

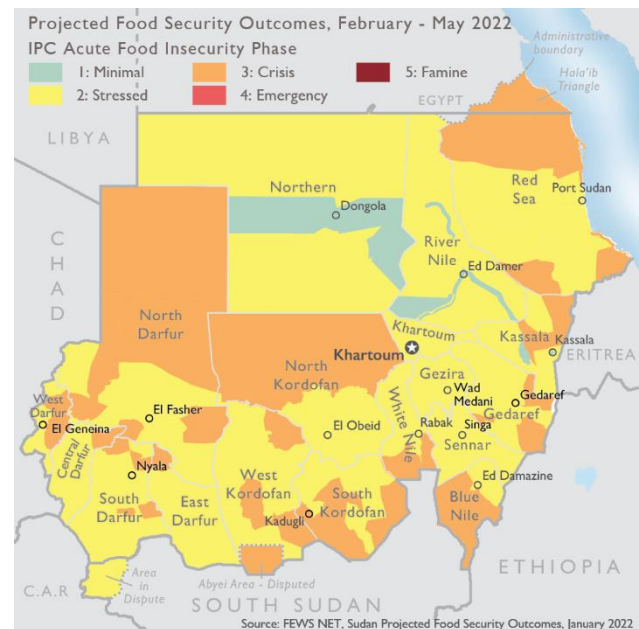
Sudan – Complex Emergency

FEBRUARY 18, 2022

SITUATION AT A GLANCE

<p>47.9 MILLION</p> <p>Estimated Population of Sudan</p> <p><i>UN – December 2021</i></p>	<p>14.3 MILLION</p> <p>Estimated Number of People in Need of Humanitarian Assistance</p> <p><i>UN – December 2021</i></p>	<p>3 MILLION</p> <p>Estimated Number of IDPs in Sudan</p> <p><i>OCHA – December 2021</i></p>	<p>2.6 MILLION</p> <p>Estimated Number of IDPs in the Darfur Region</p> <p><i>UNHCR – July 2021</i></p>	<p>1.1 MILLION</p> <p>Estimated Number of Refugees and Asylum Seekers in Sudan</p> <p><i>UN – December 2021</i></p>
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- The UN estimates that up to 9.8 million people may experience high levels of acute food insecurity in 2022 due to below-average crop yields, persistent conflict, increasing food prices, and reduced household purchasing power.
- Escalating conflict in the Darfur Region displaces more than 70,000 civilians and impedes humanitarian access between December and January.
- Sudanese security forces continue to target civilians and health actors amid ongoing anti-government protests, resulting in at least 81 deaths and injuries to more than 2,000 people.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the Sudan Response in FYs 2021–2022

USAID/BHA¹ \$485,334,796

State/PRM² \$111,895,900

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

Total \$597,329,474

¹USAID's Bureau for Humanitarian Assistance (USAID/BHA)

²U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

KEY DEVELOPMENTS

Below-Average Harvest and High Food Prices Drive Food Insecurity

The UN projects that up to 9.8 million people in Sudan may experience Crisis—IPC 3—or worse levels of acute food insecurity in 2022 due to below-average crop yields, continued conflict and displacement, increasing food prices, and reduced household purchasing power.³ Crop yields are projected to fall below the previous harvest season's levels due to drought-like conditions and pest infestations in central and eastern Sudan, despite the ongoing harvest of millet and sorghum in irrigated croplands, according to a mid-January assessment by the Famine Early Warning Systems Network (FEWS NET). Additionally, continued conflict and displacement in the greater Darfur and Kordofan regions, generating labor shortages and transportation delays, have adversely affected harvesting activities. Further, a three-fold increase in agricultural wages since 2020—due to scarce labor availability resulting from border closures and increased demand for labor in non-agricultural sectors—has further reduced the ability of farmers to hire sufficient labor for the harvest season.

Meanwhile, deteriorating macroeconomic conditions and currency depreciation since the October 25 military takeover of the Civilian-Led Transitional Government (CLTG) have led to a surge in prices for staple foods across Sudan, driving increases of at least 200 percent above the 2021 average and at least 400 percent higher than the five-year average, FEWS NET reports. Increasing staple food prices continue to limit household purchasing power and negatively affect food access, particularly among poor households. Consequently, nearly 6 million people are estimated to require emergency food assistance through the end of February 2022, with IPC projections indicating that the Blue Nile, North Darfur, North Kordofan, and Red Sea states will be the areas most in need. In response, as of mid-February, USAID/BHA has provided more than \$46 million of in-kind food assistance and an additional \$47 million for local, regional, and international procurement of commodities and logistics support to the UN World Food Program (WFP) for vulnerable food insecure communities in Sudan, such as internally displaced persons (IDPs) and refugees.

Escalating Conflict in Darfur Causes Displacement, Disrupts Assistance

Intercommunal violence in Sudan's Darfur region displaced more than 420,000 people in 2021 and generated increased humanitarian needs, including emergency food, health, protection, shelter, and water, sanitation, and hygiene assistance (WASH), according to U.S. Government partner the International Organization for Migration (IOM). Recent fighting has been particularly severe in West Darfur State, where more than one-third of Sudan's total violent conflict incidents recorded in 2021 occurred, the UN Department of Safety and Security (UNDSS) reports. For example, a series of clashes between Arab nomads and members of the Massalit community between early December and mid-January displaced nearly 62,000 civilians in West Darfur State's Kereneik locality. On January 20, additional fighting in the state's Ag Geneina locality displaced an estimated 11,100 civilians as of January 27, according to the UN. During the attacks, armed nomadic groups looted and set fire to houses and public buildings throughout Ag Geneina's Adikong village. By mid-February, more than 31,000 IDPs had returned to their areas of origin; however, nearly 37,000 remained displaced in Kereneik town and surrounding areas. IOM assessments found that approximately 55 percent of the IDPs still displaced have sought refuge in host communities, while others sheltered in abandoned buildings, open areas, or schools. Moreover, access to safe drinking water remains scarce throughout most conflict-affected areas of West Darfur's Jebel Moon locality, with some residents residing more than six miles away from the nearest water source, according to the 2021 rapid needs assessment.

³ 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.

In response to the increased humanitarian needs, IOM, in coordination with other relief actors, has distributed 1,600 non-food items (NFIs)—including blankets, cooking supplies, jerry cans, plastic sheeting, and sleeping mats—to households in Jebel Moon and 1,300 NFIs to households in Kereneik. Additionally, USAID/BHA partner the UN Population Fund (UNFPA) deployed social workers and other medical professionals, distributed thousands of dignity kits to vulnerable women and girls, and provided case management services to survivors of gender-based violence throughout the Darfur region between October 1 and December 31. However, as of mid-February, ongoing hostilities and insecurity had hindered humanitarian needs assessments and relief distributions to many conflict-affected individuals. Heightened insecurity due to ongoing, sporadic conflict throughout the Darfur region has limited humanitarian access to populations in need and prompted USAID/BHA and State/PRM partners to maximize remote monitoring efforts when possible. USAID/BHA and State/PRM continues to engage with partners to monitor the situation and respond to protection and priority needs for IDPs throughout Darfur.

Sudanese Authorities Target Civilians, Health Actors During Recent Unrest

Sudanese security forces continue to target civilians participating in anti-government protests in major cities throughout the country following the October 25 military takeover of Sudan's civilian government. Clashes between pro-democracy protesters and Sudanese forces had resulted in at least 81 civilian deaths and injuries to more than 2,000 people as of February 15, according to the Central Committee of Sudanese Doctors, a medics' union providing care to injured demonstrators. In response, a State/PRM partner continues to contribute medical supplies to hospitals treating wounded protestors. In a January 24 statement, a spokesperson for the Office of the UN Secretary-General condemned security forces' violent use of force—including live ammunition—against protestors and affirmed the right of Sudanese civilians to peacefully demonstrate. In addition, Sudanese forces have arrested journalists, opposition leaders, and several prominent officials from the CLTG, including Sovereign Council member Mohamed al Faki on February 13.

Sudanese security forces also continue to deliberately target health actors treating wounded protestors in urban areas throughout Sudan, the UN World Health Organization (WHO) reports. As of January 11, WHO had confirmed nearly a dozen reports of threats against health care workers—including arrests, intimidation, obstruction of medical care, physical assault, and violent searches—in Khartoum city and surrounding areas since November. A January 24 statement released by three Sudanese medical organizations alleged that Sudanese forces fired bullets to prevent injured protestors from entering Khartoum's Royal Care International Hospital for treatment. In addition, Médecins Sans Frontières (MSF) reported temporarily suspending humanitarian operations in Khartoum due to insecurity and staff safety concerns after security forces arrested and detained nine MSF staff members on January 24. Furthermore, medical personnel at North Darfur State's El Fasher Specialized Hospital announced a labor strike on February 9 in response to a February 8 incident during which Sudanese forces entered the hospital, injured medical professionals, and threatened staff and patients with firearms, according to the Steering Committee of North Darfur State Doctors. Following the incident, the Governor of North Darfur issued an executive order prohibiting armed military forces from entering medical facilities.

The deliberate targeting of health actors has restricted health care access for civilians in areas affected by unrest, exacerbating health needs amid an ongoing surge in coronavirus disease (COVID-19) cases. In response to heightened health needs, WHO had distributed more than 850 rapid response kits containing essential medicines and medical supplies to Khartoum and several priority states, sufficient to cover the emergency needs of approximately 1.1 million people for three months. In a statement on January 11, WHO Regional Director for the Eastern Mediterranean Dr. Ahmed Al-Mandhari condemned the threats against health care providers and called on Sudanese authorities to enforce international

humanitarian laws protecting health actors.

KEY FIGURES



9 Million

People supported with emergency food assistance supported by the USG and other donors in 2021



\$37.6 Million

In dedicated FY 2021 USAID/BHA support for life-saving health care programming



\$34.9 Million

In dedicated FY 2021 USG support for WASH activities



14

Number of USG implementing partners supporting programming to combat malnutrition

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

USAID/BHA supports the UN Food and Agriculture Organization (FAO), the UN Children's Fund (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., regionally, and locally sourced cereals, pulses, and vegetable oil. With U.S. Government (USG) and other donor support, WFP reached approximately 9 million people in Sudan with humanitarian food assistance in 2021, including nearly 1.5 million children and nearly 278,000 pregnant and lactating women.

HEALTH

USAID/BHA supports the International Federation of Red Cross and Red Crescent Societies (IFRC), IOM, UNICEF, the UN Population Fund (UNFPA), WHO, and 10 international non-governmental organizations (NGOs) to provide life-saving health care across Sudan. USAID/BHA provides essential medicines, 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 UN Office of the High Commissioner for Refugees (UNHCR)—support essential health interventions for IDPs, refugees, 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 COVID-19—and improve access to safe drinking water. State/PRM and USAID/BHA funding supports FAO, IFRC, IOM, UNICEF, WHO, and 15 NGO partners to provide emergency WASH support, including hygiene awareness sessions and safe drinking water, to conflict-affected populations, as well as other populations in need.

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 the provision of nutritional supplements, as well as health, WASH, and agriculture and food security interventions. Nutritional programming supports community- and evidence-based management of malnutrition by focusing on children and pregnant and lactating women and supporting nutrition education.

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 Abyei Area, Blue Nile, Darfur, and South Kordofan has resulted in increasing food, health, nutrition, protection, shelter, and WASH needs. Humanitarian needs have been compounded by the ongoing economic crisis and the impact of COVID-19 containment measures. Additionally, Sudan experienced its worst flooding in more than 100 years between July and September 2020, affecting more than 875,000 people.
- 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. However, following political unrest, the military took over the government on October 25, 2021, arresting civilian leadership. On November 21, Hamdok was reinstated as Prime Minister under a power-sharing agreement with military leader Abdel Fattah al-Burhan but has since resigned on January 2, 2022.
- The UN estimates that 14.3 million people will require humanitarian assistance in Sudan in 2022. 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—a mountainous region encompassing parts of Central Darfur, North Darfur, and South Darfur states—relief agencies continue to face a challenging operational environment in Sudan.
- On October 4, 2021, U.S. Chargé d'Affaires Brian Shukan renewed the disaster declaration for the complex emergency in Sudan for FY 2022. 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 2022¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
Implementing Partners	Agriculture, Economic Recovery and Market Systems (ERMS), Health, Multipurpose Cash Assistance (MPCA), Nutrition, WASH	Blue Nile, East Darfur, South Darfur, South Kordofan, West Kordofan	\$5,800,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	Humanitarian Coordination, Information Management, and Assessments (HCIMA)	Countrywide	\$3,000,000
WFP	Food Assistance—84,900 Metric Tons (MT) of U.S. In-Kind Food Aid	Countrywide	\$46,617,941
	Food Assistance—Local, Regional, and International Procurement (LRIP); Logistics Support	Countrywide	\$47,000,000
	Logistics Support		\$81,913
	Program Support		\$16,865
TOTAL USAID/BHA FUNDING			\$102,516,719
TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2022			\$102,516,719

USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2021

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
Implementing Partners	Agriculture; Disaster Risk Reduction Policy and Practice (DRRPP); ERMS; Health; HCIMA; Humanitarian Policy, Studies, Analysis, or Applications; MPCA; Nutrition; Protection; Shelter and Settlements; WASH	Blue Nile, Central Darfur, East Darfur, Gedaref, Gezira, Khartoum, North Darfur, Northern, Red Sea, River Nile, Sennar, South Darfur, South Kordofan, West Darfur	\$69,719,095
FAO	Agriculture, Food Assistance–Cash Transfers, WASH	Blue Nile, Central Darfur, Gezira, Khartoum, Northern, Red Sea, River Nile, Sennar, South Kordofan, West Darfur	\$9,000,000
IFRC	Agriculture, DRRPP, ERMS, Health, MPCA, Protection, Shelter and Settlements, WASH	Blue Nile, Gezira, Khartoum, Nile, Northern, Red Sea, Sennar	\$1,674,670
IOM	Agriculture, DRRPP, ERMS, Health, HCIMA, Protection, Shelter and Settlements, WASH	Countrywide	\$22,150,000
OCHA	HCIMA	Countrywide	\$3,000,000
UN Development Program (UNDP)	HCIMA	Countrywide	\$7,990,000
UNDSS	HCIMA	Central Darfur, East Darfur, North Darfur, South Darfur, West Darfur	\$1,000,000
UNFPA	Health, Protection	Blue Nile, Central Darfur, North Darfur, South Darfur, West Darfur	\$1,300,080
UNICEF	Health, Nutrition, WASH	Countrywide	\$17,606,285
UN Mine Action Service (UNMAS)	Protection	Blue Nile, Central Darfur, East Darfur, North Darfur, South Darfur, South Kordofan, West Darfur	\$1,500,000
WFP	Food Assistance–136,670 MT of U.S. In-Kind Food Aid	Countrywide	\$148,228,096
	Agriculture; DRRPP; Food Assistance–LRIP; HCIMA; Logistics Support	Countrywide	\$91,068,400
WHO	HCIMA, Health, Nutrition, WASH	Blue Nile, Central Darfur, East Darfur, North Darfur, South Darfur, South Kordofan, West Darfur, West Kordofan	\$8,540,000
	Program Support		\$140,229
TOTAL USAID/BHA FUNDING			\$382,916,855
STATE/PRM			
International Committee of the Red Cross (ICRC)	Multi-sector Assistance	Countrywide	\$8,175,000
IPs	Protection, ERMS	Countrywide	\$25,000
UNFPA	Multi-sector Assistance	Countrywide	\$2,055,900
UNHCR	Multi-sector Assistance	Countrywide	\$93,630,000
UNICEF	Multi-sector Assistance	Countrywide	\$6,010,000
WFP	Multi-sector Assistance	Countrywide	\$2,000,000
TOTAL STATE/PRM FUNDING			\$111,895,900
TOTAL USG HUMANITARIAN FUNDING FOR THE SUDAN RESPONSE IN FY 2021			\$494,812,755

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of February 18, 2022.

² Total State/PRM funding includes assistance to refugees residing in Sudan, which is also reported in the USG South Sudan Complex Emergency Fact Sheet as part of the South Sudan regional response and the USG Northern Ethiopia Crisis Fact Sheet as part of the Northern Ethiopia regional response.

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)