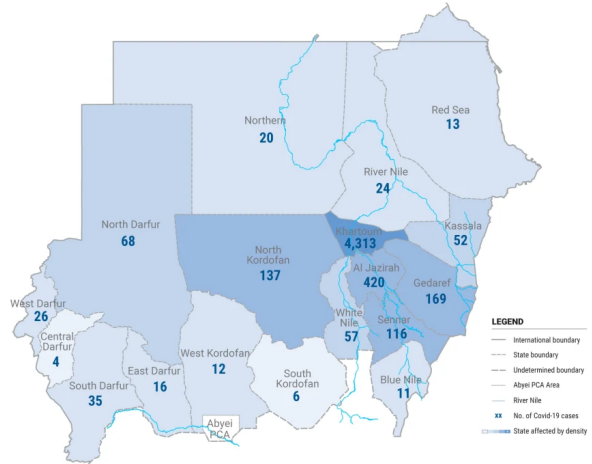


**HIGHLIGHTS** (4 Jun 2020)

- As of 2 June 2020, there are 5,499 people confirmed to have COVID-19 in Sudan, including 314 fatalities.
- COVID-19 is reported in all of Sudan's 18 states. The majority of people with confirmed COVID-19 are in Khartoum State.
- The Government of Sudan will initiate a Family Support Programme to provide direct cash transfers each month to vulnerable Sudanese families.
- Continuing economic crisis and COVID-19 containment measures are leading to increasing staple food prices.
- UN and partners provide over 5,000 people affected by violence in Kadugli with assistance.

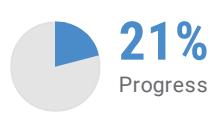


COVID-19 cases in Sudan as of 2 June 2020. The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

**KEY FIGURES**

<b>9.3M</b> People in need (2020)	<b>6.1M</b> People targeted (2020)
<b>1.1M</b> Refugees	<b>1.87M</b> IDPs
<b>5,499</b> Confirmed People with COVID-19	<b>314</b> COVID-19 Related Deaths

**FUNDING** (2020)

<b>\$1.4B</b> Required	<b>\$300.9M</b> Received
 <p><b>21%</b> Progress</p>	
<p>FTS: <a href="https://fts.unocha.org/appeals/870/summary">https://fts.unocha.org/appeals/870/summary</a></p>	

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**SUDAN – TRENDS** (4 Jun 2020)

**Federal Ministry of Health confirms 5,499 cases as of 2 June**

- **First case:** 14 March 2020
- **Total cases:** 5,499 (as of 2 June 2020)
- **Total deaths:** 314
- **States affected:** All 18 states
- **Schools:** Closed ([8,375,193 learners affected](#)).

- **Borders/flights:** All land borders closed. Sudan extends the closure of airports for international and domestic passenger flights until 15 June 2020. This excludes scheduled cargo, humanitarian aid and technical and humanitarian support flights; airlines operating in the oil fields; and evacuation flights for foreign nationals.
- **Containment measures:** Khartoum State has extended its lockdown for another two weeks from 3 - 18 June. Bridges linking Omdurman and Khartoum North are closed. People can access neighbourhood shops, bakeries and pharmacies between 6 a.m. and 3 p.m. daily. In addition, the Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services in the state during the three-week lockdown period. Some states in Darfur Region have closed borders and have imposed curfews to limit the movement of people.

## Situation

Sudan recorded its first COVID-19 case on 14 March 2020. Since then, the Federal Ministry of Health has confirmed that 5,499 people contracted the virus, including 314 who died from the disease. The majority of the confirmed cases are in Khartoum State. In advance of the three-week lockdown in Khartoum State, authorities targeted 600,000 urban poor for a one-off assistance, including food parcels and other essential supplies during the emergency period. The Ministry of Finance and Economic Planning (MoFEP) has also been working on different options to support the population during the COVID-19 lockdown. Among the activities, the MoFEP developed a plan to scale up financing to the health sector and provide cash transfers to 80 per cent of the population—more than 30 million people—most of them informal sector workers whose livelihoods will likely be affected by the restrictions. Each person will receive SDG500,00 (around US\$9,00) per month, according to the Ministry. In addition, the MoFEP informed it would carry out a civil service salary reform to help those on fixed incomes; cushion the private sector through tax and customs exemptions; and it is also evaluating possible support for exporters and other productive industries affected by exchange rates and depreciation.

The Federal Government, the United Nations (UN) and humanitarian partners have joint their efforts to prevent and respond to the COVID-19 outbreak in Sudan. A [COVID-19 Country Preparedness and Response Plan \(CPRP\)](#), organized around eight pillars, is currently being implemented by UN agencies, NGOs and other partners in support to the Sudanese Government-led response.

Immediate priorities include:

- Strengthening the state coordination mechanisms.
- Improvement and scale up of isolation centres at the state level.
- Scaling up the risk communications and infection, prevention and control activities.
- Scaling up testing capacity and prevent delays.
- Strengthening of screening and quarantine facilities at points of entry.
- Improvement in contact tracing.

*Official sources:*

[Sudan Federal Ministry of Health](#)

[WHO Sudan Twitter](#)

*Other sources:*

[COVID-19 Educational Disruption and Response, by UNESCO](#)

[COVID-19 World Travel Restrictions, by the Emergency Division of the World Food Programme \(WFP\)](#)

[Global COVID-19 Airport Status, by the International Civil Aviation Organization \(ICAO\).](#)

## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 1: Country Level Coordination

15

states with coordination mechanisms

\$1.3M

required

#### Needs

Immediate priorities are to strengthen state-level coordination mechanisms.

#### Response

The COVID-19 Working Group has been activated with UN agencies designating staff for each pillar of the response. In May, UN partners updated the [Corona Virus - COVID-19 Country Preparedness and Response Plan \(CPRP\)](#), developed to support the Government of Sudan and national preparedness for COVID-19. The plan, which requires USD\$87 million to implement, focuses on public health measures. The plan will be updated monthly or if the situation changes. The Federal Emergency Operation Centre has been activated with support from the World Health Organization (WHO) and is meeting daily. At state level, WHO will take the lead in states where they have presence, and in states with limited WHO presence another partner organization will take the lead. National pillar focal points will work closely with state focal points, providing the necessary technical guidance. In the states where there is an Area Humanitarian Country Team (A/HCT) or an established humanitarian coordination structure, COVID-19 focal points will work under these mechanisms. The aim is to work through existing coordination mechanisms to the best extent possible. The Refugee Consultation Forum (RCF), led by UNHCR and Sudan's Commissioner for Refugees (COR), is coordinating the response effort for refugees. The RCF has revised a COVID-19 prevention and response plan with different scenarios in case of a COVID-19 outbreak in a refugee camp or settlement. Refugee partners were encouraged to contribute to the local development plans in each state, which are led by Refugee Working Groups. UNHCR and COR have established preventive measures to prevent the spread of COVID-19 cases during the registration of refugees. This includes physical distancing, reduction of intake capacity to reduce overcrowding, hygiene measures such as washing hands, etc. A COVID-19 IDP Camp Coordination Task Force has been established for the specific purpose of COVID-19 prevention, preparedness and response. The Task Force has been initially established for a period of three months. It is co-led by IOM and UNHCR at the country level and reports to the COVID-19 Working Group and will build upon the work already ongoing at the A/HCT level. At the state level, inter-agency coordination responsibility has been divided as follows: IOM (West Darfur, Central Darfur, South Kordofan), and UNHCR (North Darfur, South Darfur, East Darfur, as well as Blue Nile in cooperation with an NGO partner tbc). To ensure a harmonized and predictable approach to COVID-19, the COVID-19 IDP Camp Coordination Taskforce will use Camp Coordination and Camp Management (CCCM) principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in camps and settlements. Initial coordination efforts have focused on camp-lead agencies and completing a survey on current gaps within the IDP camps.

#### Gaps

There are no state level focal points identified in Al Gezira, Northern and Sennar states.

The majority of information is shared as reports but does not include aggregated data. This hampers timely analysis.

## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 2: Risk communication and community engagement

74%

pop. reached by COVID-19 messaging

\$8.8M

required

#### Needs

Engage with existing community-based networks, media, local NGOs, schools, local governments and other sectors such as the education sector and business, using a consistent mechanism of communication to increase the impact of communication campaigns. Existing messaging has reached a large percentage of the population, however, this has not yet resulted in widespread compliance with COVID-19 prevention measures and practices.

#### Response

Risk communications and community engagement efforts are being coordinated by UNICEF. UNICEF and WHO produced Information, Education and Communication (IEC) materials, which were made available in different languages. These materials include leaflets, posters, videos, animations and songs that provide information on COVID-19 symptoms, prevention guidelines, and encourage the adoption of positive health practices and recommend staying at home. Nearly 25.8 million people were reached with messages through SMS. In addition, COVID-19 messages were shared through more than 20 electronic/online newspapers, 13 daily newspapers, to 2014 media personnel on the WhatsApp platform and television reporters of 30 TV channels (national and international). The combined reach of these efforts is an estimated 31 million people or 74 per cent of Sudan's population. UNDP and its partners conducted risk communication and community engagement in 13 communities in South Kordofan, West Kordofan, North Kordofan, Sennar and Blue Nile states. Activities focused on awareness-raising among religious leaders about the need to frequently disinfect mosques and places of worship, community radio broadcast on COVID-19, one-on-one sensitization messaging on COVID-19 using loudspeakers, and the posting of posters on billboards/public structures. The exercise targeted a total of 39,210 households (about 196,000 people). UNDP had used community-level institutions (community management committees – CMCs) established earlier during its community stabilization programming. IOM through the Migrant Resource and Response Centre (MRRC) in Khartoum reached out to 1,235 migrants (mixed nationalities) with COVID-19 awareness SMS messages. The MRRC is also undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants, such as the phone-based medical and PSS counselling. In Geneina, West Darfur, IOM's Rapid Response Fund – through its implementing partner Concern Worldwide – carried out 20 awareness sessions on COVID-19 for recent IDPs. Mobile megaphones were used to reach 2,700 persons, and 1,347 COVID-19 preventive IEC materials were distributed during the awareness sessions. The Risk Communication pillar has developed a web site to share COVID-19 awareness raising messages: <https://news.covid19.sd/>

#### Gaps

The impact of risk communication messages has been limited and compliance with recommendations has been uneven. The pillar leads are examining how to partner with influential members of the community, including religious leaders, to improve compliance.

## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 3: Surveillance, Rapid Response Teams, and Case Investigation

17

states with trained RRTs (out of 18)

\$3.5M

required

#### Needs

- Improvement in contact tracing and scaling up the rapid response teams.
- Production and distribution of guidelines, contact tracing, and case definition formats.
- Enhance existing surveillance system to enable monitoring and reporting of COVID-19 transmission.
- Contact tracing through health promotion and rapid response teams and training of surveillance officers on case definition and contact tracing
- Support RRT through operational costs, subsidies, material and supplies and capacity building in order to strengthen surveillance, case detection and early action.

#### Response

Sudan state of transmission is now classified as community transmission. For the majority of cases the transmission chain cannot be established. According to reports from the Federal Ministry of Health (FMoH), 26.8 per cent of the total confirmed cases reported during week 20, followed by 23.1 per cent in week 21 and 22.7 per cent of confirmed cases reported in week 22. During last week (week 22); reported deaths represent 39.4 per cent of the total recorded and Case Fatality Rate (CFR) was the highest (10 per cent) since the beginning of the outbreak. By the end of week 22, North Darfur and Central Darfur states have the highest CFR with 36.8 per cent and 50 per cent, respectively. Sudan CFR has jumped from 4.0 per cent to 5.7 per cent since the beginning of week 21. The FMoH Directorate General of Emergency and Epidemic Control is producing daily COVID-19 updates. The updates show total new confirmed cases as well as cumulative and total deaths by state. Central and North Darfur currently have the highest CFR. WHO has trained a total of 277 RRTs (1,643 participants) in 17 states, including additional teams for Khartoum and Gezira states. Training of RRTs in eight localities of Northern State is planned. WHO has updated interim guidelines on surveillance and standard reporting forms (Arabic). In addition, other templates and standards such as close contacts forms, line-lists and a data dictionary have been shared with the FMoH in order to streamline and standardize reporting. A surveillance system on COVID-19 has been set up in all refugee camps. UNHCR worked with the MoH to make sure all the health partners, outreach workers and community volunteers along with UNHCR staff are trained on guidelines on how to identify a potential case so that they can advise on self-isolation and inform health authorities for further checks. Should they confirm the transmission of the virus through a test, the surveillance protocol foresees that the information is reported up to the national level. UNICEF supported the development of a community-based active search and contact tracing guideline, which aims at deploying trained and equipped community volunteers to conduct house to house visits for active search and contact tracing. The first national training of trainers was done for 13 medical professionals in Khartoum State. Training of 250 community volunteers is planned to start this week. FMoH plans to scale this up to additional states in the coming weeks. Random testing of people from across Khartoum state will be carried out to better understand the spread of COVID-19 within the state.

## ↔ Gaps

The Ministry of Health Epidemiology Surveillance at all levels are using WHO standard COVID-19 case definition; however, the application of the WHO case definition at the clinical level is not always followed, which may have led to misclassification and under-reporting of suspected cases. Lack of timely updates on COVID-19 epidemiological situation, including detailed data sharing and reporting (line lists) on the status of patients, makes analysis and planning difficult.

## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 4: Points of Entry (PoE)

## 📋 Needs

Immediate priorities include strengthening the screening and quarantine facilities at points of entry.

## ➡ Response

All PoEs are currently closed and the priority is to continue to strengthen readiness of PoEs before they re-open. The PoEs Technical Committee meets Sundays and Wednesdays with 5-6 relevant ministries and the Humanitarian Aid Commission (HAC), to discuss issues related to the movement of humanitarian aid (during curfew), aid delivery, and UNHAS flights. WHO supported training of 65 teams at PoEs on COVID-19 surveillance and infection control measures utilizing WHO interim guidance on surveillance, infection prevention and control. A total of 50 volunteers were trained to start health education in Port Sudan focusing on COVID-19. Infection Prevention and Control (IPC) material for the triage and primary screening areas in PoEs was donated by WHO. IOM has collected data on PoEs and timelines for mobility restrictions. The most recent dashboard is available here: <https://displacement.iom.int/reports/sudan-%E2%80%94-mobility-restriction-dashboard-6-3-june-2020>

IOM did a needs assessment at Khartoum International Airport assessing the needs for infrastructure rehabilitation, IPC equipment and WASH facilities to support health screening upon arrival and IPC protection for departing passengers. IOM continues discussions with the government authorities on how to safely repatriate up to 11,000 Sudanese who are stranded abroad. IOM and WHO are coordinating with the FMOH and with the Ministry of Interior to organize training for immigration and other staff working at PoEs in COVID-19 awareness and the correct use of PPE.

## ↔ Gaps

- Borders from neighboring countries are porous in some areas and crossings continue at land borders.
- Additional capacity and partners are required to support WASH and physical infrastructure rehabilitation, particularly for states in the south and west of Sudan .
- There is a need for an official agreed government policy on Sudan's policy on the quarantining of new arrivals.
- Lack of assessments on the capacity and needs of PoEs outside Khartoum is hampering a comprehensive response.

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## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 5: National Laboratories

**100%**

daily testing goal reached

**\$2.4M**

required

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#### Needs

Immediate priorities include streamlining processes to prevent delays, including case identification, sample collection and transportation of samples to the lab. Currently, Sudan has some of the lowest testing capacity in the region.

#### Response

A total of 50 laboratory staff have been trained by WHO on sample collection, transportation and testing. Laboratory staff have also received PPE from WHO. The FMoH target is to identify and equip up to seven laboratories across the states to achieve “zonal coverage” to all states and achieve 600 tests per day. Currently the labs have the capacity to test 800 samples per day—exceeding the original goal. An average of 300 samples are processed each day. Samples are processed between 24-48 hours. Among the samples currently processed, the rate of positive tests is decreasing. The COVID-19 laboratory network currently has four functioning laboratories: The National Public Health Laboratory (NPHL) in Khartoum, the Red Sea Central Laboratory, Blue Nile Institute in El Gezira and the Darfur Centre for Communicable and Non-communicable Diseases in Nyala (South Darfur)—which is the first laboratory with the capacity to test COVID-19 in Darfur.

#### Gaps

Testing capacity has increased significantly since the first case was declared in March—however, overall capacity remains low compared to the rest of the region. Although the capacity of the labs has increased, the collection of samples and transportation to the lab for processing is causing delays in confirming cases.

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## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 6: Infection, Prevention and Control

**\$35.9M**

required

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#### Needs



- Disseminate IPC guidance and messages for home and community care providers in local languages and adopt relevant communication channels.
- Support access to water and sanitation (WASH) for health services in public places and community spaces most at risk, including handwashing facilities in high-risk spaces focusing on isolation and treatment centres.
- Improve WASH facilities in designated health facilities for COVID isolation centres.
- IPC in non-treatment health facilities including training, equipment and guidelines in PHC and rural health facilities.

## → Response

Infection control supplies such as soap, water tanks, hand sanitizer, water purification supplies are being sent to states. State-level WASH assessments of isolation centres were completed, and response plans were prepared for West Darfur, Central Darfur, White Nile, Kassala, Red Sea, Gedaref and Sennar states. IOM through the migrant resource and response centre (MRRC) in Khartoum is undertaking protection activities, such as phone-based medical and PSS counselling to mitigate the impact of COVID-19 on vulnerable migrants. In addition, IOM is distributing medicine and PPEs to migrants in Khartoum State. Additional support items are in the pipeline to provide PPE and hygiene items to migrant children and youth who have been stranded at Islamic schools in Khartoum and Gedaref due to the containment measures currently in place. PPE items, including hand sanitizers, masks, gloves and disinfectant sprays, were distributed to 413 people. A total of nine isolation centres in Blue Nile, Sennar, Gezira and River Nile states with the capacity to handle a combined 1,080 patients received UNICEF WASH COVID-19 related supplies. The supplies are expected to cover WASH needs for the next three months. They consist of 360 kg of chlorine powder for the preparation of 46,800 liters of chlorine disinfection solution; 3,000 liters of alcohol sanitizers; 6,480 bars of soap for handwashing; and 16 water storage tanks with the total capacity of 80,000 liters. Eight isolation centres in Blue Nile, Sennar, White Nile and Kassala states were provided with water storage tanks, water connections, innovative handwashing facilities and had their latrines rehabilitated benefitting around 960 people (current and expected COVID-19 caseload) and medical staff. IOM's Rapid Response Fund, through its implementing partner Concern Worldwide, established 20 portable handwashing stands in 10 temporary gathering sites in Geneina, West Darfur. These stations are intended to provide hand washing facilities to an estimated 5,000 IDPs. Soap was distributed to over 14,300 South Sudanese refugees in South Kordofan State. UNHCR in partnership with the Sudanese Red Crescent Society (SRCS) started the distribution of soap for the refugees in Dar Batti and Um Kawaro refugee settlements, targeting over 14,300 South Sudanese refugees (13,885 in Dar Batti and 423 in Um Kawaro) to date. The distribution is still ongoing in Um Kawaro. During the distribution, COVID-19 awareness messages were shared and precautionary measures such as social distancing were implemented during the distribution process.

## ↔ Gaps

Data about the status of isolation centres.

## SECTOR STATUS (4 Jun 2020)



### COVID-19 Response Pillar 7: Case Management

**\$26.2M**

required



### Needs

Immediate priorities include the improvement and scaling up of isolation centres at the state level.

### Response

There are currently an estimated 36 functional isolation centres in Sudan with a total of 194 ICU beds and 160 ventilators. Of those, 93 of the ICU beds and the ventilators are located in Khartoum state. On 22 May, the installation of 24 AC units and 13 HEPA filters to Jabra hospital was completed. This was managed by IOM and completed through the funds from private companies. An assessment identified additional work to be completed, including the installation of additional air purification filters and suction fans, review of leaks in the roof and the sewage network. New guidelines have been published related to home isolation and care.

### Gaps

- Data on location and capacity of isolation centres throughout Sudan.
- PPEs for medical staff.
- Low levels of stock of medicines and medical supplies inside the country amidst rapidly raising prices.
- Supplies are required for isolation centres outside of Khartoum.
- Human resource capacity to support ICUs and ventilators.

## SECTOR STATUS (29 May 2020)



### COVID-19 Response Pillar 8: Operational Support and Logistics

**\$4.7M**

required

### Needs

- Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies.
- Review procurement processes (including importation and customs) for medical and other essential supplies, and encourage local sourcing to ensure sustainability
- Support to MoH - equipment and consumables
- Air freight from regional hub to Khartoum

### Response

The pillar supported delivery of cargo which included medicines on behalf of UNICEF, UNDP (NMSF), and GOAL from Khartoum to various states.

UNHAS is supporting the transportation of samples to laboratories for testing.

Partners are encouraged to register at country level for access to the partner platform to upload their demand for critical items. To access the portal: • If not already registered, sign up to the COVID-19 Partners Platform (<https://covid-19-response.org>) • Applications must be approved by the platform’s Country Administrator/s • Once approved, log in and follow the link to the COVID-19 Supply Portal • Register to become a user of the COVID-19 Supply Portal The [Emergency Service Marketplace](#) has been launched. This digital platform provides information on services, availability, and overall logistics updates on the COVID-19 response.

### ↔ Gaps

- The closure of borders has negatively impacted arrival of supplies—the majority of which arrive through Khartoum or Port Sudan.
- The shortage of fuel is affecting transportation, which will negatively impact moving supplies across the country.
- UNHAS passenger flights are suspended during the lockdown.
- Eid Holidays slowed down service delivery as government offices are closed hence permits for truck movements cannot be obtained.

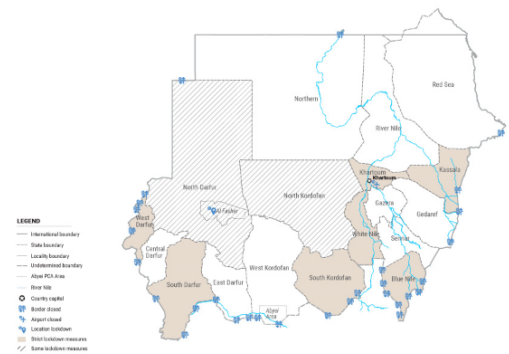
## EMERGENCY RESPONSE (2 Jun 2020)

### State containment measures to prevent the spread of COVID-19

As the number of people affected by COVID-19 continues to increase across the country, states have been implementing preventative measures to curb the spread of COVID-19.

#### Khartoum State

- **Gatherings:** All gatherings have been banned. The Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services.
- **Airports:** On 31 May, the Government extended the closure of airports to international and domestic passenger flights until 15 June. This excludes scheduled cargo flights; humanitarian aid and technical and humanitarian support flight; flights of companies operating in the oil fields; and evacuation flights for foreign national.
- **Curfew:** The curfew/lockdown has been extended from 3 June to 18 June. People can access neighbourhood shops, bakeries and pharmacies between 6:00 am and 3:00 pm daily. Bridges linking Omdurman and Khartoum North are closed.
- **Violations of curfew:** Fines will be levied for people breaking curfew, people assaulting doctors, people monopolizing food and medicine, or people spreading false information.



*Sudan COVID-19 Containment Measures (May 2020)*

- **Borders:** borders with neighbouring states have been closed, with the exception for commercial vehicles carrying strategic commodities such as food, medicines and fuel etc.
- **Movement**
  - Movement of humanitarian supplies and staff is allowed with permits.
  - Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.
- **Restrictions specific to humanitarians:**
  - Only international NGOs implementing COVID-19 response may apply for movement permit.

### **Blue Nile State**

- **Gatherings:** During curfew hours, all public and commercial stores, cafes and restaurants closed; except for health institutions and pharmacies.
- **Curfew:** Effective as of 24 April from 6:00 p.m. to 6:00 a.m.
- **Movement:**
  - No public or private transport during curfew hours.

### **Central Darfur State**

- **Gatherings:** All gatherings have been banned including prayers at mosques, weddings, funerals etc. Exceptions include pharmacies, health facilities and bakeries. Weekly markets in areas outside Zalingei town have been banned.
- **Curfew:** A curfew was put in place from 5:00 pm to 6:00 am across the state as of 17 May for two weeks. People can access shops from 6:00 am to 5:00 pm daily.
- **Violations to the curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about \$180).
- **Movement:**
  - No movement to and from localities and Zalingei town is allowed except for strategic commercial goods (food, medicine, fuel etc.).

### **East Darfur State**

- **Movement:**
  - Verbal commitment from HAC that humanitarian organizations are not affected by any of the decrees.
  - Movement of humanitarian supplies allowed with permits.
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed with permits.

### **Gedaref**

- **Gatherings:** All markets have been closed.
- **Curfew:** Two-week curfew/lockdown in the state starting 1 June.

### **Kassala State**

- **Gatherings:** All gatherings have been banned including prayers at mosques, weddings, funerals etc. Fuel stations to provide fuel to those with permits.

- **Curfew:** Curfew/lockdown in the state extended for 14 days as of 27 May. People can access neighbourhood shops from 6:00 am to 12:00 pm daily.
- **Violations to the curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about \$180).
- **Movement:**
  - Movement of humanitarian supplies and staff is allowed.
  - Exceptions for movement include health workers; water and electricity emergency teams; employees of the Zakat Chamber; civil society organizations; HAC essential staff; vehicles transporting strategic commodities (food, fuel etc); workers at slaughterhouses; staff of Kassala Radio and TV station; and journalists who have permits.
- **Restrictions specific to humanitarian actors:**
  - No registration of new organizations.
  - No field activities, donor visits or workshop.
  - Only four staff to be present at international NGO or national NGO premises at any given time.

### **North Darfur State**

- **Gatherings:** All markets in the state capital, El Fasher town, and pharmacies can work from 6:00 am to 2:00 pm. Mass prayers in mosques have also been banned.
- **Congestion at the workplace:** All government staff have been given paid leave starting 4 May until after Eidd, except for emergency staff.
- **Curfew:** Effective as of 26 April until further notice.
- **Violations of curfew:** Anyone who violates the curfew shall be liable to legal action.
- **Borders:** Entrances to El Fasher are closed. International borders with Chad and Libya have been closed since 25 March.
- **Movement:**
  - Permits are required for movement within the state.
  - Movement of humanitarian supplies allowed with permits.
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

### **North Kordofan State**

- **Borders:** North Kordofan State has closed its borders with other states and has deployed police and security forces at entry points.
- **Movement:**
  - Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.

### **South Darfur State**

- **Gatherings:** All gatherings have been banned including religious gatherings, funerals, and prayers at mosques and churches. People can buy groceries from neighbourhood shops between 6:00 am and 2:00 pm. Health facilities pharmacies, electricity centres, bakeries, water distribution centres, commercial trucks carrying strategic goods (food, medicine, fuel etc.), and specified fuel stations authorized for government use are exempted.

- **Congestion at the workplace:** Government workers have been given three-weeks leave as of 11 May except for essential staff. Humanitarian organizations can report to work as usual but need to leave work by 2:00 pm.
- **Curfew:** Three-week curfew/lockdown from 6:00 pm and 6:00 am effective as of 11 May in Nyala and Nyala north localities. In other localities in the state Locality Commissioners to determine curfew times.
- **Violations of curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about \$180), or imprisonment for not less than three months.
- **Borders:** international borders and borders between localities and with neighboring states have been closed.
- **Movement:**
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed, but permission is needed for inter-state movement.
  - Humanitarian are allowed to move between localities for operational purposes, but they need clearance from HAC. Permits are also required for movement of humanitarian supplies between localities and outside curfew hours.

### **South Kordofan State**

- **Gatherings:** All gatherings have been banned including all celebrations, prayers at mosques, and queues in front of bakeries and fuel stations. Public transportation and busses need apply social distancing. The weekly market has been closed.
- **Restrictions specific to humanitarians:**
  - There will be no registration of new organizations.
  - No field activities, donor visits, or workshops will be held. Exceptions are for food and NFI distributions and for Nutrition and WASH interventions.
  - Staff presence at humanitarian organizations to be reduced to not more than five staff members in an office at a time.
  - Humanitarian and UNISFA Flights have been cancelled by local authorities, despite clearance from federal authorities.

### **West Darfur State**

- **Gatherings:** All markets throughout the state are closed after 2:00 pm. All public transport and bus stations closed. Prayers mosques can be done in open areas. Banks in El Geneina have closed as of 10 May - this is affecting humanitarian programming, especially for those working in the health sector and responding to COVID-19 as they need to withdraw money to pay incentives to staff seconded from the State Ministry of Health.
- **Curfew:** Effective as of 2 May from 11:00 pm to 6:00 am.
- **Violations of curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about \$180), or imprisonment for not less than one month.
- **Borders:** borders between localities and with neighboring states have been closed. All entry points to the state capital, El Geneina town have been closed. Border with Chad is closed.
- **Movement:**
  - Limited movement in the state.
  - Movement of humanitarian supplies allowed.

- Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

### **West Kordofan State**

- **Restrictions affecting humanitarian actors:**

- Effective 3 May, all routine humanitarian activities to be put on hold except for those related to COVID-19 response.

### **White Nile State**

- **Gatherings:** all gatherings are banned. Markets are closed, except for groceries, bakeries, pharmacies and electrical shops.
- **Congestion at the workplace:** Government staff have been given paid leave except for staff of strategic ministries such as electricity, water, health, armed forces, police and security forces.
- **Curfew:** Effective as of 24 April from 4:00 pm to 6:00 am.
- **Borders:** borders between localities and neighbouring states are closed.
- **Movement:**
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

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## **FEATURE** (4 Jun 2020)

### **Vulnerable families to receive assistance through the Government's Family Support Programme**

To mitigate the effect of the economic crisis compounded by the adverse socio-economic impacts of COVID-19—with the closure of nonessential businesses—coupled with rapidly rising food prices, the Government of Sudan will implement a Family Support Programme, which will provide support vulnerable families. An estimated 65 per cent of the population live below the poverty line, according to the Government. The Family Support Programme will provide direct cash transfers each month to around 80 per cent of Sudanese families to support them through the challenging economic circumstances currently facing the country, safeguarding people at risk of slipping into extreme poverty. The multi-ministerial programme, led by the Ministry of Finance and Economic Planning (MoFEP), is expected to start in the second half of the year with financing from the Government of Sudan and partners.

WFP signed a memorandum of understanding (MoU) to support the programme by developing a cash transfer delivery and payments system, and a complaints and feedback mechanism—including a call centre. This platform will allow for the efficient and accountable digital delivery of a broad range of social protection and other Government services to the people of Sudan. The United States Agency for International Development (USAID) and other donors, alongside technical partners like the World Bank will enable WFP to provide this critical assistance.

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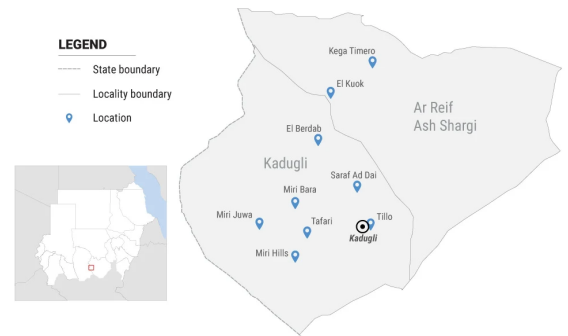
## **EMERGENCY RESPONSE** (4 Jun 2020)

### **UN and partners provide over 5,000 people affected by violence in Kadugli with assistance**

The United Nations and its partners are providing humanitarian assistance to more than 5,000 people who were displaced in and around Kadugli, capital of South Kordofan State, following violent clashes on 12-13 May between different armed groups affiliated with two tribes. As of 31 May, the Humanitarian Aid Commission (HAC) in South Kordofan registered 20,400

people who have been displaced. The clashes led to loss of lives from both sides, physical injuries, burning of houses, looting of household goods and destruction of public infrastructure.

Most of the displaced people – about 18,000 – fled from sites of Tillo IDPs camp, Albardab, Alban-Jadid and Burnuo, and are currently taking refuge in two schools in the southern part of Kadugli - Um Battah Basic School and Liwaa Al-Islam Boys Basic School and some other locations (for details please see the map). This is their second displacement as they were initially displaced from their original areas of Al Buram and Heiban administrative units during the conflict between the former government security forces and the Sudan People's Liberation Movement – North (SPLM-N) that started in June 2011.



*South Kordofan, location of areas affected in and around Kadugli*

Rapid inter-agency assessments were carried out on 19 and 28 May by South Kordofan State sector leads and humanitarian partners. The objective of the rapid inter-agency assessments was to assess the situation and identify urgent needs of people sheltered in the schools to inform lifesaving and emergency interventions in the wake of COVID-19 pandemic.

The assessment team also visited Tillo settlement and found out that the area was vandalized and destroyed. The service facilities were badly affected including two health centers in Tillo, which were being managed by the State Ministry of Health (SMoH) and supported by the Save the Children (SC) and the International Medical Corps (IMC). One of the health facilities was destroyed and all the medical supplies and equipment stolen while the other one was only looted. Some solar systems powering water yards were taken. The displaced persons are not willing to return to Tillo site as the area is very close to an area occupied by the conflicting party and will be exposed to attacks and insecurity threats. Tillo was also affected by UXOs in dangerous conditions. At least five pieces of unexploded ordnance (UXO) were visible around the area affected; two in the residential area and the rest were about 100m east side of the neighborhood. The high-level visit from Khartoum assured the displaced people of their security and urged them to return to their residences. In the past few days, majority of the displaced persons have opted to relocate to Tillo Askan and Taffari settlements in Kadugli.

The team observed that the IDPs were deprived of their belongings as they left almost everything behind, with their houses either burned or looted. A few came with light items including beddings and around three families came with their goats. Most of the population are women, adolescents and children, with few men around. The affected people need food, and HAC provided small amount of food including food meals for the first three days and 50 bags of sorghum. The displaced persons lack shelters, water, cooking utensils, hygiene items (such as buckets, washing bowls, jerry cans, cups, soap and sanitary pads), sleeping mats and health services. Efforts are needed to create awareness and provide assistance in line with COVID-19 preventive measures.

In addition, the assessment team found out that the provision of full NFIs kits to all affected families and temporary communal shelters is a priority. The majority of IDPs are old caseload beneficiaries of food aid assistances, and food assistance needs to be resumed urgently.

By 2 June, over 5,000 displaced people received non-food assistance provided by the government authorities, UN and partners over the past weeks. The Government of Sudan's Humanitarian Aid Commission (HAC) provided 60 sacks of sorghum and 300 tents. The UN Refugee Agency (UNHCR) and the International Organization for Migration (IOM) have distributed 1,000 NFI kits for at least 5,000 IDPs, with additional 1,000 kits expected to be transported from El Obeid and distributed by the weekend. By the weekend, at least 10,000 people or half of the registered IDPs are set to receive non-food essential items. HAC has also received 4,000 plastic sheeting and 600 bags of sorghum and currently distributing to



affected people. HAC is also liaising with other Government security agencies and the UN Mine Action Service (UNMAS) for the removal of UXOs in Tillo. The place has been demarcated with clear signs and a group of youths who were trained on mine action are assigned to guard the place until the UXOs are removed.

The World Food Programme (WFP) resumed the transportation of food rations from El Obeid and the food distribution for May and June to the IDPs, majority of them were existing caseload, is expected to re-start by 4 June.

Health sector partners, including the World Health Organization (WHO), the UN Children's Fund (UNICEF) and others, are supporting two mobile health clinics with essential drugs and health promotional activities for one month.

Nutrition sector partners screened 537 under-five children, and found 14 children with severe acute malnourished (SAM) and 78 children with moderate acute malnutrition (MAM). They were given 15-days ration of Ready-to-use Therapeutic Food (RUTF) and one-month ration of Plumpy supplement.

In terms of WASH and COVID-19 risk mitigation, the international NGO CARE distributed 650 bars of soap to IDPS in four locations.

As for the gaps, two water systems need repairing, latrines need to be cleaned, hygiene awareness activities boosted and the distribution of soap increased to cover all those in need. In addition, funding is needed to cover the cost of two mobile clinics and referral system at US\$350,000. In the context of COVID-19 risks, there is a need to adapt the operation guidance for treatment of malnourished children and control the infection of children, caregivers and the staff.

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## FORECAST (4 Jun 2020)

### **Continuing economic crisis and COVID-19 containment measures are leading to increasing staple food prices**

Staple food prices continued to increase more rapidly than normal in May. Prices for sorghum, millet, and wheat have increased by 20 to 50 per cent between April and May, reports FEWS NET in their latest [Key Message Update](#). At these levels, prices remain more than double compared to last year and more than four times higher than the recent five-year average. These price increases are being driven by a combination of the continued macroeconomic crisis as well as control COVID-19 control measures that are limiting market supply. High prices, in combination with significant reductions in labour income—due to lockdowns—are likely to result in increasing humanitarian assistance needs through at least September 2020.

According to FEWS NET, more people, including protracted internally displaced persons (IDPs) in Darfur and South Kordofan, and poor households in urban and rural areas most affected by COVID-19 control measures, are expected to face Crisis (IPC Phase 3) levels of food security—when there is a critical lack of access to food, as well as high malnutrition and a depletion of livelihood assets that, if continued, will slide the people into worse food insecurity or chronic poverty—or worse through September 2020. Emergency (IPC Phase 4) levels of food security—when there is a severe lack of access to food, as well as very high malnutrition and mortality rates and irreversible livelihood asset stripping—outcomes are expected among IDPs in conflict-affected areas of Jebel Marra in Darfur, in areas controlled by the Sudan People's Liberation Movement – North (SPLM-N) in South Kordofan, as well as in parts of Red Sea and Kassala states during the peak of the lean season from June to September 2020.

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## EMERGENCY RESPONSE (29 May 2020)

### **Over 1,300 urban refugees in El Fasher, North Darfur, receive food assistance**

Over 1,300 urban refugees (some 500 families) affected by the lockdown in El Fasher, state capital of North Darfur State, received three-months food assistance from WFP. UNHCR, the UN Refugee Agency, distributed the food in collaboration with COR. The Ministry of Health was monitoring compliance with COVID-19 prevention measures during the distribution to ensure the health and safety of those receiving food and the staff involved in the distribution. A total of 68.1 metric tons of food - cereals, pulses, oil and salt - was distributed between 17 and 19 May 2020.

UNHCR Protection staff seized the opportunity to conduct protection monitoring through individual interviews with women.

Most of these refugees earned their living through daily work in construction, as house helpers, welders or carpenters. All of them were affected as state authorities implemented movement restriction to prevent the spread of COVID-19.

Their situation will be further assessed to determine if they require additional support. UNHCR and COR have already distributed three-month soap supplies and carried out risk communication and awareness-raising activities for these refugees.

One of the challenges faced during the distribution was the delay in loading trucks. This was mainly due to the shortage of fuel—as trucks wait for long hours at fuel stations to get fuel—and difficulties in finding porters to work during mid-day in Ramadan.



*Distribution of 3-month food assistance to urban refugees in El Fasher, North Darfur State, Sudan (UNHCR, May 2020)*

### **VISUAL** (29 May 2020)

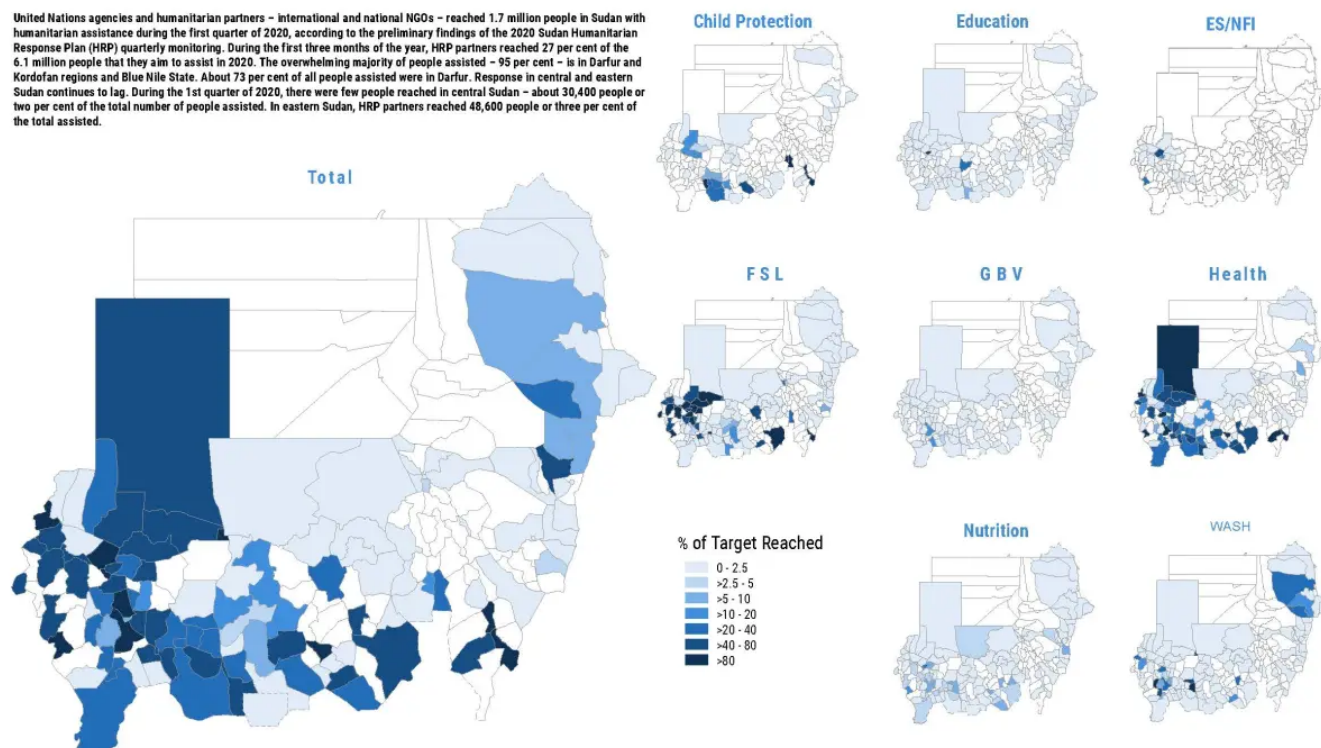
**UN and partners reach 1.7 million people in Sudan with humanitarian assistance in January-March 2020**



### SUDAN

Target reached by sector for Q1 (May 2020)

United Nations agencies and humanitarian partners – international and national NGOs – reached 1.7 million people in Sudan with humanitarian assistance during the first quarter of 2020, according to the preliminary findings of the 2020 Sudan Humanitarian Response Plan (HRP) quarterly monitoring. During the first three months of the year, HRP partners reached 27 per cent of the 6.1 million people that they aim to assist in 2020. The overwhelming majority of people assisted – 95 per cent – is in Darfur and Kordofan regions and Blue Nile State. About 73 per cent of all people assisted were in Darfur. Response in central and eastern Sudan continues to lag. During the 1st quarter of 2020, there were few people reached in central Sudan – about 30,400 people or two per cent of the total number of people assisted. In eastern Sudan, HRP partners reached 48,600 people or three per cent of the total assisted.



The depiction and use of boundaries, geographic names and related data shown on maps and included in lists, tables, documents, and databases are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.  
 Creation date: 27 May 2020. Sources: International boundary (UN cartography), State boundary (CBS, FGC, IEC), Data (Q1 HRP). Feedback: ocha@sudan\_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

United Nations agencies and humanitarian partners – international and national NGOs – reached 1.7 million people in Sudan with humanitarian assistance during the first quarter of 2020, according to the preliminary findings of the 2020 Sudan Humanitarian Response Plan (HRP) quarterly monitoring.

During the first three months of the year, HRP partners reached 27 per cent of the 6.1 million people that they aim to assist in 2020.

As a continuation of the trend highlighted in the [2019 HRP Periodic Monitoring Report](#), the overwhelming majority of people assisted – 95 per cent – is in Darfur and Kordofan regions and Blue Nile State. About 73 per cent of all people assisted were in Darfur.

Response in central and eastern Sudan continues to lag. During the 1st quarter of 2020, there were few people reached in central Sudan – about 30,400 people or two per cent of the total number of people assisted. In eastern Sudan, HRP partners reached 48,600 people or three per cent of the total assisted.

For more details please see the data here: <https://data.humdata.org/dataset/sudan-2020-hrp-response-monitoring-4ws-quarter-1>

## BACKGROUND (14 May 2020)

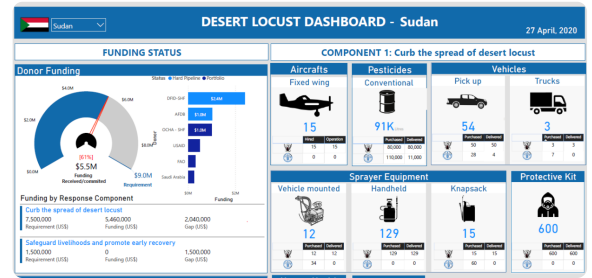
## Desert locust update

The current desert locust situation continues to pose a threat to food security and livelihoods in the Horn of Africa and some Near East and North Africa countries, including Sudan, that face an impending invasion from spring breeding areas, according to the latest [desert locust update from the Food and Agriculture Organization](#) (FAO).

According to the latest forecast, there is a risk that a few swarms could reach the eastern part of the Sahel in eastern Chad from spring breeding areas in Arabia and East Africa (Kenya and Ethiopia). The swarms would first appear in Sudan where the situation is currently dry and calm. The forecast further indicates that if the swarms arrive in Sudan before the summer rains, then they are likely to continue westwards across the Sahel from Chad to Mauritania. The first appearance in eastern Chad could be as early as the second week of June from Arabia and the last week of June from East Africa.

While the current threat is assessed as low, there is the possibility that it can change significantly this month due to rainfall, winds, and spring breeding in Arabia and East Africa. Therefore, efforts in preparedness and anticipatory actions should be immediately and quickly scaled up to face this potential threat, according to FAO.

To curb the spread of the desert locust and safeguard livelihoods and promote early recovery, FAO and partners are seeking US\$9 million from donors. As of 28 April, \$5.5 million has been received – a significant increase compared to \$1.55 million [reported by FAO on 12 March](#). For more details on the response ongoing, funding received, and other aspects of the desert locust response please see the [Desert Locust Dashboard by FAO Sudan](#).



*Desert Locust Dashboard*

## ANALYSIS (29 Apr 2020)

### Population Density and Potential COVID-19 Hotspots in Sudan

About 40 days after the first case of COVID-19 was registered in Sudan, the number of confirmed cases reached 162, including 13 deaths, according to the Federal Ministry of Health (FMoH).

The overwhelming number of the confirmed cases and almost all fatal cases are from Khartoum State. Khartoum is the largest state in Sudan– it has over 8 million residents or about 20 per cent of the country's total population, according to the latest estimate from the [Integrated Food Security Phase Classification \(IPC\)](#). Khartoum is also the main international air travel hub–until recently all of the imported COVID-19 cases were registered in Khartoum.

According to the [World Health Organization \(WHO\)](#), the virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer).

Compared to other parts of the world that are facing the COVID-19 and similar to many countries in Africa, Sudan has a relatively young population with a small fraction of the population who are above 65. The Central Bureau of Statistics (CBS) of Sudan reports that according to its [2018 population projections](#) the ratio of people aged 65 and above was 3.2 per cent. This translates into 1.4 million people based on the IPC 2019 population estimate (44 million).

Khartoum and El Gezira are the two most populous states in the country and have the highest numbers of people above the age of 65. Darfur has the youngest population compared to the rest of the country. In comparison, Khartoum State has more people who are above 65 than the whole of Darfur’s five states combined.

Moreover, Khartoum, Gezira, Kassala and White Nile states might face a significant burden on healthcare if the number of cases increases exponentially combined these states have half of all people aged above 65 in Sudan – 654,000 people. In addition, Khartoum and Gezira states have the highest population density in the country. White Nile also hosts about 252,000 refugees, according to [UNHCR](#). While there have been no cases reported among refugees in Sudan, camps and camp-like settings are of particular concern for the spread of COVID-19 due to often crowded conditions and limited basic services.

In White Nile, less than 70% of the population have access to improved water sources and in eight localities in Kassala, Gedaref and Red Sea states, less than half of the population have access to improved water sources, according to the [S3M survey](#) carried out in 2018. According to the [Joint Monitoring Programme for Water Supply, Sanitation and Hygiene](#), only about 23% of people in Sudan have access to basic hygiene services (soap and water).

An additional concern for the states in central and eastern Sudan is that this region has seen the highest increase in the number of food insecure people in the country. Humanitarian needs have increased substantially in this area over the past few years as a result of the economic crisis.

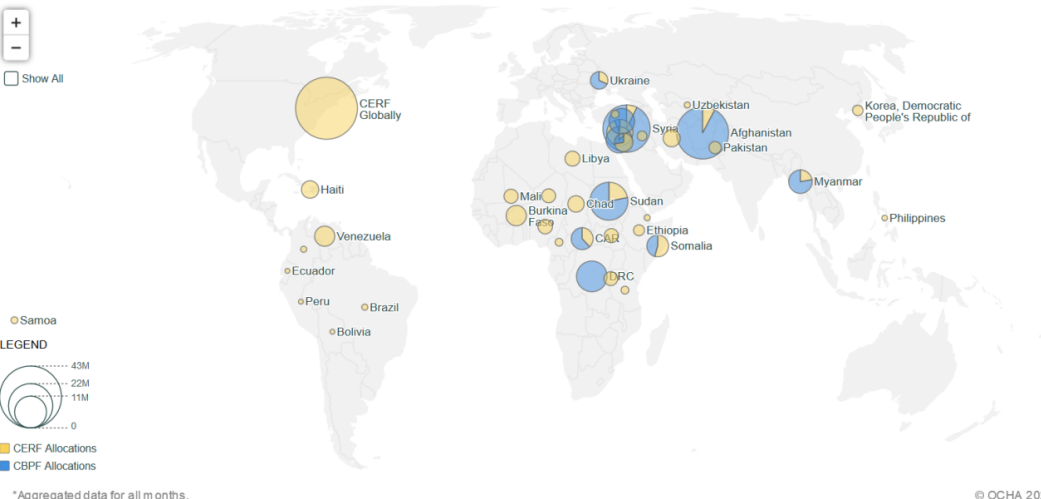
## INTERACTIVE (11 May 2020)

### COVID-19 CBPF and CERF Allocations

#### COVID-19 CBPF and CERF Allocations

108 Allocations 40 Countries 11.2 Million People Targeted \$99.1M CBPF | CERF \$102M

Feb-20 Mar-20 Apr-20 May-20 All



View this interactive graphic: <https://pfbf.unocha.org/COVID19/>



OCHA

# SUDAN

## Situation Report

Last updated: 4 Jun 2020

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