from Mbara and Gullu Boma of Mundri Centre Payam was displaced during entry of the reinforcement armed personnel from Mvolo who allegedly burned houses, and looted areas along the road. An estimated total of 9,193 households (54,882 individuals) were displaced, according to local authorities.

Main Locations where the IDPs can be reached are: South of Mundri town: - Miri-kodo, Nyawu, Ladingwa, Gariya and Bangolo Centre, North of Mundri town: - Miri-kodo, Amadi, Gullu Boma, UNMIS-TOB, Janga, Talingba, Tutwara Centre, West of Mundri town: - Kotobi, Karika among others

**Mundri East County:** Mundri East County is divided in 6 Payams: Kediba, Lakamadi, Lozoh, Minga, Witto and Lui. The County has a total population estimated in 2015 by MoH in 66,900 inhabitants

Displacement took place first when the fighting which originated from Wonduruba Payam, extended to Jambo, Lui, Lanyi, Buaji and into Mundri West in Late September 2015. Additionally, attacks by SPLA helicopter were reported to have reached Kediba which is the county headquarters of Mundri East County, Mariba, Wandu and Wito Centres

Main Locations where the IDPs can be reached include: Outskirts of Lui Centre, Lanyi, Buaji, IDPs populations in some locations are not reachable, although they are known to exist.

Areas along the road including Jambo, Lanyi, Lui Centre and Mundri town, Gullu and Mbara have the whole population entirely in the bushes and all services are disrupted. The health and nutrition situation is likely to worsen due to lack of shelter in a season of increased rain fall, lack of access to their food in the farms due to insecurity, lack of access to health services, lack of safe water, lack of access to schools for children sitting final examinations this year.

The main coping mechanism currently is centered on kinship support in areas hosting the IDPs. They share food, water, shelter and essential household items with host households. In areas where all population are IDPs living in the bushes around the key town, reliance on green harvest, wild vegetables from the bushes and farms, collected at night by women is the major coping mechanism in terms of food. Temporary shelter are made of few materials which IDPs have been able to find, but is very poor condition.

The IRNA team received various population numbers from the RRC, and County Commissioners of Mundri Counties and the figures were quite high. Moreover they also indicated that they had not been able to receive the numbers of IDPs from some few Payams due communication difficulties. Members of the IRNA team, together with OCHA, RRC, UNICEF, WHO, UNHCR, WFP held a meeting in Yambio to review the population data collected and come up with a more reasonable working population figure for IDPs in the two counties of Mundri. The team agreed on a total of 50,000 IDPs who need humanitarian assistance (30,000 individuals in Mundri West and 20,000 individuals in Mundri East). To arrive at this, the team considered the latest polio campaign population from the 4 Payams (out of total of 10 Payams in greater Mundri), which are totally displaced during the conflict. Below are the two recommendations in targeting the displaced population for humanitarian assistance.

- 1) Total planning figure of 50,000 IDPs (30,000 for Mundri West and 20,000 for Mundri East)
- 2) Verification of registered IDPs lists to be carried out before distribution of relief supplies so as to establish a more exact IDP population.

**Note:** Areas where communication was difficult, hence IDPs are not recorded include: Bangolo and Amadi Payam in Mundri West. In Mundri East; Wito, Wandi, Kediba, Jambo, Buaji

### **Current population target numbers for assistance per centre in Mundri Counties<sup>1</sup>**

Payam	Centres for humanitarian interventions	Target Population	Households	Other Areas included at this centre
Lui Payam	Lui Centre	7250	1450	Lui, Mariba, Gabat, Wiro, Miri-mududu
Wito Payam	Buaji	6500	1300	Buagi, wito
Lozoh Payam	Lanyi Centre	6250	1250	Doroh, Lanyi, Lozoh
<b>Subtotal</b>		<b>20,000</b>	<b>4,000</b>	
Mundri Centre	Bari Centre	22,124	424	Bari, Janga and Galiwo, (Okari, Ogbutu, Miri-moto, Bilibiti, Lendrewa, Kabaya, Miri-kodo, Rogi, Janga East, Janga West, Gbandala, Blocks A, B, C, and D, Nyawu, Bari, Libago Block A and B, UNMISS camp, Gullu and Mabara)
	Kotobi Centre	7,876	1,575	Langowa, Kyedowa, Karika, Yanga, Mandi, Malakia, Upper-Tongo, MSF-area, Merieribe
<b>Subtotal</b>		<b>30,000</b>	<b>1,999</b>	
<b>Grand total</b>		<b>50,000</b>	<b>5,999</b>	

## Status of the population in the affected area

Men, boys, Women and girl, both indigenous as well as foreign trades and residents are all affected by the insecurity, such that they are risk of being assaulted by individuals from the army. All are also deprived of services and good such as healthcare, water, shelter, education. IDPs have lived for over three weeks in this condition and increased cases of malaria, pneumonia, diarrhea among other sicknesses are reported. Livelihood activities for displaced persons are interrupted. If the current displacement continues and without humanitarian assistance, Children are likely to suffer from increasing malnutrition as they cannot access balanced food, School pupils and students are already missing out on education and some may miss out on their final examinations. Pregnant mothers cannot receive antenatal/prenatal care, as services are not available in the bushes and remote villages.

Women and girls are at high risk as they try to collect food from the gardens at night to avoid meeting the armed elements who are believed to be responsible on various acts of assault civilians. Young men are suspected to belong to armed groups and can be shot at.

<sup>1</sup> Based on best available figures for initial planning purposes, valid until independent registration is completed

# Key response priorities

## Education

- Resolution of the conflict and if not resolved soon, then SMOE with support from partners to enroll and reactivate education in areas hosting IDPs
- Learning and teaching materials

## Emergency Shelter and NFIs

- Distribution of essential NFIs (Sleeping Materials, Cooking sets, Water containers),

## Food Security

- 100% GFD to support the 50,000 IDPs on monthly basis, until IDPs have the opportunity to access their farms.
- Close monitoring of the situation through Cooperating partners who are on the ground especially MaCDA, MRDA, CUAM

## Health

- Supply of essential drugs (WHO plans to dispatch by Tuesday 3 Nov 2015, using the UNICEF trucks that will travel from Yambio to Juba)
- Supply of supplementary food for patients and children

## Nutrition

- There is a need for (GFD) to population to prevent the nutrition situation from deteriorating.
- There is a need of targeted supplementary feeding, micronutrients supplementary programs (e.g. vitamin A, Iron).

## Water and sanitation hygiene

- WASH NFIs to be provided immediately
- O&M supplies (GI Pipes/Rods and Cylinders) for emergency repairs of boreholes in the IDPs concentration site and supplies to be stored at the TOB UNMISS site in Mundri West.

## Protection

- Provision of health, psychosocial and legal assistance to survivors of GBV and the family members of those who were killed during the conflict. (protection cluster/partners, legal administration and state authorities)
- Advocacy with national and state authorities for investigating the incidents of rape, killings and torture and bringing the perpetrators to justice. (state, county authorities, protection cluster)
- Case management, CMR, PSS and dignity kit support for GBV survivors (protection cluster partners)
- Advocacy through faith-leaders, county administration and state authorities with both parties of the conflict to ensure safety and security of the civilian population and respect for human rights. (state, county authorities, protection cluster)
- Advocacy with county and state authorities in ensuring patrolling of the organized forces in the areas of displacement to ensure safety and security of population. (protection cluster)
- Enhanced patrolling by UNMISS peacekeepers in the affected areas. (UNMISS)
- Identification and registration of unaccompanied, separated and missing children. (SMoGC&SW/ UNICEF & partners)
- FTR is required for children who were displaced and not able to link up with their parents. (SMoGC&SW/ UNICEF & partners)
- Need to support specific protective activities through safe spaces for children and women. (SMoGC&SW/ UNICEF & partners)

- Community-based psychosocial support and activities for women, children and elderly. (SMoGC&SW/ UNICEF & partners)
- Identification and registration of persons with specific needs for targeted humanitarian assistance. (RRC/ UNHCR/ UNICEF/ SMoGC&SW & partners)
- Specific protective and support activities for women, children, persons with specific needs including persons with disabilities and older persons. (RRC/ UNHCR/ UNICEF/ SMoGC&SW & partners)
- Provision of dignity kits and sanitary materials for girls and women of reproductive health (protection cluster partners)
- Ensuring humanitarian access and maintaining law and order situation in the county for enabling assistance by government and humanitarian actors. (County administration/State authorities)

## Humanitarian access

### Physical access

All places close to the main roads from Jambo to Mundri, Kotobi, Gullu and Mbara are easily accessible, but with the increasing rains, areas of Kediba will be reached with many difficulties due to poor road condition.

Human population, Market, fuel, accommodation, medical services, police, local government administration and food are all not available in Mundri town and humanitarian actors have to take this into consideration.

MTN mobile phone network is irregular in both counties and it is necessary to carry Satellite (Thuraya), MTN and Vivacel lines when going to Mundri counties.

### Humanitarian access

The main considerations affecting response is insecurity resulting from potential fighting between the armed group and SPLA, which could expose humanitarians to cross-fire danger. Secondly, movement to some areas such as Bangolo has been restricted by SPLA, for response in these areas; access has to be negotiated first.

Due to uncertainty of looting by the armed groups, UNMISS armed escort must be used to protect humanitarian staff and humanitarian supplies in all parts of Mundri East and Mundri West counties, until the situation improves and when confirmed by relevant authorities.

## Key findings

### Education

#### *Key findings*

- All schools in Mundri West and Mundri East are currently closed. Parents are afraid of sending their children to school due to the insecurity and possibility of being displaced at any time again. Moreover, the learners and teachers are all displaced away from their schools.

#### *Priorities for Immediate Humanitarian response*

- Restoration of peace is the priority, so that schools can reopen.
- Facilitate enrolment of pupils in areas hosting them as IDPs

### Food security and livelihoods

#### *Key findings*

#### Access to food

Population of 4 Payams of Mundri East and Mundri West are totally displaced by the fighting between SPLA and armed groups in the area. The IDPs remain in displacement due to the high

tension between the fighting groups. They have no access to their food stocks most of which has also been looted during and after the conflict

**Crops:** crops especially maize and small quantities of beans pumpkins, okra, tomatoes, groundnuts and simsim are mature and could be consumed but the owners have been displaced and those who have tried to come and harvest have been beaten or shot at by armed people.

**Kinship:** In most affected areas of Lozoh, Lui, Mundri center and Kotobi Payams, all the population is displaced from the urban centres and villages along the road. There is no kinship support as everyone is displaced. Only small number of IDPs who went as far as Yei, Bangolo and Gariya areas have some form of kinship support

**Markets:** Currently, local markets are not functional at all, in the most affected areas of Mundri , Kotobi, Lui, Jambo etc. moreover IDPs are living away from the towns due to insecurity caused by the conflict.

### Copying mechanism

Women try to gather vegetables at night to avoid meeting the army. Often they end up gathering a mixture of vegetable and grasses. They also gather wild foods in the bushes for their current survival. This poor feeding coupled with lack of medical services is reportedly causing health problems among the IDPs in the bushes and remote villages

### *Priorities for Immediate Humanitarian response*

- 100% GFD to support the 50,000 IDPs on monthly basis, until IDPs have the opportunity to access their farms.
- Close monitoring of the situation through Cooperating partners who are on the ground especially MaCDA, MRDA, CUAM

## Health

### *Key findings*

- In Mundri East condition of insecurity since the 15th September 2015, affected health services in Lui hospital and in most of the County.
- Also the network problem worsened the situation often making impossible for health partners like CUAM to communicate with health facilities and to move safely to visit the facilities in the territory.
- In the County there are 21 Health facilities: Lui Hospital being, the only health facility providing the services for Comprehensive Emergency Obstetric and Neonatal Care (C-EmONC); 4 PHCCs: Kedi'ba, Lakamadi, Mideh and Lanyi that should provide Basic – Emergency Obstetric and Neonatal Care (B-EmONC) and 16 PHCUs.
- During the time of this assessment, Lui hospital is operating normally, Mideh and Lanyi PHCC which were attacked and looted in September, are not functioning, Kediba was officially closed In early November 2015, after repeated threats to staff. Lakamadi PHCC only is working at present.
- Regarding PHCUs 10 are open facing problems of shortage of drugs and vaccines, the remaining 3 are not easily accessible.
- Reporting from health facilities is poor, because of displacement, some as Minga and Buagyi report an increased workload of receiving clients from nearest closed health facilities (Mideh).
- Lui hospital reduced the activities for some weeks but at present medical and technical staff can guarantee a full service to the community. See the annex which reports a rapid assessment survey results.
- In the fourth week of October 2015, Lui hospital staff organized outreaches in community where displaced people are living but a shortage of vaccines and a total absence of supplementary food compromise further activities.

- Besides on Monday 26 October 2015, a CUAMM car coming from Kediba to Lui, with CUAMM staff and the County Medical Officer, in order to collect drugs from Hospital and data in some Health facilities was ambushed on the way. After this attack the basic health services provided by the peripheral health facilities have been seriously undermined.
- Peculiarity of IDPs in Mundri East is that the population is not concentrated in camps, as usual, but is scattered in the communities and communities are moving if the conditions of insecurity requires it. For this reason is very difficult to quantify exactly the phenomenon. Practically the entire population is somehow dislocated. Lui is an example: during the day you can see people in town but in the evening the only residents are those who work in the hospital and inpatients.
- CUAMM is lobbying with main international donor agencies to get support in term of drugs, food and NFIs but the insecurity slows down the action and threatens the effectiveness of the planned intervention
- In Mundri West IDPs in Kotobi indicates the health problems facing the Community as: outbreak of Malaria and also common cases of Cough, upper respiratory infection and Diarrhea.

#### *Priorities for Immediate Humanitarian response*

- Supply of essential drugs ( WHO plans to dispatch by Tuesday 3 Nov 2015, using the UNICEF trucks that will travel from Yambio to Juba
- Supply of supplementary food for patients and children

### **Shelter/NFIs**

#### *Key findings*

- IDPs lost or left behind most of their sleeping materials, cooking utensils and shelters, they are currently sharing with host households and these are very inadequate.
- There is frequent rain in the area and IDPs are suffering from lack of shelter, resulting in sicknesses RTIs, malaria, cough, etc
- There is crowding which increases the spread of diseases in the places of displacement

#### *Priorities for Immediate Humanitarian response*

- Distribution of emergency Shelter/ NFI materials, especially: Plastic sheets, blankets, mats, kitchen sets, mosquito nets, etc

### **Nutrition**

#### *Key findings*

#### Key findings:

A rapid MUAC screening was conducted to assess the nutrition status of children under five and pregnant and lactating women. 122 children and 8 pregnant and lactating women gathered at the assessment site were selected randomly for MUAC screening through. From of a total of 122 screened children under five, 8 (6.5%) were suffering from severe acute malnutrition, out of which one had nutritional oedema. 24 (19.6%) were identified with moderate acute malnutrition. Screening of 8 pregnant and lactating women with children less than six months identified 0 (0%) with MUAC less than 21 cm. 2 women (25%) were found with MUAC between 21 and 23 cm.

- Nutrition program in Western Equatoria as a whole is limited to treatment for severe acute malnutrition only.
- Nutrition services in Mundri are managed by SMoH health staff except in Mundri East (Lui hospital) where CUAM is supporting the inpatient services. Afro- Canadian Evangelical Mission (ACEM) is supporting SMoH in Mundri carrying out MUAC screening and IYCF activities.
- SMoH OTP services not operational due to insecurity and there is no TSFP program available. Nutrition (OTP only) services run by SMoH were until recently operational in Mundri Town PHCC. However, affected by the recent insecurity, services are no longer operational with most of the staff having fled the area. Before the recent insecurity, the population of Mundri West did seek health and nutrition care also in the neighboring counties of Mvolo and Ibba. This access is currently being constructed by the deteriorated security situation.

- For children under five, the mothers shared that children were given soup mixed with peanut and grinded maize for porridge and in some case were eating banana and other fruits.
- Exclusive breastfeeding is normally respected. However informants reported that many mothers among the displaced populations are feeding infants less than 6 months with water and soup due to a reported reduction in breast milk.
- Since the displacement occurred, breast milk substitutes have not been distributed and are not available through markets. Use of baby bottles is available or practiced

#### MUAC Screening for children 6-59 months

Screening results children 6-59 months	New screened		In Program		Total	%
	Boys	Girls	Boys	Girls		
Oedema	0	1	0	0	1	0.8%
MUAC <11.5cm	2	5	0	0	7	5.7 %
MUAC >11.5 - <12.5cm	10	14	0	0	24	19.6%
MUAC >12.5	40	50	0	0	90	93.3 %
<b>Total</b>	<b>52</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>122</b>	<b>100%</b>

#### MUAC screening for pregnant and Breastfeeding women

Screening results PLWs	Pregnant women	Breastfeeding women	Total	(%)
MUAC <21.0cm	0	0	0	0%
MUAC >21.0cm - <23.0cm	0	2	2	25%
MUAC >23.0cm	1	5	6	75%
<b>Total</b>	<b>1</b>	<b>7</b>	<b>8</b>	<b>100%</b>

#### Priorities for Immediate Humanitarian response

- There are needs for (GFD) to displaced population to prevent the nutrition situation from deteriorating.
- There is a need of targeted supplementary feeding, micronutrients supplementary programs (e.g. vitamin A, Iron).

#### Water and sanitation hygiene

##### Key findings

- At UNMISS IDP camp, there are 712 individuals and there is only 2 pit latrines constructed by UNMISS at ToB site protection of civilian in Mundri
- One water point is now functional after it was repaired during the assessment. UNICEF participating in the assessment borrowed 4 GI pipes, which need to be replaced to a private contractor and UNICEF has made under taking with the private contractor.
- No Hygiene promotion activities and open defecation is rampant

In Kotobi (9 villages) reported to contain 14,409 IDPs

- 2 hand pump available but condition not assessed and the community reported they also use water from Yei river

In Mundri Central Payam, RRC reports that 36,742 IDPs are scattered in various locations, but no detailed assessment was conducted due to insecurity.

- There are no hygiene promotion activities at the moment and open defecation is rampant

#### Priorities for Immediate Humanitarian response

- WASH NFIs to be provided immediately

- O&M supplies (GI Pipes/Rods and Cylinders) to be delivered to Mundri West to support repair works

## Protection

### *Key findings*

- Security situation in Mundri was extremely volatile. SPLA soldiers and armed youth were fully armed. Humanitarian team visited Kotobi for assessment and could not visit most of the planned locations due to security challenges and capacity of UNMISS armed escort to undertake multiple missions at one time
- Key Informants and IDPs reported burning and looting of houses and shops during the conflict. Mundri West Central Payam was found deserted with most of the displaced population still living in bushes at 27 different locations, while some 712 IDPs, mainly women and children, have sought protection near the UNMISS temporary operating base (TOB).
- The population is uncertain about the current and future situation with their only urge and plea is for restoration of peace with the help of the Government, which enable them to return to their normal lives. IDPs also mentioned that if the situation was to persist, they should be relocated elsewhere where they can have peace and normal living conditions.
- IDPs reported security threats and fear from armed people at the time of and during displacement. Movement of soldiers in the town is considered a major fear factor for displacing the population. IDPs efforts to go back to get their food or other items from their homes have been in vain because of the threats from the armed people that has only increased their fear of abduction and harassment. Some IDPs reported that they visit their abandoned homes during the night when the armed elements return to their barracks.
- Women shared concerns and experiences of some being harassed and reports of others being killed and raped. They reported killing of three women by armed element during flight as well as rape of an eight year old girl and other six women during the height of conflict. The armed people reportedly also harassed and shot two women near the grinding mill who fortunately survived.
- According to the IDPs consulted during the mission, many children separated from their families at the time of flight. Few children were reportedly separated from their parents at the time of flight in Mundri center and their whereabouts are still unknown. IDP women reported that most of the children who were separated are being taken care of by other women in the community as they support each other in tracing the families.
- Educational activities remain suspended with all the school closed as teachers are also in hiding in bushes. Children spend most of their time with their families with no education and recreational activities.
- Health services are lacking mainly due to security constraints, albeit some health workers reported back to work. The Kotobi hospital has reported shortage of medicines due to increased number of medical consultations. Many IDPs including children are affected by various kinds of diseases such as diarrhea, malaria and pneumonia, chicken pox, common cold and cough. IDPs reported the death of five persons during displacement due to various diseases since 4 October 2015.
- IDPs living near UNMISS TOB are living in locally built temporary congested shelters; they are living collectively (20-25 IDPs per shelter). However IDPs in Kotobi are living under the trees in an open area. A limited number of displaced population get chance to live inside school building and churches. Most of the IDPs are living in the bush under open sky during the rainy season.

- Urgent foods, health, WASH and emergency shelter/NFI support is needed to avoid further deterioration of well-being of the displaced population.
- Women, children and older persons are in need of psychosocial support due to continued stress and trauma of the conflict and displacement.
- Incidents of neglect of persons with disabilities and elderly were reported during the flight. IDPs mentioned that some elderly and disabled persons were initially left behind during the flight because of mobility constraints. There was also a mention of an elderly disabled who was left behind and later on found dead in his Tukul.
- IDPs are not willing to return to their homes without assurance of complete peace in the town, which has been stipulated with the withdrawal of the armed contingent from the town that was involved in shooting; incidents of torture and violence; killing of civilians and youth; and burning and looting of houses and shops.
- Lack of clean drinking water poses serious threats of water-borne diseases
- Women of reproductive age lack sanitary materials

#### *Priorities for Immediate Humanitarian response*

- Urgent multi-sectoral response to provide much needed food, health, wash, emergency shelter and NFIs support to the displaced population (all cluster/sectors)
- Provision of health, psychosocial and legal assistance to survivors of GBV and the family members of those who were killed during the conflict. (protection cluster/partners, legal administration and state authorities)
- Advocacy with national and state authorities for investigating the incidents of rape, killings and torture and bringing the perpetrators to justice. (state, county authorities, protection cluster)
- Case management, CMR, PSS and dignity kit support for GBV survivors (protection cluster partners)
- Advocacy through faith-leaders, county administration and state authorities with both parties of the conflict to ensure safety and security of the civilian population and respect for human rights. (state, county authorities, protection cluster)
- Advocacy with county and state authorities in ensuring patrolling of the organized forces in the areas of displacement to ensure safety and security of population. (protection cluster)
- Enhanced patrolling by UNMISS peacekeepers in the affected areas. (UNMISS)
- Identification and registration of unaccompanied, separated and missing children. (SMoGC&SW/ UNICEF & partners)
- FTR is required for children who were displaced and not able to link up with their parents. (SMoGC&SW/ UNICEF & partners)
- Need to support specific protective activities through safe spaces for children and women. (SMoGC&SW/ UNICEF & partners)
- Community-based psychosocial support and activities for women, children and elderly. (SMoGC&SW/ UNICEF & partners)
- Identification and registration of persons with specific needs for targeted humanitarian assistance. (RRC/ UNHCR/ UNICEF/ SMoGC&SW & partners)
- Specific protective and support activities for women, children, persons with specific needs including persons with disabilities and older persons. (RRC/ UNHCR/ UNICEF/ SMoGC&SW & partners)
- Provision of dignity kits and sanitary materials for girls and women of reproductive health (protection cluster partners)
- Ensuring humanitarian access and maintaining law and order situation in the county for enabling assistance by government and humanitarian actors. (County administration/State authorities)

## Next steps

The following humanitarian assistance is urgently needed:

Cluster	Priority actions	Human and material resources needed	Responsible entity	By when
<b>Education</b>	<ul style="list-style-type: none"> <li>Facilitate enrolment of pupils in areas hosting them as IDPs</li> <li>Replace school supplies that were lost during displacement</li> </ul>	Trained health personnel Writing and reading materials	County Education Departments, ADRA, UNICEF Education Cluster,	Nov. 2015
<b>Food Security and livelihoods</b>	<ul style="list-style-type: none"> <li>100% GFD to support the 50,000 IDPs on monthly basis, until IDPs have the opportunity to access their farms.</li> <li>Close monitoring of the situation through Cooperating partners who are on the ground especially MaCDA, MRDA, CUAM</li> </ul>	Food Stock, funding to support various livelihood projects, personnel for verification and distribution	WFP/WVI FSL cluster	Nov. 2015
<b>Health</b>	<ul style="list-style-type: none"> <li>Supply of essential drugs: WHO will dispatch on 3rd/11 2015,</li> <li>Supply of supplementary food for patients and children</li> </ul>	Stock of medical supplies Nutrition supplies like Plumpy-nut etc	WHO/SMoH, CUAM, UNICEF	November 2015
<b>Shelter/NFIs</b>	<ul style="list-style-type: none"> <li>Distribution of emergency Shelter/ NFI materials, especially: Plastic sheets, blankets, mats, kitchen sets, mosquito nets, etc</li> </ul>	NFI stock	UNICEF, SSRC, NFI-Cluster/ UNHCR/WVI/ LCED	Nov 2015
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>General Food distribution to population to prevent the nutrition situation from deteriorating.</li> <li>Targeted supplementary feeding, micronutrients supplementary programs (vitamin A, Iron, etc)</li> </ul>	Nutrition screening materials, supplementations (RUTF and CBS+++)	SMoH ,ACEM, WFP and UNICEF	ASAP
<b>WASH</b>	<ul style="list-style-type: none"> <li>Repair of broken boreholes,</li> <li>WASH NFIs (PUR, soap and water buckets, etc) to be provided immediately</li> <li>Identification of former trained Hygiene promoters to support with awareness creation on three key hygiene messages (hand washing, use of latrine at all times and use of safe drinking water)</li> </ul>	WASH NFIs, O&M supplies (GI Pipes/Rods and Cylinders)	UNICEF, WASH Cluster/WVI OXFAM,	Nov. 2015
<b>Protection</b>	<ol style="list-style-type: none"> <li>Provision of health, psychosocial and legal assistance to survivors of GBV and the family members of those who were killed during the conflict. (protection cluster/partners, legal administration and state authorities)</li> <li>Advocacy with national and state authorities for investigating the incidents of rape, killings and torture and bringing the perpetrators to justice.</li> <li>Case management, CMR, PSS and dignity kit support for GBV survivors</li> </ol>	Personnel and supplies	<ol style="list-style-type: none"> <li>Protection cluster partners, legal administration and state authorities</li> <li>State, County authorities, protection cluster</li> <li>Protection cluster partners</li> <li>State, county authorities, protection cluster</li> </ol>	Immediate and medium term

	<ul style="list-style-type: none"> <li>d) Advocacy through faith-leaders, county administration and state authorities with both parties of the conflict to ensure safety and security of the civilian population and respect for human rights.</li> <li>e) Advocacy with county and state authorities in ensuring patrolling of the organized forces in the areas of displacement to ensure safety and security of population.</li> <li>f) Enhanced patrolling by UNMISS peacekeepers in the affected areas.</li> <li>g) Identification and registration of unaccompanied, separated and missing children.</li> <li>h) FTR is required for children who were displaced and not able to link up with their parents.</li> <li>i) Need to support specific protective activities through safe spaces for children and women.</li> <li>j) Community-based psychosocial support and activities for women, children and elderly.</li> <li>k) Identification and registration of persons with specific needs for targeted humanitarian assistance.</li> <li>l) Specific protective and support activities for women, children, persons with specific needs including persons with disabilities and older persons.</li> <li>m) Provision of dignity kits and sanitary materials for girls and women of reproductive health</li> <li>n) Ensuring humanitarian access and maintaining law and order situation in the county for enabling assistance by government and humanitarian actors.</li> </ul>		<ul style="list-style-type: none"> <li>e) Protection cluster</li> <li>f) UNMISS</li> <li>g) SMOGC&amp;SW/ UNICEF &amp; partners</li> <li>h) SMOGC&amp;SW/ UNICEF &amp; partners</li> <li>i) (SMoGC&amp;SW/ UNICEF &amp; partners</li> <li>j) SMOGC&amp;SW/ UNICEF &amp; partners</li> <li>k) RRC/ UNHCR/ UNICEF/SMoGC&amp;SW &amp; partners</li> <li>l) RRC/ UNHCR/ UNICEF/ SMOGC&amp;SW &amp; partners</li> <li>m) Protection cluster partners</li> <li>n) County administration/ State authorities</li> </ul>	
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The assessment to Mundri was carried out by the following individuals:

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