



SUDAN - COMPLEX EMERGENCY

FACT SHEET #4, FISCAL YEAR (FY) 2019

SEPTEMBER 30, 2019

NUMBERS AT A GLANCE

8.5 million

People in Need of Humanitarian Assistance in Sudan
UN – September 2019

1.86 million

IDPs in Need of Humanitarian Assistance in Sudan
UN – July 2019

1.2 million

Refugees and Asylum Seekers in Sudan
UN – September 2019

859,286

South Sudanese Refugees in Sudan
UNHCR – September 2019

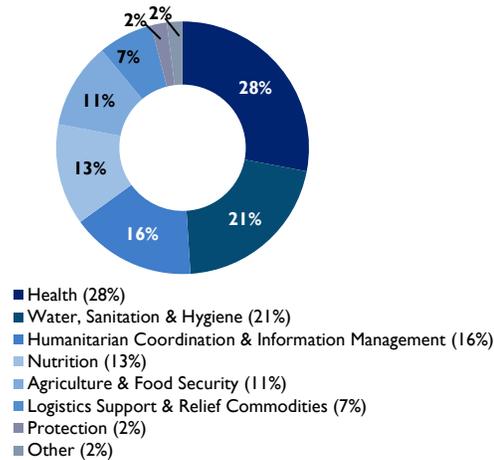
345,579

Sudanese Refugees in Chad
UNHCR – August 2019

276,531

Sudanese Refugees in South Sudan
UNHCR – September 2019

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2019



USAID/FFP² FUNDING BY MODALITY IN FY 2019



HIGHLIGHTS

- USG contributes more than \$356 million in humanitarian assistance for Sudan in FY 2019
- Flood-related cholera outbreak results in eight deaths across two states
- Economic crisis continues to exacerbate food insecurity and impact humanitarian operations

HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2019

USAID/OFDA	\$94,501,699
USAID/FFP	\$202,080,454
State/PRM ³	\$59,533,500
Total	\$356,115,653

KEY DEVELOPMENTS

- In early August, a constitutional declaration laid out arrangements for joint civilian–military rule in Sudan during a 39-month transitional period, to be followed by an election. Prime Minister Abdalla Hamdok, appointed on August 21, marks Sudan’s first civilian leader in 30 years. Additionally, in mid-September, Sudan’s transitional government announced plans to allow international humanitarian organizations expelled by the previous government to return to the country.
- A combination of widespread flooding in August—which resulted in 78 deaths and affected more than 364,000 people—and poor sanitation and hygiene conditions has contributed to a cholera outbreak in Blue Nile and Sennar states, the UN reports. Sudan’s transitional government and relief actors continue to work to provide health and water, sanitation, and hygiene (WASH) support to affected communities. To date, the outbreak has resulted in eight deaths and nearly 230 suspected cases.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM). State/PRM funding includes assistance to refugees residing in Sudan, which is also reported in the South Sudan fact sheet as part of the South Sudan regional response.

CURRENT EVENTS

- International media report that Prime Minister Hamdok—who took office on September 1—recently initiated an investigation into the violent response of Sudanese security forces on June 3 to a peaceful sit-in protest in Sudan’s capital city of Khartoum; the incident resulted in at least 87 deaths, according to Sudanese authorities. Demonstrations demanding justice for victims of the June 3 violence continued in several parts of Sudan for subsequent months leading up to the announcement of a formal investigation.
- On September 14, the transitional government announced that international humanitarian organizations expelled by former government authorities will be permitted to return to Sudan and potentially resume activities in conflict-affected areas. The previous government had expelled or restricted the activities of more than a dozen non-governmental organizations (NGOs) from 2009 to 2015, resulting in reduced humanitarian capacity in some sectors during the last 10 years.

HEALTH, NUTRITION, AND WASH

- Heavy rains and flash floods beginning in August had resulted in 78 deaths and affected more than 364,000 people across 17 of Sudan’s 18 states and the Abyei area by September 30, according to the UN. The flooding also damaged or destroyed nearly 73,000 houses across affected areas.
- As of September 30, the UN had confirmed eight cholera-related deaths and reported an additional 226 suspected cases of cholera in flood-affected Blue Nile and Sennar. Heavy rains are expected to continue across much of Sudan through October, which could exacerbate conditions for cholera transmission. The UN World Health Organization (WHO) projects at least 5,000 additional cholera cases may arise during the next six months across Sudan. Additionally, in a September report, the UN noted contamination of one-half of tested water sources across the country, with 10 out of 18 states at medium to high risk for water-borne disease.
- Humanitarian assessments of flood-affected areas have determined urgent needs for food assistance, emergency shelter and relief commodities, essential health supplies and medicines, and WASH services. In response, the USAID/OFDA-funded and International Organization for Migration (IOM)-managed Sudan Rapid Response Fund (RRF)—designed to enable an immediate response to sudden-onset disasters in Sudan—provided funding to health and WASH activities and emergency relief commodities for flood-affected areas, particularly in North Kordofan and White Nile states in September. The RRF continues to coordinate with national and international NGOs and the UN-managed Sudan Humanitarian Fund (SHF)—which recently allocated \$7.6 million to support cholera and flooding response activities—to meet humanitarian needs. USAID/OFDA contributed \$5 million to the SHF and \$2.8 million to the RRF in FY 2019.
- Additionally, USAID/FFP partner the UN World Food Program (WFP) pre-positioned and re-allocated food supplies to facilitate the rapid provision of assistance to flood-affected communities. As of September 26, WFP together with partners of the Food Security Cluster—the coordinating body for humanitarian food security activities, comprising UN agencies, NGOs, and other stakeholders—had met the food security and livelihood needs of approximately 268,000 people affected by the heavy rains and flash floods, according to the UN.
- The Sudanese Ministry of Health (MoH) and international organizations also continue to provide assistance to cholera-affected areas. As of September 18, the MoH, the UN Children’s Fund (UNICEF), and WHO had provided acute watery diarrhea treatment kits for 300 people in Blue Nile. Additionally, the MoH has requested oral cholera vaccine (OCV) doses from the International Coordinating Group—which manages the global OCV stockpile—to reach 1.6 million people in high-risk areas of Blue Nile and Sennar. The MoH, WHO, and other humanitarian actors continue to distribute laboratory supplies, monitor water quality and chlorinate water supplies, promote health education and good hygiene practices, strengthen disease surveillance, and treat cholera patients across affected areas.
- The ongoing economic crisis in Sudan, which began escalating in 2018, has impacted health care and essential medicine costs. Between January and June, imports of medicine and medical supplies decreased by more than 40 percent compared to the same period in 2017, nearly doubling the price of some supplies and preventing many people from receiving necessary care, according to the UN. Health facilities have also experienced staffing shortages and inadequate

infrastructure, particularly in Darfur Region, where half of the already limited number of functioning health facilities are able to provide minimum health care services.

- Vector-borne illnesses malaria and chikungunya—a mosquito-borne viral disease that can lead to high fever and nausea—continue to affect populations in Sudan, and relief actors report the likelihood of increased cases in the wake of flooding. As of August 25, health actors had recorded more than 1 million malaria cases countrywide in 2019, with Blue Nile, North Darfur, West Kordofan, and White Nile states the most-affected, according to the Health Cluster. WHO notes that the number of malaria cases reported in Sudan in 2019 has consistently remained above average levels, and projects that Sudan may experience more than 1.1 million additional cases of malaria from August to December if current trends continue.
- Additionally, the MoH declared a new chikungunya outbreak in Red Sea State on June 18. As of July 21, health actors had recorded more than 100 chikungunya cases in the state with no fatalities, WHO reports. A previous outbreak between May 2018 and March 2019 resulted in 55,000 cases nationwide, representing the largest chikungunya outbreak recorded in the country since at least 2005. WHO and the MoH are implementing vector-control measures in affected areas of Red Sea to curb transmission, and relief actors continue to scale up vector-control and awareness activities for malaria transmission. In FY 2019, USAID/OFDA contributed approximately \$57.9 million to support health, nutrition, and WASH activities across Sudan, including an estimated \$20.7 million to UNICEF and WHO for health, humanitarian coordination, nutrition, and WASH activities.

INSECURITY AND DISPLACEMENT

- Recent violence in the Central African Republic’s (CAR) Vakaga Prefecture—which borders Sudan—prompted increased arrivals of Central African refugees to Sudan’s Umdukun town in Central Darfur State during September. As of September 16, Sudanese authorities had registered more than 170 refugee households in Umdukun with an average of 25 new households arriving daily. A mid-September joint monitoring team—comprising government and Office of the UN High Commissioner for Refugees (UNHCR) representatives—noted that refugees in the town lacked access to health facilities, adequate shelter, and WASH services. Furthermore, the Umdukun host community continues to share scarce food resources with refugees, who do not otherwise have access to food supplies. In response, the government proposed relocating refugees to an area with the capacity to support additional populations. According to UNHCR, refugees from CAR represent a small proportion—less than 1 percent—of all refugees residing in Sudan; a majority of refugees from CAR reside in South Darfur State. With humanitarian needs projected to intensify in CAR, relief partners continue to monitor the situation and identify and address refugee needs, the UN reports.
- Intertribal conflict—which began on August 21—near Red Sea’s capital city of Port Sudan resulted in 30 deaths and injury to more than 200 people, according to WHO. The tribal clashes also resulted in population displacement and destruction of houses, though exact numbers are unknown, WHO reports. International media report that the government declared a state of emergency in Port Sudan on August 25, with the state’s acting governor and head of the General Intelligence Service subsequently dismissed.
- Furthermore, on September 22, local Arab community members clashed with South Sudanese refugees in North Darfur’s Dalil Babikir town, resulting in injury to nearly 30 people, the UN Department of Safety and Security (UNDSS) reports. The violence comes amid a period of growing tension between refugees and host communities throughout Sudan as host community households struggle with difficult economic conditions, according to the UN. An estimated 90 percent of internally displaced person (IDP) and refugee households cannot afford their daily food basket and approximately 58 percent of host communities cannot afford the local food basket.⁴ Overall, fighting between non-state armed groups within Sudan has displaced about 4,100 people as of July 2019, the UN reports.

⁴ According to WFP, a local food basket is an economic indicator wherein the price of a local food basket is used as a benchmark against which to compare household total expenditure—a proxy for income—to determine the ability of households to meet their food needs through food purchases. The local food basket for Sudan consists of sorghum, onions, vegetable oil, milk, cow meat, goat meat, dry tomatoes, and sugar in amounts sufficient to attain a nutritionally acceptable diet, while minimizing cost.

FOOD SECURITY

- Approximately 6.3 million people across Sudan, or 14 percent of the country’s population, were experiencing Crisis—IPC 3—or worse levels of acute food insecurity from June to August, according to an August IPC food insecurity analysis.⁵ These findings represent the highest estimated percentage of the population facing Crisis or worse food security outcomes since the introduction of the IPC analysis in Sudan in 2007. Of the 6.3 million severely food-insecure people, approximately 1.2 million people were experiencing Emergency—IPC 4—levels of acute food insecurity and 5.1 million people were facing Crisis levels during this period.
- The IPC Technical Working Group identified civil unrest, ongoing insecurity, and poor economic conditions—including high inflation rates, cash shortages, and high food and fuel prices—as the primary drivers of food insecurity in Sudan. The IPC analysis indicates the main drivers of food insecurity are likely to persist in the coming months, with staple food prices expected to remain elevated into the harvest period beginning in October, preventing significant seasonal improvement for vulnerable communities. As of August, key staple food prices were approximately twice as high as prices from August 2018 and three times higher than the five-year average as a result of sharp price increases, according to Famine Early Warning Systems Network (FEWS NET).
- Across Darfur, the UN Food and Agriculture Organization (FAO) estimated in late July that 16 percent fewer farmers have access to agricultural land in 2019 compared to the same period in 2018; similarly, farmers have prepared 14 percent less land for planting compared to the area of land planted in 2018. The overall reduced access to land and preparation for planting in Darfur is a result of a variety of factors, including intertribal land disputes, insecurity due to armed militia activity, tensions and clashes with nomadic tribesmen, and erratic or poor rainfall in some areas of North Darfur and West Darfur states.
- FEWS NET anticipates that in spite of the start of the main harvest season, Crisis levels of acute food insecurity will persist from October through January 2020 in parts of Blue Nile, Kassala, North Darfur, North Kordofan, Red Sea, and South Kordofan states, as well as Jebel Marra—a mountainous region encompassing parts of Central Darfur, North Darfur, and South Darfur. Dependency on market purchases and remoteness from high production areas contribute to high food prices in these areas and the persistence of Crisis conditions.
- In FY 2019, USAID/FFP contributed more than \$202 million to UNICEF, WFP, and other implementing partners to respond to food needs in Sudan. In areas with functioning markets, USAID/FFP partners distributed cash-based transfers and food vouchers to vulnerable households, increasing household access to food while bolstering local markets and contributing to dietary diversity. In the absence of functioning markets, USAID/FFP partners provided U.S. in-kind food commodities and food purchased from international, local, and regional markets to populations in need.
- To respond to high levels of acute food insecurity during Sudan’s May to September lean season—the period when food is scarcest—USAID/FFP partner WFP reached approximately 1.4 million food-insecure people across Sudan with emergency food assistance in August. Throughout FY 2019, USAID/FFP contributed nearly \$164 million to WFP operations in Sudan, directly enabling the provision of in-kind food assistance and food vouchers. USAID/FFP partner UNICEF continued to identify and admit children suffering from severe acute malnutrition (SAM) for treatment throughout FY 2019 by providing UNICEF with nearly \$7.5 million to distribute approximately 1,400 metric tons (MT) of nutrition commodities to treat nearly 101,000 children ages five years and younger experiencing SAM.

⁵ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

CONTEXT

- Ongoing conflict, protracted population displacement, and climatic events in Sudan have disrupted livelihood activities and impeded access to natural resources and basic services. Fighting among the Sudanese Armed Forces, armed opposition groups, militias, and ethnic groups in South Kordofan and Blue Nile states, Darfur Region, and Abyei has resulted in food, health, nutrition, protection, shelter, and WASH needs.
- In April, civilian uprising began as protests against high prices for bread, fuel shortages and other economic issues. On April 11, Sudanese military officials supporting the Sudanese revolution against previous regimes overthrew President Omar al-Bashir, and subsequent political uncertainty contributed to heightened humanitarian security and protection concerns. In August, a constitutional declaration was signed that laid out arrangements for a civilian-led transitional government for a 39-month period, with Abdalla Hamdok appointed as Prime Minister.
- In addition, conflict and food insecurity in neighboring South Sudan continues to fuel an influx of South Sudanese refugees into Sudan, placing further constraints on government and host community resources. The UN estimates that 8.5 million people will require humanitarian assistance during the remainder of 2019, while the 2019 Humanitarian Response Plan for Sudan requested approximately \$1.2 billion to provide life-saving assistance to the most vulnerable people in the country.
- Insecurity, access restrictions, limited funding, and bureaucratic impediments limit the ability of relief agencies to respond to humanitarian and recovery needs in Sudan. Despite humanitarian access improvements since 2016, particularly in Jebel Marra, relief agencies continue to face a challenging operating environment in Sudan.
- Sudan continues to cope with the effects of conflict, economic shocks, and perennial environmental hazards, such as drought and flooding. On October 29, 2018, U.S. Chargé d’Affaires, a.i., Steven C. Koutsis renewed the disaster declaration for the complex emergency in Sudan for FY 2019. The U.S. Mission in Sudan has declared disasters due to the complex emergency annually since 1987.

USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2019¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA Funding in Darfur			
NGO and International Organization Partners**	Agriculture and Food Security, Economic Recovery and Market Systems, Health, Multipurpose Cash (MPC), Nutrition, Shelter and Settlements, WASH	Darfur-wide	\$34,164,922
IOM	Agriculture and Food Security, Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Nutrition, Protection, Shelter and Settlements, WASH	Darfur-wide	\$6,000,000
FAO	Agriculture and Food Security, Humanitarian Coordination and Information Management, Nutrition	Darfur-wide	\$1,000,000
UNICEF	Health, Nutrition, Protection, WASH	Darfur-wide	\$7,495,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	Humanitarian Coordination and Information Management	Darfur-wide	\$1,200,000
UN Development Program (UNDP)	Humanitarian Coordination and Information Management	Darfur-wide	\$8,160,000
UNDSS	Humanitarian Coordination and Information Management	Darfur-wide	\$750,000

UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Darfur-wide	\$5,000,000
UN Mine Action Service (UNMAS)	Protection	Darfur-wide	\$500,000
WHO	Health, Humanitarian Coordination and Information Management, Nutrition, WASH	Darfur-wide	\$6,200,540
	Program Support		\$1,679,204
TOTAL USAID/OFDA FUNDING IN DARFUR			\$72,149,666

USAID/OFDA Funding in the Two Areas², Abyei, and West Kordofan			
NGO and International Organization Partners**	Agriculture and Food Security, Health, MPC, Nutrition, Protection, WASH	Two Areas, West Kordofan	\$11,547,563
FAO	Agriculture and Food Security, Humanitarian Coordination and Information Management	Two Areas, West Kordofan	\$1,000,000
OCHA	Humanitarian Coordination and Information Management	Two Areas, Abyei, and West Kordofan	\$800,000
UNDP	Humanitarian Coordination and Information Management	Abyei, West Kordofan	\$200,000
UNHAS	Logistics Support and Relief Commodities	Two Areas, Abyei, and West Kordofan	\$1,300,000
UNICEF	Health, Nutrition, Protection, WASH	Two Areas, Abyei, and West Kordofan	\$5,805,000
UNMAS	Protection	Two Areas	\$500,000
WHO	Health, Humanitarian Coordination and Information Management, Nutrition, WASH	Two Areas, Abyei, and West Kordofan	\$1,199,470
TOTAL USAID/OFDA FUNDING IN THE TWO AREAS, ABYEI, AND WEST KORDOFAN			\$22,352,033

USAID/FFP³			
Catholic Relief Services (CRS)	Complementary Services, Food Vouchers	Central Darfur, South Darfur, West Darfur	\$3,470,751
UNICEF	1,160 MT of U.S. In-Kind Emergency Food Aid, 240 MT in Local, Regional, and International Food Procurement	Countrywide	\$7,488,063
WFP and Implementing Partners	123,920 MT of U.S. In-Kind Emergency Food Aid, 50,477 MT in Local, Regional, and International Food Procurement	Countrywide	\$191,121,640
TOTAL USAID/FFP FUNDING			\$202,080,454

State/PRM Funding in Sudan			
UNHCR	Multi-Sector Assistance, Protection	Countrywide	\$52,333,500
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$1,500,000
UNICEF	Education, Health, Nutrition, Protection, WASH Assistance for Refugees	Countrywide	\$5,700,000
TOTAL STATE/PRM FUNDING IN SUDAN			\$59,533,500

TOTAL USAID/OFDA FUNDING FOR THE SUDAN RESPONSE	\$94,501,699
TOTAL USAID/FFP FUNDING FOR THE SUDAN RESPONSE	\$202,080,454
TOTAL STATE/PRM FUNDING FOR THE SUDAN RESPONSE	\$59,533,500
TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2019	\$356,115,653

** USAID/OFDA funding in FY 2019 supports the following NGO partners in Sudan: Adventist Development and Relief Agency (ADRA), American Refugee Committee (ARC), CARE, Concern, CRS, GOAL, iMMAP, International Medical Corps (IMC), Islamic Relief Worldwide (IRW), Mercy Corps, Near Eastern Foundation (NEF), Norwegian Church Aid (NCA), Relief International (RI), Save the Children/U.S. (SC/US), Triangle Génération Humanitaire (TGH), Vétérinaires Sans Frontières/Germany (VSF/G), War Child Canada, World Relief International (WRI), and World Vision.

¹ U.S. Government year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² South Kordofan and Blue Nile

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

PUBLIC DONATION INFORMATION

The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.

USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.

More information can be found at:

- USAID Center for International Disaster Information: www.cidi.org.
- Information on relief activities of the humanitarian community can be found at www.reliefweb.int.