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SUDAN REGIONAL RESPONSE OVERVIEW

Mid-Year Report – January to June 2024



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FOREWORD

Sudan is the world's worst internal displacement crisis. The conflict is appallingly brutal, with ethnic targeting and massacres of civilians. Humanitarian conditions in Sudan are among the worst we've seen in decades. More than 12.7 million people have been displaced: 10.5 million of these are internally displaced, and over 2.2 million more have fled across borders.

It is now clear that hunger has reached catastrophic levels. Three quarters of a million are likely to face catastrophic food insecurity, and 25.6 million are likely to face acute food insecurity in the coming quarter. As the fighting continues to spread, it drives more displacement. Basic services are collapsing, including health, water and sanitation and specialized protection services. A protection crisis is unfolding across the country, with increasingly precarious conditions in many communities.



As frontlines continue to shift, millions of displaced people are preparing

for the eventuality that they might have to flee once again, possibly across borders into Chad, South Sudan, Egypt, Libya, and beyond. As these thousands of people flee, many are taking irregular routes, making themselves vulnerable and exposed to various forms of exploitation and abuse, as well as physical dangers on the way. The flows outside Sudan are mixed: 38% of those crossing borders are not Sudanese. Most are nationals of the countries they are fleeing into. Having lived in Sudan for many years, they now return to places where they struggle to integrate and resume their lives and livelihoods.

With generous support to date, our 2024 regional appeal is 21% funded at mid-year. That funding has enabled us to help more than 982,000 people so far, including with shelter, household items, water, sanitation and hygiene, health and mental health services, transport, and protection. We have stepped up to enable the humanitarian community through our common pipeline, humanitarian hub in Farchana, and Displacement Tracking Matrix, and we are empowering local organizations through the Rapid Response Fund.

The work is challenging, but we are delivering – directly where we can, and through local partnerships so we can help people in hard-to-reach places. The scale of this catastrophe means we need to do so much more. Millions of lives are at risk in Sudan and in neighboring countries, and we must step up and scale up. We need a broad-based, integrated response that includes food, shelter water, sanitation, hygiene, and protection, as well as food and nutrition.

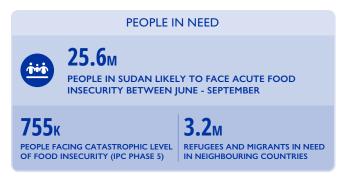
We must have unfettered and unhindered humanitarian access across Sudan, respect for international law, immediate ceasefire and lasting peace. We send a clear message to the people of Sudan that they are not forgotten. We hear their voices, and strongly commit ourselves to action that matches the scale of their needs, for the rest of 2024 and as long as it takes.

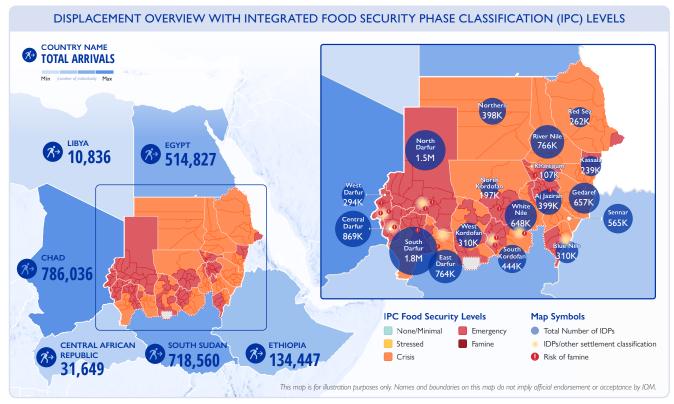
Federico Soda Director Department of Humanitarian Response and Recovery

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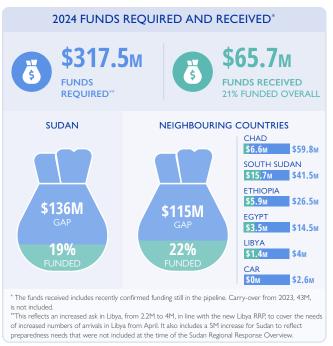
EXECUTIVE SUMMARY – KEY FIGURES

DISPLACEMENT* 10.5M INTERNALLY DISPLACED IN SUDAN 12.7M CURRENTLY DISPLACED 'As per DTM Sudan Mobility Update 3 (25 June 2024) DISPLACED ACROSS BORDERS OF WHICH 38% ARE NON SUDANESE, MAINLY RETURNEES









SITUATION OVERVIEW

Six months into 2024 and close to fourteen months since the outbreak of war in Sudan, fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) continues unabated. Thousands of civilians have been killed in violence that threatens to engulf the country and the region, in an increasingly complex and fragmented security environment with multiple active front-lines in Khartoum, Kordofan, Darfur, and Sennar.

In total, more than 12.7 million people have been forced to flee their homes - 10.5 million seeking security elsewhere in the country, the world's largest internal displacement crisis, and 2.2 million across borders. More than half (53%) of those displaced are women, and 55% are children and youth under 18 years old. Flows across borders are mixed: 38% are nationals of other countries, not Sudanese, mainly of the countries they are fleeing into — Chad, South Sudan, Egypt, Ethiopia, Central African Republic, and Libya - places where they now lack livelihoods and are struggling to integrate.

I love our country very much. When I came back (to Sudan from overseas) I prayed and thanked God at the airport. People asked me why – I told them the taste of our Nile River, and even its mud, is better than anywhere else. I never imagined that one day I would have ever had a different view of Sudan. Today, with all its bitterness, I wish I could leave Sudan right away. We did everything we could to survive – but we couldn't live. We are tired. Exhausted."

Internal displacement continues to increase at pace and remains highly dynamic: as the conflict intensifies in Sudan across existing hotspots and new front-lines, displacement has also escalated. In early July, IOM's DTM was estimating that 156,000 individuals were displaced in one day alone around Sinja, many of whom seemed to be moving further east and south. This will put additional pressures on host communities who were already struggling to absorb the pressures of past conflict shocks in places like Wad Medani, which had led to similar patterns of displacement at the end of 2023. These new waves of displacement are occurring at a time when IDPs in the east and north are being relocated from some existing gathering sites in locations such as public buildings, limiting and complicating the options that newly displaced persons in Sudan have available to them. People are also increasingly on the move across the country and across borders driven by food insecurity and lack of services as the country collapses further.

Some 2.2 million individuals to date have crossed Sudan's borders and fled into neighbouring countries, many arriving in extremely vulnerable condition, separated from family members, highly traumatized, and in need of humanitarian assistance in areas that are often remote and underserved. While flows over the last six months have slowed into Ethiopia, due to insecurity in Amhara, and have slowed into the Central African Republic, they have remained constant into South Sudan, and there have been increases in the number and complexity of flows into Chad, Egypt and Libya.



The recent RSF push towards the east in June is driving new displacement further east and south within Sudan, with some increase of flows into Ethiopia and Eritrea already observed. The crisis in Sudan not only risks further destabilizing the region but reverberates more widely, including to Europe, to the Gulf States, and further into the African continent, where for example arrivals of Sudanese into Uganda are increasing. IOM's DTM recorded a three-fold increase in the number of Sudanese arriving on European shores in 2023 as compared to 2022.

Sudan is facing a protection crisis with shocking accounts of both indiscriminate and targeted violence and atrocious human rights violations in conflict hotspots across Sudan, including Wad Al Noura, Aj Jazirah, and Al Fasher, and North Darfur. 328,981 individuals have been displaced from Al Fasher since 1 April, and many more remain at risk as the city remains under siege, despite a directive from the Security Council to cease hostilities on 13 June. The conflict has been characterized by proliferation of hate speech and ethnically motivated attacks committed by parties to the conflict. 6.7 million people are in need of protection assistance, 6.2 million children are in need of child protection services and 6.9 million individuals are in need of gender-based violence (GBV) specialized response services. Looting, burning and destruction of villages and towns, and massacre of civilians, family separation, trafficking in persons (TiP), conflict-related sexual violence (CRSV), and other forms of GBV, grave child rights violations are on the rise with inadequate availability of specialized services across the country. There have been increased reports of forced returns to Sudan from the Egypt-Sudan borders, with those forcibly returned arriving in extreme and dire conditions, and reports of deaths due to dehydration along irregular routes during the June heatwave.

Three quarters of a million people are are likely to face catastrophic levels of food insecurity (IPC Phase 5), and 14 localities are at risk of famine. 25.6 million people are likely to face acute food insecurity from June to September, with the most severe outlook in Greater Darfur, Khartoum, and South Kordofan. Data from IOM's Displacement Tracking Matrix (DTM) suggests that some 70% of those displaced are forced to eke out an existence in areas experiencing crisis or emergency levels of hunger.

Internally displaced persons (IDPs) in camps and in thousands of gathering sites across the country, including Zamzam, Abu Shouk, and Al Salam, are at higher risk as they face food consumption deficits and rapidly diminishing coping capacities, and put additional strain on communities that are already at breaking point after having borne witness to extreme protection risks, violence and atrocities. Recent alerts by FEWS NET warn of high and rising levels of acute malnutrition and hunger-related mortality amongst the internally displaced, as per available evidence. Intense fighting and arbitrary bureaucratic impediments imposed by parties to the conflict continue to complicate the provision of humanitarian assistance in areas with acute needs.

Ongoing violence has impacted supply lines and food production across the country, making food unaffordable even where it is accessible, with 94% of IDPs indicating an inability to buy food due to steep costs. 10% of localities in Sudan have experienced population increases of 50% or more, further driving up prices and stretching the availability of already-scarce resources, thereby increasing the potential for resource-based conflict. In addition, lack of access to food increases reliance on negative coping mechanisms and puts affected populations at increased protection risks, in the East of Sudan women and girls themselves have raised links between increased risks of GBV and sexual exploitation and abuse (SEA) and efforts to access food.

The Famine Prevention Plan released in April has driven efforts to prioritize the response towards the most at-risk areas in order to avert the worst impacts of famine: to be effective, response must be integrated and comprehensive. The response must be multi-sectoral to meet interdependent life-saving needs. Food and nutrition support must be matched with WASH, health, MHPSS, protection and adequate shelter to meet multidimensional needs. To mitigate further deterioration of the situation, critical needs of the millions displaced in the north and east must also be met as their numbers increase, even while efforts to secure access into the west and south are ramped up to reach those in severe distress.

The health system in Sudan is in crisis. 65% of the Sudanese population lacks access to healthcare, and only 25% of the medical supplies needed in-country are available. The situation is even more fragile in hard-to-reach areas, where only 20 to 30% of health

facilities remain functional, and those are severely overwhelmed and under resourced. Two-thirds of the states in Sudan are experiencing multiple disease outbreaks simultaneously due to several factors including lack of healthcare access, shortage of supplies and healthcare workers, and limited WASH infrastructure to support disease prevention, response and control. With the onset of the rainy season and the increased risk of disease outbreaks such as cholera, malaria, and dengue fever as well as growing food insecurity, the overwhelmed health system requires more humanitarian support to provide life-saving healthcare and nutrition services. The constant targeting, damage and destruction of humanitarian infrastructure, including health facilities, has forced hospitals to close, further limiting access to quality healthcare. Mental health remains only minimally addressed, despite the significant impact on the psychosocial well-being of displaced populations, both within the country and those fleeing across the borders, including war-related stress, anxiety and daily stressors linked to displacement and loss.

In Chad, an estimated 4,000 individuals cross the border weekly through Adré — most new arrivals are from Al Geneina, Ardamata and Kondobe West Darfur, and majority (92%) report the lack of food as the primary reason for their movement across the border, in addition to insecurity. Returnees continue to arrive. The particular legal and social status of Chadian returnees produces distinct vulnerabilities, requiring additional investment in food, WASH, protection, shelter, livelihoods, stabilization, and reintegration to support needs of host and displaced populations, particularly in border areas.

In Libya, given increased cross border flows in the first months of 2024 (an increase of 49% since the end of 2023), and particularly alarming reports of severe infectious diseases in Al Kufra, an additional appeal was developed in May. Additional investment will be needed to meet the needs of new arrivals in health, MHPSS, shelter, protection, and cash assistance. Assistance in humanitarian border management (HBM) is also required in Libya and Egypt given the increasing flows between the Egypt-Sudan-Libya borders that pose specific protection risks, as well as the situation at the Libya-Tunisia border which has recorded an increasing number of Sudanese arrivals. IOM's target and ask increased from USD 2.4 million to USD 4 million to respond to the growing needs.

Before the war broke out, I lived on Tuti Island in Khartoum. I fled my house to save the lives of my daughters and grandchildren and prevent them from experiencing more of the horrors of war. The road to Egypt is lonely and painful. It is not easy to travel from Khartoum to Egypt, and I suffered a fracture from sitting too long on bumpy roads the journey is not suitable for elderly people like me. There is nowhere to sleep, and people sleep on the floor without any mattresses, risking their lives in the middle of the desert full of poisonous scorpions. My aunt, who was traveling with me and the children passed away while we were on the way (from Aswan to Cairo). When we entered Cairo, I thought she was sleeping on my shoulder because she was tired from the road and had passed out from exhaustion. But when she didn't wake up, I realized she had been dead for hours."



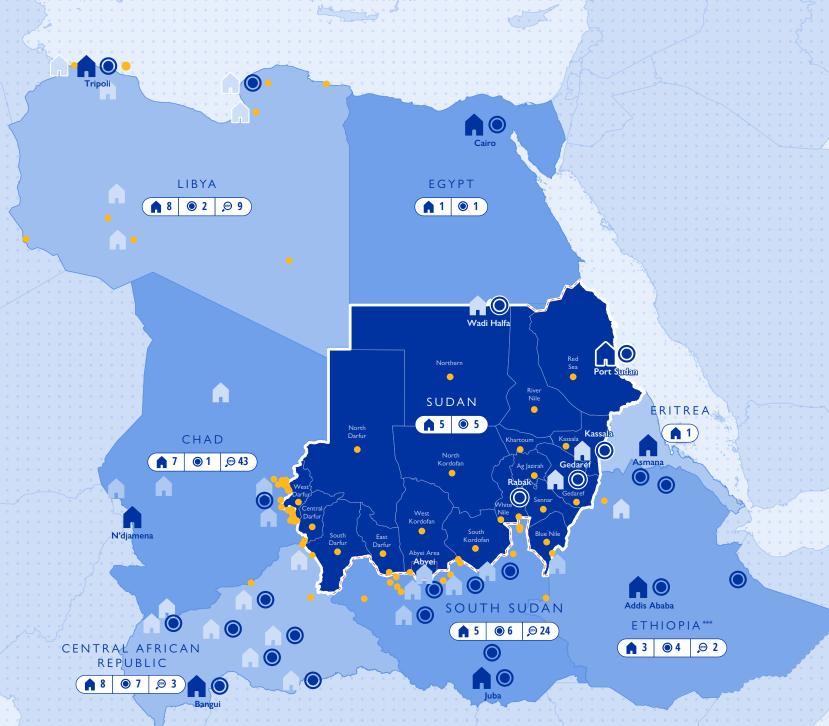
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SUDAN AND NEIGHBOURING COUNTRIES OPERATIONAL PRESENCE MAP

WORKFORCE OVERVIEW 2.940 †2,077 †863 3,163 TOTAL NUMBER OF STAFF IN **NEIGHBOURING COUNTRIES OF STAFF** 584 223 † 155 † 68 TOTAL NUMBER OF **ENUMERATORS** STAFF IN SUDAN † 729 **†** 342 ,⊜ 9 ETHIOPIA* 1,071 † 518 **†** 175 ,⊜ 112 LIBYA 693 SOUTH SUDAN 233 ↑ 158 ↑ 75 ⋒ 15 EGYPT 229 † 113 † 116 CAR 192 † 151 † 41 929 **OPERATIONAL PRESENCE OFFICES AND** DISPLACEMENT **SUB OFFICES**** TRACKING MATRIX (DTM) SITES 26 WAREHOUSES **LEGEND** Country Office Sub-Offices / Field Offices Warehouses DTM

"It refers only to flow monitoring enumerators.
""Only indicates those pertaining to the Sudan response
""Only refers to DTM flow monitoring points.

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RESPONSE OVERVIEW

Over the first six months of 2024, IOM has reached 982,000 individuals across the region with multisectoral humanitarian assistance: 811,000 individuals assisted within Sudan, and 171,000 in neighbouring countries.

This report presents the current state of play - achievements over the first half of 2024, and the critical gaps that need to be addressed to save lives and protect people on the move.

The report measures achievements against IOM's 2024 Sudan Regional Response Overview, which targets 1.6 million people with a requirement of USD 317.5 million.¹

IOM Sudan has over 220 staff, 85 percent of whom are national staff, and a network of 367 DTM enumerators across Sudan's 18 states. In Sudan, IOM has been able to pivot and adapt operations to the new context, working with humanitarian partners to meet critical needs across the country, including mobilizing efforts towards the priority areas identified in the Famine Prevention Plan. IOM has stabilized the team on the ground in Sudan, strengthening the four key offices in Port Sudan, Gedaref, Kassala, and Wadi Halfa, as well as Farchana in eastern Chad, from which mobile teams can operate and respond in areas of need and strengthening work with local partners.

IOM Sudan has delivered a multi-sector response, including health, MHPSS, WASH, protection and cash, and provides critical enablers and services for the humanitarian community that support a context-specific, conflict sensitive, localized, and evidence-based response. The mission is working toward saving lives and protecting people on the move, while looking towards solutions for and addressing the drivers of displacement, the latter in a joint effort with UNDP. IOM Sudan seeks to implement programming across the

Humanitarian-Development-Peace Nexus (HDPN), underpinned by protection-centred approaches, conflict sensitivity and conflict analyses, with dedicated resources in place for conflict sensitivity.

IOM operates and manages the Common Non-Food Items Pipeline in the country and is the largest procurer of non-food items (NFIs) in Sudan. The Common Pipeline enables greater operational efficiency, optimization of item costs, and enhanced capacities for partners who can reach and deliver a needs-based response in hard-to-reach areas. Over 80 organizations, including UNAFPs, I/NNGOs, and local partners, benefit from the operation of the Common Pipeline system.

To facilitate cross-border response and extend the pipeline supply chain, a cross-border mechanism has been established between Chad and Sudan. This includes the establishment of the Farchana Humanitarian Hub, which serves as a base for cross-border operations and coordination for 26 UNAFPs, I/NNGOs, and public partners. It also includes warehousing capacity in Farchana.

Within Sudan, IOM's Displacement Tracking Matrix has a network of 3,698 key informants and 367 enumerators who provide data across more than 7,000 locations across all 18 states of Sudan. DTM systematically provides regular, reliable, and timely data on mobility trends and flows and the needs of displaced populations, informing the Humanitarian Needs Overview and Humanitarian Response Plan 2024 and reinforcing the accuracy of humanitarian operations across the UN system. IOM is leading the multi-sector needs analysis (MSNA) which will underpin the 2025 Humanitarian Response Plan: this will get underway in the second half of the year.

¹ This is an increase of USD 1.8 million from Libya, where increased arrivals from Sudan spurred a coordinated inter-agency appeal led by UNHCR in May 2024.

Committed to enhancing the capacities of front-line actors, IOM's Rapid Response Fund (RRF) provides small grants to local partners to facilitate the rapid implementation of lifesaving and multisectoral projects covering ES/NFI, WASH, Health, Protection, FSL, and CBI. Having reached an estimated 210,000 individuals through 19 awards awarded to 17 partners over the past six months, the RRF remains a key tool for accessing hard-to-reach populations in Sudan and leveraging community-based protection mechanisms.

Listen to the people in Sudan respond to IOM's food distribution and highlight their priority needs.



Within Sudan, IOM actively participates in interagency forums and working groups, including three co-chair roles: with UNDP of the Peacebuilding Pillar under the UN Common Approach; with OCHA of the Information Management Working Group; and with UNHCR

of the Counter-Trafficking and Mixed Movements Working Group. IOM also leads a Procurement Working Group under the UN Operations Management Team, co-leads the Information Management and Assessment Working Group, leads the WASH Technical Working Group, and co-leads the MHPSS Working Group in Kassala state. IOM regularly participates in the Cash Working Group, the Health cluster, the Protection cluster and AoRs and in the Humanitarian Access Working Group (HAWG) and Civil Military Coordination Cell, utilizing investments in conflict analysis and sensitivity to shape approaches to addressing humanitarian access constraints and strategies for gaining access to affected populations.

In South Sudan, IOM continues to provide onward transportation assistance (OTA) via boat, road, and air, for 60,200 individuals to reach their final destination in the first 6 months of 2024. En-route. services are provided in transit centres, including CCCM, telecommunications, WASH, health, protection, and mental health and psychosocial support (MHPSS) assistance. Given the priority of the South Sudan Humanitarian Country Team (HCT), the donors and the government to avoid the creation of new camps for displaced people due to limited resources, IOM's OTA operations are a critical piece of the response in the country to the Sudan crisis, ensuring that the affected populations are protected, referred to needed specialized services, provided medical assistance, and most importantly, helped to continue their journey home.



OTA operations in South Sudan are part of a wider suite of transportation and relocation services provided across the region, particularly also in Chad and Ethiopia. In addition, IOM has established a women and girl friendly space (WGFS) in Bahr El Ghazal, a location receiving lesser numbers of arrivals but more in dire protection needs. The WGFS ensures provision of privacy, safe space and specialized case management linked to referrals for women and girls including survivors of GBV.

Listen to IOM's teams in Renk speak to the scale of needs in the transit centre, and the need for expanded OTA assistance.



In Chad, IOM is the lead for support to returnees. Leveraging its experience in site management and settlement planning, IOM has provided support to returnee sites in Deguessa and Tongori, which currently house more than 113,558 people. WASH services, multipurpose cash assistance (MPCA), protection

services and MHPSS, community engagement, and humanitarian transportation have been provided from eastern Chad.

In Egypt, IOM has provided tailored direct assistance for Sudanese arrivals, including protection case management, rental assistance, education grants, MPCA, NFIs, legal counselling and support, and comprehensive health services including MHPSS. IOM also works on humanitarian border management, working with the Ministries of Transport and Interior on identification of equipment and infrastructure needs at the relevant Border Crossing Posts (BCPs), and provision of training to be delivered to front-line officials deployed at the relevant BCPs.

IOM Egypt is working within the framework of the Joint Platform for Migrants and Refugees with the Ministries of Health and Education, UNHCR, UNICEF, and WHO to enhance access to key services for Sudanese in Egypt. The first UN Joint Program under the Joint Platform aims to support the public education and health sectors, enhancing access to services for vulnerable migrants and refugees in Egypt, whilst addressing relevant protection concerns, strengthening resilience and contributing to social cohesion with host communities. IOM conducted sensitization trainings and awareness raising for healthcare workers and the Ministry of Health on health and the rights of migrants and refugees, donated supplies, and a referral mechanism was established during the first half of 2024.



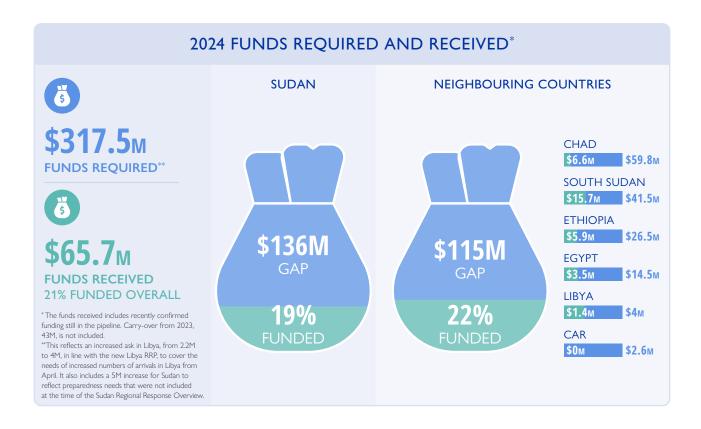
IOM conducted sensitization trainings and awareness raising for healthcare workers and the Ministry of Health on health and the rights of migrants and refugees, donated supplies, and a referral mechanism was established during the first half of 2024.

In Libya, IOM is establishing a new Migrant Resource and Response Mechanism (MRRM) in Al Kufra, southeastern Libya to meet the needs of new arrivals. The MRRM programme will bring together a wide range of humanitarian and protection services delivered to vulnerable beneficiaries living in urban settings including service provision and referrals to victims of trafficking and unaccompanied and separted children. The programme's reach and flexibility make it especially valuable for beneficiaries experiencing harsh conditions in distant and difficult-to-access locations. As one of the only humanitarian agencies with operational presence in Al Kufra, the new MRRM will reinforce IOM Libya's capacities to assist new arrivals, including from Sudan.

In Ethiopia, IOM scaled up its presence at Metema and Kurmuk border crossing points and provides multi-sectoral assistance to returnees, asylum seekers/refugees, and TCNs. IOM has established flow monitoring at both crossing points, through its DTM, providing key information on movements and trends

at the border. To date, IOM has provided services (WASH, Protection, Health and MHPSS consultations, cash-based assistance and transportation) to over 126,000 individuals. IOM continues to provide essential humanitarian and protection services including emergency and transitional shelter through its Migration Response Centre (MRC) to migrants and border communities. Although the number of people crossing the border on daily basis continues to decline, IOM and partners need to continue investing in preparedness and response to be able to face new influx in a timely manner, depending on the context in Sudan, in addition to continue supporting the returnees with transition interventions in their communities of return.

In Central African Republic (CAR), IOM implemented protection, DTM and shelter activities. For protection, this included psychoeducational activities support groups, and trainings to identify coping mechanisms and understand their impact on the mental health of community members, and safe referral of protection concerns (for a various range of stakeholders, including host community leaders, existing community-based protection networks and Sudanese refugees' representatives), and dignity kits.



OVERVIEW OF ACHIEVEMENTS

SUDAN



DISPLACEMENT TRACKING MATRIX

174 REPORTS RELEASED

The Displacement Tracking Matrix released flash updates, mobility overviews, and datasets to inform the ongoing response. The Multi-Sector Needs Assessment for the Humanitarian Needs Overview was launched at mid-year.



WATER, SANITATION AND HYGIENE

515.000 TARGETED

610,522 REACHED*

128,944 people were supported with hygiene kits, and 161,668 were involved in hygiene promotion sessions. In addition to this, 141,000 people benefitted from WASH infrastructure rehabilitation and construction of latrines, handwashing stations and boreholes.

*The target has been exceeded due to variation in the cost of hygiene kits - these were more cost effective than originally budgeted, enabling the purchase of more kits, and therefore more people reached than targeted.



HEALTH, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

381,600 TARGETED

36,608 REACHED

33,805 primary healthcare consultations held in 2024; 11,779 vaccinations given and 5,700 nutrition screenings were conducted. 2,803 people received mental health and psychosocial support, including psychological first aid and referrals to specialised services.



PROTECTION

475.000 TARGETED

9.762 REACHED

Of these, 708 people received case management and referrals, and 2,887 women and girls used the 6 established Women Friendly Spaces. In addition, IOM supports 4 women-led organizations.



R→ HUMANITARIAN TRANSPORTATION

10.000 TARGETED

504 REACHED

IOM provided Assisted Voluntary Return services, resettlement and family reunification, and permanent migration on behalf of member states. In addition, IOM has assisted, in coordination with UNHCR, 436 with resettlement, 63 with family reunification, and 17 with permanent migration



SHELTER AND NFIS (INCLUDING THE COMMON NFI PIPELINE)

300.000 TARGETED

187.070 REACHED

Of these, 32,598 people received NFI support through direct IOM distributions, 2.000 received shelter support, 152,472 more people received NFI support through common pipeline partners: IOM provided the NFI, and partners distributed them to people in need. The common pipeline is managed through 6 warehouses across the country. Distributions tookplace in 13 States. The kits include plastic sheets, kitchen sets, mosquito nets, sleeping maps, blankets, solar lamps, and jerry cans.



CASH-BASED INTERVENTIONS

50.000 TARGETED

800 REACHED

Multi-purpose cash distributions took place in north Sudan in Wadi Halfa and Shendi in June.



PEACE-BUILDING AND COMMUNITY STABILIZATION

90,000 TARGETED

5.420 REACHED

21 community-based projects underway, targeting both host and displaced populations to contribute to inter-community social cohesion



FOOD SECURITY AND LIVELIHOODS

30.000 TARGETED

23.562 REACHED

17,970 people were assisted with agricultural inputs; 4,860 people were assisted with inclome generating activities, and 732 people with livestock support.



RAPID RESPONSE FUND

17 partners in the Rapid Response Fund were awarded grants, delivering in multiple sectors across 14 States. IOM focused on building new local partnerships so that the Rapid Response Fund can be used to enable frontline response in hard-to-reach areas.



969,200 **PEOPLE TARGETED IN 2024**

811.679 PEOPLE REACHED BETWEEN **JANUARY-JUNE 2024**

1,952,466

PEOPLE REACHED SINCE **APRIL 2023**



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OVERVIEW OF ACHIEVEMENTS

NEIGHBOURING COUNTRIES



DISPLACEMENT TRACKING MATRIX

Flow monitoring at borders was maintained. IOM conducted biometric registration in the Deguessa Site in eastern Chad in



SHELTER AND SETTLEMENTS

286.229 TARGETED

26.730 REACHED

8.199 transitional shelters were built in Chad in returnee villages, and 11,365 people benefitted from NFI distributions.



HEALTH, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

366,000 TARGETED

236,576 REACHED

Health services were provided in Egypt, South Sudan, and Libya.



CASH-BASED INTERVENTIONS

382.400 TARGETED

15.086 REACHED

Cash support was provided in Egypt, Ethiopia and Chad.



HUMANITARIAN BORDER MANAGEMENT

In Egypt, IOM continued support to the Egyptian border authorities.



PROTECTION

137.550 TARGETED

150.160 REACHED

In South Sudan and Chad, protection teams engaged with communities and worked with the most vulnerable to ensure access to available services. In Egypt, 624 people received legal information sessions and awareness sessions about migrants rights.



* HUMANITARIAN TRANSPORTATION

267.826 TARGETED

67.784 REACHED

Onward transportation was provided in **South Sudan**, moving people from Renk by boat along the Nile and by plane to their destinations of choice. It was also provided in Chad and Ethiopia.



WATER, SANITATION AND HYGIENE

299.000 TARGETED

230.634 REACHED

Hygiene promotion campaigns reached 11,200 people in Chad. In South Sudan, a new solar-powered water distribution system was installed at Renk transit centre.



SITE MANAGEMENT

250,000 TARGETED

45.782 REACHED

Site management and planning was provided in eastern Chad in the Tongori, Deguessa and other returnee villages, and in South Sudan in the transit sites.



695,026

PEOPLE TARGETED IN 2024

171,254 PEOPLE REACHED BETWEEN **JANUARY-JUNE 2024**

512.870

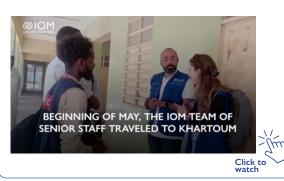


This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM. Despite these achievements made possible by the generous support received to date, critical gaps remain in scaling the humanitarian operation in Sudan and neighbouring countries. The situation continues to deteriorate at an alarming rate.

The priority in Sudan is to continue to scale the humanitarian operation to save and protect lives across the country – meeting critical needs in areas of high mobility and displacement. Additional funding will enable IOM to sustain and strengthen the Common Pipeline, DTM, and RRF in service of the wider operation, and to scale protection and GBV services, health and MHPSS, WASH, as well as shelter, MPCA, humanitarian border management (HBM), and community-based peacebuilding programming, including livelihoods, for early investments in resilience and stabilization.

While delivering in areas that can be reached and building on local partnerships to enhance access into hard-to reach areas, IOM continues to advocate for unobstructed humanitarian access to all areas of Sudan. This is essential to the effectiveness of the integrated famine response and includes reliable cross-border and cross-line humanitarian corridors through all available routes to access all populations in need, free of administrative impediments, harassment, and security threats.

Listen to the report from IOM's teams from their mission to Karrari and Omdurman, and the scale of needs in Khartoum.



In the neighbouring countries, IOM's priority is to maintain preparedness and response to the increasing pace and complexity of cross-border mixed movements, and to scale sustainable inclusion and re-integration support for returnees. Priorities include ensuring robust preparedness for a highly fluid displacement dynamic, scaling multisectoral humanitarian support for new arrivals, strengthening the protection environment by scaling up specialized service provision and humanitarian border management across the region, and reinforcing resilience and stabilization programming.



CRITICAL FUNDING GAPS BY SECTOR*

While not exhaustive, these are areas where IOM has urgent funding gaps at mid-year, reflecting critical gaps on the ground.

SUDAN



WATER, SANITATION AND HYGIENE

\$3.2M \$11.8M **REQUIRED** \$15M

Delivery along the full continuum of WASH interventions including the construction, rehabilitation and maintenance of WASH facilities as well as awareness raising and training sessions.



EMERGENCY HEALTH, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

REQUIRED \$10M

Provision of integrated medical assistance and nutrition assistance in displacement sites, along key migration routes, and within host communities, along with community-based mental health and psychosocial support (MHPSS) interventions.



PROTECTION

\$76.5K

REQUIRED \$20M

Specialized protection programming, including access to identity documents, legal counselling on housing, land and property rights, consular assistance and legal assistance, as well as referrals and family reunification assistance, and strengthened mainstreaming of protection.

ENABLERS

\$4.5M \$12.5M REQUIRED \$17M

Scaling and sustaining the critical enablers that are already operational and helping to facilitate the wider humanitarian operation in Sudan, including the Famine Plan, is also priority, as the humanitarian situation continues to deteriorate. These operations are better funded at present, but will require additional funds to sustain. This includes:

- Common Non-Food Items pipeline
- Rapid Response Fund
- Displacement Tracking Matrix
- Farchana humanitarian hub (Chad cross-border)

*This includes funds received or confirmed and in the pipeline from January to June 2024. It does not include 2023 carry-over.



CHAD



SITE MANAGEMENT, SHELTER AND SETTLEMENTS

REQUIRED \$2.1M \$22.7M

Site planning and management, and shelter support in returnee sites in eastern Chad returnee sites, with a long term settlements approach considering 83% of returnees plan to stay in their current locations.



PEACEBUILDING AND COMMUNITY

REQUIRED \$10M

While IOM Chad continues to provide life-saving assistance, resilience programming is increasingly critical, to include reinforcement of community infrastructure, income-generating opportunities focused on agriculture, and cross-cutting social cohesion activities.



WATER, SANITATION, AND HYGIENE

REQUIRED \$10.5M

Continued expansion and installation of water distribution networks in very remote, dry areas with quality monitoring and maintenance; more durable water points construction with elevated tanks; construction of solarized water systems with elevated storage tanks).

MPCA

REQUIRED \$920K \$3.6M

Increased MPCA distributions will boost market productivity while enabling dignity of choice for returnees and supporting their ability to meet their own specific needs.

EGYPT



PROTECTION

FUNDING GAP REQUIRED \$2.1M \$3.3M

Tailored direct assistance for vulnerable Sudanese nationals, case management, specialized counter trafficking, child protection; community-based protection, mobile protection teams closer to border locations, and community cohesion activities, given increased rates of xenophobia in Egypt.



HEALTH

REOUIRED \$1.0M \$2.3M \$3.3M

Procurement and distribution of essential medical equipment and supplies, direct medical assistance, and training programs to support the overstretched health services.



HUMANITARIAN BORDER MANAGEMENT

REQUIRED \$1.7M

Training on human rights, humanitarian law and refugee law to the border management authorities; provision of equipment and infrastructure to ensure dignified conditions for migrants and displaced populations, and to counter cross-border crime including human trafficking and smuggling.

LIBYA



REQUIRED \$10K \$300K

Data collection of flows along main migratory routes. Specifically in south-east Libya where Sudanese are transiting on their way to Tripoli and Benghazi; release of Sudanese profiling.



REOUIRED \$400K

Provision of individual learning material to newly arrived Sudanese children; infrastructure rehabilitation of public schools in areas with higher concentration of Sudanese refugee children.



BASIC NEEDS/CASH ASSISTANCE

REQUIRED \$1.3M

Distribution of non-food items to Sudanese across Libya, and Multi-Purpose Cash Assistance (MPCA) assistance through partners to address the basic needs of Sudanese refugees at heightened risks.

SOUTH SUDAN



REQUIRED \$31.8M \$10.6M

Provision of onward transportation to the most vulnerable returnees. Should the OTA cease, around 50,000 returnees as well as the 30,000 individuals already in transit, could be stranded in Renk and other points of entry over the next six months.



DATA COLLECTION

REQUIRED \$1.3M

Joint Population Movement, Event Tracking and Intention Surveys to identify strategic areas requiring focused responses to ensure efficient population movements and address the needs of returnees.



PROTECTION SERVICES AT BORDER POINTS

\$275K

REQUIRED \$710K

Enhanced protection services and referral mechanisms. Strengthening these systems is necessary to effectively address the critical needs of the most vulnerable populations and ensure their safety and well-being.

ETHIOPIA



PROTECTION

REQUIRED \$2.2M \$9.8M

Preparedness to support new arrivals with tailored assistance including non-food items, cash, and specialized protection services at borders and in border communities, where basic services are overstretched; extending to re-integration support for the most vulnerable cases.

CENTRAL AFRICAN REPUBLIC



REQUIRED \$100K

Protection services to the Sudanese refugees and CAR citizens returnees.

RESPONSE BY SECTOR

DISPLACEMENT TRACKING MATRIX



174 REPORTS RELEASED

DTM Sudan has continued to provide the core data that informs the humanitarian response in Sudan and surrounding countries, in the face of significant challenges. DTM Sudan has maintained uninterrupted data collection, despite operational challenges. DTM's network of 367 enumerators and over 3,600 key informants provides rapid, up-to-date information nationwide, covering over 7,000 locations in 183 out of 189 localities. DTM has adapted its product series since May 2024, with regular bi-weekly updates on 10.5 million IDPs across 18 states of Sudan have been reported since May 2024.

DTM Sudan has released a total of 174 reports and accompanying datasets, including 145 Early Warning Flash Alerts on displacement events, 16 weekly or bi-weekly reports and 4 in-depth reports on displacement figures and cross-border movements. In addition, several ad hoc products were produced to meet the needs of humanitarian partners and dozens of briefings on the displacement context in Sudan were provided at various national and state level meetings. DTM Sudan datasets were among the most downloaded IOM products on the Humanitarian Data Exchange platform, with nearly 400 humanitarian reports citing DTM Sudan data since January 2024.

In partnership with UN OCHA, the ICCG and the HCT, the 2024 Multi-Sector Needs Assessment (MSNA) exercise was launched in May 2024, beginning with the design of the survey/data collection tool and training of enumerators in June. The MSNA will utilise a mixed methodology approach to maximise coverage. Field teams will conduct door-to-door surveys, including paper forms and/or Kobo (on mobile devices or tablets) in areas that can be reached. Indicative sampling and key informant data collection will be used in highly insecure areas. The 2024 MSNA builds on previous experience in Sudan, where IOM-DTM informed the Humanitarian Programme Cycles in 2021 and 2022 by overseeing an annual, country-wide MSNA. In 2024 the MSNA will cover key sectoral needs across Food Security & Livelihoods; Nutrition; Protection; Shelter & Non-Food Items; Water, Sanitation, & Hygiene; Health and Education for IDP and non-displaced populations.

In neighbouring countries DTM has monitored cross-border movements of 2,196,355 individuals who relocated due to the Sudan conflict, with detailed tracking of nationalities and returnees. Chad reported the highest percentage of arrivals, followed by South Sudan and Egypt. Detailed reports on arrivals in Chad, South Sudan, Egypt, Ethiopia, CAR, and Libya were provided, highlighting the origins and destinations of the displaced individuals, based on multi-stakeholder data-sources including IOM-DTM, UNHCR, the National Commission for Refugees (Central African Republic) and the Egypt Ministry of Foreign Affairs.



SHELTER, NON-FOOD ITEMS AND SITE MANAGEMENT

SHELTER	586,229 TARGETED	213,800 REACHED	
SITE MANAGEMENT	400,000 TARGETED	45,782 REACHED	
		January - June 2024	

We were living in eastern Khartoum. We never thought about leaving, but when the situation became more challenging and the bombs became unbearable, and a bomb struck our house, we decided to finally leave. At the same time, I was nine months pregnant in the final days of my pregnancy. We didn't have anything, we had to borrow money to come here and we are still unable to pay it back. Right now, I can't even see my future or my destiny. I just want a safe place where we can live comfortably"

Over the past six months, IOM has established or expanded four warehouses in the Red Sea, Kassala, Northern and Gedaref states to accommodate the increasing volume of requests and strengthen supply chains in-country. To address ongoing challenges in the Red Sea that risk disruption of supply lines, IOM has been working towards localizing and diversifying its supplier base to procure some quality items from local suppliers where available, though this remains extremely limited. Through sustained engagement with authorities, delays in processing at customs have been reduced for imported goods.

The Sudan common non-food items pipeline has enabled 80 partners to reach 23,528 individuals with NFI kits and an additional 128,944 individuals with hygiene kits over the first six months of 2024. IOM's direct distribution of ES/NFI assistance in Sudan has reached 34,598 individuals in the first half of 2024. IOM in Sudan manages the common pipeline, in which items in bulk, in line with agreed standards, for cost efficiency. These items are then provided to pipeline partners on request to meet assessed needs, with items also transported to them by IOM if needed. Partners then distribute the items to people in need, supporting the most vulnerable.

In neighbouring Chad, 1605 transitional shelters have been built in the first six months of 2024, benefitting 8,199 of the most vulnerable

returnees in Deguessa site in Sila and Tongori site in Ouaddaï. 11,365 received NFIs between January and June. As part of its resilience programming, IOM has provided kits for 400 returnee households in Tongori to build bricks to upgrade their shelters, which improves their dignity and resilience, enhances their skills, and strengthens support networks within the community. Site management support is provided in Tongori and Deguessa, including work on planning and improved fire safety. IOM is the lead agency for the humanitarian response for returnees, coordinating with national, international, and government partners (CNARR, local authorities) to deliver vital services to vulnerable returnees in eastern Chad.

In Egypt and the Central African Republic, IOM has assisted 2,831 and 500 individuals respectively with NFIs. In Libya, IOM supported 4,608 individuals with NFI across Bani Waleed, Al Gatroun, Ghat, Sabha, Tripoli, and Zwara. IOM's recent assessment on the situation of Sudanese migrants in the East, with a focus on the city of Al Kufra, highlighted the extreme vulnerabilities of the Sudanese community in the area; findings show that the Sudanese community in Al Kufra amounts to approximately 1,300 households /6,000 individuals, with NFI reported as a key need, along with MHPSS, protection and referral services.

In Ethiopia, IOM reached 20,243 people with the construction of temporary shelters at the Metema PoE and the provision of cash-for-rent subsidies, to accommodate asylum-seekers, refugees and returnees, improving the living conditions in the congested site and in locations of return.

Gaps remain for shelter and non-food items assistance across the regional response, with a settlements approach. IOM Sudan's common pipeline operations need to be reinforced as the situation escalates, enabling IOM to deliver front-line response and to support partners to deliver in hard-to-reach localities, including Khartoum and Omdurman. A settlements approach is needed in particular in Chad, where it is likely that the returnee sites will remain in place for many years to come, and in Sudan, where thousands of gathering sites continue to expand and put pressure on community infrastructure.

Conflict Analysis and Sensitivity: Improving Evidence-based Response Planning in A Complex Access and Security Environment in Sudan



At the start of the crisis in Sudan in April last year, IOM started to invest heavily in conflict analysis and sensitivity, drawing on experiences from other emergencies, including South Sudan and Ukraine where there were large portfolios of work on conflict analysis and sensitivity, as well as other emergent crises, such as Gaza where IOM continues to put resources into conflict analysis and sensitivity. An initial conflict sensitivity analysis was carried out to identify top line conflict sensitivity risks associated with the change in context, which ranged from aid capture and diversion, to exacerbating tensions between population groups. The analysis laid out an initial, refined approach to operations in relation to the new context, including decentralizing and localizing IOM interventions to mitigate

against some of the risks and served as a basis for further conflict analyses.

Around two dozen ad hoc and structured analyses have been carried out since then pertaining to new developments, sub-national areas and particularly difficult access bottlenecks, such as cross-border access from Chad into the Darfur region, with a dedicated access and conflict analysis focal point traveling throughout both Sudan, including in hard-to-reach areas, such as Khartoum and to neighbouring countries, such as Chad.

Mobility being a key element of IOM's mandate, these analyses serve as a complement to the DTM, looking at the two-way relationship between mobility and conflict, including the impact of the conflict on mobility patterns and the impact of mobility on conflict dynamics, for instance, the tensions created between host communities and IDPs over access to assistance, or the land related conflicts that can result from demographic shifts produced by widespread displacement. This has allowed IOM to adopt a more proactive rather than reactive aid posture, looking at the likely impact of new displacements both internally and abroad, including on social cohesion and the possible long-term conflict impacts associated with population movements, enabling both the Sudan mission and neighbouring countries to operate across the HPDN by looking at short-term effects alongside longer-term ones related to things like land usage. The investment in analysis alongside DTM has also contributed to the Organization's ability to utilize granular information and data to create that necessary operational shift and adjust field level approaches to access and programming in ways that are contextually relevant, facilitating the L3 scale-up.

HEALTH, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT





44

The scenes in the streets were horrifying. There were dead bodies and blood everywhere. I have never been that shocked in my life. I was shivering and my heart was pounding very fast. My mind froze and I was not able to process what I was seeing. I finally reached the church, but continued to have the worst experience of my life. The shelling was continuous and the sound was terrifyingly high and so close to us. Even the two deaf people staying with me at the church felt the building shaking and were as terrified as if they could hear everything. I spent three nights on the floor under my bed because I was afraid something would hit the building or debris would break the windows. On the second day, soldiers broke down the church door and entered, searching for insurgents. The feeling that you are unsafe is awful and it was on that day that I decided to escape for my life."

As part of its health response in Sudan, IOM has supported 14 health facilities, including 5 mobile clinics, that help expand its reach to affected populations who may otherwise be unable to access services. In the first six months of 2024, 32,518 primary healthcare consultations and 5,700 nutrition screenings have been held; 11,779 vaccinations have been given. IOM's warehousing facilities in Port Sudan have been upscaled to include temperature-controlled medical stores/pharmacies to stock lifesaving medicine. This will play a key enabling role in the broader response to support partners in storing medicine supplies.

MHPSS services remain critically limited in Sudan. To respond to this gap, IOM supported 8,681 individuals with individual or group counseling sessions, reaching 2,803 in the first half of 2024. To scale up MHPSS interventions, IOM co-launched the MHPSS volunteers' network at IDP gathering sites in Kassala states.

In the neighbouring countries, IOM has directly assisted vulnerable populations in South Sudan and the Central African Republic; in the Central African Republic, 2,636 individuals have been assisted with MHPSS since the onset of the crisis. In South Sudan, 447,796 have been supported with health assistance since April 15 2023 - 188,407 of them in the first six months of 2024.



This includes health services like vaccinations for children, adults, and primary healthcare consultations in health facilities and mobile clinics and assistance in deliveries. In Libya, IOM has provided 30,415 individiduals - 8,494 in the first six months - and individuals with health assistance, including inside the Kufra detention centre, access to which was made possible only after sustained liaison with authorities. In Ethiopia, medical and nutrition screenings are being provided at both Metema and Kurmuk entry points upon arrival, in addition to primary healthcare consultations, MHPSS support and sexual and reproductive services and referrals. So far, over 36,500 individuals received health consultations, and 36,350 MHPSS consultations were provided. IOM also provided 134,190 medical and nutrition screenings at PoEs.

Partnerships are a central tenet of IOM's health programming – partnerships and coordination with partners ensure entry points to deliver multi-dimensional, whole-of-society solutions. In Egypt, where over 1,500 people have been

assisted with health and nutrition services, IOM partners with the Egyptian Red Crescent and the Egyptian Ambulance Services to access communities at the border. This is particularly key, given concerning reports of death due to dehydration at the borders. In Ethiopia, IOM collaborates closely with the Ethiopian Public Health Institute (EPHI) to provide vaccinations, health screening services, medical consultations, and referrals to specialized services.

Given the complete lack of infrastructure at many borders, including health components in humanitarian border management activities will be critical in preventing the spread of diseases while ensuring safe and orderly migration. In the neighbouring countries, additional funding will enable scaling up healthcare services, including mitigating risks at border crossing points, in transit sites, and in remote locations where health infrastructure is overwhelmed by the number of new arrivals from Sudan.



Migrant Resource and Response Mechanism: Multi-sector Assistance From A Single Centre in Libya



In 2018, IOM Libya established the Migrant Resource and Response Mechanism (MRRM). MRRM aims to provide direct assistance services such as food and non-food items, medical assistance, protection and mental health and psychosocial support, as well as raise migrants' awareness on the risks of irregular migration (while providing information on viable alternatives) and refer them for external specialized medical services and/or services provided by IOM units such

as IOM's Voluntary Humanitarian Return (VHR) and protection services. Referrals can be extended to IOM's partners to ensure complementarity of services across the entire humanitarian landscape in Libya.

Assistance is delivered through the MRRM base in Tripoli and IOM's MRRM mobile teams that operate in several cities throughout Libya. The mobile teams provide vital services for migrants present in remote, hard-to-reach locations who cannot otherwise have access to basic services due to fears and concerns over their personal safety, lack of financial means, lack of transportation and ill-health (or a combination of these factors).

In essence, the MRRM programme brings together, under one mechanism, a wide range of humanitarian services delivered to vulnerable migrants living in urban settings. MRRM's flexibility and reach makes it especially valuable for migrants experiencing harsh conditions in distant and difficult-to-access locations.

Currently, IOM Libya is in the process of establishing an MRRM base and operationalizing the MRRM modality in Kufra. Sudanese nationals, third country nationals, migrants of different nationalities and host communities will have access to vital humanitarian services. Their humanitarian situation will improve and their reliance on overstretched services offered by the local government in Kufra will significantly lessen. The Kufra MRRM base will serve as a lifeline for Sudanese and TCNs fleeing war-torn Sudan, locals welcoming them within their host communities, and migrants stranded and abandoned in Kufra with little to no access to basic services and support.

HUMANITARIAN TRANSPORTATION





New arrivals in neighbouring countries often lack the financial means to pay for safe and dignified transport from the border to their communities of origin – in South Sudan, for example, between 30 - 40% are dependent on humanitarian assistance for transportation, in the absence of which they are exposed to protection and health risks as backlog builds at transit centres. These will particularly impact the most vulnerable amongst the caseload, including elderly and persons with disability. Returnees are specifically affected as they lack social networks and resources in their countries of origin after having lived many years in Sudan.

In the neighbouring countries, IOM has assisted over 68,288 individuals with humanitarian transportation to date in 2024. This includes 60,207 individuals reached with onward transportation assistance (OTA) in South Sudan, 99 with relocation in Chad, and 5 and 7,473 with VHR in Egypt and Ethiopia respectively.

In addition, IOM has assisted a total of 1,622 TCNs across 16 nationalities with onward international air transportation, as well as with domestic in-land transportation where required, in close coordination with government and local partners. By providing safe transportation, onward international air travel, and related assistance in conflict situations, IOM protects the integrity of migrants and contributes to the full realization of the right to leave any country and return to one's country of nationality. In Ethiopia, more than 16,523 Ethiopian returnees were assisted to return from Metema to their place of origin in Ethiopia so

far, including provision of onward transportation allowance for the most vulnerable. IOM is also supporting UNHCR in relocating asylum-seekers and refugees from border entry points to camps or other safe locations, with over **3,719 transported** so far. Additionally, more **686 individuals**, mostly TCNs, have been assisted with voluntary humanitarian return from Sudan since the beginning of the year, 504 in the first six months of 2024.

Moving forward, the priority in the Sudan will be sustained liaison with embassies, consulates, and authorities to ensure the provision of necessary travel documentation that reflects the legal identity of the holder. Recognizing that safe and regular migration is premised upon the timely issuance of travel documents, IOM will seek to establish new partnerships and reinforce existing ones to strengthen access to legal identity for crisis-affected populations. Leveraging its extensive operational presence in the Sudan and the neighbouring countries, IOM will continue to engage with government institutions, partners, host countries, and countries of origin to strengthen international coordination processes on the issuance of visas and travel documentation to uphold the rights of migrants in crises, while supporting State capacities on border and migration management.

In the neighbouring countries, the priority remains to maintain provision of onward transport assistance to new arrivals where needed, notably in South Sudan and Chad, and to scale support for sustainable inclusion or reintegration, in coordination with national authorities, for both Sudanese and foreign nationals as well as returnees. For TCNs, IOM will establish effective communication and coordination mechanisms between TCNs and relevant consulates to ensure they can access support and travel in a safe, dignified, and orderly manner to their countries of origin.²

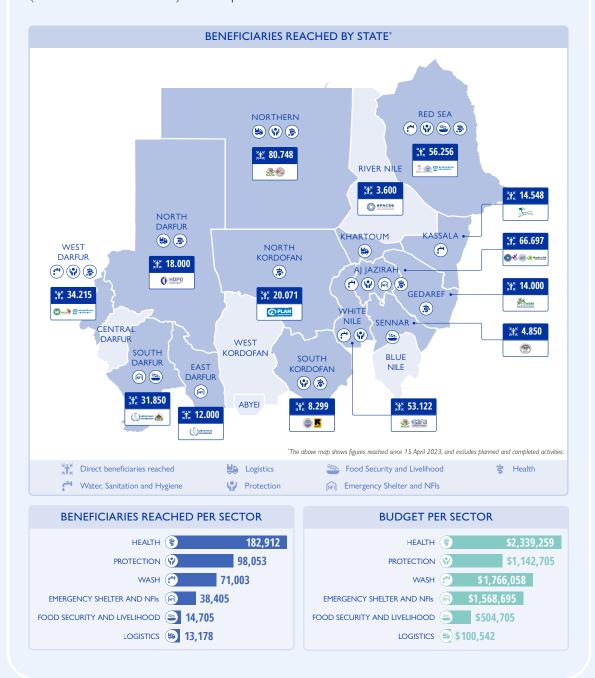
² IOM defines third country nationals as the following: In situations in which two States are concerned, any person who is not a national of either State; or, in the context of regional organizations, nationals of States that are not member States of such organizations. NB: For example, in cases of humanitarian evacuations, the term is used to identify non-nationals who are evacuated from a country where they have fled of which they also do not have the nationality. In the European Union, those who are not citizens of the Union (i.e.: persons holding the nationality of a Member State) are referred to as third-country nationals.

Rapid Response Fund Sudan: Localised, Multi-sector Response in Hard-to-Reach Areas

With the support of the United States Bureau of Humanitarian Affairs (BHA), IOM established the Rapid Response Fund (RRF) in Sudan in 2013. The RRF is an umbrella mechanism managed by IOM that is leveraged to rapidly allocate support to international and national non-governmental organizations (INGOs and NNGOs) to implement

life-saving interventions, accompanied by capacity building of local organizations.

In Sudan, IOM has awarded 19 RRF grants to 17 partners to support over 210,000 individuals through multisector programming spanning health, WASH, protection, ES/NFI, logistics, and food security and livelihoods (FSL).



PROTECTION





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We heard stories about rape cases in our area. I could not think of anything other than my daughters' safety. Even the day we fled Khartoum, I was so afraid something might happen to my daughters. Every time we reached a checkpoint, I tried to hide them away from the eyes of the soldiers. Before we left the house, we advised the girls to dress like old women so no one would pay attention to them."

IOM places protection at the core of its humanitarian action and continues to scale up its operations to reduce protection risks through the delivery of specialized protection services, increase of integrated interventions, and bolster protection mainstreaming across its sectors of interventions. IOM protection teams are on the ground, actively responding to the immense protection needs and gaps through protection, child protection and GBV responses — with an increased focus on localization and supporting local actors and community-based protection efforts.

In Sudan, Egypt, Ethiopia, Chad, Central Africa Republic, Libya and South Sudan, IOM has supported over 82,000 individuals with case management assistance and referrals, 31,000 individuals with specialized services including mental health and psychosocial support, legal aid, and cash for protection, supported local women led organizations with granting schemes to cater for the needs of women and girls particularly in hard to reach locations, and set up child friendly spaces and women and girls safe spaces in coordination with local partners.

Given access challenges posed by the current crisis, IOM prioritized the scale-up of its support to local networks and organizations, including women-led organizations, community committees, and volunteer community-based protection networks (CBPNs). IOM conducted protection interventions through local networks by providing financial and technical support primarily through the RRF but also through other programming.

Since the onset of the Sudan crisis, IOM's Rapid Respond Fund (RRF) Mechanism has supported local protection actors to reach 98,053 individuals with protection interventions including specialized protection, gender-based violence and child protection services — this includes distribution of dignity kits, setting up women and girl safe spaces, child friendly spaces, MHPSS interventions, setting up and training community-based protection networks with a focus on hard to reach locations include West, North and Central Darfur states.

In Darfur, local protection partners have established four Community Based Protection Networks that facilitate referrals of survivors to medical assistance, PSS, legal aid, and shelter. Local protection actors are first line responders for many survivors particularly in hard-to-reach areas. In addition, two Child Friendly spaces and two Women and Girl Friendly Spaces were established, under the localization approach IOM prioritises knowledge transfer, technical capacity development and financial grants to local partners, IOM supported a women led organization that is now co-chair of the GBV sub cluster.

In eastern Sudan IOM continues to operate its Migrant Resource and Response Centres (MRRCs) providing a one stop shop for protection services including case management, medical assistance, legal aid, MHPSS to affected populations. IOM operates in the Northern state in Sudan addressing the mixed movement challenges in the state and supporting local protection actors in border areas with Egypt.

In the neighbouring countries, IOM continues to respond to the protection needs of those fleeing the conflict in Sudan, through both stand alone and integrated response. IOM conducts vulnerability screenings to fast-track assistance and provide referrals of vulnerable individuals arriving at borders and provides specialized services including case management and direct assistance, health and MHPSS, emergency and transitional shelter assistance and a strong focus on community-based protection. IOM conducts outreach through mobile response teams and prioritizes prevention efforts where needed.

In Egypt, IOM's Joint Platform initiative works to enhance the access of vulnerable groups, including refugees, asylum-seekers, and migrants from Sudan to the Egyptian system, in the lack of which they face heightened protection risks and vulnerabilities. This includes providing access to healthcare, providing education and housing grants, and access to protection services, especially for women and unaccompanied children. IOM also conducted awareness-raising sessions on legal measures and birth certificate regulations for Sudanese communities in Egypt.

In Ethiopia, through its Migration Response Centre (MRC), IOM provides tailored protection assistance including emergency and transitional shelter to the most vulnerable migrants, in addition to family tracing and reunification for unaccompanied migrant children through a best interest procedure, as well as onward transportation and legal assistance. Over 24,300 individuals have been assisted in MRCs so far.

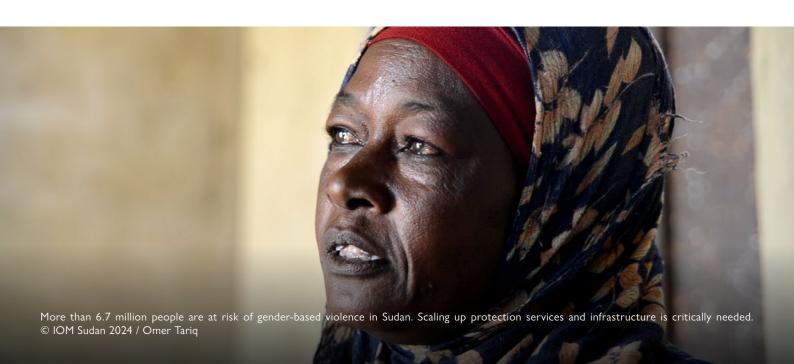
In eastern Chad, IOM provided direct protection assistance, prevention activities, social cohesion and direct MHPSS in two returnee sites, hosting above 113,558 individuals. It also operated two protection desks.

In South Sudan IOM conducted integrated protection response in Renk transit centre where returnees are screened for vulnerabilities and sensitive at-risk cases are then fast tracked for assistance and onward transportation. In addition, IOM has established a women and girl friendly space (WGFS) in Bahr El Ghazal, a location receiving

lesser numbers of arrivals but more with dire protection needs. The WGFS ensures provision of privacy, safe space and specialized case management linked to referrals for women and girls including survivors of GBV.

In Libya, IOM responds to the mixed movement flows with an active protection presence in Al Kufra as the key point of entry, IOM continues to provide assistance to Sudanese schools in urban areas in Libya. IOM provided case management services (individual assessments, counselling and referral notably) to Sudanese populations affected by the conflict in need of assistance. IOM also hosts regular community dialogue, awareness sessions and recreational activities with Sudanese populations. Since April 2023, the IOM protection team reached 6,423 Sudanese of which 66% were women and girls.

With a protection crisis of this scale, protection remains underfunded, raising alarm on the need for dedicated and increased resources for protection actions. In addition, more robust protection mainstreaming measures and the scale up of specialized protection assistance is needed to directly prevent and respond to violence, exploitation and abuse experienced in Sudan and the neighbouring countries. IOM calls for prioritisation of funding towards immediate, life-saving protection interventions and allocation of flexible funding for standalone and specialized protection programming with a focus on supporting local protection actors and scaling up community-based protection mechanisms.



CASH-BASED INTERVENTIONS





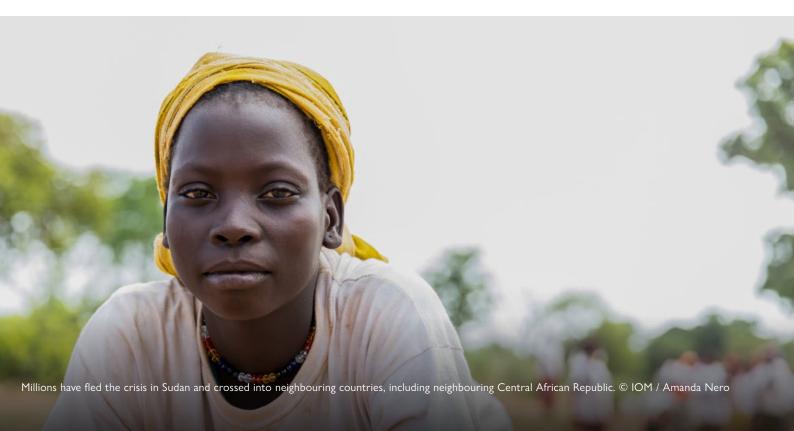
The conflict in Sudan has severely disrupted the market and limited the presence of financial service providers (FSPs) across the country. This has been compounded by internet and telecommunication challenges, which impacted communications between FSPs, IOM, and cash beneficiaries. Amongst FSPs that were operational, restrictions on the amount of cash that could be transported hampered their ability to deliver.

However, cash remains a key instrument to ensure dignity, empowerment, and choice for migrants and displaced populations to build resilience, strengthen livelihoods, and pave the way toward durable solutions. CBI has proved to be a highly effective and efficient way to provide assistance, especially at scale.³ Given the efficiency of cash programming, especially when complemented with other assistance modalities, it is an optimal response to support programming across the humanitarian-development-peace nexus, especially in hard-to-reach areas in Sudan.

Within Sudan, IOM has reached 50,030 with MPCA since the onset of the crisis, 800 of them in the first six months of 2024. IOM has also implemented mobile cash assistance initiatives to complement its ES/NFI distributions to crisis-affected populations. CBI has also been used by IOM's protection teams as cash for protection and as part of livelihoods programming in Sudan. This has been enabled through engagement with multiple financial service providers, including banks, to facilitate cash distribution across target locations. In parallel, IOM has pursued alternative delivery methods, such as mobile money transfers (through multiple telecommunications companies) or electronic vouchers, which help reach hard-to-reach areas. Enhanced security measures reinforce efforts to improve transportation and distribution of cash in targeted localities.

In neighbouring countries, IOM adopts cash assistance as an enabler for recipients to meet their needs with dignity and flexibility. Since the onset of the crisis, IOM in Chad has assisted over 40,000 individuals with cash assistance, 9,108 of them in 2024. In Egypt, over 15,500 have been assisted since the start of the war, 5,050 of them in 2024. In Ethiopia, IOM provides MPCA and cash-for-rent assistance to vulnerable Ethiopian returnees. IOM has assisted 928 individuals with MPCA so far.

3 Recent experience with large-scale cash programmes, such as the Emergency Social Safety Net in Türkiye, has clearly demonstrated the efficiency gains that have been achieved with cash (over 85:15 in that example), even more so using national systems.



Joint Platform with UNICEF and UNFPA: Improving Access to Health and Education for Inclusion in Egypt



Following the outbreak of the conflict in Sudan on 15 April 2023, Egypt emerged as a one of the main destinations for refugees fleeing Sudan, entering primarily through the two crossings of Argeen and Qustul on the Egyptian-Sudanese border, into the southern Governorate of Aswan. The focus of the response in Egypt gradually shifted from immediate needs to resilience and support to host communities, both Sudanese and Egyptians, as well as inclusion respectively in the education, health and protection sectors.

The Joint Platform for Migrants and Refugees (JPMR) was launched by the Government of Egypt and the United Nations in Egypt in November 2021. Bringing together Government, UN, development partners, donors, civil society and other stakeholders the Joint Platform seeks to enhance coordination, ensure better delivery and mobilize additional resources to realize long term, sustainable development gains for migrants, refugees, asylum seekers and their host communities, enhancing social inclusion and cohesion, and supporting the Egyptian Government's efforts to enhance access to public services in education and health.

The first UN joint program under the JPMR aims to support the public education and health sectors, enhancing access to services for vulnerable migrants and refugees in Egypt, whilst addressing relevant protection concerns, strengthening resilience and contributing to social cohesion with host communities with a specific focus on Sudan response via mitigating the additional pressures on these key services for refugees, migrants and host communities alike, while also maintaining a policy dialogue with the Government on inclusion, social cohesion and protection. One of the key considerations is the stimulation of public education and health care options for migrants and refugees, as an alternative to parallel approaches. JPMR is adopting a modular approach with a geographical focus on migrant- refugee high density areas achieving three key outputs, namely infrastructure and refurbishment, and capacity building for both the health and education sectors.

WATER, SANITATION AND HYGIENE





IOM in Sudan has delivered WASH interventions, spanning infrastructure and management to education and behaviour change, to support immediate needs as well as long-term development. Assistance in Sudan has included but is not limited to rehabilitation and construction of community infrastructure, awareness raising, and the distribution of hygiene kits. In the first six months of 2024, over 610,000 individuals, of which 56% are women, have been assisted, including over 8,000 members of the host community that have benefited from IOM's WASH activities.

In neighbouring Chad, IOM has supported over 43,000 individuals with WASH assistance. Environmental sustainability has been a key consideration of IOM's WASH interventions — in Chad, most of the 10 boreholes constructed are thermal or solar powered, whereas in Renk, South Sudan, IOM's newly constructed water pipeline is

completely solarized. As such, the new pipeline ensures greater operational efficiency as compared to water trucking to provide clean, potable water in Renk. In South Sudan, IOM supported around 200,000 vulnerable returnees at PoE and transit centres in Renk, Malakal, Panakuach and Aweil, with the provision of safe water, access to secured and dignified sanitation facilities and distribution of essential WASH NFIs. In Ethiopia, WASH conditions have been and remain challenging. IOM is providing potable water and sanitation services, notably through the construction of latrines, and is exploring options to increase the water supply in the area (with a new water supply system installation) to meet the water demands of the migrants and the host community as well.

The WASH response in Sudan suffers from critical underfunding, leading to shortages in supplies such as chlorine and lime supplies, particularly in hard-to-reach areas such as Khartoum. Capitalization of opportunities to expand WASH programming across the country to mitigate health risks is contingent on additional funding for this sector.

Farchana Humanitarian Hub: Supporting Partners in Eastern Chad



In collaboration with International Humanitarian Partnership Luxembourg and the Swedish Civil Contingencies Agency (MSB), IOM established a humanitarian hub in Farchana, Chad in 2024. Intended to support cross-border operations for the wider response, the Hub serves 26 organizations in Chad and Sudan, including UNAFPs, including the Resident Coordinator's office in Sudan, I/NNGOs, public partners, and media and journalists. The base in Farchana reinforced by two mobile storage units in Farchana and Abeche, and with plans to expand both the Hub and warehousing capacity.

PEACEBUILDING AND COMMUNITY STABILIZATION





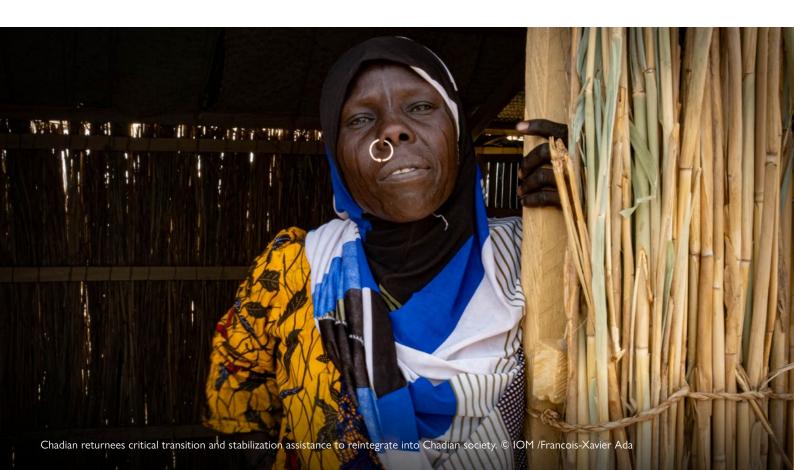
In Sudan and the region, the ongoing conflict and resultant displacement have weakened the resilience of populations. Without support, populations risk remaining in protracted cycles of vulnerability, dependent on humanitarian aid. Addressing root causes is central to achieving durable solutions, which, if left unaddressed, will undermine recovery processes and render them unsustainable.

IOM's peace and recovery programming adopts a holistic, integrated approach that addresses social, economic, infrastructural, and other drivers of human mobility simultaneously. It supports crisis-affected populations to recover and co-exist peacefully, driving solutions to displacement. In Sudan IOM's community stabilization is grounded in locally driven, development-oriented programming in crisis, transitional, or fragile contexts.

In Gedaref, Eastern Sudan, IOM is conducting a participatory analysis and planning exercise to identify key risks related to natural resource use,

climate change, and environmental degradation, and to prioritize interventions through a community-driven process to strengthen local conflict resolution and natural resource management capacities. In Gedaref, eastern Sudan, IOM facilitated the establishment of a 20-member community committee, with representation from host and refugee communities, to oversee and enhance community stabilization activities in the state. The approach bolstered the inclusion and participation of diverse social groups, including persons with special needs and women, which was key in mainstreaming gender sensitivity and protection throughout the programme.

In the region, IOM invests early to address underlying factors driving instability to support conflict prevention efforts. In Chad, IOM places particular emphasis on peaceful coexistence between returnees and host communities via consistent community engagement and the formation of joint committees comprising host community members and returnees. IOM has pre-identified community-based projects in collaboration with local authorities, host communities, and returnees in Deguessa, including building a market, stores, and community mills. In South Sudan, IOM continued to support communities with resilience and recovery programming in areas of high return.



Onward Transport Assistance in South Sudan: By Boat, and By Plane

The outbreak of the conflict in Sudan has severely affected the humanitarian situation in South Sudan, particularly in the northern states of the country. Since the onset of the crisis, the influx of people fleeing the Sudan has increased at multiple border points between the two countries; as of 30 June, nearly 720,000 individuals have crossed into South Sudan, with approximately 78% being South Sudanese nationals returning to their areas of origin or relocating to new locations.

IOM has mounted a large and complex logistical operation to help vulnerable returnees to reach their places of origin or relocation across South Sudan. Transportation by boat is the most efficient way to get the high volume of people arriving from Sudan – close to 400 boat trips

have been organized from Renk at the border to Malakal, a three-day overnight journey on the River Nile, transporting 188,407 individuals. Over 1,600 flights have been organized with more than 50,207 passengers and over 10,000 people have been helped to get home by road.

Nyakoang is one of over half a million individuals who arrived in Renk, Upper Nile state, South Sudan, due to the ongoing fighting in Sudan.

Nyakoang embarked on a two-month long journey to return to South Sudan. Many South Sudanese who had found work, peace, and security in Sudan had to re-live the trauma of fleeing violence and conflict over again, often returning with nothing more than the clothes on their backs.

I knew if we stayed (in Sudan), we would be killed or die of hunger. Therefore, I had no choice but to try to return home."



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CROSS-CUTTING COMMITMENTS

PREVENTION OF AND RESPONSE TO SEXUAL EXPLOITATION AND ABUSE

Prevention of and response to sexual exploitation and abuse will continue to be mainstreamed throughout IOM's interventions, support and assistance services in Sudan and its neighbouring countries. IOM participates in the global inter-agency PSEA Task Force to ensure that humanitarian workers are aware of their obligations in relation to PSEA. The Task Force also seeks to enhance SEA awareness of affected populations by developing visibility packages and reporting mechanisms, such as the Community Based Complaint Mechanism (CBCM). With PSEA country focal points and roving PSEA regional capacity, IOM is dedicating critical resources to inform IOM's programming and to contribute to inter-agency PSEA efforts.

ACCOUNTABILITY TO AFFECTED POPULATIONS

IOM supports accountability to affected populations (AAP) during project design and planning, implementation, and monitoring and evaluation. Assessments include specific indicators for people with identified vulnerabilities, including older people, people with disabilities or particular needs, unaccompanied and separated children, and women with vulnerabilities. All activities prioritise safety, dignity, and do-no-harm principles, using appropriate identification and referral procedures. Protection is mainstreamed throughout all IOM response sectors enabling joint work to support authority-run shelters and for GBV risk mitigation and safe referrals, and referrals to the forthcoming cash for rent programme.

CONFLICT SENSITIVITY

IOM values conflict sensitivity as a fundamental component of its work to address migration-related crises and challenges around the world, and particularly in conflict-affected and fragile contexts. At an operational level, conflict sensitivity requires that IOM has appropriate systems and policies in place that help to strengthen its positive impacts and prevent its activities from unintentionally contributing

to conflict. Subsequently to carrying out a tailored conflict sensitivity analysis after the start of the crisis in April 2023, IOM is following the two-pronged approach of decentralization and localization to ensure IOM's assistance does not exacerbate tensions nor exclusion or puts civilians at further risk in ways that could intensify an already dire protection crisis in Sudan. As part of the decentralization approach, IOM will continue to strengthen cross-border operations across the Egypt/Sudan border and Chad/ Sudan border, assess opportunities along the South Sudan/Sudan and Ethiopia/Sudan borders, as well as deliver relief items through Port Sudan to its various warehouses and partners across the country – allowing IOM and partners to cover the Northern, Eastern and Western regions of the country. Furthermore, IOM Sudan has been re-activating and scaling up its presence across Sudan by developing operational response plans in different states within Sudan that mainstream conflict sensitivity and protection and enable more agile and flexible operations in the face of a rapidly evolving context, adjustments for which are informed by continuous conflict analysis.

CENTRALITY OF PROTECTION

IOM places protection at the centre of its operational work, recognizing the heightened risk of violence, neglect, deliberate deprivation, discrimination, abuse and exploitation affecting populations on the move and host communities in Sudan and neighbouring countries. As such, all IOM interventions are designed to protect the rights, safety and dignity of affected populations. Additionally, IOM will continue delivering protection mainstreaming trainings for IOM staff across different thematic areas, for implementing partners and other stakeholders involved in the response.

IOM Established vulnerability criteria and screening measures to respond to those most at risk at PoEs, Ensured GBV risk mitigation standard measures in WASH, CBI and other sectoral responses, actively rolled out trainings to all field staff and implementing partners on topics related to child safeguarding, PSEA, disability inclusion and safe response to protection incident disclosures with over 600 staff reached with both virtual and in-person trainings.

LOCALIZATION

Communities, and their local knowledge and expertise, will be a principal resource in programme design and implementation. In line with Commitment 2 of the Grand Bargain, IOM will work to 'reinforce' rather than 'replace' local and national actors, hence adequate participation and resourcing of such actors will be ensured at all times. IOM's Rapid Response Fund mechanisms in Sudan and several of the neighbouring countries are testament to the commitment to strengthening local partners in their emergency response.

COMMUNITY – AND AREA-BASED APPROACH

A community and area-based approach allows responses to be designed, implemented and monitored around the local context and allows for greater agency among local communities, vulnerable and marginalized populations, local authorities, and members of civil society. Such approach empowers communities, strengthens support networks, and ensures better recovery outcomes. IOM will work on streamlining this approach across its multisectoral responses in an effort to maximize its impact and decrease the vulnerability of crisis affected communities.

GENDER

Risks, vulnerabilities, and needs are, to a large degree, shaped by one's gender, and often vary drastically for different groups. The roles, expectations, relationships, and power dynamics associated with being a man, woman, boy or girl, significantly affect all aspects of the migration process, and can also be affected in new ways by migration. IOM will conduct and integrate gender analyses and apply gender-sensitive and intersectional approaches throughout all programming to allow for the identification of inequalities, incorporate protection and gender perspectives in the delivery of assistance, and ensure the participation of all affected populations in response and recovery strategies—with specific attention placed on the needs of women and girls.









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