

Highlights

- Water availability improves in all Upper Nile camps
- UNHCR and partners scale-up prevention interventions for Hepatitis E in Unity State
- UNHCR assessing potential new sites for refugees in Unity State
- General nutrition situation in Yida camp, South Sudan improves

Registered Refugees from Sudan From mid-2011 to 19 November 2012

Country of Asylum	Total
Ethiopia	38,989* _{As of Oct. 23}
South Sudan	175,637
TOTAL	214,626

UNHCR Supplementary Financial Requirements for the Emergency Response for Sudanese Refugees (in million USD)

Country Operation	Regular Budget (2012)	Supplementary Appeal (2012)
Ethiopia	185	33.7
South Sudan	84.1	186.2
Total	269.1	219.9

Background

Continued fighting between Sudanese Armed Forces (SAF) and the Sudanese People's Liberation Movement-North (SPLM-N) in Sudan's South Kordofan and Blue Nile states has caused tens of thousands of Sudanese refugees to flee into Ethiopia's Benishangul-Gumuz region and to South Sudan's Unity and Upper Nile states. Refugees have also cited aerial bombardment as a reason for flight.

Due to insecurity and worsening humanitarian conditions in South Kordofan and Blue Nile, UNHCR expects thousands of new refugees to cross in the next few weeks, as soon as roads become passable after the rainy season.

Latest Developments – Sudan

- **Humanitarian access** – Tripartite agreements on humanitarian assistance to affected populations in rebel controlled areas in South Kordofan and Blue Nile states were signed between the GoS and the AU/AL/UN and the SPLM-N and the AU/AL/UN at the beginning of August are a positive development as they will enable UN agencies to provide humanitarian assistance to affected populations in SPLM-N controlled areas. The implementation of the agreements has however been delayed and the modes of providing assistance still need to be agreed upon.
- **Security** – An escalation of fighting has been reported in and around Kadugli, the capital of South Kordofan state. On October 8 - 9, shells were fired at Kadugli by SPLM-N, two landed in the UNICEF compound. Other shells were fired on October 23 causing civilian injuries and deaths.

- **Operational response** – The main challenge facing UNHCR operations is access for international staff and access to affected populations – both remain restricted due to lack of travel authorization. UNHCR has maintained limited protection activities through partnerships with the State Ministry of Social Welfare and a national NGO - Nuba Mountain International Aid and Development (NMIAD). Between June and September, UNHCR through its Government partner (the State Ministry of Social Development), the Humanitarian Aid Commission and national partners provided non-food items (mosquito nets, sleeping mats and jerry cans) to displaced and flood affected populations.

Latest Developments – Ethiopia

- **Arrivals** – Ethiopia continues to receive a modest number (219 in Sept. and 85 in Oct.) of new arrivals from Blue Nile State through the Yabus corridor, which extends from Upper Nile state (South Sudan) through Sudan and into Ethiopia. The most recent arrivals indicated that renewed fighting was their reason for flight. Those coming from camps in South Sudan said they were fleeing harsh conditions in the camps and also looking for educational opportunities for their children. At the end of October 2012, approximately 39,000 refugees from Blue Nile state were accommodated in the three camps in the Benishangul-Gumuz region in western Ethiopia.
- **Emergency preparedness** – Amid reports of large-scale influx following the end of the rainy season sometime in November 2012, UNHCR and its partners are preparing for the possibility of a renewed emergency before the end of the year. UNHCR continues to work with ARRA to identify and seek approval for a fourth camp in the Benishangul-Gumuz region which is essential to have space available for the anticipated influx.
- **Health** – A total of 3,533 refugee children benefitted from a measles immunization campaign in Tongo camp which covered both measles and vitamin A. The campaign was organized by UNHCR's Government counterpart ARRA, using medicines provided by Medecins sans Frontieres – France (MSF-F) and a similar vaccination campaign has been planned for Sherkole camp.
- **Nutrition** – A nutrition survey is planned during the month to develop baseline data and further assess the exact nutrition situation in the camp.
- **Water, sanitation and hygiene** – UNHCR's partner Lutheran World Federation (LWF) organized a hygiene promotion campaign in October in Bambasi camp. A similar campaign is being organized by World Vision Ethiopia (WVE) in Sherkole camp. The campaign has been timed to coincide with the revalidation exercise, during which hygiene promoters will be talking to refugees waiting to be revalidated.

Latest Developments – South Sudan

Upper Nile State

- **Arrivals** – Unconfirmed information from new arrivals indicates continued aerial bombardment as one of the reasons for fleeing from the Blue Nile. In the last few weeks air strikes have been reported 10-15km east of the border in New Guffa and Elfoj. Other sources cited hunger as the main cause of flight. There are also reports of significant fighting in the vicinity of Wadega and Surkum in Blue Nile State.
- **Jamam to Gendrassa relocation** – Refugees in Jamam began being relocated to Gendrassa towards the end of the third week of July 2012 because of the lack of potable water in the camp and the onset of the rainy season affecting parts of Jamam camp.
- **Flooding** – In the last week of September, heavy rains and rising water levels caused severe flooding on the east-west road linking Bunj to Jamam. UNOPs was able to conduct critical repairs which improved things but further flooding resulted in the halting of all road maintenance works. In

some parts, the flooded areas are waist deep. The Bunj flooding has now receded; refugees were not affected by the water.

- **Water, sanitation & hygiene** – Continued efforts by WASH actors have led to improved water availability and sanitation to all camps. A deeper rig that is able to drill to 300m arrived in Yusuf Batil and will start drilling additional boreholes to supplement existing ones while relieving the shallow aquifer. Borehole drilling also continued in Gendrassa. The ICRC built pipeline from the main borehole to Jamam 2 has been completed; this will avoid expensive water trucking in the future. Currently water coverage per person per day is: Jamam 17 litres, Yusuf-Batil 12.3 litres, Gendrassa 18 litres and Doro 17 litres.
- **Nutrition & food security** - The estimated average general acute malnutrition GAM rates as of week 43 are slightly above the emergency threshold of 15% with the exception of Doro camp; Yusuf Batil: 15.1%, Doro: 11.9%, Gendrassa: 19.0% and Jamam: 15.4%. There have been problems associated with food distribution in the camps due to on-going logistic constraints, with only Genderassa receiving the full basket for the entire population. The UNHCR Food Aid consultant is working with WFP, Samaritan's Purse and Acted to improve the general food distribution system in place.

Unity State

- **Contingency Planning** – UNHCR is currently assessing potential new refugee sites in Unity State and drawing detailed site plans. New sites are needed for new arrivals that are expected to arrive into northern Unity fleeing fighting in the South Kordofan region of South Sudan. The close proximity of Yida to the border has made it a high risk protection environment for refugees and new sites will also provide a safer environment for those refugees willing to relocate from Yida.
- **Arrivals** – The majority of new arrivals in Yida cite insecurity as the main cause of flight, coupled with lack of food, shortage of basic services and education for children. Refugees say they fear that conflict will intensify during the rainy season. There was a sharp increase in the number of new arrivals in the second week of November, with a peak of over 800 people a day compared to some 65 people a day in September and October.
- **Nutrition** - UNHCR, WFP and partners are implementing specialized feeding programs for children under three, pregnant and lactating women, malnourished children under five, new arrivals and refugees admitted in the inpatient clinic. Food air drops continue on a daily basis in the hopes of meeting the general food ration needs as well as the nutrition supplies for the selective feeding programs. Since September, the nutrition situation in Yida began to stabilize, compared to July and August when refugees were facing high malnutrition and mortality rates. While young children continue to arrive in poor health, estimated malnutrition rates are now on the decline. As of the end of October, there were approximately 1,800 acutely malnourished children enrolled in the nutrition program. Samaritan's Purse continues to provide high-energy biscuits for all newly arrived children under five and refers malnourished cases for follow-up. Medecins sans Frontieres-France is carrying out nutritional screening and measles immunization of all refugees, including new arrivals and pregnant and lactating women in Yida. Cases identified to be in need of immediate medical attention are referred to the MSF-France clinic. In light of the challenges humanitarian agencies have faced to determine a reliable global acute malnutrition rate, UNHCR is organizing a nutrition survey tentatively scheduled for December.
- **Health** – Overall in Yida, health partners are reporting a general decline in admissions in clinics. Cases of diarrhoea continue to decrease, and more patients are discharged than admitted. Morbidity throughout the reporting period have been as a result of respiratory tract infections (both upper and lower) while malaria remains high, but stable. In Pariang following reports of five cases and one death from acute watery bloody diarrhoea, UNHCR took immediate measures to contain the illness, including deploying staff and airlifting WASH non-food items. Measures taken include:

increased bucket chlorination, intensive hygiene promotion on key risky hygiene behaviour, jerry can exchange and the distribution of hygiene kits for women. As of 11 November, 41 suspected cases of Hepatitis E in Yida have been referred to medical facilities. Nine cases have tested positive, another nine came back negative and the remaining tests are still pending diagnosis. UNHCR and WASH partners are expediting construction of family latrines to increase coverage within the camp. UNHCR is prioritizing latrine slabs, soap, and new buckets and jerry cans for airlift from warehouses in Bentiu and Juba. Partners are simultaneously undertaking an assessment to ensure that latrines are being properly installed, cleaned and used. UNHCR and partners are maintaining optimum chlorine levels at the water points to help block the transmission of the Hepatitis E virus. Conditions continue to improve at all water points and UNHCR and partners are focusing on reducing stagnant water around the tap stands by improving drainage and introducing measures to decrease hand contamination while fetching water. Approximately 550 Community Health Workers and hygiene promoters and volunteers are working in communities to share vital information on Hepatitis E prevention and the reduction of water-carried diseases. These trained volunteers are armed with key messages to disseminate in the settlement to help stop the spread of the disease. Supplementary soap distribution is planned, and soap stocks are urgently needed in Yida. UNHCR and health partners will continue to monitor for cases and send samples for testing to the Center for Disease Control in Nairobi.

- **Child protection** – Seventy percent of refugees in Yida are under the age of 18 and UNHCR has put in place a robust child protection program. In Yida, UNHCR and partners have established seven child protection committees with the refugee community and when children arrive on their own, we ensure that they are quickly united with relatives already settled in Yida or are provided foster care to make them less vulnerable. The child protection working group in Bentiu has identified 58 refugee children engaging in child labour in Bentiu and Rubkona and this issue has been dealt with as a priority.
- **Water, sanitation and hygiene** - Water is available at an estimated 11 litres per person per day in Yida and in Pariang it is 15 and Nyeel 22.

Registered Sudanese Refugee Population in Ethiopia and South Sudan

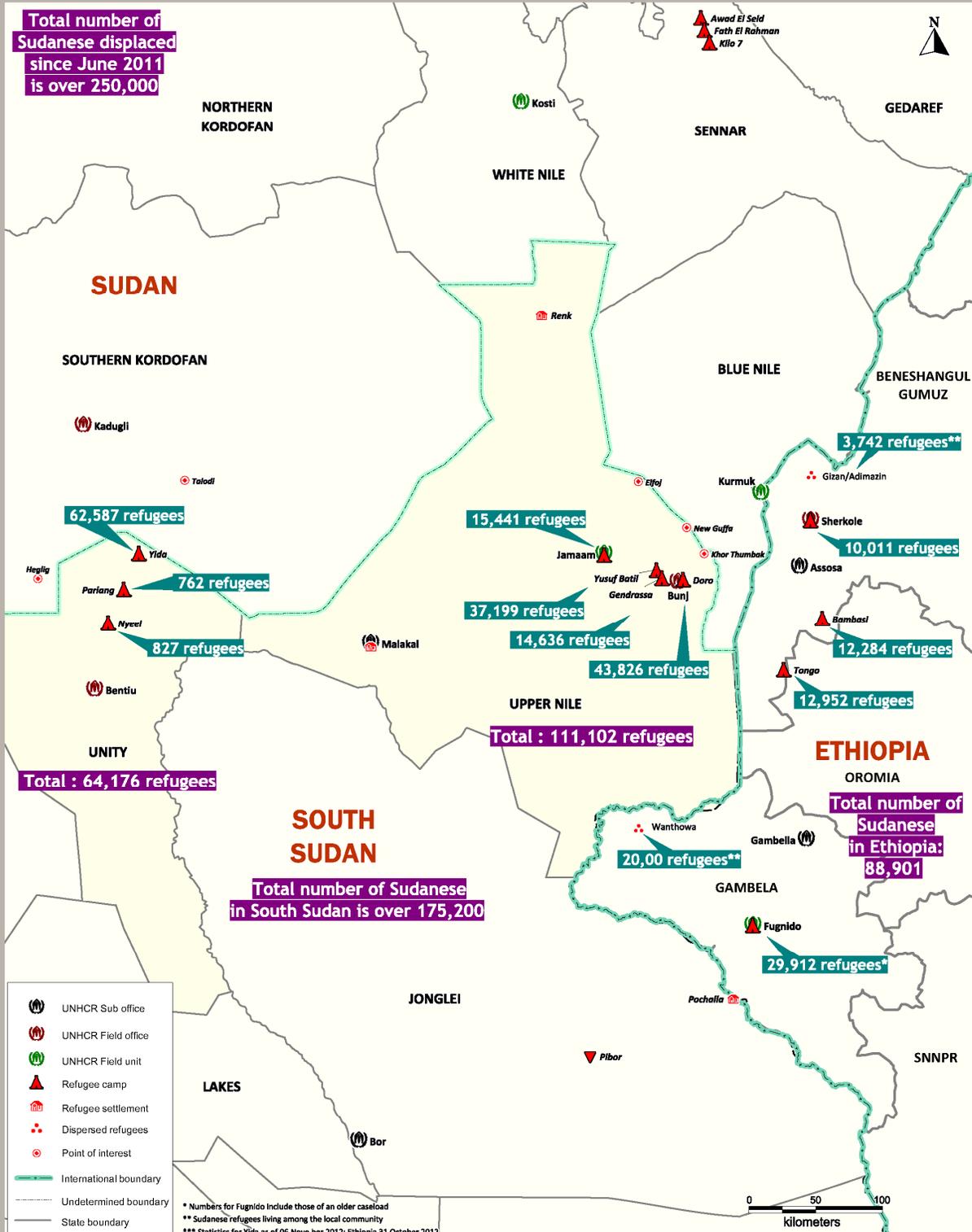
As of 19 November 2012



Geographic Information Systems and Mapping Unit
 UNHCR Regional Support Hub in Nairobi
 Tel.: +254 20 4222000 Email: kennarsh@unhcr.org

Sources:
 UNHCR, Global Insight digital mapping © 1998
 Europa Technologies Ltd.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



Printed: 19 November 2012

kennrsh@unhcr.org

Figures shown in this map should be considered provisional

For more information, please contact:

In Ethiopia: Kisut Gebre Egziabher, gegziabk@unhcr.org, mobile: +251 911 208 901
Natalia Prokopchuk, prokopch@unhcr.org, mobile: +251911210271

In South Sudan: Terry Ongaro, ongaro@unhcr.org, mobile: +211 927 770 040

In Regional Support Hub (Nairobi): Kitty Mckinsey, mckinsey@unhcr.org, mobile: +254 735 337 608

In Geneva: Fatoumata Lejeune-Kaba, lejeunek@unhcr.org, mobile: +41 79 249 3483

Check the latest statistics and operational updates here:

Ethiopia http://data.unhcr.org/Sudanese_Refugees_in_Ethiopia/

South Sudan <http://data.unhcr.org/SouthSudan/>