National plan developed to scale-up community-based management of acute malnutrition across Sudan.

9,000 South Sudanese refugees in Kharasana, WKS including over 4,800 new arrivals, according to HAC.

1,700 IDPs in Nertiti, WJM in need of food assistance while 5,500 IDPs in Golo, CJM facing worsening conditions due to rainy season.

Water and sanitation situation in White Nile refugee camps improving.

Community-based assistance planned for returnees and residents in North Darfur’s Tawila locality.

FIGURES

| Displaced people in Sudan (as of Dec 2014) | 3.1 million |
| Displaced people in Darfur (as of Dec 2014) | 2.5 million |
| (in 2015) | 104,000 |
| GAM burden | 2 million |
| South Sudanese refugees in Sudan - since 15 Dec 2013 (UNHCR) | 192,281 |
| Refugees of other nationalities (UNHCR) | 175,250 |

FUNDING

1.04 billion requested in 2015 (US$)

40% reported funding

Community-based management of acute malnutrition to be scaled-up in Sudan

The Ministry of Health (MoH) and partners have developed a three-year national plan for scale-up of community-based management of acute malnutrition (CMAM) – running until end 2017 – to obtain and sustain a high coverage rate for treatment of malnutrition throughout the country. The objectives of the national plan include ensuring availability of CMAM supplies in the country and the accessibility of nutrition services; training health staff in SAM and MAM treatment; and mobilizing communities to engage in nutrition prevention/treatment.

According to the 2013 Sudan National S3M survey, 54 out of the 184 localities in Sudan have a prevalence of severe acute malnutrition (SAM) above the emergency threshold of 15 per cent. Yet currently the capacity to treat SAM and moderate acute malnutrition (MAM) remains relatively low and focused on states with complex humanitarian situations, according to the UN Children’s Agency (UNICEF). In 2014, only a quarter of the reported SAM cases (136,838 children) were reached through CMAM activities.

As part of the scale-up, the MoH has allocated over 50 million Sudanese pounds (over US$8 million) for ready-to-use therapeutic food (RUTF) and routine drugs in order to increase the number of children receiving treatment for SAM and to cover existing gaps in the resources of humanitarian partners. According to UNICEF, in 2015 there has been an improved availability of CMAM supplies, allowing for an increased number of children to be treated. Gaps persist, however, most notably in areas where there is a high burden of malnutrition amid a high population density.

Between February and June 2015, a total of 117 health staff were trained in CMAM. These people have since returned to their respective states and trained an additional 335 health workers across ten states. A simplified operational guide has also been developed to be used as a pocket

Planned SAM interventions 2015 – 2017

Planned MAM interventions 2015 – 2017
reference to treat uncomplicated cases of SAM and MAM at the community level. As only 12.5% of functional health units are currently providing nutrition services, the scale-up emphasises using existing health facilities where possible to increase access to services. As a result the number of functional outpatient therapeutic programmes (OPT) has reached 943 and 356 supplementary feeding programmes (SFP) are providing MAM treatment.

Nutrition programmes in East Darfur working with limited capacity

Despite improvements in the country’s overall nutrition response, low capacity in some areas in terms of staff, supplies and infrastructure continues to limit the extent of assistance provided to children in need. For example, a recent monitoring mission by UNICEF to Labado town in East Darfur’s Yassin locality found the nutrition programme—operated by Tearfund—lacked essential staff and supplies and no stabilisation centre (SC) was available for treatment of severely malnourished children. Consequently, severely malnourished children must be referred to Ed Daein or Nyala, which are 130 and 65 kms away, respectively. Currently, the SC in Ed Daein is the only in East Darfur, however, plans to establish two more—one in Adilia to be operated by the American Refugee Council and one in Shearia to be operated by Tearfund—are underway. Moreover, the State Ministry of Health is in critical need of a warehouse to store supplies, including essential nutrition supplies, to ensure availability and timely dispatch of items. In addition, the shortage of WFP super cereals due to difficulties in importing relief items continues to affect nutrition response measures in the state. According to nutrition partners, this gap in super cereals leaves an estimated 2,144 children in East Darfur at risk of malnutrition.

9,000 South Sudanese in Kharasana, WKS

A humanitarian mission – including representatives from the Government’s Humanitarian Aid Commission (HAC) in West Kordofan, the State Ministry of Health (SMoH), the international NGO Save the Children Sweden (SCS) and the national NGOs ASSIST and Global Aid Hand (GAH) – visited West Kordofan’s Kharasana area from 17-18 September to assess the needs of South Sudanese refugees. Based on the mission findings, HAC reported the current number of South Sudanese refugees in Kharasana stands at 9,000, including 4,819 new arrivals so far in September. Malaria was found to be the most urgent health issue; accordingly, the SMoH has planned to distribute antimalarial drugs and UNICEF has already obtained a permit to dispatch 4,000 mosquito nets. New arrivals will receive food assistance following completion of the ongoing registration exercise by the World Food Programme (WFP).

This recent mission to Kharasana comes amid limited and sporadic access for international partners to West Kordofan. In June 2015, Kharasana experienced a rapid influx of refugees with the arrival of some 15,000 South Sudanese over just a few weeks, many of whom were children. While some partners were able to carry out a rapid needs assessment mission to Kharasana during the influx in June, access since then has been restricted with requests for an inclusive inter-agency mission repeatedly turned down. Consequently, assessment of needs and delivery of humanitarian assistance to Kharasana have been limited and reports of dynamic population movements have been difficult to verify—although the UN Refugee Agency (UNHCR) estimated that at the start of August around 5,500 South Sudanese refugees were in Kharasana. Partners continue to advocate for a comprehensive inter-agency mission to Kharasana, further to the recently conducted individual and joint missions.

IDPs in Jebel Marra in need of assistance

Some 1,700 IDPs have reportedly not received emergency food rations since being displaced to Nertiti town in Central Darfur’s West Jebel Marra between March and June 2015. The IDPs fled from areas in North and Central Jebel Marra (formerly Rokero locality), including Golo town, as a result of fighting between government forces and armed groups earlier in the year. The IDPs have had access to existing health, water and
This report was prepared by the United Nations Office for the Coordination of Humanitarian Affairs in collaboration with humanitarian partners.

Sanitation facilities in Nertiti and received emergency shelters and households items. Food assistance, however, has been stalled due to bureaucratic impediments. Local authorities reportedly claim that continued provision of assistance to newly arriving IDPs in Nertiti is creating a pull factor for people elsewhere in the Jebel Marra to move to West Jebel Marra in search of aid. WFP is prepared to distribute emergency food rations to these IDPs once an assessment and verification can be carried out, for which negotiations are ongoing.

Rainy season exacerbates IDP needs in Central Jebel Marra’s Golo town

Community leaders in Golo town have informed humanitarian partners that the situation of some 5,500 IDPs in the area has severely deteriorated due to the rainy season, reporting an urgent need for emergency shelter and household items as well as health and education services. In response, HAC is working with humanitarian partners in Central Darfur to coordinate appropriate assistance measures. This group of IDPs was displaced in March 2015 and has not yet been reached by international partners, who have been largely restricted access to the area since 2011.

White Nile refugee sites show improvement

As of 16 September, a total of 192,281 South Sudanese have arrived in Sudan since December 2013 with a large majority (108,313 people) settling in White Nile state, according to UNHCR. This continued flow of refugees has severely strained existing facilities and resources in White Nile’s seven refugee sites, with the water and sanitation situation in the sites remaining a main concern and priority of partners. In all but one of the sites—Dabat Bosin—refugees do not have sufficient access to water, with available supply falling below the SPHERE minimum standard of 15 litres per person per day.

In response, the international NGO Catholic Agency for Overseas Development (CAFOD) and the national NGO Sub-Saharan International Development Organization (SIDO) with support from UNHCR have constructed 12 water distribution points throughout the six sites currently below SPHERE standards. These new installations increase the total amount of water in the camps from 642,500 to 775,000 litres, equating to an average of more than eight litres per person per day—one litre more per person than at the start of September.
Possible new refugee site in Al Jabalain locality, White Nile State

The location for a new refugee site in White Nile State has been identified in Al Jabalain locality. The proposed Al Ghanaa site will have capacity for 900 families (approximately 4,500 people). The new site has been endorsed by the State-level Technical Committee, which has submitted the request to the High Technical Committee in Khartoum for final approval. Camp congestion has been a critical issue with the seven sites currently hosting about 93,100 people, although the intended capacity is for about 47,500 people. Al Neem and Al Waral sites in El Salaam locality have also been identified as potential sites and will be assessed by UNHCR as soon as road conditions improve.

Biometric registration of new refugees to start in early October

The White Nile State Technical Coordination Committee for the South Sudanese Affairs endorsed the recommendation of the High Level Technical Committee regarding the resumption of biometric registration of South Sudanese refugees by the UNHCR and the Sudanese Red Crescent Society (SRCS). Though initially meant to resume on 7 September, the exercise was postponed at the request of the refugees to allow time for informing community members who are currently working in fields outside the sites. It is anticipated that the registration will resume early in October.

Biometric registration—during which refugees are interviewed, photographed and fingerprinted—facilitates confirmation of refugee identity in the absence of other documentation and helps minimize instances of fraud. All equipment for the registration has been transferred to Al Jabalain locality where registration will soon resume in Dabat Bosin and Al Alagaya sites. An average of 200 to 300 people are expected to be registered every day.

Community-based assistance in Tawila locality

Humanitarian partners in North Darfur will provide community-based assistance to the entire population, including both residents and returnees, in Katur, Gosdor and Timoa villages in North Darfur’s Tawila locality. This assistance follows an interagency mission conducted from 2-9 September, which identified some 8,950 people who have recently returned to the area from IDP camps in order to cultivate their lands. The mission was the first time partners had been granted access to the area since 2011. The identified returnees had originally fled in early 2015 in response to fighting between government forces and armed groups, seeking refugee throughout IDP camps in Tawila locality.

The community-based assistance entails a scale up of health, nutrition and water and sanitation services intended to benefit all residents. This includes rehabilitation of latrines and hand pumps, chlorination of wells, reactivation of the health centre and establishment of a mobile clinic as well as an OTP and SFP.