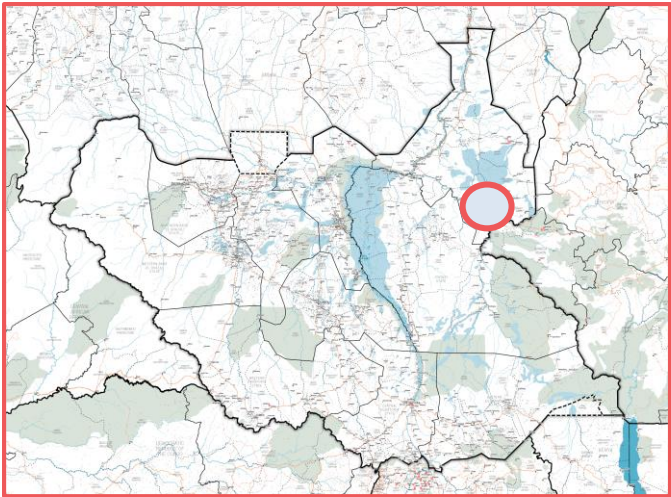


KURWAI PAYAM
PIGI COUNTY
JONGLEI STATE
WASH / MSA Needs Assessment Report



Activity:	To carryout WASH need assessment/verification	
At the request of:	National WASH cluster	
Location:	Kurwai	GPS coordinates. GPS N: 09° 14'40.35 / E: 031°09'43.13"

		
Duration:	7 days(29 th May to 5 th June 2019)	
Itinerary:	JUBA-YUAI-JUBA.	
Assessment team & Counterparts:	PAH	Counterparts
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		NPA, ADA, RuCAPD, HAA and CAO
Methodology:	<ul style="list-style-type: none"> PAH team met with county and local authorities especially acting commissioner, executive director, RoSS coordinator, security personnel to get relevant information about the situation of the area in general. PAH team liaised with partner on ground like Nile Hope, NPA, ADA, RuCAPD, HAA and CAO to get more from them in term of their areas of operation and gaps. PAH team visited some households and used household questionnaires to gather more information regarding their WASH needs. The team organised some focus group discussion with boma chiefs, women group, boys, girls and other KII and interviewed them following PAH WASH assessment tools The team also made transect walk and observed WASH conditions within households, market, Kurwai nutrition centre and PHCC. 	
Logistics:	<ul style="list-style-type: none"> PAH assessment team used UNHAS flights from Juba to Rumbek then new Fangak and finally Kurwai and while on ground, the team went footing accessing the locations, there was no car and other means of transport for hiring. The team was accommodated in Nile hope compound (in tukuls). All the supplies reached by air transport. Both UNHAS and charter planes were used for delivering the supplies on ground. Kurwai have functioning market with basic items like soap, salt, sugar, fish, biscuits and some building materials like poles. No mobile network operating in the area, the assessment team used satellite phone (Thuraya) and inter-net for communication. 	
Security:	The security situation was normal.	

General context / Background of the assessment:		
Population information	Number of affected people	
According to RoSS coordinator of Pigi county, there has not be resent head count except for WFP in 2018 where the total population was 11,172 and the total household was estimated to be 2500 individuals including both host community, returnees and IDP. From the IRRM conducted in late May and early June,2019 10,876 individuals were registered, however this data was still to be clean. (IRRM team leader May-June 2019)	The Chiefs from respective bomas estimated the number of people affected in their area as shown in the table below.	
	Location	Estimated no- of individuals
	Padum	3500
		Estimated no- of households
		584

Nyibak	2000	334
Kurwai	2000	417
Pathai	2500	417
total	10,000	1752

The above population includes both host community, returnees and IDPs. And all people in the area were all in need as they lack accessibility not only to WASH but also to other services and their markets lack most the items, the few available ones were very expensive.

Context

Kurwai is one of the Payam in Pigi county under leadership of IO. The payam is composed of five bomas i.e. Padum, Pathai, Kulayang, Phachot and Kurwai. It bordered new Fangak in the North, Khorfulus in the East, Koliet in the south and old fangak in the West.

The indigenous of the area were majorly the Nuer and Dinka Which were both host community, returnees and IDPs from neighboring payam/ states and countries. The IDPs flew in kurwai during the the rebel of general George Otor in 2010 where people from Bentiu fled to Canal, Malakal and Kaldak.

The 2013 crisis caused further displacement of people from the above locations and thus in 2016/17 IDPs from areas of Canal, Malakal and Kaldak moved to Kurwai which they considered safer for them and the returnees were said to have come from juba, Ayot Malakal and some few from Uganda, Sudan and Kenya (Kurwai boma chief).

There were numbers of humanitarian partners on ground implementing different activities.

- Nile hope implementing health and WASH.
- Community action organization implementing child protection.
- NPA for food distribution.
- Christian mission for development for FSL.
- Health Action Aid for general health.
- African development aid for ES/NFIs.
- RuCAPD running FSL

There was also IRRM in the area, the involving partners were; UNICEF, IMA, WFP UNIDO and other partners on ground and the services provided during the IRRM were;

- Immunization of children under 5 years and pregnant mothers.
- Distribution of mosquitoes' nets and soap for lactating and pregnant women.
- Screening for malnourished children and mothers
- Provision of CSB to kurwai nutrition Centre to cater for admission.
- Registration for food distribution.

In April 2019, REAH conducted rapid need assessment and the following were there finding

- Access to water was cited by local authorities and some communities as the main concern in Kurwai, as it is a seasonal, recurring struggle.
- The majority of Kurwai relies on swamp water as their primary drinking water source, with the exception in Kolonyang where people have access to the river Nile.
- Water sources are shared for drinking, bathing and animal use.
- As coping mechanism, households resorted digging small wells/pits to access water, or plan to move to locations still with access to water.
- Local authorities and partners reported that an NGO had previously attempted digging a borehole in Padoum, but were unsuccessful though the reasons were unclear. Some equipment was left behind and is being stored in the NPA compound.
- Aside from water, open defecation is the norm. Latrines were recently constructed by FH and SPEDP program in Kolonyang last month.
- Mosquito nets, buckets and jerry cans were key WASH NFI needs

This triggered PAH to go to Kurwai to verify the REACH finding and developed relevant recommendation for interventions

Coordination.

- Immediately after alert, PAH had a meeting with Nile hope juba office for brief update about general WASH situation in the area since they were the only WASH partner present on ground.
- Upon reaching on ground, another meeting was organized with Nile hope WASH, Health and nutrition departments to find out their coverage in terms of providing WASH services, gap and major challenges limiting provision of the services in the area.
- Meeting with local authorities were also organized about PAH mission in Kurwai, authorities briefed PAH on the major WASH issues in the areas and selection of support staffs were done by the authorities with a guidance from PAH.

Summary of findings:

General / Other sectors

GENERAL

- In April 2019, REAH conducted rapid need assessment in Kurwai and shared the report with cluster and PAH shown interest in the responding in the area.
- Immediately after this, PAH had a meeting with Nile hope juba office for brief update about general WASH situation in the area since they were the only WASH partner present on ground and assessment team were deployed to the field within 7 days from the time of alert to conduct assessment and verify the REACH's findings.

Protection analysis

CAO implements child protection activities like case management, PSS in the child friendly space previously in Padum primary school and family tracing and reunification in Kurwai. However, the funding from UNICEF ended last month (May 2019) though there is possibility of extending and staffs were still on ground. NILE HOPE implements GBV/Protection program like awareness campaigns and GBV case management

- Returnees who came from neighboring countries of Sudan, Uganda and Kenya have no shelters, they stay together with relatives (congestion) hence exposed to SGBV due to absence of privacy, bad weather and threat of diseases outbreak. Women and children are the most affected.
- Girls and women feel unsafe to use WASH facilities in the institutions like health center, nutrition center and schools in Kurwai. Latrines are filled up with open doors and roofs, not segregated, not lockable and most people defecate in bush which is likely to lead to outbreak of diseases like Cholera, diarrhea as it rains and SGBV concerns as there were few cases reported to the local authorities.
- Health facilities had few medical supplies, trained personnel, first aid to children suffering from phenomena, STDs (Syphilis), upper respiratory tract infection, diarrheal related diseases, KII reported health facilities had few medical supplies, trained medical personnel, risks of women during labor as there is no trained midwife, absence of transport means for referral to New Fangak for better services
- The market in Kurwai has few WASH facilities as there is completely no Sanitary pads for menstrual hygiene management. Girls and women use cotton clothes or decide to isolate themselves during the period and was also said to be the reason for absenteeism in the school way back when schools were operating as girls and women feel uncomfortable.
- All the schools are not operational hence children are not going to school. The schools have no functional latrines and the school compound littered with human faeces which could likely lead to diseases outbreak as the rain season approaches.
- Time of waiting for water is too long. Women and girls have to spend all day and whole night at the hand dug wells waiting and fetching water as the water isn't enough and takes long time to collect in the well for collection. Collecting water all night exposes women and girls to SGBV cases and attacks by snakes.
- Poor health services as there is only one health center run by Nile hope with limited capacity to handle completed cases. Complicated cases have to be referred to New Fangak which is very far and no means of transport hence a serious concern especially for women and children who are the most affected.
- There is an UXO believed to be mine very close to the water wells. Women and girls reported that there should be many of the same around the water points and the community at large if searched by technical people. There was also an explosion last year 2018 in Kurwai Boma and was reported to the local authority.

WASH

WATER

- The major water source in Kurwai was small hand dug wells/pits dug by community members, with insufficient, dirty (muddy and black in colour) water supply with turbidity of more than 500 NTU and 7.2 PH.
- The wells/pits were dug ranging from 3 to 4-metre-deep but some dry and collapse within short period of time i.e. some does not last for a week.
- The wells were at high risk of contamination with both human and animals' faeces as when it rains all the running water flashed into the wells and community drink this water without treating. Faeces were observed near by the hand dung wells. The below are the results of samples collected at HH and hand dug wells.

Bacteriological test

S/no	Sample	Coordinates	Test Results
1	Hand dug well 01	N: 09° 14.456'	Contaminated

	Kurwai	E: 031° 09.352'	
2	Hand dug well 01 Kurwai	N: 09° 14.483' E: 031° 09.456'	Contaminated
3	House Hold Kurwai	N: 09° 14.683' E: 031° 09.568'	Contaminated
4	House Hold Kurwai	N: 09° 14.672' E: 031° 09.734'	Contaminated
5	House Hold Kurwai	N: 09° 14.693' E: 031° 09.725'	Contaminated

- The quantity of water both at the source and households was very low. During FGD and household visit, majority of respondents reported using less than 5 litres of water per person per day.
- The water recharge in all the well/pits was very low. Majority of the women reported fetching water at night, that the recharge of the water is bit faster during the night. During FGD, women said it takes 10 to 15 minutes to fill a water container of 20 litres during day time as compare to 5 to 8 minutes during the night.
- Queening time was very long. Women during FGD said they spend more than 8 hours waiting at the water point.
- Alternatively, some People go to kulayang one of the boma within kurwai to fetch water from river Nile. Women during FGD reported moving for 3 hours to reach kulanyang where river Nile flows.
- Prices of water was very high. Humanitarian workers on ground reported buying 20 litres of water at 1000ssp.
- Both community leaders and members lack capacity in providing adequate safe water for their community. During meeting with payam administrator and boma chiefs, they said they lack capacity both in terms of finance, human resources and materials. They entirely depending on humanitarian assistance not only in terms of WASH but all the sectors.

Sanitation.

- Community practice open defecation, no CAT system being practiced. faeces were scattered within community, along the road and swamp where people fetch water.
- No functional latrine was observed both at household's level and institutions, except in kurwai nutrition centre where there was a one stance latrine made of local materials. The latrine was lacked and only used by some few people
- No waste management system in place both within households and institutions, both liquid, organic and inorganic wastes were observed littered in the community and market.
- The health facility has one pit but it was full and the waste can easy come into contact with human being and for nutrition centre, the compound was swept clean but no rubbish pit available.
- One of the staff from the centre reported managing the waste through burning. Both the health facility and nutrition centre lack dust bin, incinerator and garbage pit for managing waste generating within the facilities.
- The market was completely dirty. Both liquid, organic and inorganic wastes were observed littered within and behind the market. There is no committee responsible for managing the waste generated

within the market. There was not designated area to dump rubbish, traders dump waste anywhere they feel good for dumping.

- During FGD conducted with boma chiefs, they admitted that they still have the previous latrine digging tools given by PAH in 2017.

Hygiene

- Nearly all the community do not wash their hands at critical times. During FGD with women and local authorities, approximately 90% of them reported washing hand only before eating food and some few said and after eating. All the group discussed with stated shortage of water and soap as hindrance to handwashing at critical times. That the little water they access is only and only for drinking and cooking.
- Personal hygiene was very poor. Majority of the men, women and children were observed having long dirty nails, putting on dirty clothes and all their bodies were equally dirty. Women reported lack of soap and water for washing their clothes and other personal hygiene kits for maintaining good personal hygiene. Some also said they do not have clothes for changing as they do not have access to clothes.
- According to Nile hope WASH officer, there are 10 community hygiene promoters trained by Nile Hope. The CHPs only disseminate hygiene messages to the health facility once a week and treat water to be used in the health facility.
- According to the local authorities, there were CHPs trained by PAH but not active as they lack support in carrying out their work. Some got another opportunity with other organisations and others moved to other locations.
- No water treatment methods were practiced. community have knowledge on water treatment method especially boiling and use of PUR but do not practice. Some of them said they lack PUR for treating the water and some said they lack big sauce pans for boiling water. All the sample taken from both households and hand dug wells were confirmed contaminated by bacteria.
One of the women was quoted to have said 'PUR only solve our problem within a short time since it gets finish quickly and it's difficult to get without humanitarian intervention. More so, even if its distributed some people don't use because of the smell and its procedure for treating water is long. Please provide us with a long lasting solution and that is boreholes as they produce safe water for community''
- Some people have knowledge on safe water chain messages but do not practice. Water containers were observed open and dirty but when asked to mention safe water chain messages, 2-4 were able to mention covering and washing water containers but when asked why are they not covering and washing their water containers, one of the woman said 'those buckets are too old, nearly all the lids were broken and lack of water make us not wash our water containers'.
- Food hygiene was also an issue in Kurwai payam. During the household visit and transect walk, almost all the cooking utensils within community were observed dirty and scattered within the compound. Cooking pots on fire were opened and some ready foods were left opened and exposed to contamination.

- Menstrual hygiene management among girls and women of reproductive age was very challenging. Women do not use any hygienic menstrual materials like menstrual pad, soap and under wear. The materials are not available in market except soap which is very expensive, each 600g of soap cost 500ssp.
- Women and girls said the last distribution of menstrual materials was in 2017 by PAH and since then they did not get any MHM assistance.
Women do not have knowledge on how to make reusable menstrual pad from locally available materials.
Girls during FGD reported that they don't receive any support from their parents during their period. That they isolate themselves from people. Some reported seating on caw dug ash during their period.

WASH NFI.

- There were buckets observed at water points and household but almost all without lids and worn out. Women reported water containers are inadequate, no separate container for water storage
- There were limited soap in the market and very expensive, each 600g cost 500ssp. Households and institutions lack soap for good hygiene practices.
- Girls and women of reproductive age don't use any menstrual materials for managing their period and the materials were not available in the market except soap which is very expensive. Each 600g of soap cost 500ssp.
- There has been no distribution of WASH-NFIs recently. The last distribution was in 2017 by PAH.

Shelter

There was joint ES/NFIs need assessment conducted by IOM, African development Aid (ADA) and RUCAPD in late April to early May in five bomas of Kurwai i.e. Padum, Phachot, Kulanyang, Pathai and Kurwai. According to one of ADA ES/NFIs officer, the following were some of their findings.

- Population of Kurwai payam is composed of both IDP, returnees and host community.
- There were 2500 households in the four bomas of Kurwai (provided by the authorities during the assessment time)
- Households lack mosquitoes net, kitchen set, blanket, and sleeping mat.

PAH assessment team also visited few households, conducted FGD and took transect walk in the market to assess ES/NFIs need of the community and the following were found out;

- More than 6 persons sleep in one room.
- Host communities were living in good grass thatched houses with mudded walls and IDP and returnees are living in temporary living structure made out of plastic sheets and grass.
- Local building materials like poles were available in the market.
- Basic household items like kitchen set, blanket, and sleeping mat were inadequate.

Currently ADA is on ground doing verification and registration of beneficiaries. According to one of their officer, the project target most vulnerable host community and IDP and out of 2500 households, they will consider and register 1700 households (excluding returnees) within the five bomas of Kurwai. From the

officer, the returnees were excluded because they lack proper documents from there areas of return. Items planned to be distributed are mosquitoes net, kitchen set, solar lamb and kanga.

Health.

There was one health centre and 2 health care unit i.e. Kurwai PHCC, Pathai and Kulanyang PHCU in Kurwai payam run by Nile hope. Due to crisis, Pathai and Kulanyang PHCU were always visited on mobile mission only.

Kurwai being the biggest health centre has four ruff halls where the services are administered. Common services provided are;

- Curative treatment for out patients' department (OPD).
- Day care mainly with severe cases of malaria, khala-azar, acute watery diarrhoea.
- Diagnostic test for malaria.
- Minor surgery for example hernia and circumcision etc.
- EPI for children
- Health education.

According to county health manager, Patients with critical condition are referred to old Fangak. This is challenging as there is no mean of transport, patients go footing and those with critical condition are carried by their relatives on the solder or back up to old fangak-9 hours walk.

The health facility handles 50 to 100 adults and 30 to 50 children on daily basis

Major sickness reported were; acute watery diarrhoea, malaria, respiratory tract infection, UTI and STDs. During the meeting with county heath manger, he said" for example if sample of 10 patients is taken to be tested for syphilis, out of the 10, more 4 sample may show positive.

In term of WASH

- there was no functional latrine,
- wastes management systems were lacking; medical waste are pour in an open ground where it can easy be in contact with human beings.
- No water available for both drinking and handwashing.
- There were 2 handwashing facilities but without water and soap.

From the county heath manager, the facility faces the following challenges.

- TB and HIV cases are not handled
- No means of transport for referral.
- Belief and Culture making some diseases persist for long for example syphilis. Men are not willing to come with their wives for treatment.
- Lack of soap for handwashing and other good hygiene practices
- Lack of water purifiers. there no clean water sources, the health facility depends on hand dug well with a very dirty water supply.

Health Action Aid was also on ground running general health mobile clinic within Pigi (Kurwai) county

Services offer were;

- Consultation
- Diagnostic test for malaria.
- Curative treatment for out patients' department (OPD).
- TB screening
- Immunisation for children from 6 to 15 years
- Reproductive health like mothers' kit provision.
- Health education like dissemination of hygiene messages, prevention of malaria and GVB awareness
- WASH. like construction of latrines, distribution of mosquitoes' net, soap etc.
- protection like distribution of plastic sheets.

- Nutrition like screening for children and pregnant mother

The mobile clinic handles an estimate of 200 persons per day though the number keeps on reducing as days goes.

According to one of HAA staff, more than 300 persons per day were handled during IRRM.

The staff also said they have a plan of conducting GBV awareness campaign and trainings in nearby future.

Activities like latrine construction and immunisation were yet to be started in a nearby future.

Food Security and Livelihoods.

- The community of Kurwai Payam lived in an agro-pastoralist livelihood though crop production was on a very small scale.
- The major source of livelihood was WFP food ratio, animals' products from cattle, goats and chicken, crop production mainly cereals and fishing though on very small scale.
- Farmers mainly produce food items for domestic consumption with very little for sale within the local markets.
- The major crops the population is accustomed to were sorghum and maize.
- NPA and RUCAPD were on ground implementing FSL mainly distributing agricultural seeds and tools but team did not observe any vegetable farm except few sorghums and maize.
- According to NAP field officer, due to logistical challenges, transportation of the seeds and tools to all bomas of Kurwai have not been possible this year and therefore they only distributed in kulayang leaving other bomas uncovered.
- RUCAPD reported distributed maize, okra, onion, tomatoes, beans and other vegetables though were not observed planted by the community except some few maize and sorghums.

Education and Protection.

- There were no functional schools in Kurwai payam during the time of assessment.
- From Kurwai payam education supervisor, Previously the payam has five primary schools. These schools include, Padum, Pathai, Kurwai, Phachot, Wunlueth and kulayang primary schools which were supported by Reverent Simon Christian Orphan Foundation (RevSCOF) but currently the organization is not operating due to lack of funding and no other education partner in Kurwai. All the schools were closed. This have affected children learning and their rights to formal education in Kurwai.
- All school assessed by PAH assessment team (Padum, Kurwai and Pathai) were made of temporary structure (some with iron sheet roof and mud wall and others were made of plastic sheet both roof and the wall) without any education materials like benches, boards etc. and some classes were conducted under trees as logs used for sitting by pupils still exist under trees in some schools. And in terms of WASH, there were no functional latrines, rubbish pit, no nearby reliable water source.
- From RoSS coordinator Pigi county, local authority had community meeting with community members for reopening of the schools in May 2019 and it was agreed that the community will support the teachers in terms of paying incentives to teachers but up to June 2019 the schools were not yet opened.
- The education supervisor said that each school was having population of the pupil ranging from 800 and about.

Nutrition.

- There was one nutrition centre in Kurwai supported by Nile hope.
- The centre is consisting of 2 temporally structure made of iron sheet roof and mad wall.
- The nutrition centre handled 21 Individual in the month of May.
- There has been 63 number of malnutrition over the last one month and 42 with cases of SAM
- There has been screening of malnourished children and mothers during the IRRM by CMA in late May to early June 3019.

In terms of WASH,

- There was one stance functional latrine in the centre but was locked and used by only few individuals.
- Handwashing facilities was observed but without water and soap.
- Rubbish and incinerator were lacking.
- No drinking water for both patients and staffs in the nutrition centre.

Challenges

- There was IRRM in Kurwai that make mobilization difficult as all the local authorities and community members were very busy with process.
- Lack of means of transport limited team to access other locations as kurwai's bomas are dispersed
- Dalliance of activity money to reach on ground made payment of support staffs difficult.
- High casual labor cost. There was no unified casual labor rate which makes hiring of casual laborers like enumerators, translators, etc. very hard.
- Insecurity sometimes disrupts activities as evident during the Biometric among the organized forces which paralyzed the activities for agencies for some hours though the situation was contained.

Recommendations:

PROTECTION

- PAH staff will conduct safety audits risks sensitivity assessment in the provision of humanitarian response before engaging the community on any activity especially during distribution and awareness campaigns to ensure safety and do no harm principles are observed moving forward. The WASH staffs have been taken through the USAID safety Audit tool.
- During selection of beneficiaries for WASH NFIs, priority should be given to persons with special needs like the elderly, female/child headed households, people living with disabilities.
- Drilling of boreholes will solve the issue women and girls staying all night waiting to collect water which exposes them to SGBV issues hence WASH actors needs to drill some boreholes.
- Consult girls and women about the physical placement and design of water points.
- Separate by sex blocks of latrines and showers.
- Doors of latrines should be lockable from the inside.
- Assess location of water points in relation to shelter.

- Protection and WASH partners like CAO and Nile Hope need to engage with the local authority to minimize conflicts at WASH facilities by ensuring spirit of togetherness.
- Partners need to consider distribution of WASH and S/NFI to save lives of the people especially with the additional returnees as the rain season have started to be able to treat their water. The last NFI distribution was in 2017
- Protection agencies should provide training and refresher training to the local authority, community structures and youths on protection/GBV, referral pathway, information sharing, advocating for safety and risk reduction.
- Advocate for education cluster to look into the issue of schools to enable children in Kurwai to go to school as its their rights.
- WASH actors need to construct lockable, sex segregated pit latrines in institutions like schools and health/Nutrition center and not outside the fence like the latrine in Kurwai PHCC to reduce incidence of SGBV. PAH during the intervention will do what they can to ensure some of these institutions have some latrines

WASH

Water:

- **Short term:**
- Distribution of PUR for water treatment.
- Training households on different water treatment methods especially boiling.
- Raising awareness on safe water chain messages to different group of people through trainings, sessions, and household visit.
- Demonstration of use of PUR at water point by community hygiene promoters.

Long term:

- Drilling of boreholes in Kurwai payam.

Sanitation:

Short term:

- Awareness on CAT method, latrine use and its importance
- Construction of institutional latrine in the health and nutrition centre
- Provision of Hand washing facilities to the health and nutrition centre
- Provision of latrine digging tools the community of Kurwai
- Excavation of garbage pits to the market, health and nutrition centre
- Conducting general clean up campaigns on waste management in the market.
- Provision of incinerators to the health and nutrition centre

Long term:

Hygiene:

Short term:

- Training of community hygiene promoters in Kurwai.

- conducting Jerry can and Bucket clean up campaigns at water points.
- promotion of hand washing through installation of hand washing facilities and provision of soap.
- Displaying WASH- IEC materials in public places to pass key hygiene messages.
- Training of women leaders on key hygiene messages.
- Training of community leaders on key hygiene messages.
- Conducting market, health centre and village session for children, men and women.

MHM

- Provision MHM materials to girls and women of reproductive age
- training on basic fact about menstruation
- Demonstration on making reusable menstrual pad using locally available materials.
- Provision of MHM IEC materials mainly guide to MHM hand books and posters to girls and women of reproductive age

Long term:

- Training of women and reproductive age on making of menstrual using local materials.

WASH NFIs:

Short term:

- Mobilization, registration and verification of the affected people
- Demonstration and distribution of WASH-NFIs (buckets, soap, PUR and filter cloths) to the affected people.

Long term:

- Supporting local vendors through CBI projects such that they are able to buy and bring to the area items in large scale, hence reducing the community reliance on humanitarian aid.

Other sectors

Shelter NFI:

- Mobilization, registration and verification of the remaining affected people especially the returnees who were left out due to lack of proper identities as services are not given basing on status but needs.
- Distribution of Emergency Shelter-NFIs to the remaining affected community of kurwai by any ES/NFIs partner to save lives and restore the dignity of the returnees.

Food Security and Livelihoods:

FSL partners to support the fourth coming planting season by;

- Distributing of crop, vegetable seeds and farming tools to famers.
- Training farmers on basic farming techniques to provide farming skills.

- Provision of Food assistance by WFP and other related organization to provide food for community Kurwai.

Education and Protection:

Education cluster to request any education partner to support schools in kurwai payam by;

- Reopening the schools so that the pupils resume schooling.
- Providing scholastic materials like books, pens for pupils' and teacher's notes
- Rehabilitating the existing class rooms and the furniture so as to increase learning space for pupils.
- Constructing temporary learning spaces to cater for those studying under trees
- Training of teachers on basic teaching techniques.
- providing incentives to teachers so as to motivate teachers

Health

- Extension of services in the existing health facilities for example TB and HIV services
- Establishing means of transport by health partner and other relevant body to support referral cases.

Nutrition:

- Extensive hygiene promotion in nutrition centre and at household to reduce faecal oral contaminations of food and reduce spread of WASH related disease that increase the rate of undernutrition.
- Extension of nutrition outreach program to other far locations so that the most vulnerable persons can also access the services.

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Edited by: Isaac Maliamungu Charles

Date: 17/Jun/2019

Annex 1. Photographs from the assessment



PHOTO 1: Showing water point where people fetch water for drinking and other domestic use.

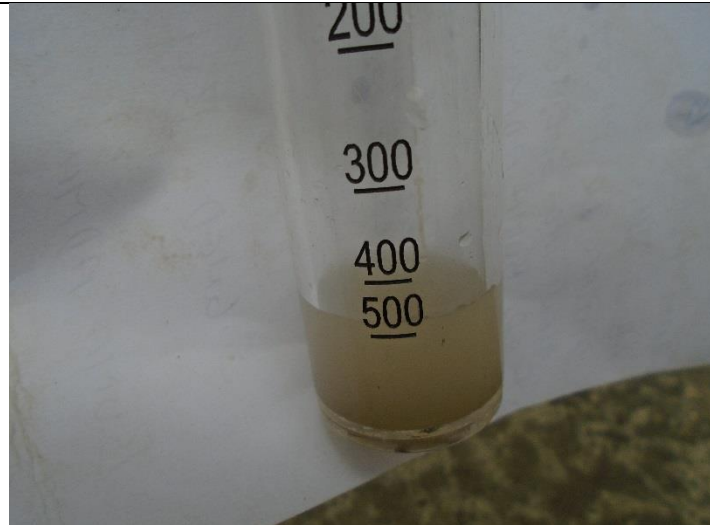


PHOTO 2: Showing turbidity of the water drunk by community of kurwai



PHOTO 3: Showing FGD with bomas' chief



PHOTO 4: Showing FGD with women and girls at water point



PHOTO 5: showing latrine in kurwai health Centre



PHOTO 6: Showing waste dumped in kurwai market



PHOTO7: Showing bacteriological test result of 3 HH samples and 2 hand dug wells. All contaminated



PHOTO 8: Showing open defecation in kurwai