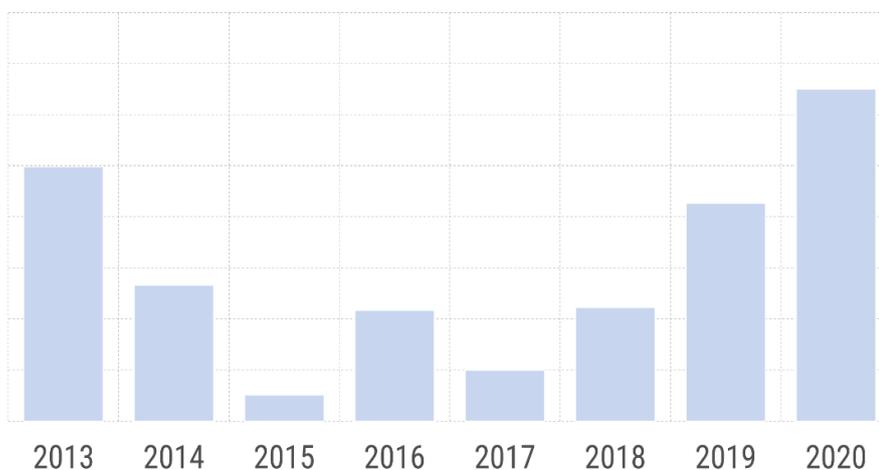


HIGHLIGHTS

- Heavy rainfall has intensified in Sudan over the past week, causing more flooding, displacement and deaths, and leading the Government to declare a three-month State of Emergency in the country.
- 650,000 people have been affected since the start of the rains in mid-July, more than 110,000 in the first week of September alone, according to the Government's Humanitarian Aid Commission.
- Thousands of people are displaced, and many are sheltering in schools, creating further challenges for the Government and teachers just before schools are set to reopen
- Government and humanitarians have been assisting 200,000 people in all areas affected but the unprecedented flooding has surpassed the forecast and partners are running out of supplies to continue the response.
- The situation could deteriorate over the coming days, as heavy rains forecast in Ethiopia and several parts of Sudan will likely cause the further increase of water levels in the Blue Nile, leading to more flooding and destruction.
- As shown in the graph below, more people are affected by floods this year than in the past seven years.

PEOPLE AFFECTED BY FLOODS (2013 - 2020)

497,950 266,000 51,310 216,644 99,735 222,257 426,300 650,030*



* As of September 2020

Situation Overview

Heavy rains and floods continue

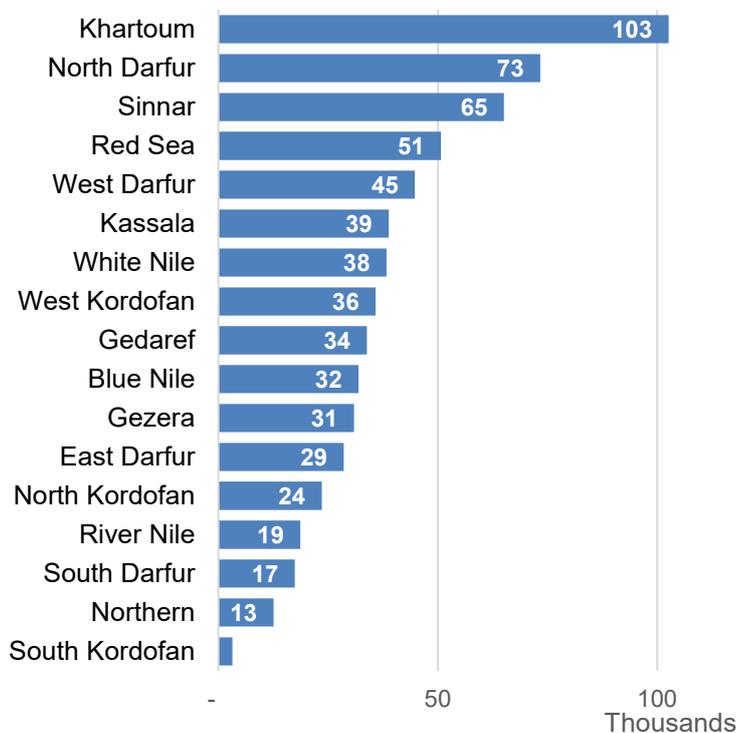
Torrential rains and flooding affect an increasing number of people and are causing more destruction across Sudan, according to the Humanitarian Aid Commission (HAC).

On 13 September, HAC reported that 650,000 people had been affected by floods in 17 out of Sudan's 18 states. More than 111,000 houses were either destroyed or damaged. Floods also destroyed 1,700 ha of agricultural land, 179 public facilities (schools, health centres, and government offices), 359 shops and warehouses, and killed 5,500 head of livestock. Approximately 43 per cent of all people affected are in Khartoum, North Darfur, and Sennar states. HAC warned that more flood-related damages are anticipated in the coming few days in River Nile and Northern states.

The most urgent needs are shelter, non-food items, and WASH services. Readiness to respond to health outbreaks as a result of floods and vector borne diseases is urgent. More than 170,000 flood-affected Sudanese people and refugees are receiving non-food items in Darfur.

Ahead of the rainy season, stocks were pre-positioned to facilitate aid delivery. Stocks were prepositioned for a full range of humanitarian response activities - not only for potential flood response - for 250,000 people. This number has now been revised to 750,000 people affected, out of which 650,000 have been affected to date. Sectors are reporting that stocks are running low or are depleted given the scale of the floods.

People affected by State (Thousands)



Coordination, Financing, and Stocks

Coordination

The Government of Sudan's **Humanitarian Aid Commission** (HAC) has overall responsibility for the flood crisis; the international aid community supports the government in coordination of needs and response. To this purpose, several structures operate at national and state level to ensure an effective and coordinated response:

A **Flood Task Force** has been activated; It is chaired by HAC and includes humanitarian sector coordinators.

A **State flood focal points meeting** is chaired by OCHA and includes flood focal points from the 18 states. The focal points support coordination at the state level and feed into the Flood Task Force with information on key needs, response and gaps.

Additionally, there is regular engagement with HAC at both the federal and state level, and with the Ministry of Labour and Social Development (MoLSD).

Financing

Sudan Humanitarian Fund

OCHA manages the Sudan Humanitarian Fund (SHF), a country-based pooled fund to which donors contribute resources to ensure a timely, effective, and coordinated response.

SHF provided \$1.5 million for the shelter, health and WASH core pipelines. Another \$4.3 million are available for all emergencies including floods. To date partners have requested \$1 million for the flood response.

International Organisation for Migration

- \$2.05M will be committed by September to support the Rapid Response Mechanism by September 2020.

Sectors

Overview of sector figures

The following table show the figures based on the projected planning figure of 750,000 in need. The planning figure is based on analysis conducted by the HAC.

Sector	People Targeted	People Reached*	Gaps (People that need to be reached)
Education	82,000		
Shelter and Non-Food Items	350,000	150,000	200,000
Food Security and Livelihoods	160,000		-
Health	750,000	200,000	550,000
Nutrition	186,973		
Protection	150,000	50,000	100,000
Gender-based Violence	187,500	25,000	162,500
Child Protection	212,000	39,000	173,000
Water, Sanitation and Hygiene		36,900	

* People Reached is being collected and aggregated by the sectors on an ongoing basis.

Education

PEOPLE TARGETED	PEOPLE REACHED	GAP (people that need to be reached)
82K	tbc	tbc

Needs

Flooding has resulted in hundreds of schools being damaged or destroyed (including equipment, furniture and learning materials) as well as dozens of schools hosting displaced persons seeking shelter. Tens of thousands of children are now at risk of not being able to return to school; due to start on 27 September. Children's education has already faced serious disruption due to COVID19-related school closures, which has resulted in significant learning losses, and is now at risk of further interruption due to floods.

Response

The education sector is currently assessing school damage and identifying schools hosting displaced persons. With schools due to reopen on 27 September, urgent support is needed to ensure all children will be able to return to school on schedule.

Schools Damaged/Destroyed: The education sector will be supporting flood-affected schools by providing Temporary Learning Spaces (TLSs) as alternative learning sites for schools that have been damaged or destroyed. Learning materials, furniture, and equipment will also need to be replaced in many schools.

Schools hosting displaced people: For schools currently being used as shelter, the education sector will support the identification of alternative, longer-term and more suitable shelter options. While being used as shelter, schooling should not take place in these schools unless there is a clear separation of spaces used for shelter and for education purposes. The education sector will be involved in monitoring the use of schools for shelter when no alternative shelter can be found to ensure that schools are returned to the educational community in a reasonable state and as quickly as possible.

Gaps/Challenges

The key gaps/challenges are (1) physical access to affected schools; (2) funding shortfalls; (3) competing needs in the context of COVID19; (4) few operational partners in the affected areas; (5) information flows between school, state, and federal level (5) data availability and management (no Education Management Information System)

Shelter and Non Food Items

PEOPLE TARGETED	PEOPLE REACHED	GAP (people that need to be reached)
350K	150K	200K

Needs

Based on initial assessments, some 100,000 households are in need of emergency NFI and shelter assistance, of which the shelter/NFI sector plans to reach 70,000 households. Among the needs are some 38,000 families with damaged or destroyed houses. They do not only need emergency shelter/NFI kits for temporary accommodation, but also shelter support to undertake emergency repairs or rebuilding of their shelters/houses. There is a need for more funding as only 22% of these needs are covered.

Response

With the current resources, including the recent UNHCR airlift of NFIs and existing stocks, the shelter/NFI sector will be able to reach some 20-30,000 households.

Gaps/Challenges

Urgent short to long-terms gaps include:

- **In-kind emergency shelter kits** comprised of local materials to allow affected households to repair houses, or build an emergency accommodation
- **Emergency shelter cash grants** allowing households to repair their shelters/houses, especially in urban areas
- **Emergency shelter/NFI kits** (plastic sheets, jerry cans, mats, blankets, kitchen set, solar lantern), for preparedness stock replenishment to serve, flood victims, newly displaced (conflict) IDPs, and affected refugees

Food Security and Livelihoods

PEOPLE TARGETED	PEOPLE REACHED	GAP (people that need to be reached)
160k	tbc	tbc

Needs

Heavy rains have affected an estimated 37,462 households in White Nile, East Darfur, North Darfur, West Darfur, Sennar, Kassala and Khartoum. Families are residing with family and friends, in schools and in basic emergency shelter or tents with limited or no food items. The heavy rains also caused damage to houses, service facilities, destruction of property and loss of food items and livestock in many villages. Currently, some villages are isolated and inaccessible due to heavy flooding and destruction of the roads.

Response

As of 13 September, WFP is targeting with emergency food assistance nearly 160,000 people across nine states. The number of flood-affected people who are in need of food support was determined through needs assessments. The response is coordinated with humanitarian actors and the government entities.

Breakdown of 160,000 assisted caseload:

Sennar (Singa, El Souki, Abu Hujar and Elmazmoum)	38,612
West Kordofan (Al Fula , Abu Zabad, Al Snout Al Ody, Al Nuhud and Wad Banda)	35,586
Red Sea State (Tokar)	30,000
Khartoum (Khartoum)	19,000
East Darfur (Firdous)	16,265
North Kordofan (Um Ruwaba, West Bara, Um Dum, Sodari and Sheikan)	8,823
White Nile (5,112 in Gouli) and (3,330 in Tandalti)	8,442
North Darfur (Al Lait)	2,210
Kassala (Kilo 26 - refugee camp)	485

FSL partners response includes:

- Cash distribution to 650 households (300 South Darfur, 200 Khartoum, 150 North Darfur).
- Planned distribution food baskets that include two items (beans and sugar) to 3,491 households.

Gaps/Challenges

Overall gaps identified are; a) physical accessibility to affected areas and population because of heavy rainfall cutting roads access to affected areas, b) in accessing information from the affected areas because of communications problems (Weak and/or no network), c) limited partners in Sennar state, d) fuel shortages for transportation and lastly, most importantly competing needs across Sudan while other on-going emergencies like desert locust and COVID-19.

Health

PEOPLE TARGETED	PEOPLE REACHED	GAP (people still to be reached)
750K	200K	550K

Needs

Access to basic and lifesaving health activities should be ensured for the affected 650,000 people through supporting health facilities with medical supplies and providing mobile clinics for hard to reach areas. The 650,000 affected people are at risk of developing water and vector-borne diseases due to unavailability of clean drinking water, sanitation, and vector control measures. The sector, working with HAC, will use the planning figure of 750,000 to help anticipate future needs.

Response

Since April 2020, health partners have distributed medical supplies that cover the needs of a million people.

- 25 health assessments conducted (interagency or joint with SMOH) and around 128 alert investigations on diseases.
- 10 mobile clinics currently supported in Blue Nile, North Darfur, Central Darfur, Red Sea and Kassala. Four additional clinics will start in Khartoum.
- Health partners are supported through 40 mobile clinics.
- WHO is supporting 13 states to carry out rainy season interventions, this includes capacity building, water quality monitoring, vector surveillance and vector control measures.
- Water quality monitoring is done regularly, a total of 25,502 samples were collected and analysed for simple water quality (chlorination coverage). 54% of samples failed to meet the minimum residual chlorine target. Additionally; 804 water samples were analyzed for bacteriological quality and 411 of them were found contaminated (51%).
- Vector control measures were conducted in 58,286 mosquito breeding sites and additional adult control measures covered 2,334 km² and 78,214 HHs.
- 382 public health officers and sanitary overseers were trained on water quality monitoring = 53 and Vector control strategies = 329).
- WHO conducted a Cholera Hotspot Analysis with the surveillance department in FMOH based on 2019 data. A total of 29 Cholera modules were repositioned in different states and 20 are in the pipeline.

Gaps/Challenges

The available stock has rapidly declined with most agencies reporting lack of essential medicines in their storage facilities (WHO and UNICEF have supplies in the pipeline but not yet in the country). There is need for further support of disease surveillance and rapid response teams and gaps remain in vector control and water safety monitoring.

Protection

PEOPLE TARGETED	PEOPLE REACHED	GAP (people still to be reached)
150K	50K	100K

Needs

There is a lack of shelter for families whose houses have been completely washed out and do not possess land elsewhere to build houses for settlement and lack financial means. Land should be identified to enable the relocation of affected people. At present there are no agreements with landowners for temporary settlement (example Kabkabiya) in some areas.

There is a lack of or limited settlement options for at-risk women, separated children, unaccompanied elderly, people, children with disabilities, chronically ill, pregnant and lactating women. There is limited or a lack of security forces, including in the areas of relocation to provide necessary protection to affected families, those at risk of Gender-Based Violence (GBV) in particular in the affected areas and there are reported cases of GBV among affected women and children. The crisis has caused financial difficulties for families who have lost their livelihoods and negative coping strategies are being reported (including an increase in child labour).

Extensive damage to public facilities such as schools, sexual and reproductive health care facilities, hospitals, and latrines has been reported and there is a limited capacity of the government, UN agencies and INGOs to rehabilitate these facilities. This is an extra burden on affected families and can also hinder GBV survivors to access services.

Response

Sharing of protection mainstreaming guidance with all humanitarian actors.

Conducting advocacy efforts at the local level to a) establish police posts and or deploy police in the relocation areas to ensure physical safety of the affected population and their remaining household assets; and b) to secure agreement of the landowners prior to the relocation and settlement of affected population.

Steering and participating in the needs assessment activities to identify the main protection concerns, issues and cases for follow up and assistance.

Increasing community engagement and awareness raising activities, such as preventing separation, sexual exploitation and abuse, referrals, IEC materials for awareness raising (MRE, referral pathways, PSEA, GBV), family tracing and reunification and provision of alternative care.

Gaps/Challenges

Limited presence of operational partners in the affected areas; 2) Physical accessibility to affected populations in some areas; 3) Land allocation for relocated families; 4) Lack of community-based protection structures in some affected areas; 5) Competing needs in the context of COVID19.

Gender-Based Violence (GBV)

PEOPLE TARGETED	PEOPLE REACHED	GAP (people still to be reached)
150K	25K	125K

Needs

Due to unequal gendered power relations, GBV occurs widely in communities. A humanitarian crisis or emergency can increase the risk of GBV, as a more insecure physical environment adds further risks for women in the public as well as the private sphere.

Threats, harassment, domestic disputes, community-level disputes and domestic violence are all aggravated during emergencies. The major reasons for the increase in domestic violence during emergencies, particularly in communities where family violence is normalized, are lack of proper shelter and loss of economic and livelihood opportunities, affecting people's ability to meet basic needs.

In Sudan, very minimal GBV referral services are available to women and girls before, during and after emergencies - GBV services are absent in more than 90% of the localities in the country. Furthermore, during emergency situations GBV becomes a mobility challenge, especially if water sources are far from the temporary shelters or located in unsafe areas.

There are approximately 187,500 women of reproductive age who are living in temporary flood shelters where no visible protection measures are taken to ensure their safety and security. Sanitation becomes worse during the floods for women, especially in case of pregnant women, since they need extra support with regards reproductive health.

Response

As part of the ongoing GBV interventions, 20,216 dignity kits have been distributed to most vulnerable women and girls in reproductive health age in flood affected areas, including 10,216 kits in Khartoum, 3,000 in North Darfur, 5,000 in Kassala and 2,000 in North Kordofan.

20,300 brochures on personal hygiene were distributed and clear referral mechanisms for survivors of GBV were updated in North Darfur, South Darfur, West Darfur, Blue Nile, Khartoum and Kassala to provide a minimum survivor-centred response to survivors of GBV in the flood affected areas. Furthermore, community-based protection networks engaged in GBV response and prevention prior to the emergency we identified, strengthened and included as part of the response.

Since August, more than 4,000 people have been targeted by awareness-raising activities on sexual and reproductive health and GBV through the mobile clinic teams operating in

affected areas. The awareness-raising activities included distribution of posters to promote the national and state-level GBV helplines.

Gaps/Challenges

Access to affected populations and areas have been challenging and has thus delayed and hindered effective response and assessments.

Despite a pre-positioning of dignity kits and supplies to cater the needs of 20,216 people there is still a gap to cover the remaining population as the projected number of people in need increased to over 750,000 as of September 9th.

The ongoing economic crisis and inflation in Sudan has caused further challenges as operation costs are increasing.

There is a greater need to follow minimum standards to ensure gender mainstreaming and protection in emergencies.

Child Protection

PEOPLE TARGETED	PEOPLE REACHED	GAP (people still to be reached)
212K	39K	173K

Needs

Destruction of homes and displacement has led to further disruption and breakdown of protective environments and access to social services for children/adolescents and their caregivers. The floods are further deepening already existing vulnerabilities due to disease outbreaks such as COVID-19, conflict and poverty leaving children exposed to different forms of abuse, violence, exploitation and neglect such as psychosocial distress, child labour, death and injuries especially from drowning, UXO's and ERW's washed away and homes were destroyed, and there are risks of exploitation and abuse including sexual exploitation. Children with disability may experience increased vulnerability due to lack of access to health and social services; safety of displacement areas is not guaranteed.

Response

Child protection partners continue to respond in the most affected areas in Sennar, Blue Nile and Khartoum States, an additional 10 psychosocial kits were delivered to affected families in Khartoum state. So far 130 psychosocial kits were delivered to Sennar, Al Jazeera, Khartoum and East Darfur and six teams were deployed to support core child protection services reaching 39,000 children. In Sennar, child partners conducted nine focus group awareness sessions focusing on mitigation of flood associated risks, reaching 263 children. Family tracing continues and referral pathways were activated; six children have been referred to medical services through the pathway. An assessment was conducted among the affected community in Ombeinan Village, Sennar. Eighty percent of the affected families lost their civil documents including birth certificates.

In 17 states already affected by floods, there are 18 child protection partners with operations that can be scaled up their interventions in case of increased need. These partners have trained staff and mobile teams ready to be deployed to provide immediate lifesaving services, strengthen community protection structures/systems and enhance coping and risk mitigation. There are 300 community based child protection networks out of 1650 required to respond with mobile services as well 200 trained child protection workers out of 600. Stocks and supplies are depleted including tents meant for child friendly spaces now being used as family shelters.

Gaps/Challenges

The main gaps are in Red Sea, Sennar, Gezira, Northern, River Nile, North Kordofan and West Kordofan states, due to limited presence of operational partners as well as

overstretched child protection services as these same states are also hardest hit by COVID. Partners anticipate that access due damages on the roads and inadequate stocks, COVID-19 as major challenges. Response will be through a community-based approach through deployed mobile teams who will train and work with community-based child protection actors. In addition, child protection services will also integrate other services including risk communication and community engagement due to COVID, prevention of diarrhoea related diseases, vaccination, and malaria prevention.

Water, Sanitation and Hygiene

PEOPLE TARGETED	PEOPLE REACHED	GAP (people still to be reached)
tbc	36.9K	tbc

Response

- Water treatment using chlorine agents in flood affected areas both at household and water source/supply level (mechanized bore holes and hand pumps).
- Distribution of WASH NFIs like jerry can, buckets, soap, lbrig (jug).
- Awareness raising activities to flood affected communities of the importance of handwashing. This needs to be further enhanced and is a cross cutting theme (helps in COVID19, as well as AWD/Cholera occurrences).
- Emergency latrines suitable for flood (high raised platform).
- Partners are encouraged to engage the community to construct latrines.

Gaps/Challenges

- Government capacity to organize high power pumping equipment to flush out water and waste from low lying areas.
- Water treatment system needs overhauling especially for urban areas (Khartoum). Water quality monitoring needs support in most parts.
- Poor environmental sanitation and waste management (in urban areas)
- In dense urban set up, construction of latrines in low lying areas/flood prone areas takes longer and is costly, community engagement is important.
- Partners capacity – stretched due to COVID19 and other responses.