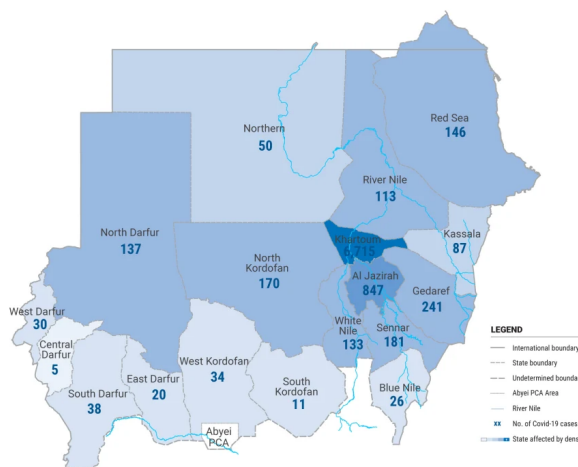


HIGHLIGHTS (25 Jun 2020)

- As of 22 June 2020, there are 8,984 people confirmed to have COVID-19 in Sudan, including 556 fatalities
- Sudan continues to receive assistance from the international community to help combat COVID-19 but more assistance is needed to improve the health system.
- The lockdown in Khartoum State extended until 29 June 2020.
- See the latest OCHA Sudan maps: Prevalence of Diseases in Outpatient Clinics per State; and Health Workforce Density per State.
- Humanitarian partners continue to respond to the COVID-19 pandemic in Sudan through eight pillars.



COVID-19 cases in Sudan as of 22 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

9.3M

People in need (2020)

6.1M

People targeted (2020)

1.1M

Refugees

1.87M

IDPs

8,984

Confirmed People with COVID-19

556

COVID-19 Related Deaths

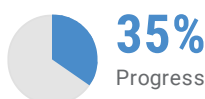
FUNDING (2020)

\$1.4B

Required

\$498M

Received



FTS: <https://fts.unocha.org/appeals/870/summary>

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SUDAN – TRENDS (25 Jun 2020)

Federal Ministry of Health confirms 8,984 cases as of 22 June

- First case:** 13 March 2020
- Total cases:** 8,984 (as of 22 June 2020)
- Total deaths:** 556
- 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 28 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 until 29 June. Bridges linking Omdurman and Khartoum North are closed. People can access neighbourhood shops, bakeries and pharmacies between 06:00 and 15:00 daily. In addition, the Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services in the state during the 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 13 March 2020. Since then, WHO has confirmed that 8,984 people contracted the virus, including 556 who died from the disease. The majority of the confirmed cases are in Khartoum State.

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

To mitigate the adverse socio-economic impacts of COVID-19—with the lockdown and closure of non-essential businesses in many states—coupled with the economic crisis and rapidly rising food prices, the Government of Sudan will implement a Family Support Programme, which will provide support vulnerable families. The Government estimates that 65 per cent of the population live below the poverty line and 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.

Before COVID-19, about 9.3 million people were already in need of humanitarian support across Sudan. Years of conflict, recurrent climatic shocks and disease outbreaks continue to affect the lives and livelihoods of many Sudanese. Hundreds of thousands are food insecure and the country has high malnutrition rates. Because of the fragile economy, more and more people are unable to meet their basic needs, as high inflation continues to erode families' purchasing power. An average local food basket takes up at least 75 per cent of household income.

Response

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 \(ICAO\)](#)

FEATURE (18 Jun 2020)

Sudan receives assistance from the international community to combat COVID-19

As the number of people with confirmed COVID-19 continues to increase the health system in Sudan is struggling to cope with the demand, according to health authorities. More than 7,000 people have now been confirmed to have COVID-19, including over 450 deaths.

Compounded with the current economic crisis, health services are in dire need of more assistance. The Central Bank of Sudan (CBS) reported a decline in the import of medicines for the past couple of years—mainly due to the economic crisis. While imports of medicine in 2019 improved slightly compared to 2018, their levels are 20 per cent below that of 2017, according to the [CBS 2019 Foreign Trade Statistics Digest](#). This decline in imports has resulted in a decrease in the availability of medicine in both government and private sectors compared to previous years, report the Federal Ministry of Health (FMOH) and the World Health Organization (WHO).



Supplies from the Turkish Red Crescent arrive in Khartoum International Airport (Turkish Embassy in Khartoum, 16 June 2020)

In late April, the official union for Sudanese doctors, the Central Committee for Sudanese Doctors (CCDC), warned against the complete collapse of the health system due to the lack of medical supplies and personal protection equipment (PPE) needed by medical staff to respond to the COVID-19 pandemic. By mid-May, the FMOH said they are facing shortages in medical supplies and financial resources needed to implement their COVID-19 preparedness plan.

To help Sudan combat COVID-19 the international community has provided financial support and medical supplies.

Funding support

In early May, the United States allocated US\$ 23.1 million in financial support for COVID-19 response in Sudan. This financial assistance includes \$16.8 million for risk communication, case-management, disease surveillance, infection prevention and control, and water, sanitation and hygiene (WASH) programmes; \$5 million for cash assistance to vulnerable families adversely affected by COVID-19; and more than \$1.3 million to support vulnerable people.

On 28 May, a Chinese medical team arrived in Sudan to assist the country in its response to COVID-19 and in June the Chinese authorities provided funding for the renovation of the first field hospital in Khartoum State. Formerly a camping centre for youth, the newly renovated field hospital will provide testing, isolation and treatment services for people with

COVID-19. The estimated capacity of the hospital is between 300 and 400 beds and will serve people with mild and moderate COVID-19 symptoms.

Medical supplies

On 10 June, the first flight of the European Union (EU) funded Humanitarian Air Bridge to support Sudan tackle the impact of COVID-19 arrived in Khartoum. The cargo flight carried 90 tons of medical equipment, vaccines, water purifiers, medical kits, medicine, and personal protection equipment (PPE) for medical staff. The supplies were distributed and used by the international organizations of Médecins Sans Frontières (MSF), the International Medical Corps (IMC), the UN Population Fund (UNFPA) and the UN Children's Agency (UNICEF), in coordination and cooperation with the FMoH.

On 15 June, a Turkish cargo plane carrying medical supplies to help Sudan combat the spread of COVID-19 arrived in Khartoum International Airport. The cargo plane contained 140 packages of medical supplies, including protective masks, safety goggles and gloves. The supplies will be delivered to the Sudanese Red Crescent Society (SRCS) to distribute among health centres.

The Al Maktoum Foundation sent medical supplies to help COVID-19 response on 6 June. The United Arab Emirates (UAE)-based foundation donated 37 tons of medical supplies, including protective clothing, masks, sterilizers, glucose, and other items. As part of its aid package pledged to Sudan, the UAE delivered about 154 tons of medical supplies between April and May. The three shipments contained medical supplies and equipment to help Sudan's healthcare system and to respond to COVID-19.

The China National Petroleum Corporation (CNPC) donated medical supplies worth \$90,000. The supplies included thermometers, face masks, and gloves.

The Government of Egypt sent four planes of medical supplies to Sudan on 4 May. The supplies included sanitization/autoclave equipment; masks; protective suits; ventilators; oxygen level testing kits; viruses lab equipment; medical solutions; and other medical supplies and kits.

Days after Sudan announced its first confirmed COVID-19 case, the Chinese businessman Jacques Ma sent medical supplies to Sudan. The shipment included testing kits, masks and PPEs arrived on an Ethiopian cargo plane on 23 March. The testing kits were delivered to the national testing facility, while face masks and protective gear were distributed to health facilities throughout the country.

According to the [Sudan COVID-19 Country Preparedness and Response Plan \(CPRP\)](#), the health system in Sudan is marked by decades of limited to no investment, underfunding, and lack of qualified staff, infrastructure, equipment, medicines and supplies. The surveillance system does not cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. Sudan lacks sufficient and adequately trained medical staff to support increased demand, isolation units, intensive care units, infection control materials, medicines and medical supplies to address outbreaks like COVID-19 in all states across the country. Despite the assistance provided, health authorities in Sudan still need the help of the international community to continue their response to the COVID-19 pandemic, provide routine health services, as well as rebuild the health system in Sudan.

During the first quarter of 2020, HRP partners reached 1.7 million people in Sudan with humanitarian assistance, according to the 2020 Sudan HRP [quarterly monitoring](#). This is equivalent to 27 per cent of the 6.1 million people that they aim to assist in 2020. For health response, HRP partners have reached 1.4 million people – 28 per cent of the target.

VISUAL (18 Jun 2020)

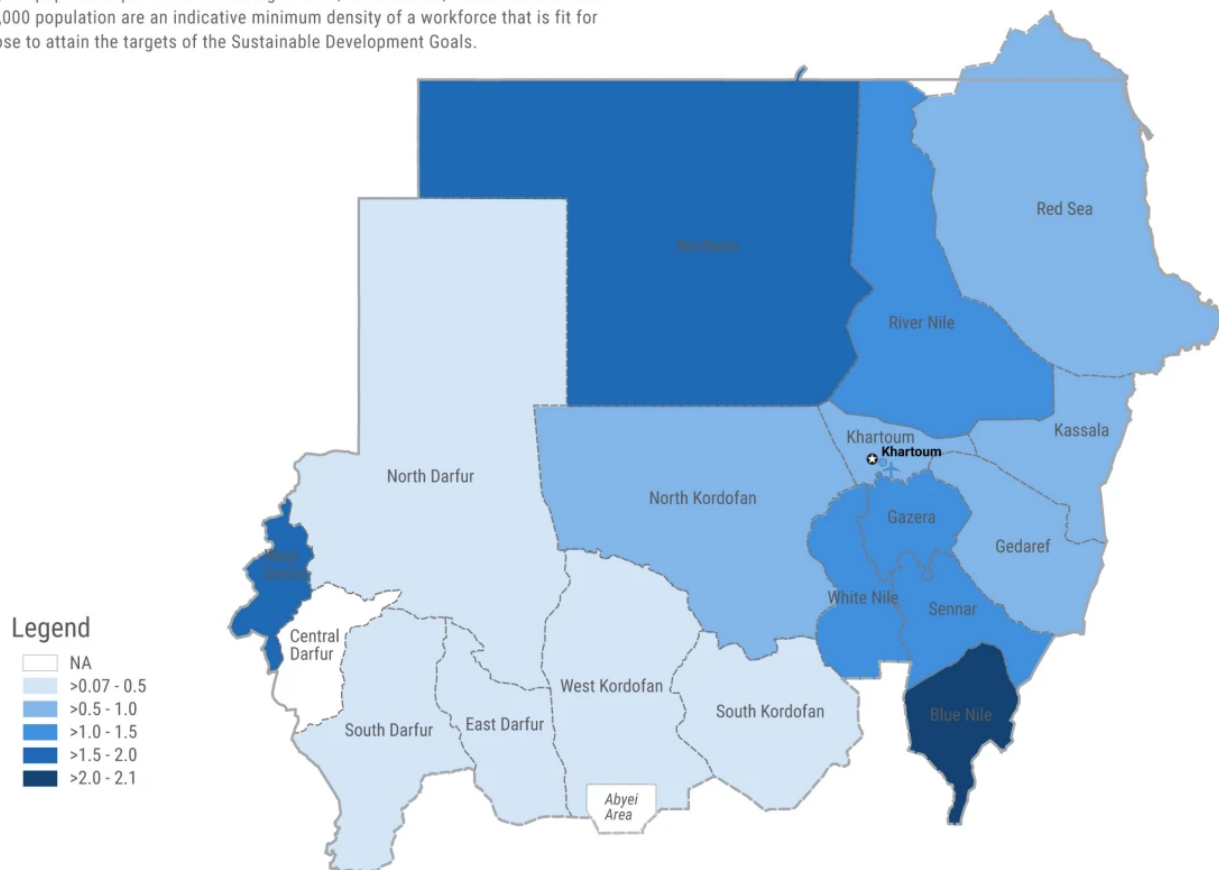
Sudan: Health Workforce Density per State (June 2020)



SUDAN

Health Workforce Density per State

This map illustrates the density of health workforce (doctors, nurses and midwives) per 1,000 population per state. According to WHO, 4.45 doctors, nurses and midwives per 1,000 population are an indicative minimum density of a workforce that is fit for purpose to attain the targets of the Sustainable Development Goals.



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: 15 June 2020 Sources: International boundary (UN), State boundary (CBS, FGC, NIC), Data (2018 Annual Health Statistical Report, FMoH), Settlements (OCHA), Feedback: ochasudan_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

The density of the health workforce (doctors, nurses and midwives) per 1,000 population per state. According to the World Health Organization (WHO), 4.45 doctors, nurses and midwives per 1,000 population are an indicative minimum density of a workforce that is fit for purpose to attain the targets of the Sustainable Development Goals.

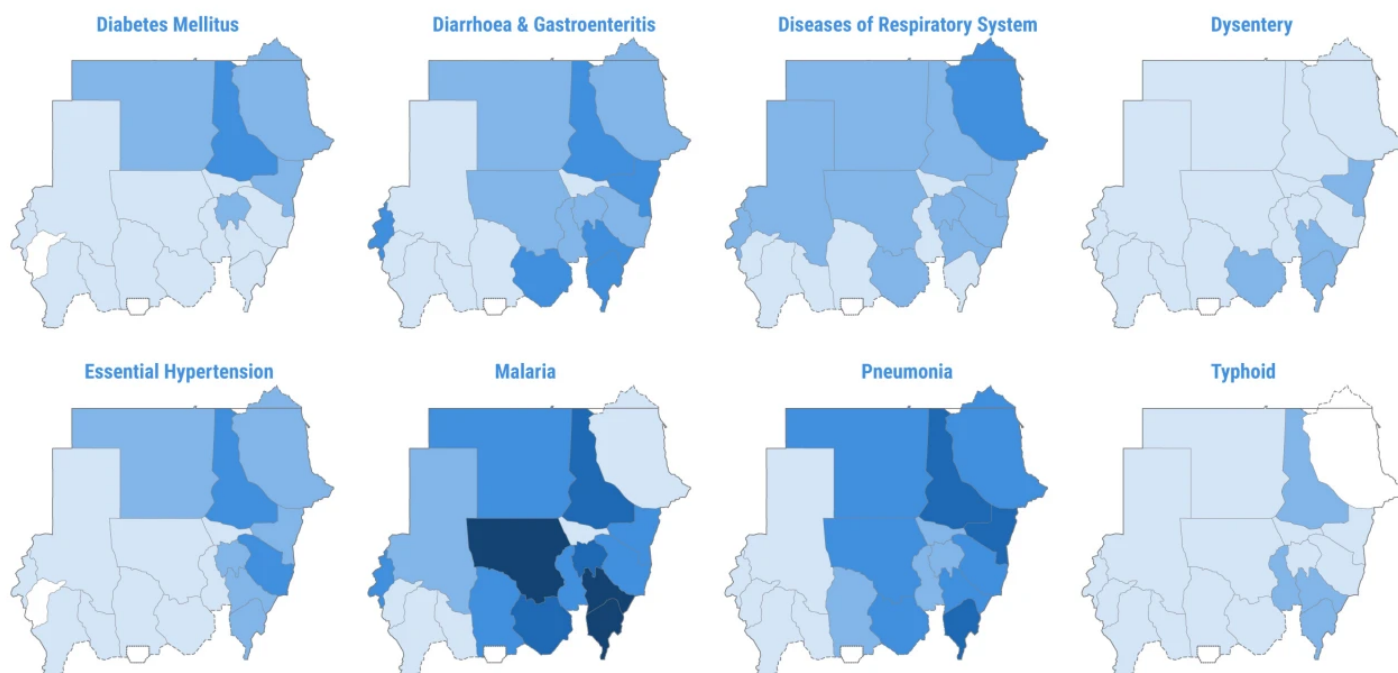
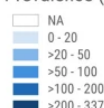
Click [here for the PDF version](#)

VISUAL (18 Jun 2020)

Sudan: Prevalence of Diseases in Outpatient Clinics per State (June 2020)

The maps below indicate the prevalence of main diseases per 1,000 population by state, according to the Annual Health Statistics Report 2018 produced by the Federal Ministry of Health (FMoH). Overall in Sudan, the diseases with the highest prevalence are malaria (85 per 1,000 population), pneumonia, (47 per 1,000), and diarrhea and gastroenteritis (33 per 1,000), according to FMoH.

Prevalence (per 1,000 population)



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The prevalence of main diseases per 1,000 population by state, according to the Annual Health Statistics Report 2018 produced by the Federal Ministry of Health (FMoH). Overall, the diseases with the highest prevalence in Sudan are malaria (85 per 1,000 population), pneumonia, (47 per 1,000), and diarrhea and gastroenteritis (33 per 1,000), according to FMoH.

[Click here for the PDF version](#)

EMERGENCY RESPONSE (18 Jun 2020)

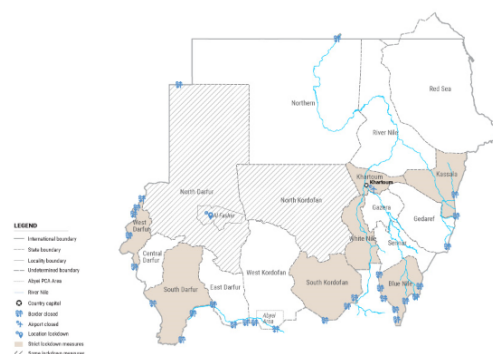
State containment measures to prevent the spread of COVID-19

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 14 June, the Government extended the closure of airports to international and domestic passenger flights until 28 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 to 29 June. People can access neighbourhood shops, bakeries and pharmacies between 06:00 and 15:00 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.
- **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.



Sudan COVID-19 Containment Measures (May 2020)

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 18:00 to 06:00 the next morning.
- **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 17:00 to 06:00 the next morning across the state as of 17 May for two weeks. People can access shops from 06:00 am to 17:00 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.).
 - Movement of humanitarian supplies are allowed with HAC permission.

East Darfur State

- **Movement:**
 - Movement of humanitarian supplies allowed with permits.
 - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed with permits.
- **Restrictions specific to humanitarian actors:**
 - Only international NGOs implementing COVID-19 response may apply for movement permit.
- **Gatherings:** All markets have been closed.
- **Curfew:** Two-week curfew/lockdown in the state starting 1 June.
- **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.

El Gezira State

- **Gatherings:** Markets close at 13:00 and street vendors are banned.
- **Borders:** All borders with neighbouring states closed and movement between localities in the state is banned.

Gedaref State

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

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 from 06:00 to 12:00 (noon) daily.
- **Violations to the curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about \$180).
- **Movement:**
 - Verbal agreement to allow movement of humanitarian supplies and staff with permits.
 - 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 and commercial shops in the state capital, El Fasher town have been closed except for groceries, butchers, bakeries, flour, water distribution centres and cooking gas shops which are allowed to work for a specified number of hours. Pharmacies can work from 06:00 to 14:00. 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:** On 15 May a lockdown was put in effect in El Fasher town.
- **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.

Red Sea State

- **Gatherings:** All markets—including the big market in Port Sudan—and restaurants have been closed. All gatherings have been banned including prayers at mosques and churches. Fuel stations to provide fuel to Government vehicles that have permits. Exceptions are for neighbourhood groceries and bakeries; essential health staff; pharmacies; laboratories; essential government staff; and emergency staff of the State Water Authority, the Electricity Department and the TV Broadcasting Authority. All people need to abide by the rules of social distancing. People can access neighbourhood groceries/bakeries etc., between 06:00 to 12:00 (noon).
- **Congestion at the workplace:** Government and private institutions to be closed and all staff given leave until the end of the lockdown period. All banks to be closed.
- **Curfew:** Lockdown until 18 June has been announced and curfew put in place from 12:00 (noon) to 06:00 the next morning.
- **Violations of curfew:** Anyone who violates the curfew shall be liable to legal action.
- **Borders:** Entry points with Egypt are closed. Movement between localities is banned, except for those with permits.

River Nile State

- **Curfew:** Curfew from 14:00 to 06:00 the next morning.

- **Movement:**

- Movement between localities is allowed.

Sennar State

- **Gatherings:** Shops closed except for groceries, pharmacies, clinics, and laboratories. Wholesale shops and shops for building materials are allowed to open three days a week. Trucks are not allowed to enter markets.
- **Curfew:** Curfew from 14:00 to 06:00 the next morning.
- **Borders:** all borders with neighbouring states closed and movement between localities in the state is banned.

South Darfur State

- **Gatherings:** All gatherings have been banned including religious gatherings, funerals, and prayers at mosques and churches. People can buy groceries between 06:00 and 14:00. People are free to move between 06:00 and 18:00 but are required to wear facemasks and keep to social distancing when out in public. 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 from the ban.
- **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 14:00.
- **Curfew:** Three-week curfew/lockdown from from 18:00 and 06:00 the next morning effective as if 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.
- **Movement:**
 - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.
 - Movement of humanitarian staff and supplies allowed with an escort.
- **Restrictions specific to humanitarians:**
 - Non-COVID-19 activities have been suspended.
 - 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 14:00. 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 23:00 to 06:00 the next morning.
- **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 neighbouring 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 16:00 to 06:00 the next morning.
- **Borders:** borders between localities and neighbouring states are closed.
- **Movement:**
 - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

SECTOR STATUS (18 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 was 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 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 the UN Refugee Agency (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. Under the leadership of the Refugee Working Groups refugee partners contributed to the local development plans in each state. UNHCR and COR have adopted 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 was established for the specific purpose of COVID-19 prevention, preparedness and response in IDP camps and camp like settings. It is co-led by the International Organization for Migration (IOM) and UNHCR and reports to the COVID-19 Working Group. It will build upon the work of the Area/Humanitarian Country Team (A/HCT). 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 Task Force will use camp coordination and camp management principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in camps and settlements and the Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings. 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 El Gezira, Northern and Sennar states. Most of the information is shared in the form of reports, but it does not include aggregated data. This hampers timely analysis and relevant interventions.

SECTOR STATUS (18 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

In West Darfur, UNFPA in collaboration with the State Ministry of Health and Social Development organized a four-day mobile awareness campaign, targeting five IDP camps in El Geneina locality. The sessions covered COVID-19 and gender-based violence (GBV), and an estimated 7,000 community members were reached with various messages. Furthermore, three other localities (Kulbus, Jebel Moon and Forobanga) in the state were also covered by the same sessions mainly focussing on gathering areas like markets, water points, and public ceremonies and events. In addition, UNFPA supported the development and recording of nine radio messages, including drama and traditional songs last week through El Geneina radio station and Darfur FM.

UNHCR in coordination with COR conducted awareness raising campaigns on COVID-19 prevention measures and distributed 180 COVID-19 posters targeting refugees in Abu Nowara, Al Sirajia, Qurayd and Gedied refugee settlements in South Kordofan State. About 770 refugees (350 in Al Sirajia, 130 in Abu Nowara, 120 in Quarryd and 170 in Gedied) were reached during the COVID-19 awareness raising campaigns.

IOM Migrant Resource Centre (MRC) Gedaref team conducted a COVID-19 awareness raising session for six Chadian students stuck in a khalwa (religious school) in the Gedaref city, together with the State Ministry of Education and Guidance. Emergency food items and protective items (hand sanitizers and masks) were provided to the students.

COVID-19 Awareness SMS messaging, sent by IOM through the MRRC in Khartoum, reached 167 migrants of mixed nationalities with COVID-19 awareness SMS messages during the reporting week. The MRRC is also undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants.

An additional 190 migrants from two safe houses within a community of 800 migrants (Nigerien, Eritrean, Ethiopian, Nigerian, Somali and Filipino) were supported with food bags (flour, lentil, sugar and oil).

UNHCR and partners continued to implement information campaigns via various means in the greater Kordofan region, Khartoum, Central and South Darfur and White Nile states. In Kordofan, public awareness campaigns and dissemination of messages through several radio stations, including Radio Sudan, Radio Bilad and El Fula Radio stations and loudspeakers mounted on vehicles, have continued with active participation of the community in El Nuhud and El Debab. Additional COVID-19 posters have been distributed by INGO Islamic Relief Worldwide (IRW) reaching about 890 people with key messages. In Khartoum, the distribution of over 12,300 new posters in refugee communities started in "open areas" mainly targeting Eritrean, South Sudanese and Ethiopian communities.

In Kassala, UNFPA and SMOH supported a youth network in recording and airing COVID-19 prevention messages in the local radio station. These radio sessions covered basic information about COVID-19, prevention methods and stay at home orders.

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.

There are major issues around stigma attached to COVID-19. In some states people are reportedly not seeking treatment or going to hospitals because there is no treatment per se and because of stigma. For instance, while there is capacity to test and assist people with COVID-19, people who may have been infected are not reporting and not seeking testing, rather reverting to various home-based 'treatments'. In some other cases, people are taking malaria medication instead of getting tested. There is a need to encourage the population to be more aware, and to report cases.

SECTOR STATUS (18 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 (RRTs).
- 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 (RRTs) and training of surveillance officers on case definition and contact tracing.
- Support RRTs 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 and for most cases the transmission chain cannot be established. According to reports from the Federal Ministry of Health (FMOH), of the total confirmed cases 15.7 per cent were reported between 6 -12 June 2020 (week 24) compared to 20.5 per cent in week 23. The case fatality rate (CFR) increased by 5.4 per cent, 4.7 per cent and 10.6 per cent respectively in Kassala, Red Sea and East Darfur states during week 24. Reported deaths during weeks 23-24 represent 42.9 per cent of the cumulative deaths and this is reflected

in the overall increase in CFR from 4 per cent to 6.3 per cent since week 21. Recoveries reported during week 24 reached 596 compared to 742 during week 23. A 5-day training of Rapid Response Teams (RRTs) in eight localities in Northern State planned jointly by WHO and SMOH started on 14 June 2020.

The international NGO CARE International is providing full operational support to 11 RRTs in South Kordofan, four RRTs in East Darfur, two RRTs in Kassala and partial support to two RRTs in South Darfur. CARE also trained locality RRTs in South Kordofan and East Darfur.

On 17 June, UNFPA COVID-19 surveillance training targeting community midwives started in Gedaref and will be followed by training Kassala next week.

UNHCR is supporting FMOH in surveillance activities and outbreak response in IDP/refugee camps in states where they operate.

Save the Children International (SCI) recruited a doctor to support COVID-19 response and to conduct on job-training for health personnel cadres in health facilities supported by SCI in both El Leri and Abu Jubayha localities in South Kordofan State.

UNHCR and COR designated two schools in Shagarab I camp and Wad Sharife camp in Kassala State (eastern Sudan), as temporary quarantine centres for receiving and temporarily hosting new arrivals as a measure to prevent an outbreak of COVID-19 in the camps.

IOM reported that it has funds available to support surveillance activities, including RRT running cost.

Gaps

Lack of timely updates on COVID-19 epidemiological situation, including detailed data sharing and reporting on the status of patients, makes analysis and planning difficult.

SECTOR STATUS (18 Jun 2020)



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

\$4.5M
required



Needs

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



Response

The seventh Mobility Restriction Dashboard was published on 11 June 2020. IOM has collected data on points of entry (PoEs) and timelines for mobility restrictions. The data on the number and names of IDP camps in Sudan are collected through a network of key informants and are therefore approximations.

See link for more information and infographics on the current movement restrictions as of 11 June 2020 [here](#).

Although the borders with South Sudan are closed, in May around 600 refugees and asylum-seekers arrived in White Nile State from Jonglei, Upper Nile and Unity states (South Sudan) who crossed into Sudan through an area near El Megenis. Most of the new arrivals (all Nuer) are women and children and several are people with specific needs (PSNs), including female heads of households and separated and unaccompanied children. New arrivals are placed in isolation for 14 days.

Non-COVID

In South Darfur State, the relocation of refugees from the Central African Republic (CAR) from Um Dafoug to the newly established and better served site in Al Mashaga resumed. UNHCR in partnership with COR organized three convoys to facilitate the voluntary relocation. The total number of refugees in Al Mashaga stands at over 2,400 out of the 12,000 who accepted the relocation.

↔ Gaps

- Additional indicators can be added to the current data collection tools to address information needs and gaps.
- The absence of resources and inter-agency planning for health screening at PoEs once Sudan's borders reopen will affect the COVID-19 mitigation and response efforts.

SECTOR STATUS (18 Jun 2020)



COVID-19 Response Pillar 5: National Laboratories

100%

daily testing goal reached

\$2.4M

required

📋 Needs

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

➡ Response

Currently laboratories have the capacity to test 800 samples per day—exceeding the original goal of 600 tests per day. Samples are processed between 24-48 hours, and transportation does not take more than six hours on average.

The COVID-19 laboratory network has four functioning laboratories: the National Public Health Laboratory (NPHL) in Khartoum, the Red Sea Central Laboratory, the 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. This limits the ability of health sector partners to estimate the extent of latent and asymptomatic cases.

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.

SECTOR STATUS (18 Jun 2020)



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

\$35.9M

required



Needs

- PPEs, masks, oxygen generators, testing kits, lab equipment, etc.
- Soap, hand washing facilities, chlorine and increasing of water supply in crowded settings
- Other IPC supplies to maintain hygiene in the institution.
- Furniture and equipment in planned isolation centres throughout the country (example – Red Sea as reported by the state focal point).
- Equipping key health facilities with COVID19 IPC measures.
- Additional funding.

➔ Response

UNICEF and partners supported the training of 87 healthcare facility staff and community health workers on Infection Prevention and Control (IPC), including 50 staff in Sennar, 22 in South Darfur, 15 in North Darfur. UNICEF delivered PPEs to cover the needs of 121 healthcare facilities staff and community health workers.

WASH sector partners supported target communities with RCCE COVID-19 messages. Partners established hand washing facilities with foot paddles for discharging water and soap. About 458,000 people were reached with hygiene component activities. Of those reached, 41 per cent were IDPs, 36 per cent mixed population, 14 per cent vulnerable residents, 4 per cent host communities, and 5 per cent returnees and refugees.

A survey of IDP settlements on the provision of COVID-19 related/affected services is being carried out by the camp coordination group. Meanwhile, hand-made masks have been ordered to support communities.

In scaling up COVID-19 response and prevention activities in the West Kordofan State, UNHCR in collaboration with WES, started the implementation of WASH activities in Al Meiram and Kharasana settlements. The activities include WASH promotion, distribution of infection prevention and control items as well as risk communication and community engagement through awareness raising campaigns with loudspeakers on the vehicles, microphones and megaphones. About 1,000 people were reached with messages.

UNHCR conducted a soap distribution and monitoring mission in Gedied, South Kordofan State. In addition, in Um Shalaya refugee camp, Central Darfur State, UNHCR in partnership with Save the Children International reached 4,900 CAR and Chadian refugees with a soap distribution and information campaign. UNHCR has delivered over 2.2 million bars of soap to vulnerable families in the context of COVID-19.

Through the MRRC in Khartoum, IOM carried out protection activities, such as phone-based medical and PSS counselling to mitigate the impact of COVID-19 on vulnerable migrants. MRRC was able to reach to 37 new migrants through phone medical counselling and provided medical prescription support to 14 new clients.

Medical supplies (antibiotics, analgesia, medicine for hypertension, diabetes and multi vitamins) were distributed to 105 residents at an Ethiopian safe house. Additionally, a further 18 migrants collected medication from the safe house as per MRRC doctor prescription. Phone-based PSS and Counselling Support was provided to 74 migrants. Hand sanitizers, masks, gloves, and disinfectant sprays were distributed to CTU, Alien Unit, Ethiopian and Eritrean safe houses, and in the Omdurman quarantine /isolation centre.

↔ Gaps

- With global financial systems sanctions continuing to be in place, the Sudan Government's ability to procure PPEs and other supplies through global tendering processes is limited.
- A review of the stock at the government warehouse for PPEs continue to reveal a worrisome situation with a possible complete stockout very soon based on the current utilization rate of PPEs.
- The release of important information on recently conducted assessment of the isolation centres in the country is taking time due to bureaucratic hurdles.
- Partners are needed in non-traditional urban cities/capitals and state capitals in the east.
- Communal quarantine facilities and isolation in the camp/IDP settlements needs to be strengthened.
- Medical waste management

SECTOR STATUS (18 Jun 2020)



? Needs

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

→ Response

In White Nile, UNFPA supported the establishment of five integrated mobile clinic teams that provide sexual and reproductive health services to women at high-risk of obstetrical complications and sexual gender-based violence (SGBV) survivors. In addition, 68 clean delivery kits were distributed to pregnant women in five localities in the state. UNFPA also supported the SMOH in White Nile in conducting infection prevention and control training targeting 44 health care providers working at Emergency Obstetric and Newborn Care (EmONC) facilities in the state.

As part of COVID-19 response plan, UNFPA has trained 948 community midwives, 254 obstetrics and gynaecology staff and 352 healthcare providers nationwide on IPC to address any gaps and defects in infection prevention and control as well as to insure maximum protection of the health care providers and the patients they serve.

In West Darfur, mobile phones and SIM cards were provided by UNFPA for active members of community-based protection networks and social workers to facilitate the referral of GBV cases to access available services. In addition, the rehabilitation of the Gender Desk in El Medina Police Station in El Geneina is ongoing. In addition, UNFPA facilitated referral of seven GBV cases last week through the provision of medical treatment, psychosocial support services and covered the cost of the essential needs; transportation and food.

In Khartoum, IOM and the SMOH conducted the technical assessment of Jabra Hospital (secondary isolation centre) on 11 June, focusing on ground floor section. The assessment identified the need to increase the number of sanitation and hand washing facilities; improve sewage network; rehabilitation of laundry; and fixing of a water leak in the basement.

Gaps

- PPEs for medical staff.
- Low levels of stock of medicines and medical supplies in the country amidst rapidly increasing prices.
- Human resource capacity to support ICUs and ventilators.

SECTOR STATUS (18 Jun 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 FMOH with equipment and consumables.
- Air freight from the UN regional hub to Khartoum.

Response

A demonstration of the WFP tracker portal was conducted. The tracker will be used to have visibility of what supplies are coming/arrived into the country and will capture the distribution of supplies. Focal points from agencies will be given training on how to populate data on the portal.

Pillar partners are supporting FMOH (through WHO) to transport 35 oxygen cylinders from El Geneina to Nyala for refill.

↔ | Gaps

- Several agencies, particularly NGOs have not shared the information on procurement of supplies.
- In order to have visibility on supplies coming into the country and distribution, it is paramount to have this information captured.

EMERGENCY RESPONSE (14 Jun 2020)

Improvement on GBV response services during COVID-19

The COVID-19 pandemic is set to exacerbate pre-existing gender inequalities according to the United Nations Population Fund (UNFPA) in Sudan. COVID-19's adverse effect on women requires a specialized response that recognizes and addresses their rights, their medical and social needs and promotes their leadership in the response. In response the Government of Sudan, UNFPA, the protection sector and humanitarian partners are putting a number of services in place. In addition to strengthening gender-based violence (GBV) services at the locality level, partners are working to enhance the capacity of community members to play the role of first line responders. This includes provision of in kind support such as mobile phones. In light of containment measures to slow the spread of COVID-19, many partners have transitioned to providing remote services. The Government of Sudan's Unit for Combating Violence against Women and Children (CVAW) launched a national GBV hotline service as well as state level hotlines in six states. The hotline provides psychosocial support to survivors: <https://www.facebook.com/151426111616884/posts/3004426476316819/> Youth networks across the country were mobilized to raise awareness on the risk of GBV during the COVID-19 pandemic, and an estimated 38,000 women, girls, men and boys were reached with different messages. These activities complemented mass media campaigns on GBV and available services. Continuing challenges include reaching people in rural areas of Sudan with GBV protection services. In many states, GBV services are centralized in the capital and current restrictions on movement has created barriers to providing and accessing those services. In addition, access to personal hygiene supplies remains a major challenge for vulnerable women and girls under the economic crisis, prices inflation and restriction of movement. UNFPA and partners distributed over 30,000 dignity kits with additional items related to COVID-19 (soaps and sanitizer) as well as messages on GBV awareness and COVID-19 prevention.

ANALYSIS (11 Jun 2020)

COVID-19 drives increase in needs across sectors

The number of registered COVID-19 cases in Sudan has surpassed the 6,000 mark three months after the first case was confirmed on 12 March. During this period, the Federal Ministry of Health (FMOH) confirmed that 401 people were killed by the corona virus. While the virus infected thousands and killed a few hundred people, and is straining the country's healthcare system, the economic and food security impact dwarfs the health impact.

Impact on food security

Like elsewhere around the world, the measures put in place by the Government of Sudan to contain and mitigate the massive spread of COVID-19 are exacerbating the depth and gravity of the economic crisis that Sudan has been grappling with over the past few year.

These containment and control measures are restricting access to income-earning activities, resulting in real and immediate negative impacts on poor households' ability to cover daily food needs.

According to [FEWS NET's latest update](#) on the impact of COVID-19 on food security, up to 7.5 million people in Sudan may need emergency food assistance in 2020 as the COVID-19 pandemic drives a global increase in needs.

The 2020 Humanitarian Needs Overview (HNO) for Sudan estimated that 6.2 million people - 14.2 per cent of Sudan's population - will need urgent and timely lifesaving food and livelihoods security support in 2020. The 2020 Humanitarian Response Plan (HRP) targeted 4.7 million for food and livelihood assistance. During the 1st quarter of 2020, food security and livelihoods (FSL) sector partners reached 1.7 million people – about 27 per cent of the target – with food and livelihood assistance, according to the [Q1 Monitoring Report](#).

FAO estimates that the combined adverse impacts of the COVID-19 in Sudan are being witnessed in all four-core dimensions of food security: availability, access, utilization and stability.

According to FAO, food availability is affected due to labor shortage in the farms plus shortage [lack/increased cost] of transportation of food items. Access to food is affected because many of the micro-enterprises and petty/small informal businesses were restricted or curtailed, causing loss of income sources that enable vulnerable people to purchase food and other livelihood necessities.

Food utilization is affected due to the restricted/limited food availability and access to food whereby vulnerable families are resorting to low quality and quantity of food that resulted in undernutrition.

Above all, food stability is affected due to restrictions/interruptions of flow of goods and services that ensure safety nets and social protection of the vulnerable population, limited availability of water and sanitation services, plus disruptions of food chains and food production systems and depletion of food reserves that regulates and stabilize food availability, access and utilization.

Sudan's Food Security Technical Secretariat (FSTS) projects that the consumption patterns will be shifted towards low quality and quantity food and this will increase malnutrition rates.

In addition, there has been a significant increase in inflation rate from 82 per cent in March to almost 100 per cent by the end of April, according to the Central Bureau of Statistics (CBS). Rising inflation is disproportionately affecting the poor, vulnerable IDPs and refugees.

According to FEWS NET, an increased numbers of people, including protracted 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) or worse food security outcomes through September 2020. Emergency (IPC Phase 4) outcomes are expected among IDPs in conflict-affected areas of Jebel Marra in Darfur and SPLM-N areas of South Kordofan as well as parts of Red Sea and Kassala during the peak of the lean season between June and September 2020.

Meanwhile, staple food prices have continued to increase more rapidly than normal in May. Prices for sorghum, millet, and wheat increased by 20 to 50 per cent between April and May. They have more than doubled compared to last year and are more than four times higher than the recent five-year average. The price increases are likely being driven by a combination of the continued macroeconomic crisis as well as COVID-19 control measures that are limiting market supply. The high prices, in combination with significant reductions in labor income, are likely to drive the humanitarian assistance needs well above average through at least September 2020, FEWS NET estimates.

Impact on education

Measures to slow the spread of COVID-19, including closure of schools, are affecting children's access to education and some may not be able to return to school. Following various interruptions in 2019, due to the political crisis, another prolonged closure of schools will impact learning. In many areas, where children and their families benefit from school feeding programmes, the closures will also affect their nutrition as the school meal often is the only stable food source they have.

With the closure of schools on 15 March, more than 8.1 million schoolchildren are out of school, adding to the already 3.6 million children between 5 and 13 years who lacked access to education in Sudan. Most schools have been unable to complete the Grade 8 and Grade 11 school exams. Over 500,000 children (Grade 8 and Grade 11) will not be able to complete their exams until March 2021. Additionally, about 600,000 IDP children attending some form of learning in the camps and host communities are also affected.

Social distancing measures have involved a significant reduction of staff in schools, with most staff having to work from home or remotely. School closures are disrupting children's daily routines, putting additional stress on families. Government containment measures also involve the suspension of other social activities including games, weddings, prayers, etc., leaving children with limited options to socially connect.

Additionally, over 1 million children who have been benefiting from the school meals program cannot access the meals due to the current lockdown. School meals significantly contribute to improved attendance and retention of students, improved learning, as well as nutritional outcomes.

New protection challenges

In the context of COVID-19, there are increasing risks of increased gender-based violence (GBV) and heightened risk of exploitation such as trafficking, child labor or early marriage for the approximately 1.87 million IDPs, and 1.1 million refugees, asylum seekers and returnees who live in congested areas. Groups particularly at risk of protection and exploitation include unemployed male, female youth, female heads of households, unaccompanied and separated children, elderly persons and person with disabilities, people with underlying medical conditions, sexual gender-based violence (SGBV) survivors, and people with legal protection needs.

Children on the street, children deprived of liberty, and children in state institutions may experience increased vulnerabilities resulting from limited access to basic health and WASH services. The risk is particularly high in Khartoum and Gezira which have highest number of children living and working on the streets and now require lifesaving protection support.

In mid-March 2020, the government closed all childcare facilities releasing children from reformatories, prisons and religious schools. Following this decision, child protection partners reported that about 65,000 unaccompanied and separated children need to be reunited with their families.

This will especially impact girls and boys in IDP camps and host communities who will lose physical interaction with peers and will not be able to engage in social activities that enhance their mental and social wellbeing.

Refugee Multi-sector

On 1 June 2020, the first confirmed refugee case of COVID-19 was reported in Kario refugee camp for South Sudanese in East Darfur. There are 1.1 million refugees living in Sudan. While official border entry points with neighbouring countries have closed, small numbers of refugees continue to arrive and are placed in a two-week quarantine, following the Government of Sudan's protocols. Refugees in Sudan are highly vulnerable to COVID-19 due to overcrowding in refugee camps and settlement locations.

Consequences of COVID-19 go beyond health, especially in urban and dispersed settings, but also in camps. Due to lockdowns and additional movement restrictions, refugees' already limited livelihoods opportunities have been further reduced negatively affecting their self-reliance to provide for their basic needs. This is leaving refugees in a more vulnerable situation and at further risk of protection concerns such as sexual and gender-based violence (SGBV), and negative coping mechanisms. The restrictions also prevent refugees from accessing sources of energy, such as charcoal or firewood, essential to cook and to provide energy to pump water to hand-washing facilities. This is compounded by a high inflation, fuel and bread shortages.

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.

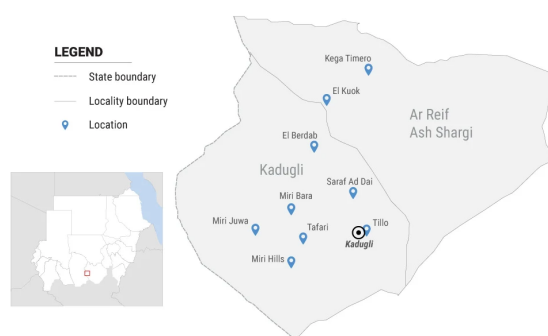
WFP signed a memorandum of understanding (MoU) to support the programme by developing a cash transfer delivery and payments system, and a complaints and feedback mechanism—including a call centre. This platform will allow for the efficient and accountable digital delivery of a broad range of social protection 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.

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



South Kordofan, location of areas affected in and around Kadugli

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.

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.

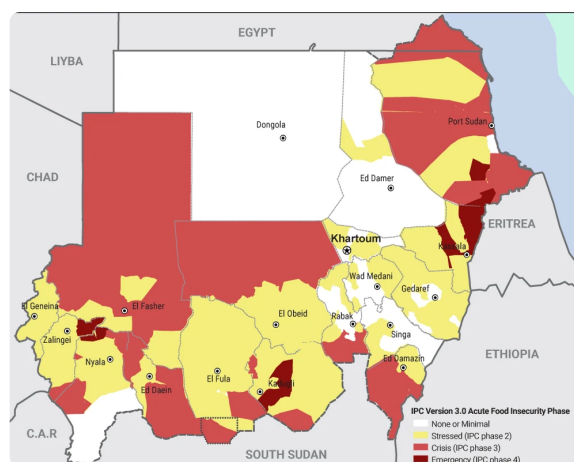
In terms of WASH and COVID-19 risk mitigation, the international NGO CARE distributed 650 bars of soap to IDPS in four locations.

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.

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.



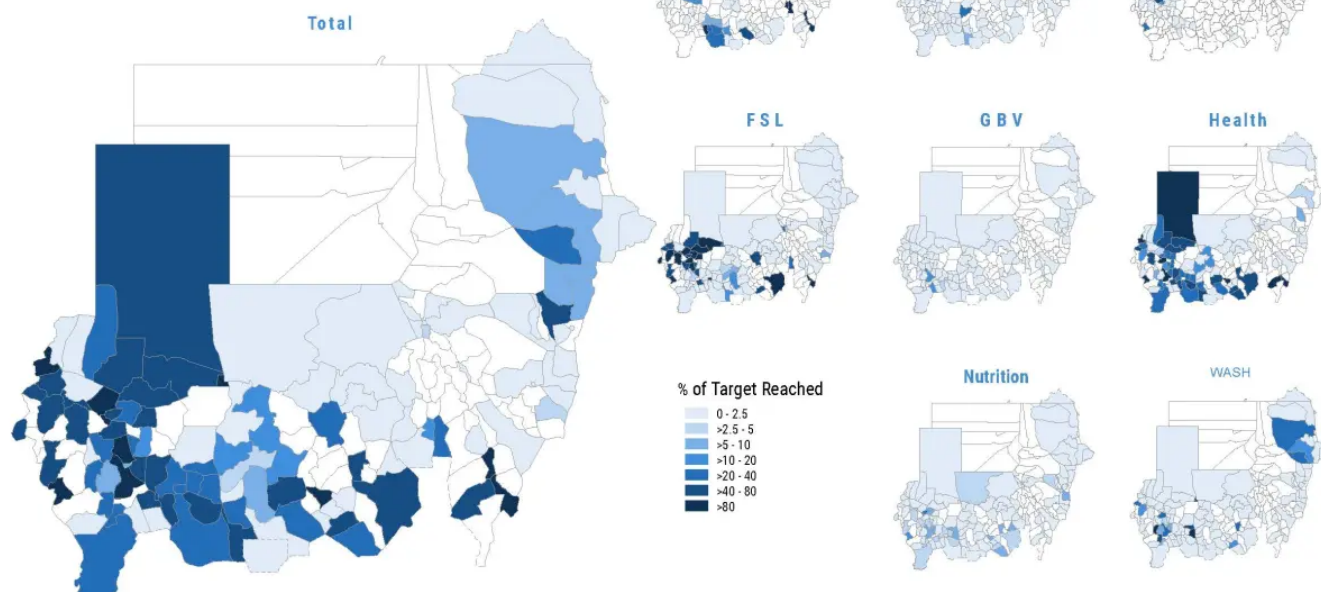
FEWS NET Food Security Map, June - September 2020 (©FEWS NET)

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.

VISUAL (29 May 2020)

UN and partners reach 1.7 million people in Sudan with humanitarian assistance in January-March 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, NC), Data (Q1 HRP) Feedback: ocha@sudan_feedback@unocha.org | www.unocha.org/sudan | www.refworld.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>

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

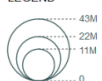
Feb-20 Mar-20 Apr-20 May-20 All



Show All

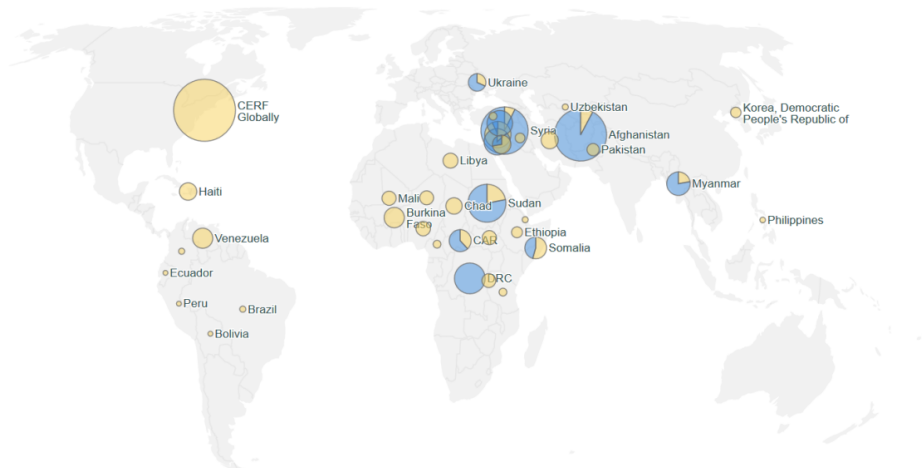
Samoa

LEGEND



CERF Allocations
CBPF Allocations

*Aggregated data for all months.



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

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<https://www.unocha.org/sudan>

<https://reliefweb.int/country/sdn>

<https://www.humanitarianresponse.info/en/operations/sudan>

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