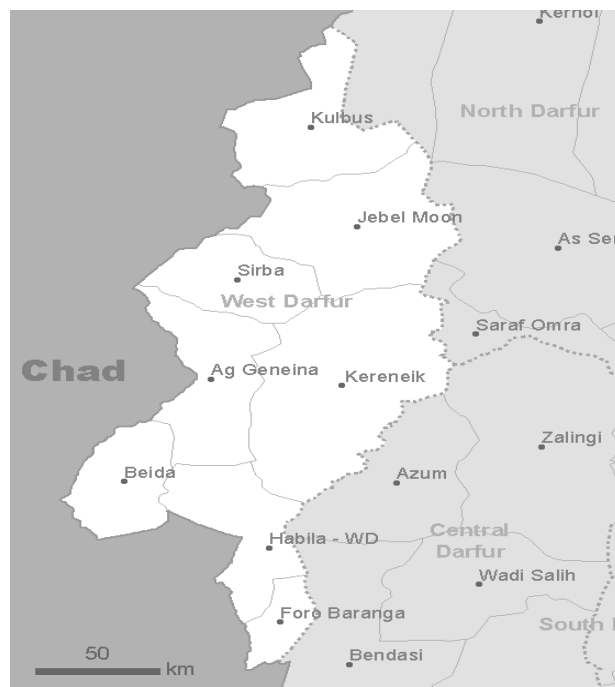


1. Background

In June 2021, tension reportedly rose between the Arab Nomads and Misseriya Jebel tribe due to disputes over land access and escalation of cattle looting among the Arabs and Misseriya Jebel tribes. The situation intensified as the Arab accused the Misseriya Jebel of stealing cattle and restricting access to Jebel Moon locality by putting additional checkpoints. On 17 November, conflict broke out between Arab nomads and farmers from the Misseriya Jebel tribe in West Darfur's Jebel Moon locality. Initial reports indicate that at least 43 people were killed, multiple villages burned and looted, and an unknown number of people injured. Crops, harvested food stocks, cattle, and other livelihood assets have also been stolen or burned.

On 20 November, further attacks escalated in Khazan-kujuk village. According to the data collected during the inter-agency assessment that took place between 29 November and 2 December, at least 50 people were killed, and 45 people are reportedly missing, including 29 children and 9,970 people (1,994 households) were displaced to 33 villages and sites in Jebel Moon locality, as well as Werywery village in Kulbus locality, Worof village in Sirba locality and Saraf Omra village in North Darfur, while 2,261 people have crossed the border into Chad. Hundreds of livestock, including camels, horses, donkeys, and small ruminants, were looted from both sides of the conflict.



The situation in the area remains tense and unpredictable. People outside Sileia, the main town that provides essential services to the whole locality, cannot access the town due to tensions and security concerns. Consequently, people do not have access to health care as mobile facilities that serve the rural areas are no longer operating. Moreover, people lack access to the primary market in Sileia, the main source of basic supplies in Jebel Moon.

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2. Operational Context

The estimated population of Jebel Moon is 66,500, where children constitute 14%, and 48% of the people are women and girls. According to the 2021 Humanitarian Need Overview (HNO), over 500 IDPs and about 5,000 returnees live in Jebel Moon locality, and more than 43,000 are people in need of humanitarian assistance. Over 13,300 people of Jebel Moon are in crisis and above levels of food security between October and December 2021, according to the Integrated Food Security Phase Classification (IPC) report.

	Jebel Moon	West Darfur	Sudan
IDPs	428	0.30M	2.50M
Returnees	4,299	0.02M	0.17M
Vulnerable residents	9,015	0.30M	9.80M
Total	13,742	0.59M	13.40M

Table of People in need in 2021

3. Assessment Objectives

Main Objective

- To assess the humanitarian needs of people affected by the conflict that started on 17 November.
- To get a better understanding of the needs for a targeted multisectoral response.

Specific Objectives

- Collect information about critical life-saving and protection needs related to vulnerable people's physical and mental well-being.
- Provide sufficient information to humanitarian partners.
- Collect indicative figures of the number of people in need of urgent humanitarian assistance due to the fighting in November.

4. Humanitarian profile and scope of assessment

Humanitarian Profile

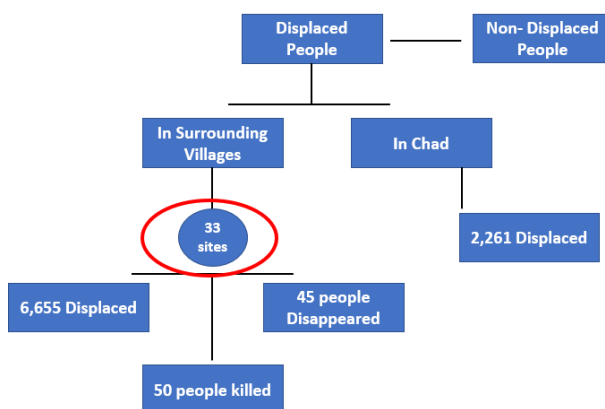
The affected population can be split into displaced and non-displaced (table above). About 9,970 People were displaced in 33 sites in the surrounding villages, and 2,261 people fled into nearby villages in Chad.

Scope of assessment

The assessment focused on villages/damras (small pastoralist villages) that reported new displacement after the events occurred on 17 and 20 November. The assessment covered all 33 sites, including IDP camps and farm fields.

Methodology

The assessment teams conducted Focus Group Discussion with affected populations, including women and men. Interviews with key informants and direct observation tools were used to collect additional information.



5. Analysis of findings – *what the affected people said*

Food, Shelter and NFI, WASH, and health services are the main humanitarian needs identified by the affected people. Most of the affected villages and damras have been looted, where houses and some service facilities are burned down. According to the affected families, some managed to take some food items with them when they flee their village.

However, due to the poor harvest of 2021, household food insecurity was high even before the conflict. Due to the fighting 771 houses were burned, and 1,521 houses are looted in 33 sites. Affected people seek shelter in the neighboring village in Jebel Moon, Kirindig, Selena locality of West Darfur, North Darfur, and over 2,261 fled to Chad. Reportedly, some IDPs are spending the night in open spaces while many affected families are sheltering with relatives and friends.

The displaced people did not manage to take personal belongings during their flight, including close, and cooking utensils. Access to safe drinking

water is also one of the major challenges in the conflict-affected area of Jebel Moon locality. People are using unsafe and unprotected shallow and hand-dug well and sometimes women and girls have to travel 5-10km to access water.

Conflict-affected families reported a lack of health services in the Jebel Moon locality due to security threats, distance, and pre-existing lack of health service coverage in the locality. Lack of essential drugs is reported as a major health service challenge in the areas.

Safety and security become the main concern of IDPs in the conflict-affected area of Jebel Moon. The IDP women and girls reported a lack of protection services such as protection forces, a lack of services for GBV survivors, and a lack of humanitarian assistance as a major concern. IDPs intended to return to their place of origin only when the security situation stabilizes.

6. Key findings

Food Security and Livelihood

According to the affected people, the family's food and livestock are either looted or burned during the conflict. About 80 to 100 percent of affected families adapted food-related coping mechanisms such as eating less preferred food and reducing the frequency of meals. About 10% of affected families are eating one meal per day and about 30-40 percent of affected families eat two meals per day. The food security of the affected families is further exacerbated due to the poor harvest in 2021, pest infestation, and the looting and burning of the food and livelihood means during the conflict.

Protection, Child Protection, and GBV

Safety and security remain one of the main concerns for the IDPs and other affected communities, especially among women, girls, and children. Most displaced people are in open spaces, relatively close to their area of origin. Despite the Sudanese Armed Forces (SAF) deployment, IDPs are still afraid of further attacks as security forces don't have a presence in the affected villages.

Most displaced people intend to return to their villages once the security situation stabilized. The conflict has further impacted soured relationships between the farmers and the nomads' communities. Community leaders from both groups indicate disinterest in pursuing inter-communal dialogue and negotiations. This is mainly due to non-compliance of agreements from the previous negotiations and huge sum of blood money payment on both sides. There is a lack of essential services in the areas assessed, including health, WASH, NFI, food, which might lead to tension and increasing risks of GBV and Sexual Exploitation and Abuse (SEA) amongst IDP women and girls.

According to affected people, several GBV incidents occurred during the attacks, including rape and physical violence, however, most of the cases are not reported due to fear of stigma. There have been reports of mental health cases, especially among children. According to IASC standards on mental health and psychosocial support in emergencies, 15 percent of a population in a conflict zone is likely to

suffer a mild mental disorder, e.g., Post-Traumatic Stress. This would be the equivalent of 1,500 individuals for the Jebel Marra locality. However, partners reported a lack of Psychological Support (PSS) services and a lack of community-based protection networks (CBPNs). Further, 25 (22 boys and 3 girls) children were reported to be separated and unaccompanied children, where 29 children were reported missing and 9 children sustained injuries due to the conflict. Lack of child protection services was also identified in all of the assessed villages.

Health and Nutrition

The most common diseases reported in all assessed areas are malaria, acute respiratory infections (ARI), and diarrheal diseases linked to poor hygienic conditions. Shortage of medicines has also been reported in all assessed health facilities. Out of 33 villages and sites assessed, only five of the villages and sites have operational health facilities with limited capacity. Most people refer to the hospital of Sileia and Abu Remail as the two main Primary Health Centers (PHC) where people can have access to health services. However, Sileia is in some cases 20 kilometers away from people, and Abu Remail does not have the capacity to meet the health services needs of the IDPs due to a lack of staff, medicines, etc. Nutrition services are available in the Sileia, Hejlja, Goz Mino, Abu Remail, and Arashiro Camp PHC centers. In addition, the health center in the Arafa area provides nutrition services for the nomads. MUAC screening was conducted on 697 individuals (623 children and 74 pregnant and lactating women (PLW)). Nine percent of the children were reported to be Moderate Acute Malnourished (MAM) and 2 percent Severe Acute Malnourished (SAM). About 3 percent of the PLW were reported to suffer from Moderately Acute Malnutrition (MAM).

Education

Due to the ongoing conflict, 14 primary schools in Jebel Moon have been negatively impacted, and approximately 5,082 children (boys 3,700, girls 1,382) have been affected. The displaced school-aged children in Jebel Moon have difficulties

accessing existing learning facilities. The classrooms usually are overcrowded, and learning conditions are appalling, lacking supplies, seating, and WASH facilities resulting in an environment that is non-conducive for learning. Affected children need access to education services in a protective environment to learn and improve cognitive skills and engage in various recreational activities, reducing psychosocial distress and facilitating return to a sense of normalcy.

WASH

Lack of safe drink water and limited access to sanitation and hygiene services are the major challenges affected people are facing in Jebel Moon locality. Affected people are using unsafe and protected water sources for household consumption. In 29 assessed areas, only nine hand pumps out of 28 handpumps are functional. Similarly, only three water yards out of 13 water yards are functional. The risk of water-borne disease is high as open defecation becomes a common practice in all assessed villages and sites. Further, poor waste management was observed in all the assessed sites which heightened the risk of water-related disease outbreaks.

General Recommendations

The timely quality multisectoral response is essential to address the needs of the affected people. A minimum multisectoral response package with a clear timeline (action plan and SOPs) for implementing complementary responses is being discussed amongst partners. This people-centric

approach will ensure that the affected population receives a holistic and timely response.

Implement conflict-sensitive response that promotes peacebuilding, community dialogue, and coexistence. The response must be made in nomad and non-nomad communities in a way that does not fuel conflict. Equitable, principled, sensitive, contextual humanitarian programming is recommended. Timely and regular communication with all parties on planned activities should be the norm to avoid misunderstandings that might lead to humanitarians being viewed as partial or not neutral and thus part of the problem.

Consider medium-long term interventions that **address the significant loss of livelihoods** (looting of livestock and grazing land): the assessment team observed significant loss and looting of belongings, cattle, and burning of villages, which contributes to significant losses and grievances amongst the affected people. Although the immediate emergency response to support people (including SNFIs, food, and health) is required, there is a need to look at interventions to restore people's sources of income.

Sector findings, gaps/analysis, and recommendations

- Immediate recommendations - to be implemented immediately either as lifesaving measures or to avert life-threatening situations.
- short-term recommendations – to be implemented in the next 3 to 6 months to avert an emergency.

Education

Findings

- 14 primary schools in Jebel Moon have been impacted by the conflict that started in the last week of November 2021.
- Approximately 2,862 students have been out of school due to the conflict.
- The displaced school-aged children in Jebel Moon have difficulties accessing existing learning facilities.
- Most of the schools lack basic learning materials and school furniture even before the conflict. Similarly, the schools lacked basic WASH facilities and services.

Analysis

- Sharing limited resources by the host community schools leads to a poor learning environment.
- Children are exposed and showing psychosocial distress. They needed urgent support to return to a sense of normalcy. Affected children, boys, and girls, desperately need access to education to protect the wellbeing of children and improve cognitive skills and engage in various recreational activities.

Recommendations

Immediate

- Provide educational supplies for schools, including nomadic schools. This includes providing school furniture and learning materials.
- School-feeding activities to be implemented in all the assessed areas

Short term

- Rehabilitate classrooms, offices, and latrines to improve medium – long-term educational service quality.
- Implement "Back-to-school campaigns" to facilitate the enrolment of children who have dropped school.
- Put in place an incentive-based support system for volunteer teachers.

Food Security and Livelihoods

Findings

- Affected families lost food stock and livelihood means during the conflict. Many family's food stocks were looted or burned during the conflict. Further, the existing food security of affected families was depleted due to the poor harvest in 2021 as a result of erratic rainfall and pest infestation.
- About 80 to 100 percent of affected families adapted food-related coping mechanisms such as eating less preferred food and reducing the frequency of meals. About 10% of affected families are eating one meal per day and about 30-40 percent of affected families eat two meals per day.
- All houses in Umsalaya and Amar Jadid villages are burned and looted while most of the families in Hashaba, Arafa, Arja, Haskanita, and Gos Jegi villages, family's food stock is looted.
- In Goz Mino village most of the houses, food, and livelihood means were burnt and looted.
- In most of the assessed villages, the interviewed people reported food-related coping mechanisms, including reducing the frequency and quantity of meals and selecting less expensive food.
-

Analysis

- The conflict-affected population will run out of food supplies as the food stock is looted, and burned. Most of the affected families are at high risk of food insecurity, without food assistance, affected families can fall into severe levels of food insecurity.
- With the arrival of new IDPs, food security for the hosting families will be further exacerbated due to the limited food availability due to the poor harvest in 2021.

Recommendations

Immediate

- Urgent provision of food assistance is required to support the most affected population in the 18 villages.

Short term

- To support affected families' recovery with urgent livelihood assistance and ensure long-term durable solution assistance to support affected families' recovery.

Health

Findings

- Existing health facilities coverage in the conflict-affected area is very poor. Out of 33 assessed areas, health facilities are only in 5 villages (Higiliga, Arafa, Goz Mino, Abu Remail, Mastariha). In the other 28, families have to travel a long distance to health facilities. Families are referred to the primary health care centers, such as the hospital of Sileia, 20 km away.
- Availability of health staff in Jebel Moon is low, with 1 medical doctor, 6 medical assistants, 8 health workers, 4 nurses, 36 midwives, and 7 vaccinators.
- The most common diseases are malaria, acute respiratory infections, common cold, and diarrheal diseases linked to poor hygiene conditions.
- Shortage of essential drugs reported in Goz Mino, Abu Remail, and Mastariha health facilities while in Arafa and Higiliga, the health facilities reported stock out of essential drugs.
- Pre-existing gap of routine immunization activities in some of the conflict-affected could be further impacted due to limited access and interruption of basic services such as electricity to store vaccine in the cold-chain.
- In some of the sites visited, families are accessing limited health services from health insurance centers or referred to the health facilities in the nearby villages. However, the functional five health facilities do not have the capacity to provide additional health services due to a shortage of supplies and limited health personal.

Analysis

- Affected families' access to a primary health facility is limited due to security, distance, and pre-existing limited health service capacity. Only five health facilities in addition to the Sileia hospital are providing health services for conflict-affected people in the assessed villages. The lack of functional health centers in most assessed villages puts additional pressure on the limited health facilities like the Sileia hospital and health centers.
- The scarcity of safe drinking water and inadequate hygiene and sanitation services increase the risk of WASH-related diseases, including diarrhea, eye infection, skin diseases.

Recommendations

Immediate

- The SMOH to work with health insurance at the state level to improve the provision of medicines to the health facilities run by health insurance.
- The SMOH in coordination with the health partners to arrange for one temporary health unit in Jeruf village to serve Jeruf and Haskanita villages as well four mobile clinics in the following villages:
 - Anara village: to serve Anara, Hashaba, Hilt Aween villages
 - Jokhana village: to serve Jokhana, Konakora, Umsayalla, Amar jadid villages.
 - Um Sayalla village: to serve Umsayalla, Konakora, Amar jadid villages.
 - Nurania village: to serve Nurania, Falko, and Saraf villages.
- The SMOH to prioritize the five health facilities including Sileia hospital and Hijlija health center to ensure continuity of health services to the affected families.
- To distribute PHC emergency kits to all health facilities in the conflict-affected areas.

Short term

- The SMOH guarantees the health workforce's redistribution to cover the staffing shortage.
- To activate the health surveillance system in Jebel Moon to monitor the disease's development in the affected areas.
- The SMOH to train the health promoters through health-promotion initiatives to strengthen the knowledge and hygienic practices among the affected communities.

Nutrition

Findings

- During the assessment MUAC screening was conducted on 623 children and 74 PLW. The team identified, 53 MAM and 13 SAM U5 children and two PLW MAM.
- There are five fixed and two mobile nutrition services in the conflict-affected areas of Jebel Moon locality. All the nutrition facilities in Selia are inaccessible due to the conflict. This included the fixed Nutrition services in the Hejlja, Goz Mino, Arafa, and Mastariha villages and three new mobile nutrition centers outside of Seleia town and Arashiro Camp PHC centers.
- The health center in the Arafa area covers the nutrition services for the nomadic villages.
- There are no stabilization centers (SC) in Seleia town, and SAM children with complications have to travel to Kulubus hospital or El Geneian locality to access SC facilities and services.

Analysis

- Poor harvest in 2021, lack of water, sanitation, and hygiene services, and limited health and nutrition services increased the risk of malnutrition among U5 and PLWs.
- U5 and PLWs access to nutrition services is limited due to long distance to the nutrition and health services and insecurity due to inter-tribal conflict.

Recommendations

Immediate

- Provision of life-saving nutritional services to malnutrition children and PLW to avoid a deterioration of their condition.
- Humanitarian partners to provide OTP services and TSFP to the most affected people.
- Humanitarian partners to implement emergency food assistance to the affected populations.
- The SMoH and nutrition partners to provide routine medication of the CMAM program.

Short term

- The SMoH and nutrition partners to conduct MUAC screening in all affected villages to determine the nutritional status of affected people in Jebel Moon locality.
- To strengthen the community outreach at the locality level.
- Humanitarian partners to accelerate the establishment or re-establish mobile nutrition service.
- To conduct Mother Support Groups and IYCF activities for the affected people.

Protection

Findings

- Safety and security remain the main concerns of IDPs and other affected communities.
- Due to the conflict, 50 people are killed, 34 were injured, 29 people were reported missing families are looted. Over 9,970 people are displaced within 33 areas of Jebel Moon and nearby localities while close to 2,261 people seek refuge in Chad. According to the inter-agency assessment, 771 shelters are burned down, 1,521 looted.
- The majority of IDPs are displaced to the nearby mountains and some IDPs are spending the night in open spaces while many affected families are sheltering with relatives and friends.
- IDPs intended to return to their villages once the security situation improved.
- The community leaders indicated disinterest in pursuing inter-communal dialogue and negotiations to resolve the conflict due to non-compliance with the previous agreement and a large sum of blood money/Diya payment.

Analysis

- Lack of adequate security force to stabilize the situation and ensure the safety and security of the affected community could lead to escalation of the conflict.
- Vulnerable population groups are at high risk of protection concerns and need urgent multi-sector support.
- Lack of community dialogue and failure of the Blood-Money/Deya payment system to resolve the conflict could further aggravate conflict and displacement.

Recommendations

Immediate

- Safety and security are the main priority – continue to advocate for sustainable security arrangements in the affected areas.
- Continue monitoring the protection situation in the affected sites and identifying specialized referrals for service provisions to respond to specific protection issues of individual cases.
- Immediate deployment of social workers and PSS workers to provide PSS support and case management.
- Establish/strengthen community-based protection mechanisms/structures to scale up the identification of PSNs and address their needs with service provisions.

Short term

- Advocate for the WD State authorities to provide all necessary support to local communities' peacebuilding and coexistence initiatives.
- Advocate for the WD State authorities to address the root causes of intercommunal violence.
- Strengthening community-level protection monitoring to enable evidence-based reporting on protection needs, threats and risks, and analysis of trends.
- Establishing/strengthening Community-based protection includes establishing and supporting community-based protection networks (CBPNs) in displacement sites.
- CBPN to engage in early warning, support with identification and referral of PSNs, awareness-raising, and channeling complaints and feedback to protection partners.

Child Protection

- Findings**
- There are clear signs of psychological distress and trauma in the affected community (children and their caregivers).
 - In the assessed villages and damras, 15 children were separated by the rest of their families.
 - Ten unaccompanied minors were reported in the villages of Hashaba (4) and Selea (6).
 - Nine children were reported to be injured during the conflict.
- Analysis**
- High child protection risks to children, including posttraumatic stress disorder.
 - Lack of services to address violence, neglect, and abuse against children
 - Lack of capacity of the Community Based Child protection Networks and specialized service providers
- Recommendations**
- Immediate**
- Establish/ Strengthening community-based child protection systems.
 - Scale-up provision of community-based psychical support services for children and their families.
 - Strengthen awareness and outreach efforts through a community-based approach to disseminate information on all child protection issues.
 - Train caregivers, service providers, and community leaders, youth, and adolescents on child safeguarding, code of conduct, and case management, and Family Tracking Reunification (FTR) to enable them to deal with children's issues in nonviolent manners.
 - Increase availability of Child Protection and GBV services in underserved/remote areas, including case management services.
- Short term**
- Provide life skill training targeting youth and adolescents.
 - Increased access to livelihood activities
 - Expands empowerment activities for children and other groups at risk of abuse, exploitation, and violence within existing child protection programs.

Gender-Based Violence

Findings

- Security remains the main concern of women and girls in conflict-affected areas of Jebel Moon locality.
- There is a critical absence of basic services, including Health, WASH, Shelter, and NFI. Affected people are sharing this facility and this increased the risk of GBV and SEA among IDP women and girls.
- Women and children seeking safety in open areas near the mountain are exposed to heightened protection risks including sexual abuse and exploitation.
- According to interviewed women, several gender-based violence occurred during the conflict, including sexual violence, rape, and physical violence. However, GBV cases remain under-reported due to fear of stigma.
- GBV Survivors have no access to services due to insecurity and inexistence of services, especially for the displaced populations who fled to the mountains.
- Non-existence or unfunctional Community-Based Protection Networks (CBPNs) observed in many of the conflict-affected villages.
- Many IDPs women and girls' house is either looted or burned and in dire need of shelter and NFI assistance.
- Some people, especially women, were forced to pay a fee to nomadic tribes to guarantee protection while collecting their remaining belongings.

Analysis

- Conflict-affected women and girls are at higher risk of GBV and need urgent support.
- Some IDP women and girls are spending the night in the open space in the mountain and the risk of GBV is high.
- Lack of appropriate GBV services for survivors in the conflict-affected area exposed them to additional physical and mental health risks.

Recommendations

Immediate

- Ensure availability and safe access to health and Psychosocial Services (PSS) services for survivors of GBV through redeployment of social workers.
- Intensify information dissemination sessions on GBV concepts, existing services, and referral systems through the CBPN and promote safe access to services for survivors of GBV.
- Establish temporary women's spaces for individual and group recreational, educational, and skill-building activities to promote peace and mental well-being, social networking among women and girls, and access to information.
- Advocate with relevant sectors to ensure water availability and adequate latrines.
- Distribute dignity kits to women and girls of reproductive age and vulnerable women to mitigate the additional risk of GBV.

Short term

- Ensure that women and girls safe space established in the conflict-affected areas
- Ensure quality services are provided to GBV survivors through an established referral pathway.
- Involve vulnerable women in socio-economic activities.
- Distribute dignity kits to mitigate further harm and potential SEA.

Shelter and Non Food Items

Findings

- Due to the conflict, over 771 houses are burned down and over 1,521 houses were looted and lost Shelter and non-food items.
- About 48% of accessed families lost most of the shelter and non-food items due to the conflict.
- All houses in Amar Jadis(70) and Um Sayalla(92) are burned down while in Goz Mino (440 houses), Arafa(200 houses), Gos Jegi (123 houses), Haskanita (130 houses), Arja camp (218 houses) are looted. All houses in Hashaba lost NFI due to the burning and looting of households items.
- Most house and households items in Hasaba, Hilata Aween, Arafa, Goz Mino, Arja camp, Haskanita, and Gos Jegi village are most affected due to the burning and looting of household items.

Analysis

- Many IDPs are residing in the open space in the mountain or with relatives.
- Most of the affected families lost shelter and non-food items and needs urgent replacement.

Recommendations

Immediate

- IOM provided NFI kits to 1,600 affected families during the assessment and needs additional NFI kits to affected families.
- Emergency shelter assistance is recommended for those whose shelters were burned down.

Water, Sanitation, and Hygiene

Findings

- In 29 assessed areas, only nine hand pumps and three water yards are functional.
- Lack of sanitation facilities observed in the host community and open defecation become a common practice in all assessed villages and sites. Further, poor waste management was observed in all the assessed sites.
- Affected people are using unsafe water sources such as untreated and unprotected shallow and hand-dug wells. Sometimes women and girls have to travel 5-10km to access water.

Analysis

- Lack of safe drinking water and inadequate sanitation services increase the risk of WASH-related diseases, including diarrhea, eye infection, skin diseases.

Recommendations

Immediate

- WASH sector partners to provide adequate WASH services in the conflict-affected areas.
- To construct and maintain hygiene and sanitation facilities including emergency latrines.
- Sector partners to provide hygiene Kits - jerry cans/laundry soap/soap for handwashing for affected families.
- To roll out hygiene promoters concerning the high risk of disease due to open defecation and personal hygiene and sanitation.
- To strengthen waste management activities in the village and site where IDPs are residing

Short term

- Implementation of raining season /cholera preparedness plan in coordination with the health cluster.
- Provide semi and fixed latrine rehabilitation or construction.
- Strengthen water quality monitoring and protocols to ensure access to safe drinking water.