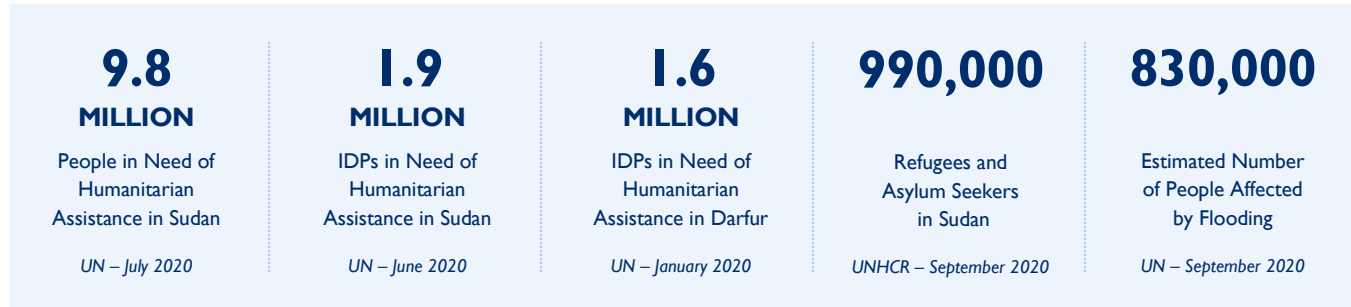


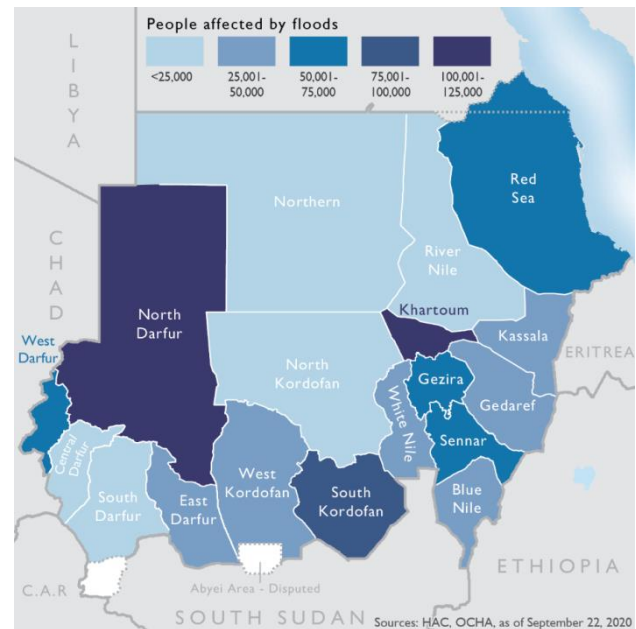
# Sudan – Complex Emergency

September 30, 2020

## SITUATION AT A GLANCE



- Widespread flooding resulting from heavy rainfall since mid-July had resulted in the deaths of more than 120 people, adversely affected more than 830,000 people, and destroyed or damaged 166,000 houses across Sudan as of September 24.
- Food assistance needs in Sudan are expected to remain atypically high through at least January 2021 due to multiple factors, including the ongoing macroeconomic crisis, elevated food prices, the impact of COVID-19 mitigation measures on livelihoods, and flooding.
- The GoS and partners have initiated a poliovirus immunization campaign, following the August 8 declaration of Sudan’s first polio outbreak in more than a decade.



<b>TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING</b> For the Sudan Response in FY 2020	USAID/BHA <sup>1,2</sup>	<b>\$354,301,841</b>
	State/PRM <sup>3</sup>	<b>\$82,299,533</b>
<b>Total</b>		<b>\$436,601,374<sup>4</sup></b>

*For complete funding breakdown with partners, see detailed chart on page 6*

<sup>1</sup> USAID’s Bureau for Humanitarian Assistance (USAID/BHA)

<sup>2</sup> Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance and emergency food assistance from the former Office of Food for Peace.

<sup>3</sup> U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

<sup>4</sup> This total includes approximately \$32,221,000 in supplemental funding through USAID/BHA and State/PRM for COVID-19 preparedness and response activities.

## KEY DEVELOPMENTS

### Widespread Flooding Exacerbates Humanitarian Needs Across Sudan

Above-average rainfall and resultant flooding since mid-July had resulted in more than 120 deaths, adversely affected nearly 830,000 people, including approximately 125,000 internally displaced persons (IDPs) and refugees, and damaged or destroyed nearly 166,000 houses across Sudan as of September 24, according to the Government of Sudan (GoS) Humanitarian Aid Commission (HAC). The flooding—the worst in Sudan in more than 100 years—has damaged critical infrastructure countrywide, including more than 3,400 health facilities, 15,900 latrines, 420 schools, and 360 shops and warehouses. Standing water and flood-related damage to health facilities has increased vector- and waterborne disease risks for flood-affected populations, while simultaneously hampering efforts to contain ongoing outbreaks of coronavirus disease (COVID-19) and polio. Populations in Blue Nile, Khartoum, North Darfur, West Darfur, and Sennar states are among the most heavily affected, accounting for 54 percent of the flood-affected population countrywide, as of late September. In response to the flooding, the GoS activated a Flood Task Force in July to support the coordination of relief efforts, and declared a nationwide State of Emergency on September 4 to mobilize additional flood-response resources. Further, the GoS Ministry of Social Development and Labor activated a Flood Emergency Operations Center on September 20 to coordinate flood-response communications, logistics, operations, and planning for five weeks.

Relief supplies that humanitarian actors had pre-positioned in Sudan ahead of the rainy season to support up to 250,000 people in the event of flooding were largely depleted as of late September, according to the UN. To support ongoing flood response efforts, USAID/BHA, in coordination with the International Organization for Migration (IOM), airlifted more than 155 metric tons (MT) of critical relief supplies—including blankets, water containers, and plastic sheeting sufficient to provide emergency shelter for 75,000 people—to the capital city of Khartoum between September 19 and 21. The UN and non-governmental organizations (NGOs) had reached more than 400,000 flood-affected people with water, sanitation, and hygiene (WASH) support as of September 27, according to the UN. As of mid-September, USAID/BHA partner the UN World Food Program (WFP) had reached more than 46,000 flood-affected individuals with emergency food assistance in Sudan. Relief actors have also provided shelter and non-food items to approximately 150,000 people, as well as health services to more than 200,000 people.

### Food Assistance Needs to Remain High Through at Least January 2021

Food assistance needs in Sudan are expected to remain atypically high through at least January 2021, driven by high staple food prices, an ongoing macroeconomic crisis, continued flooding, and the impact of COVID-19 containment measures on household access to markets and livelihoods options, according to recent food security analyses. An estimated 9.6 million people in Sudan were experiencing Crisis—IPC 3—or worse levels of acute food insecurity between June and September, according to a July IPC analysis, the highest food-insecure population estimate in Sudan since IPC analyses began in the country in 2007.<sup>5</sup>

Staple food prices in Sudan have more than doubled since September 2019, and prices are now more than five times greater than the five-year average, according to the Famine Early Warning Systems Network (FEWS NET). Meanwhile, the Sudanese pound (SDG) continues to depreciate—reaching a rate of 270 SDG per U.S. dollar (USD) in mid-September compared to 170 SDG per USD in June—while inflation reached

<sup>5</sup> The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and times, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.

nearly 167 percent in August, up from approximately 144 percent in July, further eroding household purchasing power. Heavy rainfall and flooding had inundated approximately 5.5 million acres of agricultural land and led to more than 108,000 livestock deaths as of September, according to the UN Food and Agriculture Organization, further limiting access to food and income for affected households. Although the recent easing of some COVID-19-related movement restrictions will likely improve access to income-earning opportunities and food for some poor urban households, other related restrictions—including limited availability of public transportation and ongoing curfews—will continue to adversely impact livelihoods.

### **GoS Eases COVID-19 Movement Restrictions; Vulnerabilities Remain**

The GoS began to ease some COVID-19-related movement restrictions in August amidst declining weekly COVID-19 caseloads, and had lifted the curfew in Khartoum, authorized resumption of interstate travel, and reopened government offices with limited staffing as of mid-September. Additionally, Khartoum International Airport had resumed domestic and international flights as of August 14. The UN World Health Organization (WHO) had confirmed more than 13,600 cases of COVID-19, including 836 related deaths, in Sudan as of September 30; however, the scale of the outbreak is likely much higher due to limited testing capacity in the country. Health actors have noted the likelihood of undetected cases and remain concerned regarding community spread of the disease, particularly in states exhibiting high case fatality rates. Although 70 percent of confirmed cases are in Khartoum, more than 60 percent of COVID-19-related deaths have occurred outside of the state, the UN reports. In addition, more than 80 percent of Sudan's population does not have access to a working health center within two hours of their home, and health clinic closures during the outbreak have further limited access to health care and placed additional stress on the already weak health system.

### **Polio Immunization Campaign to Reach 8.6 Million Amidst Outbreak**

Between early March and September 21, the GoS Federal Ministry of Health (FMoH) confirmed 23 cases of vaccine-derived poliovirus type 2 (cVDPV2)—a strain mutated from the weakened virus contained in oral polio vaccine (OPV) that can occur in under-immunized populations—in 11 states across the country. The FMoH declared a national public health emergency on August 8, and in response, health actors launched an accelerated, routine immunization campaign on August 26, utilizing the inactivated poliovirus vaccination. Additionally, the FMoH—with support from the UN Children's Fund (UNICEF) and WHO—plans to reach approximately 8.6 million children with a national supplementary immunization campaign utilizing the OPV, scheduled to begin on October 4. The FMoH has also bolstered national cVDPV2 surveillance efforts and coordinated with neighboring countries to strengthen the regional cVDPV2 response in recent weeks. However, the widespread flooding in Sudan has challenged current surveillance efforts and increased the risk of cVDPV2 transmission.

### **Insecurity Increases Assistance Needs in Darfur, Kassala, and Red Sea**

Ongoing insecurity incidents in Kassala and Red Sea states, as well as across Darfur, have resulted in deaths, prompted displacement, and generated humanitarian needs for affected populations. Jebel Marra—a mountainous region comprising parts of Central Darfur, North Darfur, and South Darfur states—experienced 48 armed clashes from June to September, according to the African Union–UN Hybrid Mission in Darfur. Intercommunal clashes in July displaced 13,300 people in South Darfur's Kass locality, as well as nearly 13,000 people in West Darfur in August, according to IOM. In Port Sudan city and other localities of Red Sea, intercommunal violence resulted in at least 32 deaths and 90 injuries between August 9 and August 13, according to the UN, while the Kassala State Government declared a State of Emergency—including movement restrictions that inhibited humanitarian access—from August 26 to 28 following intercommunal clashes on July 22. Populations displaced by violence require shelter,

protection, and WASH support, while insecurity and related prevention measures have limited the movements of humanitarian actors, disrupting the overall humanitarian response.

## GoS Reaches Peace Deal With Armed Groups After Months of Negotiations

The GoS signed a peace agreement with the Sudan Revolutionary Front—a coalition of non-state armed groups, including the Justice and Equality Movement, Sudan Liberation Army-Minni Minnawi, and the Sudan People’s Liberation Movement-North (SPLM-N)’s Malik Agar faction—in Juba, South Sudan, on August 31, following 10 months of negotiations. The peace agreement seeks to end 17 years of conflict in Darfur and southern regions of South Kordofan and Blue Nile states, and addresses issues related to land ownership, power sharing, security, and transitional justice. The Sudan Liberation Movement and the SPLM-N’s Al Hilu faction did not participate in the peace process. However, SPLM-N’s Al Hilu faction and Sudanese Prime Minister Abdalla Hamdook reached a separate, preliminary agreement in Ethiopia’s capital city of Addis Ababa on September 3.

### KEY FIGURES



**2.2 Million**

People supported monthly with emergency food assistance



**\$37.3 Million**

In dedicated USAID/BHA support for life-saving health care programming



**\$21.5 Million**

In dedicated USG support for WASH programming

## U.S. GOVERNMENT RESPONSE

### FOOD SECURITY

USAID/BHA supports UNICEF, WFP, and three other partners to provide emergency food assistance to people experiencing acute food insecurity in Sudan, primarily through cash transfers for food and U.S.-sourced cereals, pulses, and vegetable oil. With more than \$238 million in FY 2020 funding, in addition to other donor support, USG partners reach more than 2.2 million people per month in Sudan with food assistance, including up to 1.7 million IDPs and nearly 290,000 refugees.

### HEALTH

USAID/BHA supports IOM, UNICEF, WHO, and 11 international NGOs to provide life-saving health care across Sudan. USAID/BHA provides medical supplies, supports health facilities, and trains community health workers to support critical health needs, as well as COVID-19 response efforts. In addition, USAID/BHA NGO partners and State/PRM partners—including the Office of the UN High Commissioner for Refugees (UNHCR)—support essential health interventions for IDPs and other vulnerable populations in Sudan.

### WASH

State/PRM and USAID/BHA support WASH programming throughout Sudan to prevent and contain communicable disease outbreaks, including polio and COVID-19, as well as to prevent acute malnutrition in children, pregnant and lactating women, and other vulnerable people. State/PRM and USAID/BHA funding supports partners to provide emergency WASH support for conflict-affected populations, as well as hygiene awareness sessions and safe drinking water to other populations in need.



16

Number of USG implementing partners supporting programming to combat malnutrition

## NUTRITION

USAID/BHA supports partners on the forefront of efforts to prevent, identify, and treat acute malnutrition through the implementation of multi-sector integrated intervention approaches—including health and WASH, as well as agriculture and food security. Nutritional programming supports community- and evidence-based management of malnutrition by focusing on children and pregnant and lactating women in particular and supporting nutrition education.



155

Number of metric tons of relief supplies airlifted to Sudan for emergency flood response with USG support

## SHELTER AND RELIEF COMMODITIES

State/PRM and USAID/BHA support efforts to provide the most vulnerable households in Sudan with emergency relief supplies, such as shelter materials and basic household items. In early September, State/PRM partner UNHCR provided emergency relief supplies to over 170,000 flood-affected individuals across 12 of Sudan's 18 states. Between September 19 and 21, USAID/BHA, in coordination with IOM, airlifted more than 155 MT of critical relief supplies—including blankets, water containers, and plastic sheeting sufficient to provide emergency shelter for 75,000 people—to Khartoum to support ongoing flood-response activities.

## CONTEXT IN BRIEF

- 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 9.8 million people require humanitarian assistance in Sudan in 2020, with nearly \$1.6 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 2020<sup>1</sup>**

<b>IMPLEMENTING PARTNER</b>	<b>ACTIVITY</b>	<b>LOCATION</b>	<b>AMOUNT</b>
<b>FUNDING IN SUDAN FOR COMPLEX EMERGENCY</b>			
<b>USAID/BHA</b>			
Non-Food Assistance			
Implementing Partners <sup>2</sup>	Agriculture and Food Security; Economic Recovery and Market Systems; Health; Humanitarian Coordination, Information Management and Assessments; Humanitarian Policy, Studies, Analysis, or Applications; Multipurpose Cash Assistance; Nutrition; Risk Management Policy and Practice; Water, Sanitation, and Hygiene	Countrywide	\$42,042,537
International Organization for Migration (IOM)	Health, HCIM, Protection, Shelter and Settlements, WASH	Countrywide	\$7,000,000
UN Department of Safety and Security (UNDSS)	HCIM	Darfur-wide	\$700,000
UN Development Program (UNDP)	HCIM	Abyei	\$380,000
UN Food and Agriculture Organization (FAO) <sup>3</sup>	Agriculture and Food Security, HCIM	Countrywide	\$3,798,674
UN Mine Action Service (UNMAS)	Protection	Blue Nile, Central Darfur, South Kordofan	\$1,500,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Countrywide	\$2,500,000
UN Children's Fund (UNICEF)	Health, Nutrition, Protection, WASH	Countrywide	\$17,000,000
UN World Food Program (WFP)	Logistics Support	Countrywide	\$8,900,000
World Health Organization (WHO)	Health, HCIM, Nutrition, WASH	Countrywide	\$3,000,000
	Logistics Support and Relief Commodities		\$538,000
	Program Support		\$4,289
<b>TOTAL NON-FOOD ASSISTANCE FUNDING</b>			<b>\$87,363,500</b>
Food Assistance			
Catholic Relief Services (CRS)	Cash Transfers; Food Vouchers; Local, Regional, and International Food Procurement (LRIP); Complementary Services	Darfur-wide	\$4,968,476
Implementing Partners	Cash Transfers; 1,730 MT in LRIP; Nutrition; Program Support	Countrywide	\$26,486,008
UNICEF	250 MT in LRIP	Blue Nile, Central Darfur, East Darfur, Gedaref, Kassala, North Darfur, North Kordofan, Red Sea, Sinnar, South Darfur, South Kordofan, West Darfur, West Kordofan, White Nile	\$1,500,000
	1,680 MT in U.S. In-Kind Food Assistance (USIK)		\$7,991,600
WFP	Cash Transfers, Food Vouchers, 10,947 MT in LRIP	Countrywide	\$58,800,000
	155,370 MT in USIK		\$139,192,257
<b>TOTAL FOOD ASSISTANCE FUNDING</b>			<b>\$238,938,341</b>
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$326,301,841</b>

STATE/PRM			
Office of the UN High Commissioner for Refugees (UNHCR)	Multi-sector Assistance	Countrywide	\$69,300,000
UNICEF	Multi-sector Assistance	Countrywide	\$7,800,000
International Organization for Migration (IOM)	Multi-sector Assistance	Countrywide	\$978,533
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$78,078,533</b>
<b>TOTAL USG FUNDING FOR COMPLEX EMERGENCY IN SUDAN IN FY 2020</b>			<b>\$404,380,374</b>

FUNDING IN SUDAN FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE <sup>4</sup>			
USAID/BHA			
Non-Food Assistance			
Implementing Partners	Health, MPCA, WASH	Countrywide	\$7,199,864
IOM	ERMS, HCIM, Health, Protection, WASH	Countrywide	\$4,500,000
OCHA	HCIM	Countrywide	\$400,000
UNICEF	Health, Nutrition, WASH	Countrywide	\$7,200,000
WFP	Logistics Support	Countrywide	\$1,700,000
<b>TOTAL NON-FOOD ASSISTANCE FUNDING</b>			<b>\$20,999,864</b>
Food Assistance			
Implementing Partners	Cash Transfers	Countrywide	\$400,000
CRS	Complementary Services, Food Vouchers	Darfur-wide	\$3,600,000
WFP	Food Vouchers	Countrywide	\$3,000,136
<b>TOTAL FOOD ASSISTANCE FUNDING</b>			<b>\$7,000,136</b>
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$28,000,000</b>
STATE/PRM			
International Committee of the Red Cross	Health	Countrywide	\$850,000
UNHCR	Health	Countrywide	\$3,371,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$4,221,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR COVID-19 OUTBREAK PREPAREDNESS &amp; RESPONSE IN SUDAN IN FY 2020</b>			<b>\$32,221,000</b>
<b>TOTAL USAID/BHA FUNDING FOR THE SUDAN RESPONSE IN FY 2020</b>			<b>\$354,301,841</b>
<b>TOTAL State/PRM FUNDING FOR THE SUDAN RESPONSE IN FY 2020</b>			<b>\$82,299,533</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2020</b>			<b>\$436,601,374</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2020.

<sup>2</sup> USAID USAID/BHA funding in FY 2020 supports the following NGO partners in Sudan: ADRA, ARC, CARE, Concern, CRS, GOAL, IMC, Norwegian Church Aid, Relief International, SCF, War Child Canada, World Vision, Inc. (USA), WRI, and iMMAP.

<sup>3</sup> Humanitarian funding for the complex emergency in Sudan includes \$998,674 for the ongoing desert locust response. For additional information regarding the Sudan desert locust response, please refer to the USAID/BHA East Africa Desert Locust Crisis Fact Sheet.

<sup>4</sup> Figures represent supplemental International Disaster Assistance (IDA) and Migration and Refugee Assistance (MRA) funding committed for COVID-19 preparedness and response activities as of September 30, 2020.

## 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 [interaction.org](https://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: [cidi.org](https://www.cidi.org)
  - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)