



International Organization for Migration (IOM)  
The UN Migration Agency



# IOM SUDAN HUMANITARIAN SUMMARY 2016



## INTRODUCTION

In 2016, Sudan continued to witness fluid population movements, due to a number of interconnected factors. According to the latest data, 4.6 million people were targeted for humanitarian assistance in 2016, in one of the most protracted and acute humanitarian crises worldwide. Conflict, natural disasters, scarcity of resources and poverty were some of the main causes of high levels of internal mobility. In addition, the situation in neighboring countries, South Sudan in particular, caused high influxes of refugees, coupled with the influx of Sudanese nationals returning from neighboring countries.

In response to this complex humanitarian situation, during 2016, IOM Sudan provided lifesaving humanitarian assistance including protection to a total of 1.8 million beneficiaries, catering to emergency needs of Internally Displaced Persons (IDPs), returnees, refugees, host communities and other vulnerable affected populations. IOM's interventions included the provision of shelters, Non-Food Items (NFIs), health, and Water, Sanitation and Hygiene (WASH) services. At the same time, enhanced protection and humanitarian coordination services were provided via timely deployment of the Displacement Tracking Matrix (DTM).

In addition to providing direct humanitarian assistance and coordination services, the Sudan Rapid Response Fund (RRF), funded by USAID/OFDA and managed by IOM, enabled partners to immediately respond to the critical needs of newly displaced IDPs, returnees and those affected by health emergencies with direct, humanitarian assistance. Overall, geographical coverage of IOM's humanitarian assistance increased in 2016 to cover all five Darfur states (North, East, West, South and Central), South Kordofan, West Kordofan, Blue Nile and Kassala states.

Essential data collected and disseminated via the DTM provided IOM and humanitarian partners with accurate and up to date information on the needs of affected populations, covering the five states of Darfur and South Kordofan. In addition, a DTM Working Group was established in July 2016, to facilitate coordination between IOM and humanitarian stakeholders. Discussions undertaken via the working group and with development partners have prompted the expansion of the DTM in Sudan to further support transition and early recovery initiatives, with a focus on promoting sustainable returns, in line with the IOM Framework on the Progressive Resolution of Displacement Situations.

In 2016, the RRF grants assisted more than half a million direct and indirect beneficiaries with critical WASH, shelter, NFI, health and protection services in the states of Darfur and Kordofan. IOM's ES/NFI assistance reached more than 78,000 vulnerable, crisis and disaster affected people in the states of North, South and West Darfur. Emergency health assistance reached more than 80,000 beneficiaries in the states of North, South, East and West Darfur. IOM's provision of emergency WASH services reached more than 600,000 beneficiaries in the states of North, South and East Darfur, West Kordofan, South Kordofan, Blue Nile and Kassala. Finally, as part of IOM Sudan's strategy of linking emergency response to early recovery efforts, with the aim of fostering lasting solutions to displacement, a Cross Border Peace and Cooperation (CBPC) project reached over 57,000 beneficiaries among nomadic and sedentary populations in the states of South and East Darfur, with activities aimed at prompting community stabilization through social cohesion.

HEALTH



80,000

Over **80,000** beneficiaries received critical health assistance through IOM Emergency Health projects.

ES/NFI



78,418

**78,418** beneficiaries were assisted through IOM Emergency Shelter and Non-Food Items (ES/NFI) projects.

DTM



422,740

**422,740** IDPs, returnees, and South Sudanese refugees were reached through IOM's Displacement Tracking Matrix (DTM).

RRF



523,000

**523,000** beneficiaries were reached through the Rapid Response Fund (RRF).

WASH



653,913

**653,913** beneficiaries were provided with access to safe water, health and hygiene education through IOM Water, Sanitation and Hygiene (WASH) projects.



**1.8**

**million vulnerable individuals were assisted through IOM emergency assistance.**



# Displacement Tracking Matrix

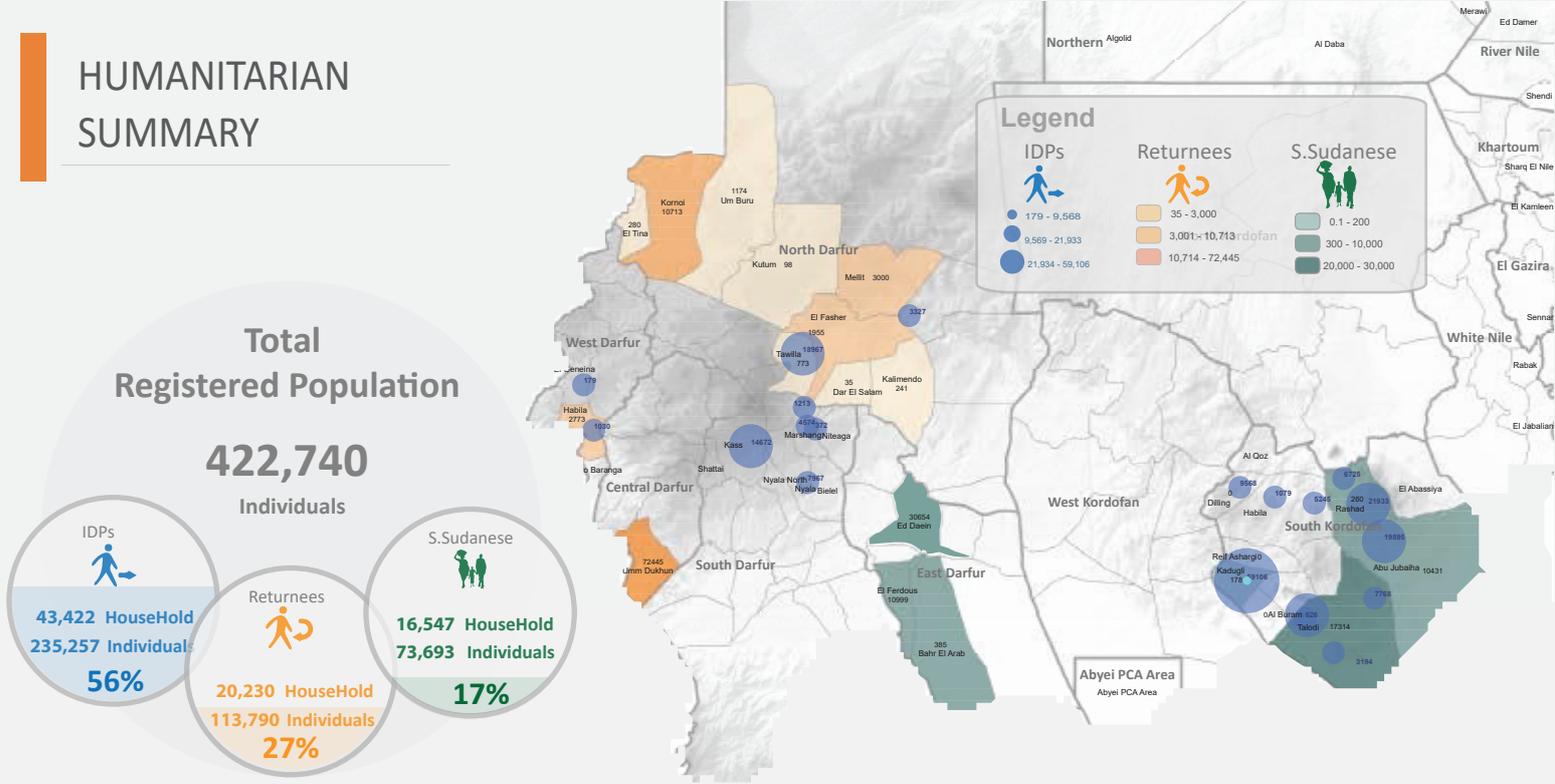


The Displacement Tracking Matrix (DTM) is a global IOM tool designed and developed to track and monitor human mobility and displacement during crises. The DTM has been used in Sudan since 2004, initially covering the Darfur region and later extending to other areas such as Kordofan State. In coordination with the Sudan Humanitarian Aid Commission (HAC), and in partnership with the Humanitarian Country Team (HCT), the DTM provides all humanitarian partners with essential, accurate and up to date information on affected populations, providing a better understanding of beneficiaries' crucial needs and enabling humanitarian actors to deliver vital, timely assistance to the most vulnerable. DTM biometric data collection is further implemented for both new and protracted displacements, increasing data accuracy.

Due to the importance and wide use of the information provided by the DTM, a DTM Working Group was established, to allow all stakeholders to discuss and suggest ways of enhancing the tools and methodologies used in the Sudan context. The working group is led by IOM and the Office for Coordination of Humanitarian Affairs (OCHA), and its main members are UN agencies, sector leads, donors and NGOs.

In 2016, IOM's DTM team conducted over 70 missions in more than 35 localities and registered and / or verified a total of 422,740 individuals in the Darfur region and in South Kordofan State. Of those, 235,257 were IDPs, 113,790 returnees and 73,693 refugees (South Sudanese). 35,113 individuals among the registered caseload were identified as being in need of special assistance (most vulnerable individuals). The group comprised of pregnant and lactating women who were the majority, unaccompanied minors and elders, single parents, people with physical and mental disabilities and the chronically ill. 63 percent of the registered households were headed by females, but significant variations were registered among the different groups, with the lowest percentage observed among the refugee caseload (57 percent) and the highest among the returnee caseload (72 percent).

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**IDPs** : A total of 235,257 IDPs were registered in 2016 in the Darfur region and in South Kordofan State. In the Darfur region, registrations of protracted and new IDPs took place in a number of locations. The majority of new arrivals were displaced from the Jebel Marra area to South, Central and North Darfur states. 33,627 cases were registered in different locations of South Darfur State, including Otash camp in Nyala, Kass and Menwashi. The main caseloads in North Darfur State were registered in Tawilla and Sortoni, an area which IOM has limited access to. No IDP registrations took place in Central Darfur State. DTM biometric exercises were carried out in three different camps in Tawilla locality in North Darfur State, Argo, Dali and Rwanda, targeting older, protracted caseloads in order to update the population data in these camps.

In South Kordofan State, the DTM team conducted a re-registration exercise of all the existing IDP caseloads. The data collected through the exercise showed a 22 percent reduction in the number of IDPs, with the exception of Kadugli locality. Tracking and registering of new IDP arrivals took place in more than 13 localities in the State and enabled the humanitarian community to gain a more accurate understanding of the new IDP population.

**Returnees** : A total of 113,790 returnees were registered during 2016, of which 80,387 in Um Dukhun locality in Central Darfur State (mainly in Murdaf, Garaya and Beltabi), and 28,530 in North Darfur State. Most of the registered returnees were Sudanese nationals who had returned from Chad.

**Refugees** : A total of 73,693 refugees were registered in 2016. Registrations took place in two states, namely South Kordofan and East Darfur states, in a total of 12 localities. A registration exercise in West Kordofan is planned to start in early 2017. 62 percent of the refugees registered in East Darfur State were part of an older caseload who were re-registered during 2016 in order to update this database. The refugees registered in West Kordofan were recently displaced from South Sudan.

# Rapid Response Fund



Funded by USAID/OFDA and managed by IOM, the Rapid Response Fund (RRF) is a unique advanced emergency funding mechanism, which provides grants to National and International NGOs for critical, life-saving activities in the immediate aftermath of a natural or man-made disaster. Covering the Abyei area, Blue Nile, Darfur, South and West Kordofan States, the grant provides urgent support to IDPs within six sectors: NFIs, Humanitarian Coordination and Information Management, WASH, Health, Protection, Shelter and Settlement. With its accessibility to National and International NGOs, the RRF mechanism is able to respond with urgency to reach underserved populations that are often excluded from other funding streams. The RRF also supports the capacity development of its implementing partners through one-on-one coaching, mentoring and close monitoring and evaluation support.

During January to December 2016, the RRF worked with five implementing partners, World Relief Sudan, Plan International Sudan, Triangle Generation Humanitaire, Nada Elazhar Organization for Disaster Prevention and Sustainable Development and Concern World Wide Sudan, funding a total of six projects. Almost 523,000 direct and indirect beneficiaries were reached with critical WASH, Shelter, NFIs, Health and Protection services in the Darfur and Kordofan States. Both National and International NGOs were successful in their applications to the RRF and the total amount of funding disbursed reached 1,110,162 USD.

2016 Disaster

## Rapid Response Fund Intervention



Over **100,000** people were supported through this emergency health project.

**Health emergency** - The RRF responded to the Dengue/Malaria outbreak in Kerenik locality, West Darfur through the rehabilitation of clinics, launch of mobile clinics, and training of health workers. Community-based health surveillance systems were also strengthened through training of community health workers and the organization of multiple health campaigns.

69,000



40,000



**WASH emergency** - The RRF reached almost 69,000 returnees in Um Dukhun locality, Central Darfur, who had returned from Chad to their home land. Since leaving their villages in 2013, all infrastructure (wells, latrines, homes) had been destroyed. Returnees were drinking water directly from contaminated, hand-dug wells, leading to a high level of water-borne infections, particularly in young children. The RRF provided clean and safe water, latrines, soap, mosquito nets and hygiene promotion.

**WASH emergency** - Assistance was provided to 40,000 newly displaced individuals who fled the Jebel Marra crisis during early 2016, arriving to Tawilla camp in North Darfur. Due to delays in processing other fund mechanisms, the RRF intervened with urgency and provided emergency water trucking, water chlorination, emergency latrines, hygiene promotion and distribution of hygiene kits.

230,000



**Protection emergency** - Over 230,000 vulnerable IDPs who were displaced to two camps and surrounding areas of Kutum locality, North Darfur, during late 2015, were provided with protective services. Activities included the mapping of service providers, referrals for people with special needs, provision of mobility aids for individuals with physical disabilities, the distribution of dignity kits to vulnerable women, and training communities in how they can better protect themselves and their children. Traditional, community-based support structures were also re-invigorated and capacitated, supported by local government (e.g. Ministry of Social Affairs and the State Council for Child Welfare).

1,000



2,722



**ES/NFI emergency** - Due to a shortage of country-wide funding and thus an absence of support to this population of 69,000 returnees in Um Dukhun locality, the RRF further provided them with shelter and Non-Food-Item (NFI) assistance. 1,000 households, who had at least one member with special needs, received improved emergency shelters. A further 700 households received NFIs based on similar vulnerability criteria.

**ES/NFI emergency** - 2,722 individuals in Alnihood locality of West Darfur state had their houses destroyed or partially damaged during floods in July and August 2016. These households were supported with Emergency Shelter and Non-Food-Item kits, provided by the ES/NFI Sector, enabling them to carry out emergency repairs to their houses or construct emergency shelters until the rains abated.

# Emergency Shelter and Non-Food Items



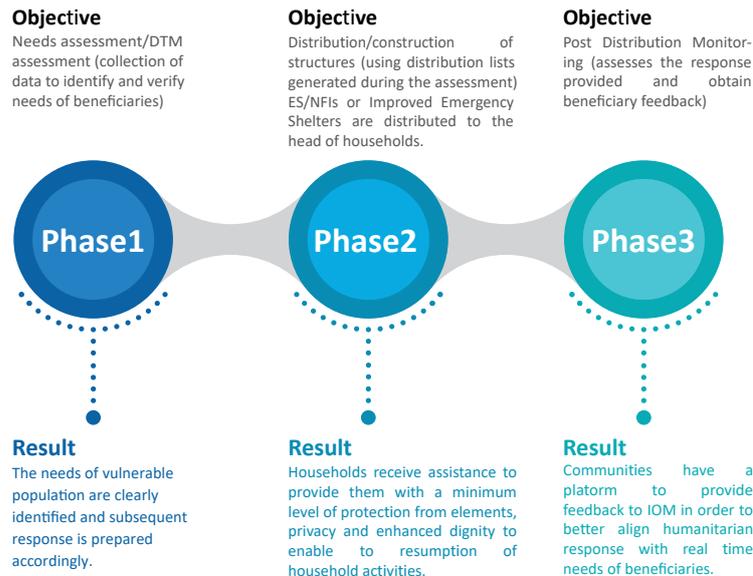
IOM's Emergency Shelter and Non-Food Items (ES/NFIs) assistance continued to provide life-saving support to 78,418 vulnerable, crisis and disaster affected people across three Darfur states between January and December 2016. ES/NFI response is directly linked to the Displacement Tracking Matrix (DTM), which supports the assessments of households needs, verification of affected populations and generation of beneficiary lists ensuring that ES/NFI assistance reaches the most vulnerable beneficiaries, including Internally Displaced Persons (IDPs), vulnerable returnees, disaster affected communities and primary school aged children and teachers, through the construction of temporary classrooms.

To ensure adequate coordination and planned response in the delivery of ES/NFI assistance, IOM works in coordination with the Humanitarian Aid Commission (HAC) and the ES/NFI sector and partners in Sudan. Assistance is delivered jointly with NGO partners based in each locality after coordination has occurred at the sector level.

During 2016 IOM undertook 32 ES/NFI missions which included needs assessment visits, distribution missions and Post Distribution Monitoring (PDM). This three phase ES/NFI response cycle allows IOM to: (i) collect sufficient data on beneficiary needs; (ii) procure and distribute non-food item kits, and materials to construct improved emergency and transitional shelters, based on the findings of data collected through assessments; (iii) collect feedback from beneficiaries and local communities (through PDM) on the distribution process, satisfaction with received items and suggestions on how to modify responses to suit the needs of beneficiaries based on the given context.



## ES/NFI response cycle



78,418 Internally Displaced Persons (IDPs), returnees and vulnerable disaster affected populations in North, South and West Darfur states received ES/NFIs, Improved Emergency Shelters (IES), communal shelters and temporary classrooms/dormitories. Of the assisted beneficiaries, 10,833 households were assisted through the provision of life-saving ES/NFI assistance and 1,656 households were provided with enhanced protection through the construction of Improved Emergency Shelters (IES). In addition to the provision of IES and ES/NFI kits, IOM Sudan constructed a total of 24 communal spaces of which 14 are used as temporary classrooms for primary school aged children and 10 benefited youth groups, women groups and community leaders as safe spaces for meetings and gatherings.

72% of assisted beneficiaries were IDPs most of which were newly displaced as a result of crises and natural disasters. The majority of the IDPs assisted were displaced as a result of the conflict in Jebel Marra into IDP sites in Tawilla (10,392 individuals), Sortoni (9,561 individuals) and Kass (355 individuals). In addition, host communities were displaced as a result of the higher than average amount of rainfall which resulted in flash floods across localities in North and West Darfur. Returnees comprised of 27% of the assisted caseload, most of which were Sudanese returning from camps in Chad into North and West Darfur states, followed by returnees in West Darfur state returning to places of origin. Finally, 1% of the 78,418 assisted individuals were vulnerable members of the host community. IOM Sudan's ES/NFI assistance for returnees consists mainly in the provision of IES; in the case of new arrivals ES/NFI kits are provided while funding for durable shelter solutions is sought. Assistance provided to vulnerable host communities is limited to host communities who have been negatively affected by disasters (such as fire affected households); they are provided with ES/NFI kits and IES at the onset of the disaster as a temporary shelter solution. IOM's ES/NFI teams also provided temporary classrooms benefiting 879 primary school children and 20 teachers in Borgo IDP camp and Malha IDP site in North Darfur state. This assistance was extended at the request of the Education sector lead and based on request for assistance received from the State Ministry of Education.

# Emergency Health



IOM provided lifesaving Primary Health Care to vulnerable populations throughout the Darfur region, working in full coordination with the Sudan Ministry of Health, WHO and UNICEF. In addition to providing emergency care, the interventions contributed to the longer term sustainability of quality health care through a number of activities which included maintenance and critical repairs of health facilities, capacity building for health workers, health promotion and community mobilisation.

A total of 52,232 beneficiaries were assisted through direct medical consultations in the IOM managed clinics (fixed and mobile). The clinics are based in El Sireif (South Darfur), Allait, Al Sayah, Gallab and Abbassi IDP Camp (North Darfur), in Alfidrous (East Darfur) and in Muli (West Darfur). The services, provided as part of the Minimum Basic Health Package (MBHP), included Outpatient Treatment (OTP) of acute and chronic communicable and non-communicable diseases; basic maternal care such as Antenatal Care (ANC) and the promotion of safe pregnancies and deliveries; child health services, including screening and Community Based Management of Malnutrition (CMAM) and immunizations; facilitation of referrals. Additional activities included community mobilization, activities in response to public health threats, health workers training and health promotion campaigns.

Particular attention was given to activities that contributed to the reduction of maternal morbidity and mortality. A total of 6,238 pregnant women attended Antenatal Care (ANC) visits and 317 births were assisted by skilled attendants (with additional 51 referrals for obstetric complications and/or emergencies). In addition, 5,000 girls and women received education about good reproductive health practices, and were provided with feminine hygiene kits and information on how to improve their personal hygiene habits.



# HUMANITARIAN SUMMARY



**52,232** beneficiaries were assisted through direct medical consultations in the IOM

**60**  
(CHW)

Community Health Workers (CHW) were trained on nutrition related topics.

**1,145**  
Estimated Beneficiaries reached via CHWs



**11,039** children, as well as pregnant and lactating women, were screened on a regular basis for severe malnutrition using a number of screening methods including a mass MUAC (Mid Upper Arm Circumference) campaign and weight for height.

**20**  
(CHW)

Community Health Workers (CHW) were trained on prevention, early detection, treatment and emergency response to severe malaria outbreaks.

**3,759**  
Households benefitted in El Sereif, South Darfur



**6,238** pregnant women attended Anti-Natal Care (ANC) visits.

**140**  
(CHW)

Community Health Workers (CHW) were trained on general health topics including safe drinking water, good practices in personal hygiene and food handling, awareness of water borne diseases, correct water storage practices, and the importance of immunization as way of preventing infectious diseases.

**1,000**  
Estimated Beneficiaries reached via CHWs



**317** births were assisted by skilled attendants (with additional 51 referrals for obstetric complications and/or emergencies).



**5,000** girls and women received education about good reproductive health practices, and were provided with feminine hygiene kits and information on how to improve their personal hygiene habits.



**10,745** children were vaccinated through routine EPIs (Expanded Programme for Immunisation) and against polio.

Children under 5 years were assisted through outpatient medical, nutritional and vaccination services. 8,398 children were reached through routine Expanded Programme for Immunisation (EPIs) and 2,347 were vaccinated against polio. 11,039 children as well as pregnant and lactating women were screened on a regular basis for severe malnutrition using a number of screening methods including a mass Mid Upper Arm Circumference (MUAC) campaign and weight for height. All cases of malnutrition were subsequently managed through Community-based Management of Acute Malnutrition (CMAM) or through referrals to nutrition programs or inpatient care, reaching a total of 1,269 children and 92 pregnant and lactating women.

IOM delivered a number of training and awareness programs on health and nutrition. 60 Community Health Workers (CHW) were trained on nutrition related topics such as MUAC screening and CMAM. They subsequently facilitated peer learning groups for 330 caregivers, disseminating information about appropriate Infant and Young Child Feeding (IYCF) practices and diet diversity. In addition, 20 Community Health Workers (CHW) were trained on prevention, early detection, treatment and emergency response to severe malaria outbreaks, and 140 CHW were trained on general health topics including safe drinking water, good practices in personal hygiene and food handling, awareness of water borne diseases, correct water storage practices, and the importance of immunization as a way of preventing infectious diseases.

Finally, IOM worked in close coordination with other health partners to respond to an outbreak of severe malaria and suspected Viral Hemorrhagic Fever (VHF) in late 2015 and early 2016. IOM direct interventions reached 3,759 households in El Sereif (South Darfur State) and included: the training of 40 CHWs on prevention, early detection, use of established early warning and response systems, and treatment of infectious diseases; house-to-house fog spraying; vector surveillance; vector source reduction and mechanical larvae control.

# Water, Sanitation, and Hygiene



In 2016, IOM Sudan provided life-saving WASH interventions in response to both protracted and sudden on-set emergencies, reaching a total of 653,913 beneficiaries comprising of new and long term IDPs, returnees and newly arrived South Sudanese refugees.

The IOM WASH unit worked closely with national counterparts and communities to design interventions aimed at enhancing access to basic services, such as safe water, sanitation and hygiene services in South Kordofan, West Kordofan, South Darfur, East Darfur, North Darfur, Kassala and Blue Nile States. In total 4,032 latrines were constructed or rehabilitated, 16 mini water yards were constructed/rehabilitated, solar and non-solar, 6 water yards were constructed/rehabilitated, 72 hand pumps were constructed/rehabilitated, 11 water taps distribution points were rehabilitated, 26,913 WASH Emergency kits were distributed, 3 emergency bladders were installed and 60 hygiene and sanitation campaigns and 3 trainings were conducted.

In North Darfur, IOM provided life-saving assistance to over 150,000 IDPs displaced during the Jebel Marra crisis. Access to safe water was provided to 7,636 beneficiaries in Debenaira through the construction of a large water yard, the rehabilitation of 30 hand pumps and the construction of 5 mini water yards. In addition, during the implementation of the project, the influx of new arrivals in the camps, created a large gap in water availability, to which IOM responded by activating water trucking services, delivering 240,000 litres of water for 75 days to approximately 31,000 beneficiaries. Finally, IOM constructed 645 new latrines and rehabilitated 400 existing ones, and carried out hygiene and sanitation campaigns.



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In South Darfur, IOM responded to the influx of new IDPs in Otash Camp through a number of interventions, which included the maintenance of 12 mini water yards, the construction of a new mini water yard, installation of three emergency bladders, delivery of hygiene campaigns and training of hand pump mechanics, reaching a total of 91,904 beneficiaries. In addition, IOM is currently implementing a project in Otash camp that aims to increase water availability from 8.2 to 11 liters per day per person, whilst at the same time improving hygiene practices and establishing autonomous water committees to manage the water yards and ensure future sustainability.

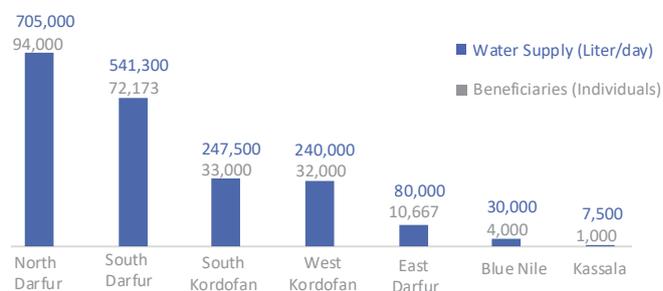
IOM also responded to the sudden influx of South Sudanese arrivals in East Darfur, working in close coordination with local authorities and with other international partners in order to avoid any duplication of activities. The IOM WASH team provided access to safe-water sources by constructing a water yard in Khor Omer, improved sanitation conditions by constructing 350 emergency latrines and distributed hygiene kits to ensure that safe hygiene practices would be maintained.

IOM provided life-saving WASH assistance to the most vulnerable population in South Kordofan, West Kordofan and Blue Nile States by enhancing access to safe drinking water sources and improving knowledge and attitude towards safe hygiene practices. In the first half of 2016, IOM delivered 2,150 emergency WASH kits to 9,100 IDPs and South Sudanese refugees in Damazin (Blue Nile State), Sirajiya (South Kordofan State), and Al Sonut (West Kordofan State). The WASH materials included water purification kits to ensure access to safe water, and jerry cans for safe storage. IOM constructed a number of water points in El Gus locality, assisting a total of 32,772 beneficiaries in South Kordofan.

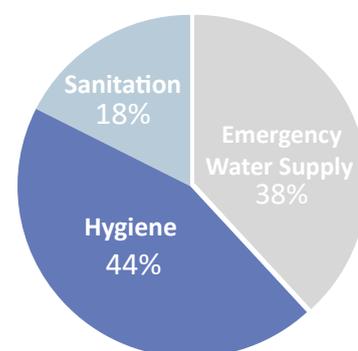
In West Kordofan, IOM provided life-saving assistance to newly arrived South Sudanese refugees in the reception centre in Kharasana. A water yard serving 9,690 South Sudanese was built, together with 216 latrines to serve both refugees and host communities.

Finally, in the second half of 2016, IOM responded to the emergency situation caused by floods and heavy rains, which caused various degrees of damages in a number of states, as well as contributing to the outbreak of Acute Watery Diarrhoea (AWD). IOM distributed 750 water purification kits in West Kordofan, 1,160 in Kassala, 1,160 in Blue Nile, 1,500 in South Kordofan and 2,600 in North Darfur. In addition, IOM is currently carrying out emergency interventions in Kassala and Blue Nile in response to the AWD outbreak by enhancing access to safe water, improving hygiene practices and increasing knowledge of water borne diseases.

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Water Supply in liters/day and Beneficiaries



Beneficiaries by WASH activity

While responding to the humanitarian imperative is fundamental to IOM's strategy in Sudan, emergency response is also inextricably linked to another fundamental pillar; the investment in early transition and post-crisis recovery efforts, aimed at fostering durable solutions to displacement. Building resilience and local capacity is therefore a key component of IOM's strategy.

Within the WASH emergency projects, IOM aims to promote durable solutions in a number of ways. Firstly, environmentally sustainable infrastructure are utilized whenever possible, for example through the construction of solar powered mini water yards. Secondly, most of IOM's WASH interventions include targeted community trainings based on the activities implemented within the projects. In 2016, IOM trained hand pump mechanics, water user committee members and hygiene trainers. Thirdly, IOM seeks to involve communities in the selection of activities and locations, and in construction works. The designs of the interventions are constantly being revised, combining them with tailored campaigns and trainings to enhance future resilience to environmental and other types of shocks.

While IOM's work on promoting durable solutions focuses primarily on IDPs, refugees and returnees, the needs of other groups such as pastoralist and affected host communities who may be equally vulnerable as a result of displacement must also be taken into account. Both pastoralist and host communities struggle with increased competition over access to natural resources, basic services and livelihood opportunities.

# Progressive Resolution of Displacement



IOM's Strategic Approach to the progressive resolution of displacement situations, is summarized in its mission statement, *"Working in partnership, to maximize opportunities that employ mobility strategies to foster the resilience of displaced populations, other migrants and affected communities towards the progressive resolution of displacement situations"*. Implemented through a six-step process, IOM's approach recognizes mobility as being central to bridging the humanitarian-development nexus, by allowing people to preserve or increase available resources and opportunities. IOM's six-step approach includes; 1) Analysis of displacement situations; 2) Engagement with communities; 3) Engagement with coordination mechanisms and partners; 4) Development of strategic objectives; 5) Integration of key principles; 6) Monitoring and evaluation. In line with this approach, during 2016, humanitarian activities across all sectors continued to work towards linking emergency to longer-term programming.

Research and analysis of displacement situations were undertaken through DTM camp profiling, mapping of internal displacements and rapid site assessments in areas of return, providing an accurate baseline for longer-term planning and programming.

As the co-lead of the Recovery, Returns, and Reintegration (RRR) Sector, IOM works within the Cluster Coordination Mechanism to support voluntary returns and sustainable reintegration. The RRR sector's Information Management Working Group is chaired by IOM and is the main source of data on returnee population figures, basic services and conducive environment in the villages of return. To further support sustainable returns, 27 per cent of IOM's Emergency Shelter and Non-Food Items were provided to returnees in the form of improved emergency shelters and NFI kits. IOM also contributed to stabilizing returns in North Darfur through the provision of

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essential drugs to Kornoï rural hospital in coordination with WHO, and the distribution of 621 feminine dignity kits to vulnerable women and girls of reproductive age in Um Baru.

A WASH Vulnerability Study was launched in collaboration with the WASH Sector, to analyse the current water tariff systems in a number of IDP camps in Darfur. The project's aim is to map out available water sources and to conduct a water usage study. The results will contribute to developing a WASH Sector strategy and tariff system with the adoption of a market-based programming approach, to reduce dependency on humanitarian aid and empower communities to be more self-reliant.

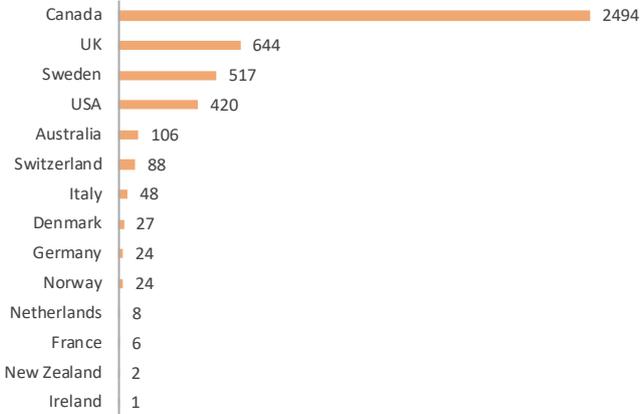
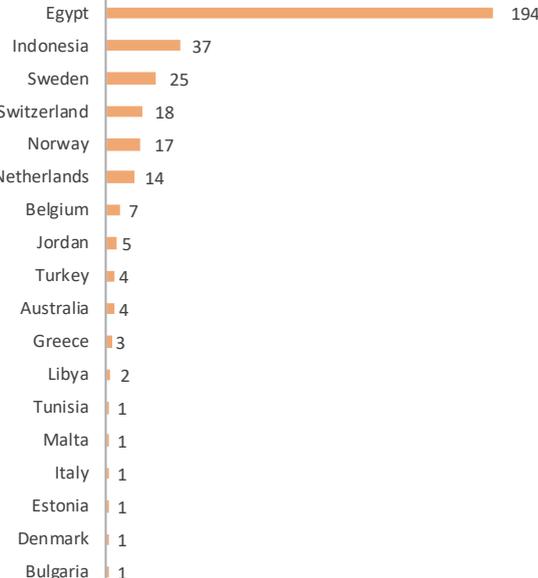
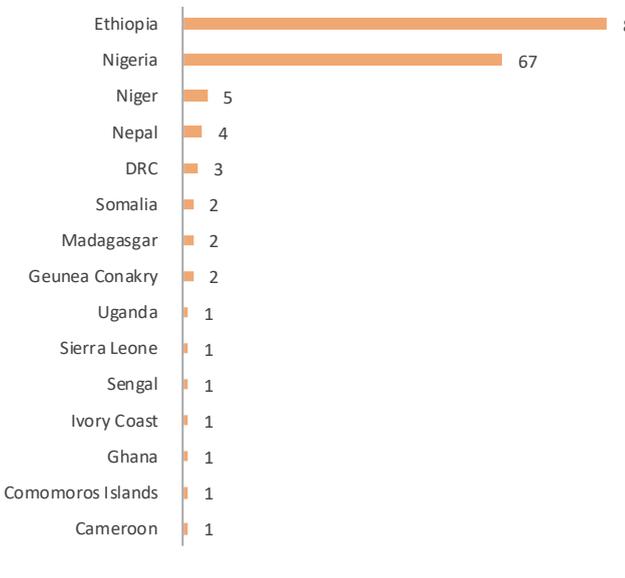
Seasonal transhumance, the regular movement of people and cattle, as practiced by nomadic pastoralists across the Sudan–South Sudan border often coincides with conflicts between nomadic and sedentary communities, resulting in the displacement of people. IOM engages with both nomadic and sedentary communities in the border states of Sudan to mitigate the circumstances leading to conflict, by carrying out shared planning of community infrastructure (such as WASH and shared market spaces) and promoting interdependent economic opportunities. In 2016, under the European Union-funded Cross Border Peace and Cooperation (CBPC) project, IOM promoted resilience-building, by assisting numerous crisis affected populations. The interventions included community stabilization through activities aimed at promotion of local integration of nomadic people, social cohesion between the two communities via construction and rehabilitation of critical infrastructure, benefitting over 57,000 members of both nomadic and sedentary populations.

All RRF-funded projects focused on building knowledge and skills within local communities, through the training and mentoring of community-based volunteers. Traditional community-based social protection mechanisms such as El Maglis were also rebuilt and/or strengthened.

A third-party monitoring system was set up through IOM's USAID/MSI-funded Darfur Monitoring Project. Quantitative and qualitative outputs of Health and WASH OFDA-funded activities in West and South Darfur are monitored through this project, and Data Quality Assessments (DQA) are implemented to strengthen the implementing partner's data quality which in turn boosts evidence-based programming. The gathered independent verifiable data informs both emergency service provision, as well as resilience programming.

# Operations and Movement Management

IOM assists refugees residing in Sudan to resettle in a third country, as well as Sudanese migrants to voluntarily return home. In many instances, migrants' return home is combined with a programmatic facilitation of their reintegration in their respective communities of return through IOM's Assisted Voluntary Return and Reintegration (AVRR) programme. Each refugee and / or migrant assisted to move under IOM auspices undergoes specific health assessments and fit-to-travel medical clearance prior to departure.

Programme	Beneficiaries assisted January – December 2016																																																																						
Resettlement	<p>Assisted 4,409 refugees to resettle in 14 countries. Top 5 major destinations were Canada, UK, Sweden, US and Australia, that together account for 94.8% of the resettled caseload. The remainder 9 countries represent only 5% of the total resettlement admissions. In 2016, the volume of IOM Sudan's resettlement operations was 130% higher than what it used to be five years back, namely in 2012.</p> <p style="text-align: center;"><b>Refugees resettled from Sudan in 2016 by Country of Destination</b></p>  <table border="1" data-bbox="368 779 1010 1193"> <thead> <tr> <th>Country of Destination</th> <th>Number of Refugees</th> </tr> </thead> <tbody> <tr><td>Canada</td><td>2494</td></tr> <tr><td>UK</td><td>644</td></tr> <tr><td>Sweden</td><td>517</td></tr> <tr><td>USA</td><td>420</td></tr> <tr><td>Australia</td><td>106</td></tr> <tr><td>Switzerland</td><td>88</td></tr> <tr><td>Italy</td><td>48</td></tr> <tr><td>Denmark</td><td>27</td></tr> <tr><td>Germany</td><td>24</td></tr> <tr><td>Norway</td><td>24</td></tr> <tr><td>Netherlands</td><td>8</td></tr> <tr><td>France</td><td>6</td></tr> <tr><td>New Zealand</td><td>2</td></tr> <tr><td>Ireland</td><td>1</td></tr> </tbody> </table>	Country of Destination	Number of Refugees	Canada	2494	UK	644	Sweden	517	USA	420	Australia	106	Switzerland	88	Italy	48	Denmark	27	Germany	24	Norway	24	Netherlands	8	France	6	New Zealand	2	Ireland	1																																								
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Migration health processing	<p>Conducted over 6,100 health assessments for all IOM-assisted out-bound migrants including refugees due for resettlement, as well as Tuberculosis screenings for migrants to UK and DNA sampling for migrants bound to Italy.</p>																																																																						
Inbound and outbound AVRR	<p>336 Sudanese nationals were assisted to voluntarily return from 18 countries and provided them with start-up reintegration support in Sudan. Top 5 sending countries: Egypt, Indonesia, Sweden, Switzerland, and Norway. 181 non Sudanese nationals were assisted to voluntarily return to their country of origin. Top 5 return countries: Ethiopia, Nigeria, Niger, Nepal, Democratic Republic of Congo.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="344 1496 882 2141"> <p style="text-align: center;"><b>Sudanese migrants assisted to voluntarily return home in 2016</b></p>  <table border="1" data-bbox="344 1563 882 2141"> <thead> <tr> <th>Country of Origin</th> <th>Number of Migrants</th> </tr> </thead> <tbody> <tr><td>Egypt</td><td>194</td></tr> <tr><td>Indonesia</td><td>37</td></tr> <tr><td>Sweden</td><td>25</td></tr> <tr><td>Switzerland</td><td>18</td></tr> <tr><td>Norway</td><td>17</td></tr> <tr><td>Netherlands</td><td>14</td></tr> <tr><td>Belgium</td><td>7</td></tr> <tr><td>Jordan</td><td>5</td></tr> <tr><td>Turkey</td><td>4</td></tr> <tr><td>Australia</td><td>4</td></tr> <tr><td>Greece</td><td>3</td></tr> <tr><td>Libya</td><td>2</td></tr> <tr><td>Tunisia</td><td>1</td></tr> <tr><td>Malta</td><td>1</td></tr> <tr><td>Italy</td><td>1</td></tr> <tr><td>Estonia</td><td>1</td></tr> <tr><td>Denmark</td><td>1</td></tr> <tr><td>Bulgaria</td><td>1</td></tr> </tbody> </table> </div> <div data-bbox="911 1496 1536 2141"> <p style="text-align: center;"><b>Non-Sudanese migrants assisted to voluntarily return to country of origin</b></p>  <table border="1" data-bbox="911 1563 1536 2141"> <thead> <tr> <th>Country of Origin</th> <th>Number of Migrants</th> </tr> </thead> <tbody> <tr><td>Ethiopia</td><td>89</td></tr> <tr><td>Nigeria</td><td>67</td></tr> <tr><td>Niger</td><td>5</td></tr> <tr><td>Nepal</td><td>4</td></tr> <tr><td>DRC</td><td>3</td></tr> <tr><td>Somalia</td><td>2</td></tr> <tr><td>Madagascar</td><td>2</td></tr> <tr><td>Geunea Conakry</td><td>2</td></tr> <tr><td>Uganda</td><td>1</td></tr> <tr><td>Sierra Leone</td><td>1</td></tr> <tr><td>Sengal</td><td>1</td></tr> <tr><td>Ivory Coast</td><td>1</td></tr> <tr><td>Ghana</td><td>1</td></tr> <tr><td>Comomoros Islands</td><td>1</td></tr> <tr><td>Cameroon</td><td>1</td></tr> </tbody> </table> </div> </div>	Country of Origin	Number of Migrants	Egypt	194	Indonesia	37	Sweden	25	Switzerland	18	Norway	17	Netherlands	14	Belgium	7	Jordan	5	Turkey	4	Australia	4	Greece	3	Libya	2	Tunisia	1	Malta	1	Italy	1	Estonia	1	Denmark	1	Bulgaria	1	Country of Origin	Number of Migrants	Ethiopia	89	Nigeria	67	Niger	5	Nepal	4	DRC	3	Somalia	2	Madagascar	2	Geunea Conakry	2	Uganda	1	Sierra Leone	1	Sengal	1	Ivory Coast	1	Ghana	1	Comomoros Islands	1	Cameroon	1
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# CONCLUSION

IOM Sudan's humanitarian programmes cover the main critical sectors essential to restoring the dignity and basic services that are integral to the well-being of vulnerable mobile populations across Sudan. IDPs and returnees remain the largest share of this population, with their needs ranging from critical survival items to support towards transition which would enable a resolution to displacement. Continuous stakeholder buy-in remains critical to IOM Sudan's humanitarian response. Ongoing consultation with beneficiaries, inter-sectoral coordination and the support of partners such as the Humanitarian Aid Commission (HAC) has enabled IOM Sudan to effectively provide essential data to identify urgent needs of vulnerable populations, deliver assistance and services in a timely manner, and provide much needed capacity building support to partners through the transfer of knowledge on issues related to human mobility. Through the generous contribution of IOM member states and with the partnership and support of the Government of Sudan and humanitarian partners, IOM Sudan's humanitarian assistance will continue to serve both vulnerable mobile populations and host communities across Sudan beyond 2016.



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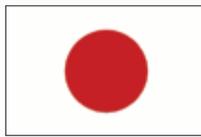


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