

TONGA INTER-AGENCY ASSESSMENT & LIFESAVING MISSION REPORT 30th to 31st, JANUARY 2018

Seven Clusters namely Health, Nutrition, WASH, Education, FSL, Protection and CCCM/DTM participated in the Tonga Assessment & Lifesaving Mission with Coordination support from UNOCHA. The assessment recommends the various clusters to urgently respond to the dire humanitarian needs of the affected people, while taking into account the potential for changes in the security situation on the ground.

Introduction

A team of 11 humanitarian actors representing seven clusters namely Protection, Education, WASH, FSL, Nutrition and Health Clusters with coordination support from UNOCHA went for a two day assessment and lifesaving mission in Tonga. The two day mission which started on 30th January 2018 and concluded on 31st January 2018 was planned specifically to provide lifesaving assistance to the vulnerable population in Tonga and to understand the needs of the population from the various clusters perspectives so as to inform humanitarian response.

Tonga, located **N 09°28'.20'.25"**, **E 031°03'.2".18"** is reported to be generally stable for the last 6 months. According to the RRC Director, the last time government and the opposition engaged in the area was May 2017, which resulted to most residents fleeing to neighboring countries and others to nearby communities around South Sudan. The County Commissioner of Tonga in his briefing to the Cluster members estimated the population of IDPs and returnees in Tonga at approximately 11,014 individuals as detailed in the next section of the report. This population figure is primarily derived from the last general food distribution conducted in the area in November 2017 by WFP and from the RoSS/RRC new arrival records. The latest arrivals were received on 28th, January 2018. It needs to be noted though that according to DTM, there are only about 1500 Internally Displaced persons and amongst them a few returnees living in Tonga Town Center (details below). This means that vast majority of the civilian population lives outside of Town.

Local authorities informed the assessment team that difficult living conditions and lack of basic services such as water, food and medical care in the Sudan refugee camps, feeling of security in Tonga and the recently signed cessation of hostilities agreement is the primary reason informing the return of the civilian population into Tonga Town.

Civilian Population in and around Tonga Town

Below is a breakdown of the Tonga population according to returnees, IDPs and children. Overall, the community of Tonga is comprised of two major ethnic communities; namely Shilluk and Nuer who are peacefully co-existing. The Shilluk are reportedly returnees and are the original inhabitants of Tonga Town, while the Nuer are IDPs from Unity and Jonglei States. These figures were provided by the authorities and cannot be verified at this point.

Adult Returnee Population in Tonga Town & surrounding villages		IDPs	children
Old caseload	New Caseload	Old & New caseload	
7,347	347	1,500	1,820
Total	11,014		

According to the RoSS Director, Tonga Town is surrounded by 8 villages. Namely Papwojo, Nyibodo, Dibalo, Achob, Dhok Alal, Nyijuado, Diny and Ayidhajo. No Segregated information is currently available on the specific number of people living in Tonga Town and those living in each of the surrounding villages as there is always a back and forth movement between the town and the villages. It is important to note that some families keep their children in the villages as the adults remain in town during the day to look for food.

General security situation in & around Tonga

The security situation in Tonga is generally normal despite the reported build-up of tensions between SPLA and SPLA IO in Pakang and Pakuar respectively. The two areas are reportedly over 43 kilometers from Tonga but generally closer to Canal and Malakal Town. The IO administration in Tonga informed the assessment team that they are committed to respecting the cessation of hostilities agreement but argued that should they be provoked by the government forces, they are ready to act decisively with a possibility of driving the SPLA IG forces to Malakal Town.

Pending the outcome of the peace agreement revitalization forum in Addis Ababa, the view of the assessment team as well as that of UNMISS in Malakal as per meetings conducted before the assessment mission is that a physical confrontation between the IO & the IG is unlikely due to the fear of

sanctions. While there is currently no imminent risk of attack, the situation needs continued monitoring, considering in the past, advances have come not only from the Malakal area but also from Pariang and that the area is strategically important for the Nile corridor.

Access / Logistics

Logistically, Tonga is currently accessible only by Air from the side of Malakal, though it can be accessible by boat from the side of New Fangak.. The use of boat transport to the area might be a possibility in the future when the security situation along the water way between Malakal and Tonga becomes normal. The assessment team flew into the area by helicopter on 30th January 2018 and were picked by same air asset on 31st January 2018.

Lifesaving Humanitarian Assistance delivered

Health and nutrition clusters delivered lifesaving humanitarian assistance to the population in Tonga in addition to the assessment. The nutrition cluster served 73 individuals, mainly under 5 children and PLW with 360 boxes of BP 5 high energy biscuits. Similarly, the Health cluster delivered lifesaving medical care to 28 patients who were able to access the health facility at the time the assessment and response team was on the ground. Upper Respiratory Tract Infection (URTI), eye infection, acute bloody diarrhea (ABD), acute watery diarrhea (AWD) and skin infections were some of the illnesses treated during the mission.

Rationale for the Lifesaving and Assessment Mission

Tonga Town exchanged hands between government and IO forces a number of times in April and May 2017. This resulted to massive displacement of civilian population to neighboring communities, while others crossed to the Sudan. Aid workers initially working in the area were forced to flee due to the conflict, leaving the returning civilian population into the area in a vulnerable state due to lack of basic social services. Since then, the Town remained under the control of the IO forces. No further clashes were reported in the area since June 2017, though reports of tensions build up between SPLA IG & SPLA IO in and around Pakang and Pakuar continue to be received. It is important to note that the two areas are located about 43 kilometers from Tonga and less than 30 kilometers from Malakal.

Despite the general absence of humanitarian partners in Tonga due to fear of possible insecurity in the aftermath of the April and May 2017 clashes, MSF continued to operate a mobile clinic in the area on Bi-weekly basis from New Fangak. This was followed by a visit of FSL cluster partners in July and October 2017 with a primary objective of assessing the humanitarian needs of the returning population. Based on the findings of these assessments which showed that the population was in a dire need for humanitarian assistance, an RRM team visited the area again in November 2017 and distributed a one month food ration. This was followed by another joint visit of humanitarians in January 2018 which recommended for an inter-agency assessment to be conducted in the area to enable the humanitarian community get a better understanding of the needs of the affected population in Tonga as well as deliver a critical lifesaving assistance in the areas of Health and Nutrition..

Summary of Key Findings & Recommendations

- The general humanitarian situation in and around Tonga is dire. There are no nutrition and health service providers to take care of malnourished and sick children on full time basis. MSF only comes in the area once every two Weeks for only two hours. The four children screened with SAM (1) and MAM (3) had to be referred to New Fangak to have their lives saved. Pregnant and lactating mothers equally suffer the same challenge as the available health facility have no drugs, supplies and lack personnel. There is an urgent need to establish full time health and nutritional services on the ground through a partner as presented in the next steps section of the report.
- The recommendation as endorsed by ICWG from the first mission (11 January 2018) is still valid, namely that: “The type and scope of the intervention should be based on assessed needs but balanced against the risk of interventions causing harm in such *militarized environs*. It is therefore paramount that when delivering assistance, the population from the surrounding villages are not pulled into Town to stay there which would expose them to risks. This should be mitigated by delivering assistance into the surrounding areas as well. For the same reasons, assistance [for now] should be limited to basic services as the security situation is being monitored.” Since the vast majority of the civilian population lives outside of Town and since we want to avoid creating a settlement like environment, all possible efforts should be made to reach the civilians in the villages without them having to come to Town. In the longer run and if the security situation allows, assistance can be further upscaled. The upcoming UNMISS mission will give a deeper analysis of this security situation on the ground.
- The Food security situation in and around Tonga is generally tough. Fish and wild leaves is the only food available to the majority of the population as none of them was able to cultivate in 2017 due to the conflicts in the area which resulted to displacement and destruction of their livelihoods. Only very few fishing gears are currently available. Key informants informed the assessment team that families have to share the few boats and nets in a rotational manner to assure every family of its daily meal. Some families reportedly have to cross the Sudan & South Sudan border to exchange fish with cereals as a way of supporting their livelihood. The food assistance provided by WFP in November 2017 only lasted for a month. The community is in dire need of another round of food assistance and livelihood support.
- The WASH situation in Tonga is generally very bad. The community drinks untreated water directly from the swamp or river as the water treatment plant has been ruined during the conflict and there are no water purification tablets. Over 95 % of the families in and around Tonga do not have latrines. This is made worse by lack of hygiene promotion activities on the ground. The above has contributed to reported cases of elevated water borne diseases especially among children and mothers There is an urgent need to deliver general WASH intervention in Tonga as detailed in the next steps section of the report.
- Education facilities in and around Tonga are none functional even though there are some school going age children in the community. Furniture and school supplies have been destroyed during the conflict with teachers scattered to different directions. The few schools with their structures standing have been occupied by IDPs and returnees. There is an urgent need to restart teaching and learning activities in the area with strong component of life skills and psycho-social support in addition to the regular curriculum.
- Cases of sexual harassment and abuse have been reported which are generally perpetuated by drunken men. Women who engage in making local brew as well as running small tea places are the primary target. The need for protection services in the area is urgent considering that a significant number of civilian population is now returning into the area from the Sudan and surrounding villages as returnees, while others are coming in from Unity and Jonglei States as IDPs due to the more volatile situation those two States.
- The current population in and around Tonga is estimated at 11,014 by the authorities. The assessment team was informed that most families have members in Tonga Town as well as in the 8 outlying villages such as Papwojo, Nyibodo, Dibalo, Achob, Dhok Alal, Nyijuado, Diny and Ayidhajo. More time is needed by the DTM team to establish the exact number of civilians living in Tonga Town and the surrounding villages.

Key findings

CCCM/DTM

Broadly, DTM's purpose during the mission was to verify the demographic information provided by local authorities and gather more information on:

- Where the IDPs are coming from;
- Whether there are returnees in the area;
- What the relationship is like between the IDPs and the Returnee community in Tonga; and
- And to find out if there were displaced people from the area who have not yet returned.

Based on the above objectives, the assessment team had the following findings from the visit:

- There are about 1500 Internally Displaced persons and amongst them a few returnees living in Tonga Town Center. The figure was derived from a random sample survey carried out on households in the area, noting that most IDPs and returnees spread out in the surrounding areas and nearby villages of Tonga upon their return;
- The relative peace and stability over the past months in Tonga, coupled with the reportedly harsh living conditions in camps in North Sudan have led to IDP population movement into the area. Those who were displaced to New Fangak highlands as well as those who crossed the border to camps in Sudan are gradually returning and setting in the nearby villages around Tonga;
- Population Concentration points reported through key informant included villages in;
 - West Tonga Villages: Nyiboda- a walking distance of 1 hour away from Tonga center; Ayidath; Pakuoja;
 - East Tonga villages: Nyijuat- 1 and half hours walk from Tonga center; Dor; Nyiluak; Pakwa.
 - South Tonga villages: Population settlement alongside the river, 40-minute walking distance.
- Some IDPs from Malakal POC were found among the returnee population in Tonga, and they mentioned that they formally lived in Malakal PoC, moved to Aljazeera (Meden State) in Sudan, and decided to move to Tonga to join other family members due to difficult living conditions/hardships in Aljazeera;
- The few IDPs interviewed during the assessment informed that the relationship between IDPs and returnees is normal and there is no tension or criminal offenses witnessed. There are basically two tribes among the IDPs of Tonga center, the Shilluk and the Nuer who are living peacefully;
- Most IDPs returning to Tonga found their houses destroyed, and decided to live with close friends, or unoccupied houses in Tonga town center. However, when owners appear, they vacate the houses. In some cases, more than one family occupies one house;
- There are many IDPs and returnees still expected to return to Tonga soon;

Other Observations:

- There is a gap in tracking IDP and returnee population movement in Tonga because RRC office on the ground lacks an appropriate mechanism to do so.
- Challenges:
 - The time available during the assessment was too short to allow the team to administer the questionnaires. Under normal circumstance, with an estimated population of 11,014, about 650 questionnaires should have been administered to obtain quality analysis.
 - It was not possible to move to the nearby villages to observe the majority population of Tonga that the authorities mentioned. As such Tonga population estimates are majorly derived from the returnee and IDP populations that benefited from the WFP food assistance as well as the RRC new arrival records.

Education Cluster

- Originally, there are 7 schools in Tonga and its surroundings which are now closed. Three with permanent buildings (Pakawa P/S, Door P/S, Tonga P/S.) and four with temporary learning spaces (TLS) (Nyibor P/S, St. Mary P/S, Nyijwad P/S, Kitwang P/S);
- Tonga primary school particularly has 16 classrooms. There is also one secondary school with permanent structures in Tonga Town;

- 12 teachers were identified in the community who are ready to start work though are mainly of Arabic pattern background;
- There are currently no furniture in the schools such as Teachers Chairs, office tables, benches and desks;
- Some of the schools surveyed during the assessment appeared generally ruined with broken doors, windows and perforated roofs because of stray bullets. Classrooms generally appeared empty as teaching staff who are generally untrained stayed home due to lack of salaries or incentives to keep them at work;
- Education supplies in the County Headquarters and schools such as texts books, exercises books, recreational kits, pencils and pens are generally absent except for a few supplies delivered by UNICEF such as 3 kits of exercise books and assorted items;
- The current number of learners in the Community are estimated at 250 to 400. Some of the children are already engaged in petty businesses due to the non-functionality of the schools.

Food Security and Livelihood (FSL) Cluster

- The affected population reported that since 2013 when crisis started in the Country, the amount of food consumed by the households has decreased;
- The host Community were displaced into islands to hide for safety during the April 2017 crisis in the area. Since May 2017 when Tonga Town changed hands and moved into the control of the SPLA IO, the community began to return; arguing that the situation is better for them in Town than it is in their hiding places;.
- Many people who moved up to the Sudan and other areas within South Sudan such as New Fangak and Malakal PoC for safety have started coming back. This returning population informed the assessment team that they feel safer and comfortable in Tonga Town which is their home than in the areas of displacement. For those returning from the Sudan refugee camps, lack of services and very difficult living conditions were sighted as the reasons for their return;
- Community members lost their livelihood support systems during last years' crisis;
- Community and local farmers did not cultivate last season due to the displacement that occurred in Tonga and surrounding villages such as Nyibodo, Ayijdhac, and Papwojo in the western part and Nyijwado, Odong, Diny, Dor, Nyilwak and Nyilwal in eastern part of the County.
- Most of the fishermen lost their fishing equipment and Canoes during the April and May 2017 clashes. the few that remained are the ones which are now being shared by the whole fishing community in the area;
- Traders in the area transport dried fish to the Sudan via Liri and in return, buy and bring with them other goods such as cereals to sell in Tonga;.
- The main staple food of the population in Tonga is Sorghum which is consumed on daily basis. Households indicated that they get cereals, oil and salt from different sources such as Market & humanitarian aid while those who are unable to buy or missed the food assistance borrow from their relatives and friends. Overall, only market and humanitarian aid are the only sources of food commodities for the population in Tonga;
- The main foods consumed by the population in Tonga are Cereals, Vegetables Oil, Fish, Meat and others such as wild leaves.
- In regards to livelihood sources, the main sources of livelihood for the affected population before the conflict was Agriculture/farming, fishing, small business, selling of natural resources and regular salaries for those employed by either government or NGOs. Most Women engaged in brewing alcohol and fetching water for restaurants/households. All these sources of livelihood have been affected and are now nonexistent due to the April and May 2017 crisis, leaving the population vulnerable;
- The livelihood inputs households would need are seeds in general such as tomatoes, okra, eggplant, Water melon, maize, sorghum, Onion, cow and pea; agricultural tools such as hoes, pangas, axes, machetes, sickles and rakes and fishing kits;
- The three top priorities for the Community are food aid, medicines/medical care, fishing gears, NFI and Agriculture inputs. Others are clean water and education.
- Community reported that they did not feel any security challenges during the last food distribution in November 2017. It was also reported that the population transported their food items from the distribution site to their residence on their own.

Health Cluster

- Tonga PHCC has a reduced functional capacity limited to outpatient services i.e. curative consultation which is readily available 24/7
- **Outpatient services** of immunization, nutrition, dressing, laboratory and Reproductive health are at present incapacitated and at most non-functional;
- Polio immunization of recent occurred alongside food distribution in November 2017;
- Nutritional services inclusive of screening and stabilization is absent;
- Drug supplies are limited and in high demand; only provided by MSF_F in monthly mobile clinic services out of Old – Fangak transiting by boat;
- Consultation figures are low and there are no records of weekly reports on morbidity or mortality. However although Malaria, respiratory tract infections, diarrheal disease and skin infections are common, few maternal and childhood deaths have been reported;
- Basic equipment for consultation, reproductive health, immunization, laboratory, etc. are either missing or inadequate. However plastic tables and chairs are readily available in the local market but metallic beds, benches, hand washing stands can be prepared and delivered by contract;
- Water obtained from the river is chlorinated and stored in two pots in the OPD and the pit latrines require decommissioning and new ones dug;
- **In-patient admission** is rare although MCH and Maternity ward concrete structures are present, with two incinerators (for sharp and non-sharps) but lacking in equipment, e.g. bedding.
- **Referral of patient** are optionally to either by river to Old Fangak, Jonglei or by public transport to South Khordofan, Sudan;
- **Human resources** are represented by the facility in charge; a clinical officer presently supported by three nurse assistants and a cleaner. Supposedly, other staff present in the community or originally displaced to Liri camp(Sudan) includes vaccinators, midwife, cleaner who will be willing to return once normality holds. Notably, a Medical Doctor arrived from Liri camp during the assessment and was expected to take over health management at county level;
- Worthy of note is that health service delivery is voluntary with no monthly remuneration;
- There is no INGO, CBO or religious organization providing full time health services in the county.

Nutrition Cluster

- During the assessment in Tonga, total of 51 children under –five years were screened.1 child under – five years was identified with severe acute malnutrition and 3 children under-five were with moderate acute malnutrition. All these cases were referred to new Fangak for admission as there are nutrition services in New Fangak run by Nile hope and world relief;
- A total of 22 PLW were screened and received counselling on appropriate MIYCN. 1 lactating mother was identified with Moderate acute malnutrition during the assessment;
- During the assessment all children under-five received (BP5) high energy biscuit for 5 days in Tonga.
- 50 respondents out of the 68 assessed mothers said that they haven't received or given any infant milk products to their children;
- 60 mothers however responded that they keep their children on exclusive breastfeeding until the age of 6 months and initiate complementary feeding to their children at the recommended age but also there are 10 mothers who have started giving water and other food to their children at less than 6 months of age because they don't know that they are supposed to exclusively breastfeed up to 6 months;
- Most of the mothers who were assessed said that they have not seen or been informed of any mother who refused to breastfeed her child;

Protection Cluster

- PSN: There are many PSN that are not yet identified and although the authority is trying to respond to their needs, many are not reached with this minimal support provided by the authorities. All the PSNs are elderly without relatives caring for them and there are known cases of PSNs whose vulnerability makes caring for their children especially challenging. PSNs need special care and protection. Some

locations contain more PSNs such as Nyilual and Nyiluak villages. The Commissioner has responded with blankets, Mosquito nets, sleeping mats, soap, salt and clothes to 28 PSN in Nyiluak, Nyilual and Tonga Town. The one in Nyiluak and Nyilual are said not to have food. In Tonga Town, the three PSNs in school need someone to care for them. They are being supported with flour from the office of the commissioner and are under the care of a young man who offered to support them.

- GBV: The major issues on GBV is lack of health, psychosocial, safety and protection services where women and girls can seek help. There are no safe spaces for psychosocial activities. Women explicitly requested for these services to be provided so that many women could come out to talk about GBV and other problems they face. They acknowledged that there are known incidents of rape and some of the perpetrators were criminals and drunkards. According to the Social Welfare Adviser, perpetrators get punished severely if one reports to the authorities. However, this information could not be verified and we know that most women do not report in the first place. The fact remains that the survivor lives with the traumatic experience where community now stigmatizes her. Nuer women that were interviewed in a separate Focus Groups (in total about 30 women) said they helped the survivor by counselling her that she is not the guilty one and should not worry. The Focus Group of the eight Shilluk women, in contrast, indicated that once a woman reports to the police, the survivor cannot get married like any other girls as she is considered not worthy to associate with and people will isolate her. In both discussions, the need for medical services for the GBV survivor were not mentioned. As a coping mechanism, the women move in groups when going for firewood. They stated that they also do not move out of the house when it is dark to avoid drunkards and criminals. Some women stated that there are some areas where they cannot go for fear of meeting criminals when collecting fire woods and going to collect water. The women FGD also reported that there is a place called Wicharom (far from Tonga Town in the bush) where fire wood is collected. They avoid this place due to fear of Arab Nomads who are feared rape and kill women when they meet them. They did not give any details about how many and when women were killed. The authorities indicated that they advise people not to go there. In addition, there were reports of abduction and conflict related sexual violence. It was reported that they were very sick and dumped back in Nyilual village with no support.
- Different population groups were reported to join SPLA IO active around Tonga, including men and boys and to a lesser extent women and girls
- Child/force marriage is still being practiced in the area.
- MSF mobile clinics visits Tonga twice per month. Services such as counselling, rape trauma kits, advocacy for survivors of rape are not part of their current activity. Anything that MSF would be engaged in in relation to SGBV would only be limited currently to medical needs. PEP is not part of the medical services offered and future needs would need to be clarified. Some rape survivors were reported to go to Old Fangak for health services in MSF hospital in the neighboring Jonglei state. It needs to be noted that getting boat transport to Old Fangak is very difficult and there are no commercial boats to Fangak.
- When the government attacked last year, the FGDs indicated that they had not been informed by the IO authorities in advance so that civilians could leave the place well in advance.
- IDTR: The Protection Cluster colleague (CP and GBV expert), could not register any unaccompanied or missing children as there was no prior community mobilization and no children turned up.
- As for the relationship between the two communities of Nuer and Shilluk in Tonga Town living together in harmony, the set-up is that Nuer as well as Shilluk have their respective majors/ representatives. These two entities sit to deliberate on any dispute between two individuals from these two communities. They said these two entities do a fabulous job in conflict resolution thus keeping the two communities to live in harmony.
- As in other places in South Sudan, the civilian authorities have often military background and often high military ranks.

WASH Cluster

- Tonga town lacks sufficient WASH services as the population do not have access to safe water, proper sanitary and handwashing facilities. The only water treatment plant has not been functional since 2011 and since then the population of the town has depended entirely on the raw water of the river for drinking.
- There are heightened levels of open defecation in town as few people have latrines to use. It was stated that only 3 households in the town have latrines and only 1 functional public latrine.

- Hygiene promotion campaigns are absent and washing of hands with soap during critical times is seldom practiced by the members of the community. Hygiene promotion education and practice baselines are perceived to be very low.
- The established inadequate supply of potable drinking water, improper excreta disposal and poor hygiene practices leave a large portion of the population in Tonga town at persistent risk of preventable water-related diseases.
- The consequences of using raw water from the river for drinking, poor sanitation and hygiene are stark, with more children and the elderly being exposed to water and sanitation related illnesses.
- Ongoing conflict coupled with limited access by humanitarian organizations to the town have exacerbated the suffering of women, children, the elderly, people with special needs (PSNs) and displaced communities.
- Drinking water is currently sourced from the river; there is ongoing treatment practiced by the communities at either source or point of use/ household levels. Testing of this water found significant colony presence.

Water

- Tonga town is situated between two rivers, surface/ river water is abundant and the only current source of drinking water. Water from surface/ river sources is not safe for human consumption. Indeed, two at source water samples were taken and analysed over the course of the reporting period; the results demonstrated between 27 and 40 colonies present for each sample. Tonga town has no source of safe water. Residents of the town to depend entirely on the river water for mainly drinking and for other domestic use. Further, several children who came for nutrition screening in the health facility in the town exhibited rashes on their bodies, according to visiting health personnel such afflictions may be related to use of contaminated water from the river.
- There is a water treatment plant in the town but it has not been operational since 2011. It was established by the then Sudan government in 2006 and later completed in 2007 by Solidarités International through CHF support. It functioned for 4 years from the period 2007 – 2011. During this period, Solidarités International supplied fuel and chemicals to the plant. However, operations were indefinitely stopped after Solidarités International handed the water treatment system to the local authorities as issues around sustainability of ongoing operations and maintenance had not been taken into consideration. A brief assessment of the treatment plant showed that several parts of the intake pumping unit were missing and the 6” poly ethylene intake pipe was vandalized during the fighting in the town. Both the coagulation and the disinfection chambers of the plant are rusty and have sustained bullet holes. The two 88 KVE gensets running the systems have been vandalized as well as several power generating parts being absent. The 45m³ elevated storage tank is rusty, the tap stands and the cart filling points are broken. A complete rehabilitation of the pumping unit, the chambers and the elevated tank is necessary as well as replacement of the intake pipe, generating units and the water filling points for the treatment plant to commence operation. A sustainable supply of fuel and chemical would be vital for its continuous operation.
- To enable communities to access safe water in Tonga, World Vision (WVI) constructed four concrete filters along the river in early 2017. All filters have broken down and are not in use. The filters would need to be rehabilitated before they are re-used.

Sanitation coverage

- Sanitation coverage in Tonga town is at a very low level. About 99% of the surveyed population in the town practice open defecation (OD). During the assessment, human excreta can be seen in the nearby fields and in paths leading to the broken water filters. There are only 3 households that have functional latrines in town and only 1 functional institutional (school) latrine which is currently also used by the local authorities. The health facility in town has a single 2 stance toilet which is solely use by the health facility staff and patients. Several public/ communal latrines were constructed by World Vision in 2016 but, have all filled up and provision for faecal sludge management has not been provided. World Vision dug several other latrine pits in 2017 to replace the filled ones but the superstructures were not built because of the last year’s skirmishes in the town. Since then, World Vision has not gone back to resume activities. Few household heads have showed interest in putting up their own latrines but, have complained of lack of digging tools. Achieving sanitation coverage for the town would require a long term and consistent sanitation promotion campaign effort for the community to start embracing good sanitation practices.

Hygiene Promotion

- Based on the discussion with local health personnel and the analysis of the knowledge of some community members on the importance of hand washing with soap, it is evident that hygiene promotion activities had been carried out during earlier interventions by World Vision in Tonga; however, the missing link - creating sustainable interventions as focus – meant that largely one-off event targeting hand washing with soap and other hygiene related topics was conducted. It is paramount that long term and sustainable hygiene interventions are design taking into consideration the development of a customized hygiene promotion messages and campaigns. Such methodology also requires adaptive capacity to adjust and fine tune hygiene promotion activities to local situations to continue to improve effectiveness. Local capacity building for hygiene behaviour change communication (BCC) is essential.

Non Food Items (NFIs)

- During this assessment mission to Tonga, 16 households were randomly selected for household non-food items assessment. Analysis of the responses indicate that 87% of the responders are female and 13% male, or 19% are returnees, mostly from Sudan and from the neighbouring counties; 31% are IDPs from conflict affected counties in the state and beyond; 44% of the responders were members of the host community.
- Related, a quick assessment of household items showed that only 31% of the responders have the capacity to access soap from the market and 69% of the responders don't have access to soap and hence, can't afford the use of soap for handwashing and for other domestic use. 81% of the responders have containers (Jerry cans) for fetching water from the river but, lacks the containers for water storage. Most of the jerry cans were observed to be unclean and have no lids in place. All responders have no mosquito nets making children, breast feeding mother and pregnant women at risk of malarial infection.

Key Response Priorities

CCCM/DTM

- Another demographic assessment should be carried out with ample time to reach out to the large population in Tonga suburbs and the nearby villages that were not accessed during this mission to establish the disaggregated data per places of origin, counties and Payams.
- Tonga should be included in the Mobility Tracking program, since it is likely to receive returnees from Liri, and IDPs from other locations.

Education Cluster

- Reopening of schools through social mobilization;
- Registration of learners and improving learning environment (Rehabilitation of the classrooms);
- Recruiting qualified teachers;
- Conducting training for EiE packages including PSS;
- Improvement of WASH in schools and formation of clubs;
- Provision CP/GBV activities in the schools.

Food Security and Livelihood (FSL) Cluster

- FSL Partners to provide Agricultural inputs such as tomatoes, okra, eggplant, water melon, maize, sorghum, onion and cow peas seeds as well as agricultural tools such as hoes, pangas, axes, machetes, sickles and rakes;
- Provision of fishing gears;
- Provision of Food Aid to the population.

Health Cluster

- Provide fresher and hands on training to the available technical staff of the facility;
- Seek humanitarian partner(s) to provide basic support for PHC, EPI, Nutrition and RH services;
- Renovate, equip and supply necessary medical supplies to support basic health services inclusive of a remuneration package (i.e. incentives);
- Improving reproductive health services.

Nutrition Cluster

- Need to provide capacity building to the existing PHCC staffs on how to screen and admit malnourished children for treatment in Tonga PHCC until a partner is identified;
- There is need to increase awareness on the importance of exclusive breast feeding from 0 to 6 months;
- Need to organize for integrated vitamin A and deworming campaign, as no such campaign was conducted in the area since the start of the conflict in April 2017.

Protection Cluster

- Generally, we recommend future missions should be over several days. Even if it is a 2-day mission, much time goes into introduction with authorities, pitching the tent and finding the interviewees.
- Go on a mission for several days for;
 - Identification and registration of UASCM for Family Tracing and Reunification services. This requires informing the communities also outside of Town well in advance and staying for several days (at least 3) on the ground.
 - Identify PSNs and assess their needs, provision of NFIs for based on needs , targeted distribution of dignity kits in Tonga Town, finding out about possible available care takers for the PSNs without relatives in the communities;
- Explore, together with Health Cluster and MSF, possibility of expanding health services in Tonga as to include services for GBV survivors. We encourage the deployment of mobile teams of a national partner to implement GBV activities in Tonga, including case management and PSS services to GBV survivors, with support of GBV Sub Cluster.

WASH Cluster

- There is an immediate need to provide water purification and disinfection chemicals to the entire population of Tonga;
- Further, a need to provide training to communities on the handling and use of water purification and disinfection chemicals is required;
- Provision of water storage household buckets and jerry cans for water transportation is required as most households have no proper water storage containers;
- There is a need to provide soap to households who could not afford to procure soap from the market.
- Immediate provision of hygiene/ dignity kit to girls and women of reproductive age in the town can further be recommended;
- In the near future, the installation SWAT systems equipped with pumping units and chemicals along the river for communities to have access to safe potable water can be advised;
- Relatedly, a geophysical survey complemented with a feasibility study for construction of wells to provide potable water could be conducted;
- There is need to strengthen and advocate for improved sanitation practices of the community through sustained/ permanent presence of a WASH partner on the ground in Tonga.
- Need to continuously train, coach and mentor town/ county authorities in continued efforts/ promotion of sanitation activities/ plans.

Next steps

Cluster	Priority actions	Human and material resources needed	Responsible entity	By when
Education	• Reopening of the schools through social mobilization	• Teaching and learning materials(school in Box kit, Student kits, Recreational kit, Exercise books, ECD kit etc)	• UNICEF/SSUDA	• 3 rd Week Feb
	• Registration of the learners and improving learning environment (Rehabilitation of the classrooms)	• Registration/attendance books and preparation books	• County education authority	• 2 nd week Feb
	• Recruitment of qualified teachers	• Identification of qualified teachers	• County education authorities	• 3 rd week Feb
	• Conducting training for EiE packages including PSS	• Training modules/manuals	• SSUDA	• TBD
	• Improvement of WASH in schools and formation of clubs	• Handwashing facilities and latrines	• WASH partners	• TBD
	• Provision CP/GBV	• Schools desk and provision of sanitary kid	• CP/GBV Partners	• TBD • TBD

activities in the schools

FSL	<ul style="list-style-type: none"> FSL Partners to provide Agricultural inputs such as tomatoes, okra, eggplant, water melon, maize, sorghum, onion and cow peas seeds as well as agricultural tools such as hoes, pangas, axes, machetes, sickles and rakes 	<ul style="list-style-type: none"> Seeds & Tools 	<ul style="list-style-type: none"> WVI/FAO 	<ul style="list-style-type: none"> TBD
	<ul style="list-style-type: none"> Provision of fishing gears 	<ul style="list-style-type: none"> Fishing gears 	<ul style="list-style-type: none"> RUCCAPD 	<ul style="list-style-type: none"> Feb. 2018
	<ul style="list-style-type: none"> Provision of Food Aid to the population 	<ul style="list-style-type: none"> Food Aid 	<ul style="list-style-type: none"> WFP 	<ul style="list-style-type: none"> Feb. 2018

Health	<ul style="list-style-type: none"> Conduct an emergency immunization campaign for Meningitis, Measles, Polio; inclusive of Vitamin A and deworming. 	<ul style="list-style-type: none"> Training Vaccines 	<ul style="list-style-type: none"> WHO/ UNICEF 	<ul style="list-style-type: none"> Feb/Mar
	<ul style="list-style-type: none"> Coordinate targeted service partner support for service delivery 	<ul style="list-style-type: none"> Funding for partner 	<ul style="list-style-type: none"> Health Cluster 	<ul style="list-style-type: none"> Feb 2018
	<ul style="list-style-type: none"> Provide capacity building training for health cadres in Surveillance, Nutrition and Immunization. 	<ul style="list-style-type: none"> Facilitators/ Material 	<ul style="list-style-type: none"> WHO/UNICEF 	

CCCM/DTM	<ul style="list-style-type: none"> Another demographic assessment should be carried out with ample time to 	4 Enumerators	CCCM/DTM	Feb 2018
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reach out to the large population in Tonga suburbs and the nearby villages that were not met during this mission to establish disaggregated data per places of origin, counties and Payams.

- Tonga should be included in the Mobility Tracking program, since it is likely to receive returnees from Liri, and IDPs from other locations

Nutrition

- Provide capacity building to the existing staffs at the PHCC on how to screened and admit malnourish children and treat them meanwhile cluster will be looking for partner to support the nutrition program in Tonga.

- The PHCC staffs

- UNICEF and CHD

- Feb/2018

- Awareness on the importance of exclusive breastfeeding and complementary feeding.

- Community volunteers & mother support groups

- UNICEF & CHD

- Feb/2018

Protection

Go on a mission for several days:

- Identification, Tracing and

NA

UNICEF, Intersos

All should be done asap, subject to

Reunification (IDTR) of children in need of such services.

CRIs, dignity kits

UNHCR with GP partners

- Identify PSNs and assess their needs; Provision of NFIs for them on needs basis; Targeted distribution of dignity kits; Tonga Town: Find out about possible available care takers for the PSNs without relatives in the communities
- Abduction and conflict related sexual violence and possible forced recruitment: Follow up for reporting by MRM, HRD, or another reporting mechanism
- Explore, together with Health Cluster and MSF, possibility of expanding health services in Tonga as to include services for GBV survivors.
- Explore with support of GBV Sub Cluster Juba whether mobile teams of a national partner can be deployed to implement GBV activities in Tonga, including case management

UNHCR

UNICEF, IMC

Health and Protection cluster/ GBV WG

PC with Health Cluster

GBV WG Malakal

and PSS services to GBV survivors.

WASH	<ul style="list-style-type: none"> Provision of water purification and disinfection chemicals 	<ul style="list-style-type: none"> Two partner staff and distribution volunteers and PUR chemicals Two partner staff and PUR chemicals 	<ul style="list-style-type: none"> UNICEF/IOM/WVI/SI WVI/SI/UNICEF/IOM 	<ul style="list-style-type: none"> Immediately Immediately
	<ul style="list-style-type: none"> Training of communities on the handling and use of water purification and disinfection chemicals 	<ul style="list-style-type: none"> Two partner staff and distribution volunteers, buckets and jerry cans 	<ul style="list-style-type: none"> UNICEF/IOM/WVI/SI 	<ul style="list-style-type: none"> Immediately
	<ul style="list-style-type: none"> Provision of water buckets and Jerry cans 	<ul style="list-style-type: none"> Two partners staff, distribution volunteers, soap and dignity kits 		
		<ul style="list-style-type: none"> Onion tanks, bladders, tap stands, pumps, fuel and chemicals 	<ul style="list-style-type: none"> UNICEF/IOM/WVI/SI 	<ul style="list-style-type: none"> Immediately
	<ul style="list-style-type: none"> Provision of soap and dignity kits to girls and young women 	<ul style="list-style-type: none"> Water technician and tools 	<ul style="list-style-type: none"> SI/UNICEF/WVI/IOM 	<ul style="list-style-type: none"> As soon as WASH partner is on ground
	<ul style="list-style-type: none"> Establish SWAT systems in town for Safe water 	<ul style="list-style-type: none"> Construction technicians, materials and funds 	<ul style="list-style-type: none"> WVI/SI/UNICEF/IOM 	<ul style="list-style-type: none"> As soon as WASH partner is on ground
	<ul style="list-style-type: none"> Train SWAT operators on monitoring and maintenance of the SWAT systems 		<ul style="list-style-type: none"> WVI 	<ul style="list-style-type: none"> As soon as partner is back on ground
	<ul style="list-style-type: none"> Finalize the construction of public toilets and engage communities in hygiene promotion campaigns 			