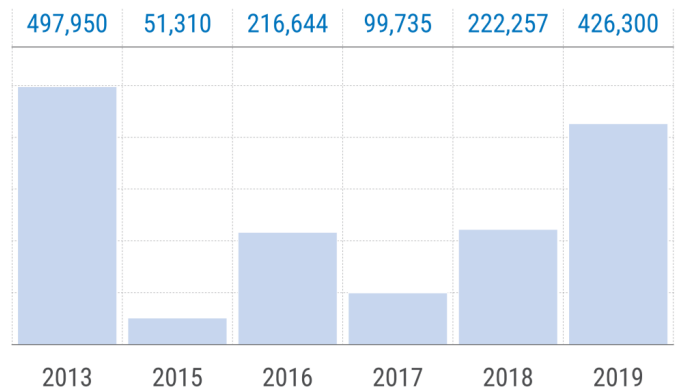


**HIGHLIGHTS** (14 Nov 2019)

- Sudan Humanitarian Fund (SHF) allocation allows for the scale up of cholera vigilance in Khartoum State.
- Final phase of the yellow fever vaccination campaign launched in Khartoum State targeting 7.5 million people
- In 2019, over 426,000 people have been affected by heavy rains and flash floods across the country.
- Cholera (335 cases), dengue (1,901 cases), rift valley fever (299 cases), and chikungunya (83 cases) continue to be reported across the country.

**PEOPLE AFFECTED BY FLOODS (2013 - 2019)**



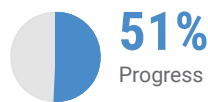
**KEY FIGURES**

**8.5M** People in need (2019)  
**4.4M** People targeted (2019)

**335** Suspected Cholera cases  
**4** States with cholera outbreak

**FUNDING** (2019)

**\$1.1B** Required  
**\$582.8M** Received



FTS: <https://fts.unocha.org/appeals/670/summary>

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**FEATURE** (14 Nov 2019)

**SHF funds allow for the scale up of cholera vigilance in Khartoum State, Sudan**

The [Sudan Humanitarian Fund](#) (SHF) disbursed about US\$3 million to the World Health Organization (WHO) to fill immediate gaps in access to life-saving health and environmental health services for the communities affected by floods and the cholera outbreak. Assistance will be provided in 114 prioritized localities in 17 states. This funding comes at a critical time as the impact of the economic crisis, recent flooding and the ongoing disease outbreaks have put a lot of strain on the public health system. Imports of medicines has been declining for the second year in a row, according to the Central Bank of Sudan (CBoS) statistics.

**Scale up of cholera activities in Khartoum State**



The Sudan Federal Ministry of Health (FMOH) and WHO are working with health partners and at-risk communities to scale up surveillance of cholera in Khartoum State. This will ensure that suspected cholera cases are quickly identified and responded to, and that people can effectively protect themselves from infection. There is a risk of the cholera outbreak spreading to Khartoum state if the outbreak is not properly managed.

To ensure that health facilities and cholera treatment centres in Khartoum State are equipped to diagnose and treat suspected patients, WHO has delivered cholera medicines and supplies sufficient for 400 severely dehydrated patients, and 500 rapid diagnostic tests used for immediate detection and screening of cholera patients in health facilities. WHO is also supporting the establishment of two cholera treatment centres in Ombada and Bahri localities by providing additional cholera medicines, medical supplies, and rapid diagnostic tests. To strengthen disease surveillance, WHO, with support from the international NGO Médecins Sans Frontières (MSF), is providing refresher training for 271 health staff and paramedics from all seven localities in the state on cholera detection and management. An additional 35 health staff are being trained to form Rapid Response Teams who will be the first to respond to suspected cases at the locality level.

*"A key aspect of preventing and controlling cholera is how well at-risk communities are able to protect themselves by drinking safe water, properly handling food, avoiding defecation in open areas, hand washing, and knowing what to do when they see the first signs of infection,"* said Dr Al Gasseer, WHO Representative in Sudan.

WHO and the Khartoum State Ministry of Health are working with more than 1,700 male and female health promoters and volunteers who will play a critical role in raising awareness among communities on cholera, hygiene practices, and environmental health, as well as linking communities with available health services and involving them more in health planning activities.

An expert team from the WHO headquarters in Geneva that specializes on cholera forecasting, estimate that there may be between 5,000 and 13,200 cholera cases in high risk states of Sudan by end March 2020. The projection was created based on the pattern of previous cholera/acute watery diarrhea (AWD) outbreaks from 2016-2018.

*Background: The Sudan Humanitarian Fund (SHF). Under the direction of the Humanitarian Coordinator (HC), the SHF aims to support the timely allocation and disbursement of donor resources to the most critical humanitarian needs in the country as defined by the Humanitarian Response Plan (HRP) or any agreed upon strategy by the HC. The SHF provides funding to international and national NGOs and UN agencies, through voluntary donor contributions. Since its establishment in 2006, the SHF has received more than \$1 billion from joint donor resources to meet the most critical needs identified by the humanitarian community in Sudan.*



*Stagnant floodwaters in the Mayo area (Khartoum State) are a breeding ground for vectors that spread disease. (SRCS, 19 September 2019)*

## **FEATURE** (14 Nov 2019)

### **Final phase of a five-year yellow fever campaign launched in Khartoum State**

On 7 November 2019, the final phase of the five-year yellow fever vaccination campaign targeting more than 30 million people across Sudan was launched.

Almost 7.5 million people have been targeted in the seven localities of Khartoum State, including displaced people, people living in camps and temporary shelters, as well as refugees and migrants. With the launch of this final phase of the campaign, all people between the ages nine months to 60 years will have been reached with the yellow fever vaccine, which offers lifetime protection. Earlier this year, over 8.3 million people were vaccinated in Blue Nile, Gezira and Sennar states.

The nationwide drive has been carried out in five phases over a five-year period, which at times required intense negotiations by health partners to continue reaching and vaccinating people in need, despite a volatile political and security environment the country has faced. Investments in immunization, and joint efforts to protect people in Sudan from yellow fever, will have significant results.

The vaccination campaign has been led by the Federal Ministry of Health and supported by WHO, UNICEF and [Gavi](#), the Vaccine Alliance, in line with the WHO [Global Strategy for the Elimination of Yellow Fever Epidemics](#) (EYE).

Based on WHO's classification for yellow fever endemic countries in Africa, Sudan is classified as one of 31 high-risk African countries. As no cure yet exists, yellow fever vaccine is the most important tool to control this fatal yet preventable disease. WHO recommends that all endemic countries should include the yellow fever vaccine into their routine immunization programmes, Sudan plans to introduce the yellow fever vaccine into its national routine immunization schedule as of July 2020.



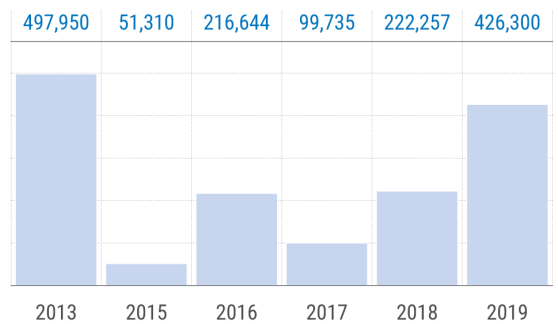
WHO monitors the administration of the Yellow Fever vaccine (WHO, 2019)

**FEATURE** (14 Nov 2019)

**Overview of 2019 floods in Sudan**

According to the Sudan Metrological Authority (SMA), rainfall in Sudan has been persistently above average throughout most of the 2019 season, and the season continued into October past its normal end in September, reports [FEWS NET](#). Intensive heavy rains during August and September resulted in above-average flooding and waterlogging in many of the major flood-prone zones of Sudan.

This year, heavy rainfall and flash floods have affected more than 426,000 people—almost twice the number of people affected by floods last year—across 17 states and the Abyei Area, according to the Government's Humanitarian Aid Commission (HAC) and partners. Reports indicate that 78 people have died and 89 injured due to the floods. HAC also reports that 49,535 homes have been destroyed and 35,725 damaged. Over 25,500 latrines, 37 health facilities, 1,263 education facilities and 10 water facilities have also been damaged. The most affected states were White Nile State (147,240) people affected, Kassala (40,435), Khartoum (32,060), West Kordofan (28,215) and North Darfur (22,740). Overflowing riverbanks had significant effect Khartoum, Gezira, Sennar and White Nile states.



People affected by floods in Sudan (2013 - 2019)



Stagnant water caused by the heavy rains and floods became a breeding ground for water-borne and vector-borne disease. Cholera (335 cases), dengue (1,901 cases), rift valley fever (299 cases), and chikungunya (83 cases) outbreaks have been reported across the country.

In response to the floods, the national Flood Task Force (FTF) was activated and met regularly. The taskforce was chaired by Humanitarian Aid Commission (HAC) and co-chaired by OCHA with support from the steering committee, comprising representatives of HAC, the Sudanese Red Crescent Society (SRCS), Civil Defence and OCHA. The core function of the FTF was to facilitate and coordinate flood hazards; emergency preparedness and response; enhance coordination efforts between the central flood task force and relevant flood emergency preparedness and response structures at the state level; ensure existence of mechanisms for information sharing and early warning messages; and to help address any overarching issues that could not be addressed at state level.

### **Response**

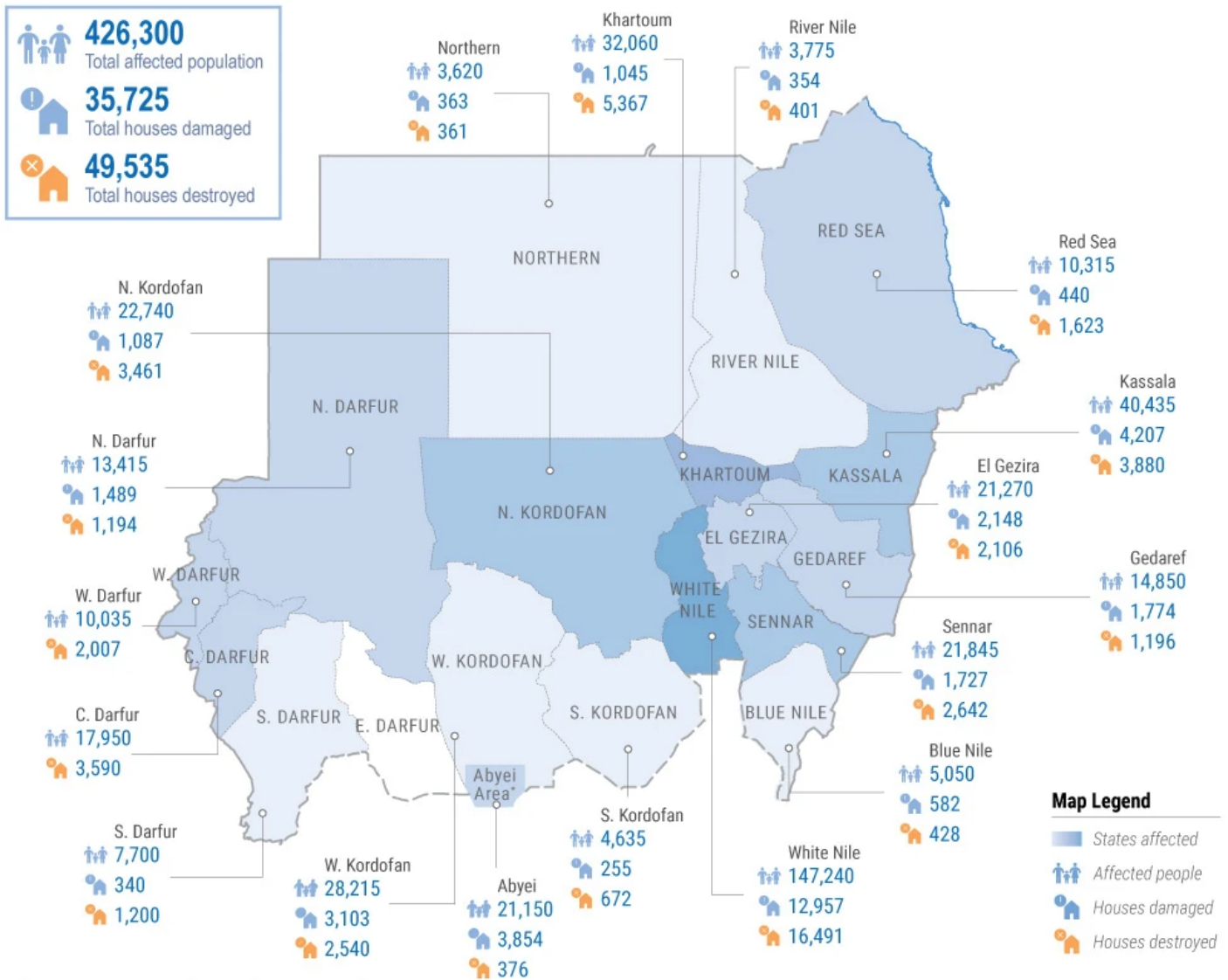
Humanitarian needs were identified through inter-agency assessments, allowing government authorities, national and international NGOs, and UN agencies to respond promptly. In addition, assistance arrived from abroad from Qatar, Saudi Arabia, Kuwait, the United Arab Emirates (UAE), Egypt, Kenya and Turkey. The estimated response—based on reported interventions by sector—include emergency shelter and household supplies (58%); water, sanitation and hygiene (56%); food (67%) and nutrition (13%).

For more information, see our [interactive map](#) for a summary of floods by state.

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### **VISUAL** (14 Nov 2019)

#### **Map: People affected by heavy rains and flash floods across Sudan in 2019**



Source: HAC and partners

### FEATURE (7 Nov 2019)

#### Humanitarian partners continue to assist over 202,000 vulnerable people in the Abyei Area

Over 202,000 vulnerable people within the Abyei Area continue to receive humanitarian and recovery assistance. These vulnerable people include 107,000 people from the Ngok Dinka community, 9,000 people displaced from neighbouring states in South Sudan, 37,000 people from the Misseriya community, 6,000 other South Sudanese (mainly Nuer), 38,000 seasonal Misseriya migrants and 5,000 Fallata nomads who returned to the area between October and November 2019.



A home in the Abyei Area surrounded by floodwaters

***Inter-tribal conflict***

Since October, there have been a marked rise in security incidents—usually between farmers and pastoralists—reported in the Abyei Area. Such incidents usually occur during the dry season, when seasonal migration takes place. This year, the seasonal migration started a bit late due to the heavy rains and flooding in the southern part of Abyei. More incidents, with casualties, are expected in the coming months. UNISFA and humanitarian partners on the ground are monitoring the situation.

***Effects of recent heavy rains and floods***

Between June and September, some 8,000 households (approximately 40,000 people) were displaced from their homes due to flooding caused by heavy rains in the southern parts of Abyei, particularly Agok town, Alal, Rumamir and Mijak areas. Roads, bridges and public facilities were destroyed by heavy downpours and farms were damaged. The roads from Abyei to Ameit Market and Abyei to Agok remain impassable. Over 7,000 livestock deaths have been reported and around 72,000 feddans (about 30,230 hectares) of farmland damaged. Most of the water sources have been contaminated due to the floods and floodwaters exposing communities to disease outbreaks. Most of the people displaced by the floods erected temporary shelters with wooden poles alongside roads, and many others occupied primary school buildings. Humanitarian partners distributed emergency household supplies (plastic sheets, cooking utensils, blankets, mosquito nets and bags for repacking) to some 3,000 families (about 15,000 people) in accessible areas in September. Some families received food and medical assistance. An inter-agency rapid flood assessment mission was carried out recently and identified food, emergency shelter and household supplies as well as water, sanitation and hygiene services as the key priority needs. Partners are preparing to respond to these needs. Reaching the affected communities in remote areas was challenging due to poor road conditions and roads cut off by water.

***Humanitarian assistance***

Efforts to support community livelihood activities continued, with over 109,000 livestock vaccinated against various diseases and more than 19,000 livestock treated, benefiting over 5,800 families. Training in basic animal health, handling and processing of fish, beekeeping and honey production, poultry production, post-harvest handling, the establishment of fruit tree nurseries, vegetable production and business skills were provided. Other activities including the provision of business start-up materials, milk equipment, assorted vegetable seeds and fishing kits were also provided.

There are 17 primary and two secondary health care facilities operational in the Abyei Area. Humanitarian organizations provided routine immunizations and health support, including consultations and essential drugs, benefiting some 110,000 people between April and October 2019. The highest level of morbidity was from malaria, with 35,000 patients diagnosed during this rainy season

Due to access constraints caused by the floods, limited mobile health services were provided to communities in remote areas of northern Abyei. Nutrition screening and support for patients with moderate and acute malnutrition in the Abyei Area covered an average of 10,500 children under 5 years of age, as well as pregnant and lactating women per month. Health and nutrition services in all facilities have been supported by awareness-raising and capacity-building activities, on-the-job training for clinical staff, training for elementary health-service personnel at the village level and health awareness sessions, including training on Ebola for 24 health workers. Latrines were constructed at Rumamer, Malual Aleu and Mading Achueng health facilities.

For water assistance, six new handpumps and boreholes were drilled, eight handpumps were rehabilitated, a new water yard was constructed in Marial Achak, a borehole was upgraded to mini solar-powered water yards in Amiet Market and seven water yards were repaired, benefiting 21,000 people. Small-scale water, sanitation and hygiene (WASH) projects have supported 900 families (about 4,500 people) and 4,000 schoolchildren throughout the Abyei Area. To

mitigate the challenges of lack of ownership and proper management of water points in the area, humanitarian organizations, in consultation with communities, identified water management committees for all water yards and provided training on water systems, the roles and responsibilities of committee members, leadership and conflict management. Plans are under way to conduct technical training on the basic maintenance of water taps and generators once the rehabilitation work for all water yards is completed.

Over 23,000 schoolchildren in 34 primary and secondary schools in southern and central Abyei were provided with meals through a food-for-education programme. Schoolchildren were also provided with psychosocial support in child-friendly schools and schools in the north of the Abyei areas were upgraded. In addition, the Malual Aleu, Maibong, Mabyor, Nyiel and Rumbek primary schools are being rehabilitated. However, physical monitoring and follow-up of the rehabilitation has not been possible owing to the impassable roads. In some schools, the rehabilitation work was postponed due to the heavy rain and floods. Other major services provided included the provision of school recreational activities and individual psychosocial support and home visits.

## FEATURE (7 Nov 2019)

### Fleeing inter-tribal conflict, refugees from the Central African Republic arrive in South Darfur

Refugees from the Central African Republic (CAR) fleeing inter-tribal conflict in their home areas have taken refuge in South Darfur's Um Dafug locality, about 260km southwest of the state capital Nyala. The registration/verification exercise is ongoing and as of 21 October over 2,600 refugees (about 500 families) had been registered/verified by the UN refugee agency (UNHCR) and the Government's Commission for Refugees (COR). It is estimated that this is 40 per cent of the refugee population in the area, so numbers are expected to increase significantly by the end of the registration process. The majority of the refugees are women and children and more people are expected to arrive as conflict in CAR continues, according to the refugees.



*Refugees and volunteers from the Sudanese Red Crescent Society (SRCS) supporting the distribution of humanitarian assistance in Um Dafug, South Darfur (UNHCR, 2019)*

A team from UNHCR, COR, UN children's agency (UNICEF) and the national NGO RUFADA visited Um Dafug from 12 – 21 October to verify numbers and assess needs. Most of the new refugees were found to need food and emergency household and shelter assistance, having arrived with little personal possessions. The refugees are being hosted by the older refugee community in the area or by the host community. On 3 November, a joint inter-agency mission including COR, UNHCR, UNICEF, and the World Food Programme (WFP) went to Um Dafug to support WFP to carry out a rapid needs assessment for the new arrivals. Once the assessment is finalized, food emergency shelter and household supplies, as well as health and water, sanitation and hygiene assistance will be provided to those in need.

Protection issues however, are a challenge and the capacity of local authorities to ensure security is low. The local security committee met with leaders of the refugee community and briefed them on Sudanese laws. The Governor of South Darfur has been informed of the developing situation and that urgent action is needed.

In early August, a joint mission visited Um Dafug carrying relief supplies including food, emergency household supplies (sleeping mats, mosquito nets, etc.), hygiene kits, essential medicines, and nutrition items. The national NGO Global Hand Aid (GHA) provided education and sports equipment to local schools. It took four days through poor roads and



rough terrain to reach Um Dafug from Nyala town, with the last leg of the trip on animal driven carts. Volunteers from the Sudanese Red Crescent (SRCS) and the refugee community supported the team with the distribution of relief items including essential emergency supplies and personal hygiene kits. The new refugees are willing to return to CAR once the situation in their home areas returns to normal. Mediation efforts between the two tribes continue in CAR.

## FEATURE (31 Oct 2019)

### Sudan concludes the first round of an oral cholera vaccination (OCV) campaign in Blue Nile and Sennar states

On 23 October 2019, the World Health Organization announced the successful completion of the first round of the oral cholera vaccination (OCV) campaign in eight high-risk localities in Blue Nile and Sennar states. The oral cholera vaccines have been mobilized by the World Health Organization (WHO), UN Children's Agency (UNICEF) and the Federal Ministry of Health (FMoH) through coordination with the International Cholera Coordination Group (ICG). The ICG manages the global stockpile of oral cholera vaccine which was created as a tool to help control cholera epidemics.

The first round of the campaign was launched by FMoH, and partners on 11 October 2019. The vaccine was administered to above one year of age population through fixed sites and mobile teams in in the targeted areas. Evening house-to-house visits were conducted by the vaccination teams of the State Ministry of Health (SMoH) teams to cover the male population who were busy at work during daytime.

"Two doses of vaccine are required for an individual to be protected," said Dr. Akram Ali Altoum, Federal Minister of Health during a field visit to Singa locality in Sennar State. "The campaign will be followed by a second round of doses in a minimum of 4 to 6 weeks interval to complete the vaccination," he added. "For such a campaign to be effective, it is vital that a second dose is administered," the Minister added.

The campaign is targeting an estimated 1.65 million people (1 year and older) with 3.3 million doses of oral cholera vaccine—two doses each. This is the second time Sudan has carried out an OCV campaign to the country. The first cholera vaccination campaign in Sudan was in 2015 targeting South Sudanese refugees entering the country, due to an outbreak in South Sudan. FMoH declared an outbreak of cholera on 8 September 2019 after four out of the six samples taken from Blue Nile State, tested positive for Vibrio cholera by the National Public Health Laboratory (NPHL) in Khartoum. The outbreak spread to neighbouring Sennar and Khartoum states. The total number of reported cases as of 29 October was 330, including 12 deaths.

Health partners have deployed staff to affected localities to support FMoH in cholera response and to facilitate the logistics of the vaccination campaign in affected areas. Health education and awareness-raising in affected communities are key components to ensuring the successful implementation of the OCV campaign.

As of the fifth day of the campaign, the cumulative coverage reached was 97.4 per cent in Sennar and 78 per cent in Blue Nile. The campaign was extended for an additional two days to reach people missed in targeted localities in both states. Additional OCV doses have been requested from the ICG to cover the four newly affected localities in Sennar and Khartoum states.



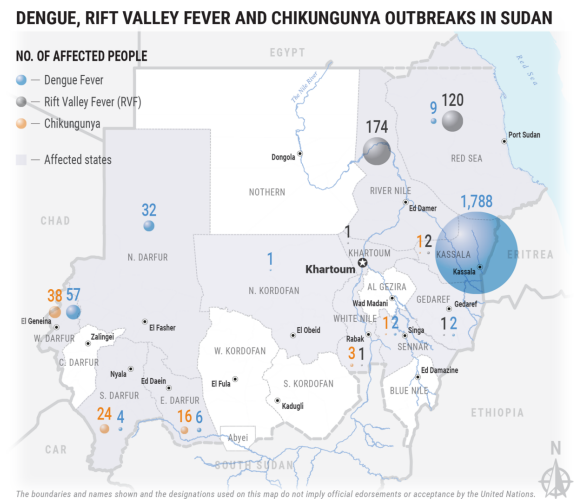
*A boy receiving an oral cholera vaccine (WHO, October 2019)*

Access to safe water, sanitation and personal hygiene will continue to be the critical cholera prevention and control measures. Cholera vaccination is a safe and effective additional tool that can be used under the right conditions to supplement existing priority cholera control measures, not to replace, them. This campaign has been made possible with the generous contribution from Gavi and the ICG.

**FEATURE** (14 Nov 2019)

**Disease outbreaks in Sudan: Dengue Fever, Rift Valley Fever and Chikungunya**

Over the past couple of months, Sudan has been facing numerous disease outbreaks including Cholera, Dengue Fever, Rift Valley Fever (RVF) and Chikungunya. Dengue Fever, RVF and Chikungunya are vector-borne diseases while Cholera is waterborne. The increase of these outbreaks can be linked to the recent floods in the country that have left large pools of stagnant water, which are breeding sites for various types of vectors such as mosquitoes and houseflies. Government authorities and humanitarian partners are actively responding to these outbreaks across the country, providing health assistance, vaccinations were appropriate, and vector control interventions.



**Dengue Fever**

There are 1,901 dengue fever cases—including six deaths—reported in Kassala, Red Sea, North Darfur, South Darfur, West Darfur, East Darfur, Gedaref, North Kordofan and Sennar states since the onset of the disease on 8 August until 12 November 2019. The majority of cases (1,788) are in Kassala State. The case fatality rate (CFR)—the proportion of people who die from a specified disease among all people diagnosed with the disease over a certain period of time—is at 0.3 per cent.

The rise in dengue fever coincides with the recent rains/floods and consequent large areas of stagnant waters. Dengue is a mosquito-borne disease and stagnant waters are a breeding grounds for mosquitoes.

Dengue Fever response

In Kassala and North Darfur states, the State Ministry of Health (SMoH) activated weekly response taskforce meetings and developed state-level preparedness and response plans to mitigate the outbreak. Reporting from sentinel sites was also activated and rapid response teams (RRTs) were provided with refresher trainings. Case definition and management protocols have been distributed to all health facilities and integrated vector control and social mobilization are being promoted.

In North Darfur, SMoH distributed long lasting insecticide treated bed nets (LLITN) in all nine affected localities. Information, education and communication (IEC) materials have been distributed and 36,540 houses in El Fasher, Tawila, El Koma and Shangil Tobaya localities have been reached with awareness sessions. In addition, 141,246 people have benefited from integrated vector control interventions.

The major gaps and challenges facing dengue response include funding required for integrated vector control interventions; shortages in tools and machines needed for spraying; the need to improve the capacity/work of national and state laboratories; and the misdiagnosis and treatment of dengue fever cases due to its co-infection with malaria.



Symptoms of Dengue include high fever, headache, vomiting, muscle and joint pains, and a characteristic skin rash. Recovery generally takes between two to seven days. A vaccine for dengue fever has been approved and is commercially available in a number of countries. The vaccine, however, is only recommended for those who have been previously infected. Other methods of prevention include reducing mosquito habitats and limiting exposure to mosquito bites by getting rid of or covering standing water (breeding sites) and wearing clothing that covers much of the body.

### **Rift Valley Fever**

There are 299 Rift Valley Fever (RVF) cases—including 11 deaths—reported in Red Sea, River Nile, Khartoum, White Nile, Gedaref, and Kassala states since the onset of the disease on 28 September until 12 November 2019. The majority of cases (174) are in River Nile. The CFR is at 3.7 per cent.

#### Rift Valley Fever response

Similar to the Dengue response, SMOH activated response taskforce meetings and developed state-level preparedness and response plans. There has been a joint investigation by the SMOH, WHO and the Ministry of Animal Resources (MoAR) in locations where the outbreak has occurred. Case definition and management training has been provided to 131 medical staff and an isolation center has been established in Tagadom hospital in Red Sea State. In addition, 2,200 mosquito nets have been distributed, 1,330 homes have been inspected for breeding sites and 3,542 homes have been fogged in the state. Health promotion activities have been carried out at the household and community levels.

The major gaps and challenges faced are the limited number of partners involved in response activities; better coordination between humanitarian partners and MoAR is needed; and there is a need to scale up activities in affected states. In addition, a more comprehensive plan needs to be developed between the government authorities and partners; more training in surveillance and case management is required; and social mobilization and vector control activities need to be intensified.

RVF is a viral disease which is spread either through the bite of an infected mosquito or by touching infected animal blood, breathing in the air around an infected animal being butchered, or drinking raw milk from an infected animal. The disease is spread between cows, sheep, goats, and camels by mosquitoes. Infection does not appear to be transmitted from person to person.

Vaccinating animals against the disease before the outbreak occurs can prevent it from being transmitted to humans. Other methods include eradicating mosquito breeding sites and avoiding their bites. If an outbreak occurs, limiting the movement of animals will reduce the spread of the disease. As a result, the declaration of RVF can have an impact on international and domestic livestock economies. Saudi Arabia has announced a ban on importing livestock from Sudan in response to the announcement of World Organization for Animal Health (OIE) concerning documented cases of RVF.

### **Chikungunya**

There are 83 Chikungunya cases—including five deaths—reported in South Darfur, West Darfur, East Darfur, Kassala, Sennar and White Nile states since the onset of the disease on 2 October until 12 November 2019. The CFR is at 6 per cent. Response activities, mainly vector control, are ongoing.

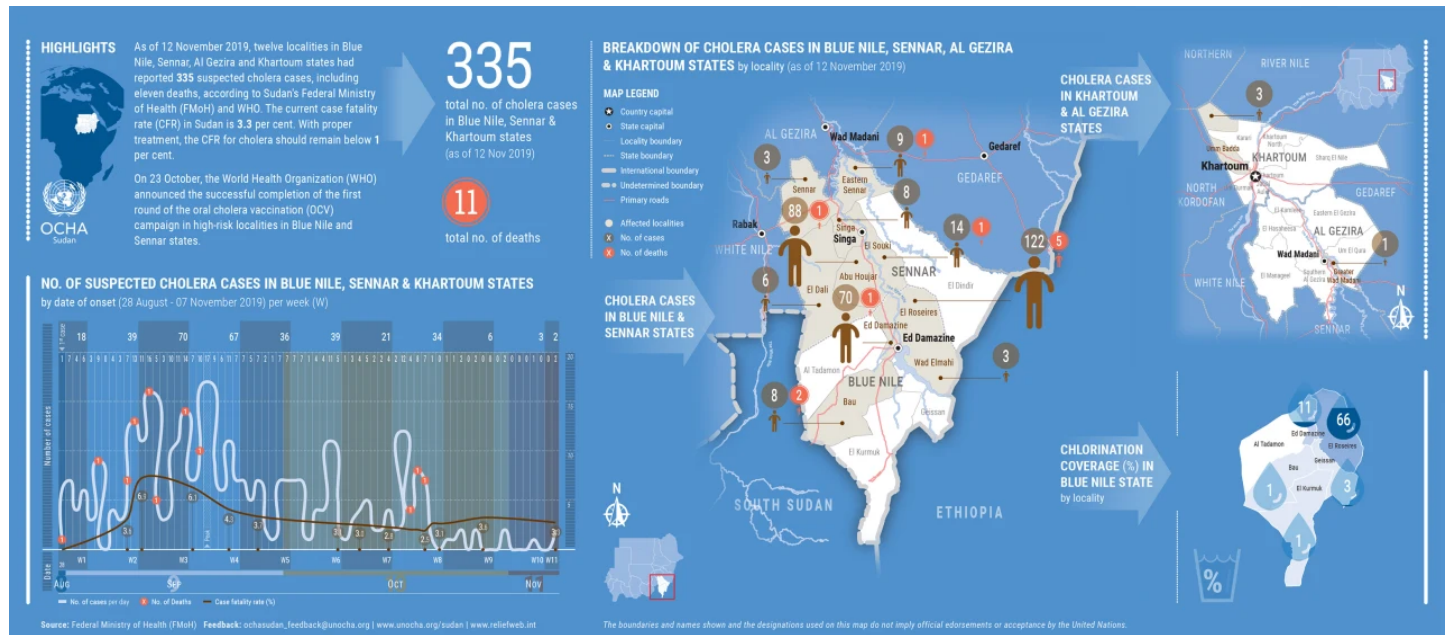
The virus is spread by mosquitoes and symptoms include fever and joint pain. The very young, old, and those with other health problems are at risk of more severe symptoms. The best way to prevent chikungunya is mosquito control and avoiding bites. This may be achieved by draining stagnant waters, where mosquitoes breed, and using insect

repellents and mosquito nets. Chikungunya usually does not cause death, but the symptoms can be severe and debilitating. The most common symptoms are joint aches and pains. The disease can also cause fever, fatigue, headaches, muscle pain, rashes and depression.

In East Darfur, SMOH has activated a taskforce with the participation of all health partners. A comprehensive response plan is being prepared by the SMOH—with technical support from WHO and UNICEF—and an isolation centre has been prepared in Ed Daein hospital for case management. UNICEF will support social mobilization activities including household visits by trained community health promoters, awareness-raising sessions and dissemination of key message through local radio stations. In addition, mosquito nets and information materials (pamphlets, flyers, leaflets etc) will be distributed as well.

### VISUAL (14 Nov 2019)

#### Sudan Cholera Snapshot (as of 12 November 2019)



### VISUAL (4 Nov 2019)

#### OCHA Sudan Pooled Funds Dashboard

In the first ten months of 2019, OCHA Sudan processed **US\$75 million**, through its pooled funds the Central Emergency Response Fund (CERF) and the Sudan Humanitarian Fund (SHF). These funds



**CERF DONORS 2019 (\$M) - Global**

94.4 82.3 48.7 22.5 21.7 19.3 11.3 9.0 7.8 5.0 93.5

humanitarian fund (SHF). These funds helped humanitarian partners in Sudan respond to humanitarian needs in the country. By leveraging their comparative advantages – such as CERF's disbursement speed and SHF's direct funding for Non-Governmental Organizations (NGOs) – the humanitarian community rapidly scaled up humanitarian action and was able to deliver an effective collective response.

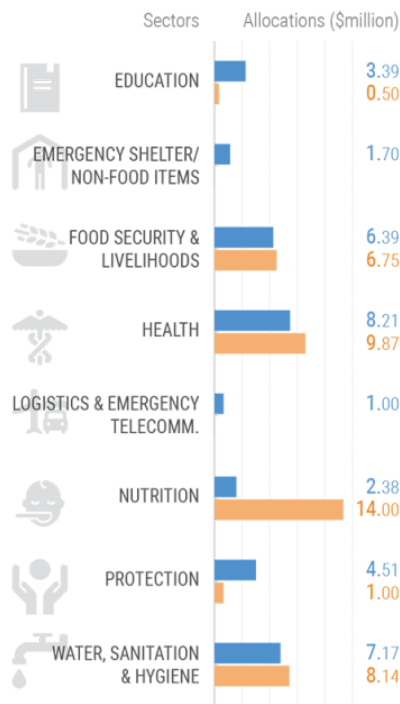
### SHF & CERF ALLOCATIONS / BENEFICIARIES by sector\*

**\$34.7 million**  
total SHF allocations

**\$40.3 million**  
total CERF allocations

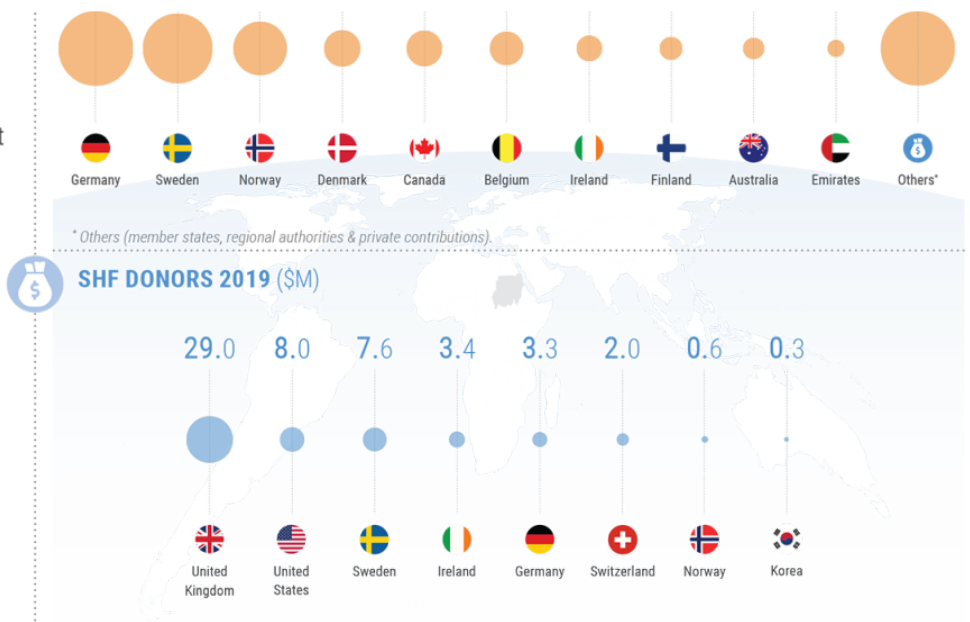
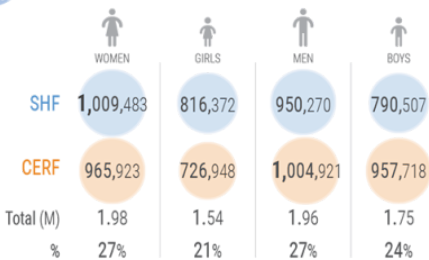
**3.6 million** SHF beneficiaries

**3.7 million** CERF beneficiaries



\* Since there are several multi-areas projects, the beneficiary number is increased

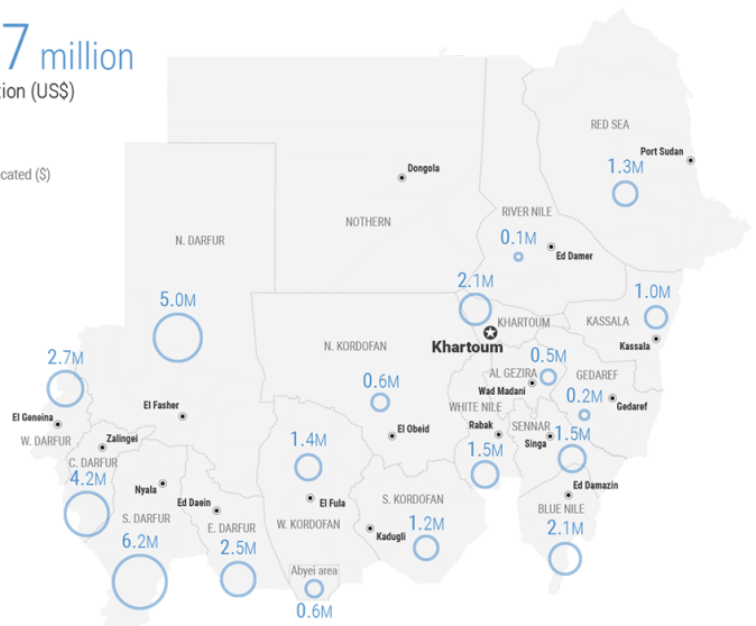
### BENEFICIARIES by gender



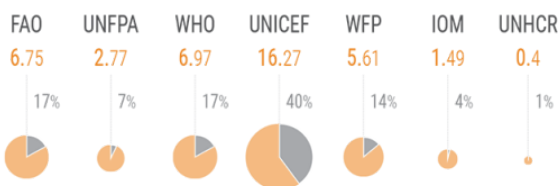
### SHF ALLOCATIONS by state

**34.7 million**  
total allocation (US\$)

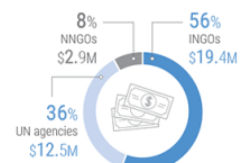
Funding allocated (\$)



### CERF ALLOCATIONS (\$M) by agency



### SHF ALLOCATIONS by partner type



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

Creation Date: 30 October 2019 Source: Sudan Humanitarian Fund SHF Feedback: ochasudan\_feedback@un.org | www.unocha.org/sudan | www.reliefweb.int

**FEATURE** (13 Nov 2019)

**Cholera outbreak in Sudan**

**Overview**

As of 11 November 2019, 336 suspected cholera cases, including 11 deaths, were reported in Blue Nile, Sennar, Khartoum and El Gezira states, according to Sudan's Federal Ministry of Health (FMoH) and WHO. The first case was detected on 28 of August 2019.

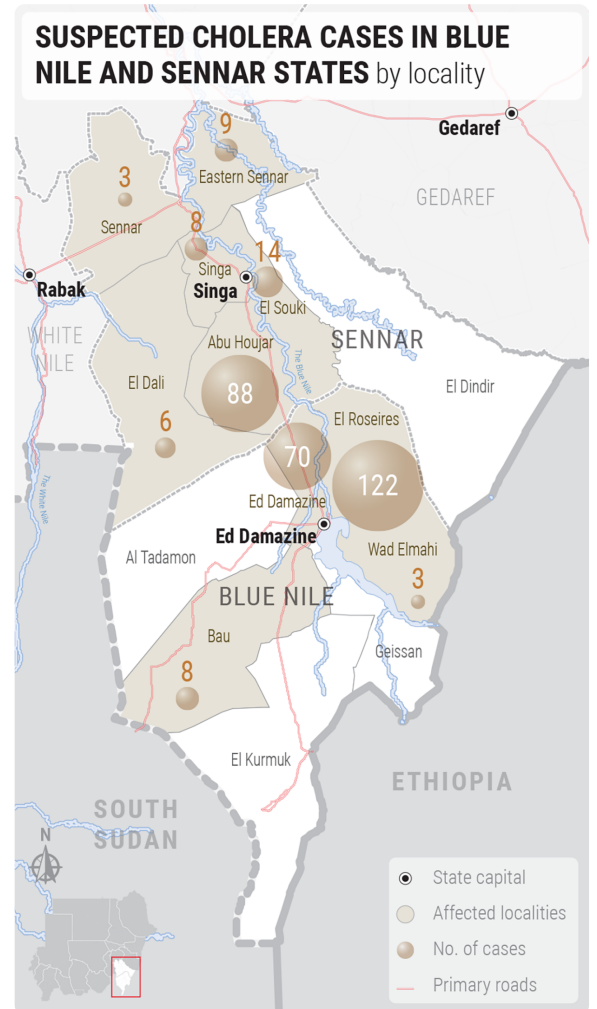
The current case fatality rate (CFR) in Sudan is 3.3 per cent. CFR is defined as the proportion of cases of a specified disease or condition, which are fatal within a specified time. The CFR is a measure of the severity of a disease; high CFR reflects limited access to health care, inconsistent case management and insufficiencies in a health care system, according to WHO. Rapid access to treatment and other prevention interventions are essential during a cholera outbreak. Up to 80 per cent of cases can be successfully treated with Oral Rehydration Solution (ORS), while 20 per cent requires intravenous rehydration and or hospital admission. If countries are lacking proper access to health care services, cholera CFR can reach up to 50 per cent. With proper and timely treatment, the CFR during cholera outbreak should remain below 1 per cent.

On 6 October, humanitarian partners in Sudan launched the Cholera Readiness and Response Plan (October - December 2019) seeking \$20.8 million to address the current outbreak. The response plan is targeting 2.5 million people in eight high-risk states (Blue Nile, Sennar, Gezira, Khartoum, Gedaref, White Nile, Kassala, and River Nile). Towards this plan, the Central Emergency Response Fund (CERF) allocated \$3 million which will provide close to 860,000 people with life-saving assistance over three months—as outlined in the response plan. In addition, the Sudan Humanitarian Fund (SHF)—Reserve for Emergency Allocation, allocated \$11 million for floods and cholera response throughout the country. However, the response plan requires more funding urgently.

An oral cholera vaccine (OCV) campaign launched on 11 October is currently ongoing, targeting 1.6 million people in high risk communities in Blue Nile and Sennar states. The aim of the campaign is to contain the outbreak and prevent its spread to neighbouring states.

**World Health Organization (WHO) risk assessment**

Sudan has been facing a continuous surge of acute watery diarrhoea (AWD)/suspected cholera cases since 2016. The current outbreak was reported following recent heavy rains and flooding in 17 out of 18 states across the country. As a result of the flooding, the country reported widespread damage to infrastructure, thus more cholera cases can be expected in the future. Although Blue Nile State shares borders with Ethiopia and South Sudan, there is currently no



*Cholera cases in Sudan (as of 12 November 2019)*

evidence of cross-border spread of the outbreak. The Government swiftly responded to the detection of cases and necessary control measures are being implemented by national authorities, with support from partners, to contain the outbreak.

**Public health response**

The Government of Sudan and humanitarian partners have been responding to the cholera outbreak. The FMoH activated the national Cholera Task Force on 10 September, which coordinates response activities between national and international partners. WHO deployed a technical team to assist FMoH with this coordination and in the development of a response strategy. Surveillance and reporting systems have been strengthened by the distribution of case definitions; case investigation forms; and active case finding. FMoH has activated 14 Cholera Treatment Centres (CTC)—four in Blue Nile and 10 in Sennar—and have standardized case management protocols. FMoH, WHO, and partners have provided cholera kits (enough to treat 200 people) with three additional kits (enough to treat 300 people) in the pipeline. WHO is supporting the water quality surveillance system; water sampling and testing; and infection prevention and control activities. In Blue Nile State, the State Ministry of Health (SMoH)—with the support of partners—is implementing water chlorination activities and health promotion in the affected areas.

**Challenges facing humanitarian partners**

Despite the progress made in response, humanitarian actors face many challenges. More trainings are needed and registration tools, guidelines and protocols for surveillance are weak. Health education and infection prevention at cholera treatment centres (CTCs) need to be improved to prevent the spread of cholera. Cleaning tools, equipment and protective clothes are also needed for cleaning campaigns.

In addition, resources for cholera response in Sudan and preparedness in high-risk states is currently a major challenge, according to FMoH. The health ministry states that more efforts and funding are needed to address gaps in the areas of vector control, environmental sanitation and water chlorination in Blue Nile and Sennar. Lack of funding is likely to affect the response, with the opportunity of preventing new cases, averting deaths and saving time and resources potentially lost.

**EMERGENCY RESPONSE (3 Oct 2019)**

**Humanitarian Cholera Readiness and Response Plan**

The major disease outbreaks in Sudan for the past decades are grouped into three categories based on type of transmission: water-borne, vector-borne and vaccine-preventable diseases. This is mainly attributed to low access to and coverage of safe drinking water, and sanitation, environmental sanitation and low vaccination coverage; exacerbated by weak health and WASH infrastructures. The country experienced the worst flooding since 2015 creating favourable ground for emergence and aggravation of water-borne and vector-borne diseases such as cholera, dysentery, dengue fever, malaria, etc. The most affected states by the flooding were White Nile, Kassala, Khartoum, Gezira, and North Kordofan.

The outbreak is spreading to neighbouring and adjacent localities and states despite the prompt and initial control measures put in place by health and WASH partners under the leadership of the government. Without timely and intensive scale up of

**SUMMARY OF CHOLERA RESPONSE ACTIVITIES AND BUDGET**

Summary of the Activities and Budget	
Leadership and Coordination	530,800
Surveillance and Reporting	753,000
HSS/Case Management and Infection Prevention and Control (IPC)	1,620,830
Community Engagement	1,926,000
WASH/ Environmental Health/ Food Safety	13,510,000
Nutrition	1,959,409
<b>Grand Total</b>	<b>20,300,039</b>

**BUDGET SUMMARY BY AGENCY**

Summary of the Activities and Budget	
WHO	7,417,040
UNICEF	10,102,999
UNHCR	2,780,000
<b>Grand Total</b>	<b>20,300,039</b>

*Sudan cholera response plan budget by activity and agency*

control measures in high risk and adjacent states, the outbreak is likely to spread to other states. The pattern of spread during the last AWD outbreak attested the same evolution by engulfing one adjacent State after another due to population movement, poor WASH situation and other vulnerabilities. According to FMOH and WHO, eight states are at high risk; Blue Nile, Sennar, Gezira, Khartoum, Gadaref, White Nile, Kassala, and River Nile.

The Federal Ministry of Health has requested over 3 million doses of the Oral Cholera Vaccine (OCV) in order to conduct a vaccination campaign. The aim of the campaign is to contain the outbreak and prevent the spread to adjacent areas. The initial reactive campaign will target over 1.6 million people living in high risk communities in Blue Nile and Sennar states who will receive two doses of the vaccine.

To support government efforts to contain the disease and prevent further spread, humanitarian partners have developed a cholera readiness and response plan and are seeking **US\$ 20,300,039** for the next three months.

This plan is built on 6 main pillars in line with global multi-sectoral interventions to control cholera and the Sudan National AWD Response Plan 2018-2019:

1. Leadership and Coordination
2. Surveillance and Reporting
3. Community Engagement
4. Water, Sanitation, Hygiene and food safety
5. Use of Oral Cholera Vaccine
6. Health System Strengthening/HSS (case management and IPC)

In addition, given the overall prevalence of malnutrition in the targeted states, nutrition response has been included under the HSS to support the case-management and IYCF of children with malnutrition and pregnant and lactating women affected by cholera. Consistent with the national and international strategies, guidelines and protocols the proposed activities will contribute to respond and contain further spread and reduce mortalities due to water-borne (with a focus on Cholera) and vector-borne disease outbreaks in the targeted 8 States over 3 months. As per its core mandate of health security of communities, WHO will protect health and ensure health security.

Overall, partners will target 13,000 for cholera case management, 1,016,006 people (including refugees in camps at risk) with provision of direct health services, 2.5 million people who will benefit from WASH interventions, 300,000 severely malnourished children and 546,000 mothers and caregivers to access infant and young child feeding counselling. Refugees living in camps in Kassala, Gedaref and White Nile States, and in Khartoum 'Open Areas' sites will also be targeted through a multi-sector response. Activities will also include mitigating underlying causes of high mortality like severe malnutrition in children under 5 years of age and targeting schools with WASH activities and hygiene campaigns.

See the complete [Humanitarian Cholera Readiness and Response Plan](#)



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# SUDAN

## Situation Report

Last updated: 14 Nov 2019

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