

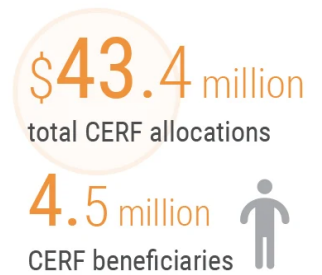
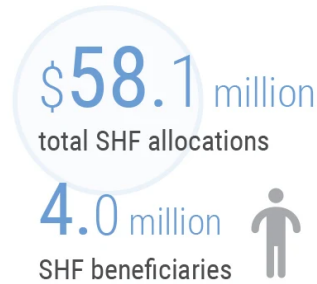
**HIGHLIGHTS** (21 Nov 2019)

- A total 319 suspected Rift Valley Fever cases have been reported in Sudan, with the most affected age group between 15 to 45 years, 83 per cent of the total suspected cases.
- Prices of cereals are still at record or near record levels despite the above-average 2018 harvest and overall favourable prospects for the current 2019-2020 crop harvest.
- So far in 2019, OCHA Sudan distributed US\$101.5 million through the CERF and the SHF, assisting about 8.5 million people across the country.
- Cholera (337 cases), dengue (2,569 cases), rift valley fever (319 cases), and chikungunya (128 cases) reported across the country as of 19 November 2019

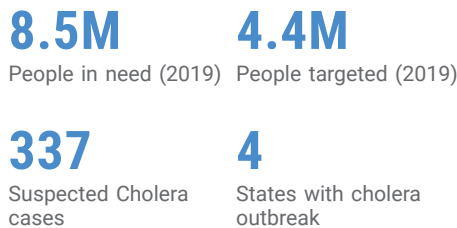


**SHF & CERF ALLOCATIONS / BENEFICIARIES**

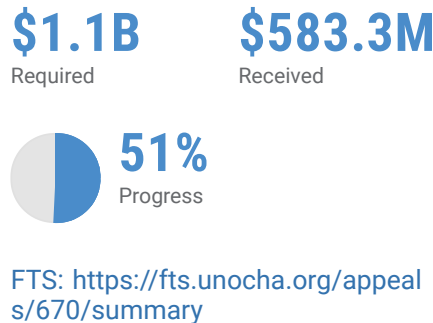
■ SHF ■ CERF



**KEY FIGURES**



**FUNDING** (2019)



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**FEATURE** (21 Nov 2019)

**Rift Valley Fever outbreak in Sudan**

The Sudanese Federal Ministry of Health (FMoH) has announced an outbreak of Rift Valley Fever (RVF) in the country, with a total of 308 suspected RVF cases—including 11 related deaths—reported in Red Sea (126), River Nile (177), Khartoum (1), White Nile (1), Kassala (2), and Gedaref (1) states. The most affected age group is 15 to 45 years, which accounts for 83 per cent of the total suspected cases. The male to female ratio is 2.6, with a high proportion of the cases being farmers (37.5 per cent).

The Sudanese Federal Ministry of Health (FMoH) has announced an outbreak of Rift Valley Fever (RVF) in the country, with a total of 319 suspected RVF cases—including 11 related deaths—reported in Red Sea (128), River Nile (186), Khartoum (1), White Nile (1), Kassala (2), and Gedaref (1) states, as of 19 November 2019. The most affected age group is 15 to 45 years, which accounts for 83 per cent of the total suspected cases. The male to female ratio is 2.6, with a high proportion of the cases being farmers (37.5 per cent). RVF is endemic in Sudan and three outbreaks affecting people have been documented in 1973, 1976, and 2008. During the outbreak in 2008, a total of 747 laboratory-confirmed cases were reported, including 230 deaths.



*States with Rift Valley Fever*

RVF is a mosquito-borne viral disease that is transmitted to humans from animals. Most human infections are spread to humans through contact with blood, organs, or milk from infected animals. Herders, farmers, slaughterhouse workers, and veterinarians have an increased risk of infection. From 25 September to 3 November 2019, the Central Veterinary Research Laboratory in Khartoum confirmed RVF cases among animals in Red Sea and River Nile states. The current outbreak 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. RVF has been reported in six states affected by the floods this year.

### Response

In response to the outbreak, RVF task force committees have been activated in the most affected states of Red Sea and River Nile. Active vector control activities with household inspections and fogging to eliminate mosquitoes are ongoing in affected areas. In the affected villages in Red Sea State, health centres were established with a capacity of 11 beds, laboratory equipment, drugs, and supplies to provide health services for those affected. In addition, the Veterinary Epidemiology Department of the Ministry of Animal Resources conducted vector control in four animal enclosures in affected villages.

### Prevention

Since outbreaks of RVF in animals precede human cases, it is necessary to ensure active animal health surveillance systems are in place in endemic regions to provide early warning for veterinary and public health authorities. In addition, routine animal vaccination is recommended. However, vaccination campaigns are not recommended during an outbreak as they may intensify transmission among the herd through needle propagation of the virus. To reduce human infection people should be aware of the risk factors of RVF infection and practice measures to prevent mosquito bites and utilizing preventative measures (wearing gloves etc.) when handling sick animals. Other preventative measures include:

- Adopting safe animal husbandry and slaughtering practices.
- Refraining from the consumption of raw or unpasteurized milk or animal tissue. In endemic regions, all animal products should be thoroughly cooked before eating.
- Reducing the risk of mosquito bites through the implementation of vector control activities (e.g. insecticide spraying and use of larvicidal to reduce mosquito breeding sites), use of insecticide-impregnated mosquito nets and repellents, light- coloured clothing (long-sleeved shirts and trousers).
- Restricting or banning the movement of livestock to reduce the spread of the virus from infected to uninfected areas.

### Impact of RVF in people's livelihoods and livestock exports

RVF can cause significant economic losses due to livestock travel and trade restrictions, as well as high mortality and abortion rates among infected animals. This is especially worrisome for poorer families who depend on their livestock as the main source of food and livelihoods. Nationally, loss of earnings from livestock trade can affect the economy and in the context of Sudan's current economic crisis and weak health system, this can have negative consequences.

On 18 October, the Saudi Arabian Ministry of Environment, Water and Agriculture announced a ban on importing livestock from Sudan following confirmation from the World Organization for Animal Health (OIE) on documented cases of RVF in the country. According to the Ministry, Saudi Arabia imported 5 million heads of cattle from Sudan during the last Hijri year.

For more information on Rift Valley Fever visit:

World Health Organization (WHO) [website](#)

Centers for Disease Control and Prevention (CDC) [website](#)

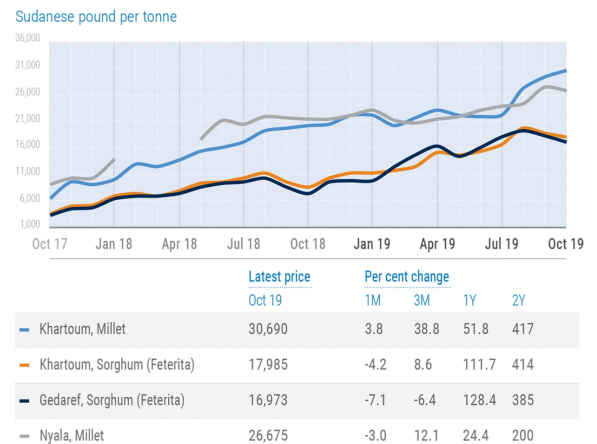
European Centre for Disease Prevention and Control (ECDC) [website](#)

**FEATURE** (21 Nov 2019)

**Prices of staple foods decline, but still at record or near record highs**

Prices of locally grown sorghum and millet in Sudan began to decline seasonally in October with the start of the 2019 harvest, while prices of imported wheat increased, according to FAO's latest [Food Price Monitoring and Analysis \(FPMA\) Bulletin](#).

However, prices of cereals are still at record or near record levels despite the above-average 2018 harvest and overall favourable prospects for the current 2019-2020 crop harvest. For instance, the October 2019 prices of sorghum (feterita) in Gedaref and Khartoum were about five times (increase of 385% and 414% respectively) of the October 2017 prices. The prices of millet in Khartoum and Nyala in October 2019 were five and three times of the October 2017 prices respectively (an increase of 417% and 200%), according to the FPMA Bulletin.



The June-September rainy season was characterized by above-average rainfall, which benefitted vegetation conditions and boosted yields, although they also triggered floods that resulted in localized losses of standing crops. The exceptionally high level of food prices is the result of the significant depreciation of the country's currency, coupled with fuel shortages and soaring prices of agricultural inputs, which inflated production and transportation costs. The weak currency, coupled with shortages of hard currency, restrained the country's ability to import food and non-food items, including wheat flour and fuel, thus causing shortages and higher prices, according to the FPMA Bulletin.

On 7 November, the state news agency SUNA reported that Sudan's annual inflation in October was recorded at 57.7%. The inflation rate in September was 53.5%, according to an [update from the Central Bureau of Statistics \(CBS\)](#). Inflation rate increased due to the rising prices of food and beverages, SUNA reported.

In its latest [Sudan Food Security Outlook for October 2019 – May 2020](#), FEWS NET reports that high staple food prices resulting from significant macroeconomic difficulties, combined with persistent insecurity in conflict-affected areas and flooding late in the rainy season, are contributing to higher than normal emergency food assistance needs in Sudan in

late 2019. These needs are expected to persist into at least May 2020, particularly as the lean season approaches in agricultural and agropastoral areas, FEWS NET estimates.).

For more information visit:

FPMA Bulletin, [link](#)

CBS updates and reports, [link](#)

FEWS NET on Sudan, [link](#)

**VISUAL** (21 Nov 2019)

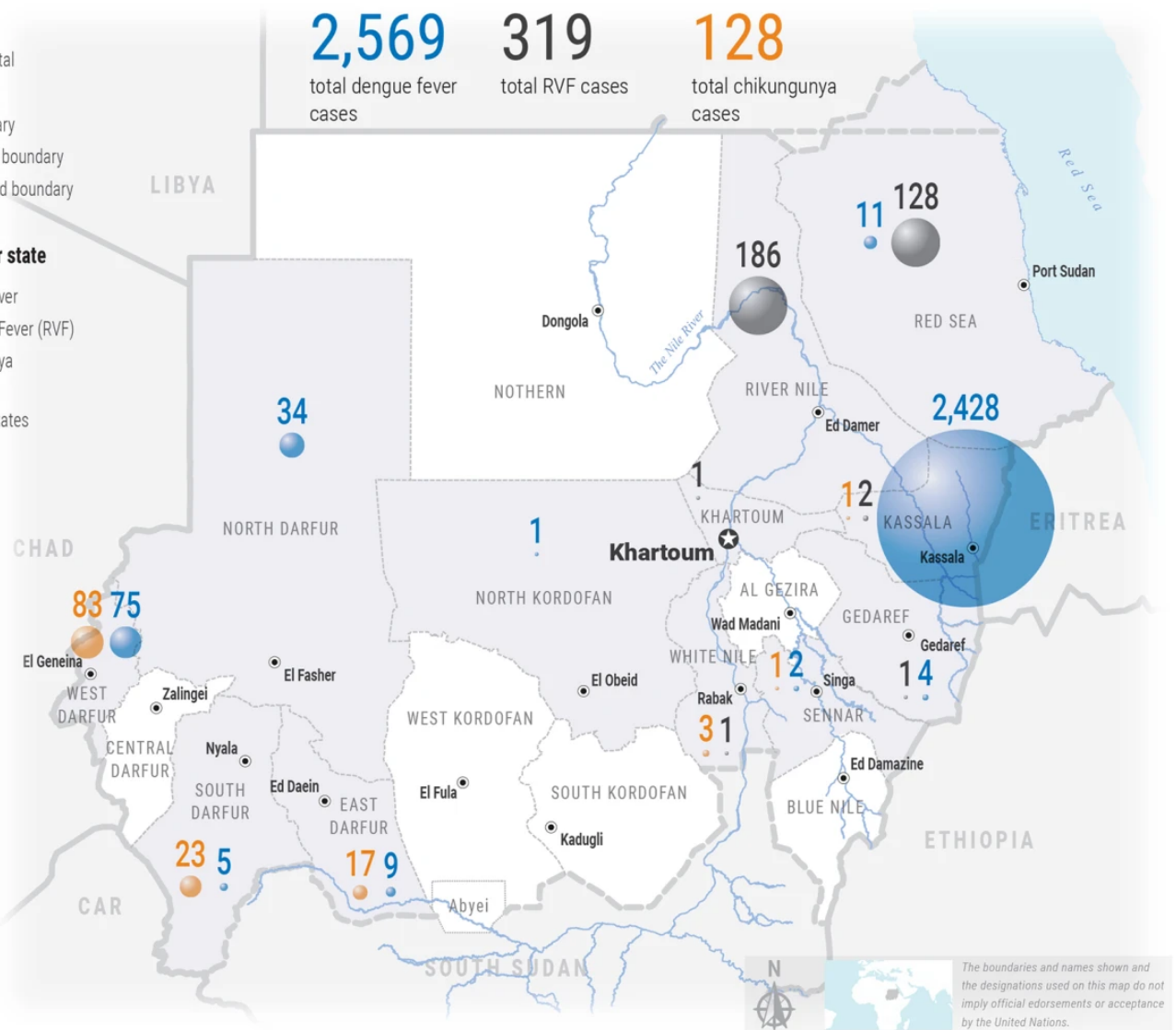
**Dengue Fever, Rift Valley Fever (RVF) and Chikungunya Outbreaks in Sudan**

**MAP LEGEND**

- ★ Country capital
- State capital
- State boundary
- International boundary
- - - Undetermined boundary

**No. of cases per state**

- — Dengue Fever
- — Rift Valley Fever (RVF)
- — Chikungunya
- — Affected states

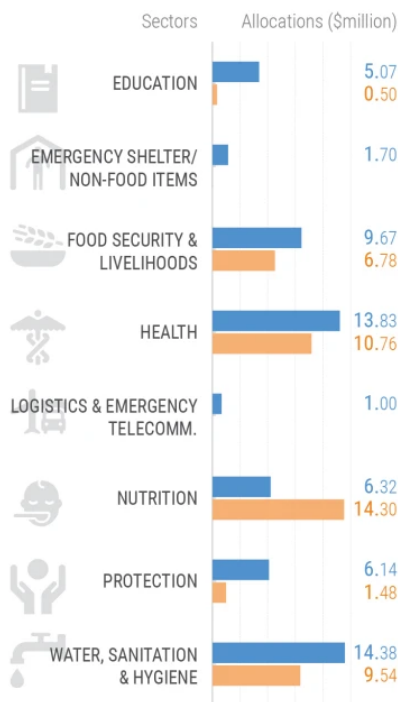




humanitarian community rapidly scaled up humanitarian action and was able to deliver an effective collective response.

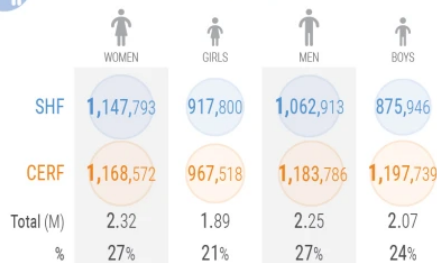
### SHF & CERF ALLOCATIONS / BENEFICIARIES by sector\*

■ SHF ■ CERF



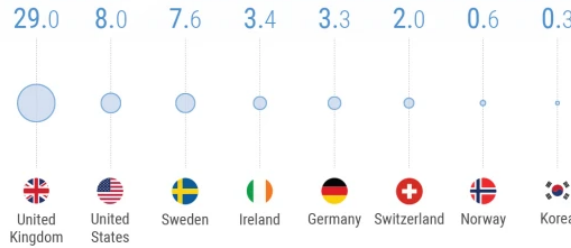
\* Since there are several multi- areas projects, the beneficiary number is increased

### BENEFICIARIES by gender

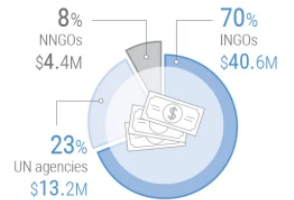


\* Others (member states, regional authorities & private contributions).

### SHF DONORS 2019 (\$M)



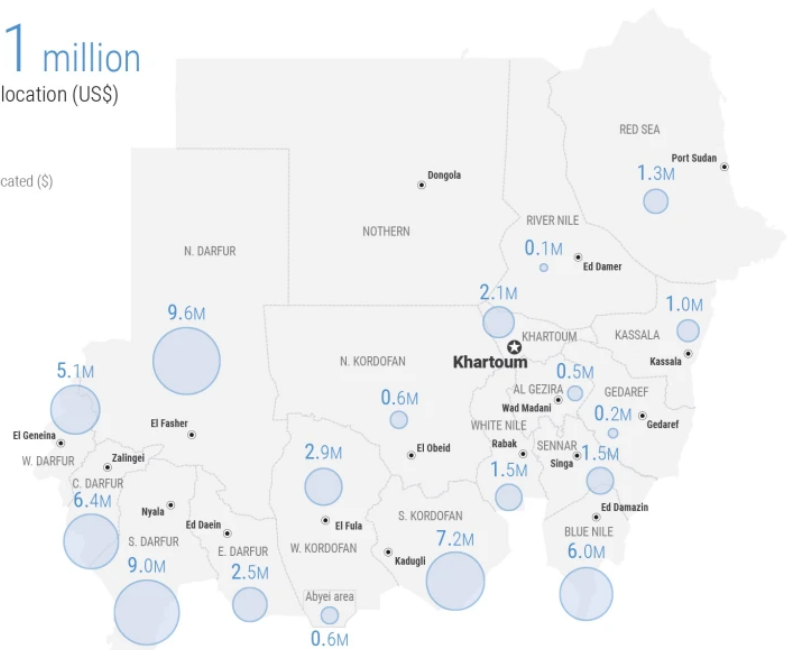
### SHF ALLOCATIONS by partner type



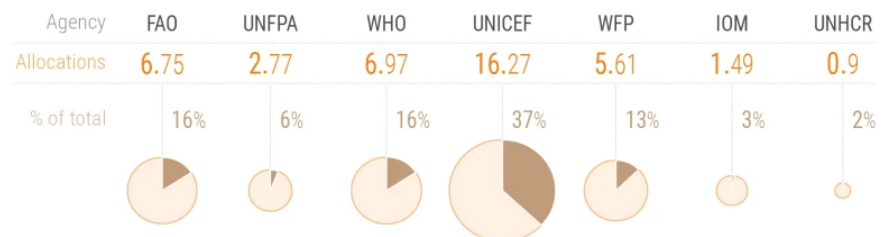
### SHF ALLOCATIONS by state

**58.1 million** total SHF allocation (US\$)

● Funding allocated (\$)



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



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

Creation Date: 11 November 2019 Source: Sudan Humanitarian Fund SHF Feedback: ochasudan\_feedback@un.org | www.unocha.org/sudan | www.reliefweb.int



## SHF funds allow for the scale up of cholera response 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 is 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*



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

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.

**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)*

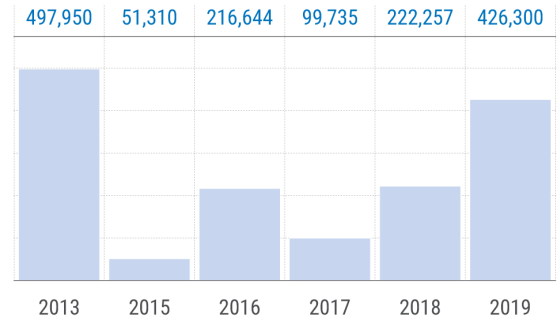
**FEATURE** (14 Nov 2019)

**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.

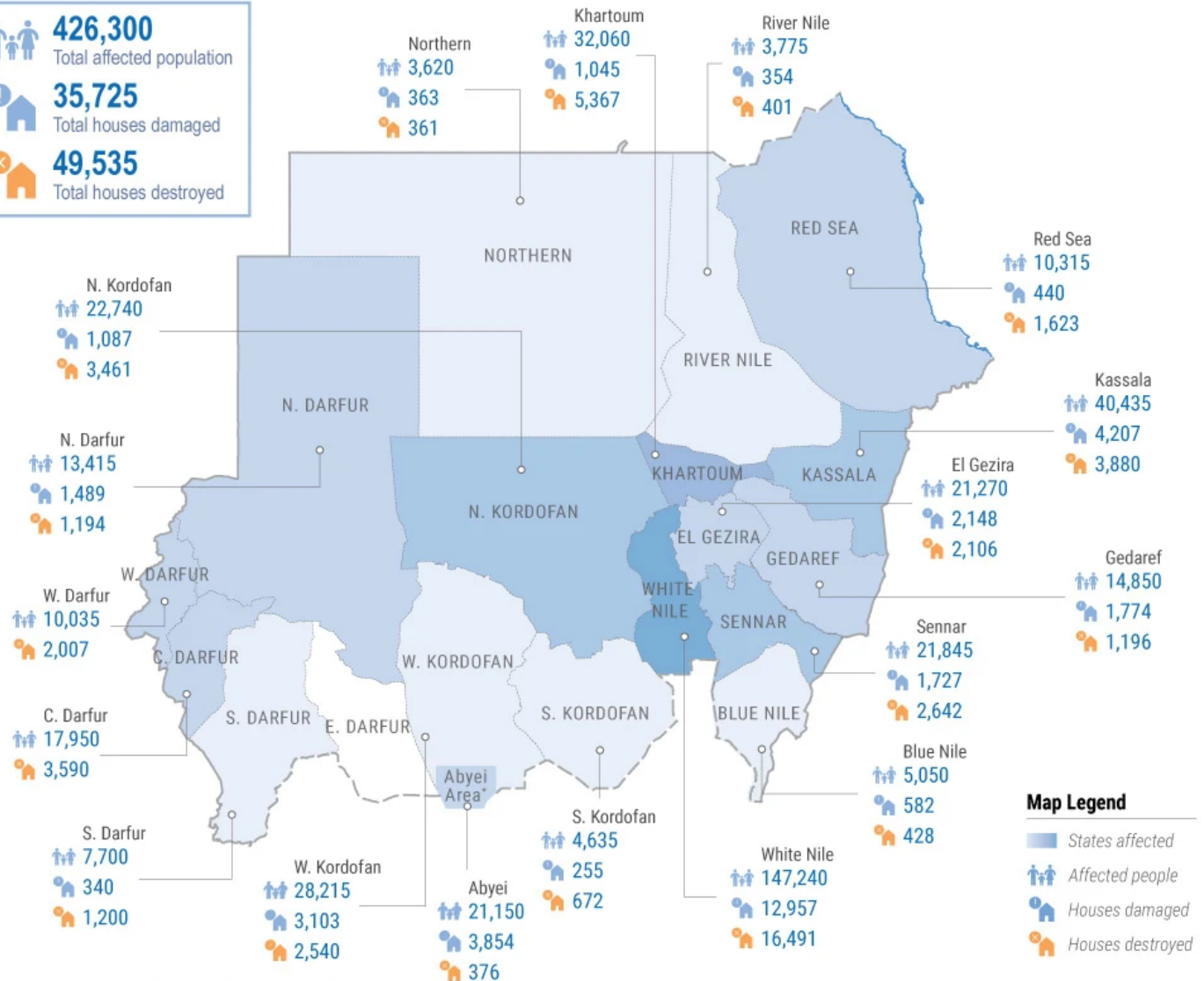
**Response**

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.

**VISUAL** (14 Nov 2019)

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



\* The final status of the Abyei Area is yet to be determined.

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



OCHA

# SUDAN

## Situation Report

Last updated: 21 Nov 2019

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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.

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*OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.*

<https://www.unocha.org/sudan>

<https://reliefweb.int/country/sdn>

<https://www.humanitarianresponse.info/en/operations/sudan>

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