

HIGHLIGHTS

- UNHAS hit by funding shortfall of \$9.9 million which could force closure.
- Humanitarians continue to advocate for the vaccination of 165,000 children in South Kordofan and Blue Nile.
- In White Nile State, gaps in refugee services remain despite ongoing provision of humanitarian assistance.
- Seasonal rainfall remains 25-80% below average in most of the country despite improved rains in August, according to FEWS NET.
- In East Darfur, WFP is facing a shortage of super cereals with new stocks not expected before end October.

FIGURES

Displaced people in Sudan (as of Dec 2014)	3.1 million
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Displaced people in Darfur (as of Dec 2014)	2.5 million
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(in 2015)	100,000
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GAM burden	2 million
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South Sudanese refugees in Sudan - since 15 Dec 2013 (UNHCR)	189,809
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Refugees of other nationalities (UNHCR)	175,250
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FUNDING

1.04 billion requested in 2015 (US\$)

39% reported funding



A child receiving a measles vaccine in Sudan (WHO)

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Rainfall 25-80% below average P.3

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US\$9.9 million funding shortfall may force UNHAS to close down operations by end September

On 4 September, the World Food Programme (WFP) announced that the UN Humanitarian Air Service (UNHAS) has a funding shortfall of \$9.9 million which, if not addressed, will force the agency to close down air services at the end of the month. UNHAS passenger and cargo services are critical to facilitating humanitarian work in Sudan especially in remote locations where, due to lack of infrastructure, insecurity and lack of commercial alternatives. From January to June 2015, WFP flew 20,000 aid workers – some to areas that were unreachable by other means – and helped three million people in Darfur receive food assistance. Without a continuation of UNHAS services, millions of people in need are at risk of not receiving urgently needed supplies and services from humanitarian workers.

USAID contributes \$86 million worth of cash and in-kind donations to WFP

On 7 September, WFP received cash and in-kind donations from the United States Agency for International Development (USAID) worth \$86 million. The in-kind contributions of mixed food items, worth \$75 million, will meet the food needs of over 2 million vulnerable people in the Darfur states as well as central and eastern Sudan. The cash contribution of \$11 million will support WFP cash and voucher assistance programs for almost 500,000 people in Darfur for up to four months. The United States is the largest donor to WFP.

Aid agencies call for the vaccination of children in conflict areas of South Kordofan and Blue Nile

Children in areas controlled by the Sudan People's Liberation Movement – North (SPLM-N) in South Kordofan and Blue Nile have not received routine vaccinations since fighting between government forces and the SPLM-N erupted in the two states in 2011, leaving children in these areas at risk of contracting easily preventable diseases. The lack of vaccinations not only puts these children at risk but also risks spreading disease to children in other parts of the country. Sudan has been declared polio free since 2009, according to the World Health Organization (WHO).

In 2012, the United Nations, the African Union and the Arab League submitted a proposal to the Government of Sudan and the SPLM-N to vaccinate children under 5 years in SPLM-N controlled areas in the two states. In April 2013, the UN developed an operational plan to vaccinate an estimated 165,000 children in these areas. This plan has

Humanitarians continue to advocate for the vaccination of an estimated 165,000 children under 5 years in SPLM-N controlled areas of Blue Nile and South Kordofan

been updated on a regular basis with the last revision done by WHO and the UN Children's Agency (UNICEF) and WFP in June 2015.

The vaccination campaign is planned to take place in two phases. The first includes interventions that are simple to administer with minimal training (polio, vitamin A and middle upper arm circumference (MUAC) screening) while the second phase involves administering more complex vaccines such as measles and other antigens. The timeframe required for the vaccination campaign is two weeks and ideally will entail house-to-house vaccination, however alternative service delivery (e.g. fixed sites or a combination of both fixed and mobile) can be used depending on the situation on the ground. The campaign will use the services of local health staff and volunteers from the concerned areas who will first need to undertake a refresher Expanded Programme on Immunization (EPI) and MUAC screening training. In addition, UNICEF and WHO international staff will monitor the implementation of the campaign.

Partners have recently reinvigorated advocacy efforts to conduct vaccination campaigns in these conflict areas, following years of stalled progress. To date, however, no agreement on the campaign has been reached between both parties leaving these children at risk.

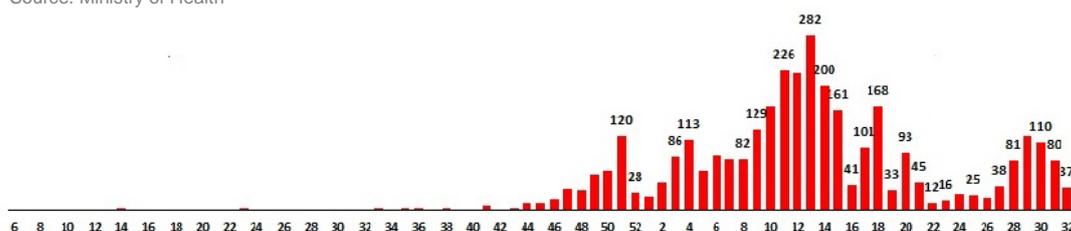
Measles cases in Sudan reach 3,013, including 67 deaths

As of 9 August, there have been 3,013 confirmed cases and 5,403 suspected cases of measles reported in Sudan since the outbreak began in December 2014, according to the Ministry of Health (MoH). The total number of deaths in 2015 has risen to 67 with the highest number of deaths (23) reported in North Darfur. The majority of cases (73 per cent) have been among children under 15 years. All measles cases reported in the over 15 age group were reported from gold mining areas and refugee camps in North Darfur, Kassala and River Nile states. The epidemic has affected 63 localities in all 18 states in the country, with cases still being reported in 13 of these states.

The measles outbreak response campaign has so far covered 93 localities, targeting a population of 6.4 million children between 6 months and 15 years. Funding shortfalls are stalling further roll-out of the campaign to a remaining 94 localities and 10.1 million children. Funding is also needed to conduct "mop-up" campaigns in areas that had low coverage in the previous campaign (Gederaf) and those with continuing transmission (Kassala and Red Sea). The total cost of the funding gap is around \$10 million.

Sudan: Measles cases by week 2014 – 2015

Source: Ministry of Health



Gaps in refugee services remain despite ongoing provision of assistance

At refugee sites in White Nile State water supplies and sanitation services are under UNHCR post-emergency standards

Funding constraints, the inability of organisations to scale up operations to assist with the large influx of new refugees, and inaccessibility during the rainy season due to poor road conditions have all made response efforts in White Nile state challenging. Still aid organisations have continued to provide the newly arriving refugees in White Nile State with assistance throughout the rainy season. As risk of waterborne illness is heightened by the rains and floods, partners have particularly been working to improve the water and sanitation situation in the White Nile refugee sites. The international NGO Plan International Sudan – in collaboration with UNICEF and the national NGO El Eithar Charity Organisation – conducted 16 general cleaning campaigns in Jouri, El Kashafa, El Redis I and El Redis II sites. Other sanitation activities conducted included latrine

Over the past two weeks, White Nile refugee site clinics had 10,286 consultations with acute respiratory infection (ARI) being the primary cause of attendance

cleaning, solid waste disposal and spraying campaigns. However, the water and sanitation situation in all sites, except for Dabat Bosin, remains dire. Water supplies are under the UNHCR standard of 20 litres per person per day and there is a high number of persons per latrine, exceeding the UNHCR standard of 20 people per latrine.

Regarding health, the seven health clinics at the sites continue to provide medical assistance to refugees. During the past two weeks, these clinics had 10,286 consultations with acute respiratory infection (ARI) being the primary cause of attendance (22 per cent) followed by diarrheal diseases (13.5 per cent) and malaria (13.5 per cent).

As of 2 September, the number of South Sudanese refugees who have arrived in Sudan since mid-December stands at 189,809, according to the UN Refugee Agency (UNHCR). The decrease of 1,815 people since the previously reported figure on 19 August is largely the result of a recent verification exercise conducted by the Sudanese Red Crescent Society (SRCS) in Um Sangor site in White Nile State, which helped establish more accurate population figures. The 2015 South Sudan Regional Refugee Response Plan was launched on 17 December 2014, with inter-agency requirements for Sudan set at USD \$152.1 million. As of 21 August, the response plan had received \$30.7 million, about 20 per cent of requirements.

South Sudanese arrivals settling in Abu Jubaiha locality, South Kordofan

From 16-23 August, a UNHCR-UNICEF joint assessment mission visited eastern South Kordofan State where refugees arriving from South Sudan's Unity State have started to settle as heavy rains have made roads impassable and further movement difficult. In particular, Abu Jubaiha locality, which was previously a transit zone, has now become a spontaneous settlement area with an average 75 refugees arriving per day since 10 August. Reportedly, these refugees walk between 11 and 13 days to reach the area. UNHCR has distributed 500 emergency shelter and household kits to the new arrivals and is coordinating with partners in the area to mobilize additional aid.



South Sudanese refugees newly arrived in South Kordofan's Abu Jubaiha locality (SRCS, file photo)

Seasonal rainfall remains 25 to 80 per cent below average in most of the country – particularly in eastern and central Sudan – despite improved rains in August

FEWS NET: rainfall 25-80% below average

According to the Famine Early Warning Systems Network (FEWS NET) Sudan Food Security Outlook report for August, seasonal rainfall remains 25 to 80 per cent below average in most of the country – particularly in eastern and central Sudan – despite improved rains since the beginning of August. As a result, the amount of land cultivated in rainfed areas is less than average and pasture conditions have not regenerated as they typically do. Vegetation conditions also remain well below average in the eastern surplus-producing areas of Sennar, Gedaref, and Kassala states, across much of the Darfur region, and in localised areas of North and South Kordofan states. As a result, national production for the 2015/2016 agriculture season will also likely be less than average. A surplus production from the 2014/2015 season, however, has kept current prices of staple foods (millet, sorghum) unseasonably stable as they typically tend to peak at this time of year when household supplies are scarce.

Crisis levels of food insecurity are mainly among IDPs in areas controlled by SPLM-N in South Kordofan and among recently displaced people in Darfur

FEWS NET: Projected outlook through December 2015

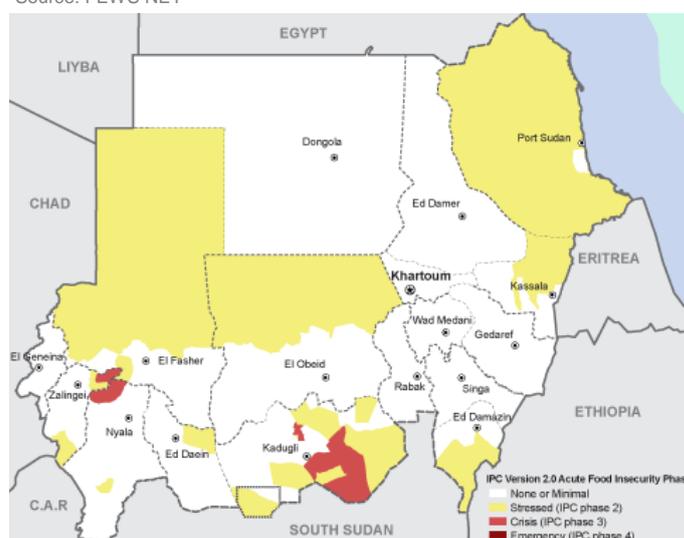
Sufficient household and market food availability has maintained adequate food consumption levels in most of the country. However, the rainfall deficit is expected to reduce cultivation as well as household income from seasonal agricultural labour due to the decreased demand for labour. Harvests, although anticipated to be below average in many areas, will improve food security starting in November.

As of July, FEWS NET had estimated that 4 million people in Sudan face Stressed (IPC Phase 2) and Crisis (IPC Phase 3) levels of acute food insecurity. Most of these people are in conflict-affected areas of Darfur, South Kordofan, West Kordofan, and Blue Nile states, with additional pockets of Stressed (Phase 2) populations in drought-prone areas of Red Sea, North Kordofan, North Darfur and Kassala states. About 65 per cent of the current food insecure population is in Darfur and 14 per cent in South Kordofan. Crisis (Phase 3) levels of food insecurity is mainly among displaced people in areas controlled by the SPLM-N in South

Kordofan and among people recently displaced in Darfur due to conflict. Displaced people in Darfur facing Stressed (Phase 2) levels of food insecurity are only able to maintain this level with the support of humanitarian assistance. Acute food insecurity in areas controlled by the SPLM-N in South Kordofan and Blue Nile and Jebel Marra in Darfur is not expected to improve from September to December. Aid organisations continue to negotiate with authorities to access and assist the food insecure people in SPLM-N controlled areas.

Food Security Outcomes (Aug–Sept 2015)

Source: FEWS NET



Shortage of nutrition supplies in East Darfur

Due to difficulties in importing relief items into Sudan, WFP is facing a shortage of super cereals with additional stocks not expected before the end of October. Super cereals are provided to children with moderate acute malnutrition (MAM) to prevent further deterioration of their condition to severe acute malnutrition (SAM). In East Darfur, the lack of sufficient quantities of super cereals has triggered precautionary measures by nutrition partners to prevent large increases in the number of severely malnourished children, including the reshuffling of staff and services. Specifically, non-food-based programs to prevent and treat moderate acute malnutrition will be scaled up, such as training in the Infants and Young Child Feeding (IYCF) practice, personal hygiene and child care. Staff usually working for supplementary feeding programmes will shift to the outpatient therapeutic programs (OTPs) in the stabilization centres to accommodate possible increases in the number of admitted malnourished children. WFP has already started locally procuring nutrition supplies.

This comes following recent customs regulations put in place by authorities that have placed significant limitations on the importation of aid supplies by aid organisations. This has created gaps in humanitarian response capacity and stalled the delivery of much needed emergency supplies. The new regulations require a list be provided of all goods to be imported before the items are dispatched, in an effort to limit importation of items that can be procured locally. A committee comprising officials from several UN agencies, including OCHA, is currently discussing solutions to this issue with relevant government authorities.

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