

SUDAN - COMPLEX EMERGENCY

FACT SHEET #3, FISCAL YEAR (FY) 2020

JUNE 5, 2020

NUMBERS AT A GLANCE

9.3 million

People in Need of Humanitarian Assistance in Sudan
UN – May 2020

1.9 million

IDPs in Sudan
UN – May 2020

1.1 million

Refugees and Asylum Seekers in Sudan
UNHCR – May 2020

820,647

South Sudanese Refugees in Sudan
UNHCR – April 2020

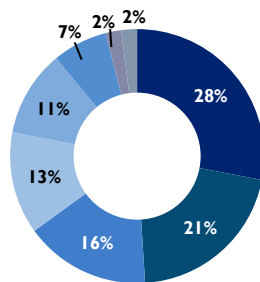
361,428

Sudanese Refugees in Chad
UNHCR – April 2020

278,150

Sudanese Refugees in South Sudan
UNHCR – March 2020

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2020



- Health (28%)
- Water, Sanitation & Hygiene (21%)
- Humanitarian Coordination & Information Management (16%)
- Nutrition (13%)
- Agriculture & Food Security (11%)
- Logistics Support & Relief Commodities (7%)
- Protection (2%)
- Other (2%)

USAID/FFP² FUNDING BY MODALITY IN FY 2020



- U.S. In-Kind Food Aid (65%)
- Food Vouchers (19%)
- Local, Regional, & International Procurement (14%)
- Cash Transfers for Food (2%)
- Complementary Services (<1%)

HIGHLIGHTS

- Relief actors launch and adjust programs to mitigate COVID-19 risks to violence-affected and displaced populations
- USG contributes more than \$4.5 million for COVID-19 response efforts in Sudan
- Nearly 44,000 previously inaccessible IDPs identified for humanitarian assistance in West Darfur

HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2020³

USAID/OFDA	\$37,211,826
USAID/FFP	\$226,883,288
State/PRM ⁴	\$11,241,000
Total	\$275,336,114

KEY DEVELOPMENTS

- Relief actors have expressed concern about the humanitarian access impacts of measures to slow the spread of coronavirus disease (COVID-19) in Sudan, including border closures and restrictions on passenger flights, as non-governmental organization (NGO) staff face increased, related challenges reaching populations in need of assistance.
- To date in FY 2020, State/PRM and USAID/OFDA have contributed more than \$4.5 million in Supplemental COVID-19 funding to NGO and UN partners working to mitigate the spread of the disease in Sudan, including in refugee and internally displaced person (IDP) camps. U.S. Government (USG) partners are conducting dedicated health, hygiene, and risk communication activities to bolster preparedness and response capacity in Sudan.

¹ Total USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) funding for the complex emergency in Sudan does not include support for the ongoing desert locust response. For additional information regarding the desert locust response in Sudan, please refer to the latest USAID Bureau for Democracy, Conflict, and Humanitarian Assistance (USAID/DCHA) East Africa Desert Locust Crisis Fact Sheet.

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

³ This total includes USG funding for COVID-19 preparedness.

⁴ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM). State/PRM funding includes assistance to refugees residing in Sudan, which is also reported in the USAID/DCHA South Sudan fact sheet as part of the South Sudan regional response.

COVID-19 PREPAREDNESS AND RESPONSE

- As of June 4, the Government of Sudan (GoS) Federal Ministry of Health (FMoH) had confirmed 5,499 cases of COVID-19 in Sudan, including 314 deaths with a case fatality rate of 5.7 percent. While four laboratory facilities across Sudan are functioning, including a laboratory recently opened in South Darfur State's Nyala city, testing levels remain low, which could indicate that the spread of COVID-19 is greater than known by health actors.
- COVID-19 response activities are ongoing in most affected areas of Sudan, the UN World Health Organization (WHO) reports. The UN agency is supporting case management, health worker training, and the distribution of medical supplies and personal protective equipment in coordination with the FMoH, Médecins Sans Frontières, the UN Children's Fund (UNICEF), and other partners.
- USAID partner UNICEF notes that effective risk communication and community engagement remains critical to mitigating the spread of COVID-19 in Sudan, as many people have avoided seeking treatment at health facilities due to fears of being stigmatized by community members. To improve COVID-19 awareness and dispel misconceptions about the disease, the UN agency continues to support risk communication and community engagement campaigns through mass media. As of May 29, UNICEF and public health partners had disseminated critical COVID-19 prevention information to nearly 25.8 million people per day through SMS messages; approximately 60 percent of Sudan's population also has ongoing access to COVID-19 prevention and response messaging broadcast through government-owned and private television and radio channels.
- With \$850,000 in USAID/OFDA Supplemental COVID-19 funding, an NGO implementing partner is scaling up health and water, sanitation, and hygiene (WASH) assistance to improve COVID-19 preparedness in East Darfur and South Darfur states. The organization is supporting local health facilities to establish COVID-19 screening points, hand washing stations, and temporary isolation units, in addition to enhancing health care referral mechanisms and strengthening infection prevention and control protocols. As part of a total May 29 pledge of \$20.3 million in COVID-19-related humanitarian assistance for Sudan, USAID/OFDA also recently committed \$400,000 to the UN Office for the Coordination of Humanitarian Affairs (OCHA) and \$1,200,000 to the UN World Food Program (WFP) for humanitarian coordination and logistics support activities, respectively.
- Meanwhile, the Office of the UN High Commissioner for Refugees (UNHCR), with support from State/PRM, is preparing contingency plans—including improving early COVID-19 case identification and establishing isolation units—to protect refugees against a potential spread of COVID-19 to Sudan's refugee camps. The UN agency has also increased relief commodity distributions and physical distancing measures to mitigate transmission risk among IDPs, refugees, and humanitarian workers, coordinating with partner the Sudanese Red Crescent to decrease the number of beneficiaries present at each distribution by 50 percent since March. Since January, UNHCR and its partners have distributed relief commodities—including blankets, kitchen sets, and sleeping mats—to nearly 50,000 IDPs in West Darfur State alone.

HUMANITARIAN ACCESS AND PROTECTION

- The continued closure of Sudan's airports to international and domestic passenger flights in an effort to mitigate the spread of COVID-19—extended through at least June 18—has impacted the ability of humanitarian organizations to scale up the COVID-19 response, according to the UN. Limited UN Humanitarian Air Service operations resumed in early May, with cargo deliveries to field locations and some movement of passengers from field locations to Sudan's capital city of Khartoum. However, limitations on staff movements into Sudan and from Khartoum to field locations had severely impacted humanitarian operations as of June 3.
- International travel restrictions, likewise implemented in response to the COVID-19 pandemic, have disrupted WHO's primary supply of essential medicines into Sudan, the UN agency reports. With FY 2019 USAID/OFDA funding, WHO provides implementing partners with medicines for 400,000 people across Sudan each month. As of late April, the UN agency's available stock was sufficient to meet related needs for three months; however, international NGOs estimated they would deplete their stocks within five to eight weeks without WHO replenishment. Recurrent disease outbreaks through late 2019 had partially exhausted WHO's contingency stock of health supplies, while the FMoH and

many NGOs lacked contingency stocks as of early May. In response, WHO requested an urgent delivery of medical supplies from the United Arab Emirates, which arrived in Sudan in May.

INSECURITY AND DISPLACEMENT

- Intercommunal violence in parts of Sudan has endangered civilians and humanitarian personnel in recent weeks, with armed clashes resulting in civilian deaths and population displacement, relief actors report. On May 13, armed clashes at a local market in South Kordofan State’s capital city of Kadugli—where escalating tensions have heightened insecurity since early April—resulted in more than 25 deaths, nearly 20 injuries, and fire damage to several dwellings, prompting local authorities to impose a three-day curfew and implement reinforced COVID-19 lockdown measures in the area, according to international and local media. Additionally, intercommunal violence in and around South Darfur’s Rumali town resulted in at least 30 civilian deaths and more than 10 injuries on May 6, international media report. Following the clashes, South Darfur authorities imposed a curfew and deployed armed forces to address the violence in the area.
 - In late April, the International Organization for Migration (IOM) collected data on displaced populations from more than 40 previously inaccessible villages in West Darfur’s El Geneina locality and five IDP sites outside the area. The IOM teams identified an additional 18,500 displaced individuals in 18 villages and nearly 25,000 IDPs sheltering in two of the surrounding sites, all of whom had fled intercommunal violence in El Geneina from December to January.
 - USAID/OFDA partner Concern Worldwide and the NGO’s implementing partners in West Darfur continue to provide emergency WASH assistance—including latrine construction, hand washing station installation, hygiene promotion training, and hygiene kit distribution—to populations displaced by the late 2019 violence in El Geneina. More than 8,700 people remained displaced within El Geneina town and previously assessed nearby areas as of May 13, according to IOM. The IDP population in El Geneina has decreased by 82 percent since mid-January, when nearly 48,900 IDPs were sheltering in the town. IDPs with dwellings unaffected by the prior violence are continuing to return to areas of origin.
 - Separately, State/PRM partner UNHCR continues to assist refugees sheltering in Sudan, supporting approximately 1,200 Central African refugees in relocating from South Darfur’s Umm Dafoq town to a site in the state’s Al Mashaga town in early May. UNHCR provided the refugees with relief commodities and shelter supplies upon arrival. Intercommunal violence has prompted refugees to flee to Umm Dafoq from the Central African Republic since October 2019. Relocations to the Al Mashaga site—which has a reliable water supply, is located closer to health facilities, and is more accessible to humanitarian actors during the June-to-September rainy season—are intended to improve refugees’ access to basic services and relief assistance.
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FOOD SECURITY AND NUTRITION

- A combination of high staple food prices and reduced household purchasing power due to COVID-19-related economic and movement restrictions will likely result in an increased numbers of people experiencing Crisis—IPC 3— or worse levels of acute food insecurity through the June-to-September lean season, according to the Famine Early Warning Systems Network (FEWS NET).⁵ During this period, Emergency—IPC 4—outcomes are expected in parts of Kassala and Red Sea states, as well as among IDPs in conflict-affected areas of Jebel Marra—a mountainous region encompassing parts of Central Darfur, North Darfur, and South Darfur states—and areas of South Kordofan controlled by the Sudan People’s Liberation Movement-North.
- In addition, restrictions on population movement and economic activities due to COVID-19 are disrupting market supplies, contributing to elevated staple food prices in Sudan. Prices for millet, sorghum, and wheat increased by 20 to 50 percent between April and May, reaching double the 2019 prices and four times the five-year average, FEWS NET reports.

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

- According to a countrywide interagency nutrition analysis, the prevalence of global acute malnutrition (GAM) in children ages five years and younger in Sudan was 14.1 percent in 2019—exceeding the WHO emergency threshold of 10 percent—and has declined only marginally since 2006. The analysis indicates that GAM prevalence is exceptionally high in seven states, particularly in North Darfur, Northern, Red Sea, and River Nile, indicating that children are experiencing short-term nutritional deficiency that puts their development and survival at risk.
- Overall, lack of access to and availability of agricultural land, low crop yields, lack of equipment, and limited access to capital are contributing to chronic food insecurity among households in Sudan, factors that also limit households’ ability to consume a well-balanced diet with sufficient nutrients, according to the interagency analysis. The assessment also reiterates that poor availability and quality of health and hygiene services, including potable water sources and sanitation facilities, are contributing to the continued prevalence of acute malnutrition in children. Several USAID/OFDA partners in Sudan—including GOAL, Relief International, and Save the Children Federation in North Darfur—continue to provide services to support maternal and child health, including the management of acute malnutrition.
- From January to March, USAID/FFP partner UNICEF treated nearly 35,000 children ages five years and younger for severe acute malnutrition in conflict-affected areas of Sudan. Additionally, UNICEF implemented COVID-19 prevention guidelines, adapted from the UN agency’s global COVID-19 response procedures, for the community-based management of acute malnutrition and infant and young child feeding counseling to minimize beneficiaries’ potential COVID-19 exposure during specialized nutrition product distributions.
- With nearly \$190 million in FY 2020 funding to date, USAID/FFP partner WFP also continues to respond to acute food needs across Sudan, reaching approximately 1.5 million people with emergency food and nutrition assistance in April through the distribution of approximately \$6 million in cash-based assistance and nearly 18,000 metric tons (MT) of in-kind food aid. To mitigate the risk of coronavirus transmission, WFP conducted double distributions to reduce frequency of contact among beneficiaries and implemented other COVID-19 prevention measures, including physical distancing and the installation of hand washing facilities at distribution sites.

CONTEXT

- Ongoing conflict, protracted displacement, and climatic events in Sudan have disrupted livelihood activities and impeded access to natural resources and basic services. Fighting among the Sudanese Armed Forces, armed opposition groups, militias, and ethnic groups in Blue Nile and South Kordofan states, Darfur, and Abyei Area has resulted in food, health, nutrition, protection, shelter, and WASH needs.
- In April 2019, a civilian uprising grew out of protests against high prices for bread, fuel shortages, and other economic issues. On April 11, Sudanese military officials overthrew President Omar al-Bashir in support of a popular revolution, and subsequent political uncertainty contributed to heightened humanitarian security and protection concerns. In August, a signed constitutional declaration laid out arrangements for a civilian-led transitional government for a 39-month period, with Abdalla Hamdok appointed as Prime Minister.
- Conflict and food insecurity in neighboring South Sudan continues to fuel an influx of South Sudanese refugees into Sudan, placing further constraints on GoS and host community resources. The UN estimates that 9.3 million people require humanitarian assistance in Sudan in 2020, with approximately \$1.4 billion required during the year to provide life-saving assistance to the most vulnerable people in the country.
- Insecurity, access restrictions, limited funding, and bureaucratic impediments limit relief agencies’ ability to respond to humanitarian and recovery needs in Sudan. Despite humanitarian access improvements since 2016, particularly in Jebel Marra, relief agencies continue to face a challenging operational environment in Sudan.
- On October 24, 2019, U.S. Chargé d’Affaires Brian Shukan renewed the disaster declaration for the complex emergency in Sudan for FY 2020. The U.S. Mission in Sudan has declared disasters due to the complex emergency annually since 1987.

USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2020¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING FOR THE SUDAN COMPLEX EMERGENCY RESPONSE			
USAID/OFDA			
NGO and International Organization Partners ²	Agriculture and Food Security; Humanitarian Policy, Studies, Analysis, or Applications; Nutrition; Risk Management Policy and Practice	Darfur-wide	\$2,227,537
UN Department of Safety and Security	Humanitarian Coordination and Information Management (HCIM)	Darfur-wide	\$700,000
UN Development Program	HCIM	Abyei	\$380,000
UN Food and Agriculture Organization	Agriculture and Food Security, HCIM	Countrywide	\$2,800,000
UN Mine Action Service	Protection	Blue Nile, Central Darfur, South Kordofan	\$1,500,000
OCHA	HCIM	Countrywide	\$2,500,000
UNICEF	Health, Nutrition, Protection, WASH	Countrywide	\$12,000,000
WFP	Logistics Support	Countrywide	\$8,900,000
WHO	Health, HCIM, Nutrition, WASH	Countrywide	\$3,000,000
	Program Support		\$4,289
TOTAL USAID/OFDA FUNDING			\$34,011,826
USAID/FFP³			
Catholic Relief Services (CRS)	Food Vouchers, Complementary Services	Darfur-wide	\$4,742,526
UNICEF	250 MT in Local, Regional, and International Food Procurement, Complementary Services, Cash Transfers, 1,680 MT in U.S. In-Kind Assistance	Countrywide	\$9,491,600
WFP and Implementing Partners	155,370 MT in U.S. In-Kind Assistance, 20,807 MT in Local, Regional, and International Food Procurement, Cash Transfers, Complimentary Services, Food Vouchers	Countrywide	\$212,649,162
TOTAL USAID/FFP FUNDING			\$226,883,288
STATE/PRM			
UNHCR	Multi-Sector Assistance	Countrywide	\$9,900,000
TOTAL USAID/PRM FUNDING			\$9,900,000
TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN COMPLEX EMERGENCY RESPONSE IN FY 2020			\$270,795,114

FUNDING IN SUDAN FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE			
USAID/OFDA			
NGO and International Organization Partners ²	Health, WASH	East Dufur, South Darfur	\$1,600,000
OCHA	HCIM	Countrywide	\$400,000
WFP	Logistics Support	Countrywide	\$1,200,000
TOTAL USAID/OFDA FUNDING			\$3,200,000
STATE/PRM			
International Committee of Red Cross	Health	Countrywide	\$670,000
UNHCR	Health	Countrywide	\$671,000
TOTAL USAID/PRM FUNDING			\$1,341,000
TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN COVID-19 RESPONSE IN FY 2020			\$4,541,000

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly reported amounts as of June 5, 2020.

² USAID/OFDA funding in FY 2020 supports the following NGO partners in Sudan: American Refugee Committee, CRS, and GOAL.

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

PUBLIC DONATION INFORMATION

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

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

More information can be found at:

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