

**SOUTH SUDANESE REFUGEE INTER AGENCY
EMERGENCY
ASSESSMENT REPORT
FOR WESTNILE REGION AND ACHOLI SUB REGION.
(06-08/January/2014)**

Background:

An interagency meeting held on 3rd Jan 2014 at Office of the Prime Minister recommended for an interagency multi-sectoral assessment mission to the influx areas. Because of the nature of the emergency, it was agreed that the team split into three. One team for Adjumani and Elegu transit another team for Arua/Koboko/Kiryandongo and another Team to Acholi sub region.

Agencies Involved in the assessment;

OPM, UNHCR, Uganda Police, District Local Government, Arua, Koboko, Kiryandongo, Adjumani, Authorities in Acholi Sub region, IRID, Save the Children, Windle Trust, Danish Refugee Council, LWF, InterAid, IOM, RMF,AAH, URCS, UNICEF, WHO, HIJRA, MSF-F, Samaritan Purse, WFP, Trauma Healing, MTI, UNFPA, AHA, ARC, AIRD, IOM,ADRA,RMF.

ADJUMANI ASSESSMENT.

A team of multi sectoral agencies converged at OPM Pakele at 8:30 Am for a debrief by the Team leader, RDO Adjumani and UNHCR Pakele.

The Refugee Desk Officer gave a situational report on the current dynamics.

As of close of business on the 5th January 2013, 11924 refugees had been registered, 3000 that arrived during the weekend had not yet been registered.

Over 1500 refugees were still at Elegu primary school awaiting transportation to the reception centre.

80% of the new arrivals are Dinkas however there are other tribes like the Nuers,Murles,and other tribes.

The team met with the district leadership led by the LC V Chairman, DISO, CAO, District heads of Departments and District Councilors and LC 3 Chairpersons.

The chairman assured the team of their commitment and willingness to host refugees and encouraged LC3 Chairpersons to sensitize landlords to avail more land.

He however highlighted challenges faced by the District especially the over stretched social services due to the influx.

The team leader informed the district leadership that they have not come to implement but to carry out an assessment and identify the capacities and the Gaps and make recommendations for emergency intervention.

He requested the district technocrats to join the team and carry out a joint assessment of which the chairman accepted.

The Assessment was done on the following issues;

Public health (primary health care, reproductive health/HIV, nutrition, immunization, community health).

Health Assessment- ADJUMANI.



In adjumani, refugee enter Uganda at Elegu trading centre where a centre has been established to collect people that are being moved to Dzaipi transit centre in Adjumani (meant to accommodate 400 persons). Because of the congestion at the transit centre, some refugees are being moved to reception centre in Nyumanzi (can accommodate approx. 20,000) and Ayilo settlements (can accommodate approx. 20,000). The assessment team looked at all the sites.

Scope of the Assessment

- Asses access to and provision of primary health care - nutrition, EPI, EPR, reproductive health, HIV).
- Assess the existing capacities and gaps in the transit centers and the settlements where refugees will be settled.
- Make recommendations per thematic area.
- The assessment looked at the recommendation in the immediate, medium and long term.

Findings of the Mission

Coordination

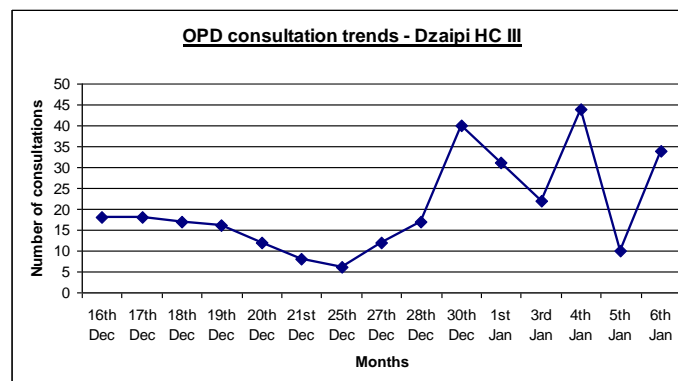
- No daily coordination meetings taking place
- Only the district providing health services at Dzaipi

Service Delivery

Elegu collection point

- Access to health services was limited, with only a district ambulance which picks the sick to the nearby health centre which is about 15 KM.
- Recommendation:
 - To have a stationed ambulance with a first aid kit
 - Vulnerable persons / individuals need to be transported to the transport centre first

Dzaipi transit centre



There is an increase in the number of consultations at the health centre but it is less than what would have been expected for the population of over 16,000 people.

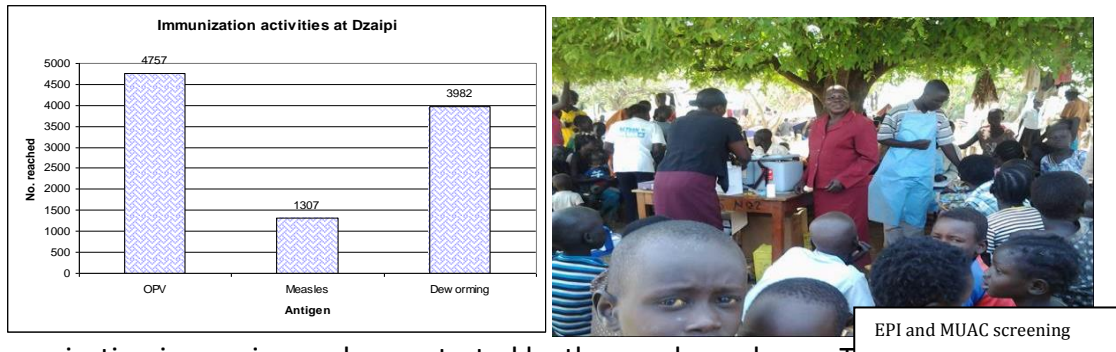
- **Primary health care**



- ***There is a government Dzaipi HC III***, which is located next to the transit center providing: This serves a catchment population of 10,700. Services provided are: Out Patient Services, inpatient department, EPI, laboratory and maternal child health
- Facility is open 7 days a week and 24 hours daily all services are available. Most services are provided for 5 days, except EPI which is provided for 3 days
- Long waiting time was noted in the OPD
- ***Human Resource***
 - There are a total number of 14 technical staff and 4 support staff headed by a senior clinical officer.
 - On the day of the assessment only one an enrolled comprehensive nurse and one midwife manning the IPD and OPD
- ***Medicines and Medical Supplies***
 - The health centre gets supplies from NMS on a push system.
 - There were stock outs of essential medicines and consumables
 - Inadequate record keeping. Stock cards were not well balanced, as there were inconsistencies in the physical and stock card balances
- ***Infrastructure and Equipment***
 - The OPD does not have adequate space, with consultation taking place at the registration table. There is no privacy in the consultation room
 - Basic diagnostic, inpatient and laboratory equipment needed in the OPD
 - The Dispensary wing needs renovation
 - Although there was an incinerator procured by the district, it has not yet been installed
- **Reproductive Health & HIV**
 - Antenatal care: Daily ANC is conducted 5 days a week. Most ANC package is offered, except RPR

- Delivery: Conducted 7 days a week, 24 hours a day. There were no delivery sets. There are about 60 deliveries per month
- Elimination of mother to child HIV transmission is provided (Option B+ plus).
- PEP: There are PEP kits available at the HF provided 7 days a week
- PAC: No MVA or D&C sets
- FP: Clinic runs daily. Most utilized methods include orals and injectable. Condom distribution is very low.
- ART Clinic: Runs daily run by the maternity staff
- EmONC: Only basic EMONC and refer the patients for comprehensive EmONC

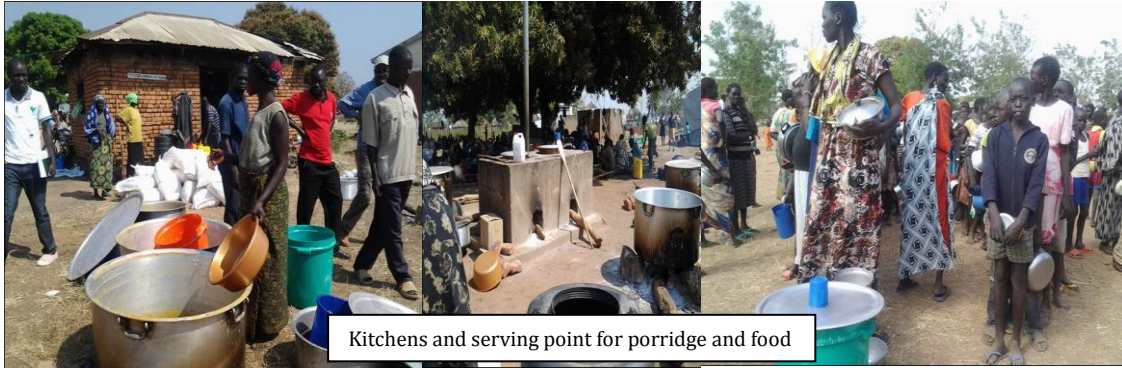
• Expanded Programme on Immunization



Immunization is ongoing as demonstrated by the numbers above. The number of children immunized for measles is less because the immunization exercise was not systematic to give a full package services to each child.

- There is a functional cold chain system shared with the laboratory
- Services are offered at the transit centre where they provide only measles (6months to 15 years) and polio (0 to 15 years)
- Immunization is not done in a systematic way, hence no certainty that all refugees refugee who qualify are immunized
- No surveillance in place for diseases for outbreak potential
- The staff conducting immunization are mobilized from the other health facilities within the district hence the strain on the district health system.

• Nutrition & Feeding



- No nutrition services at the Dzaipi health centre III. All the malnutrition cases are referred to the district hospital which provides the conventional therapeutic feeding program
 - At the transit centre the nutrition screening was started but is not systematic, and just like EPI needs streamlining.
 - There are two wet meals served, porridge in the morning and second meal served in the afternoon hours
 - The challenges with the cooking were:
 - There was no shelter for the cooking spaces
 - Cooking saucepans used by cooks were very few and inadequate
 - Safe water supplies for the kitchen was inadequate
 - Food distribution is not based on registered family sizes.
 - The quantity of food being prepared at the transit centre is based on the population at the reception centre, yet it is shared with the increasing population being brought in daily.
 - There are no NFIs: Plates, cups and saucepans
 - The cooks are hired, so the more the need to hire more cooks as the population increases at the transit centre
 - There is no designated cooking place for the individual families that want to prepare their own meals
 - There is no proper waste disposal after food preparation, hence littering the whole transit centre
 - Rapid nutrition screening of 275 under-five children using MUAC, the Global acute malnutrition was 4.3% and Severe acute malnutrition was 1.1%.
- **Emergency Preparedness and Response**
 - No contingency plan and stock piling for the disease with an outbreak potential
 - There is no identified isolation centre and burial grounds
 - There is no surveillance of outbreak potential

- **Community Health**

- There is no community health education taking place, no community health workers and no IEC materials
- Currently there is no VHT system in place, and there is need for an urgent VHT system set up and training conducted immediately.

Thematic area	Recommendations
Primary health care	<ul style="list-style-type: none"> • Need to strengthen the health service delivery system (staffing, infrastructure, equipment, medicines and supplies and referral services ambulance)
Reproductive Health & HIV	<ul style="list-style-type: none"> • Need for delivery equipment and supplies • Supply MVA kits • Increase the number of condoms.
EPI	<ul style="list-style-type: none"> • Medical screening team should provide the screening more organized and systematic way. • Evidence of screening should be provided to children that have undergone vaccination. • Need for vaccine and consumable stock piling for a potential bigger influx
Nutrition & Feeding	<ul style="list-style-type: none"> • Nutrition screening team should provide the screening more organized and systematic way. • All malnourished children should be systematically referred to the health centre and subsequently to Adjumani hospital. • Set up a nutrition unit at Dzaipi • Provide nutrition supplies and train the health workers. • Need for more saucepans, NFI (plates, cups and jerry can) to ensure food hygiene • Construct a shelter for the kitchens • Install water tanks for kitchens • Involve refugees in food preparation and management.
Emergency Preparedness and Response	<ul style="list-style-type: none"> • Complete the EPR plan • Stock pile for possible cholera outbreak • Identify a possible isolation area
Community Health	<ul style="list-style-type: none"> • Recruit and train health community health/environment health workers

Nyumanzi HC II

- It is a government run HC II run by two technical health workers and conducts OPD, and emergency deliveries, and EPI. There is need to increase the capacity and scope of services of this health centre to accommodate a population of 22,000 refugees.

- The power source at the Health Centre is run down and there is need for a power source at the HF

Recommendations:

- Strengthen the capacity of Nyumanzi health centre (staff, medicines & supplies, infrastructure, ambulance and deliveries) to meet the needs of the reception centre and new population.

Ayilo Settlement

- Located 5km from Lewa Health Centre II serves Olua refugee settlement
- This health centre has a fully equipped maternity, OPD, EPI, and staff houses. There are 9 staff, but only 3 technical staff: one enrolled comprehensive nurse and two nursing assistants.
- The settlement is reached through an inaccessible road with a seasonal stream that requires an improved road infrastructure development
- As soon as the transit centre is established, there is need for a health outpost, with a plan to have an additional HC II.

Recommendations:

1. Set up an outreach post at Ayilo refugee settlement when the reception centre is established.
2. Construct a health centre II at Ayilo refugee settlement.

Adjumani District Hospital

- This is the main referral point for the district and some areas of neighbouring districts like Moyo (Obongi) and Amuru (Pabbo).
- There are inadequate supplies and equipment, including key diagnostic equipment and supplies
- The theatre lacks adequate CS sets and other reproductive health supplies
- The delivery ward lacks delivery equipment and protective gear
- Key essential drugs such as misoprostol and magnesium sulphate were lacking
- Staffing levels were low, with only two medical doctors
- There is only one ambulance

Recommendations:

1. Support adjumani hospital with supplementary medicines, equipment and staffing to address the increased number of referrals that will arise from the refugee influx.

Summary of the 4W matrix for health emergency response in Adjumani:

Who	What	Where	When
MSF-F	Primary health care, Nutrition, EPI, RH (MISP) intervention	Dzaipi transit centre	09 th January 2013
Adjumani district local government	Primary health care at Dzaipi health centre, immunization and nutrition screening	Dzaipi, Nyumanzi and Lew health centre	Since beginning
Medical teams international	Support to primary health care	Nyumanzi health centre for reception	11 th January 2013
WFP	Provides food to the transit centre	Dzaipi transit centre	On going
UNFPA	Tents, Dignity kits		11 th January 2013

WASH Assessment Report.-Adjumani

The followings are observations and recommendation to improve the current WASH situation:

The first site visited is Elegu Collection center:

In this centre the refugees are received for 8 hours before they transferred to the transit centre in Dzaipi.

The existing infrastructures are as following:

- i- 2 shelters recently constructed which each can accommodate only 100-120 at max.
- ii- Installed one tankonly of 10000 liter capacity tank.
- iii- Two pit lined latrines

Recommendation to improve WASH situation at Elegu collection centre are:

- 1- Construction of additional shelters for accommodation the arriving flux of 2000-2500 at average daily
- 2- Provision of bath shelters(cubicles) for males and females to consider private needs of women and children.
- 3- Construction of 2 Refuse pits for managing garbage and solid wastes
- 4- Provision of sensitization of the new arriving influx on hygienic practices
- 5- Construction additional latrines to meet the minimum standards
- 6- Install additional water storage capacity to keep water available

- Reception centre at Dzaipi

The refugees are temporarily received at Dzaipi reception center. The center capacity is designed for 400 persons.

- Water supplied is by gravity flow system, there is 1 borehole next to the centre in the school site
- No proper drainage system as can be seen below



- Hygiene situation is poor, no adequate hand washing facilities, only two in place and water not available in the tanks
- There are 16 latrine stances in the center and 17 in the school, considering existing refugee mounted to 10,000 at reporting time so the ratio 1:303 persons, which exceeds the standards and this can lead to open defecation and outbreaks.
- Water is not being treated and considering the hygiene situation with high numbers, diarrhea outbreak could take place.
- Water collection containers are not provided and refugee resort to purchase, or using utensils or given by host community.
- The current water consumption stands at 5.5 l/p/d which far below the minimum humanitarian standards.
- The water collection time at distribution points ranges from 1-2 hrs as shown in the photo below



- i. Garbage is not collected properly and disposed in open



Recommendations:

- 1- Hygiene promoters at the reception center urgently needed
- 2- Need for treatment of water by chlorination to provide safe water
- 3- Provision of another generator to back up the current one to keep constant water supply
- 4- Improve sanitation status by provision additional latrines. This can be done through construction of pit latrines or provision mobilets .Additional 10 can be installed to cater of 2000 refugee as the fastest intervention.
- 5- Need for funds to be allocated to repair and maintain water systems , boreholes and hand pumps .
- 6- Digging the soakaway pits to improve drainage system.
- 7- Provision of additional handwashing facilities stressing on soap availability.

- 8- Provision of treated water. The treatment can be achieved through chlorination or provision of aquatabs.
- 9- Provision of containers for collection and storage of water. 2 containers are needed for family .
- 10- Increase water availability from 5.5 to 10 l/p/d. This can be done by trucking ,Accordingly more storage tanks and tap stands to be installed . this will also shorten the collection time.
- 11- Construction proper refuse pit . 4 to be constructed

Nyumanzi Primary school

This school is intended to receive children of refugee settled in Nyumanzi so we have to improve the infrastructure to meet the increased numbers and the needs.

The situation as follows :

- ix. Water situation: the nearest borehole is 1.5km away,
- x. The existing storage tanks are three and all of them are not functional
- xi. Latrines sub-structures are existing but super-structures are damaged

Recommendations.

- xii. need to provide water on site by drilling 1 borehole at least
- xiii. Provision of three 10,000 L tanks with associated taps
- xiv. Rehabilitation of all latrines superstructure

WASH in the Settlements, Nyumanzi (to receive 10,000 refugee)

- There is Nyumanzi 1 and 2 with existing boreholes of 10. 2 only are functional and the rest are not functional.
- Sanitation to be provided at family level, 1 latrine per family

Recommendations:

- 1- Rehabilitation of the nonfunctional boreholes
- 2- Digging extra bore . The number of refugee to be resettled is 10,000 so according to sphere standards , 20 bore holes are required. As we have 10, extra 10 to be dug.

- 3- Provision of sanitation kit for each family which include digging tools, logs and slab.
- 4- Hygiene promotion activities at family level

Ayilo (to receive 5000 refugee)

- The existing bore holes are 4. Three are dysfunctional.
- There are 2 streams are existing with seasonal water

Recommendations:

- 1- Repair of the nonfunctional boreholes
- 2- According to standards, additional 6 boreholes to be constructed
- 3- Hygiene promotion activities for community to address water abstracted from the streams
- 4- Provision of sanitation kit for each family which include digging tools, logs and slab.

<p>Protection/Community Services.-Report.</p>
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The purpose of the Mission was to assess Protection/Community Services Interventions required and suggest modalities on how to address the challenges. The general observation is that the majority of the refugee population are children, women and there are a number of elderly persons/people with disabilities who require immediate intervention.

Dzaipi Reception Centre: The Dzaipi reception has the capacity of only 400 individuals but it currently has over 15000 individuals and more new arrivals of 2000 per day are still coming, this has resulted into people occupying the primary school, health centre and any nearby shelters including tree sheds.

The centre has seven shelters (whereby women, children and men share the spaces together)

To note is tha the Government of Uganda granted the refugees *prema facie* refugee status)

one meal is prepared and thus most individuals prepare their own meals.

During the assessment at the Elegu primary school collection centre and Dzaipi reception center, population of Children aged 1 – 17 years old, and women were the highest. Noted a number of unaccompanied minors and separated Children (UASC) wondering around and never knew who to approach for help, children ages 0-5 years kept crying all over due to hunger as there was no food given to them at Elegu primary school collection center where they had spent 3 days waiting to be transported to Dzaipi reception center.

As a result of the current population and setting in these areas, are several protections concerns that of great concern;

Protection/Community Services

- **Registration:** It was noted that refugees were being registered manually without any proper profiling and documentation. It's a requirement that biometric registration is done in order to meet registration standards for proper tracking and identification of vulnerable cases.
- **Lighting:** There is no Lighting at the reception centre is over populated which is a security threat to the persons of concern and breeds violence like theft, GBV issues for instance Rape and Defilement.
- **SGBV:** NO cases of GVB were established at the time of the assessment because of lack of existing GBV mechanisms for prevention, identification and response reporting and due to the current setting at the Centre.
- **PSNs:** No clear referral system for immediate interventions for PSNs or other persons that require assistance and NFIs.
- **Child Protection:** There are no child protection structures to address or identify children at risk through BIAs and community mobilization
- **Hot Meals:** PoC are only served two feeding a day.
- There is limited OPM-Adjumani office space in view of the expanding refugee operations.
- Limited number of police personnel in the existing detachments / stations and within the settlement.
- The Motor vehicles for OPM and police to coordinate the activities were in a very poor mechanical conditions.
- The road network is very poor which can worsen in the event of rains, hence affecting the turnover rate at the reception centre, which will pose a challenge to the reception centre. Being a UNRA road, OPM Kampala and UNHCR Kampala will engage the ministry at Kampala level.
- Need to harmonize the issue of poles and ropes (construction materials) to be given to refugees who are being to be resettled. UNHCR to take it up immediately.

- Need for two more new reception Centres in Ayilo and Nyumanzi refugee settlements to decongest Dzaipi which is already overstretched. WASH facilities to be provided at the reception centers by water trucking to be considered until a durable solution is provided.

Recommendations.

- a) There is need for scaling up human resource to respond to the urgent needs of protection/community services.
- b) **Physical Security:** there is need to boost the police presence both at the collection centre in Elegu, Dzaipi reception centre and the settlement areas.
- c) **Logistical support:** The road network(Elegu to Dzaipi and Dzaipi to Ayilo) is very poor which can worsen in the event of rains, hence affecting the turnover rate at the reception centre, which will pose a challenge to the reception centre. Being a UNRA road, (Elegu to Dzaipi) OPM Kampala and UNHCR Kampala will engage the ministry at Kampala level.
- d) Need for transport / vehicles for OPM and the police to coordinate the activities in the settlement.
- e) Increase in the number of police personnel even in the existing detachments / stations and within the settlement.
- f) Expansion of OPM-Adjumani office space in view of the expanding refugee operations is required. There is also need for OPM presence in Ayilo and Nyumanzi refugee settlements.
- g) Increase on the meals served to three per day.
- h) Need to set-up lighting structures at the centre immediately.
- i) Need to immediately identify an IP for TC management at Dzaipi.
- j) Strengthen registration sector by ensuring that biometric registration commences immediately.
- k) Need to hire interpreters for ease of communication and assistance.
- l) There is need for communication equipment at the reception centres that is megaphones.
- m) Set-up GBV intervention mechanisms.
- n) Set-up child protection structures.
- o) Need to identify a minimum of 2 IPs for Protection/Community services.
- p) Need to engage community in preparation of meals, sanitation, child protection, GBV and mass information sharing for services available.
- q) Peace education programmes should be set up to encourage understanding, tolerance, and commitment for peaceful co-existence amongst the refugees.

ENVIRONMENT, EDUCATION, LIVELIHOOD.
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1. People are not getting enough food because the cooking items are inadequate
2. There is a close relationship in the types of foods eaten cross border
3. Environment is too littered, no garbage collection center, there must be an urgent garbage collection center set up and communication made to the community
4. Open space cooking, and the individual families cooking everywhere, which leave open fire which is a threat to accidents
5. Reception: energy saving stoves in place, but are small, and therefore there should be more built in place so that trees are saved
6. Refugees are going to get involved in charcoal burning, which should be addressed to minimize the risk to the environment
7. Ayiro has the shear trees and the desert dates, which need protection / marking before they are cut for charcoal burning

EDUCATION

8. Need for statistics on the primary school going age of the refugee, which will enable quantification of the variables, such as teachers, classroom blocks. Working figure of 10,000 primary going children. This therefore brings up the following needs;
 - a. Classroom structures 180 classrooms
 - b. Water harvestings systems 4
 - c. 3000 desks
 - d. 180 new teachers
 - e. 180 teacher accommodation rooms
 - f. 30,000 exercise books per term
 - g. 300 text books at a ration of 1:3
 - h. 180 chalk boards
9. Dzaipi primary school: Registration is going to be difficult in the school due to the congestion. There is need for urgent de-congestion so that registration can go on.

LIVELIHOOD

10. Need to look for livelihood assets as the refugees are settled in the settlement, such as irrigation facilities, seeds, horticulture, ox-traction, etc

DANISH REFUGEE COUNCIL.(DRC)-The IP on Ground.

11. Completed construction of 8 temporary shelters, 6 at Dzaipi reception center and 2 at Elegu way station and barbed wire fencing; However there is need for lighting at the way station

12. Continuing to facilitate transportation of refugees from the way station to Dzaipi reception center
13. Water tank of 10,000 liters installed and water tracking done at Elegu way station; However, the water is got from as far as 6kms from the way station
14. 2 units of 2 stances pit latrines being constructed at Elegu way station. There is need for wash rooms, shades for health screening, storage facility for food, office for staff managing the facility and shade for security personnel
15. Excavation of 6 sets of pits for constructing 2 units of 2 stances communal pit latrines and bath shelters at Nyumanzi 2 cluster on-going;
16. Inadequate fleet for staff to coordinate activities as well as transporting new arrivals from the way station to the reception center;
17. Social services including health and sanitation facilities targeting the local population is already overstretched, so there is need to expand existing facilities to cater for the new caseload;
18. The locals fear likely outbreak of contagious diseases given the congestion at the trading center in Dzaipi if the reception center is not relocated or decongested.
19. Dzaipi as a sub-county has limited vegetation cover which is bound to get worse if no measures mitigation measures are taken; there is need to promote energy conservation and tree planting for both refugees and the host community;
20. The host community are largely farmers and are well endowed with arable land which is however under-utilized due to lack of appropriate implements for land opening, improved planting materials and skills in order for them to engage in commercial farming
21. Lack of facilities for storage of produce and agro processing equipment which would be used to add value improve market of commodities
22. Alternative livelihood options should be identified to reduce heavy dependence on natural resources within and without the settlements,
23. The new arrivals in question are agro pastoralists who value livestock while there is yet no provision for grazing land. There is need for fodder production to promote livestock rearing as a means of livelihood, one way of averting potential conflicts with the host community
24. Some locals perceive the new arrivals as a hostile group, but do appreciate the fact that there hasn't been any sign of hostility exhibited. There is need for interventions aimed at promoting peaceful co-existence among the refugees and nationals;
25. There is strong need to involve the host community in interventions from the start since they have been pivotal in the reception and settlement of refugees.

ARUA / KOBOKO AND KIRYANDONGO ASSESSMENT.

Following a recent massive influx of South Sudanese refugees into Uganda through Oraba border, an interagency assessment team from Kampala, led by the Office of the Prime Minister, was sent to Koboko, Arua and Kiryandongo Districts to carry out an assessment of both the Congolese situation at the transit centre and the settlement areas as well as the South Sudanese situation at the transit and the possible settlement areas in order to determine the gaps that need funding.

S/N	Location	Issues of Concern	Recommendation
1.	Arua Refugee Desk(OPM)	<ul style="list-style-type: none"> Inadequate staffing especially in the registration, community services, and reception centre management. 	<ul style="list-style-type: none"> RDO to review staffing requirements and request for more staff from Head office to support the operation.
		<ul style="list-style-type: none"> Old and inadequate Vehicles and Motorcycles to cover Koboko and Arua operation given the distance in between the stations. 	<ul style="list-style-type: none"> At least 3 new vehicles and 5 Motorcycles should be sent in to support Koboko, Arua and Imvepi operations.
		<ul style="list-style-type: none"> Delayed emergency funding to support the coordination and operation function. 	<ul style="list-style-type: none"> UNHCR should be asked to release some money urgently under emergency to support the operation.
		<ul style="list-style-type: none"> Lack of office space and accommodation for staffs in the field especially in Koboko. 	<ul style="list-style-type: none"> UNHCR should urgently identify funds to commence construction of staff offices and residences especially in Koboko.
		<ul style="list-style-type: none"> Lack of adequate Police personnel to provide protection security, crowd control at registration centres and in the new clusters. 	<ul style="list-style-type: none"> OPM Kampala should bring the issue of inadequate Police man power to the attention of IGP.
2.	Wajo Reception Centre(Lobure refugee settlement) Koboko district	<ul style="list-style-type: none"> Malnutrition cases evident amongst the Congolese population at the reception centre. 	<ul style="list-style-type: none"> The responsible IP should urgently make an assessment and make the necessary interventions.
		<ul style="list-style-type: none"> IPs, OPM and Police office structures at the Base camp are temporarily and inadequate. 	<ul style="list-style-type: none"> UNHCR should urgently commence construction of permanent buildings both residential and office at the land allocated for the base camp.

		<ul style="list-style-type: none"> Some Congolese refugees still at the reception awaiting plots, NFIs, poles and food. 	<ul style="list-style-type: none"> OPM and UNHCR should urgently address the concerns of delayed relocation and take all the refugees to their plots before the end of this month.
		<ul style="list-style-type: none"> Water pumping by Uganda Red Cross adequate but chemicals for water treatment and funds to support the WATSAN operation running out by the end of week. 	<ul style="list-style-type: none"> The matter should be discussed amongst partners urgently for possible support and sustainability before Uganda Red Cross shuts out the water pumping.
		<ul style="list-style-type: none"> Water levels at the river where pumping is done running low because of the dry season. 	<ul style="list-style-type: none"> Agencies interested in the water sector to supplement the operation with water trucking.
3.	Pijoke Health Centre II (Lobure refugee settlement)	<ul style="list-style-type: none"> Under staffing attributed to health centre 2 grade status 	<ul style="list-style-type: none"> Government should review the status of the health centre to attract more support in view of the Congolese emergency and the increased population.
		<ul style="list-style-type: none"> Lack of health staff accommodation (staff commute from Koboko daily). 	<ul style="list-style-type: none"> UNHCR should avail funds to put up staff accommodation at the health centre.
		<ul style="list-style-type: none"> The one Ambulance is not reliable as it serves the entire district and handles other activities like staff transportation. 	<ul style="list-style-type: none"> An additional Ambulance to support and specifically for Pijoke Health Centre be provided. This will leave the district Ambulance to serve the host population.
		<ul style="list-style-type: none"> Lack of the general and maternity ward at the health centre. 	<ul style="list-style-type: none"> UNHCR and any other Partner should come in to support construction of the two facilities.
		<ul style="list-style-type: none"> No vaccines at the health centre due to lack of refrigerator. 	<ul style="list-style-type: none"> Funds should urgently be identified to procure a refrigerator for the vaccines.
		<ul style="list-style-type: none"> No transport for the In-charge and for out reach. 	<ul style="list-style-type: none"> Two motorcycles be provided to support the health center out reach.
		<ul style="list-style-type: none"> 400 cases of Malaria registered in one month. 	<ul style="list-style-type: none"> The district health office should take note and respond appropriately. The health sector gaps are enormous, it's

			recommended that the health sector be handed over to the implementing partner at least for three months and once the emergency is over, the sector could revert to the district.
4.	Wajo II cluster where some 600 Congolese are settled.	<ul style="list-style-type: none"> Food provided by WFP (ratio) not adequate, refugees claim to be starving. 	<ul style="list-style-type: none"> WFP should sensitize refugees on the ratio standards and ration duration before food distribution. Danish Refugee Council should plan to distribute seedlings and agric tools to enable the settling refugees start on agriculture in the coming agriculture season. An assessment should be done on the food security in the new clusters to determine the copying mechanisms and food security situation among new arrivals.
		<ul style="list-style-type: none"> Ambulance services in the clusters not available. 	<ul style="list-style-type: none"> The health team should take note of the challenge. The OPM/UNHCR should establish community health structures which should be trained to pass on health related information to the community and link up with service providers.
		<ul style="list-style-type: none"> No poles and slabs for tukul and toilet construction. 	<ul style="list-style-type: none"> The responsible IP (LWF) was asked to urgently provide the poles and slabs to enable refugees construct their homes and to reduce the impact on the environment.
		<ul style="list-style-type: none"> NFI's given not enough. 	<ul style="list-style-type: none"> UNHCR asked to revisit the matter and provide the adequate NFis to enable refugees settle and start new homes.

		<ul style="list-style-type: none"> Health services very poor. 	<ul style="list-style-type: none"> District should be given support during the emergency as it cannot manage the operation alone.
		<ul style="list-style-type: none"> School going children fate not known as the term is about to start. 	<ul style="list-style-type: none"> Agencies interested in the education sector should take up the issues and make the necessary interventions.
5.	Keri Transit Centre	<ul style="list-style-type: none"> Water pumping not adequate for the population at Keri. 	<ul style="list-style-type: none"> Water trucking should continue.
		<ul style="list-style-type: none"> Keri transit centre land available for only the months of January as the school will be re-opening in early February. 	<ul style="list-style-type: none"> Alternative place to establish a transit centre be identified urgently.
		<ul style="list-style-type: none"> Staffing gaps in registration, hygiene promotion and PSN assessment. 	<ul style="list-style-type: none"> IP's responsible for these sectors should beef up man power and respond appropriately.
		<ul style="list-style-type: none"> Police deployed at the centre doing screening and providing security not facilitated. 	<ul style="list-style-type: none"> OPM to look into the issue of feeding and allowances for the deployed security team.
6.	Oraba Border	<ul style="list-style-type: none"> Asylum seekers come when there are exhausted and have no transport to reach the transit centre. 	<ul style="list-style-type: none"> OPM and UNHCR should look into the issue of providing transport right from the border at regular intervals upto the transit centre.
		<ul style="list-style-type: none"> Security lack checking and screening gadgets like scanners and gloves 	<ul style="list-style-type: none"> OPM should look into the matter and facilitate the screening process.
		<ul style="list-style-type: none"> Situation in South Sudan still not predictable and worst case scenario still expected. 	<ul style="list-style-type: none"> Contingency plan at the border and in Koboko be reviewed/put in place in readiness for the worst case scenario.
7.	Kuloba Sub County proposed site for the new transit centre	<ul style="list-style-type: none"> Place owned by the Sub county and ideal for the transit centre as it was used before by refugees in 1950's. 	<ul style="list-style-type: none"> Place ideal but efforts should be made to avoid destroying the play ground.
		<ul style="list-style-type: none"> Playground may be destroyed by the construction works if used as the transit centre. 	<ul style="list-style-type: none"> The sub county should write formally to OPM indicating the offer of the land without conditions.

		<ul style="list-style-type: none"> Some cassava gardens on the land may call for compensation. The site has three boreholes in the vicinity which will require minor repairs. 	
8.	Midia-Kulube proposed transit centre (2nd site).	<ul style="list-style-type: none"> The place is not easily accessible as the road is in a very poor state. Moving to the site will require opening the road first. The place is in a congested area surrounded by host community homesteads and this may pose a management problem. There is a spring water source near by. The place has no latrines and will require setting up of new transit facilities. 	<ul style="list-style-type: none"> The place is not ideal for a transit centre. The first option in Kuloba Sub County should be pursued.
9.	Koboko District Debriefing	<ul style="list-style-type: none"> District lacks resources to support the operation. Host community feels neglected. Construction of permanent IP offices and accommodation structures is taking too long. Districts capacity in responding to 	<ul style="list-style-type: none"> OPM should discuss with UNHCR on how to build the capacity of the district and offer the necessary support. Stakeholders and Agencies urged to design programmes that will target both refugees and the host community. UNHCR should expedite the construction process. Having IPs in the emergency phase is

		emergency is over stretched.	recommended.
		<ul style="list-style-type: none"> ▪ No public facilities like health centres and schools in some clusters. 	<ul style="list-style-type: none"> ▪ UNHCR and other interested Agencies should take up the sectors and address the gaps.
10.	Arua District LC5 Chairman's office	<ul style="list-style-type: none"> ▪ Expressed disappointed with the UNHCR/Government's promise on PRRP as nothing much was done to rehabilitate the infrastructure used by refugees who repatriated. ▪ Districts want a clear MoU on future engagements to avoid mistakes in future. ▪ Some UNHCR staffs in the previous operations have been arrogant in working with the host district. ▪ Temporarily structures won't be allowed in the district any more. ▪ There is need to design programmes that benefit the host community as well. ▪ District engineering section should be involved in any future construction. ▪ Involvement of the Sub county authorities and landlords in planning. ▪ Sub County memorandum solutions should be looked into before settling refugees in Imvepi. ▪ There should be regular 	<ul style="list-style-type: none"> ▪ OPM/UNHCR to take note of the Chairman's frustration and avoid a repeat of a similar situation in future.

		coordination meetings involving district officials to avoid suspicion and improve communication.	
		<ul style="list-style-type: none"> There are some aliens who are in the district and whose presence also impact negatively on district services. 	<ul style="list-style-type: none"> Ministry of Internal Affairs should be engaged on this matter.
11.	Ocea Reception Centre(Rhino Camp Settlement)	<ul style="list-style-type: none"> Water for the refugee's inadequate. Under staffing evident across all sectors and Agencies including health centres. Medicines and equipment not adequate compared to the population numbers. Plots demarcation on going and over 300 plots ready but no water in the clusters. NFIs not adequate but even the capacity of distributing the available ones is not adequate hence delays. 	<ul style="list-style-type: none"> Agencies on mission with expertise in the sector should take up the matter urgently, meanwhile water trucking is recommended. There is need for resources to beef up the man power gap. Agencies in the health sector requested to make the relevant intervention to address the gap. Water situation should be addressed urgently UNHCR should engage an IP to handle stores and distribution.
		<ul style="list-style-type: none"> Food distribution delays. No poles for construction in Rhino Camp. Latrines coverage still below average at the reception centre. Health staffing especially at Ocea 	<ul style="list-style-type: none"> WFP should engage an IP to handle food storage and distribution. Agencies urged to take up this gap to enable the settling of refugees move faster while protecting the environment. Agencies on mission urged to look into the gap and intervene. UNHCR to make the necessary

		health centre 11 not adequate.	intervention.
		<ul style="list-style-type: none"> Logistics sector very weak. 	<ul style="list-style-type: none"> AIRDI should be engaged to beef up UNHCR in handling stores and supplies.
12.	Imvepi Closed Settlement	<ul style="list-style-type: none"> Infrastructures under health, education and water still intact but require renovation. 	<ul style="list-style-type: none"> UNHCR should plan to rehabilitate all the infrastructures.
		<ul style="list-style-type: none"> Imvepi reception centre has facilities for opening up the 2nd reception centre. 	<ul style="list-style-type: none"> OPM/UNHCR should urgently clear the place and position staff for possible re opening soon.
		<ul style="list-style-type: none"> The Sub County and landlords presented their needs before reopening Imvepi. 	<ul style="list-style-type: none"> UNHCR and OPM should urgently convene a meeting and look into these issues and provide feed back to the sub County.
		<ul style="list-style-type: none"> Roads are in poor shape. 	<ul style="list-style-type: none"> Plans should be made to re-open the road network in the entire settlement.
		<ul style="list-style-type: none"> The land available could accommodate 15000-200000 people. 	<ul style="list-style-type: none"> However a site planner should be engaged to determine the size of available land before settling in refugees.
		<ul style="list-style-type: none"> The host community have not benefited from the programme adequately. 	<ul style="list-style-type: none"> Future programme interventions should focus on the host community as well.
13	Kiryandongo Refugee Settlement.	<ul style="list-style-type: none"> As of 8/01/2014, there a 361/2049, new Sudanese. 	<ul style="list-style-type: none"> Beef up Registration team, OPM /UNHCR.
		<ul style="list-style-type: none"> Current Population 43000 Can take on more 30,000 refugees. 	<ul style="list-style-type: none"> Relocation after West Nile.
		<ul style="list-style-type: none"> Health Centers iii and ii, existing. Support to Kiryandongo Referral Hospital 	<ul style="list-style-type: none"> Additional drug supplies Staffs Housing Technical Detailed assessments, Recommended UNHCR

			/WHO/UNICEF.
		<ul style="list-style-type: none"> ▪ Primary Schools exist, but in poor state, some building condemned. - All Schools are full. - Need new Structure. - One Communal Secondary schools. 	<ul style="list-style-type: none"> ▪ New Classroom blocks ▪ Additional Teachers ▪ Toilets. ▪ Sanitation features.
		<u>Roads.</u> <ul style="list-style-type: none"> ▪ 18 kms need Repair. ▪ Open access roads in new settlements. 	UNHCR/Agencies and District to handle.

		<u>Reception Centres Management.</u> <ul style="list-style-type: none"> ▪ Structures put up ▪ Feeding (hot meal) ▪ Watsan Issues ▪ Latrines ▪ Washrooms ▪ Cleaning Materials 	AAH, OPM, UNHCR Handle Centres and other agencies.
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		<p>Police Station exists.</p> <ul style="list-style-type: none"> ▪ Need for more out posts. ▪ More manpower ▪ Transport ▪ Food. 	<ul style="list-style-type: none"> ▪ Police, OPM, UNHCR, to handle food issues, and equipment of the new posts.

Photo Gallery.



Impvepi offices that need Rehabilitation.



Condemned structures in Rhino camp need new Buildings.



Refugees Loaded on trucks from Keli Reception Center in Koboko to Rhino camp.



Condemned structures in Rhino camp need new Buildings.

HEALTH ASSESSMENT OF IN KOBOKO & ARUA.

Koboko health assessment:

Identified gaps	Nature	Proposed solutions
Malnutrition and nutrition interventions	<p>On arrival health screening with MUAC during influx found a small number of cases with malnutrition. Health care workers in Pijoke confirm they are seen cases with clinical malnutrition. Assessment mission also witnessed couple of cases with malnutrition at Waju II transit center.</p> <p>UNICEF has already provided a stock of Supplementary and Therapeutic feeding products and equipment to start standard GMP and a nutrition intervention program in Pijoke PHC</p>	<p>UNICEF would train 10 critical health care workers from Koboko by affiliating them to the training they will carry out in Arua district and start the nutrition program in Koboko district. This is likely to be implemented within next three weeks. DHO Koboko to provide the selected list of health care workers to UNICEF urgently. Health care workers from Pijoke level II health care center would be included in to first group so the program in Pijoke can be</p>

	II. However Koboko district government health care workers does not have proper training to initiate the nutrition program	started immediately.
Ambulance insufficiency in Koboko	District has only one functioning ambulance. The second ambulance is still under repair. Ambulance capacity is not enough to cater the ambulance needs of Waju II transit center/Pijoke PHC II, Kerei transit center, Lobule health center and Koboko PHC IV.	Expedite the repair of the second ambulance and keep one ambulance at Pijoke until the emergency situation is over. Until the second ambulance is functional try to get an ambulance from an OP to cover the requirement. It was requested verbally from Red Cross to consider this. Red Cross would provide the feasibility after an internal discussion
Attending emergency health needs at Kerei Transit center	Once crossing the Oraba border South Sudanese refugees will first reach Kerei transit center and then transferred to Rhino camp. Today there were approximately 1600 people in Kerei center. There are antenatal mothers and children with diseases (that could be serious) among them. The delay in the transit center observed to fluctuate between few hours to few days during last couple of days depends upon the influx rate. There should be a mechanism to attend the emergency health needs of the refugees while they are in the Kerei TC.	Station and ambulance and two paramedics at the transit center to attend the emergency medical needs of the refugees arriving and staying in the transit center until they are transported to Rhino camp. It was requested from Red Cross to consider this. If Red Cross could not provide this service another possible mean of acquiring this service need to be explored urgently
Increased requirement of medicine	With the added refugee population, Koboko would need more medicine; Pijoke center II would need level III kits with increased range of services.	DHO to request National Medical Stores this increased demand as a long term sustainable strategy. As a short term solution UNHCR/WHO/UNICEF would explore the donors and possible measures to support DHO office to cover the increased demand.

		Save the children would be able to provide medicine worth 35m UGX that would be one source to mitigate any imminent OS situations.
Increased demand for services and resources at Pijoke PHC II	With the establishment of Waju II transit center, workload of Pijoke level II PHC has increased significantly. To address the needs of the emergency situation the range of services have also been increased. This increased workload and services might need more staff, more logistics and infrastructure upgrading.	<p>More staff to this center has already been allocated with the Support of UNHCR</p> <p>Upon request of DHO, UHNCR would provide 3 family tents to DHO office to utilize as temporary accommodation facility for emergency staff.</p> <p>Process of procurement of logistics to the Pijoke center II by DHO office would be expedited.</p> <p>DHO would start formalities to get a vaccine storage refrigerator and a delivery bed from MOH (WHO will assist this). If it is not successful DHO office will procure these two items along with other logistic procurement.</p>

Rhino camp health assessment:

Identified gaps	Nature	Proposed solutions
Attending emergency health needs at Ocea transit center and planned Imvempi center	South Sudanese refugees are sheltered in Ocea reception center of Rhino camp upon arrival until they are sent to settlements. Currently there are about 4000 refugees in Ocea reception center. The WASH parameters are extremely inadequate to maintain proper public health parameters at present. Due to possible walk in cases, poor WASH situation, congestion, high vector density and	<p>Immediate outbreak response preparedness keeping the mentioned potential diseases in the list. Outbreak response needs below minimal logistics and human resource immediately at Ocea center.</p> <ol style="list-style-type: none"> 1. Patients' tents (minimal 10 with each tent can accommodate 10 beds) 2. 10 latrines

	<p>limitations of KAP among the refugees an infectious outbreak is possible at any time with Cholera, Shigella, Hepatitis A/E, Meningitis, Malaria high in the list.</p>	<ol style="list-style-type: none"> 3. 10,000L water tank with trucking water to fill them 4. 20 cholera beds and 80 general ward beds (these can be provided to other health centers when the reception center refugees are sent to settlements to cater the increased demands. 5. The standard medicine Kit to manage 200 Cholera cases (antibiotics/ORS/IV fluids etc attached herewith). 6. Since the shigella, Malaria Hepatitis A/E, and Meningitis also in the list in addition to this Kit we need necessary antibiotics to manage 200 cases of each disease as an initial preparedness. 7. Osea center solar power unit is not functioning properly. This need to be assessed and 24 hour electricity has to be ensued in the Osea II center 8. Additional staff to attend the increased service requirement and to ensure quick response in an outbreak. The requirement of the Osea is two clinical officers, four enrolled comprehensive nurses, two cleaners and 2 guards in addition to current staff. This
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		<p>additional staff needs to be planned at least to 3 months assuming the Ocea transit center will run at least run for next 3 months with current refugee influx pattern.</p> <p>9. Temporary staff accommodation : at least family tents should be supplied to additional staff (5 family tents)</p> <p>10. Rapid diagnostic test kits need to be provided to the centers to spot diagnosis of diseases with outbreak potentials.</p> <p>Since there are plans to start the second transit center at Imvempi, the same logistic and human resource support need to be supplied to Imvempi health center II which is close to the identified reception center</p>
Ambulance insufficiency in Arua	District has only one functioning ambulance.	Considering the emergency situation the district needs two more ambulances to respond. Once should be permanently placed at Osea center. With the opening of Imvempi the other should be at the Imvempi Health center II or Imvempi reception center with a paramedic since it is not much close to Imvempi health center.
Attending emergency health needs at Ocea transit center and planned	Ocea transit center is located less than 50 meters away from the Ocea health center. Before the refugee situation Ocea level II center has been providing health care for 5041 people in the catchment area.	<p>1. More health care workers are immediately needed in to these health centers (at least 2 clinical officers , 4 nurses)</p>

Imvempi center	<p>Currently in addition to original population transit centers is occupied by approximately 6000 population.</p> <p>With the establishment of Imvempi transit center the situation of the Imvempi Health center also will be on the same situation.</p>	<p>2. Water and electricity of these centers need to be upgraded ensuring continuous supplies.</p> <p>3. These centers need urgent medical stocks. If the routine supply chain is delayed, to meet the demand of this increased population special consignments need to be provided to them <u>(DHO /UNHCR working excess need that has to be supplied immediately Osea PHC II routine additional supply for 3 months is attached here with. However considering the current population in Osea reception center we need twice this requirement at this center)</u></p>
Increased demand of logistics and infrastructure at health centers to cater the needs of the new settlers	<p>Refugees will be settled in Rhino camps and Imvempi settlement areas Osea PHC II, Odubu PHC II, Siripi PHC III, Olujobo PHC III, Envipi PHC II, Yenga PHC III are the government run PHCs in this catchment area. Some of them are still partly supported by UNHCR. With the increased population settled in these identified settlements demand of health services from mentioned centers will be increased. Even at this moment they are running with more logistics, human resource and infrastructure requirements. During the mission only Siripi PHC III was visited</p>	<p>DHO office and UNHCR assessing the situation will come up with the list of requirements as earliest possible.</p>
Preparation to	This is the transit center under	1. Need to pre-identify a

Imvempi transit center	consideration.	<p>team to carry out screening.</p> <ol style="list-style-type: none"> 2. Need to pre identify and develop a first aids post in the center and identify staff with small amount of medicine since the nearby health post is few kilometers away. 3. Recognize an ambulance to be stationed in the center.
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WASH ASSESSMENT REPORT-ARUA

This brief summarises the observations made in various locations during the assessment which was carried out as well as recommendations proposed on the way forward.

KOBOKO DISTRICT

Congolese Influx in Lobule sub-county refugee settlement.

Waju II Transit Centre(3°23'15.26"N, 31° 5'18.02"E):

As of 6th Jan. 2014, the TC had a population of 1,147 Congolese refugees (541 families). The table below highlights only key issues which require immediate response in regard to WASH interventions carried out so far and the current gaps to be addressed.

Sector	Activities On-going/ Current situation	Activities Planned	Gaps
Water	<ul style="list-style-type: none"> • 30,000l/d treated from river water and supplied (URC). Treated water supply ends 12 Jan. 2014 since funds are depleted. • 1borehole 		<ul style="list-style-type: none"> • Starting 12 January 2014, 1 hand pumped borehole will not be sufficient to serve the current population. (1 borehole should serve max.200 persons UNHCR standards). • The flexible pipes on the ground should be replaced with pipes buried in the ground if treatment is to continue. Pipes

	drilled and equipped with a hand pump (LWF).		<p>needed to extend the water supply to the storage tanks.</p> <ul style="list-style-type: none"> Jerry cans for fetching and storing water at household level are not enough. UNHCR distributed 1 jerry can per family regardless of the family size (as per the NFI package for a TC). However, the refugees have overstayed in the TC which then alters the intended functionality.
Recommendations: <ul style="list-style-type: none"> Financially support URC to continue with the supply of treated water until the TC is emptied upon completion of settling the refugees in their plots of land. LWF to share the borehole test results in order to assess the feasibility of motorizing the new borehole at the TC. UNHCR to consider distribution of additional water jerry cans (as per the settlement NFI package) and mosquito nets to the refugees at the TC who are still waiting to be settled. 			

Waju II Settlement Cluster(3°23'36.93"N, 31° 5'6.49"E)

Sector	Activities On-going/ Current situation	Activities Planned	Gaps
Water	<ul style="list-style-type: none"> 2 old hand pump boreholes flushed and repaired (DRC). 1 borehole drilled and equipped with a hand pump (ACAV). 		<ul style="list-style-type: none"> Inadequate water collection/storage facilities at household level.
Sanitation and Hygiene	<ul style="list-style-type: none"> Community sensitization to dig and construct household latrines (LWF) 	<ul style="list-style-type: none"> Distribution of slabs for household latrines (DRC) 	<ul style="list-style-type: none">

Recommendations:

- UNHCR to distribute jerry cans and other NFIs to those who have not yet received.
- At least 6 more boreholes are needed in the new settlement clusters some of which are yet to be demarcated for the Congolese refugees.

Pijoke Health Centre (grade II) (next to Waju II TC) (3°23'17.74"N, 31° 5'27.97"E)

Public Health Officer to provide more details on the gaps.

Sector	Activities On-going/ Current situation	Activities Planned	Gaps
Water	<ul style="list-style-type: none"> • 1 borehole drilled and equipped with a hand pump (ACAV). 		<ul style="list-style-type: none"> • Isolation centre needs to be established to handle disease outbreak cases. • Separate latrines are required for an isolation centre.
Sanitation and Hygiene			<ul style="list-style-type: none"> • There is no placenta pit.

In order to relocate the Congolese refugees in Waju II transit centre, land demarcation is in progress in Ponyura, Lokuyo (Adologo extension) and Kuku clusters. These areas were not visited during the assessment but recent preliminary assessment indicated that water sources were lacking and therefore new boreholes should be drilled and access roads opened. Actual needs will be established once the available land is surveyed and holding capacity determined.

It's worth noting that although the current 3 Lobule sub-county clusters were not visited by the assessment team due to limitation of time, there is immediate need for 2 new boreholes at Adologo cluster. Currently there is one new borehole (LWF) serving a population of more than 1,000 refugees and host community combined.

Sudanese Influx through Koboko District.**Keri Way Station (3°30'23.78"N, 30°55'57.38"E)**

Upon arriving from the Oraba border (Sudan-Uganda border), 7.5km away N.W., the Sudanese asylum seekers are received and registered at Keri Way Station. The refugees are then transported to Ocea transit centre, Rhino camp in Koboko District (~70km S.E.). The population figures hosted at the way station are dynamic hour by hour.

Sector	Activities On-going/ Current situation	Activities Planned	Gaps

Water	<ul style="list-style-type: none"> • 1 generator powered borehole supplies a maximum of 20,000l/d with 8 hours of pumping time with breaks in between (DRC). • Two 10,000l storage tanks (Host), • Tank bases repaired as well as pipework and 5 taps (DRC). • Water trucking 9,000l/d to supplement the borehole supply due to its yield limitation (DRC). • Minimum water supply requirement met. 	•	•
Sanitation and Hygiene	<ul style="list-style-type: none"> • 5 blocks of drainable latrines (10 stances) (Host). • 6 blocks of bathing shelters (12 cubicles). • 6 PHP volunteers (DRC). • 8 hand washing facilities (DRC) • 4 refuse bins (DRC). 	<ul style="list-style-type: none"> • UNICEF pledged to supply EMO. • DRC to excavate for refuse pit. • Continue sensitizing the evolving population on proper use of sanitation facilities. 	<ul style="list-style-type: none"> • Latrines are few but are well managed. • EMO needed to minimize stench and help to compress the sludge volume. • Refuse pit is full. • IEC fliers with public health messages.
Recommendations: <ul style="list-style-type: none"> • Being a school, the time frame for utilizing the facility is limited until the end of January 2014 and therefore not much investment necessary. • In view of the above, alternative centre to be prepared in readiness for a possible influx. 			

Following suggestions from Koboko District officials, two areas were visited and the observations are as follows:

Area name	GPS location / Proximity	Water situation	Land area	Remarks
KULUBA	3°30'32.42"N	1 BH (DWD 3623)	Approximately	Part of the land

(Sub-county land)	30°56'30.46"E 1.5km from Keri way station.	within the area. Was recently repaired though not functional; chain not connected.	60,000sqm (6 Ha).	is football pitch. There are no ready structures for accommodation use.
KULUBU village	3°24'16.79"N 30°56'58.94"E 1.2 km to the DR Congo border. 16.7km from Keri way station Southwards withinKoboko town.	1 protected spring 150m away. Already overcrowded (40 jerry cans (20l)counted at the time of the visit). 1 BH located 2km away from the proposed TC area is used by the naitonals.	Approximately 1.5 Ha	Too close to the border for a transit centre. 4.5km of the road requires opening up for trucks to use. No available water point to serve the transit centre population.

Ocea Transit Centre (3° 4'17.69"N, 31°16'58.86"E)

The population present during the visit was 3,927 individuals against a holding capacity of 400 individuals.

WASH situation summarised as below:

Sector	Activities On-going/ Current situation	Activities Planned	Gaps
Water	<ul style="list-style-type: none"> • 1 borehole within the TC. • The flow ranges between 10 to 13l/min depending with the pumping rate. Therefore it takes 1.5 to 2 minutes to fill a 20lt jerry can. • With 155 containers in the queue, as observed during the visit, the average waiting time is about 4hrs. • Assuming 12 hours of continuous pumping, 7,000 to 9,300 lts can be fetched in a day. • 10,000l supplied by water 	<ul style="list-style-type: none"> • Water trucking. • Flushing and repair of boreholes. • Supply of chlorine (UNICEF) • Explore the possibility of treating river water. Closet river is 20km away towards Imvepi. 	<ul style="list-style-type: none"> • Additional 60,000 litres of water needed per day to meet the minimum SPHERE standards on water supply. • 8 additional 10,000l storage tanks. • 6 Tap stands each with 4 taps and

	<p>trucking from Arua town (DRC).</p> <ul style="list-style-type: none"> • One 10,000l storage tank installed. • With a population of about 4,000 individuals, each person gets only 4.8 litres per day against the minimum standard of 15 l/p/d. 		<p>pipework of 1,000m to distribute water to tap stands.</p> <ul style="list-style-type: none"> • Field water testing kits. • Volunteers for water quality monitoring.
Sanitation and Hygiene	<ul style="list-style-type: none"> • 9 latrine stances at OceaTC. In addition, the neighbouring Ocea primary school has 5 latrine stances which are in good condition and other 12 old dilapidated latrine stances which do not have doors. • Based on a population of 4,000, the functional latrine stance ratio is 1 latrine per 285 persons against the standard of 1:50. • Due to limited supply of water, the rate of utilizing the bathing shelters is very low. There is tendency to go to the unprotected open dams with dirty water around Ocea TC for laundry purposes or for fetching water for cleaning (7min or ~500m walk S.W. of the TC). • There are a total of 2 blocks of bathing shelters at Ocea TC while the school has 1 block. The stance ratio is 1:222 based on a population of 4,000. • 5 PHP volunteers (URC). • Construction of additional drainable latrine block of 4 stances with urinal. 	<ul style="list-style-type: none"> • UNICEF pledged to supply EMO. • Continue sensitizing the evolving population on proper use of sanitation facilities. 	<ul style="list-style-type: none"> • Open defecation witnessed. • IEC fliers with public health messages.

Recommendations:

- Explore the possibility of trucking from the Rhino camp basecamp motorized borehole.
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Siripi Health Centre (grade III) (3° 9'42.83"N, 31°16'21.57"E)

Public Health Officer to provide more details on the gaps.

Sector	Activities On-going/ Current situation	Activities Planned	Gaps
Water	HC depends on BH located 2.5 km North, shared with the community.		<ul style="list-style-type: none"> • No water supply at the HC • New borehole required. If found to have high yield solar powered pump should be installed.
Sanitation and Hygiene	3 latrine stances (for patients) and 2 stances for staff.		<ul style="list-style-type: none"> • There is no placenta pit. • The Incinerator is dysfunctional due to missing components.

Imvepi Reception Centre (3°15'27.96"N, 31°16'49.61"E)

Currently unoccupied.

WASH situation summarised as below:

Sector	Current situation	Activities Planned	Gaps
Water	<ul style="list-style-type: none"> • 1 borehole located about 1km away used to supply water to the base camp, then gravitated to the TC. • 9 taps (require minor rehabilitation). 		<ul style="list-style-type: none"> • Flushing of borehole is required. • Equipping the borehole with pump. • Testing existing pumping and gravity lines and fixing leakages or replacing pipes where necessary. • Placing 2 10,000l tanks at the TC.
Sanitation and Hygiene	<ul style="list-style-type: none"> • 9 latrine stances. • 4 bath cubicles. 		<ul style="list-style-type: none"> • Rehabilitation of latrines required. • Fumigation is necessary. • IEC fliers with public health messages.

			<ul style="list-style-type: none"> Refuse pit needed.
Recommendations: <ul style="list-style-type: none"> To reopen in readiness for a possible influx and close Keri way station. 			

Survey is needed to establish the land available for settling the refugees in Imvepi.

SETTLEMENT CLUSTERS IN RHINO CAMP.

To establish the preparedness in settling the Sudanese refugees who are already overcrowded at Ocea transit centre, the WASH specialist (UNHCR) conducted an assessment in company of the OPM Social Services Officer Mr.Drwale Lukas. Findings are tabulated in the table below:

AGULUPI CLUSTER		
<u>BH No.</u>	<u>Condition</u>	<u>Remarks</u>
1	Dry	Flush, test water quality, and replace with heavy duty parts.
2	Dysfunctional	Replace with heavy duty parts.
SIMBILI CLUSTER		
3	Capped	Flush, test water quality, and install heavy duty parts.
4	Hard to pump	Flush, test water quality, and replace with heavy duty parts.
5	Functional, rehab. Needed. (long queue observed)	Replace with heavy duty parts.
SIRIPI CLUSTER		
6	Broke down recently	Replace with heavy duty parts.
7	High yield; pumping head is loose. (long queue observed)	Replace with heavy duty parts.
GURUWA CLUSTER		
8	High yield	Do pumping yield test to establish if it can be motorized.
9	Good yield (used by nationals; long queue observed)	Replace with heavy duty parts.
ARIWA CLUSTER		
10	Dysfunctional; No handle	Flush, test water quality, and replace with heavy duty parts.

11	Functional, rehab. Needed (long queue observed)	Replace with heavy duty parts.
12	Hard to pump	Flush, test water quality, and replace with heavy duty parts.
13	Low yield	Flush, test water quality, and replace with heavy duty parts.
ODOBU I CLUSTER		
14	Dysfunctional (serving old case load – Sudanese refugees)	Repair apron, flush, test water quality, and replace with heavy duty parts.
15	Functional but under pressure.	Do pumping yield test to establish if it can be motorized.
TIKA 5 CLUSTER		
16	Capped	Flush, test water quality, and install heavy duty parts.
TIKA 4 CLUSTER		
17	Capped	Flush, test water quality, and install heavy duty parts.
TIKA 3 CLUSTER		
18	Uncapped; pipes fell in.	Further investigations needed.
TIKA 2 CLUSTER		
19	Dry (Next to TikaPri. Sch)	Flush, test water quality, and install heavy duty parts.
KATIKU 2 CLUSTER		
20	Uncapped; pipes fell in.	Further investigations needed.
KATIKU 1 CLUSTER		
21	Low yield	Flush, test water quality, and replace with heavy duty parts.
Ocea Transit Centre		
22	High yield	Do pumping yield test to establish if it can be motorized.
23	Dry	Flush, test water quality, and replace with heavy duty parts.
24	Uncapped; pipes fell in.	Further investigations needed.
25	Low yield	Flush, test water quality, and replace with heavy duty parts.
26	Low yield	Flush, test water quality, and replace with heavy duty parts.

These observations were then discussed in a meeting with the Koboko District Water Engineer, Mr.Olama Alex on 9 January 2014 and the following recommendations to

address the water situation in Rhino Camp area, (which includes Ocea transit centre and the settlement clusters).

Recommendations:

In view of the fact that the area lies in a water stressed area which worsens during the dry season (November to April) most wells are deep (66 to 75m/ 22 to 25 pipes).

- Immediately carry out a pumping test at Ocea transit centre to explore the possibility of motorizing it. The borehole yield informs the pump design process.
- 24 boreholes in the targeted settlement clusters require the heavy duty parts (pump head, bearing, handle, etc).
- 24 boreholes require replacement of pipes and rods each with an average of 23 pipes and similar number of rods.
- Carry out pumping tests for 6 high yielding boreholes to determine the possibility of motorizing the ones with high yield.
- Flush out and carry out water quality tests for the capped boreholes and the current dysfunctional ones.
- Drill 2 new boreholes at Siripi to serve the Health centre and the primary school at Siripi.
- Motorize the high yielding boreholes particularly at the health centres. To be determined after establishing the borehole yield.

PHOTO GALLERY

Waju II Transit Centre



Water filtering and chlorination unit (URC)



Assessment team with water storage in the



The new hand pumped borehole at TC (LWF)



Assessment team at Pijoke health centre to Waju II TC



BH at Ocea transit centre

NB.OTHER SECTORS TO CONDUCT DETAILED ASSESSMENTS AND AVAIL REPORTS LATER.

ACHOLI SUBREGION OPERATION/ASSESSMENT

Purpose of the Mission.

To assess the influx of South Sudanese in Acholi Sub Region and identify necessary infrastructure in place for hosting the refugees within the region.

The team visited the following districts.

1. LAMWO DISTRICT.

In Lamwo district, the team met with the RDC (Ms.Ayo Molly Obua), the CAO (Mr. William Kato), the LC V Chairman, the District Internal Security Officer and the OC Station Lamwo district.

The RDC chaired the meeting in which she informed the mission team that the district had received communication from boarder authorities at Madi Opei boarder about the arrival of 20 South Sudanese.

The RDC informed the meeting that she advised boarder authorities to escort the new arrivals to the army barracks called Bana Bana in Madi Opei Sub County where they were taken.

The RDC informed the meeting that on 4th January 2014 she also received another communication from the boarder about the arrival of nine South Sudanese at Madi Opei boarder. She ordered that they too be transferred to the barracks.

After receiving all this communication, the RDC Lamwo contacted the Minister for Disaster Preparedness and Refugees who promised to contact the Commissioner Refugees for appropriate action.

Findings.

The district of Lamwo has four boarder entry points of Ngoromoromo, Madi Opei (Apiriti), Lokung (Awewa-Olwiyo) and Waligo at Palabek

Upon travel to the boarder of Ngoromoromo and Madi Opei, there was business as usual going on at the borders.

The nine South Sudanese reported to have been taken to the barracks were not there since the in charge of the barracks said these had genuine documents stating that they were coming for studies and not seeking asylum.

At Bana Bana barracks in Madi Opei the team met 19 South Sudanese who had been brought from the boarder of Madi Opei. According to the in charge of the barracks, these had documents that stated they were joining their family members in Adjumani District.

However after consultations by the mission team with Kampala, it was agreed that the nineteen South Sudanese be transferred to Kiryandongo Refugee Settlement.

Oyella Vivian a Protection staff who was co-opted on the team in Lamwo was then tasked to coordinate the travel to Kiryandongo District. Accordingly the refugees have been delivered to the settlement as of 08th January 2014 at 3:00p.m

In terms of the infrastructure available to host refugees incase of an influx in Acholi Sub region, the district authorities agreed to offer a vocational institute that is currently not in use.

The institute has the necessary infrastructure like provision of piped water that is pumped, boreholes, a health centre IV, classroom blocks and good road network.

Challenges.

- ✚ In Lamwo district, the authorities at the boarder and at the district level lack knowledge and guidance in terms of the management and receiving of asylum seekers/refugees.
- ✚ The district authorities noted that there is lack of a contingency plan incase of an influx in the district.
- ✚ According to the district authorities, there exists historical community conflicts at the boarder which have existed overtime that can pose a threat to new arrivals who may be received in the district.

Recommendations.

- ✚ In Lamwo district, the authorities recommended for vaccination for the South Sudanese new arrivals who may arrive in the district.
- ✚ Given the ongoing conflict in S.Sudan, the district authorities requested that a contingency plan be in place.
- ✚ There is need for training of the district leadership, boarder officials, local area leaders on refugee protection and management.

2. PADER DISTRICT.

In Pader district, the mission team met with the RDC (Ms.Catherine Lamwaka), the LC V Chairperson (Mr.Akena Alfred) and the DISO (Mr. Gilbert Kaaya) in relation to the possibility of

settling refugees on Achol Pii Settlement land in case of an influx. This settlement is now shared between the districts of Pader and Agago.

Below are the findings.

- ✚ The RDC briefed the mission team that the land at Achol Pii had been encroached on by the community saying this is their land.
- ✚ Part of Achol Pii settlement land is currently occupied by the 5th Division of the UPDF as their headquarters.
- ✚ The RDC said ownership of Achol Pii land is still a big challenge to the district authorities.

Recommendations.

The authorities in Pader strongly recommended that boundaries of Achol Pii land need to be opened and also establish the ownership of the land before any refugees are settled on the land in case of an influx.

3. AGAGO DISTRICT.

In the district of Agago, the mission team met the RDC (Mr. Augustine Asire), the LCV Chairperson (Mr. Odyok Peter Ochieng) and the Administrator of the 5th battalion at Achol Pii (Colonel Martin Ndyababo Dede).

Findings.

- ✚ The authorities here noted that much of the land for Achol Pii is within Agago district though shared with Pader district.
- ✚ The local population that is settled on the land is that one which was as a result of displacement due to Karamojong attacks by then.
- ✚ The land in question at Achol Pii has been occupied by the army with a barracks in place.
- ✚ The UPDF at Achol Pii has set up infrastructure such as a health centre, schools, water pumping systems.

Recommendations.

- ✚ The Administrator at the barracks requested OPM to follow up with the Commander of the Defence Forces on the issue of the land ownership and use at Achol Pii by the UPDF currently if there is a possibility of reclaiming the land for refugee use.

- ✚ As regards implementation of refugee assistance programmes in case of refugees being taken to Achol Pii, the authorities requested OPM to contact NGOs currently working in the district such as World Vision, ADRA, GOAL and AVSI.
- ✚ The district authorities proposed that a stakeholders meeting be conducted in the district on the issue of Achol Pii land before refugees are brought in the district.

Briefings with the district authorities of Acholi Sub Region



Infrastructure available at the vocational centre for use in Lamwo District.