

INTER-AGENCY ASSESSMENT REPORT: Sortony, Kebkabiya Locality, North Darfur State.

2-4 February 2016



This Assessment Report is a product of Inter-Agency Assessment mission conducted and information compiled based on the inputs provided by partners on the ground, including affected communities/returnees and IDPs. The Mission comprised of participants from different agencies and government institutions including: OCHA, UNICEF, WFP, UNHCR, UNFPA, WHO, IOM, WES, State Ministry of Health (SMoH), State Ministry of Education (SMoE), State Council for Child Welfare (SCCW), two International NGOs: Oxfam America and MSF-E, three national NGOs: Kebkabiya Small Holders Charitable Society (KSCS), Anhar and Al Massa .

Situation Overview:

An inter-agency (I-A) team led by OCHA and HAC visited Sortony, North Darfur on 2-4 February to assess the humanitarian needs in the area following the arrival of thousands of displaced people from different villages in Central and North Darfur states. Along with assessing the needs, the mission distributed initial assistance to the displaced.

Because of the ongoing fighting in Jebel Marra and nearby areas, the internally displaced persons (IDPs) fled their homes to seek refuge at the African Union/UN Hybrid operation in Darfur (UNAMID) Team Site (TS) in Sortony. The team observed thousands of them living in an appalling situation and lacking basic services including WASH, health and food. UNAMID estimated that some 22,000 IDPs were at the site, however, the IDP leaders put the figure as high as 37,000. These new IDPs, of whom 90 per cent are women and children, have arrived from more than 59 villages, with more people on their way to Sortony, according to the UNAMID and IDPs.

The I-A mission found that the most urgent needs are access to safe water and sanitation, NFIs, food, health care and nutrition, education and protection. To address these needs, the mission came up with a list of recommendations and action plan that includes the following:

- Adoption of the figures provided by UNAMID (21,690 people approximately 4,338 families) as the planning figures;
- Immediate head counting or registration of the IDPs;
- Immediate provision of multi-sector humanitarian assistance.

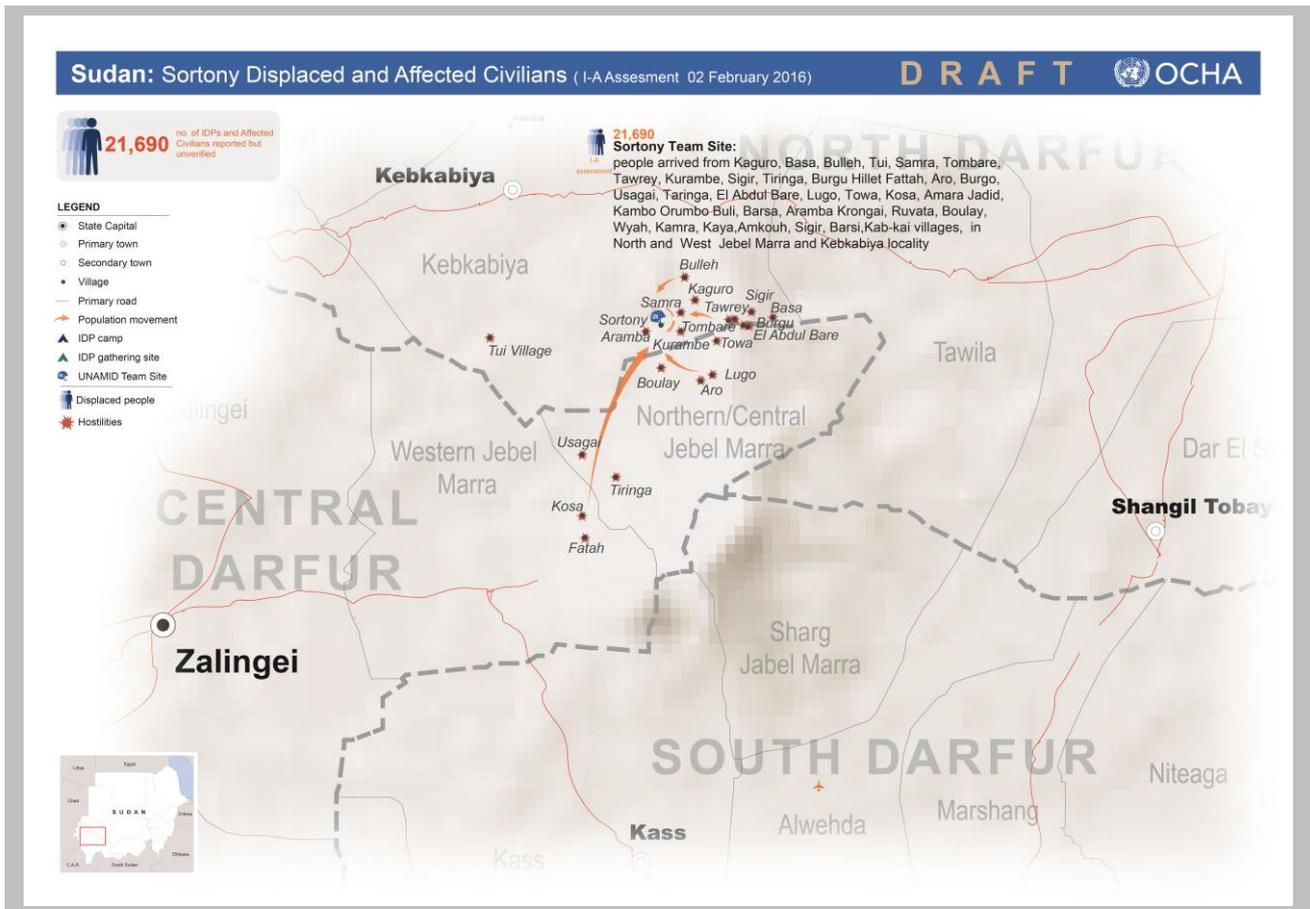
Site overview

Pictures indicating IDPs in Sortony:



A picture showing the living conditions of the IDPs in Sortony (left) and women waiting for water near UNAMID team site (right) (Photo by the I-A team, 2-4 February 2016)

Location map indicating displacement movement from different villages to Sortony:



Drivers and underlying factors

Since mid-January 2016, the fighting between government security forces and the Sudan Liberation Movement – Abdul Wahid (SLA-AW) in Jebel Marra (JM) forced large number of people to flee their homes and to seek refuge in Sortony area (approximately 52 km SE of Kebkabiya town) in Kebkabiya locality.

The first group of the IDPs (7,900 people) from ten villages (Tui, Kurambe, Samra, Burgukiry, Bersi, Sura, Fata, Birgel, Kaguro and Niortolo) arrived, at the UNAMID Team Site (TS) in Sortony in mid-January 2016. Of these, 60 per cent were children, 29 per cent were women and only 10 per cent were men. The figures since continued to grow on a daily basis, as the conflict continues to affect and displace more civilians. According to the IDPs, more people are expected to arrive and that a near future return to areas of origin was unlikely. In general, the situation is still very fluid, as the team observed arrival of new IDPs in Sortony while others were leaving the area heading towards Kebkabiya town.

Although humanitarians were not allowed to have presence in Sortony for the last three (3) years, the State authorities have now committed to facilitate humanitarian access so that affected and displaced civilians can receive humanitarian assistance they urgently need.

Scope of the Mission and Humanitarian Profile

The inter-agency team led by OCHA and HAC was deployed to Sortony from 02 – 04 February and comprised of WFP, UNICEF, UNHCR, WHO, UNFPA, IOM, MSF-E, Oxfam America, the national NGOs Kebkabiya Small Holders Charitable Society (KSCS), Anhar and Al Massar, HAC, WES, the State Ministry of Education and the State Ministry of Health. The team visited only Sortony and held interviews and focus group discussions with the IDPs including women and traditional leaders.

Sortony, which is situated approximately 52 km SE of Kebkabiya town, is administratively under Kebkabiya Locality, North Darfur State. Its proximity to Jebel Marra and presence of UNAMID base has made it a suitable place for the IDPs to seek refuge. However, Sortony lacks basic services and infrastructure and had not seen humanitarian presence for the last three (3) years.

According to UNAMID, 21,690 people (approximately 4,338 families), including 2,200 men, 5,991 women, and 13,499 children had arrived near its TS in Sortony as of 2 February 2016. These IDPs reportedly came from 59 villages in Central and North Darfur states. However, the Community leaders provided a higher figure i.e. 36,695 people (approximately 6,926 families) who reportedly came from 64 villages. The IDPs' villages of origin include Kaguro, Basa, Bulleh, Tui, Samra, Tombare, Tawrey, Kurambe, Sigir, Aramba, Tiringa, Buli, Fata, Aro, Burgo, Usagai, Taringa, El Abdul Bare, Lugo, Towa, Kosa, Korngai, Amara Jadid, Ruvata, Boulay, Wyha, Kamra, Kab-Kai, Amkouh and Kaya.

Although most of the IDPs in Sortony have settled near UNAMID TS, some were observed gathering on the mountains surrounding the TS. In addition to their humanitarian needs (prioritized in the following order by the IDPs: access to safe water and sanitation, NFIs, food, health care and nutrition, education and protection), insecurity is a serious concern among the IDPs. It was reported that the livestock of the IDPs are subjected to looting perpetrated by armed elements that come from outside the displacement site.

Status of the Population in the Visited Areas:

The IDPs have settled in an open area with no proper shelter over them. They live in makeshifts made of pieces of worn cloths and sticks. The IDPs, majority of who are women and children (90%), are therefore exposed to harsh weather including cold nights. Most of them came to Sortony with a few household assets and with some domestic animals (goats and donkeys) that might hardly survive under the current situation due to limited fodder and water availability.

There are no pre-existing facilities and services that the IDPs could access or a host community that they could count on for support. The nearest water source is situated at Kubi village approximately 6-8 kilometers from UNAMID TS. Not only its distance is of concern, but also the potential protection risks that the IDPs could be exposed to, as the water point is also used by nomads. As a result, the IDPs are dependent on an inadequate water (2.1 – 4.2 L/P/D) supplied through trucking by UNAMID and UNICEF/KSCS/WES. In the absence of

sanitation facilities open defecation is widely practiced. However, a few families were observed attempting to construct small latrines for their families.

The results of a randomly selected sample of 108 children between 6-59 months of age screened for Mid-Upper Arm Circumference (MUAC) showed a 35 per cent Global Acute Malnutrition (GAM) which is more than the World Health Organization's emergency threshold of 15 percent. The nutrition status of the children is expected to deteriorate if immediate and robust multi-sector humanitarian intervention is not undertaken.

The humanitarian response has been so far limited. Along with assessing the needs, the I-A mission distributed initial assistance to the displaced. The UN Children's Fund (UNICEF) and the government's Water and Environmental Sanitation (WES) dispatched a water truck from Kebkabiya with a capacity of 26,000 liters. This truck will provide a total of 52,000 liters per day. Coupled with UNAMID's capacity of 40,000 liters, the total available amount of water is 92,000 liters, which translates into 4.3 liters per person per day (l/p/d). The minimum required water quantity per person in such an emergency situation is 7.5 l/p/d. The mission also distributed nutritional supplies (140 cartons to cover the needs of 1,344 children aged between 6 – 12 months for one week), and hygiene items (9,000 bars of soap for 3,000 families).

Key Findings & Response Priorities by Sectors:

KEY FINDINGS	RESPONSE PRIORITIES
Nutrition	
<ul style="list-style-type: none"> ▪ Approximately 3,687 (17 per cent) of the IDPs (21,690 ind.) are children between 6-59 months of age. Pregnant and Lactating Women (PLW) are 1,735. The two together (U-5 children + PLW) account for almost 25 per cent of the IDPs. ▪ MUAC screening of 108 randomly selected children (6-59 months) identified 8 of the cases with severe acute malnutrition (SAM) and 30 others with moderate acute malnutrition (MAM). The remaining 70 were normal. The nutritional status of the children is expected to deteriorate if no intervention is made. ▪ Breastfeeding mothers stated that the quantity of milk produced is reducing due to the stress that they are facing coupled with the failure of the traditional coping strategies to deal with shortage of food. ▪ Among the IDPs one (1) ex-MSF nutrition supervisor, six (6) health promoters and two (2) nutrition assistants were found. ▪ There is no any health partner on the ground to provide health services including reproductive health (RH) services. ▪ UNAMID has only four (4) health staff and has capacity to provide maternity related services. ▪ Anhar and Al Massar (local NGOs) are strongly willing to provide health and nutrition services if funding availed. 	<ul style="list-style-type: none"> ▪ Urgent provision of Primary Health Care (PHC) services packages through temporary health facility with at least two (2) medical assistants. ▪ Immediate mass Measles vaccination campaign along with vitamin (A) supplementation targeting children under-5 years of age. ▪ Establishment of health promotion activities through communities with focus on personal hygiene and other activities. ▪ Immediate mass MUAC screening exercise for children between 6-59 months of age. ▪ Establishment of outpatient therapeutic (OTP) and supplementary feeding programme (SFP) Programmes for treating malnourished children. ▪ Establishment of breastfeeding corner in Sortony IDP settlement. ▪ Provision of emergency blanket supplementary feeding (e-BSFP) in order to cover the needs of children under the age of five and PLW for at least one (1) month.
Health	
<ul style="list-style-type: none"> ▪ Morbidity Profile: The main prevailing diseases among the IDPs were respiratory tract infections (RTI), non-bloody and watery diarrhea, malnutrition, skin diseases and eye infections. It was notable that the main causes of morbidities were poor hygiene, water scarcity, and open defecations. There is no any disease with epidemic potential reported since the arrival to the settlement. ▪ Mortality: Since the first influx of the IDPs on 16th of January, only one elder (above 70 years old) reportedly died due to the cold but may possibly due to other cause. The Crude Death Rate (CMR) was (0.02/day/10,000) and 	<ul style="list-style-type: none"> ▪ An urgent need for two (2) mobile clinics with full package of medical services. ▪ Health Sector to urgently identify health partner(s) with good capacity to provide health services including RH services in Sortony. ▪ Measles vaccination campaign.

KEY FINDINGS	RESPONSE PRIORITIES
<p>the Under-5 Mortality Rate (MR) was (0/day/10,000).</p> <ul style="list-style-type: none"> ▪ Expanded Programme of Immunization (EPI): The last vaccination campaign was carried out in September 2015. ▪ Reproductive Health (RH): 15 deliveries have been reported since the starting of the displacement (no trained Midwives (MWs) available in the settlement). ▪ Only one case of gunshot was seen in the settlement (received medication). ▪ No SGBV cases were reported. ▪ No health unit in the area and UNAMID has very low and limited capacity to provide health care services. The average of the daily consultations at UNAMID clinic range between 100 and 150. No private clinic or pharmacy ▪ No referral system is in place for emergency conditions. There are, however, commercial vehicles (SDG 60 per a seat and SDG 2,000 is the cost for hiring a car) to go to Kebkabiya town. ▪ An estimated 5,000 families need health services. Among the IDPs, there are nine (9) trained health promoters and nutritionists. 	
Food Security and Livelihoods	
<ul style="list-style-type: none"> ▪ While fleeing some of the IDPs managed to take from home small amounts of food sufficient for only one or two weeks. The food items brought were millet, sorghum, dry tomatoes, dry okra and garlic. On average, the amount of millet collected by a few families from their abandoned villages was estimated at 2 to 3 sacks which will not last for long as most interviewed IDPs shared their millet with others. ▪ Fewer petty traders (not more than 3) were found showing limited commodities of dry tomatoes with distress selling at price of 15 SDG per Kg. Sugar and cooking oil were also observed in small quantities, the prices are SDG 4 per pound of sugar and SDG 13 per bottle of cooking oil. SDG 100-200 is price of goat. ▪ Lack of milling machine hinders the processing of the small amount of millet possessed by the IDPs. ▪ More than 80 per cent of IDPs eat two (2) meals a day with limited food diversity. ▪ Some families managed to bring their livestock composed of goats and donkeys that are kept close to UNAMID Team Site. ▪ Cooking fuel (firewood) is very close but it is insecure for the IDPs to go for collection. 	<ul style="list-style-type: none"> ▪ Immediate emergency food assistance distribution ▪ Installation of milling machines.
General Protection	
<ul style="list-style-type: none"> ▪ Movement is limited to extent that IDPs are not freely moving outside the gatherings. Despite UNAMID's provision of some sense of safety, more is expected from UNAMID. ▪ There is no safe-haven at Sortony-TS; UNAMID is expected to establish standard fence. UNAMID is not providing patrol to the IDPs. ▪ Reportedly IDPs are not willing to return to their original villages. On the other hand, UNAMID did not manage to visit the IDP villages of origin to confirm whether they are affected or not. ▪ Reportedly, seven (7) people were missing during displacement, including single female and elder women, their families did not know their whereabouts. 	<ul style="list-style-type: none"> ▪ UNHCR to provide full NFI packages to IDP families. UNHCR already sent 4,500 full NFI packages loaded in 12 Trucks. ▪ UNHCR to provide the IDPs with Community Emergency Kits (CEKs) (composed of 17 items). UNHCR has already sent CEKs along with the NFI. ▪ UNHCR to conduct PSN verification for further support, including cash assistance and income-generating activities as well as Emergency Vulnerability Items (EVI) in near future. ▪ UNHCR to strongly advocate with UNANID to conduct day and night patrols.

KEY FINDINGS	RESPONSE PRIORITIES
<ul style="list-style-type: none"> ▪ Big number of People with Specific Needs (PSN) observed among the new arrivals. ▪ There is high demand to NFIs, especially blankets due to wintertime. ▪ IDPs did not manage to collect all of the household belongings when fleeing their villages. ▪ There are reports of IDPs fled to Kebkabiya and Tawila, while some remain in the mountains, and the TS is still receiving new arrivals. 	<ul style="list-style-type: none"> ▪ UNAMID-TS to consider organizing escorts for those who are willing to return to their original villages to collect the remaining belongings. ▪ UNAMID to increase its fence and to install lights around the IDP gatherings; ▪ UNHCR to conduct follow up mission to monitor its NFI and CEKs distribution to assess its impact. ▪ ICRC/SRCS to conduct family tracing for re-unification purposes.
Child Protection (CP)	
<ul style="list-style-type: none"> ▪ 33 Unaccompanied and Separated Children (UASC) (3 M, 3 F, 27 gender unknown): 19 identified during initial KSCS visit on 28th Jan; 14 identified during 2 group discussions held by the I-A mission with approx.100 participants. ▪ 35 missing children, from 10 HHs. ▪ Children are reportedly suffering from sleeping problems/nightmares, waking up screaming. General feeling of fear and insecurity among them. Additional stress factors: idleness, no playing areas. ▪ Overwhelming number of the population are women and children (90%) ▪ No Child Protection (CP) services on the ground as of yet, and limited knowledge of the scale of CP issues and affected children 	<ul style="list-style-type: none"> ▪ Two (2) Family Tracing and Reunification (FTR) mobile team for immediate response; one (1) within the camp, raising awareness, registration etc, and 1 for emergency roaming team for the missing children ▪ Teams anchored to volunteer approach and community leaders (sheikhs) ▪ To be deployed for initial two (2) weeks immediately ▪ Three (3) Community-Based Child Protection Networks (CBCPN) to be established immediately ▪ Three (3) Child Friendly Spaces (CFS) for immediate response ▪ Provision of recreation materials through establishment of CFSs and CBCPN; NFI and recreational materials (500 tarpaulins, 300 baby blankets and 50 recreational kits <i>already sent</i>) ▪ Three (3) animators (Fur speaker) per each KSCS/UNICEF CFS in Sortony to be trained on psychosocial support (PSS), for identification of unaccompanied and separated children, missing children, and doing awareness raising. For immediate response, release of trained KSCS animators from Kebkabiya to support PSS house-to-house, while CFS's are being established. ▪ Team of IP partner (KSCS) and UNICEF CPO deployed to Sortony already
GBV	
<ul style="list-style-type: none"> ▪ Although there is no SGBV cases reported by the UNAMID clinic, protection of women is of concern since the influx of IDPs continued and also women are going out for firewood and water. 	<ul style="list-style-type: none"> ▪ UNAMID to provide protection for women who are going out of camp to seek daily necessary work as they are not feeling secure. ▪ Availing of PEP kit to the health facilities in Sortony to respond to SGBV cases.
WASH	
<ul style="list-style-type: none"> ▪ Lack of drinking water and unavailability of reliable water sources is a concern raised by UNAMID since the arrival of the IDPS on 14 January. Currently two trucks are providing water to the IDPs: one provided by UNAMID (20,000 liter capacity) and another by UNICEF/WES (26,000 liter capacity).The approximate quantity of water delivered for drinking per person per day is about 2.1 – 4.2 	<p>Immediate interventions at Sortony (Where people are displaced to and settled)</p> <ul style="list-style-type: none"> ▪ Provision of safe drinking water through water trucking (one month) (UNICEF/WES). ▪ Construction of (3) water bladders and distribution points (UNICEF/WES). ▪ Construction of 250 emergency latrines.(200

KEY FINDINGS	RESPONSE PRIORITIES
<p>liters.</p> <ul style="list-style-type: none"> ▪ Based on information collected and consultation made with WASH section colleagues in UNAMID, there is no potential water sources at Sortony, the available water sources are situated at Kubi village approximate at a distance of 6-8 kilometers from UNAMID TS, which seems under the control of other groups in addition to salinity of some water sources as well. There is one (1) Hafir (Water Dam) located at 1.5 kilometers from UNAMID TS. The IDPs used to collect water for their animals and other activities; however, water is very turbid. ▪ UNAMID trucks water (40,000 liters) to the IDPs on daily basis. ▪ Among the IDPs, there are some who were trained by WES in the past on installation and maintenance of hand pumps. ▪ No sanitation facilities so far provided to the IDPs. During household visits, very few families attempted to make small latrines for their families. Open defecation practice is predominant. ▪ Personal hygiene of children is bad and becoming worse in the absence of soaps for cleaning purposes. Hence 9,000 bars of soap were distributed during the visit. Some people displaced with their animals (donkeys, goats and cows) and were kept very close to their sleeping areas (fear of looting). This has led to deterioration of environmental sanitation conditions within the settlement. ▪ IDPs collect their drinking water in plastic jerry cans. However, most of them are unclean and old. ▪ The displaced people's knowledge and practices related to WASH are poor. 	<p>UNICEF/ESHP/SMOH and 50 Oxfam America/KSCS)</p> <ul style="list-style-type: none"> ▪ Provision of sets of cleaning tools to the IDPs to facilitate garbage collection and disposal (UNICEF/ESHP/SMOH) ▪ Provision of 600 hygiene kits to 600 families(Oxfam America/KSCS) ▪ Distribution of 1350 jerry cans to 1350 families (750 UNICEF/ESHP/SMOH and 600 (Oxfam America/KSCS) ▪ Distribution of 46,000 bars of hand washing soap to 23,000 displaced people (40,600 bars by UNICEF/ESHP/SMOH and 5,400 bars by Oxfam America/KSCS). ▪ Installation of one existing bore-hole fitted with hand pump nearby UNAMID TS (UNICEF/WES) ▪ Chlorination of water supply provided to the IDPs through trucking (UNICEF/WES) ▪ Training of 20 hygiene promoters and 10 person's on water facilities management/ chlorination (UNICEF/ESHP/SMOH/WES)
ES/NFI	
<ul style="list-style-type: none"> ▪ Based on observations, most of the displaced people are women and children. ▪ Some families managed to bring their belongings, but the majority could not. ▪ The IDPs are currently staying in open area with no shelter. The weather is very cold and children are suffering as result. ▪ The mission members agreed to use the figure provided by UNAMID (21,690 ind.) to plan the response. In the meantime, IOM will conduct head count registration and share the results. 	<ul style="list-style-type: none"> ▪ ES/NFI Sector to coordinate with KSCS to provide Full baskets of NFIs to 4,500 families (21,960 Individuals). ▪ ES/NFI Sector to coordinate with WASH Sector with regard to Jerry cans distribution to avoid overlapping. ▪ ES/NFI to follow up with KSCS and IOM on the registration/verification, to identify the gap. ▪ ES/NFI Sector to coordinate with other sectors as well as implementing partners on ground to monitor the situation closely for timely support.
Education	
<ul style="list-style-type: none"> ▪ Schools age children are 7,215 (source: Education Director for Kebkabiya Locality). It was reported that all schools in the area were closed since 2003, meaning that are no schools available in Jebel Si area. 	<ul style="list-style-type: none"> ▪ A need for providing security and protection for the children, in addition to opening a new schools for out of school children under a direct supervision from SMOE. ▪ Provision of plastic sheets for protection of children against the cold weather.

Humanitarian Access

Physical Access

The area is physically accessible by road from Kebkabiya town. The road condition is very rough.

Humanitarian Access

Although humanitarians were not allowed to have presence in Sortony for the last three (3) years, the State authorities have now committed to facilitate humanitarian access so that affected and displaced civilians can receive humanitarian assistance they urgently need.

Next steps: Action Plan

Cluster	Priority actions	Human and material resources needed	SA	By when
Nutrition	<i>Establishment of OTP and SFP and Breastfeeding Corner in Sortony IDPs Settlement.</i>	<i>Children supplies including EBSFP/ PB5 and Plumpy nut. Nutritionists</i>	<i>UNICEF, Anhar SMOH</i>	<i>ASAP (Discussion is ongoing with partners)</i>
	<i>Immediate mass MUAC screening exercise for children between 6-59 months of age.</i>	<i>Nutritionists</i>	<i>UNICEF, Anhar SMOH</i>	<i>Next week</i>
Health	<i>Adequate health services with full package of PHC</i>	<i>Medical supplies and drugs</i>	<i>SMoH, WHO, UNICEF, UNFPA & MSF-E</i>	<i>ASAP</i>
	<i>Identification of health partner with good capacity to provide health services including RH services</i>	<i>Two (2) mobile clinics</i>	<i>SMoH, Anhar & MSF-E</i>	<i>Within one week</i>
FSL	<i>Immediate Distribution of Emergency Food Assistance</i>	<i>Food</i>	<i>WFP and Partners</i>	<i>ASAP</i>
	<i>Provision of nutrition supplements</i>	<i>Emergency blanket supplementary feeding (e-BSFP)</i>	<i>WFP/Nutrition partners</i>	<i>ASAP</i>
General Protection	<i>Provision of full NFI packages covering IDP HHs.</i>	<i>NFI items</i>	<i>KSCS</i>	<i>Already sent</i>
	<i>Provision of Community Emergency Kits (CEKs).</i>	<i>(Water containers, shovels, diggers, chisels, axes, rakes, hoses, soaps, washing plates, etc...)</i>	<i>KSCS</i>	<i>Already sent</i>

Cluster	Priority actions	Human and material resources needed	SA	By when
	<i>To conduct PSN verification for further support.</i>	<i>Human resource plus IGAs</i>	<i>UNHCR/Partner-TBI</i>	<i>Within 2-3 weeks</i>
	<i>To advocate with UNANID, conduct day and night patrol.</i>	<i>UNAMID patrol</i>	<i>UNHCR-advocacy</i>	<i>ASAP</i>
	<i>Extent the fence and install lights around the IDP gatherings</i>	<i>UNAMID</i>	<i>UNHCR-advocacy</i>	<i>ASAP</i>

Child Protection (UNICEF)

Establishment and operation of referral system pathway.

Continuing provision of support for alternative care, case management, foster care of UASC with protection needs and provision of education and NFI materials for UASC -500 tarpaulins, 300 baby blankets and 50 recreational kits already sent, in the coming week(s) 100 reintegration packages for UASC (30 for adolescent girls, 70 for general UASC) to be sent to Sortony.

Seven (7) additional CBCPN and seven (7) CFS's to be established, subject to funding.

Strengthening CBCPN on psychosocial support, CRC/CP, positive discipline, code of conduct and child safeguarding policy

Need follow up after registration with partners for support package in collaboration with UNHCR vis-a-vis PSN response.

Advocacy for deployment of CP actors to the camp/area

Weekly Emergency CP Coordination meetings at camp level with CBCPC, and other stakeholders

In-depth assessment to chart resources, map actors and identify vulnerabilities for longer term intervention.

WASH	<i>Conduct geophysical survey</i>	<i>Geophysical team with equipment</i>	<i>WES</i>	<i>Within 2 weeks</i>
	<i>Drilling an installation of 1 mini water yard</i>	<i>Drilling rig, generator, submersibles pumps, pipes etc</i>	<i>WES</i>	<i>Within 3 weeks</i>
	<i>Drilling and Installation of 3 hand pumps in the area along the seasonal stream Wady</i>	<i>Drilling rig, hand pumps,</i>	<i>Oxfam America</i>	<i>Within 6 weeks</i>
	<i>Water chlorination and water quality testing</i>	<i>Chlorine, staff</i>	<i>Oxfam America</i>	<i>Within 2 weeks</i>
	<i>Training of 1 water management committee and 3 community hand pump care takers</i>	<i>Facilitates, training materials</i>	<i>Oxfam America</i>	<i>Within 6 weeks</i>
	<i>Construction of 450</i>	<i>Slabs, plastic sheets,</i>	<i>Oxfam America</i>	<i>Within 2-3</i>

Cluster	Priority actions	Human and material resources needed	SA	By when
	<i>communal temporary latrines.</i>	<i>wood, digging tools.</i>		<i>weeks</i>
	<i>Provision of cleaning tools for garbage management</i>	<i>Cleaning tools</i>	<i>Oxfam America</i>	<i>Within one month</i>
	<i>Distribution of hygiene kits for 1000 households</i>	<i>Hygiene kits</i>	<i>Oxfam America</i>	
	<i>Training of 200 hygiene promoters</i>	<i>Facilitators, tools.</i>	<i>Oxfam America</i>	<i>Started and will continue</i>
	<i>Production and distribution of 1200 sets IEC material</i>	<i>BCC materials</i>	<i>Oxfam America</i>	<i>Within 3-4 months</i>
ES/NFI	<i>Provision of Full baskets of NFIs to 4,500 families (21,960 Individuals).</i>	<i>Full baskets of NFIs</i>	<i>ES/NFI Sector</i>	<i>ASAP</i>
Education	<i>Immediate Distribution Plastic Sheets</i>	<i>NFI (Plastic Sheets)</i>	<i>UNICEF and Partners</i>	<i>ASAP</i>
DTM	<i>Head Count Registration</i>	<i>A/HCT approvals to register the targeted groups, UNAMID escort, HAC approval.</i>	<i>IOM</i>	<i>Ongoing (8-13 February 2016)</i>

Assessment information

The assessment to Sortony area in Kebkabiya locality was carried out by the following individuals:

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