

### HIGHLIGHTS (28 Nov 2019)

- UN Humanitarian Chief calls on the international community to scale up humanitarian support to Sudan.
- Sudan launches the 16 Days of Activism Against Gender-Based Violence Campaign
- Improved security is encouraging thousands of people residing in non-government controlled areas in South Kordofan to seek services in government areas.
- See the latest Sudan infographics: Sudan Humanitarian Snapshot and Cholera Outbreak Snapshot



### KEY FIGURES

**8.5M**

People in need (2019)

**4.4M**

People targeted (2019)

**338**

Suspected Cholera cases

**4**

States with cholera outbreak

### FUNDING (2019)

**\$1.1B**

Required

**\$583.3M**

Received



**51%**

Progress

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

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### FEATURE (28 Nov 2019)

#### 16 days of activism against gender-based violence

25 November marks the International Day Against Violence Against Women and the launch of the 16 days of activism against gender-based violence. These 16 days will demonstrate the solidarity with women around the world to stop violence against women and to create the tools and concrete actions to implement promises made to eliminate violence against women.

In Sudan, the event was launched jointly by the United Nations Population Fund (UNFPA) and the Ministry of Labour and Social Development under the theme of "Together for sustainable protection of women, girls and children from gender-based violence." The Ministry of Labour and Social Development is currently working to amend Sudanese laws that discriminate against women and girls. The Ministry will look into issues of domestic violence, women's rights, child marriage and female genital mutilation (FGM) both at the federal and state levels through institutions already

established for the purpose of protecting women and girls. It is not only laws that have to be changed but also the cultural norms, practices and traditions that harm women and girls and violate their basic human rights. Awareness-raising will play a major part in this endeavour.

This international campaign originated from the Center for Women's Global Leadership in 1991. The dates chosen for the campaign symbolically link violence against women and human rights to emphasize that violence is a violation of human rights. The campaign runs from 25 November (International Day Against Violence Against Women) until 10 December (International Human Rights Day).

The Convention on Elimination of All Forms of Discrimination Against Women states that discrimination against women shall mean "any distinction, exclusion or restriction made on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

Currently, Sudan is working towards endorsing the Convention on the Elimination of Discrimination against Women (CEDAW) and work is underway to endorse it. Meanwhile, gender-based violence (GBV) continues to be a major concern in Sudan with 1.8 million people in dire need of GBV prevention, mitigation and response. Women and girls continue to suffer disproportionately from GBV, poverty and violations of basic rights due to insecurity, low economic status and lack of livelihood opportunities, lack of community awareness on women's rights due to cultural and societal norms. About 55 per cent of displaced people are women and girls, with 27 per cent of those women below the age of 18. Female genital mutilation (FGM) remains prevalent in Sudan, affecting 87 per cent of women aged 15 to 49 years and 32 per cent of girls aged up to 14 years old.



## FEATURE (28 Nov 2019)

### UN Humanitarian Chief calls on the international community to scale up humanitarian support to Sudan

Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Mark Lowcock calls on the international community to act faster to scale up humanitarian support to Sudan. The humanitarian situation is deteriorating for millions of people, including in the central and eastern regions, as the country strives to address the effects of erratic weather, multiple disease outbreaks and the economic crisis.

While conflict is still a major driver of humanitarian needs in Sudan, incidents have significantly reduced in recent years. The deepening economic crisis, the climate crisis and pockets of violence also continue to drive humanitarian needs. More than 8.5



million people require food, nutrition, protection or other assistance to survive and millions of others struggle to make ends meet. These numbers are projected to grow. Years of conflict have left nearly two million people displaced in the Darfur, South Kordofan, and Blue Nile areas of Sudan.

During a visit to Kassala, in eastern Sudan, the UN humanitarian chief met local communities who have been affected by recent economic and climate shocks and recurrent disease outbreaks. “The economic crisis has a very direct impact on ordinary people’s lives, particularly for women and girls. They live in an area with ongoing dengue and malaria outbreaks, yet cannot afford to pay for medicines. And recurrent droughts and floods means that they cannot grow enough food”.

#### **Five Facts about Kassala, Sudan**

- The state is prone to droughts and localized dry spells, which impact food security, livelihoods and nutrition status of people across the State.
- Kassala has a population of about 2.6 million people, of whom over 430,000 are at crisis levels of food insecurity, according to the Integrated Food Security Phase Classification (IPC) system. Over 50 per cent of the population are at stressed levels of food insecurity.
- 95 per cent of the reported dengue fever cases in Sudan are located in Kassala.
- Kassala has some of the highest levels of global acute malnutrition (GAM) in the country, with an estimated 153,000 children under five years above the GAM threshold of 15 per cent. Chronic food insecurity is one of the facts that contributes to these high levels of malnutrition.
- Only 13 per cent of the population (except for the State capital, Kassala town) have access to safe drinking water source.

**MEDIA** (28 Nov 2019)



View this Video: <https://www.youtube.com/watch?v=43eIAod4lps>

UN humanitarian chief Mark Lowcock calls on the international community to scale up humanitarian support to Sudan. The humanitarian situation is deteriorating for millions of people, particularly in the central and eastern regions, as the country strives to address the effects of erratic weather, multiple disease outbreaks and the economic crisis.

**FEATURE** (28 Nov 2019)

**About 5,700 people arrive from SPLM-N areas in South Kordofan seeking assistance and basic services**

Since mid-November, hundreds of people who were affected by conflict in South Kordofan have been arriving from areas controlled by the Sudan People's Liberation Movement (SPLM-N) seeking access to basic services, according to the Humanitarian Aid Commission (HAC). The arrivals were prompted by improved security situation and the conducive environment created by ongoing peace negotiations between the Government of Sudan and armed movements, including SPLM-N, according to community leaders. There has been engagement at the community level for peaceful coexistence between people living in government and SPLM-N controlled areas since October.



Overall, at least 5,700 people arrived from SPLM-N areas in Kadugli, Dalami and Dilling localities so far in 2019, according to HAC and humanitarian partners. Of this number about 2,000 (35 per cent) have arrived in Kadugli town in November alone. More people are expected, according to community leaders and HAC. IOM is registering between 200 and 300 people who arrive daily. UN agencies and NGO partners are providing them with initial food, health and other assistance. WFP will provide food packages. The UN Refugee agency (UNHCR) and the International Organization for Migration (IOM) will provide non-food and shelter assistance once IOM finalises and submits the list of returnees. OCHA is mobilizing partners to address the needs of the newly arrived people as well as the delivery of assistance in SPLM-N areas to minimise displacement. This is in line with new HAC directive on unhindered access to all areas including SPLM-N controlled areas for humanitarian assistance.

There have also been reports of the arrival of an estimated 2,500 people in El Moreib village in El Abbasiya locality, according to humanitarian partners. These numbers have yet to be registered. They had reportedly fled to areas controlled by the SPLM-N when the conflict started in 2011 and are now returning to their home areas due to the improvement in the security situation. Government security forces in El Moreib area are allowing all people from SPLM-N-controlled areas to access the market.

After the conflict started between government security forces and SPLM-N in South Kordofan in June 2011, thousands of people were displaced. About 235,000 people were displaced in South Kordofan and Blue Nile (in areas under the control of the government) and the humanitarian arm of the SPLM-N estimated that a further 545,000 people were displaced in areas under their control.

In addition, there are about 117,000 Sudanese refugees from South Kordofan in Unity State of South Sudan.

## FEATURE (28 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 345 suspected RVF cases—including 11 related deaths—reported in Red Sea (128), River Nile (212), Khartoum (1), White Nile (1), Kassala (2), and Gedaref (1) states, as of 26 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](#)

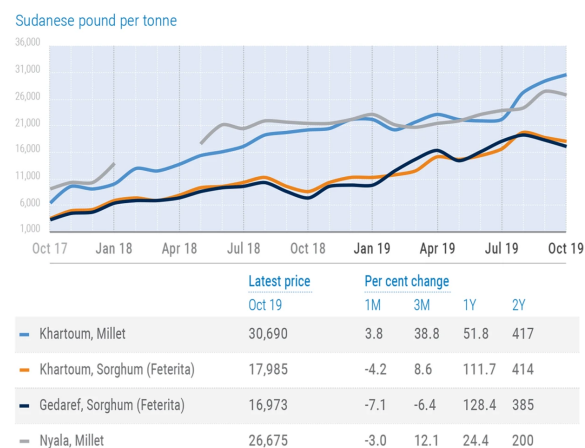
European Centre for Disease Prevention and Control (ECDC) [website](#)

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## **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 (28 Nov 2019)

### Sudan Humanitarian Snapshot (as of 26 November 2019)

### HIGHLIGHTS



Humanitarian needs in Sudan persist, with vulnerable people living in protracted displacement for over a decade. These needs are also driven by food insecurity, malnutrition, protection risks, inter-communal violence and conflict, and communicable disease outbreaks. Rising food prices have decreased households' purchasing power and reduced access to food among the most vulnerable groups. According to the latest IPC, about **5.85 million** people in Sudan were estimated to be food insecure between June-August 2019 (the peak of the lean season), including a considerable number of newly food insecure people in urban and peri-urban areas. Over the past few months, more

than 1,800 cases of communicable diseases, including cholera, dengue fever, Rift Valley Fever and chikungunya, were reported across the country, with most cases reported from eastern Sudan. Against this backdrop, the 2019 HRP targets the most vulnerable **4.4 million** people in Sudan. Humanitarian partners are advocating for measures to prevent the newly vulnerable, who may not be the scope and target of the HRP, from becoming a new humanitarian caseload. This includes strengthening social safety nets, increasing school feeding programmes and other measures that go beyond traditional humanitarian response and action.

### Key figures:



**8.5 million**

total number of people in need in Sudan

**19%** of total population



**4.4 million**

people targeted in 2019 HRP

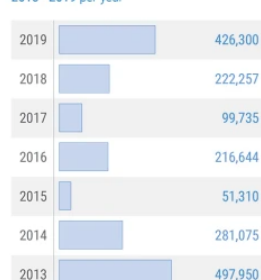


**4.3 million**

people reached in 2019 HRP

### Flood affected population

2013 - 2019 per year<sup>1</sup>

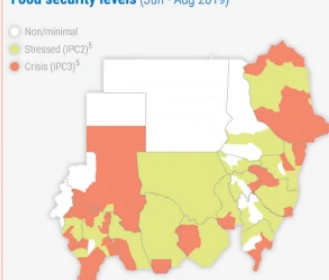


### Inflation rate 2018 - 2019

per month (%)<sup>2</sup>

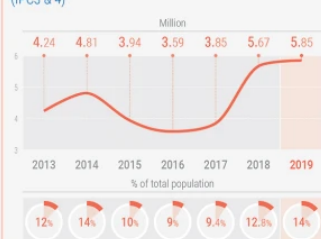


### Food security levels (Jun - Aug 2019)



### Food insecure population 2013 - 2019

(IPC3 & 4)<sup>3</sup>



### Dengue fever, Rift Valley Fever (RVF), Chikungunya & Cholera outbreaks

per state (as of 26 November 2019)

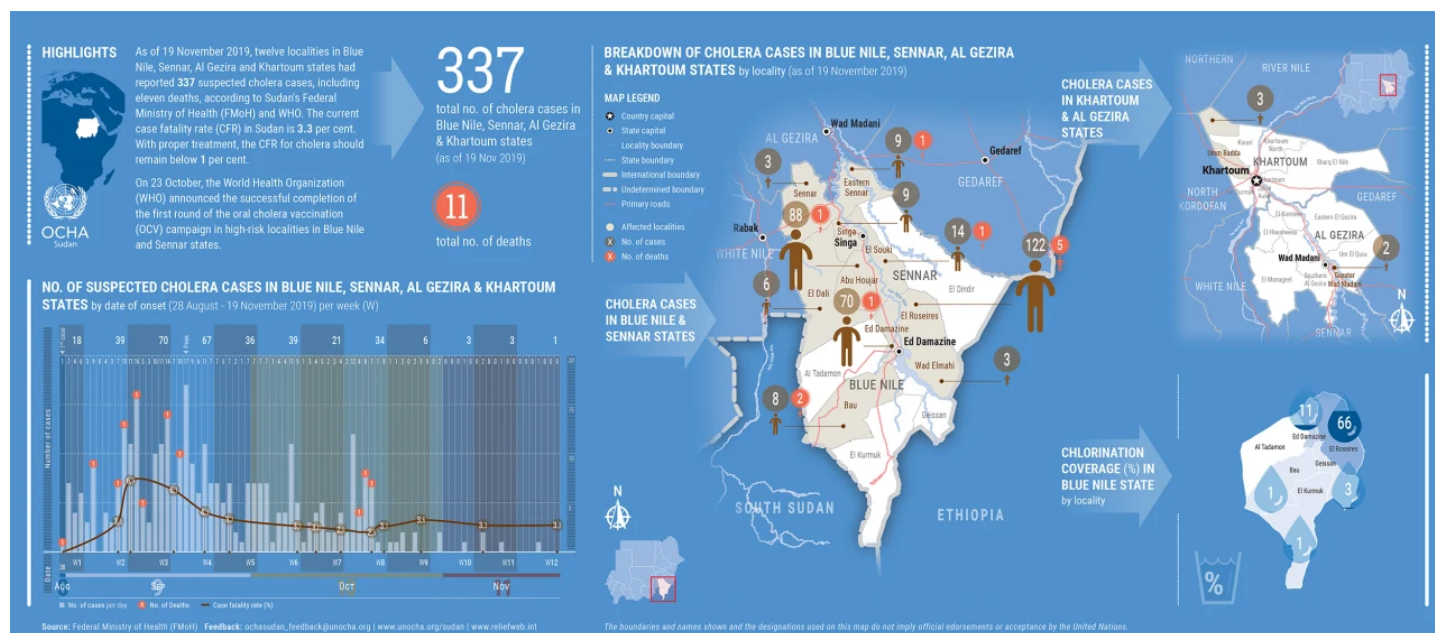


Creation date: 26 November 2019 Sources: Sudan HNO 2019, OCHA, FEWS NET, IOM, HAC, IASC partners and sectors, 2019 HNO, UNICEF, HAC, CBS (Oct 2019), Integrated Food Security Phase Classification (IPC) Feedback: ochasudan\_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

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**VISUAL** (28 Nov 2019)

**Sudan Cholera Snapshot (as of 26 November 2019)**



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**VISUAL** (28 Nov 2019)

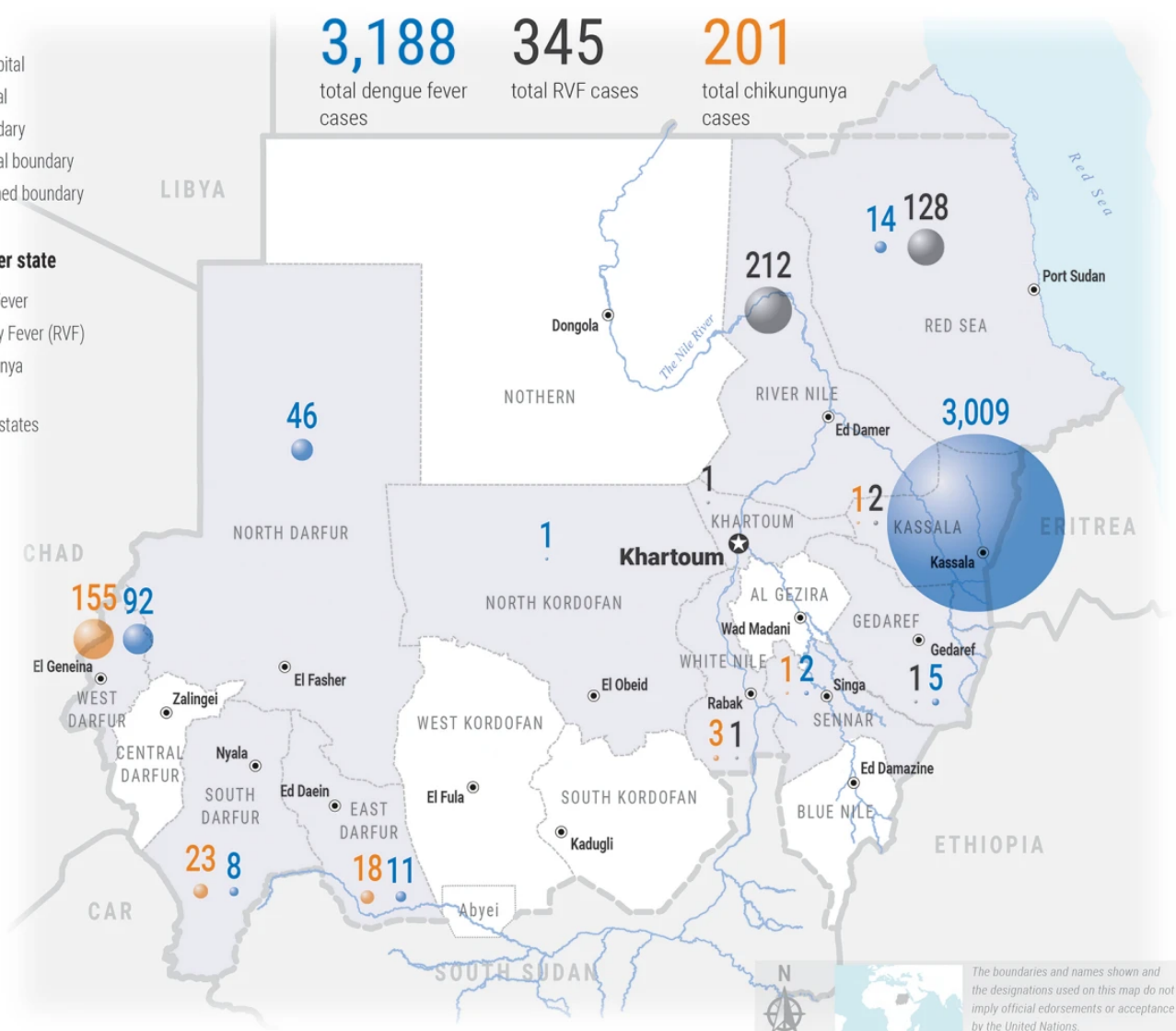
## Dengue Fever, Rift Valley Fever (RVF) and Chikungunya Outbreaks in Sudan (26 November 2019)

### 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



Over the past couple of months, Sudan has been facing several vector-borne disease outbreaks including Dengue Fever, Rift Valley Fever (RVF) and Chikungunya. 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 vectors such as mosquitoes. Government authorities and humanitarian partners are actively responding to these outbreaks across the country, providing health assistance, and vector control interventions.

**VISUAL** (28 Nov 2019)

**OCHA Sudan Pooled Funds Dashboard (January - November 2019)**

In the first eleven months of 2019, OCHA Sudan processed **US\$101.5 million**, through its pooled funds the Central Emergency Response Fund (CERF) and the Sudan 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\*

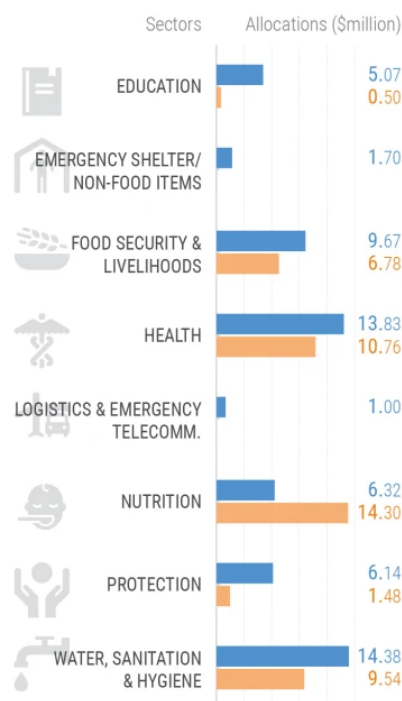
■ SHF ■ CERF

**\$58.1 million**  
total SHF allocations

**4.0 million**  
SHF beneficiaries

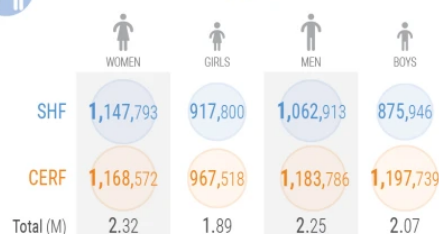
**\$43.4 million**  
total CERF allocations

**4.5 million**  
CERF beneficiaries

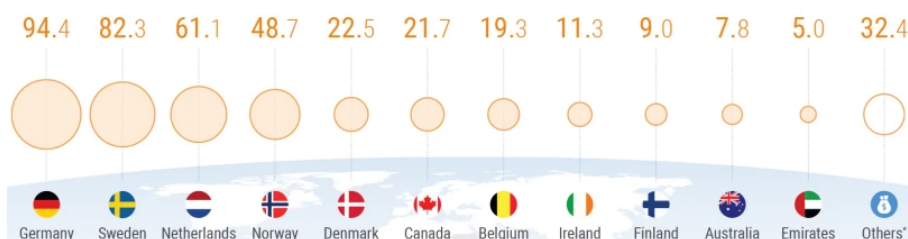


\* Since there are several multi-areas projects, the beneficiary number is increased

### BENEFICIARIES by gender

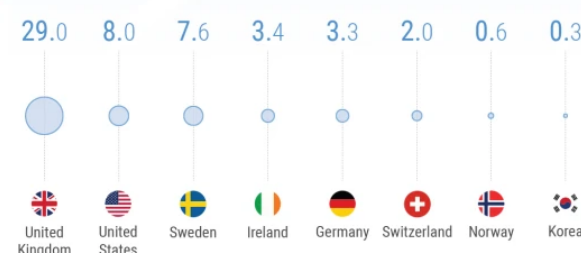


### CERF DONORS 2019 (\$M) - Global

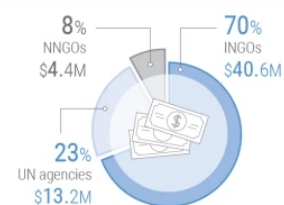


\* Others (member states, regional authorities & private contributions)

### SHF DONORS 2019 (\$M)



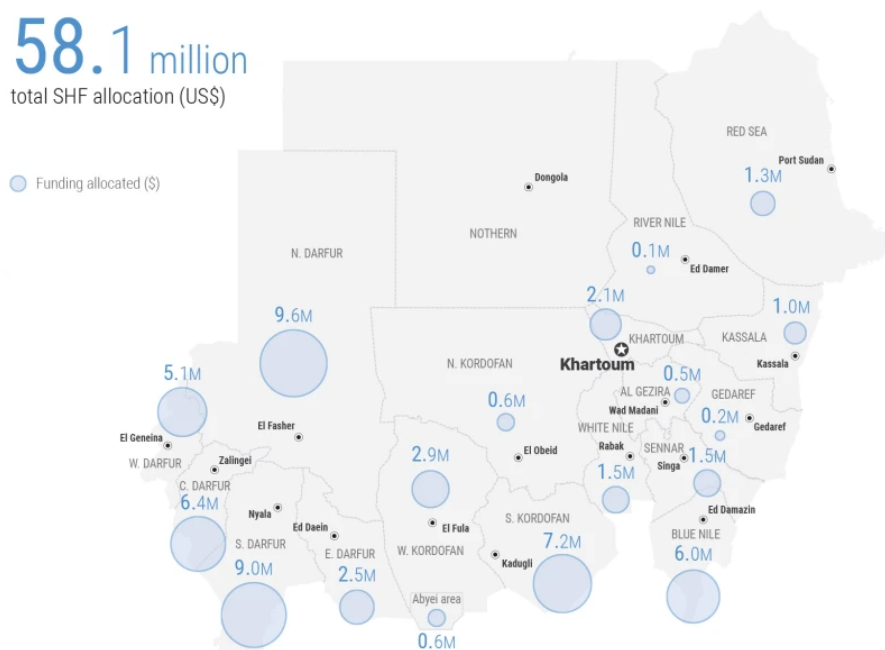
### SHF ALLOCATIONS by partner type



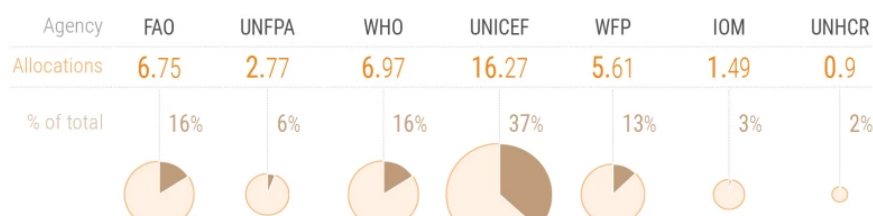
### SHF ALLOCATIONS by state

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

● Funding allocated (\$)



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



% 27% 21% 27% 24% ...

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

Creation Date: 11 November 2019 Source: Sudan Humanitarian Fund SHF Feedback: [ochasudan\\_feedback@un.org](mailto:ochasudan_feedback@un.org) | [www.unocha.org/sudan](http://www.unocha.org/sudan) | [www.reliefweb.int](http://www.reliefweb.int)

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

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

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

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