

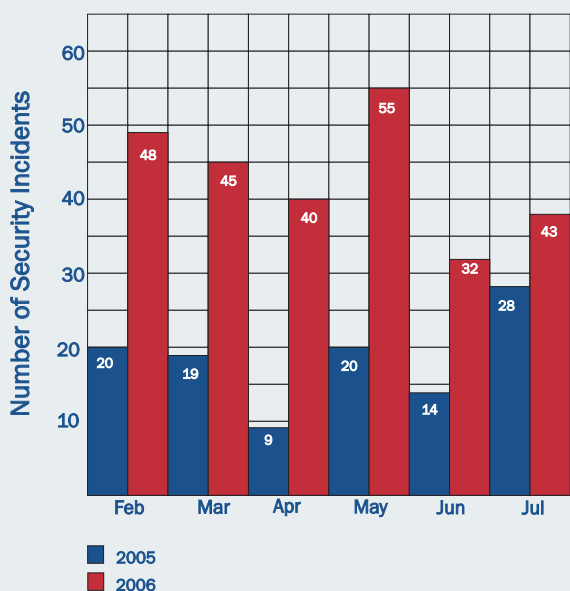


Photo Credit: WFP/Emilia Casella/2006

Women standing in line waiting for WFP food distribution at Abu Shouk IDP Camp in North Darfur. Due to the worsening situation in Darfur, WFP lost access to 180,000 beneficiaries in July alone, and are now unable to reach 470,000 people in need in Darfur.

DETERIORATION IN DARFUR

Security incidents involving UN-INGO-AU in Darfur
February to July 2005 & 2006



Over the period of July and August the situation in Darfur has deteriorated alarmingly, causing huge problems for humanitarian agencies and local populations and jeopardizing all that has been achieved so far.

In his briefing of the Security Council on humanitarian concerns in Darfur on August 28th, Under-Secretary-General for Humanitarian Affairs Jan Egeland told the Council that all that has been gained in humanitarian progress in Darfur could be lost

THIS ISSUE'S HIGHLIGHTS:

- OVERVIEW OF SOUTHERN SUDAN
- FORCED RELOCATION IN DAR ASSALAM
- FLOODS IN SUDAN
- DETERIORATION IN DARFUR
- FUNDING OVERVIEW; EVENTS CALENDAR

Welcome to the seventh issue of Sudan Humanitarian Overview 2006. Produced by the UN Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with other UN agencies and partner NGOs, the SHO aims to provide an overview of humanitarian trends and activities in Sudan, as well as to focus on particular issues of interest. Send comments and contributions to sho@unsudanig.org



“within weeks not months. I cannot give a starker warning than to say that we are at a point where the lives of hundreds of thousands could be needlessly lost.”

The immediate threat to humanitarian personnel going about their duties remains acute after nine aid workers were killed in July. At the end of August, ICRC also announced the death of a driver after a hijacking incident in North Darfur. Attacks on clearly marked humanitarian vehicles and compounds have all increased (eight vehicles hijacked in July, five in August) and these attacks are forcing affected humanitarian organizations to suspend all but the most essential operations in some areas, especially North Darfur.

At present, there is no access to large areas in Jebel Marra, North Darfur and northern West Darfur and inaccessible areas are expanding by the day. NGOs in North Darfur are largely confined to El Fashar. Should full scale conflict return to Darfur, there is mounting concern among humanitarian actors that many of the gains made over the last two years in terms of humanitarian indices will be lost.

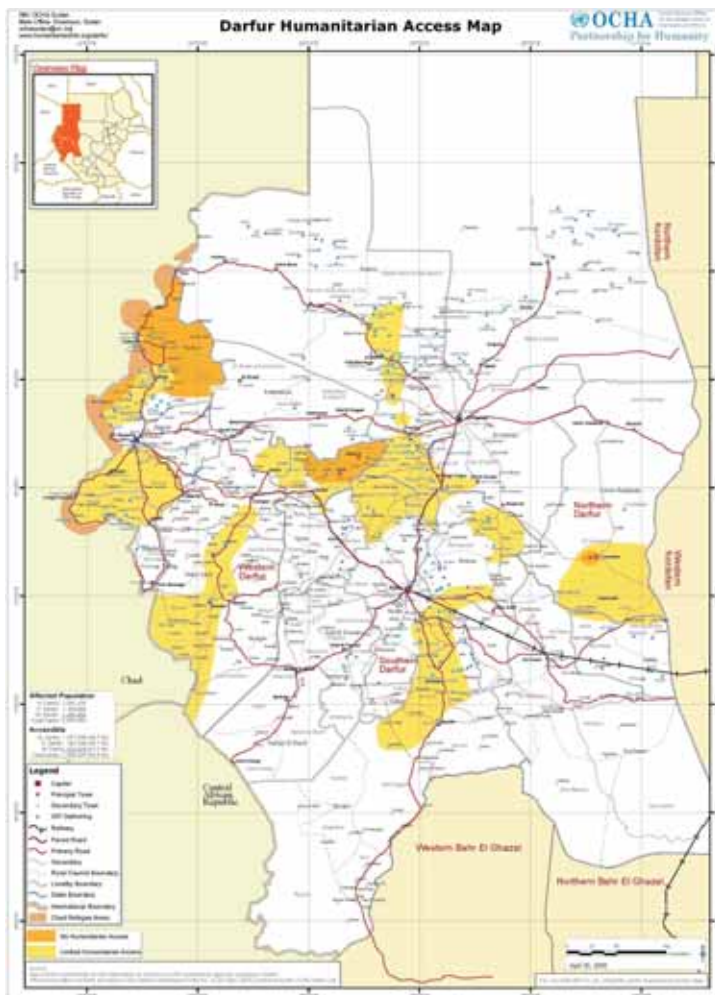
The lack of access and instability is having a dramatic impact on the ability of humanitarian organizations to reach beneficiaries. WFP reports that the numbers of known beneficiaries that they cannot reach jumped from 290,000 in June to 470,000 people in July. WHO reported that 40% of the people of North Darfur are not receiving health care as its NGOs have had to withdraw from various locations across North Darfur. WHO reports that 40% of the population in North Darfur is not receiving healthcare as their NGO partners have been forced to withdraw from numerous locations across the state.

At the same time as the conflict is impacting on humanitarian operations, needs among affected populations are also on the increase. Since May, there has been a dramatic rise in violence, sexual abuse and displacement of Darfurians. A total of 50,000 people are estimated to have been displaced in the last eight weeks, many of them for the first time. According to NGOs, more than 200 women have been sexually assaulted in the last five weeks in Kalma camp, and an additional 200 women say they have been assaulted in other ways, including being beaten, punched and kicked by assailants outside the camps.

The instability has also caused serious problems for farmers, preventing them from sowing next season's crops during the planting season. Not only have farmers who have been displaced been unable to return to their land to plant, but farmers in North and West Darfur are reporting that they are being harassed, beaten and in some cases shot to prevent land cultivation. Although agencies including FAO managed to carry out seed distributions as planned, far less planting has taken place than will be necessary to ensure seasonal harvests later in the year. This points to massive humanitarian needs in Darfur well into 2007.

The humanitarian operation in Darfur is also facing a significant gap. The humanitarian component of the Work Plan for Darfur is still only 63% funded with many sectors less than 35% funded. WFP has recently warned that it may be forced to introduce new cuts in rations in October to stretch limited resources into 2007. The increased instability has also necessitated the use of air assets to handle distributions, putting additional demands on available funds.

DARFUR HUMANITARIAN ACCESS MAP - APRIL 2006



DARFUR HUMANITARIAN ACCESS MAP - AUGUST 2006

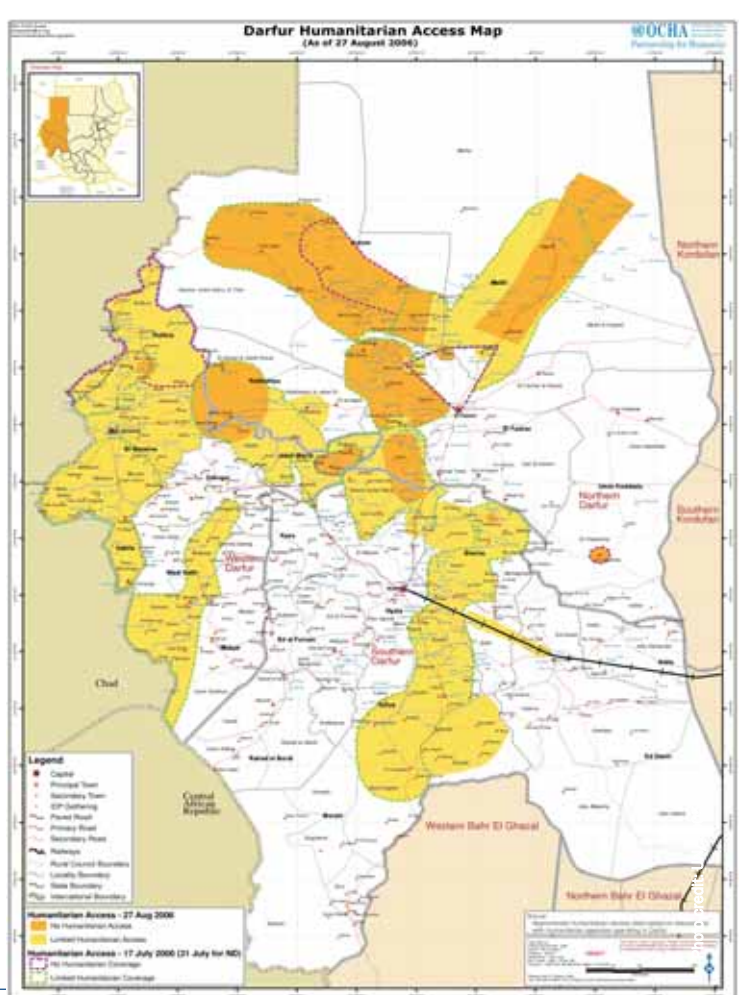




PHOTO CREDIT: UN/August 2006

IDP children await relocation at Dar Assalam IDP camp - August 17th 2006

FORCIBLY RELOCATED POPULATION OF DAR ASSALAM LACKING ESSENTIAL SERVICES

All 12,000 IDPs from Dar Assalam village, who were forcibly relocated on August 16th, are now living at the site to which they were removed, known as Block 4.

A joint protection and human rights mission from UNMIS, UNICEF, UNHCR, UNDP and FAR visited Block 4 on August 26th but was denied access to the original Dar Assalam and prevented from having meaningful contact with people and institutions in Block 4.

They were only able to visit the health facility which was found to be poor with insufficient drugs available. Despite written commitments from the local government, an estimated 700 families are still out in the open awaiting to receive assigned plots. One water yard is now broken, leaving just one to service the entire population, although a private company was seen trying to establish a third borehole. The price of a drum of water (the equivalent of 12 jerry cans) has now risen to SD500.

The community was forced to move, when armed personnel surrounded the village with tanks and bulldozers began destroying houses with little or no warning to residents. There were a number of arrests and the community reports that two children were killed. No one was allowed in or out of the area, and a UN team was escorted off the premises.

The relocation took place despite a MoU signed by the IDPs on the site and the Executive Director of Al Kamleen Locality which stated that the residents would not be obliged to move until the relocation site had been agreed upon and equipped with essential services such as electricity, water and health facilities, and approved by their representatives.

The site to which they were forcibly relocated (Block 4) had been previously rejected by the residents of Dar Assalam on the grounds that it was surrounded by chemical factories and did not have the required amenities.

The UN has condemned the relocations, and demanded that the government adhere to its commitments and provide the IDPs with the amenities mandated at the new site. The site was visited by the UN's Special Rapporteur for Human Rights in Sudan Dr Sima Simar in an unscheduled addition to her visit to Sudan in August. Dr Simar told a UN press conference that she was "seriously concerned" about events in Dar Assalam and called on the authorities to provide services to the population.

An MoU was signed by the population of Dar Assalam and Executive Director of Al Kamleen Locality (representing the Government) in May 2006 contained the following provision:

- The residents of Dar Assalam village agreed to move from their current location provided that another suitable area is provided and agreed upon.
- The parties to the MOU agreed to visit the proposed relocation site, which should include essential services of water, education, health, security and electricity, provided for by the Locality.
- The Locality is committed to allocate surveyed plots with ownership certificate to each household. The residents of Dar Assalam are exempt from any registrations fees, and the Locality is to pay each family the compensation agreed upon. In addition, the residents are responsible for handing over their current properties to the Locality within four months from the date of signing their ownership contracts, and receiving their compensation.

UPDATE ON EASTERN SUDAN

Kassala

There is a low-level outbreak of AWD/cholera in the state, including refugee camps, caused by the rainy season's effect on conditions. There is an increased influx of asylum seekers and refugees from Eritrea and a new trend has emerged with the arrival of people escaping insecurity in Somalia. The lack of access to Hamesh Koreib is continuing due to heavy rains and the presence of mines in the area.

Gedaref

The situation is similar to that of Kassala, with the rainy season aggravating a low-level AWD/cholera outbreak reported in the state.

Red Sea State

Tokar locality is affected by flooding from River Baraka. There are 1,500 households gathered in eight schools in Toker and an estimated 5,000 are stranded in the vicinity. They are receiving very little support from humanitarian actors as HAC and state authorities are refusing access to OCHA and UN agencies.



PHOTO CREDIT: UN/August 2006

Destruction of Dar Assalam Village, August 17 2006



1 AUGUST - 31 AUGUST 2006

VOLUME 2, ISSUE 7

FLOOD ALERTS AS NILE RISES



PHOTO CREDIT: UNOCHA/Berentius/2006

Water coming through the Rosires dam

The flooding of the Nile in recent weeks in North and East Sudan is being closely monitored by humanitarian agencies after levels close to those that triggered the catastrophic floods of 1988 were recorded in Khartoum.

The increased volume is partly the result of a decision by the Ethiopian government to open dams in the Blue Nile catchment area, following heavy rains and flooding in that country. Readings taken at Ed Deim on the Ethiopian border on August 25th showed a level of over 14 metres, the highest ever recorded. The Ministry of Irrigation is currently issuing a daily forecast of expected river levels.

Large tracts of agricultural land have been affected, and the

water has also damaged buildings including homes, bridges, schools and roads. The Sudanese Red Crescent Society have estimated that just over 11,000 households have been affected with one area still to be assessed. The number of fatalities is unknown.

In Khartoum, the response was initially handled by the Government of Sudan, with HAC dispatching five tonnes of drugs, 500 tents, 2000 plastic sheets and 1000 Sorghum bags to affected parts of Omdurman including IDP camps. The SRCS with support from IFRC will meet the emergency needs of 15,000 victims in four states for a period of two months. IFRC has appealed for nearly 486,000 USD in order to meet the emergency needs of 15,000 victims in four regions (Khartoum, Sinnar, Kassala and Hamadab).

An operations Centre has been established at the Sudanese Civil Defence HQ, bringing together personnel from HAC, the Ministry of Health, Ministry of Irrigation and other authorities.

There is also concern that the floods will also impact on the current cholera problems in East Sudan. The enormous amount of stagnant water could leave affected populations highly vulnerable to malaria, diarrhoea and respiratory infections. In Sennar, the worst affected state, UNICEF has provided mosquito nets and is looking for NGO partners to implement hygiene awareness.

The Blue Nile reached a peak of 17.01 metres in Khartoum on August 25th. The level at the time of the major floods in 1988, when hundreds of thousands lost their homes, was 16.70 metres. The 1988 event, however, was also characterized by 18 centimetres of rain in Khartoum in a ten hour period. The response to that disaster also led to the implementation of long term disaster preparedness measures such as construction of levees and flood walls which mitigated against a human impact on the 1988 scale on this occasion.

CHOLERA CONCERNS IN NORTHERN SUDAN

There is concern from health workers that the current flooding situation may exacerbate the existing cholera outbreak, especially in the north of Sudan.

The current outbreak began on April 21st in Khartoum and marked the return of cholera to the North after being absent for several years. WHO believed the death rate had peaked in July when the death rate reached 9%, but stated "Although the cholera outbreak is on the decline in the Sudan, except in the Darfur region, we should no doubt be worried about the flooding. Other water borne diseases such as Hepatitis E, dysentery and acute diarrhoea may also become widespread in the aftermath of this flood, particularly when the flood water starts to recede."

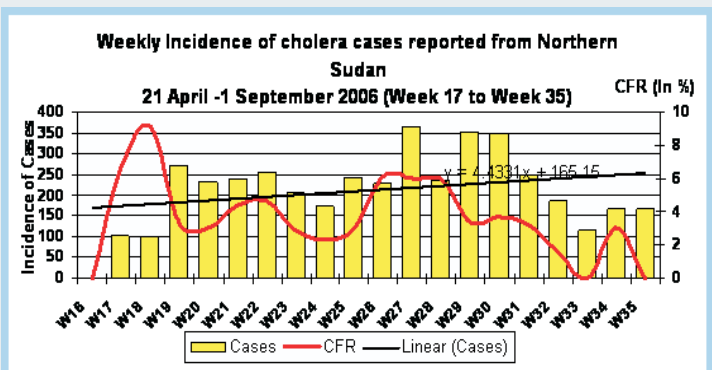
The movement of vulnerable populations between states is thought by WHO to have helped spread the disease.

According to the latest reports from the Federal Ministry of Health (FMOH) the total number of cases until 25 August 2006 in Northern Sudan is 6,573 cases including 209 deaths with a case fatality rate of 3.2%. Fourteen out of fifteen states in Northern Sudan are currently reporting cases of the disease, the most recent being West Darfur and North Darfur. The majority of cases have been reported from North Kordofan (24%) followed by Khartoum (15%) and White Nile (13%).

The cholera situation in the South also remains a concern: reported cases of acute water diarrhoea have been confirmed as cholera in eight of the ten states in Southern Sudan. So far a total of 17,355 cases and 512 deaths with an overall case

fatality rate of 2.95% have been reported. The FMOH has formed a cholera taskforce to co-ordinate the overall response to the outbreak.

Although there has been some decrease in the number of reported cases from Northern Sudan and a decline in the overall case fatality rate recently, new cases of cholera emerging in West and North Darfur indicate the urgent need to scale up the preventive and public health response efforts to control the spread of the disease to new areas and prevent more deaths from this outbreak. A number of organisations including MSF are working on improving sanitation and public health education in Darfur to help prevent the disease spreading, but these efforts are being hampered by the current security problems.



WHO Graph showing Cholera cases reported in Northern Sudan from 21 April to 01 September 2006. (Source: WHO Cholera Update Northern Sudan, 03 September 2006)



1 AUGUST - 31 AUGUST 2006

VOLUME 2, ISSUE 7

SOUTHERN SUDAN

Overall Situation

In general, while access throughout Southern Sudan has continued to improve, the prevailing wet conditions have hampered the provision of humanitarian assistance to communities in need. Most notable is Jonglei State where the rains have made many roads impassable and some airstrips unlandable including Bor town. Inter tribal/inter sectional conflict has also continued in parts of Warrap and Lakes State.

Humanitarian programmes continue to focus on returns and under-served areas. So far an estimated 160,000 people have returned (January -July). During the rainy season agencies focussed on planning and pre-positioning supplies. Meanwhile, UNHCR has repatriated over 11,000 refugees from neighbouring countries.

General food situation has not greatly improved despite the rainy season. But growing season progressed in many parts and food is available to households. Disease outbreaks which affected many parts have now stabilized. Cholera cases continue in Central Equatoria. Among other responses, ERF funded 7 cholera-related projects for a total of \$320,000. No new cases of meningitis reported though cases of yellow fever are being reported in Western Bahr el Ghazal.

Peace talks between the Ugandan government and the LRA formally opened on 14 July in Juba. While the initial tone particularly from the LRA appeared aggressive, subsequent meetings have progressed well. On 26 August the Ugandan Government and the LRA signed a cessation of hostilities agreement. The LRA leadership formally informs their fighters to observe the cessation while the Ugandan army stopped operations against the LRA. There has been a de facto ceasefire in place since 1 April where no incidents attributed to the LRA were reported as opposed to previous months. The talks and the current cessation of hostilities have had a significant impact on humanitarian programmes. Agencies will now be able to undertake longer term activities as well as regular outreach to monitor their activities since the area will reduce from phase 4 security level. Furthermore, Article 10.b. in the agreement of cessation of hostilities provides an entry point for release of women and children to specialized humanitarian agencies. Although details remain unspecified, the issue is being followed-up with the Mediation Team to ensure that timely assistance is provided.

Focus on Malnutrition Causes and Way Forward



PHOTO CREDIT: UNOCHA/Samajla/2006



PHOTO CREDIT: UNOCHA/Samajla/2006

Children in El-Salaam IDP camp inspect posters during an Information Day for southern IDPs considering returning home.

Recent analyses of chronic, high malnutrition in Northern Bahr el Ghazal and Upper Nile States reflect a change in determining chronic malnutrition and its seasonality. Recent findings indicate a link between malnutrition and seasonal trends. Reports highlight that inadequate access to water, hygiene/sanitation practises, or weaning practices/maternal workload are all causes of malnutrition. Therefore chronic high rates of malnutrition may not always be triggered by food scarcity, as has often been assumed.

Continuing peace, new market-economies as well as good climatic conditions have contributed to improved food availability in many areas. Despite these positive changes the GAM rates did not reduce. For example, high rates of malnutrition are regularly reported in NBEG. But the study indicates that high rates of malnutrition (that is rates well above emergency threshold) exist in these communities but do not describe emergency conditions that result in increased mortality. Instead, the stability or recovery reported in those communities highlights their remarkable resilience to conditions which would normally reflect a humanitarian emergency. There needs to be a shift from an approach of traditional emergency response to approaches which promote general recovery and development that does not diminish the capacity to medically manage malnutrition cases especially in children, nor diminish the coverage of surveillance activities. Finally, a clearer understanding of the nature of malnutrition and its causes in Southern Sudan which is emerging from this year's analytical work is being shared at all levels GoSS, UN agencies and NGOs to improve planning and priority setting and set new approaches to address malnutrition in Southern Sudan.

Roads

WFP recently received USD \$30 million from the Government of Southern Sudan (GoSS) in support of the road works project, which is the first significant humanitarian donation made by the GoSS. Work will now begin on Tonj to Wau route (100 kilometers); Mabiior to Malakal (265 kilometers); Yirol to Shambe road (75 kilometers). A portion of the funds received will also support ongoing activities for the Bor Dyke project which will assist in keeping the flood waters from the White Nile off the road north of Bor, a key town particularly for the returnees. The funds will also go towards maintenance work which will commence on key stretches of road between the Kenyan border and Juba.

