

HIGHLIGHTS

- 105,000 people in Deribat (East Jebel Marra) are in need of humanitarian assistance.
- AWD cases have nearly reached 34,000—including 774 related deaths—across 18 states in the country since August 2016.
- The 2017 HRP is only 38% funded, affecting humanitarian operations and the lives of people in need.
- Over 461,000 South Sudanese refugees have arrived in Sudan since mid-December 2013.

FIGURES 2017

# people in need in Sudan (2017 HNO)	4.8 million
# people in need in Darfur (2017 HNO)	3 million
GAM caseload (2017 HNO)	2.2 million
South Sudanese refugees Since 15 Dec 2013 (registered by UNHCR) - as of 15 Sept 2017	461,250
Other refugees and asylum seekers (registered by UNHCR) - as of 30 June 2017	167,784

FUNDING

304.4 million
US received in 2017

36.9% funded



Women in Deribat, East Jebel Marra, South Darfur (UNAMID, Sept 2017)

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105,000 people in the Deribat area, East Jebel Marra locality, need assistance

Findings of an inter-agency mission carried out from 10 to 15 September to Deribat town, as well as Jabra and Kidineer areas in East Jebel Marra locality, South Darfur State indicate that an estimated 105,000 people living in 46 villages are in need of assistance. This includes 62,000 people from the host community; 42,000 protracted internally displaced persons (IDPs); and 1,000 returnees. This is the first time aid agencies have been able to access Deribat in several years.

Mission findings and recommendations

The UN Children's Agency (UNICEF) estimated that 18,013 children under five years (7,140 IDP children; 163 returnee children; and 10,710 children from the host community) in Deribat administrative unit, Kidineer and Jabra are in need of nutrition services, in addition to a further 1,065 children in Kidineer and Jabra return villages.

According to UNICEF, poor health awareness and hygiene practices, lack of health and nutrition services, poverty and the high cost of healthcare are affecting the nutrition of children. UNICEF recommended starting nutrition services to treat severe and moderate acute malnutrition cases; provide Vitamin "A" and micronutrients supplements; and raise the awareness of mothers on infant and young child feeding practices.

There are two existing health centres in the Deribat area. One is operated by the national health insurance company and is staffed with 12 health workers and offers free health services only to those with insurance. The other health centre—which was built by the Darfur Regional Authority—is not functioning.

There are no regular routine immunization services provided in Deribat, except for occasional national immunisation day and routine acceleration activities. The most common health problems are acute respiratory infections, diarrhoea and malaria for children, while obstetric complications are the main reproductive health problems. Access to skilled birth attendants is a challenge. Despite the presence of skilled midwives, local communities resort to



Women in Deribat, East Jebel Marra (UNAMID, 2017)

Some 105,000 people (62,000 host community, 42,000 IDPs, 1,000 returnees) in Deribat are in need assistance

traditional birth attendants for deliveries, due to the high cost for services provided by trained midwives.

The World Health Organization (WHO) recommended deploying health cadres and medicine to health facilities in the locality; providing full package of health services at health centres; providing immunization and nutrition services at health centres; conducting health education campaigns to cover all East Jebel Marra; and training of midwives in the locality. Aid organisations are currently working on preparing response plans to assist people in need.

AWD response ongoing throughout the country

According to the Federal Ministry of Health (FMoH) and WHO, as of 8 September 2017, 33,934 cases of Acute Watery Diarrhoea (AWD)—including 774 related deaths—have been reported in the 18 states in the country since August 2016. AWD is affecting all demographics, with females constituting 54 per cent of the cases and children under five years of age accounting for 8.1 per cent.

The FMoH is leading government efforts—in collaboration with WHO, UNICEF and partners—to minimise the spread of AWD through activities in public health capacity-building; case management; medicine and medical supplies delivery; water quality control and chlorination of water; vector control; hygiene and sanitation promotion and community engagement.



Awareness raising posters on AWD (UNICEF, May 2017)

AWD response planned for East Jebel Marra

A recent mission carried out by the FMoH, WHO and community leaders to East Jebel Marra on 10 September identified key AWD interventions for the area. These include establishing four new emergency health facilities in Liba, Abu Horaira, Feina and Dowa needed to serve 73,400 people; establishing treatment centres in each of the four locations; improving water supplies; and carrying out hygiene promotions and clean-up campaigns. UNICEF is currently chlorinating water sources in Nertiti and Thur which will benefit about 20,000 people.

WHO support to AWD response

WHO supported the training of 66 medical staff on AWD case management in White Nile, Central Darfur and South Kordofan states, while 119 medical staff in Gedarif, Red Sea, South Darfur, West Darfur, East Darfur, White Nile, Sennar and River Nile states completed on-the-job training. These medical staff work in 51 health facilities and treatment centres providing medical services to an estimated 750,000 people.

WHO is also supporting 17 treatment centres with operational costs for medical staff, medicine and medical supplies in Darfur, White Nile, Gedarif, Kassala, Red Sea, and South Kordofan. These centres cover medical services to about 1.9 million people.

For water quality control, WHO checked 970 water samples, of which 667 samples were found fit for human consumption within WHO guidelines. The samples were collected from water sources serving 1.68 million people. In addition, vector control campaigns were carried out in 2,573 breeding sites in nine states covering 23 localities and benefitting about 129,800 people.

Aid organisations continue AWD response throughout the country

More than 3.7 million people in areas affected and at-risk of AWD were provided with clean drinking water

UNICEF support to AWD interventions

UNICEF continues providing interventions for AWD affected populations and people at risk throughout the country, according to the [UNICEF Sudan Humanitarian Situation Report](#) for August 2017.

UNICEF supported the activities of Ministry of Health to respond efficiently to the AWD outbreak through the operationalisation of 25 Oral Rehydration Treatment Corners in West Darfur, South Kordofan, North Kordofan and Kassala states, benefiting a total of 7,500 people in August. UNICEF also supported the training of 200 community members on AWD prevention methods in East Darfur.

Additionally, more than 3.7 million people in affected and at-risk areas were provided with clean drinking water through the chlorination of more than 1,300 water sources—by the Water and Environmental Sanitation (WES) project and the Urban Water Authority (UWA), with UNICEF support—in nine affected states. Around 13,000 people in East, South, North and West Darfur were provided with improved sanitation facilities through construction of 765 household latrines and 45 communal latrines. In addition, hygiene promotion and awareness-raising interventions were also carried out in these states through mass media programmes; hygiene and cleaning promotion campaigns; community cinema; and household visits.

In White Nile State, 50,000 people now have access to an improved water supply through the construction of four water treatment plants.

Only 38 per cent of the 2017 Sudan Humanitarian Response Plan is funded

Lack of funding for the 2017 Sudan Humanitarian Response Plan (HRP) and its effects on the delivery of humanitarian assistance in the country is of great concern to aid organisations.

Through the 2017 Sudan HRP humanitarian organisations appealed for US \$804 million, of which \$304 million has been received so far, according to the [Financial Tracking Service for Sudan \(FTS\)](#).

This represents only 38 per cent of the funds required for the year and will affect both humanitarian operations and the lives of people in need of assistance.

For instance, a funding gap of approximately \$3 million for health activities in Darfur, Blue Nile, South Kordofan and eastern states has resulted in the closure of 49 health facilities in 2017, leaving some 637,000 people without proper access to essential primary health care.

Similarly, the UN Humanitarian Air Service (UNHAS)—a common air service providing air transportation for the movement of humanitarian staff and goods to field locations across the country—will only be able to continue operations until November at current levels of funding. This will reduce UNHAS operations and will affect the delivery of humanitarian assistance to people in deep field locations.

Lack of funding has also affected the work of international NGOs, some of whom have been forced to decrease their presence or activities. Many international NGOs have handed over the management of facilities to State Ministries of Health, who also have



A family and their shelter in Sortony, Jebel Marra area (UNAMID, 2017)

The 2017 HRP is only 38% funded, impacting aid operations and the lives of people in need

With the funds received so far, UN agencies and partners have been able to assist about 3.3 million people

limited resources and funding to sustain the continuity of services, even though the Government of Sudan has been increasingly investing in the health sector.

The lack of funding is also affecting the education of thousands of IDP and other vulnerable Sudanese children. At least 60 per cent of the 1.6 million people living in IDP camps in Darfur are children and the education sector is only 8.1 per cent funded, according to FTS.

With the resources generously provided so far, UN agencies and partners have been able to assist about 3.3 million people across Sudan with food, water, health, nutrition, education and other assistance. However, more funds are needed to ensure that all people in need receive the life-saving assistance they urgently require.

South Sudanese refugees in Sudan continue to grow in number

According to [UNHCR's latest Population and Operational Update](#), as of 15 September, 183,516 South Sudanese refugees have arrived in Sudan in 2017, bringing the total of refugees who have fled hunger and violence in South Sudan since mid-December 2013 to 461,250. Sudan also hosts an estimated 350,000 South Sudanese who were residing in Sudan before secession of South Sudan. The Government of Sudan estimates some 1.3 million South Sudanese refugees are in Sudan. The majority of new refugee arrivals in 2017 have taken refuge in White Nile, East Darfur, South Darfur, South Kordofan, West Kordofan and North Darfur states.

Steady rate of new arrivals continues despite lower numbers

New refugee arrivals into Sudan continues with the majority of new arrivals crossing into South Darfur and West Kordofan recently. If food security and conflict in South Sudan continues to escalate, inter-agency partners in Sudan anticipate up to an estimated 200,000 refugees may arrive by the end of the year, according to UNHCR.

South Sudanese refugee arrivals in Sudan

State	Arrivals in 2017	Arrivals since Dec 2013
South Darfur	28,560	45,925
White Nile	59,163	165,450
East Darfur	46,011	78,889
South Darfur	28,560	45,925
South Kordofan	26,608	40,365
West Kordofan	13,571	64,707
North Darfur	9,603	23,857
Khartoum	-	35,707
Blue Nile	-	3,661
North Kordofan	-	1,689
Total	183,516	461,250

Source: UNHCR

Biometric registration ongoing at refugee sites

UNHCR and Sudan's Commission for Refugee (COR) are expanding the registration of South Sudanese refugees in Sudan. Biometric registration has been carried out in several refugee sites, with 5,134 people registered since 1 September. This includes 1,336 refugees newly registered in Bielel IDP camp (South Darfur), 2,259 in Kharasana (West Kordofan) and 1,539 in Al Redis I camp (White Nile). So far, approximately 42 per cent of South Sudanese refugees in Sudan, who arrived since 2013, have been individually registered. In East Darfur, mobile biometric registration for refugees living in out-of-camp settlements will begin from 24 September. Individual biometric registration supports the development of more accurate refugee figures, as well as the identification of individuals at risk and improved targeting of assistance and services.

Biometric registration ongoing with 5,134 South Sudanese refugees registered since September