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Humanitarian Aid
and Civil Protection

**LANKIEN TOWN
NYIROR COUNTY
JONGLEI STATE**

WASH/NFI Assessment REPORT

Activity:	Assessment of the technical condition of water points, hygiene and sanitation situation as well as of IDP and host community WASH & NFI needs in Lankien following the clashes in the neighbouring surrounding.	
Location:	Lankien	N 08.52604° / E 032.06252°
Duration:	31 st January to 3 rd February 2014	
Itinerary:	Juba-Lankien-Juba	
Mission Team / Counterparts:	PAH	Counterparts
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		<p>CASI In-Charge of WFP Warehouse</p> <p>Teny Wichar Puk Inspector of Physical Infrastructure Nyiror County Lankien HQ</p>
Methodology:	<ul style="list-style-type: none"> - Meeting with the RRC, County Commissioner and Physical and Infrastructure Coordinator - Interview with the community members affected and thirty five (35)IDPs - Transect walk to evaluate the conditions of sanitation and hygiene - Technical inspection of the status of the damaged water points. 	
Logistics:	<p>Two PAH and two Solidarities staffs travelled with UNHAS fixed wing flight to Lankien on the 31st January 2014. The team set up tents at the town centre in the INGO compound of Carter Centre.</p> <p>There is no network in Lankien hence communication was done by use of satellite phone.</p>	
Security:	<p>The security situation in Lankien at the moment is unpredictable following the on-going conflict. Presence of armed individuals (both civilian and military) exists both day and night. There is sporadic shooting in the air, by the armed individuals, which is causing anxieties and tension to the host communities and the IDPs who are already traumatised. The local authorities are working tirelessly with the community to discourage the vice and often even at late hours, megaphone announcements can be heard discouraging the vice.</p> <p>The team was at all times with the presence of a local authority representative who assured of security and kept the team updated in terms of civilian movement and also general security. At the moment, it is impossible to predict the security situation however the local authorities assured the team that the situation was under control.</p> <p>During the assessment, the team which was made up of two Kenyans and two South Sudanese was constantly stopped to be asked about their nationalities, especially if any of the team members were Ugandans.</p>	

General context / Background of the assessment:	
Population information	Number of affected people
No registration has been conducted but according to the RRC, 37,001 people (total including IDPs and Host community) are within the county headquarter-Lankien due to the influx of IDPs from different areas (Malakal, Nasir, Maiyandit, Ulang,	<p>Approximately a total of 37,001 individuals are affected including 16,127 IDPs.</p> <p>The number includes the host community and the IPDs who are stationed in Lankien.</p>

Longchuck).

According to the IRNA report from the assessment carried out between 14th and 15th January 2014, the Nyiror County RRC reported an IDP population of over 30,000 in the town of Lankien.

However this figure has reduced to 16,000 by 13th January 2014 although the assessment team confirmed that it did not appear like Lankien was hosting such a big number at the time of assessment.

Context

Lankien Town, Nyiror County has for the past months of January (until now) been experiencing an influx of IDPs and uniformed individuals (both SPLA and civilians).

The Nyiror County RRC coordinator reported an IDP population of over 30,000 individuals who were arriving from the North along the main road connecting Malakal and Waat. The figure dropped to 16,000 by the 13th January 2014.

IRNA team conducted an assessment 14th- 15th January and the IDP numbers given by the RRC were not clearly visible, at least not up to 16,000 individuals. Water and food were stated as the main primary needs, since health was being provided by MSF which is based in Lankien.

PAH team received the IRNA report and information about strained access to water in the town was highlighted. This assessment was to primarily be able to plan and coordinate a thorough response in provision of WASH lifesaving activities.

Most IDPs are confirmed to be from Malakal, while some are coming from Bor, and even Juba (small number of youth). The IDPs are currently being hosted by the community, and it is impossible to tell directly how many people are in the area.

Indicators, e.g. the long queues at water points, crowded market are some of the evidence that indeed there is an influx in the population of Lankien. There is also another group of IDPs who have since camped in the abandoned military barracks (since most of the soldiers are in the frontline) and the primary school.

Some of the IDPs are still moving towards Waat and other areas, where it is believed they may be going to stay with relatives or generally hoping to find food and water in those areas. It is therefore difficult to tell at any one time the exact number of IDPs.

The IDPs currently on ground are living in harsh (almost inhuman) conditions, lack of water, shelter, food and even clothing which are the basic needs for a human being to survive. The mission therefore seeks to find alternatives to this problems, especially in WASH where PAH can adequately respond.

Summary of findings:

General / Other sectors

1. There is still no registration list of IDPs or host community living around Lankien and its environs. It is still impossible to accurately say how many individuals are residing in the town.
2. There are security points set up at the entry points where IDPs are in through to Lankien Town. The security points are meant to search the IDPs for guns or anything else which they are carrying. It was impossible to tell whether they were friendly checkpoints or not, however no cases of harassment were reported by the IDPs. The security points are also shields in case of an external attack on the town centre.
3. Currently the Commissioner is not on ground and the leadership of the town is under the Executive Director who is being helped by the paramount chief and the other county government representatives. It is not clear how much influence they have over the armed population, but their attempts at controlling the population can be felt with reduction in the amount of sporadic gunshots.
4. ICRC has prepositioned collapsible jerrycan at PAH container which are meant to be distributed to the IDPs to help them access water containers. The number is however not enough since it's for about 900HHs assuming each HH will receive one collapsible jerrycan. ICRC prepositioned 30 cartons of collapsible jerrycans and one carton contains 30 pieces of the jerrycans.
5. The IDPs do not have clear leadership structure, and it is difficult to identify leadership from their side. This is mainly because the number of IDPs keeps fluctuating and it is impossible to predict who is where when. More to this, the IDP population is fragmented and they all live in different areas making it difficult to choose a focal person who can be able to address their issues.
6. Currently in Lankien there are 3 pump mechanics that were trained by PAH and are capable of carrying out repairs. There were some hygiene promoters trained but they have stayed a long time without carrying out the activities and would require training a fresh or choosing an entirely different team.
7. There is a disabled resident of Lankien who approached the team and requested for his wheelchair to be repaired or for support of a new wheel and repair items because his current wheel chair has the front tires damaged and it has made it difficult for him to move around the market. The residents name is David Magang and has three children, one wife and is 34 years old. (*see Annex 1*)

1. **Food Security and Livelihoods:** Food is a clear concern for the IDPs and the CASI representative said that the WFP stores are almost empty since there has been several distributions carried out to the IDPs. The food prices in the market have also significantly increased, for example the rice costing 1 ssp has been reduced by almost twice the initial amount, because supplies are running out and the traders have no

things to sell.
<p>2. Health: MSF clinic is operational in Lankien Town and is supporting CHD who have a clinic in Lankien.</p> <p>3. According to report shared with the team in terms of WASH related sicknesses, the figures are quite high and its expected the situation may worsen if an urgent intervention is not carried out. As of the weeks of January, the following is a breakdown of the situation;</p> <ul style="list-style-type: none"> a. Acute Water Diarrhea of under five years 402/1644 cases reported resulting to severe dehydration This amounts to 25% of the children attended to, which is a very high number. b. Acute blood diarrhea 6/1604 c. Eye infection 80 cases of children under 5 year which is as a result of poor hygiene d. Skin disease 22 cases were reported. e. For children above five, 67/2450 have acute water diarrhea, while 235 cases for adults with diarrhea. f. Eye infection for adults was reported at 61 cases. <p>4. There also cases of malaria for under five, 620/1644 cases while for above five 664/2450 cases were reported.</p> <p>5. Cases of severe malnutrition were reported with MSF having done 102 admissions for the first four weeks of January.</p> <p>6. The situation is dire as cases of hepatitis E can emerge and urgent intervention is necessary to prevent worsening of already the emergency.</p>
<p>7. Education: Currently the only school that is in Lankien is occupied by IDPs and there is no furniture in the school. More to this, it is unclear when the IDPs will move out of the school. The IDPs also do not know where to go since they are do not have relatives in the area.</p>
<p>8. Protection: The civilians have numerous protection concerns, ranging from security concerns. There is a lot of uncertainty on the security situation, combined with rumors that the government troops are approaching Lankien or its environs to reinforce government control.</p> <p>9. Also the shooting incidences are causing anxiety to an already stressed population, and it needs to be addressed urgently although it is a challenge on its own.</p>
WASH
<p>1. Water: The situation before this crisis for Lankien residents is that the water available was enough for all the residents, but currently there is a water shortage crisis as a result of the increase of IDPs.</p> <p>2. MSF through their WATSAN expert managed to repair a few boreholes in the area. The high number of people needing safe water causes an excessive use of BHs, in some cases HH are going for water late at night to avoid the long queues during the day. However,</p>

due to the limited capacity of the HHs to store water, it is often just a jerrycan or two, in addition to storing water in cooking utensils, making it necessary to further fetch water during the day. As a result many boreholes have broken down and require immediate repair.

3. Currently MSF has given their emergency generator to the community to be able to operate the submersible pump which provides water at two separate stations. The community generator had been broken since early 2013 and it is not certain what spares need to be acquired. The MoPI representative also raised issues of sustainability since it requires fuel. It had been inspected by different technicians and no one knows exactly what is the problem. The water yard has a tank which has a capacity of 40m³ is the main source of water for the town. MSF still requires their generator for their clinic and have therefore just given the community three months with the generator while they will provide fuel for the first month only, since they are already overstretched with responding to all the medical needs of the area.
4. In addition, MSF is supplying water via two taps outside their compound; 10m³/day is served.
5. The team which was joined by MSF TechLog team went for a rigorous technical assessment on all the existing boreholes around Lankien centre. The following is a summary of all the boreholes which can be currently repaired;

Water Point (WP)	Status/Recommendation	GPS Coordinates	Beneficiaries using WP
Water System	Working but Needs upgrading to use solar power, currently the system has a submersible pump.	N 08.52678° E 032.05943°	All town centre approx. 27,000 individuals
Borehole 1 IM II	Broken, suspected chain/rod disconnection	N 08.52239° E 032.06347°	School+500 HHs + 1500 IDPs
Borehole 2 IM II	Broken, chain/rod disconnection	N 08.52159 ° E 032.06041°	250 HHs
Borehole 3 IM II	Broken, Cylinder problem	N 08.52336° E 032.05638°	500 HHs
Borehole 4 IM II	Broken, Cylinder and Fishing needed	N 08.52874° E 032.06276°	450 HHs

In addition all the borehole platforms in the area require major rehabilitation of platforms since they are in dilapidated state.

6. IDPs estimate they collect 20 litres a day between the borehole and the stream and share with between 10-20 persons.
7. The households also complained that they lack water fetching materials, and transport of water was difficult with as many as three households depending on one jerrycan to

fetch water.
<p>8. Sanitation: The sanitation situation before the crisis was poor but in recent times it has continued to worsen.</p> <p>9. The market is littered with paper bags and rubbish and it is posing a health hazard. Children were observed to be playing in the litters unattended.</p> <p>10. It was observed that a few households had latrines, and also some households were found to be in the process of digging their own. The community is willing to dig their own latrines but they say they lack methodology on how to cover the pit and would need plastic slabs.</p> <p>11. The school latrines are filled up, however one block is still usable although it is heavily littered with faeces' and poses a health risk and has resulted in increase in houseflies around the school. Also the fact that the other toilets are full and have not yet been decommissioned is resulting in bad smell, combined with the fact that the community still uses the area as a fresh OD zone.</p> <p>12. OD is widely practiced and in areas where there is influx of community it is visibly seen, causing heavy pungent smell and also making it difficult to walk around in fear of stepping on faeces.</p>
<p>13. Hygiene: Hygiene situation is very poor. Personal hygiene of the IDPs is worrying with children not being washed for days. Cases of trachoma might occur, not to mention the increased cases of eye problems reported in MSF clinic.</p> <p>14. All the households interviewed confirmed that they did not have soap and also the money to buy soap since their priority was survival and the preferred to buy food from the market.</p>
Shelter and NFIs
<p>1. The IDPs who have not been absorbed by the host community have no shelter materials, and are sleeping on the bare ground. Most HHs have just one mattress or some old clothes which are used by the children while the adults sleep on the ground since they could not manage to carry with them everything from home.</p>
Recommendations:
WASH/NFI
<p>Water: <i>Short-term:</i></p> <ol style="list-style-type: none"> 1. Repair of all the broken boreholes, and further upgrading of the water system to use solar power which is more sustainable. 2. The water yard should be modified in terms of addition of more tap stands to reduce the queues at the water taps. 3. Training of the MoPi and identification of the responsible person for the water yard to ensure sustainability of the project.

Long-term

1. Training of more pump mechanics in the area.
2. Training of water committee of the boreholes in Lankien town.
3. Prepositioning of borehole spare parts.

Hygiene and Sanitation:

Short term:

1. Construction of at least 100 latrines to meet an estimated 10,000 IDPs in the area according to Sphere standards. Initial 10 latrines (2 stances, total 20 latrines) will be constructed while the situation on the movement of the IDPs is monitored, and more latrines will be constructed on a demand basis. Since the security situation in Lankien is unpredictable, close monitoring of the situation will allow proper planning and further construction of more latrines.
2. Digging of six rubbish pits in the market area.
3. Training of emergency hygiene promoters who will conduct Lankien clean up campaigns through mobilisation of market users/traders.

Long-term;

1. CLTS triggering in the area, since there are already willing households who can dig and construct their own latrines but they lack the digging tools and the plastic slabs.

NFI

Short-term

1. Carry out a registration of beneficiaries which will target the IDPs. This may prove to be a challenge since there are no proper leadership structures from the IDPs which may facilitate in such a process. In addition, Lankien is a transition point for IDPs coming from Malakal and environs, therefore a possible registration will attract huge number of people who will come to be registered with hopes of receiving NFIs.
2. If registration is done, the following NFIs need to be provided;
 - a) Blankets
 - b) Mosquito nets (these are urgent since there is an increase of malaria in the area)
 - c) Cooking Sets
 - d) Buckets
 - e) Soap (this is necessary to be coupled with hygiene promotion)
 - f) Collapsible jerrycans
 - g) Kanga Clothing
 - h) Chlorine tablets

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Annex 1. Photographs from the assessment



Image 1: Women queuing outside MSF compound to fetch water



Image 2: The long queues at the tap stands of the water yard at the town center



Image 3: The technical team assessing one of the broken borehole



Image 4: One of the IDPs who had just arrived from Malakal



Image 5: One of the IDPs preparing food at the school compound



Image 6: A young child drinks water from the unclean container. In the background the 5 litre bottle contains water fetched from the stagnant pool



Image 7: An example of a 4m deep latrine which has been dug by the household by their own initiative. However the HH lacks.



Image 8: Showing the status of the wheelchair belonging to David Magang 34 years father of 3 children who is requesting for assistance to repair his wheelchair (tricycle).