Introduction

IOM approaches its humanitarian work in Sudan holistically and with a clear connection between humanitarian assistance and development work that prioritizes durable solutions. IOM works in light of the 2016 World Humanitarian Summit (WHS) which created a unified call by the international community to revisit the way it responds to the rapidly shifting operational context in which humanitarian, development and peacebuilding activities are conducted. The summit recognized today’s evolution of humanitarian crises in terms of numbers of affected populations as well as the multifaceted dimensions of the crises. Ranging from causes such as climate change, armed conflict, pandemics and unstable economic or population growth, the humanitarian crises in Sudan and beyond has been a major catalyst for human mobility. As an outcome of the WHS, UN agencies have committed to delivering on the Secretary-General’s Agenda for Humanity and the promise of the 2030 Agenda for Sustainable Development to “leave no one behind”, as the priority in humanitarian, peace and development work. This commitment requires a substantial increase in sharing of data relating to vulnerability; conducting joint analysis of needs, response and future risks; and cooperating when planning and programming, supported by financing modalities and stronger leadership in support of collective outcomes.

Sudan continues to face protracted crises, affecting larger amounts of people over the long term and increasingly hindering peace and development. In the Sudan UN Country Team 2017 Humanitarian Needs Overview, 4.8 million people were identified as in need of humanitarian aid in the country. This figure includes 3.1 million in Darfur alone. Regional instability affecting bordering countries has led to increasing numbers of people seeking asylum and refuge in Sudan, whilst conflict and food insecurity are also contributing factors. Furthermore, the continued sparks of conflict in South Sudan since December 2013, has contributed to a constant flow of South Sudanese into the country. Approximately 300,000 South Sudanese refugees arrived in Sudan from December 2013 to the end of 2016, of whom over 130,000 arrived in 2016¹.

During the first six months of 2017, against the backdrop of these global processes and the country’s complex context; IOM, equipped with the relevant knowledge and expertise, provided humanitarian assistance to over half a million people in Sudan. During these six months, IOM Sudan also extended its geographical coverage to areas that were previously inaccessible due to security or other factors. The humanitarian assistance included providing improved emergency and transitional shelters, non-food items (ES/NFI), health and nutrition support, as well as water, sanitation and hygiene (WASH) services; which catered to the emergency needs of internally displaced persons (IDPs), returnees, resettlement of refugees; as well as durable solutions for host communities and other vulnerable affected populations. Furthermore, deployment of Displacement Tracking Matrix (DTM) teams resulted in the timely identification and registration of vulnerable people which provided vital information on needs and gaps amongst the affected populations. The data collected through the DTM was provided to the wider humanitarian community in Sudan to enhance coordination, planning, and implementation of the humanitarian response. Other partners were also able to immediately respond to the critical needs of crisis affected populations through the Rapid Response Fund (RRF), funded by OFDA and managed by IOM Sudan.

The challenges facing Sudan primarily affect humanitarian and development assistance, with insufficient emergency resources combined with programming challenges in reaching development objectives. Consequently, IOM’s humanitarian assistance in Sudan today aims to ensure coherence when responding to the vulnerabilities of its’ beneficiaries over the long-term whilst working on the causes of their urgent humanitarian needs. IOM seeks to ensure that the human mobility is not a hindrance to people’s rights, safety and integrity.

¹ http://www.unocha.org/sudan/about-ocha-sudan/about-ocha-sudan
OVERVIEW OF HUMANITARIAN ASSISTANCE
January to June 2017

DTM
Registered 307,435 individuals through the Displacement Tracking Matrix (DTM) in the states of Central, North, West and South Darfur, and South and West Kordofan. New tracking hubs / Flow Monitoring Points (FMPs) were established in South Kordofan and the Northern part of Abyei, in Diffra to monitor migrant flows in this area.

WASH
Reached 171,717 beneficiaries in East and South Darfur, West Kordofan, Kassala, Gedaref, and Blue Nile states. IOM’s WASH and Basic Infrastructure support also extended to recovery and transition programs aimed at increasing livelihood opportunities, and mitigating conflict by improving access to basic services in Abyei, Blue Nile, Gedaref, Kassala, Red Sea State, and all Darfur states.

ES/NFI
Reached more than 64,000 crisis and disaster affected vulnerable individuals in the states of Darfur and in South Kordofan through ES/NFI assistance.

HEALTH & NUTRITION
Delivered humanitarian health and nutrition services through 6 health clinics and 4 nutrition clinics managed by IOM. Various health and nutrition awareness campaigns and outreach programmes were conducted, reaching more than a 100,000 beneficiaries in South, East, North, and West Darfur States.

RRF
Assisted more than 25,000 individuals with critical life-saving ES/NFI and WASH assistance through the Rapid Response Fund via 2 implementing partner’s projects.

REFUGEES
Assisted 1,902 refugees to resettle in 13 countries. Top 5 major destinations were Canada, UK, Sweden, Switzerland and USA, accounting for 95.8% of the resettled caseload.

RETURN
Assisted 207 migrants to voluntarily return to their countries of origin. Top 5 return countries were Ethiopia, Nigeria, Somalia, Comoros, and Democratic Republic of Congo.
The Displacement Tracking Matrix (DTM) is IOM’s primary suite of tools used to track and monitor displacement and population mobility. The DTM provides humanitarian and development partners in Sudan with essential, accurate, and up to date information on displaced and disaster affected populations: including demographic data, information on vulnerability, and mobility trends. The information shared by DTM helps humanitarian actors to identify areas of intervention and better understand the critical needs of the affected populations, so that they may deliver targeted, timely and vital assistance to these vulnerable people. Biometric data collection is also being used for both new and protracted displacements to establish updated beneficiary lists with increased accuracy. DTM activities are implemented in coordination with the Sudan Humanitarian Aid Commission (HAC) and the Humanitarian Country Team (HCT) at both Khartoum and state levels.

In early 2017, IOM DTM team began producing monthly updates on DTM activities / outcomes which are shared through a DTM mailing list consisting of donors, humanitarian and development partners who rely on DTM data when planning their humanitarian response. The IOM DTM team gave several presentations on DTM to different partners to increase knowledge and understanding of the DTM, its components, methodologies and the resulting data as well as to receive their feedback on how the DTM can increase its contribution to their interventions. These presentations were delivered during the ES/NFI Sector’s monthly coordination meetings, and in the Information Management Working Group (IMWG Sudan).
During the first six months of 2017, IOM conducted 45 DTM missions to more than 145 sites within 35 localities in the five states of Darfur, as well as South and West Kordofan states; where a total of 307,435 individuals were registered and / or verified, from a reported caseload of 380,000 individuals including IDPs, returnees, South Sudanese refugees and other affected populations.

17,782 individuals among the registered caseload were identified as being in need of special assistance (most vulnerable individuals) those included pregnant and lactating women, unaccompanied minors and elders, single parents, people with physical and mental disability and those with chronic illnesses.

**Tracked Population:** A total of 20,522 IDPs and refugees were tracked by the IOM DTM team in South Kordofan State. The tracking system in South Kordofan alerts the humanitarian partners in the State about the new arrivals of displaced and mobile populations as soon as they arrive at the sites where the tracking hubs are active.

**Internally Displaced Persons (IDPs):** A total of 113,884 IDPs were registered during the first half of 2017 in the Darfur region and in South Kordofan State. The majority of the IDPs registered were from the old caseloads of IDPs who were displaced during 2016 but could not be registered due to access restrictions. A relatively small number of IDPs were reported as newly displaced during the first six months of 2017, and the entire caseload of newly displaced persons reported so far has been registered. IDPs were registered in the Jebal Marra areas of Golo, Guldo, Nertiti and Thur, in Central Darfur State; Allait, Dar el Salam, and Tawilla localities of North Darfur State; Nyala locality in South Darfur; Fur Baranga and Habila localities in West Darfur; and in Dalami, Dilling, Kadugli and Rashad localities in South Kordofan.

In West Darfur State, IOM DTM teams conducted biometric data collection to verify an existing caseload of IDPs in Mangersa, Sala and Um Khair camps and to share updated beneficiary lists with partners for general food distribution. The aim of this biometric data collection was to verify the existing caseload of IDPs to enable the World Food Programme (WFP) in their planning of food assistance delivery. Out of this registered caseload of IDPs, a total of 7,768 individuals were identified as persons with special needs (pregnant and lactating women, people with mental and physical disabilities, and unaccompanied minors and elders.)

**Returnees:** The highest number of people registered during the first half of 2017 were returnees, reaching a total of 134,739 registered returnees. Most of the returnees were registered to have returned to Jebal Marra areas in Central Darfur State from various other locations in the Central Darfur itself.

**Refugees:** A total of 54,961 South Sudanese refugees were registered in South and West Kordofan states. In the West Kordofan State, as a result of the DTM registration, a big reduction in the registered refugee figures was observed from the overall reported caseload of 79,629 refugees, as only 34,577 refugees in total were registered in the nine localities covered so far. These registered refugees in West Kordofan State consist of the new arrivals and the existing caseloads. The rest of the 20,384 South Sudanese refugees were registered in the South Kordofan State.

**Fire Affected Population:** In response to a fire that broke out at Korma IDP gathering site in El Fasher locality, North Darfur, IOM DTM teams registered 3,851 individuals via door-to-door assessments as affected by the incident that took place on 9, June 2017. IOM and the ES/NFI sector provided assistance to all the affected families.
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 interventions in the immediate aftermath of a natural or man-made disaster. Covering all states in Sudan, the RRF provides urgent support to IDPs within six sectors: Health, WASH, NFIs, Humanitarian Coordination and Information Management, Protection, Shelter and Settlement. With its rapid 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 supports the capacity development of its implementing partners through one-on-one coaching, mentoring and close monitoring and evaluation support.

During January to June 2017, the RRF worked with two implementing partners; Mercy Corps Scotland (MCS) and Triangle Generation Humanitaire (TGH) to implement emergency WASH and NFIs interventions, respectively. RRF reached 25,138 direct and indirect beneficiaries with emergency WASH and NFIs services in South Kordofan and Central Darfur States.

**Emergency WASH** – The RRF reached over 16,998 displaced populations in four villages (Umbaraka, El Baboya, Al Faid and Hillat Abbass) and three IDPs gathering areas (Murta, Tillow and Kulba) in the South East of Abukershola and Kadugli localities in South Kordofan State respectively. Due to delay in other sources of funding, the RRF intervened with urgency and provided emergency water sources, water chlorination, emergency latrines, hygiene promotion, awareness sessions and clean campaigns. Activities included rehabilitation and re-installation of existing water sources, establishment of new protected water sources and emergency latrines; cleaning and garbage collection campaigns, training for the community on hygiene promotion.

**NFIs** – 7,455 beneficiaries were reached with NFI assistance in Um Dukhun locality, Central Darfur State. The population that received NFIs assistance arrived in Central Darfur between December 2016 and February 2017. The displaced families had lost almost all of their household items including cooking pots and jerry cans to hold water. Many were living in makeshift shelters constructed from deteriorated plastic sheeting and wooden sticks which did not provide any protection from the rain and cold. Others who were not able to find plastic sheeting were sharing overcrowded shelters with relatives, with an average of 7-10 people sharing one shelter designed to hold a maximum of 5 people. The RRF assisted 7,455 beneficiaries with NFIs kits2. Most of the beneficiaries were single female-headed households, unaccompanied minors and elderly people.

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2A standard NFI kit consists of jerry cans, blankets, sleeping mats, plastic sheets, and a kitchen set.
During the first half of 2017, IOM continued to provide life-saving Emergency Shelter and Non-Food Items (ES/NFIs) assistance to 64,616 vulnerable crisis affected people across Darfur and South Kordofan. IOM’s ES/NFI response is directly linked to the DTM, which supports the verification of affected population figures, generation of beneficiary lists and assessments of households needs, ensuring that ES/NFI assistance reaches the most vulnerable people. To ensure delivery of ES/NFI assistance in a coordinated and well planned manner, IOM works in close coordination with the ES/NFI sector and partners, and the Humanitarian Aid Commission (HAC) in Sudan. In some states, IOM delivers ES/NFI assistance jointly with NGO partners based at the locality level after coordinating the response with the ES/NFI sector at the State level.

During the reporting period, IOM undertook 115 ES/NFI missions which included needs assessment visits, distribution missions and post distribution monitoring (PDM) missions. This three phase ES/NFI response cycle allows IOM to:

1. Collect sufficient data on beneficiary needs.
2. 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.
3. 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.

Of the 64,616 assisted beneficiaries, 11,650 households were provided with life-saving NFI assistance, 335 households were provided with enhanced protection through the construction of Improved Emergency Shelters (IES) and 230 households were provided with Transitional Shelters in Darfur and South Kordofan. The majority of the assisted beneficiaries (66%) were IDPs from vulnerable households affected by various fire incidents and flash floods in the Darfur States during the rainy season in 2016, who had not received any assistance since then. The rest of the ES/NFI caseload consisted of 24% returnees going back to their places of origin from IDP camps in Darfur and 10% refugees fleeing South Sudan due to the ongoing conflict and famine there. IOM Sudan also assisted 230 IDP returnee households with transitional shelters as part of a pilot project to promote sustainable returns by providing safe shelter solutions.

3Improved Emergency Shelters (IES) are emergency shelters made of locally produced strong grass mats, wooden poles and ropes for support, and plastic sheets for covering.
4IOM Sudan’s Transitional Shelters are a shelter solution specifically designed with permanent materials in view of long term use.
According to the latest Herams (Health Resources and Services Availability Monitoring), less than 75% of primary health care facilities in Darfur provide the Minimum Basic Health Package (MBHP). To contribute to the provision of comprehensive basic life-saving health care, IOM managed 3 fixed clinics (1 in South Darfur and 2 in North Darfur) and 3 mobile clinics (1 in East Darfur and 2 in North Darfur) providing MBHP including: outpatient treatment and facilitation of referrals of acute and chronic communicable and non-communicable diseases; basic maternal care such as Ante-Natal Care (ANC) and the promotion of safe pregnancies and deliveries; child health services including screening, immunizations, and Community Based Management of Acute Malnutrition (CMAM). Direct outpatient medical consultations conducted at these clinics, during the first six months of 2017, reached 37,389 beneficiaries. In addition, IOM conducted community mobilization activities, trainings for health workers on various health topics, and health promotion activities. As part of MBHP, special attention was paid to activities that would contribute to the reduction of maternal and child morbidity and mortality. Integrated throughout the provision of all child health services in the MBHP, was routine Expanded Program for Immunization (EPI) reaching 15,159 children under 5 years (U5s). The maternal care provided has assisted 3,777 pregnant women through ANC services with 209 births assisted by skilled attendants and referral for obstetric emergencies. Since January 2017, IOM reached over 100,000 beneficiaries with life-saving health and nutrition interventions that contributed towards improved sustainability of quality health care through capacity building for health workers, and health promotion and community mobilization activities. IOM works in close coordination with the health sector, and partners such as the Ministry of Health (State and Federal level), WHO and UNICEF, in assisting IDPs, refugees, returnees and vulnerable members of host communities throughout Darfur.

Health and Nutrition

According to the latest Herams (Health Resources and Services Availability Monitoring), less than 75% of primary health care facilities in Darfur provide the Minimum Basic Health Package (MBHP). To contribute to the provision of comprehensive basic life-saving health care, IOM managed 3 fixed clinics (1 in South Darfur and 2 in North Darfur) and 3 mobile clinics (1 in East Darfur and 2 in North Darfur) providing MBHP including: outpatient treatment and facilitation of referrals of acute and chronic communicable and non-communicable diseases; basic maternal care such as Ante-Natal Care (ANC) and the promotion of safe pregnancies and deliveries; child health services including screening, immunizations, and Community Based Management of Acute Malnutrition (CMAM). Direct outpatient medical consultations conducted at these clinics, during the first six months of 2017, reached 37,389 beneficiaries. In addition, IOM conducted community mobilization activities, trainings for health workers on various health topics, and health promotion activities.

37,389 beneficiaries received direct medical consultations through 3 fixed clinics managed by IOM (1 in South Darfur and 2 in North Darfur) and 3 mobile clinics (1 in East Darfur and 2 in North Darfur), from January to June 2017.

13,335 children under 5 years (U5s) were reached through routine Expanded Program for Immunization (EPI).

15,159 children under 5 years (U5s) were vaccinated through implementation of the Expanded Program on Immunization (EPI).

3,777 pregnant women received ANC services.

5,000 girls and women participated in awareness sessions and received feminine hygiene kits to inform them on women’s reproductive health and improving their personal hygiene habits.

209 births were assisted by skilled attendants including referrals for obstetric emergencies.

As part of MBHP, special attention was paid to activities that would contribute to the reduction of maternal and child morbidity and mortality. Integrated throughout the provision of all child health services in the MBHP, was routine Expanded Program for Immunization (EPI) reaching 15,159 children under 5 years (U5s). The maternal care provided has assisted 3,777 pregnant women through ANC services with 209 births assisted by skilled attendants and referral for obstetric emergencies. In Allait, North Darfur, 460 female dignity kits were distributed to vulnerable girls and women, as well as pregnant and lactating women (PLW), comprised of 50 IDPs, 300 South Sudanese refugees and 110 host community members. Additionally, 5,000 girls and women throughout Darfur participated in awareness sessions and received feminine hygiene kits in order to contribute to informing and educating women about their reproductive health and improving their personal hygiene habits.

Female dignity and/or female hygiene kits usually consist of a context appropriate combination of items like body soap, washing detergent soap, Thobe dress, undergarments, sanitary pads, handkerchief, hair comb, nail clippers, tooth paste and brush or miswak sticks, petroleum jelly, sandals, and torch.
Malnutrition is chronic throughout Sudan, and one third of all localities were recorded to have prevalence rates over the WHO emergency threshold for Global Acute Malnutrition (GAM) of 15%. According to data from the State of the World’s Children (SOWC) 2015, Sudan’s prevalence rate for children who are underweight, stunted and wasted are 32%, 35%, and 16%, respectively. Thus to continue to contribute to the reduction of morbidity and mortality associated with malnutrition, IOM in close coordination with its partners, ran 4 nutrition clinics (3 in West Darfur and 1 in North Darfur). In Um Baru, North Darfur, a massive MUAC screening exercise reached 21,496 U5s, followed by referrals of cases of malnutrition for management, and promotion of good nutrition practices. In addition to the massive screening exercise, Outpatient Treatment Programs (OTP) at the IOM run nutrition clinic in Um Baru assisted 1,469 cases of U5s with Severe Acute Malnutrition (SAM) / Moderate Acute Malnutrition (MAM) through CMAM, outpatient treatment, facilitated referrals to feeding programs, or in patient care. Additionally, 350 pregnant and lactating women were also screened and referred to feeding programs. Other activities aiming to encourage behaviors that contribute to the prevention of malnutrition such as promotion of proper Infant Young Child Feeding (IYCF), good nutrition practices, and general health and hygiene reached 1,841 caregivers (679 men and 1,162 women). In addition, over 15,000 beneficiaries in the surrounding communities were reached through 11 awareness raising campaigns and 10 peer learning groups. Similarly, IOM run nutrition clinics in West Darfur, assisted 3,440 beneficiaries through nutrition related activities including MUAC screenings, outpatient management of malnutrition (1,114 U5s), and promotion and education activities on good nutrition practices aimed at caregivers. In order to detect malnutrition early and to provide appropriate referrals, U5s were routinely screened at the clinics in addition to the MUAC screening campaigns. Other screening methods such as weight for height were also used, and the cases of malnutrition were subsequently appropriately managed through CMAM approach, referrals to nutrition programs, or referrals for inpatient care. These nutrition activities reached 1,269 U5s and 92 PLWs.

In order to improve health promotion and to build staff capacity, 210 health workers including clinic staff and community health workers (CHWs) were trained on various health and nutrition topics including:

- Middle Upper Arm Circumference (MUAC) screening for malnutrition,
- CMAM, and good feeding practices.
- Awareness of water borne diseases- safe drinking water sources, correct water storage practices, good practices in personal hygiene and food handling.
- Immunization as prevention against infectious diseases.

30 Community volunteers (17 males and 13 females) in Ed Daien, East Darfur, were trained and tasked with the role of raising awareness about HIV/AIDS, its signs and symptoms for early detection, and the importance of HIV testing, in Kario refugee camp. The trainings were conducted in close coordination with the State Ministry of Health / AIDS Program Unit. Additionally, in El Ferdous, East Darfur, temporary outpatient rooms were constructed to facilitate provision of outpatient care. All health promotion activities included educational materials that were disseminated by CHWs to an estimated 10,000 beneficiaries.
IOM’s WASH interventions are designed to provide life-saving assistance in response to both protracted and sudden onset emergencies. These interventions are coordinated closely with national counterparts and partners; and are designed through community-based field assessments. Over the course of the first six months of 2017, IOM carried out interventions to respond to both protracted and sudden onset emergencies providing WASH assistance to new arrivals and protracted IDPs, South Sudanese refugees and populations affected by Acute Watery Diarrhea. Access to basic services were enhanced increasing the availability of safe water sources and sanitation and hygiene services to 171,717 beneficiaries in South Darfur, East Darfur, Kassala, Gedaref, Blue Nile, West Kordofan and Abyei PCA Box.

In South Darfur, IOM provided WASH assistance to approximately 89,000 IDPs in the Otash IDP Camp. Through community based assessments, IOM identified four main types of interventions: (i) water management committees and water fee collection systems were in need of improvement; (ii) water distribution systems were in need of rehabilitation and management; (iii) latrines that had collapsed as a result of heavy rains in June and July 2016 and were in need of reconstruction; (iv) targeted hygiene and sanitation workshops were needed to reinforce hygiene and sanitation messages.

Consequently, IOM carried out a total of twelve interventions aimed at increasing water availability from approximately 7 to 11 liters per person per day. Access to safe sanitation facilities was increased for 600 households, four hygiene promotion and three garbage collection campaigns were conducted through a mobile theatre group to increase impact and to reach a wider spectrum of the community. In full collaboration with the Water, Environment and Sanitation (WES) department, an association for the camp called “Charity Union Association for the Water and Agriculture of Otash Camp,” was created and registered with the Ministry of Welfare to support the community to transition towards self-sufficiency by collecting water fees to ensure proper management of water sites.

In response to the protracted crisis in Abyei PCA Box, IOM continued to provide emergency assistance to Dinka and Misseriya communities to mitigate further escalation of tensions over available resources and to address food insecurity in the northern and southern parts of Abyei. The aim of the WASH interventions is to increase access to safe water in the settlements along the routes used during seasonal cattle migration and to assist both the sedentary and pastoralist communities and their livestock. The 17 interventions implemented focused on improving water infrastructure and served a total of 41,600 beneficiaries, directly complementing the community stabilization and livelihood programmes carried out.
Life-saving WASH emergency intervention in response to the increasing influx of South Sudanese refugees was provided in East Darfur and West Kordofan in the first half of 2017. The emergency response in both States began in 2016 and continued into the first half of 2017. In East Darfur, IOM provided assistance to newly arriving refugees at Kario Camp by constructing 350 emergency latrines serving a total of 5,000 refugees. IOM’s WASH emergency interventions in East Darfur are still ongoing in the 3 main refugee sites of El Ferdous Reception Centre, Kario Camp and El Nimer Camp. In West Kordofan, IOM was one of the few humanitarian partners present and provided WASH assistance to 9,690 South Sudanese refugees at the Kharasana Reception Center; a portion of the assistance was provided to the host community in order to mitigate the risk of creating tensions between the two communities due to the lack of basic services available in the area of intervention. Access to safe water at the site was increased through the provision of three new distribution points; 200 emergency latrines were constructed and a total of 6 monthly hygiene and sanitation campaigns for both the refugees and the host community were conducted.

Finally, in response to the Acute Watery Diarrhea (AWD) crisis, IOM provided life-saving emergency assistance in Blue Nile, Kassala and Gedaref. In Blue Nile State, a total of 13,620 beneficiaries were assisted through the distribution of 1,160 household water filters. Trainings were also given to the families receiving these water filters to ensure the correct use and sustainability. A total of 8 hand pumps were rehabilitated and 2 hygiene and sanitation campaigns were conducted in two localities of Dewa and Genis, including garbage collection campaigns in which the community was directly involved. In Kassala, 11,620 beneficiaries were assisted through the rehabilitation of 2 hand pumps: one in Halfa and one in River Atbara, and distribution of 1,160 household water filters in response to the critical circumstances on the ground as 80% of the population was collecting water from surface hafirs or open ponds, which are easily contaminated. Two hygiene and garbage collection campaigns were conducted in Kassala (Wad Sharafy) as it is one of the worst AWD affected areas hosting high numbers of Eritrean refugees. In Gedaref, IOM responded to AWD through prepositioning spare parts to support WES in the rehabilitation of seven hand pumps in Bagdad, Kirow, Wad Aboasal, Wad Sanad, Shareef Alaagib, Alrimala, Hilat Alboshra; assisting a total of 1,750 beneficiaries.
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.

Refugee Admissions: Between January and June 2017, IOM assisted 1,902 refugees to resettle in 13 countries. Top 5 major destinations were Canada, UK, Sweden, Switzerland and USA, accounting for 95.8% of the resettled caseload. The remaining 8 countries represent 4% of the total resettlement admissions.
Migration Health: The Migration Health Department (MHD) conducts a wide range of activities including DNA sampling, Tuberculosis (TB) screening, full health assessments, pre-departure fitness to travel checks, administration of vaccines and provision of medical escorts. Different programs (such as UKTB screening and USRAP) coordinate with MHD in order to provide health services to migrants and refugees resettling to various countries such as Canada, USA, UK, and Sweden. Since January 2017, these services have reached over 2,500 beneficiaries with the aim to improve the health of the individual, their fellow travellers and the communities in their final destination.

Assisted Voluntary Return and Reintegration: 207 migrants were assisted to voluntarily return to their countries of origin during the period of January to June 2017. Top 5 return countries were Ethiopia, Nigeria, Somalia, Comoros, and Democratic Republic of Congo (DRC).
CONCLUSION

Saving lives and ensuring integrity, dignity and safety of people on the move is at the forefront of IOM’s work in Sudan and beyond. IOM Sudan’s humanitarian programmes work towards addressing migration crisis and their impact on populations within a humanitarian and development context by following a holistic and comprehensive approach. The first 6 months of IOM’s humanitarian response during 2017 demonstrate a commitment to saving lives, delivering humanitarian aid efficiently with an aim of reducing dependency and promoting overall achievement of development goals, and a focus on durable solutions. The activities implemented were also achieved as a result of strong partnerships with the fellow UN agencies, non-governmental humanitarian partners, and the Government of Sudan and in close consultations with the communities. IOM remains committed to responsibly address the needs of the most vulnerable people in Sudan including IDPs, returnees, refugees and other migrants to ensure their dignity and self-respect.