

FLASH UPDATE (4 Jan 2020)**Humanitarian Response in Geneina, West Darfur**

Since the week of 22 December, a series of incidents between Massalit and Arab tribesmen have increased intercommunal tensions in and around Geneina, West Darfur resulting in widespread displacements of people. Sudan's Humanitarian Aid Commission (HAC) and partners estimate that approximately 40,000 people have been displaced, including 32,000 from three IDP camps (Krinding 1, 2, and Al Sultan camp), and the rest from Kreding, Bab Al Jenan, Dar AlSalam, and Dar Alnaiem. In addition, 54 people have been killed and 60 people injured. People have taken refuge in different areas in El Geneina, including schools and local government buildings. A registration of people in need will be conducted by IOM, SRCS, and UNHCR in the coming days.

Initial response has been undertaken by youth groups, national partners, Zeikat Chamber, HAC and SRCS among others, and includes tents, jerrycans, blankets, and food.

State Ministry of Health and several partners, including UN agencies, INGOs, UNAMID Human Rights, and SRCS identified the following humanitarian needs at an inter-sectoral meeting on 2 January:

- **Health:** El Geneina Hospital is open, with support of WHO and health partners. They have identified seven IDPs gathering points where they will establish clinics to respond to health needs. Ministry of Health and WHO have confirmed they have enough medical stock to support people in need, however, provision of healthcare for children under 5 is a gap. Other partners have confirmed the availability of drugs available to support the Ministry of Health. UNICEF has also made available malaria kits, and 15 Interagency Emergency Health Kits (IEHK) for the hospital.
- **WASH:** UNICEF and partners have provided three water tanks for water trucking, in addition to AWD kits. There is an urgent need for sanitation support, specially latrines, which are inadequate in schools and gathering points due to the large numbers of people. Water supply to the assembly points for displaced people is a challenge, and the public water supply is compromised due to lack of fuel to operate water generators.
- **Food Security:** WFP can target 18,000 people for general food distribution (GFD) and additional 4,500 children under five with food for one month. WFP previously provided nutritional support in Krinding IDP camp, and that support will continue within the displaced communities from Krinding IDP camp. WFP will coordinate with IOM, SRC and UNHCR to verify primary registration numbers to speed up emergency food distribution to affected IDPs in the gathering points.
- **Nutrition:** WHO and Ministry of Health are providing nutritional support to children and pregnant and lactating mothers. WFP also provides nutrition support.
- **NFIs:** UNHCR and IOM have stocks available to immediately distribute, including 1,900 jerrycans, 1,500 mosquito nets, 1,100 kitchen sets, 1,000 plastic sheets, 3,000 blankets, soaps, and sleeping mats. Additionally, 4,000 people can be immediately supported with full NFI kits. Gaps remain in NFIs and shelter to ensure response reaches all affected people.

HIGHLIGHTS (19 Dec 2019)

- UN visits Yabus in Blue Nile State following a decade of inaccessibility

- UN will provide affected people in previously inaccessible parts of Blue Nile with food, health care, education and livestock services
- The early and timely response to the cholera outbreak saves lives and resources
- Chikungunya (260 cases), cholera (346 cases), dengue (4,096 cases), diphtheria (80 cases) and rift valley fever (453 cases) were reported across the country as of 18 December 2019



WFP Executive Director, David Beasley visits Yabus town in Blue Nile State (WFP, December 2019)

KEY FIGURES

9.3M

People in need (2020)

2.4M

Acutely Malnourished Children

1.1M

Refugees

4

States with cholera outbreak

FUNDING (2019)

\$1.1B

Required

\$597.2M

Received



52%

Progress

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

CONTACTS

Paola Emerson

Head of Office

emersonp@un.org

Mary Keller

Head, Monitoring and Reporting

kellerm@un.org

ANALYSIS (19 Dec 2019)

UN visits Yabus in Blue Nile State following a decade of inaccessibility

United Nations World Food Programme (WFP) Executive Director, David Beasley, accompanied by teams from WFP's Sudan and South Sudan operations and leaders of the UN country team in Sudan have achieved a significant breakthrough in humanitarian access, by landing in Yabus, a town in the southern Blue Nile State where they witnessed a food distribution to conflict and flood-affected residents for the first time since September 2011. The UN team included the United Nations Children's Fund, Office for the Coordination of Humanitarian Affairs, World Health Organisation, United Nations Population Fund and United Nations High Commissioner for Refugees from Sudan. Parts of southern Blue



WFP Executive Director, David Beasley visits Yabus town in Blue Nile State (WFP, December 2019)

Nile have been inaccessible to UN agencies and most humanitarian groups since conflict that began in South Kordofan in May 2011 spilt over to parts of Blue Nile in September 2011.

The first UN humanitarian assistance in the area in nearly a decade was distributed by a WFP-led, UN inter-agency team. The UN team provided food to nearly 10,000 people in Yabus as well as health and education supplies made possible through the work of UN staff from Sudan and cross-border assistance from South Sudan. Yabus and some areas in the Blue Nile State were recently affected by floods, pests and diseases resulting in low farm harvests and leaving many of its residents short of food. The United Nations humanitarian agencies in Sudan will move forward together to provide sustained assistance to address food security, health, education and livestock health deficits in the area.

In October, Beasley visited Kauda in South Kordofan – the first UN visit to the area in nearly a decade. This followed months of negotiations with the new Government of Sudan, leaders of South Sudan and the Sudan People's Liberation Movement North (SPLM-N) leader, Abdulaziz Al-Hilu. Following this visit, commitments were made to enable humanitarian access to the conflict-affected areas of Blue Nile and South Kordofan.

Sudan's economic crisis is affecting living conditions and pushing more people into poverty. Nearly 9.3 million people – one in four in Sudan – will need humanitarian assistance in 2020. Around 5.8 million people are food-insecure. That number could rise to more than 10 million if wheat and fuel subsidies are removed. The cost of food has more than doubled in the past year.

According to the December issue of the Food and Agriculture Organization (FAO) [Food Prices Monitoring and Analysis \(FPMA\) Bulletin](#), prices of locally grown sorghum and millet in Sudan increased in November in spite of the ongoing harvest, while prices of imported wheat rose further. Overall, prices of cereals were at record or near-record levels despite the above-average 2018 harvest and overall favourable prospects for the current crops. An ongoing nationwide government-led crop assessment, supported by FAO, will provide detailed production estimates in early 2020.

Despite the good 2019 production outlook, food prices remained under upward pressure and at exceptionally high levels due to 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.

FEATURE (19 Dec 2019)

The early and timely response to the cholera outbreak saves lives and resources

On 2 September 2019, Blue Nile State Ministry of Health (SMoH) reported five suspected cholera cases from El Roseires hospital. The index case was reported from the Ganees Al Shareg area of El Roseires locality with the date of onset of symptoms being 28 August 2019. On 8 September, the Federal Ministry of Health (FMoH) declared a cholera outbreak in Blue Nile after receiving positive laboratory results confirming the presence of *Vibrio Cholerae* in four out of six samples collected from the affected state. The previous cholera outbreak 2016 -2018 started primarily in Kassala and Blue Nile states and eventually spreading to all 18 states across Sudan.

The response started as early as 2 September and on 11 September WHO/FMOH conducted the first joint health and WASH cluster meeting on cholera response in Blue Nile.

As of 17 December 2019, 346 suspected cholera cases (including 11 deaths) were reported from Blue Nile, Sennar, Al Gezira and Khartoum states, according to FMOH. The case fatality rate (CFR) is 3.2 per cent.

According to WHO, there are two scenarios or patterns that can play out in any cholera outbreak. One is characterized by delayed outbreak detection, laboratory confirmation and response. In this scenario/pattern, there is little room for control of the outbreak as by the time response starts the outbreak (and the number of new cases per day) is already in the downward trend.

Another scenario/pattern features early detection, lab confirmation and response. This scenario has a much larger opportunity to prevent new cholera cases, avert deaths and saves time and resources to be spent on response.

During the second half of September, WHO experts visiting Sudan had estimated that without proper and timely interventions there could be between 5,000 and 13,200 cholera cases within six months (between September 2019 and February 2020). The projections were created based on the pattern of previous cholera/AWD outbreaks from 2016-2018, which can be characterized as the “delayed outbreak detection and response” case.

The information available and latest figures indicate that the prompt response and mitigation measures by all health sector partners led by FMOH have resulted in a much lower total caseload and spread control, compared to the previous 2016-2018 outbreak when about 37,000 cases were reported and should be considered as a successful early detection and response case. Half-way through this period forecast period, the reported number of cholera cases is way below the projected scenario that the WHO expert team developed.

This is attributed to the early detection, reporting and early response and mitigation measures taken at the right time. Thousands of potential cholera cases were prevented, deaths were averted, and time and resources were saved.

This was mainly due to the following concrete actions and their implementation:

- A 3-month (October-December 2019) US\$20.3 million cholera readiness and response plan was developed.
- Early detection and announcement of the outbreak.
- Early mobilization of health partners and providing surge capacity to affected areas.
- Activation of the emergency operation centers (EOC) in affected states.
- Effective information sharing and reporting by the State Ministries of Health (SMoH) and FMOH.
- Early activation and support of cholera treatment centers and isolation wards with provision of cholera treatment kits.
- The first round of the oral cholera vaccination (OCV) campaign in eight high-risk localities in Blue Nile and Sennar states.
- This was complemented by aggressive WASH interventions, including water chlorination, sanitation and health and hygiene awareness campaigns.
- In 2019, the Sudan Humanitarian Fund (SHF) allocated \$11 million to floods and cholera outbreak response, with most of the relevant projects combined to respond to cholera cases.

The data on cholera cases shows that the cholera outbreak has been on a downward trend and since early November, 14 new cholera cases were reported, with 0 new cases reported during some weeks.

Way forward and recommendations:

The outbreaks of water-borne diseases, like cholera and AWD, usually follow the rainy season and the subsequent floods. Both 2016-2018 and 2019 outbreaks started after the rainy season and floods and the weekly number of cases for both peaked during the week 38 suggesting a convergence of various factors - rains, floods and contamination of water sources – during that particular time.

Looking ahead to 2020, the government and health partners can save lives, avert hundreds of cholera cases and save time and resources by acting early:

- Updating rainy season and floods response plans.
- Pre-positioning of essential medicine and supplies and kits.
- Ensuring the readiness of disease surveillance, availability of trained rapid response teams (RRTs), and sufficient laboratory capacity in states and at federal level for early confirmation of an outbreak.
- WASH interventions to minimize contamination and mitigate the cases.
- Allocate sufficient funds early to ensure the best return on investment.

TRENDS (19 Dec 2019)

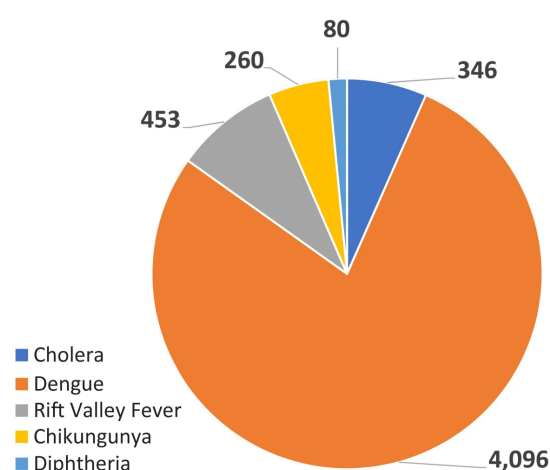
Trends in communicable diseases

Cases of diphtheria, dengue fever, rift valley fever (RVF), chikungunya and cholera continue to be reported across the country, according to the Sudan Federal Ministry of Health (FMoH).

As of 18 December, FMoH reported:

- 80 cases of diphtheria (including 12 deaths)
- 4,096 dengue fever cases (13 deaths)
- 453 Rift Valley fever cases (11 deaths)
- 260 chikungunya cases (5 deaths)
- 346 cholera cases (11 deaths)

The rise in malaria cases is closely related to the floods in Sudan this year, which were heavier and longer than usual – rainy season normally ends in September, but this year it lasted till October. The widespread presence of stagnant floodwaters offers breeding grounds for mosquitoes—which transmit diseases such as malaria, yellow fever and dengue. Government authorities and humanitarian partners are actively responding to these outbreaks across the country, providing health assistance, vaccinations were appropriate, and vector control interventions.



2019 breakdown of disease outbreaks in Sudan as of 18 December 2019

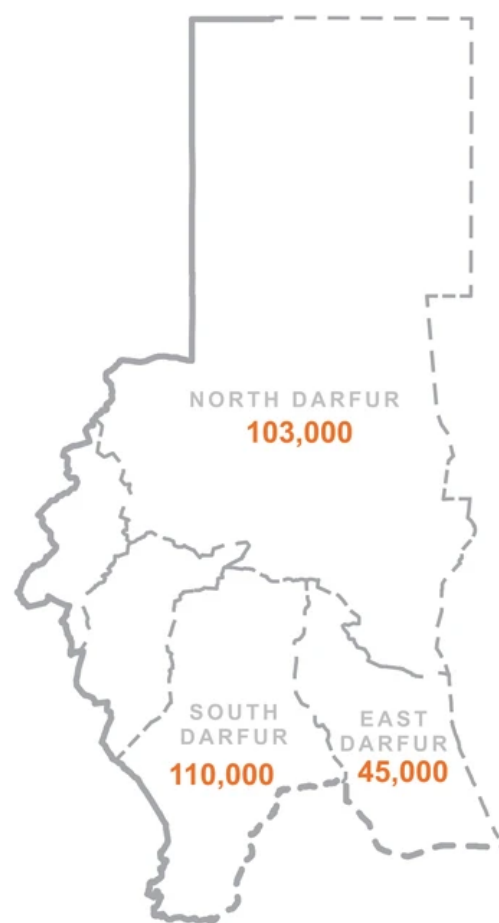
FEATURE (12 Dec 2019)

In 2019 malaria breached the epidemic threshold in Sudan

This year, malaria breached the epidemic threshold—when there is a sharp increase in malarial incidence rates among populations compared to previous years—accounting for 12.4 per cent of all diseases surveyed by the health sector (measles, dysentery, typhoid fever, acute watery diarrhoea, respiratory infections etc.) with a mortality rate of 13 per 10,000. This is a 30 per cent increase compared to the same period last year. Over 1.8 million cases of malaria were reported from across Sudan so far in 2019. Several states in Darfur region, White Nile, Khartoum and several other states are affected most. In November alone, about 250,000 cases of malaria were reported from Darfur, according to the Federal Ministry of Health (FMOH). This includes about 110,000 reported malaria cases in South Darfur, 103,000 cases in North Darfur, and about 45,000 cases in East Darfur. FMOH and WHO are leading country-wide comprehensive response to vector-borne disease outbreaks (malaria, dengue fever and chikungunya) covering 10 states, including five Darfur states. Malaria medicines have been distributed across all affected areas.

The rise in malaria cases is closely related to the floods in Sudan this year. The widespread presence of stagnant floodwaters offers breeding grounds for mosquitoes—which transmit the malaria parasite. These breeding grounds pose a further risk for other of vector borne diseases such as yellow fever and dengue. Government authorities and humanitarian partners have been actively mitigating the underlying causes of the disease including vector control and community awareness-raising. Meanwhile, while there are enough stocks of anti-malarial medicines at the national level, the availability of some malarial medicines, like Artemether + Lumefantrine, through the National Medical Supply Fund (NMSF) or through the National Health Insurance Fund (NHIF) was either low or not available in some states, but it was available in private sector. This was reported by the Essential Medicine, Availability and Affordability Survey in Sudan July 2019 FMOH/WHO.

According to the survey, medicine availability varied from 43 per cent at the National Medical Supply Fund (NMSF), 49 per cent at the National Health Insurance Fund (NHIF) and 59 per cent in private sector. The availability of medicines in 2019 was the lowest both in public and private sectors since 2012, according to the survey. According to the Central Bank of Sudan (CBoS) statistics, Sudan's imports of medicine dropped sharply in 2018 after the economic crisis started in the beginning of that year. During January-September 2018, the imports of medicines dropped by 35 per cent compared to the same period of 2017. The level of medicine imports in 2019 remains similar to 2018 and is 34 per cent lower compared to the same period of 2017. The lack of drugs, particularly at primary health clinics, are having a negative impact on treatments available in clinics. This is increasing the pressure on clinics and other health facilities run by NGO partners where medicines and treatment are more easily available.



Number of reported malaria cases in Darfur region of Sudan

FEATURE (12 Dec 2019)

Kassala: Life with hard choices

Eastern Sudan has high humanitarian needs particularly in nutrition, health and protection—mainly child protection and gender-based violence (GBV). Factors behind these needs include economic shocks and long standing under development, which are likely to increasing malnutrition rates in 2020.

Kassala State has the highest levels of food insecurity in eastern Sudan—El Gezira, Gedaref, Kassala, Red Sea, and Sennar states—with more than 400,000 people at crisis levels and 13 per cent of the rural communities have access to safe water. Outbreaks of communicable diseases such as dengue are proliferating. There are acute shortages of basic medicines and health services across the country.

In 2020, at least 9.3 million people in Sudan—nearly a quarter of the population—need humanitarian assistance, up from some 8.5 million in 2019. More people need help because of the economic crisis, which has driven up food prices. It has also disrupted essential services such as health care in all states in eastern Sudan, as well as urban centres such as Khartoum.

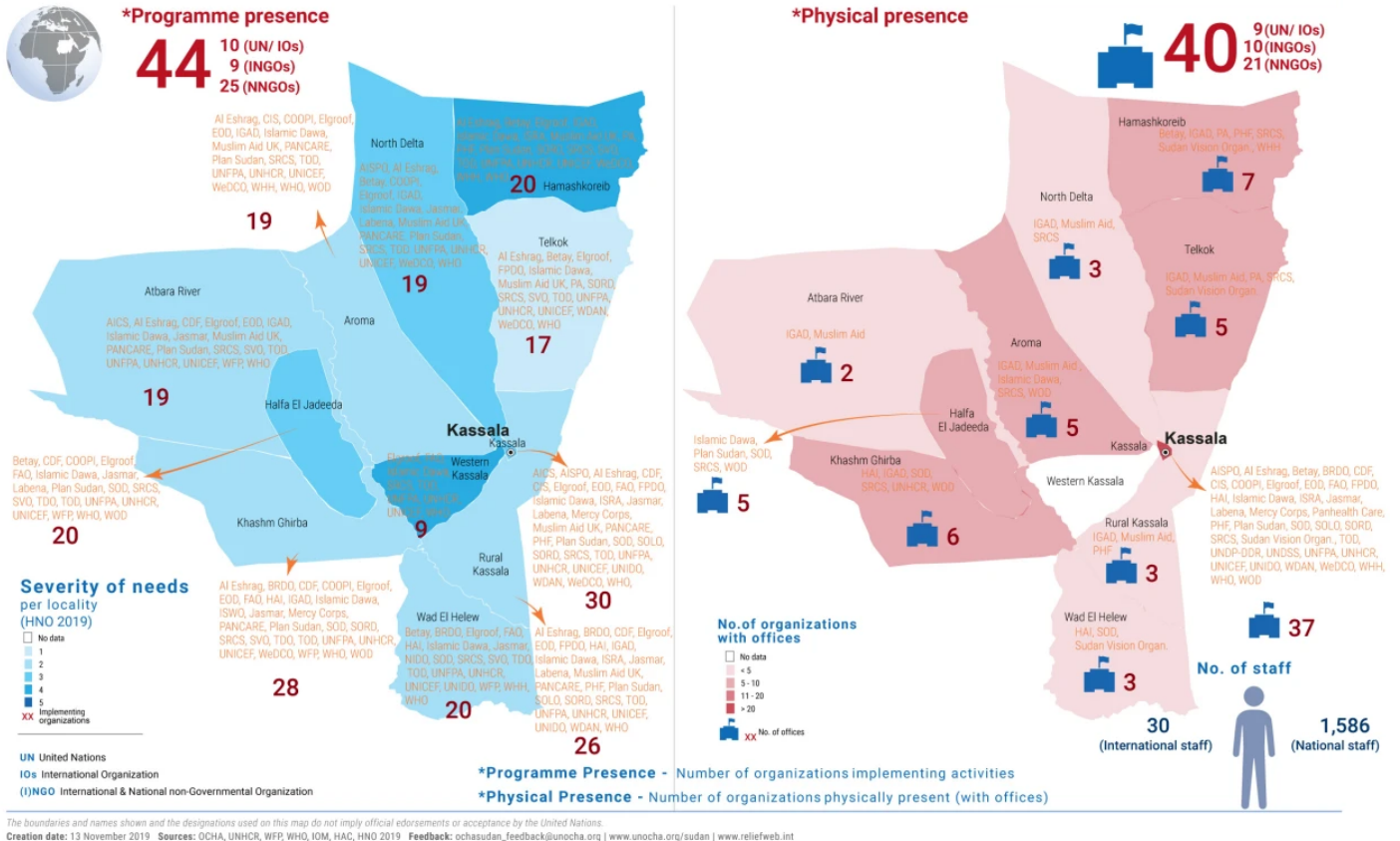
For more information on what is happening in Kassala State go to the exposure story [Kassala, Sudan: Life with hard choices](#).



Ahmed Ali has four children being treated for malnourishment in small clinic funded by the Sudan Humanitarian Fund (SHF) in Kassala. Recurrent droughts in the region and the economic crisis are hampering his capacity to put food on the table for his family.

VISUAL (12 Dec 2019)

Who does what where in Kassala State (November 2019)



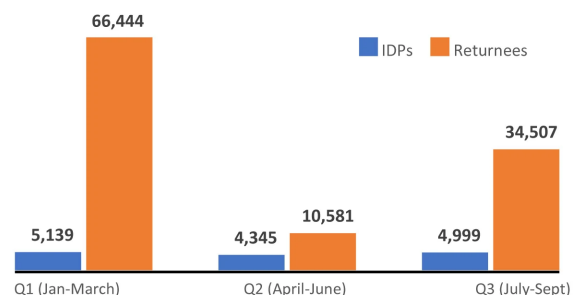
[Click here](#) for a PDF version

FEATURE (5 Dec 2019)

IOM registers 14,500 IDPs and 111,500 returnees across the country in January-September 2019

In the first three quarters of 2019, the International Organization for Migration (IOM) registered 14,500 IDPs and 111,500 returnees in six states in Sudan. The highest number of IDP registrations was in South Darfur (5,800 people) and the highest number of returnees registered was in North Darfur (44,500 people). Returns have been recorded in all Darfur states, most likely due to the improved security, cessation of hostilities and peace-building initiatives of the Government of Sudan and partners.

There are still concerns about services in return areas, which often lack even the most basic of services that can impact the sustainability of these returns. The Government with the assistance of partners will need to ensure that return locations have the necessary basic services, including, protection, water, sanitation, hygiene, health, nutrition and



Registration of IDPs and returnees by quarter

education.

IOM uses the displacement tracking matrix (DTM) system to track and monitor displacement and population movements. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route. It is comprised of four distinct components; namely, mobility tracking, registration, flow monitoring and surveying. Registration data is used for beneficiary selection, vulnerability targeting and programming.

The DTM methodology refers to the following definitions:

- IDPs are considered all Sudanese persons who have been forced or obliged to flee from their habitual residence since 2003 and subsequently sought safety in a different location.
- Returnees are considered all Sudanese persons who were previously displaced from their habitual residence since 2003 and have now voluntarily returned to the location of their habitual residence—irrespective of whether they have returned to their former residence or to another shelter type.

Click here for the IOM Sudan DTM report, Quarter 1 ([January – March](#)) Click here for the IOM Sudan DTM report, Quarter 2 ([April – June](#)) Click here for the IOM Sudan DTM report, Quarter 3 ([July – September](#))

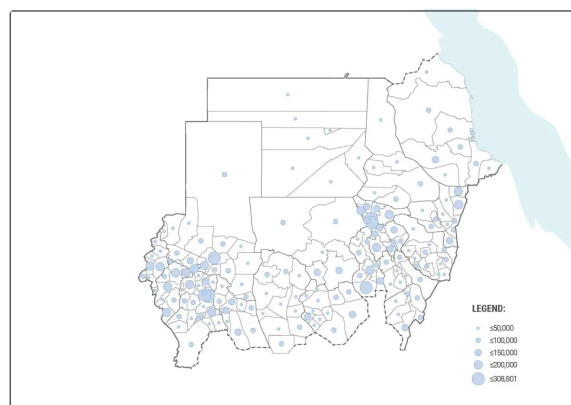
FEATURE (5 Dec 2019)

United Nations asks the world to invest \$29 billion in humanity in 2020

On 4 December, the United Nations Global Humanitarian Overview (GHO) for 2020 was launched in Geneva with simultaneous launches in Berlin, Brussels, London and Washington, D.C. The GHO is the most comprehensive, authoritative and evidence-based assessment of world's humanitarian needs.

In 2020, nearly 168 million people will need humanitarian assistance and protection. This represents one in about 45 people in the world and is the highest figure in decades. The United Nations and partner organizations aim to assist nearly 109 million of the most vulnerable people. This will require funding of US\$29 billion.

In Sudan, 9.3 million people—nearly one in four—will need assistance in 2020, of whom 5 million are targeted to receive humanitarian assistance. The funding needed for these humanitarian interventions is \$1.4 billion. A major factor driving humanitarian needs in Sudan is the economic crisis. High inflation rates—which stands at 58 per cent, and rising prices are diminishing people's ability to cope and contributing to worsening food insecurity. Years of economic stagnation and little investment in already weak public systems have deepened needs across the country including in the central and eastern regions of Sudan. Although initial reports indicate there was a relatively good harvest in 2019, it will not counteract the impact of price inflation. At least 17.7 million people (42 per cent of the population) suffer from some level of food insecurity. About 6.2 million people need food and livelihoods assistance. Malnutrition rates are high across the country – some 2.4 million children are acutely malnourished. *For more information on global humanitarian needs in 2020, click [here](#) for the GHO document*



Estimated people in need by across Sudan in 2020

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>

[About](#)

[Privacy policy](#)

[Copyright notice](#)

