HIGHLIGHTS (17 Oct 2019)

- Sudan hosts the largest South Sudanese refugee population in the region, with an estimated 860,000 reported in the country as of 30 September 2019.

- Cholera outbreak continues, with 288 cases—including eight deaths—reported in Blue Nile and Sennar states as of 15 October 2019.

- Oral Cholera Vaccination Campaign launched in Blue Nile and Sennar states, targeting 1.6 million people in high risk areas.

- Humanitarian partners have developed a cholera readiness and response plan and are seeking US$ 20.3 million for the next three months.

KEY FIGURES

- 364,200 People affected by floods
- 288 Suspected cholera cases
- 17 States affected by floods (HAC & Partners)
- 2 States with cholera outbreak

FUNDING (2019)

- $1.1B Required
- $503.6M Received
- 44% Progress

CONTACTS

Paola Emerson
Head of Office
e Emersonp@un.org

Mary Keller
Head, Monitoring and Reporting
kellerm@un.org

FEATURE (17 Oct 2019)

Sudan hosts the largest South Sudanese refugee population in the region

In 2019, South Sudanese refugees continued arriving to the country as instability in South Sudan persists. When conflict erupted in South Sudan in mid-December 2013, over 2.2 million South Sudanese citizens fled their homes and took refuge in neighbouring countries. The Government of Sudan has maintained an open border policy, allowing safe and unrestricted access for those fleeing conflict and conflict-related food insecurity and granting them refugee status. As of 30 September, Sudan hosts the largest number of South Sudanese refugees in the region with an estimated 859,000 refugees, with approximately 467,000 living in Sudan prior to the conflict in South Sudan. The total number of South Sudanese refugees includes UNHCR and Commission for Refugees (COR) registered refugees, Immigration Passport Police (IPP) registered figures, and the unregistered population. Additional sources estimate a total of 1.3 million South Sudanese refugees in Sudan, however this data require verification.
Assistance is being provided to South Sudanese refugees through the UNHCR multi-sectoral refugee response plan. According to the recently released South Sudan Regional Refugee Response Plan for Sudan mid-year report (January – June 2019), an estimated 339,000 South Sudanese refugees have received food assistance, either in-kind or cash, while 153,200 refugees targeted for food assistance have not been reached.

Health assistance has been provided to an estimated 283,000 refugees in refugee health facilities and 11,300 children under five years were given nutrition treatment and recovered. However, over 33 per cent of deliveries had no assistance from skilled health personnel. More than 63 per cent of all new refugees received full NFI kits and only 6 per cent of refugee families have access to household latrines. Refugees were able to access 15 litres of water per person per day, within the UNHCR water standard for emergencies.

Over 10,000 refugees were able to access livelihood or environment interventions and 2,250 families received fuel efficient stoves and alternative cooking fuel. This is less than 30 per cent of the targeted refugee population and over 70 per cent did not receive any livelihood, energy and environment assistance.

For protection, 36 community-based groups are working on sexual and gender-based violence prevention and response. An estimated 76 per cent of unaccompanied and separated children (UASC) were placed in appropriated interim and long-term alternative care. However, the child to caseworker ration is currently 108:1, while the standard is 25:1.

For education, an estimated 56,000 South Sudanese children were enrolled in basic schools and 2,212 children in secondary school, and about 48 parent-teacher associations (PTAs) were established and trained in various states hosting refugees from South Sudan. Limited secondary and tertiary education opportunities is contributing to increasing school drop-out rates.

Even though the need for additional and sufficient assistance is clearly evident for South Sudanese refugees in Sudan, funding remains a major challenge facing the response. As of 15 October 2019, only 13 per cent of the US $326 million requirement has been received. Inter-agency partners estimate up to 50,000 new arrivals in Sudan by the end of 2019, reaching a total refugee population of just over 900,000 refugees by the end of the year.

**FEATURE** (17 Oct 2019)

**Cholera outbreak in Sudan**

**Overview**

As of 15 October 2019, nine localities in Blue Nile and Sennar states reported 288 suspected cholera cases, including eight deaths, according to Sudan’s Federal Ministry of Health (FMoH) and WHO. The first case was detected on 28 of August 2019. According to FMoH, 172 two cases were female (62 per cent), and 238 (93.1 per cent) were over five years of age. As of 2 October, 28 out of the 42 (67 per cent) samples analysed by the National Public Health Laboratory, tested positive for vibrio cholerae.
The current case fatality rate (CFR) in Sudan is 2.8 per cent. CFR is defined as the proportion of cases of a specified disease or condition, which are fatal within a specified time. The CFR is a measure of the severity of a disease; high CFR reflects limited access to health care, inconsistent case management and insufficiencies in a health care system, according to WHO. Rapid access to treatment and other prevention interventions are essential during a cholera outbreak. Up to 80 per cent of cases can be successfully treated with Oral Rehydration Solution (ORS), while 20 per cent requires intravenous rehydration and or hospital admission. If countries are lacking proper access to health care services, cholera CFR can reach up to 50 per cent. With proper and timely treatment, the CFR during cholera outbreak should remain below 1 per cent.

On 6 October, humanitarian partners in Sudan launched the Cholera Readiness and Response Plan (October - December 2019) seeking $20.8 million to address the current outbreak. The response plan is targeting 2.5 million people in eight high-risk states (Blue Nile, Sennar, Gezira, Khartoum, Gedaref, White Nile, Kassala, and River Nile). Towards this plan, the Central Emergency Response Fund (CERF) allocated $3 million which will provide close to 860,000 people with life-saving assistance over three months—as outlined in the response plan. In addition, the Sudan Humanitarian Fund (SHF)—Reserve for Emergency Allocation, allocated $11 million for floods and cholera response throughout the country. However, the response plan requires more funding urgently.

An oral cholera vaccine (OCV) campaign launched on 11 October is currently ongoing, targeting 1.6 million people in high risk communities in Blue Nile and Sennar states. The aim of the campaign is to contain the outbreak and prevent its spread to neighbouring states.

World Health Organization (WHO) risk assessment

Sudan has been facing a continuous surge of acute watery diarrhoea (AWD)/suspected cholera cases since 2016. The current outbreak was reported following recent heavy rains and flooding in 17 out of 18 states across the country. As a result of the flooding, the country reported widespread damage to infrastructure, thus more cholera cases can be expected in the future. Although Blue Nile State shares borders with Ethiopia and South Sudan, there is currently no evidence of cross-border spread of the outbreak. The Government swiftly responded to the detection of cases and necessary control measures are being implemented by national authorities, with support from partners, to contain the outbreak.

Public health response

The Government of Sudan and humanitarian partners have been responding to the cholera outbreak. The FMoH activated the national Cholera Task Force on 10 September, which coordinates response activities between national and international partners. WHO deployed a technical team to assist FMoH with this coordination and in the development of a response strategy. Surveillance and reporting systems have been strengthened by the distribution of...
case definitions; case investigation forms; and active case finding. FMoH has activated 14 Cholera Treatment Centres (CTC)—four in Blue Nile and 10 in Sennar—and have standardized case management protocols. FMoH, WHO, and partners have provided cholera kits (enough to treat 200 people) with three additional kits (enough to treat 300 people) in the pipeline. WHO is supporting the water quality surveillance system; water sampling and testing; and infection prevention and control activities. In Blue Nile State, the State Ministry of Health (SMoH)—with the support of partners—is implementing water chlorination activities and health promotion in the affected areas.

**Challenges facing humanitarian partners**

Despite the progress made in response, humanitarian actors face many challenges. More trainings are needed and registration tools, guidelines and protocols for surveillance are weak. Health education and infection prevention at cholera treatment centres (CTCs) need to be improved to prevent the spread of cholera. Cleaning tools, equipment and protective clothes are also needed for cleaning campaigns.

In addition, resources for cholera response in Sudan and preparedness in high-risk states is currently a major challenge, according to FMoH. The health ministry states that more efforts and funding are needed to address gaps in the areas of vector control, environmental sanitation and water chlorination in Blue Nile and Sennar. Lack of funding is likely to affect the response, with the opportunity of preventing new cases, averting deaths and saving time and resources potentially lost.

**FEATURE (13 Oct 2019)**

**Vaccination campaign against cholera kicks off in Sudan**

An oral cholera vaccination (OCV) campaign was launched on Friday 11 October 2019 in Blue Nile and Sennar states in response to the cholera outbreak in the country. More than 1.6 million people above the age of one will be vaccinated over the coming five days in both states. Since the announcement of the outbreak by the Federal Ministry of Health on 8 September, 273 suspected cholera cases and eight related deaths have been reported as of 11 October in Blue Nile and Sennar states. No cholera-related deaths have been reported since mid-September. The first round of the campaign will end on 16 October and will be followed by a second round in four to six weeks to provide an additional dose to ensure people are protected for the next three years. The first round of the campaign will end on 16 October and will be followed by a second round in four to six weeks to provide an additional dose to ensure people are protected for the next three years. The vaccines for the campaign were procured using funding from The Global Alliance for Vaccines International (GAVI). GAVI also provided US$ 2 million to cover operational costs for the campaign.

On 6 October, humanitarian partners in Sudan launched the Cholera Readiness and Response Plan (October - December 2019) seeking $20.8 million to address the current outbreak. The response plan is targeting 2.5 million people in eight high-risk states (Blue Nile, Sennar, Gezira, Khartoum, Gadaref, White Nile, Kassala, and River Nile). Activities will include case management; health services; water, sanitation and hygiene (WASH) interventions. Activities will also include mitigating underlying causes of high mortality like severe malnutrition in children under five years and targeting schools with WASH activities and hygiene campaigns. Towards this plan, the Central Emergency Response Fund (CERF) allocated $3 million which will provide close to 860,000 people with life-saving assistance over three
months—as outlined in the response plan. In addition, the Sudan Humanitarian Fund (SHF)—Reserve for Emergency Allocation, allocated $11 million for floods and cholera response throughout the country. However, the response plan requires more funding urgently.

Humanitarian partners are supporting Sudan's Federal Ministry of Health in responding to the cholera outbreak. Public health teams are closely coordinating with national health authorities to strengthen disease surveillance, monitor water quality, and chlorinate public water supplies. These measures will help protect people who are at highest risk. As part of ongoing response efforts to contain the outbreak, 14 cholera treatment centres with oral rehydration therapy points and dedicated isolation centres have been established and equipped to manage and treat patients in Blue Nile and Sennar states. Health staff have also been trained to quickly and effectively diagnose and treat patients. To date, more than 160 patients have been discharged after receiving treatment. About 3,560 vaccinators, more than 2,240 social mobilizers, and almost 70 independent monitors have been trained and deployed in the two states. Over 240 mobile teams have been sent to carry out the campaign, in addition to 251 fixed sites in health facilities and 258 temporary sites including camps, schools, mosques, market areas and other public spaces.

Good hygiene practices and the use of safe water are key to preventing further spread of cholera. Rapid response activities include house-to-house visits by hundreds of community mobilisers who raise awareness among families on how to clean and store cooking and drinking water safely, practice good hygiene and hand washing, handle food safely, how to take care of a sick family member, and when to seek medical treatment.

EMERGENCY RESPONSE (3 Oct 2019)

Humanitarian Cholera Readiness and Response Plan

The major disease outbreaks in Sudan for the past decades are grouped into three categories based on type of transmission: water-borne, vector-borne and vaccine-preventable diseases. This is mainly attributed to low access to and coverage of safe drinking water, and sanitation, environmental sanitation and low vaccination coverage; exacerbated by weak health and WASH infrastructures. The country experienced the worst flooding since 2015 creating favourable ground for emergence and aggravation of water-borne and vector-borne diseases such as cholera, dysentery, dengue fever, malaria, etc. The most affected states by the flooding were Blue Nile, Kassala, Khartoum, Gezira, and North Kordofan.

The outbreak is spreading to neighbouring and adjacent localities and states despite the prompt and initial control measures put in place by health and WASH partners under the leadership of the government. Without timely and intensive scale up of control measures in high risk and adjacent states, the outbreak is likely to spread to other states. The pattern of spread during the last AWD outbreak attested the same evolution by engulfing one adjacent State after another due to population movement, poor WASH situation and other vulnerabilities. According to FMOH and WHO, eight states are at high risk; Blue Nile, Sennar, Gezira, Khartoum, Gadaref, White Nile, Kassala, and River Nile.

The Federal Ministry of Health has requested over 3 million doses of the Oral Cholera Vaccine (OCV) in order to conduct a vaccination campaign. The aim of the campaign is to contain the outbreak and prevent the spread to adjacent areas. The initial reactive campaign will target over 1.6 million people living in high risk communities in Blue Nile and Sennar states who will receive two doses of the vaccine.
To support government efforts to contain the disease and prevent further spread, humanitarian partners have developed a cholera readiness and response plan and are seeking **US$ 20,300,039** for the next three months.

This plan is built on 6 main pillars in line with global multi-sectoral interventions to control cholera and the Sudan National AWD Response Plan 2018-2019:

1. Leadership and Coordination
2. Surveillance and Reporting
3. Community Engagement
4. Water, Sanitation, Hygiene and food safety
5. Use of Oral Cholera Vaccine
6. Health System Strengthening/HSS (case management and IPC)

In addition, given the overall prevalence of malnutrition in the targeted states, nutrition response has been included under the HSS to support the case-management and IYCF of children with malnutrition and pregnant and lactating women affected by cholera. Consistent with the national and international strategies, guidelines and protocols the proposed activities will contribute to respond and contain further spread and reduce mortalities due to water-borne (with a focus on Cholera) and vector-borne disease outbreaks in the targeted 8 States over 3 months. As per its core mandate of health security of communities, WHO will protect health and ensure health security.

Overall, partners will target 13,000 for cholera case management, 1,016,006 people (including refugees in camps at risk) with provision of direct health services, 2.5 million people who will benefit from WASH interventions, 300,000 severely malnourished children and 546,000 mothers and caregivers to access infant and young child feeding counselling. Refugees living in camps in Kassala, Gedaref and White Nile States, and in Khartoum ‘Open Areas’ sites will also be targeted through a multi-sector response. Activities will also include mitigating underlying causes of high mortality like severe malnutrition in children under 5 years of age and targeting schools with WASH activities and hygiene campaigns.

See the complete [Humanitarian Cholera Readiness and Response Plan](https://reports.unocha.org/en/country/sudan/)

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**VISUAL** (13 Oct 2019)

**Sudan Cholera Snapshot (as of 11 October 2019)**
FORECAST  (3 Oct 2019)

Projection for cholera cases in Sudan over the next 6 months

An expert team from the WHO headquarters in Geneva that specializes on cholera forecasting visited Sudan last week. They estimate that there may be between 5,000 and 13,200 cholera cases in the next 6 months in high risk states of Sudan. The projections are created based on the pattern of previous cholera/AWD outbreaks from 2016-2018.

There are two potential scenarios – the best case and the worst case. In the best case scenario, eight high-risk states adjacent to the areas currently affected by cholera will experience between 20-30 percent of the cases experienced from 2016-2018. This means up to 7,518 people would be affected by cholera.

In the worst case scenario, the outbreak will spread beyond the eight high-risk states and between 40-50 percent of the cases experienced in the last outbreak will occur. In this estimate over 13,000 people will be affected by cholera in 10 states.

There are several factors required to ensure the best case scenario. This includes a high level of transparency and information sharing between partners responding to the outbreak, a prompt national response, active engagement of the local community, readily available health promotion materials and an increased number of surveillance sites to catch new cases as they emerge.

EMERGENCY RESPONSE  (19 Sep 2019)
Floods Overview

The flood response in Sudan is being coordinated by the Flood Task Force (FTF) Steering Committee which is led by the Sudanese Government’s Humanitarian Aid Commission (HAC). Overall response is going well in areas where humanitarian organizations have operations and where preparedness plans were undertaken, mainly in Darfur states and in South Kordofan. Government access and administrative procedures were facilitated by HAC with no major challenges faced. Assessments were carried out to identify people in need of assistance in flood-affected areas in Darfur states, Kassala, White Nile, Sennar and for the first time in Khartoum State. As of 19 September 2019, an estimated 364,200 people have been affected by heavy rains and flash floods across 17 states and the Abyei area, according to HAC and partners. HAC has reported 78 related deaths, mainly due to collapsed roofs and electrocution. In total 45,104 homes have been destroyed and 27,742 homes damaged.

In Khartoum, the inter-sector coordination group (ISCG) is meeting on a weekly basis to coordinate humanitarian actors around key needs, response and gaps. The ISCG will now add response to the acute watery diarrhoea (AWD)/cholera outbreak to the agenda. At the state level, OCHA is working with state-level HACs’ to coordinate the identification of key needs, response and gaps. In areas where OCHA is not present, agencies were identified as focal points to lead coordination efforts. Due to the scale of needs in White Nile State, OCHA has deployed a team to the state to coordinate response.

The total number of people affected by floods and in need of assistance is slowly increasing as more areas become accessible—as water dries up—mainly in El Salam and Tandalti localities in White Nile State. In areas where humanitarian actors are not present, HAC and national actors are trying to meet needs, but response is hampered by limited relief supplies, funding or staff. The main need of all people affected by floods are emergency shelter and household supplies (ES/NFIs). According to the Financial Tracking Service (FTS), the ES/NFI sector in the 2019 Humanitarian Response Plan (HRP) is only 0.3 per cent funded as of 12 September 2019. Other assistance needs include food, water, sanitation and hygiene (WASH), and health services.

Outstanding gaps

Despite all ongoing response efforts by government authorities, UN agencies, international NGOs, national NGO and regional countries, not all people have received the assistance they need. In White Nile, Sennar, Khartoum, and Gedaref states an estimated 36,000 people still need water, sanitation and hygiene assistance. In White Nile, Sennar, and El Gezira states, 107,000 people still need health assistance. In White Nile, Khartoum, Sennar, and Kassala states, about 45,000 people still need ES/NFIs. There has been limited education assistance provided.

Forecast

According to the latest Sudan Meteorological Association (SMA) forecast, less rainfall is expected as the rainy season comes to an end across the country. However, slightly above normal rainfall is expected in Blue Nile, South Kordofan and southern parts of the Darfur area. The risk of water-borne disease outbreaks such as AWD/cholera remains high and additional needs may arise in the coming months. Vector control activities need to be strengthened in all states to mitigate this risk.
*The final status of the Abyei Area is yet to be determined.

FEATURE (24 Sep 2019)

People affected by floods receive in-kind assistance from Qatar, Saudi Arabia, Kuwait, United Arab Emirates, and Turkey.

As government authorities and humanitarian organizations continue to assist people affected by heavy rains and flash floods in Sudan, humanitarian assistance has also arrived from abroad. Qatar, Saudi Arabia, Kuwait, the United Arab Emirates (UAE), and Turkey have been assisting in flood relief efforts. As of 22 September, an estimated 364,230 people, including 78 deaths, have been affected by heavy rains and flash floods across 17 out of the 18 states and the Abyei area, according to the government’s Humanitarian Aid Commission (HAC) and partners. The majority of people affected require emergency shelter and household supplies, food, health as well as water, sanitation and hygiene services. The number of people affected has already exceeded those of the past four years and humanitarians will need to replenish their humanitarian supplies.

The assistance from Qatar, Saudi Arabia, Direct Aid (Kuwait), Khalifa bin Zayed Foundation (UAE), and the Turkish Red Crescent Society supplement what is already being provided by humanitarian actors in Sudan through the 2019 Humanitarian Response Plan (HRP). As of 22 September 2019, the HRP received US $377.9 million out of the $1.15 billion requirement (32.9 per cent).

Qatar Charity

On 1 September 2019, Qatar announced it will provide US$ 5 million worth of emergency relief assistance—with funding from the Qatar Fund for Development—to assist people affected by floods in Sudan. The first batch of flood supplies and including medicines, shelter materials, nutritional supplies, and have arrived in Sudan. In addition, Qatari humanitarian and relief organizations in Khartoum were tasked to provide emergency assistance including food, water, and sanitation support, and medical teams will provide urgent health care assistance to people affected by floods.

Qatar Charity is currently providing emergency household supplies and food interventions in White Nile State. In El Gezira State, Qatar Charity will provide emergency household supplies as well as water, sanitation and hygiene assistance (WASH). Food, emergency household supplies as well as health and WASH services will be provided in Kassala State. Qatar Charity works in several humanitarian sectors including health, emergency shelter and non-food items (ES/NFIs), education, food security and livelihoods and early recovery.

King Salman Humanitarian Aid and Relief Centre

On 2 September 2019, the Kingdom of Saudi Arabia sent two aircrafts of humanitarian supplies (tents, food, mats, blankets and medical supplies) from the King Salman Humanitarian Aid and Relief Centre (KSrelief) to be distributed to people affected by floods in Khartoum, White Nile and River Nile states. In addition, spraying equipment and pesticides necessary to prevent the transmission of diseases, have been sent. Saudi Arabia also sent five tons of medical supplies as well as 111 tons of food aid. A specialized team from KSrelief arrived in the country to supervise the distribution.
Kuwaiti aid group Direct Aid

On 3 September 2019, the Kuwaiti aid group Direct Aid, airlifted humanitarian relief supplies, including shelter materials and food supplies to Khartoum to assist people affected by heavy rains and flash floods. Direct Aid will be sending more assistance until the flood season is over, usually in November.

UAE Khalifa bin Zayed Foundation

On 7 September 2019, the United Arab Emirates (UAE) Khalifa bin Zayed Foundation announced it will distribute humanitarian relief and food assistance to around 30,000 Sudanese families affected by rains and flash floods in Khartoum, El Gezira and White Nile states. The foundation will coordinate relief assistance with the Government's HAC. A team from the Foundation purchased relief materials from the local market to save time and ensure the swift delivery of assistance. Staple food items and shelter materials will also be distributed to the affected families. The UAE foundation distributed food supplies and tents to people whose homes were destroyed in El Gezira State.

Turkish Red Crescent Society

The Turkish Red Crescent Society (TRCS) is coordinating with the Sudanese Red Crescent Society (SRCS) on response to people affected by floods in the country. On 8 September, 1,000 food packages were delivered to people affected in the Al-Gaili area (Khartoum). On 18 September, two cargo aircrafts arrived in Khartoum from Ankara carrying tents, blankets, hygiene sets and food packages. TRCS plans to distribute additional food, blankets and hygiene sets and will build a tent camp, with at least 100 tents, for people whose homes were destroyed.

EMERGENCY RESPONSE (1 Oct 2019)

Flood Response by Sector (as of 30 September 2019)

As of 30 September 2019, an estimated 364,200 people have been affected by heavy rains and flash floods across Sudan. Affected households mostly need emergency shelter and non-food items (ES/NFIs), such as plastic sheeting, plastic mats, jerry cans, blankets and cooking sets. These items will help restore a minimal sense of dignity and protection against exposure to the elements, mitigate health risks, provide essential household items, and ensure some privacy and security to those in need. The flood response in Sudan is being coordinated by the Flood Task Force (FTF) Steering Committee, which is led by the Government of Sudan's Humanitarian Aid Commission (HAC). Relief efforts are being undertaken by government institutions, UN agencies, national and international NGOs, and international charity organizations.

Emergency Shelter/Non-food Items (ES/NFIs) Sector Flood Response

Sector Overview: The Emergency Shelter/Non-food Items (ES/NFIs) sector has been able to respond to the ES/NFIs needs of about 230,000 people—through 10 sector partners and international assistance—in all 16 affected states. Partners also reached affected families in the Abyei area and Agok.
Gaps: The current gap for NFI needs stands at 34 per cent of families affected (about 117,700 people) across 16 states and the Abyei area. States with key gaps include Blue Nile, Gedaref, El Gezira and Kassala, where less than 20 per cent of people affected have been reached with ES/NFI assistance. Families who did not received emergency shelter have taken refuge in public buildings such as schools. Given the near end of the rainy season, shelter interventions for vulnerable IDPs, and host communities is a top priority. The NFI core pipeline has allocated additional resources to meet the needs in Khartoum, White Nile, and Red Sea states.

Food Security and Livelihoods (FSL) Sector Flood Response

Sector Overview: The Food Security and Livelihoods (FSL) sector has covered food security and livelihood needs of some 268,000 people affected by heavy rains and flash floods across the country. An estimated 78,200 people (about 21 per cent) are still waiting for assistance. To ensure rapid response to people in need, the World Food Programme (WFP) pre-positioned and re-allocated food stocks in different areas across the county. Additional support from Qatar, Kuwait, Saudi Arabia, and Turkey was also provided.

Gaps: More food assistance is needed in Khartoum state. In the Abyei PCA box, some areas remain inaccessible due to floodwaters and partners are looking into other options to deliver food to the affected people. Restocking of seeds, tools and livestock is required in Kassala, White Nile, North Darfur, Red Sea, and Blue Nile states.

Health Sector Flood Response

Sector Overview: The Health sector has been able to respond to the needs of some 169,000 people affected by heavy rains and flash floods across the country. An estimated 107,500 people (about 30 per cent) are yet to receive assistance.

The coordination of flood health response is carried out by the Federal Ministry of Health (FMoH) Flood Response task force, which is co-chaired by WHO. Daily Early Warning Alert and Response System (EWARS) has been activated in all health facilities in areas affected by floods. WHO supported the activation of epidemic-prone diseases alert investigation and response in all affected states and has distributed 16 Rapid Response Kits (RRK)—enough to cover the needs of up to 2 million people for three months.

Community mobilization and integrated vector control campaigns were launched in affected areas, with WHO covering operational costs, providing equipment, personal protection, transportation, and training. Sexual and Reproductive Health (SRH) assistance is required in all affected states. Out of the total population affected by floods it is estimated that 83,100 are women of reproductive age, of whom about 8,300 are currently pregnant. Emergency reproductive health kits, including clean delivery kits, are needed across all affected states to ensure safe deliveries, the provision of emergency obstetric care services, as well as other lifesaving sexual reproductive health services.

Gaps: More medicine and medical supplies are needed in most of the affected states as well as support for affordable life-saving referral services for emergency cases. Support for vector control and water safety campaigns, water chlorination, and community awareness is also required. UNFPA reports a gap in the supply of dignity kits due to lack of funding.

Nutrition Sector Flood Response

Sector overview: The nutrition sector has been able to respond to the nutrition needs of some 8,600 children under five years who have been affected by heavy rains and flash floods across the country. An estimated 58,300 children (about 85 per cent) are still waiting for assistance.

Financial support has been provided to partners—the SMoH and NGOs—to run flood response-related activities, including referral for malnourished cases. Health partners provided nutrition supplies that were dispatched to affected states to mitigate any increase in needs or enrolment of malnourished children. In some affected states, outpatient
therapeutic programme (OTP) and Targeted Supplementary Feeding Programme (TSFP) services are ongoing. Mid-upper arm circumference (MUAC) screening was carried out and infant and young child feeding (IYCF) programmes and mobile OTPs were established.

**Gaps:** In Kassala, mass MUAC screening needs to be carried out with ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF) interventions in the 22 villages affected in Atbara River, Rural Kassala, and New Halfa (Halfa Algadeeda) localities.

**Protection Sector Flood Response**

**Sector Overview:** There are protection concerns in areas affected due to the lack of privacy and overcrowding. Gaps in other sectors such as the lack of functioning water, sanitation and hygiene (WASH) facilities, lack of shelter materials and unsafe access to services pose a risk to women and girls. There is also a lack of awareness on gender-based violence risks and services. UNFPA provided live-saving SRH services in affected states. In addition to basic and comprehensive emergency obstetric and neonatal care, this includes providing clinical management of rape and referral services for survivors of sexual violence, family planning, and sexually transmitted infections (STI) management. Dignity kits have been distributed in many states and in White Nile State UNFPA supported the provision of SRH and gender-based violence services in mobile clinics treating affected communities.

**Gaps:** There are gaps in the supply of dignity kits for affected women and girls of reproductive health age. Proper mapping of gender-based violence services in affected localities is needed in order to establish referral mechanisms.

**Water, Sanitation and Hygiene (WASH) Sector Flood Response**

**Sector Overview:** The water, sanitation and hygiene (WASH) sector has been able to respond to the needs of some 222,000 people affected by heavy rains and flash floods across the country. An estimated 125,000 people (about 34 per cent) are still waiting for assistance.

Environmental health activities—including water quality monitoring, vector control campaigns, and sanitation and hygiene promotion activities—are ongoing in affected areas. WASH supplies (chlorine tablets, jerry cans and soap) were distributed to affected families. To support integrated vector control activities and access to safe water, WHO provided fogging machines, water reservoirs, water quality testing kits, water filters, personal protective equipment, and larvae collection kits. Some of the affected families have received WASH supplies and slabs for latrines. In some states drainage systems were rehabilitated and blocked drains were opened. Water pumps to drain stagnant water were also provided.

The FMoH released about 2.89 million Sudanese pounds (about US$64,000) for the construction of 300 emergency latrines; labour costs for the disinfection and cleaning of latrines; chlorination of water sources, including supervision and monitoring; and chlorine tablets for Khartoum State.

UNICEF’s Communication for Development Section, in partnership with the SMoH-Health Promotion Unit, trained 200 youth volunteers on water-borne diseases and prevention methods, as well as interpersonal communication skill and using social media in social mobilization. The trained volunteers will conduct behaviour change activities in affected areas.

**Gaps:** More hygiene promotion campaigns are required in affected areas. Gaps in WASH services, including waste collection and draining of stagnant water, have been reported in some areas. Some water points need rehabilitation and vector control activities are needed in areas that become accessible. Areas which are currently inaccessible due to flood waters will need WASH and vector control assistance and damaged latrines will need repairing.

**Refugee Inter-sectoral Flood Response**
Sector overview: The inter-agency refugee response in Sudan is coordinated through the inter-sectoral Refugee Consultation Forum (RCF), led by UNHCR and the Commission for Refugees (COR), and covers all interventions for refugees and asylum seekers delivered by humanitarian actors across all sectors (protection, ES/NFI, health, WASH, food security and nutrition, livelihoods and education).

Rainy season preparedness activities were carried out in refugee camps in East Darfur before the onset of the rainy season. Blankets and plastic sheets were distributed, in addition to the cleaning of drainage systems and haffirs. Extensive flood prevention and maintenance was completed in 2018 for refugee camps located in flood-prone areas. In Khartoum State, UNHCR and COR completed NFI distributions—including to host communities—in ‘open area’ refugee sites in Sharq El Nile, Umbadda and Jebel Aulia localities, in July/early August 2019, as part of rainy season preparedness.

UNHCR is supporting refugee families affected by heavy rains and flash floods across the country and NFI assistance will be provided to host community families based on assessed needs. Damaged infrastructure (classrooms, distribution waiting areas, police stations, clinic waiting areas; child-friendly spaces; and warehouses) in refugee camps in White Nile and East Darfur states was repaired. In Khartoum State, UNHCR supported with NFIs, nutrition, and WASH assistance for both refugee and host communities in Khartoum State.

Gaps: Vector control is urgently needed to mitigate disease outbreaks and risks associated with stagnant water.

VISUAL (19 Sep 2019)

MAP: Floods across Sudan (As of 19 September 2019)
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

Source: HAC and partners