

HIGHLIGHTS

- Tripartite agreement signed for the voluntary return of Sudanese refugees from Chad and the return of Chadian refugees from Sudan.
- Almost 15,000 suspected AWD cases, including 279 deaths, were reported in Sudan since August 2016, according to WHO and FMoH.
- In South Kordofan about 3,000 people fled SPLM-N areas and arrived in government-controlled areas since January 2017.
- In Central Darfur, up to 4,000 IDPs—who fled inter-tribal fighting—have arrived in Um Dukhun town and need humanitarian assistance.

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 in Sudan - since 15 Dec 2013 (registered by UNHCR) - as of 15 May 2017 417,489

Other refugees and asylum seekers (registered by UNHCR) - as of 31 March 2017 144,866

FUNDING

82 million US\$ received in 2017

10.2% Reported funding (as of 4 June 2017)



Signing of the tripartite agreements in Khartoum (May 2017, UNHCR)

In this issue

- Repatriation of refugees from Chad P.1
- Almost 15,000 suspected AWD cases P.2
- 3,000 IDPs arrive from SPLM-N areas P.4
- New IDPs in Um Dukhun need assistance P.5

Tripartite agreement for the voluntary repatriation of Sudanese refugees from Chad

On 31 May, the Government of Sudan, the Government of Chad and the UN Refugee Agency (UNHCR) signed two separate tripartite agreements on the voluntary return of Sudanese refugees from Chad and Chadian refugees from Sudan.

There have been recent sizeable spontaneous returns of Sudanese refugees from the camps in Chad as well as firm expressions of the intention to return home on the part of Chadian refugees living in Sudan.

The agreements set out the legal frameworks under which any eventual repatriation would be undertaken. They underscore the need for any return to be voluntary and on the basis of well-informed consent.

UNHCR will be seeking to ensure that refugees are provided with up to date information on the conditions in the intended areas of return. No voluntary repatriation is expected immediately, nor will returns be linked, but the two Agreements ensure that there will be a strong legal basis going forward for UNHCR and the two concerned countries to plan for any eventual voluntary repatriation, including time to answer questions refugees may have and develop services in potential return locations to receive refugees. UNHCR's priority is to ensure that safe and dignified conditions will be in place and that any returns be successful.

According to UNHCR, as of 15 May 2017 there are **317,000 Sudanese refugees** (mainly from Darfur) in Chad, while Sudan hosts 8,500 Chadian refugees.

Returns from Chad to Darfur in 2016

In 2016, the **Displacement Tracking Matrix (DTM)** of the International Organization for Migration (IOM) registered 113,790 returnees in Darfur, of whom 90 per cent were refugee returnees from Chad.

Um Dukhun locality in Central Darfur State accounted for about 70 per cent of the registered returnees..

More information on returns to Um Dukhun locality is available in the Recovery, Returns and Reintegration (RRR) Sector Inter-agency Mission in Um Dukhun Locality, Central Darfur, January 2017 Report at [this link](#).



Returnee children at a water point in Um Dukhun locality (January 2017, UNICEF)

Almost 15,000 suspected AWD cases reported since August 2016

Almost 15,000 suspected AWD cases, including 279 deaths, were reported in Sudan since August 2016, according to WHO and FMoH

The latest joint epidemiological bulletin by the Federal Ministry of Health (FMoH) and World Health Organization (WHO) indicates that between mid-August 2016 and 2 June 2017 almost 15,000 suspected cases of Acute Watery Diarrhoea (AWD) were reported in Sudan, including 279 deaths (case fatality ratio is 1.9 per cent). Overall 67 localities in 11 states are affected, including Blue Nile, Gedarif, Gezira, Kassala, Khartoum, North Kordofan, Northern, Red Sea, River Nile, Senar and White Nile states. The outbreak is currently active in Gedarif, White Nile, Khartoum, Senar, River Nile state, North Kordofan and Gezira.

Since the last reporting period (epidemiological week 22), a total of 1,373 new cases were reported, including 16 deaths, according to FMoH and WHO.

State Ministry of Health (SMoH) in South Kordofan reported to WHO about a cumulative number of 83 AWD cases since 24 May 2017, affecting six out of 17 localities.

According to epidemiological findings, 48 per cent of the reported cases are males and 52 per cent are females. About 87 per cent of the affected population are 5 years of age and above, while 9 per cent are under 5 years. All patients with AWD presented symptoms of diarrhoea and 80 per cent reported vomiting, while 8.8 per cent showed symptoms of abdominal pain and 1.8 per cent reported fever.

The Wali of White Nile State led the High AWD Containment Committee Meeting on 2nd June 2017 in Al Dwaim locality, WHO FMoH, SMoH, the UN Children's Fund (UNICEF), and other partners and community-based organisations attended this meeting, the meeting discussed issues of current situation in all localities focusing in Ad Duwaim and El Qutainah localities. The Governor requested UN agencies, including WHO and UNICEF, to increase health and WASH support to contain the outbreak. The Wali directed the Government's Water Corporation to improve water quality in its water stations and coordinate with UNICEF to install new tanks and bladders from Oxfam in the affected villages.

Current response in White Nile State

Over the past week, WHO carried out the training for Rapid Response Team (RRT) members on case management and infection prevention control for 65 participants from nine localities of White Nile State. In addition, 88.6 per cent of the planned health education messages were distributed and home visits conducted. At least, 269 water samples were taken for water quality testing and treatment, of which 217 had the optimum dose of chlorine and were safe for use. Four cleaning campaigns were carried out and 200.6 metric tonnes (MT) of waste was disposed, out of the targeted 363 MT (coverage 55.2 per cent).

Meanwhile, food inspection activities have been carried out in Kosti and Rabak localities.

FMoH requested WHO's support to use the remaining 112,000 oral cholera vaccine (OCV) for South Sudan refugees in South Kordofan. Plans are underway and campaign planned to be carried out on 8-10 June targeting 51,000 South Sudanese refugees. WHO procured more Diarrheal Diseases Kits (DDK) and Rapid Response Kits (RRK), which will be distributed to target states early next week.



FMoH-WHO poster with health messages on AWD

FMoH requested WHO's support to use the remaining 112,000 oral cholera vaccine (OCV) for South Sudan refugees in South Kordofan

Preliminary findings of an inter-agency mission to Shattai and Kaileck, South Darfur

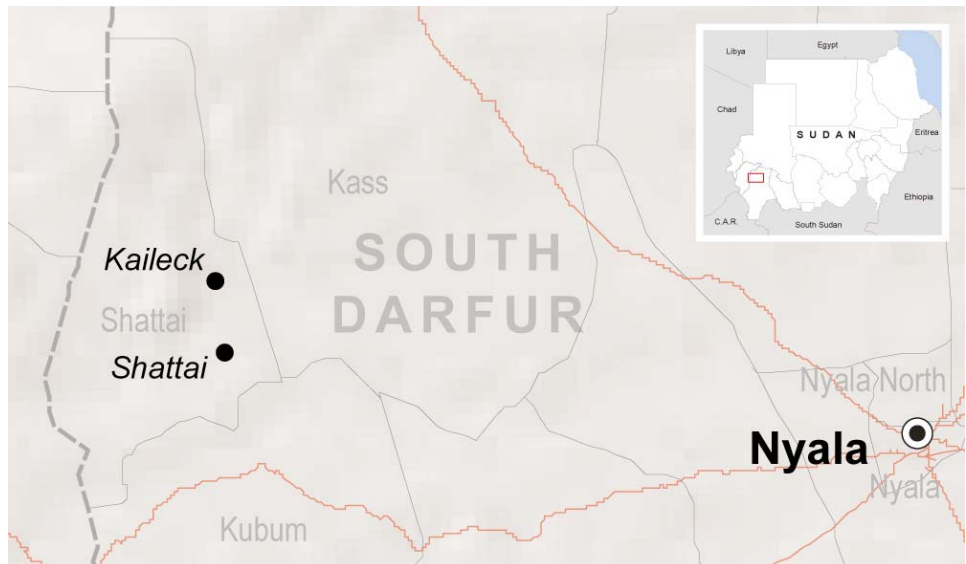
Local leaders in Shattai town report that about 14,500 people have returned to the locality since 2005

An inter-agency mission visited Shattai and Kaileck towns in South Darfur's Shattai locality between 9 and 11 May to verify reports of returns to the area. According to the preliminary findings, security is good in Shattai town—mainly due to a permanent police presence—creating an environment conducive for returns. However, the team could not establish the security situation in villages on the outskirts of the town and in other rural areas of Shattai locality. According to State Ministry of Health (SMoH), there are an estimated 59,000 people living in Shattai locality. Local leaders report that about 14,500 people have returned to Shattai locality since 2005.

In Shattai town, local leaders also report that there are about 1,500 returnees from Um Labassa, Kass and Kalma internally displaced persons (IDP) camps. According to the returnees, improved security, access to farmland, inadequate food assistance in IDP camps and reunification with families were the main factors for their return. No nutrition-related challenges were reported, however, only one out of six health facilities in Shattai locality is functional and is not fully staffed. This health facility provides maternal and child health care through the provision of immunization and reproductive health services. Patients are normally referred to health facilities in Kass town—more than 70km away from the town.

In Kaileck town, the team observed evidence of returns including newly constructed shelters built with permanent materials. About 3,000 people have reportedly returned from Kass and Kalma IDP camps. The team could not determine the exact number of returnees during the assessment and recommends conducting an assessment to verify and register returnees, and establish the voluntariness of the returns in the area. There are security concerns as there is no police presence in the town.

Hygiene and sanitation are a concern in both Shattai and Kaileck towns, with open defecation practiced. This needs to be addressed before the start of the rainy season to avoid the spread of waterborne diseases. The mission also recommended carrying out further in-depth sectoral assessments to identify and address critical needs and gaps.



About 3,000 people arrive from SPLM-N areas in South Kordofan since January 2017

In South Kordofan, about 600 people arrive in government-controlled areas from SPLM-N-controlled areas every month

Local authorities in South Kordofan State report that the number of people arriving from areas controlled by the Sudan People's Liberation Movement-North (SPLM-N) into government-controlled areas has increased since the start of the year.

According to South Kordofan State government in state capital Kadugli, about 600 people arrive in government-controlled areas from SPLM-N-controlled areas, including Abu Safifa, Dalami and a number of locations outside Kadugli town, every month. It is estimated that about 3,000 people have arrived in 2017 so far. This is an increase from the average of 100 people per month reported in 2016.



IDPs from SPLM-N South Kordofan in a village near Kadugli town (2017, UN)

This increase coincides with reports of increased food insecurity in SPLM-N areas. According to FEWS NET, food insecurity among IDPs and poorer residents in SPLM-N areas—already at crisis (IPC Phase 3) levels—is likely to deteriorate to emergency (IPC Phase 4) between May/June and September 2017 due to displacement, restrictions on population movements and trade, and lack of access to livelihoods activities.

In response to the reports of these new displacements, a joint rapid inter-agency needs assessment was carried out in the three locations of Murta, Kulba and Tillo where the IDPs have arrived this year.

The Murta area has the highest number of new arrivals in 2017 and there are major gaps in humanitarian assistance as it is a newly established settlement that has almost no basic services in place. The IDPs arriving in Murta, mostly women and children, cited poor conditions including food insecurity as the reasons for fleeing their homes in the SPLM-N areas. They are being received by security personnel and are provided with one month food rations in addition to a few household supplies. The new arrivals are staying in a makeshift reception centre while their registration and other related processes are underway. Most of the IDPs who arrived in 2016 are hosting the new arrivals while others remain at the overcrowded reception centre. Medical attention is not being provided upon arrival and some pregnant women did not receive medical attention for almost a week after their arrival. There are no sanitation facilities and no access to clean drinking water in Murta. The IDPs have prioritised food, nutrition support and shelter materials as their main needs. Some of the IDPs intended to proceed to Khartoum, while others intend to stay in the area if more assistance is provided.

The Tillo and Kulba areas are better established, with IDPs having settled there since 2013. As of 2015, UNHCR and the Japan International Volunteer Centre (JVC) built 350 IDP shelters in Tillo—of which 60 have since collapsed. All latrines in Tillo have also collapsed.

Humanitarian access to SPLM-N controlled areas of South Kordofan and Blue Nile has been cut off since 2011, due to lack of agreement between the SPLM-N and the Government of Sudan on humanitarian access modalities. According to the 2017 Humanitarian Needs Overview (HNO), there are 354,500 people in need of humanitarian assistance in government-controlled areas in South Kordofan. This includes 184,000 IDPs, 34,500 refugees, 12,700 returnees and 154,400 residents.

According to the 2017 HNO, there are 354,500 people in need of humanitarian assistance in government-controlled areas in South Kordofan

Up to 4,000 new IDPs in Um Dukhun town, Central Darfur need assistance

4,000 IDPs have arrived in Um Dukhun town and need humanitarian aid

A joint inter-agency mission, comprised of partners based in Um Dukhun locality assessed the needs of IDPs who arrived in the town from surrounding villages following fighting between the Salamat and Misseriya tribes between April and May. The assessment was conducted from 27 to 29 May. On 29 May, the two tribes signed a peace agreement which was witnessed by the Wali (Governor) of Central Darfur State and other government officials.



New IDP arrivals in Um Dukhun town, Central Darfur (May 2017, TGH)

The mission verified that an estimated 4,000 new IDPs (759 families) need food, water,

shelter and essential household supplies as well as education and health services. The inter-agency mission included representatives of the international NGOs International Medical Corps (IMC), Triangle Génération Humanitaire (TGH) and Catholic Relief Services (CRS), the Humanitarian Aid Commission (HAC), the government's Water, Environment and Sanitation (WES) department, the Sudanese Red Crescent Society (SRCS) and the national NGO Alfajer.

Aid organisations are developing a response plan to meet the needs of these new IDPs. Meanwhile, TGH is currently mobilising supplies for water, sanitation as well as shelter and household interventions. These include hygiene promotion activities and construction of latrines and handwashing facilities. TGH has distributed materials for 154 shelters and 234 household kits. Since the rainy season has already started in Um Dukhun, TGH and IMC are distributing soap and mosquito nets to the new IDPs. IMC has started providing health assistance. The World Health Organization (WHO) and the UN Children's Agency (UNICEF) have already released medicine and 350 cartons of nutrition supplies respectively to partners in Um Dukhun.

Despite the recent inter-tribal fighting in April, humanitarian actors have reported the return of up to 80,000 people to Um Dukhun locality over the past two years. Development and return, recovery and reintegration (RRR) partners plan to conduct integrated interventions in the state. These interventions will promote sustainable returns and reintegration using a multisectoral and early recovery approach.

Water supply at Otash IDP camp, South Darfur

Recent media reports have been claiming that there are water shortages in Otash IDP camp (South Darfur) however, the UN Children's Fund (UNICEF) and Water, Sanitation and Hygiene (WASH) Sector partners report that the level of safe water supply in Otash IDP camp in South Darfur is currently 10 litres per person per day (l/p/d). The [SPHERE standard for water supply](#) is 7.5-15 litres l/p/d.

WES reports that there is no major water shortage in the camp, noting that there was a temporary cut in the water supply for five days in May as the operators were waiting for support from IOM to arrive in the beginning of the month. IOM has been providing support to run the water system in the old section of the camp up to 4 June and is in the process of handing over operations to the NGO World Vision International. There are an estimated 99,000 people in Otash IDP, according to humanitarian partners.

Levels of water supply in Otash IDP camp are within SPHERE standards