**HIGHLIGHTS**

- First IA mission to Fanga Suk (Northern Jebel Marra locality) since 2011 identifies 18,000 people in need aid.
- Since end August, 392 suspected cases of severe dengue fever—including 113 fatalities—have been reported in Darfur.
- In Blue Nile State, 13,700 children affected by conflict in Bau and Geissan localities benefit from child protection services.
- In West Darfur, communities struggle to manage water facilities in Sirba locality.
- Intensified fighting in border states in South Sudan will likely lead to a new influx of refugees into Sudan.

**FIGURES 2015 HRP**

| Displaced people in Sudan (as of Dec 2014) | 3.1 million |
| Displaced people in Darfur (as of Dec 2014) | 2.5 million |
| (in 2015) | 223,000 |
| GAM burden | 2 million |
| South Sudanese refugee arrivals in Sudan - since 15 Dec 2013 (UNHCR) | 198,448 |
| Refugees of other nationalities (UNHCR) | 168,694 |

**18,000 need aid in Jebel Marra’s Fanga Suk**

For the first time since 2011 and after months of planning, an inter-agency mission visited Fanga Suk in Central Darfur’s Northern Jebel Marra locality. The mission on 11 November found that 7,875 displaced people and 10,000 people from the host community are in need of food, emergency shelter and household supplies, as well as water, health, education and protection services. Most of the displaced people are living in shelters made of local materials—which offer poor protection from the elements—or are living with the host community. Aid organizations are planning further response activities. In addition, the locality commissioner reported that 5,000 people in Aday village (1km north of Fanga Suk), 5,000 people in Auira village (1km west of Fanga Suk) and an unknown number of people in some 56 surrounding villages, also have humanitarian needs. All these people have all been affected by conflict in the state. Participating in the mission were representatives from UN agencies, the African Union – United Nations Mission in Darfur (UNAMID), the international NGO Catholic Relief Services (CRS), the Sudanese Red Crescent Society, the national NGO Majalis Alkhair, the Government’s Humanitarian Aid Commission (HAC) in Central Darfur, and the Northern Jebel Marra locality commissioner and his deputy.

Conflict between government forces and the Sudan Liberation Army–Abdul Wahid (SLA-AW) in January 2015 led to the displacement of thousands of people to internally displaced persons (IDP) camps in Tawila and El Fasher localities in North Darfur, and to Nertiti and Zalingei localities in Central Darfur. Others fled to the Jebel Marra area and the unknown number of people who took refuge in the mountainous areas of Niscam, Wara, Abonga, Yaga and Fanga Suk have not received any humanitarian assistance mainly due to insecurity and access restrictions.

**Humanitarian and development needs in Fanga Suk**

The area is suffering from lack of basic services and infrastructure and the main humanitarian needs of the 7,875 displaced people are food and emergency shelter and household supplies, which will be distributed to them soon. The market in Fanga Suk is poorly stocked and food prices are high compared to other areas in Darfur. Lack of employment opportunities and a poor farming season have reduced people’s access to food and the area depends on goods imported from El Fasher. Poor feeding practices of infants and children—mainly due to the lack of knowledge of mothers—were also observed. Suggested nutrition interventions include establishing an outpatient therapeutic clinic and supplementary feeding programme. According to the Sudan National S3M survey conducted in 2013, the global acute malnutrition (GAM) rate in Rokoro locality (now Northern Jebel Marra) is 10.1 per cent. The community has poor access to healthcare services. The main health issues in the area are malaria, diarrhoea and reproductive health. There are a few traditional birth attendants and midwives and one volunteer vaccinator, however no routine vaccinations
18,000 people in Fanga Suk village are in need of food, emergency shelter and household supplies as well as water, health, education and protection services.

have taken place in Fanga Suk since 2011. The nearest health facility is in El Fasher town, which is 100km away. Recommendations from the mission include building a health facility and deploying health staff trained on integrated management of child illness (IMCI), health promotion, vaccination and reproductive health. A solar system will need to be setup to ensure there is the ability to refrigerate vaccines.

The area is has a serious water and sanitation problem. People do not have access to clean water and get water from three open water wells in the village. There are no hand pumps, no chlorination of water, and no latrines. The UN Children’s Agency (UNICEF) is discussing plans with the Government’s Water and Sanitation Department (WES) to provide water and improved sanitation facilities and services. Recommendations include the construction of a water yard, the formation of water committees to manage water services, constructing latrines, and promoting hygiene activities.

According to the local leaders, there are 3,200 school-aged children in the area, of whom only 243 are enrolled in one of the two basic schools in the areas. The schools have seven classrooms—four permanent and three temporary—which lack furniture and educational materials. The teachers are all volunteers and not employees of the State Ministry of Education (SMoE). Recommendations include, rehabilitating classrooms, starting a school feeding programme, providing educational materials, providing cash incentives for teachers, and building water facilities and latrines at schools.

392 dengue fever cases, with 113 fatalities reported in Darfur

According to the Ministry of Health (MoH), 392 suspected cases of severe dengue fever—including 113 fatalities—were reported in all Darfur states between 29 August and 14 November. This sudden increase of 148 cases and three fatalities between 8-14 November, is mainly due to the retrospective analysis and re-classification of cases by the WHO regional expert and the MoH epidemiologist of some cases in West Darfur’s Kereinik hospital. According to the MoH, 53 per cent of all reported cases are male and the age group 5 to 14 years has the highest number of cases (49 per cent). The majority of reported cases are in West Darfur followed by Central Darfur, North Darfur East Darfur and finally South Darfur. The outbreak has now affected 21 localities in Darfur. In response, WHO has supported the training of 115 medical staff in case management in West and East Darfur. An additional 44 surveillance sites across West Darfur—the most affected state—have been activated bringing the total of sites reporting daily on dengue fever and malaria to 89. Vector control in activities including house to house larvicide and, fogging are ongoing in all affected localities. So far, around 30 per cent of the necessary vector control activities have been implemented in affected localities.

Blue Nile: 13,700 children benefit from child protection services in Bau and Geissan localities

An estimated 13,700 children affected by conflict in Bau and Geissan localities are benefiting from child protection services. The project started in July 2015 and has already
In Blue Nile State, 13,700 children affected by conflict in Bau and Geissan localities benefit from a child protection services

established four protection networks, which address not only the protection needs of the 13,700 displaced children but also their mothers and other vulnerable people. These networks include, establishing child welfare services, providing children with legal support, and ensuring that children are registered in the civil registry and get birth certificates. The project aims to prevent and mitigate risks faced by children affected by conflict. Some of the challenges facing the implementation of the programme include delays in obtaining travel permits, insecurity and impassable roads due to the rains. UNICEF is implementing the project—which has received US$ 99,000 from the Common Humanitarian Fund (CHF)—through the national NGO Friend of Peace and Development (FPDO), in collaboration with the State Council of Child Welfare.

Communities struggle to manage water facilities in Sirba locality, West Darfur

Following reports to the Darfur hotline of problems in water livelihood assistance in Sirba and Abu Suruj villages in West Darfur’s Sirba locality, a mission visited the area on 11 November. Representatives from OCHA, the Food and Agriculture Organization (FAO) and the State Ministry of Animal Resources (SMoAR) took part in the mission. FAO and the SMoAR joined the mission to monitor the veterinary services provided by the FAO-trained community animal health workers (CAHWs) in these locations.

Problems in water services were due to communities struggling to manage water facilities due to challenges such as resistance of community members to pay tariffs needed to finance the operation, lack of access to spare parts, and inadequate training of water committees. Since early 2015, some aid organizations assisting in water and sanitation services adopted a recovery strategy whereby the management of water facilities was handed over to local communities. This new strategy was in response to the funding crisis, as well as a means to ensure sustainability of response to the protracted displacement in Darfur. A key component of the strategy includes community contribution (through tariffs) to ensure sustainability and self-reliance in the management of water facilities. In response to the water problem, HAC in Sirba locality signed an agreement with the international NGO International Aid Services (IAS) to run the Sirba and Abu Suruj water yards for the next five months, while a long-term solution is identified. UNICEF will meet with WES to further discuss how to address the challenges mentioned.

For livelihood assistance, the FAO-trained CAHWs are providing veterinary services in the locality on a voluntary basis but they are facing challenges. Reduced funding has affected the capacity of veterinary partners to provide assistance, as veterinary centres have been closed because there were no funds to pay staff. In response to the funding constraints, FAO-trained CAHWs—who are community volunteers—provide veterinary services to communities on a cost-recovery basis. Despite this, the communities continued to report disruptions in veterinary services provided through the CAHWs.
Intensified fighting in South Sudan will likely lead to an influx of new arrivals

Intensified fighting and a worsening food situation in South Sudan’s Unity and Upper Nile states will likely lead to a further influx of new arrivals in the coming weeks, according to the UN Refugee Agency (UNHCR). UNHCR also reports that as of 11 November 198,448 South Sudanese refugees have arrived in Sudan since fighting broke out in South Sudan in mid-December 2013. From 29 October to 11 November, ongoing fighting in the border areas of South Sudan led to an influx of 1,340 families (about 4,000 people) to El Kuek reception centre in White Nile State. However, most of these families returned to South Sudan after fighting stopped, except for 813 people who settled in El Redis II (389), Al Alagaya (244) and El Kashafa (124), Um Sangor (37) and El Redis I (19).

Individual registration of South Sudanese in White Nile State continues

UNHCR and the Sudanese Red Crescent Society (SRCS) continue individual registration of South Sudanese refugees in White Nile State with 22,146 people registered as of 10 November. The Sudanese Directorate of Passport and Immigration (IPP) registration is also ongoing in Al Alagaya, Dabat Bosin, El Redis I and El Redis II sites. The purpose of the IPP registration is to provide South Sudanese nationals with identification cards. These cards enable South Sudanese nationals to access a range of basic services, including healthcare, education and access to employment opportunities.

Humanitarian response to South Sudanese refugees in White Nile State

South Sudanese refugees continue to receive humanitarian assistance in Sudan, with 122,799 refugees having received some form of humanitarian assistance as of 8 November. According to health organizations providing services to refugees in White Nile State, 7,525 consultations were provided in the seven clinics at the refugee sites from 29 October to 11 November. Acute respiratory infection remains the primary cause of health centre attendance (23 per cent of all consultations), followed by malaria (17 per cent), and diarrheal diseases (14 per cent). UNHCR in collaboration with the MoH and SRCS distributed 21,000 mosquito nets in El Redis I, El Redis II, El Kashafa, Jouri, Al Alagaya and Dabat Bosin sites, where 100,436 refugees have taken refuge. There are a further 9,952 refugees who have settled outside of the refugee sites in the state.

Water and sanitation situation in White Nile state remains critical

The water and sanitation situation at refugee sites in White Nile State remains critical, according to aid organizations on the ground. The water supply in most sites is below UNHCR’s post-emergency standard of 20 litres per person per day. Moreover, El Redis II, El Redis I, El Kashafa and Jouri sites all have a high number of persons per latrine, which far exceed the UNHCR post-emergency standard of one latrine per 20 people. Funds have been secured for 2,000 more latrines to be built throughout the seven sites in the state. UNICEF and WES are responding to these water needs.

South Sudanese refugees who have arrived in Sudan (Dec 2013 – 11 Nov 2015)

Source: UNHCR