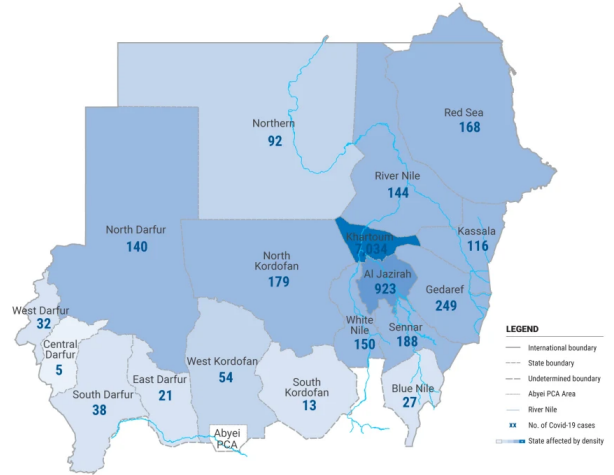


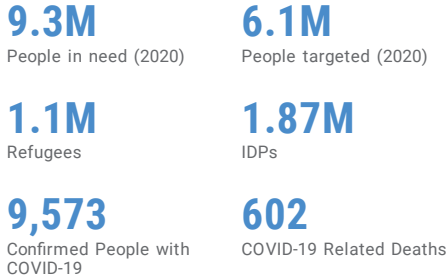
### HIGHLIGHTS (2 Jul 2020)

- As of 29 June 2020, there are 9,573 people confirmed to have COVID-19 in Sudan, including 602 fatalities
- With SHF funding, NGO Concern Worldwide distributes seeds provided by FAO to vulnerable refugee and host community families in West Kordofan State.
- UNHCR arranges for a song contest to spread awareness of COVID-19 in Waral refugee camp, White Nile State.
- See our OCHA Sudan COVID-19 preparedness and response interactive dashboard for the latest COVID-19 data.
- Humanitarian partners continue to respond to the COVID-19 pandemic in Sudan through eight pillars.

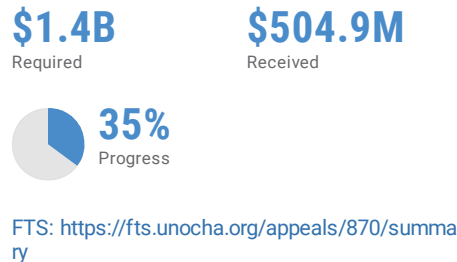


COVID-19 cases in Sudan as of 29 June 2020. The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

### KEY FIGURES



### FUNDING (2020)



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### SUDAN – TRENDS (2 Jul 2020)

#### Federal Ministry of Health confirms 9,573 cases as of 29 June

- **First case:** 13 March 2020
- **Total cases:** 9,573 (as of 29 June 2020)
- **Total deaths:** 602
- **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 12 July 2020. This excludes repatriation flights; 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 9,573 people contracted the virus, including 602 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 \(ICAO\)](#)

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**EMERGENCY RESPONSE** (2 Jul 2020)

**At least 27,000 people have taken refuge in Toga village due to conflict in Jebel Marra**

Some 27,000 people have fled their homes and have taken refuge in Jebel Marra's Toga village following internal conflict between two factions of the Sudan Liberation Army – Abdel Wahid (SLA/AW) group—SLA/AW Al Douk and SLA/AW Boursa that started in early June. The fighting is reportedly over gold mines in the Daya and Dorsa areas of North Jebel Marra locality, Central Darfur State. The Government's Humanitarian Aid Commission (HAC) in Rokero reported that people fled to Rokero town, Jemeza village, Sabanga IDP gathering site, Togola village, and others sought refuge in the mountains.

On 16 June, the United Nations-African Union Mission in Darfur (UNAMID) and the UN Children's Agency (UNICEF) carried out a mission to Toga village (8 km north east of the UNAMID team site in Golo), where an estimated 27,000 people, of whom 90 per cent are women and children, have taken refuge. The IDPs were found to be living under the trees or out in the open without any shelter. Based on general observations and reports from community leaders, the new IDPs are in urgent need of food, emergency shelter and non-food items, water, as well as health and nutrition assistance. In a previous mission carried out on 12 June UNAMID had distributed 10,000 litres of drinking water and handed over two water containers, fixed with taps. The prioritized needs for those displaced in Toga villages include shelter and non-food items; water, sanitation and hygiene services; health and nutrition services; food; education; and

protection services. The World Food Programme (WFP) will distribute food to the people displaced from Daya village in Rokero town following their registration by the International Organization for Migration (IOM).

**Prioritized needs of people displaced in Togo village**

Shelter and non-food items

Emergency shelter and non-food items are vital as people are living out in the open area and the raining season has started. The urgent needs are for plastic sheets, jerry cans, plastic mat, blankets, cooking sets, clothes, and shoes for children.

Water, sanitation and hygiene (WASH)

There is urgent need for drinking water and latrines. A general cleaning campaign needs to be carried out as well as the distribution of soap and jerry cans.

Health and Nutrition

Health and nutrition services are required, including reproductive health and expanded programme on immunization (EPI) services. Emergency blanket supplementary feeding programmes (eBSFP) are also needed.

Food Security and livelihood:

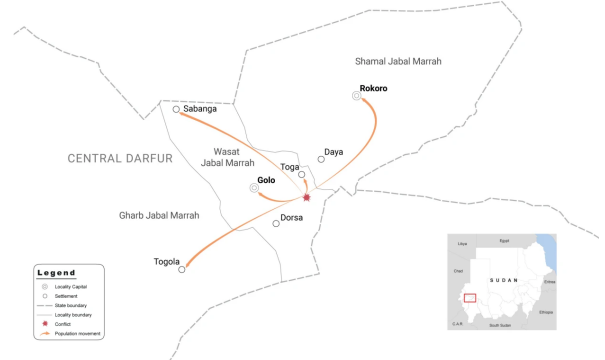
There is an urgent need for general food distributions.

Education

There are no schools at Toga village so emergency school assistance is needed.

Protection, GBV and Child Protection

In Toga village 11 separated children were identified in the Toga gathering site who need to be reunited with their families. UNICEF was able to collect the details and information from seven of the children. In addition, two of the displaced families reported that some of their children are missing. One family reported that four of their family members were kidnapped during the fighting of 11 June 2020. Six cases of rapes were reported among the displaced. IOM will carry out a verification exercise soon, at the same time humanitarian organizations will distribute initial humanitarian assistance. Once the numbers are verified humanitarian partners will initiate multi-sectoral response.



**FEATURE** (28 Jun 2020)

**Seeds of Hope for Taiba's Family**

At a tender age of nine years, Taiba Elherika is still grieving the loss of both her parents in a span of two years. Her mother died in childbirth in 2018 and her father in ethnic clashes between Misseriya and Rezigat tribes in early 2019, leaving her and two other siblings under the care of their aging grandmother.

“We are afraid of tomorrow,” says Bakita Ahmed, Taiba’s grandmother as she does not have a sustainable source of income to meet her needs and those of her grandchildren. Taiba’s family used to be livestock rearers but with the loss of their father, they now make a living as casual farm labourers and sometimes trade in firewood and charcoal.

Recently it has become even more difficult for the small family, that is part of the nomadic community in Meiram locality, West Kordofan, to make ends meet. Local market prices for basic goods have more than doubled in one year and COVID-19 related containment measures and lockdown have further driven inflation. According to FewNet, the price for Sorghum, a staple food item in the region, rose from 15 SDGs per kilo in January to 30 SDGs per kilo in April, while the five-year average was around five SDGs per kilo. During the May to October lean season, food prices are expected to increase until the next harvest season starts in October.



Taiba with her grandmother and a friend at the seed distribution centre in West Kordofan State (Concern Worldwide, June 2020)

Being a female head of her household with limited income opportunities, Taiba's grandmother was selected to receive 3kgs of sorghum seeds and 3kgs sesame seeds as well as farming tools and farming training. Concern Worldwide, partnering with Global Aid Hand, a local NGO, and government line ministries implemented the project where Taiba's family was part of 1,200 families receiving assistance. The project benefited 800 South Sudanese refugee households and 400 vulnerable host community households in six villages in Meiram locality in the first week of June. The seeds were provided by the Food and Agriculture Organisation (FAO) and the overall project is being implemented with funding from the Sudan Humanitarian Fund (SHF), an OCHA-managed pooled fund that allows timely disbursement of money to cover the most urgent needs.

As a direct neighbour to South Sudan, West Kordofan hosts around 60,000 refugees, and is one of the poorest regions of Sudan. In these remote areas, there is not much difference between the needs of the refugee population and the hosting communities. Both depend on small agricultural production and pastoralism and the COVID-19 outbreak followed by a lockdown has made life extremely difficult for vulnerable families from both communities.

Although Concern has worked in West Kordofan from mid 1980s and has undertaken distributions in the area since 2016, doing such work with the threat of COVID-19 was new for everyone. Aligned with governmental directives, all programme activities were adjusted with frontline staff wearing full Personal Protection Equipment (PPE) and portable water stations for handwashing were placed strategically at the distribution site. Keeping physical distance, hand washing and disinfection were mandatory during the five-day activity.

"Spreading the distribution across several days assisted us to control the number of people at the distribution centre and avoided large group gatherings," says Hayam Algack Ali Hamdan, Concern Hygiene Promotion Officer overseeing the distribution in Meiram. "We painted circles on the ground using white chalk to designate where each recipient was to stand to enforce social distancing." Pre-COVID-19, two days would have been adequate for this intervention.

"This distribution was well timed to coincide with the planting season as we expect the rains from June to October" says Ms Hamdan. "It would have become impossible to distribute the seeds after the rains begin because the roads become too muddy and are impassable especially when transporting a large consignment of goods," he added.

With this assistance and the hope of attaining food security in the forthcoming season, Taiba's family is more optimistic about the future.

"Since our father died, we were worried about how to make a living" says Taiba as she and her sister watch her grandmother collect the seeds and farming tools at the distribution site. "The seeds will help us to grow our own food and when we sell the excess, we can buy water and meet other needs."

## FEATURE (25 Jun 2020)

### UNHCR's COVID-19 campaign turns refugee girls into radio stars

"Maaama, Maaama, wash your hands!" The girls in Al Waral refugee camp in Sudan's White Nile State are enjoying themselves. Now that the stage fright is overcome, their voices are loud and clear: "Coroona, Coroona is not good!"

The event is part of the community engagement by UNHCR, the UN Refugee Agency, to prevent the spread of COVID-19. Over the past weeks, more than 120 refugee girls and boys, many dressed in colourful traditional clothes from South Sudan, participated in song contests in all nine camps in White Nile State. To allow for physical distancing, the gatherings were small, but inspiring.

The children's creativity made them sing, rhyme, and even rap. Organized by UNHCR together with the Commission for Refugees and the international NGO Plan International, the song contests raised awareness in the crowded camps about how refugees can protect themselves and those around them. Nearly 60 per cent of the inhabitants of White Nile's camps are children – 93,000 girls and boys. And who could reach them better than other children?

The big exciting day for the participants came on June 20, World Refugee Day (WRD), as the best songs from the contest went on air on Radio White Nile. Refugee boys and girls became radio stars, and many more people could hear their raps, rhymes and songs. For over a week, three times a day, the clear voices of the children will be heard on the radio in camps (AM 1584) and in the nearby villages (FM 98). UNHCR's campaign targets refugees and nearby local resident communities. In addition, the radio station is planning longer programmes on COVID-19.

"Every boy and girl can make a difference, every radio spot counts," said Kofi Dwomo, UNHCR's head of sub-office in Kosti, alluding to this year's World Refugee Day motto: Everyone can make a difference, every action counts.

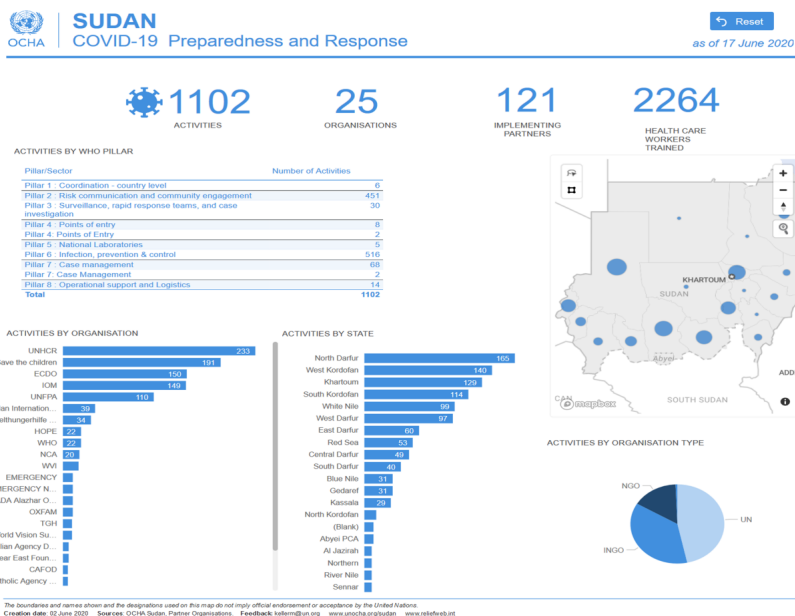


Song contest at Waral refugee camp, White Nile State (UNHCR, 2020)

## INTERACTIVE (25 Jun 2020)

### Sudan: COVID-19 Preparedness and Response Interactive Dashboard

[Click on the image to go to the interactive dashboard](#)



View this interactive graphic: [https://app.powerbi.com/view?](https://app.powerbi.com/view?r=eyJrIjoiaMzE0NjU2M2U0tNTIINC00ZTkWLTU1NTU0Y2IwOTQyNW15OTM5IiwidCI6IjBmOWUwZnNWRiLU0NGYtNGY2MC1iZGJlTVIYTQxNmU2ZGM3MCIslmMiOjhw)

## BACKGROUND (25 Jun 2020)

### Impact of COVID-19 on continuity of health services

The spread of COVID-19 is affecting Sudan's health care system, which had been under extreme stress prior to the pandemic. The system is straining to find the resources necessary to prevent, contain and treat COVID-19. Decades of inadequate investment, underfunding, poor infrastructure, limited qualified staff, poor equipment, insufficient medicines and supplies has weakened the system's ability to respond to increased demands brought about by COVID-19 and other emergencies. The surveillance system does not cover the entire country and needs strengthening with long delays between alert and confirmation of an outbreak.

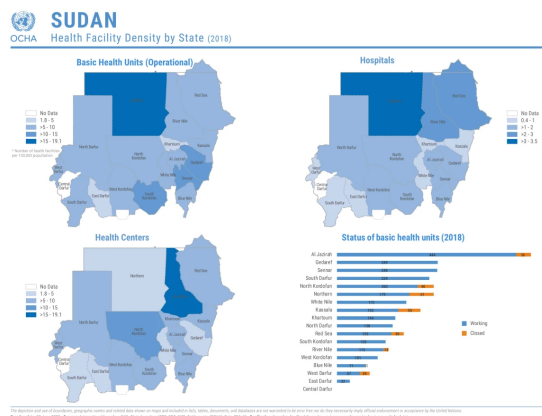
Against this backdrop, health partners are operating in an environment where approximately 81 per cent of the population does not have access to a functional health centre within two hours walk from their home. These access gaps are a critical impediment to the fight against COVID-19, as well as people's general well-being and survival from other risks and threats.

Disruptions in services has been reported across the states due to closure of private health facilities as part of mitigation measures against the spread of COVID-19. Routine services in hospitals and other health facilities has been affected due to sporadic closures post confirmation of COVID cases and unavailability of medical staff.

According to the [2018 Annual Health Statistics Report \(AHSR\)](#) from the Federal Ministry of Health (FMoH), there were 6,199 health facilities across Sudan, of which 260 were closed and not functioning prior to the pandemic. Of the working 5,939 health facilities, 523 were hospitals, 2,630 health centres, and 2,786 basic health units (for more information, please see the Sudan Health Facilities map link here).

### Impact on health services in Khartoum State

Meanwhile, in Khartoum State about 70 per cent of Health Centres (HCs) were closed since May as a COVID-19 containment measure. The authorities in Khartoum State (the epicentre of the COVID-19 epidemic in Sudan) developed a plan to ensure continuity of health service in 70 functioning HCs during the lockdown period covering its seven localities.



Health Facility Density by State

At the functioning 70 HCs, the priority services include clinical services; laboratory; minor surgical theatre, short stay ward; EPI; nutrition; antenatal care and mobile clinics (in remote rural areas). Moreover, immunization services will be maintained in all health facilities, except hospitals. Khartoum State Ministry of Health (SMoH) is planning to re-open 39 HCs to increase the number to 109.

In rural areas of Khartoum State where the health services are provided mainly by basic health units (shafakhana), the impact of lockdown and other containment measures on service provision might not be as significant compared to urban areas as most of the health workers are residing in the same villages. However, sustaining the medical supply system could be a challenge, particularly due to fuel shortages and other constraints as a result of the current economic downturn.

### ***Impact on disease surveillance and Expanded Program on Immunization (EPI)***

While routine services continue to be offered in functional health centres, the polio program supplementary immunization activities (SIAs) that target children under the age of 15 across Sudan have been suspended throughout the second half of 2020. In addition, due to lack of fuel, mobility difficulties, and lack of means of transportation as well as movement restrictions collected samples are kept at state level.

Containment measures continue to impact the Acute Flaccid Paralysis (AFP) surveillance. Sudan country program reported 40 new AFP cases during the week that ended on 21 June. Samples (40 cases + 10 contacts) are kept in the states. This brings total reported AFP cases since the beginning of the year to 159. The reported AFP cases are lower compared to the same period in 2019. Immediate notifications for the cases were received via email, but the investigation forms and stool samples (90) are kept in states' cold chains.

The Public Health Laboratory (PHL) is operational and the World Health Organization (WHO) provided the PHL with high-quality internet access to avoid delays in reporting and to ensure better timeliness of AFP and environmental surveillance reports. In Khartoum, the lockdown affected active search, specimen transportation, and regular reporting.

By 21 June, about 670,000 cases of malaria were reported across Sudan breaching the epidemic threshold in six states – Blue Nile, East Darfur, Sennar, South Darfur, West Kordofan and White Nile. The malaria medication received during the month of April through the Global Fund to Fight Malaria, TB and HIV/AIDS program has not been distributed to the states due to logistical difficulties faced.

For measles, surveillance activities have been affected by the lockdown. The reporting of suspected measles cases is continuing, but no laboratory confirmation is available. The total suspected cases of measles reached 468 cases, with Kassala state reporting the majority of cases.

With regards to vaccinations, the coverage of Penta 3 and MCV1 vaccines is showing 9 per cent reduction compared to last year. About 112,000 infants expected to be vaccinated with Penta3 through March 2020 missed their vaccination.

### ***Impact on non-communicable diseases and availability of medicines***

Distribution of medical supplies across the states by the national medical supply fund and national health insurance fund has been affected by restriction of movements and difficulties to import necessary supplies.

Reportedly, only 15 per cent of the essential medicines and medical supplies are available in the market. Since 2017, Sudan has been facing challenges with ensuring adequate medicine and medical supplies as a result of economic crisis and hard currency shortages. In 2019, Sudan's medicine imports were 20 per cent less compared to 2017 ([Q4 2019 update CBoS](#)). This results in lower availability of medicines in both government and private sectors compared to previous years, according to the FMOH and the WHO.

### ***Impact on maternal and child health***

The overall situation prior to COVID-19 was characterized by limited coverage of essential services as well as lifesaving emergency obstetric and neonatal care services (EmONC). The coverage of EmONC services is estimated at 32 per cent of the recommended. Khartoum state, the epicentre of the epidemic, there is a 69 per cent gap in available services.

For the Integrated Management of Childhood Illness (IMCI), most of activities planned for the first quarter were cancelled and increased transportation costs affected the provision of child health kits and supplies. ICCM volunteers were not able to implement community case management activities to most of hard to reach population as a result of lockdown and movement restrictions. As a result, a reduction in coverage is observed for IMCI in UNICEF target localities and states.

Referral services were also affected by COVID-19, creating significant gaps. FMOH held frequent consultations at both public and private health facilities to explore the gaps and advocate for resuming the service with precautionary measures in place.

### ***Impact on lifesaving nutrition services***

Nutrition lifesaving services are maintained in line with COVID-19 prevention measures mentioned in the "Nutrition sector operational guidance on Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) during Covid-19" to minimize the spread of the virus and ensure the safety of the nutrition workers and communities.

An overall reduction in the number of individuals seeking service is reported due to physical distancing and lockdown-related measures. Initial indications from the data received from the field show reduced cases of SAM treatment in the stabilization centres. It is anticipated that this will be further exacerbated by the current COVID-19 pandemic, which puts malnourished children at a higher risk of mortality.

## EMERGENCY RESPONSE (28 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 27 June, the Government extended the closure of airports to international and domestic passenger flights until 12 July. This excludes repatriation flights; 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 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.
- **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.

## 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).

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.



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

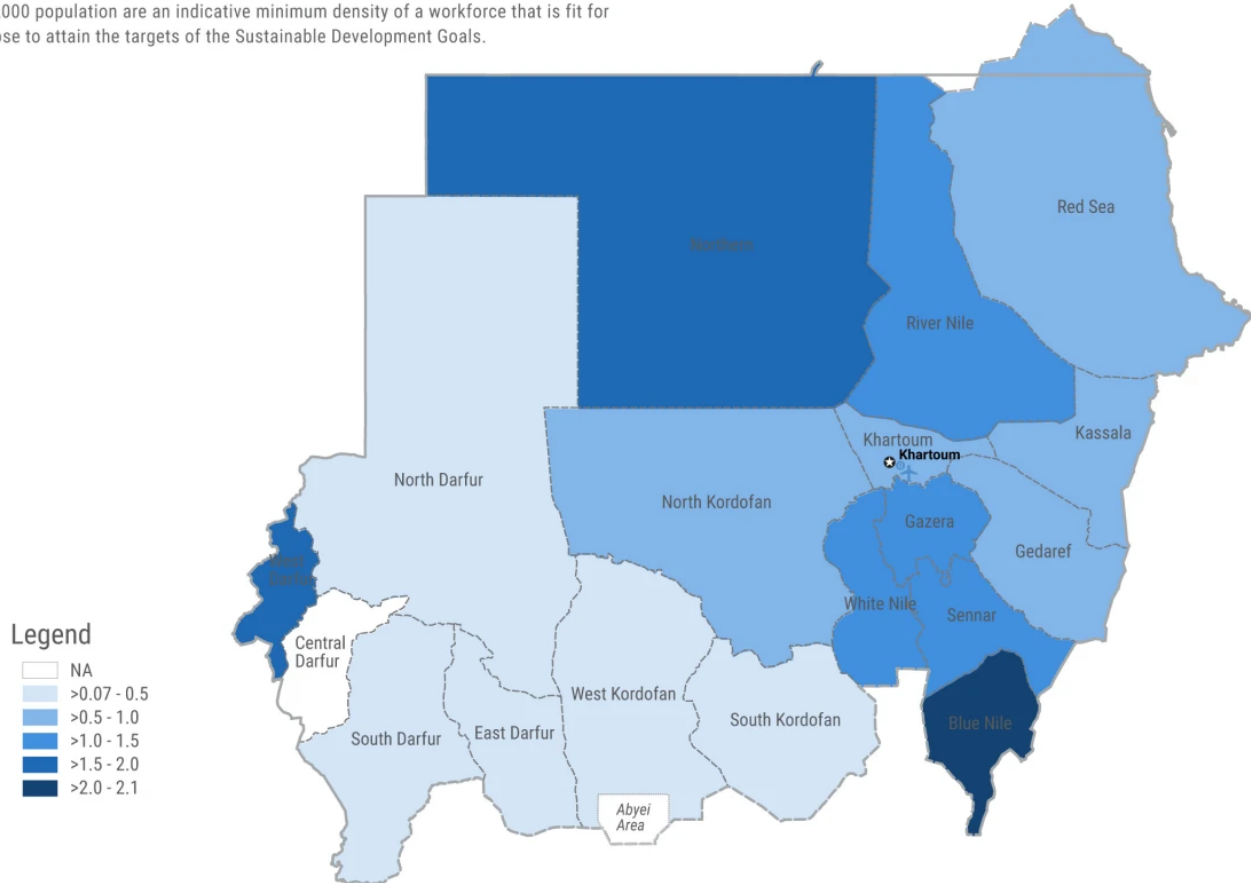
**VISUAL** (18 Jun 2020)

**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.

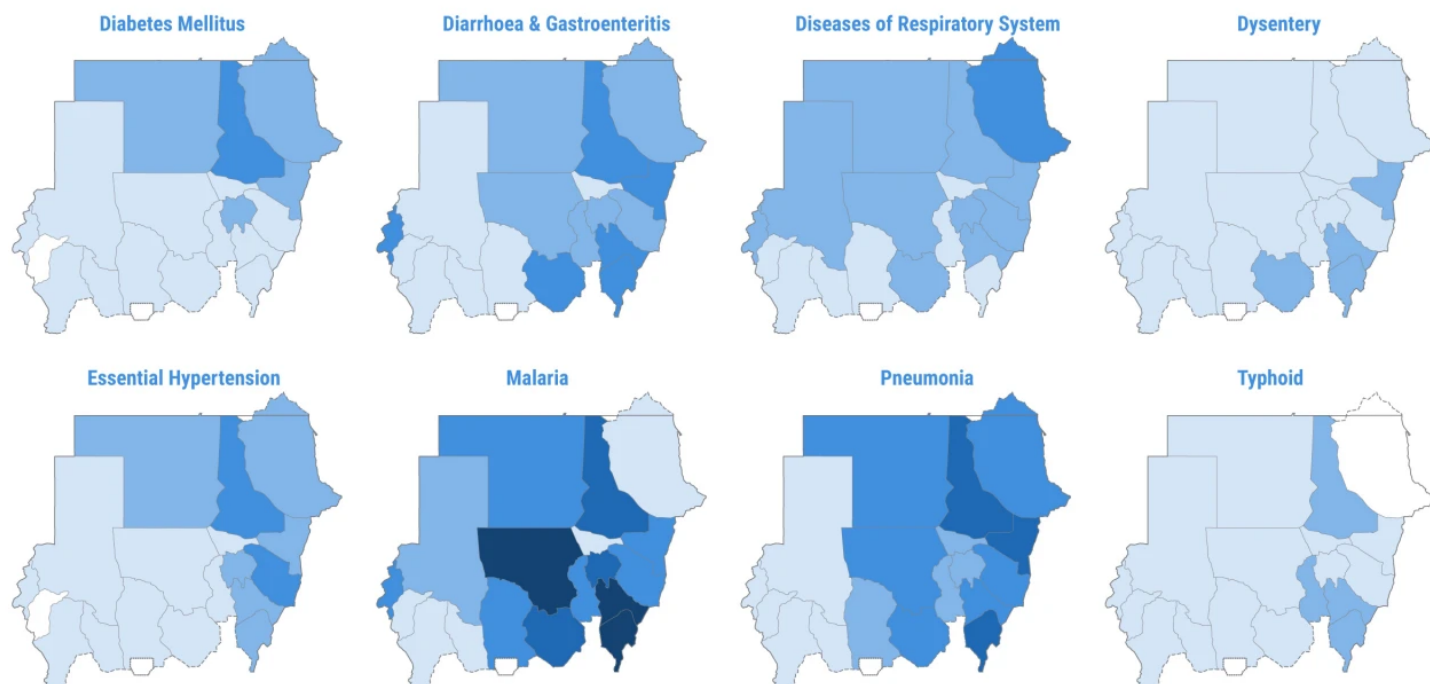
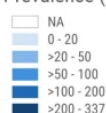
[Click here for the PDF version](#)

**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](#)

### 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 (25 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 North Darfur's Alliet locality, CAFA Development Organisation with UNFPA support trained 15 people, members of the Community Based Protection Networks on GBV, COVID-19, community mobilisation and referral pathways.

In East Darfur, two days of mobile awareness raising campaign in Daein, Nimir and Fardus camps were concluded where about a thousand people were sensitized on COVID-19/GBV.

The Migrant Resource and Response Center (MRRC) in Khartoum and Migrant Resource Centre (MRC) in Gedaref are undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants. The activities include: a) outreach to migrants and migrant communities through help line and SMS messages on COVID-19 awareness; b) phone-based medical information, and PSS counselling; and c) distribution of RCCE posters on COVID-19. The activity also includes COVID-19 awareness and PPE distribution through community associations.

COVID-19 Awareness SMS messaging – IOM through the MRRC in Khartoum reached 117 migrants (mixed nationalities) from 11 June to 18 June 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.

Food Distribution/handover – 610 migrants of mixed nationalities (Nigerien, Eritrean, Ethiopian, Nigerian, Somali and Filipino) were supported with food bags (food included flour, lentil, sugar and oil). Provision of milk support formula for 11 lactating mothers.

IOM's Rapid Response Fund, through its implementing partner Concern Worldwide, trained 32 community volunteers (16 females and 16 males) on community hygiene promotion and COVID-19 prevention awareness in 10 gathering sites El Geneina, West Darfur. The community volunteers used mobile megaphones to share information about basic sanitation and COVID-19; at least 27 of these sessions have been conducted. As latrines and shelter blocks are being constructed, sanitation awareness and latrine maintenance sessions are being held. To date, these 27 sessions in 10 gathering sites reached 2,350 people (1,222 females and 1,128 males).

### ↔ Gaps

Across Sudan, foreign children and youth who have been studying at religious schools (khalwaa) are stranded in these schools after the evacuation of Sudanese children by the government. In Khartoum state, 184 foreign children (many are Chadians but also include South Sudanese) are stranded across 19 schools and in Gedaref, 54 foreign youth are stranded in 6 schools. They are in urgent needs of awareness raising in COVID and hygiene kits, PPE, COVID-19 information and food support.

## SECTOR STATUS (25 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

Of the total confirmed cases, 16.5 per cent were reported during week 25 compared to 13 per cent in week 24. During week 25, case fatality rate (CFR) increased by 4.5 per cent and 3.3 per cent in River Nile and Red Sea states respectively. Reported deaths during weeks 24-25 represent 32 per cent of the cumulative deaths and is reflected in the overall increase in CFR from 4 to 6.1 per cent since week 21. Recoveries reported during week 25 reached 740 compared to 596 during week 24.

WHO is supporting the operational cost for Khartoum State RRTs in all localities. The training of RRTs for eight localities in Northern State was completed on 18 June 2020. IOM is planning to support surveillance activities, including RRTs running cost in Kassala and Khartoum states.

IOM, CARE, UNHCR and WHO are co-ordinating efforts to strengthen COVID-19 surveillance among migrants' communities in Khartoum and linking activities with SMoH.

### ↔ 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 (25 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

PPE has been delivered to Khartoum airport to support health and border officials handling the arrival of repatriation flights into the country.

The latest IOM DTM report has been published and can be accessed here: <https://displacement.iom.int/reports/sudan-%E2%80%94-mobility-restriction-dashboard-8-18-june-2020>

#### Gaps

The Government of Sudan had indicated two possible locations for potential quarantine centres as previously reported, however, no further confirmation on their proposed use has been received.

## 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 (25 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

UNFPA supported SMOH in Kassala, Gedaref and Red Sea states in conducting infection prevention and control training targeting 74, 118 and 18 health care providers respectively, these staff are working at Emergency Obstetric and Neonatal Care facilities in the states. Nationwide as part of COVID-19 response plan, UNFPA has been training community midwives, OBGY and health care providers in EmONC facilities on IPC to address any gaps and defects in infection prevention and control as well as to ensure maximum protection of the health care providers and the patients they serve.

In North Darfur, soap making training was conducted out in Abu Shouk IDP camp targeting 25 women. The soap will be purchased by SMOH and distributed in the camps as part of COVID-19 outreach activity. Through the GBV working group, partner organisations are encouraged to purchase the soap from women to contribute to the sustainability of this income generating activity. In South Darfur, 22 women in Otash IDPs camp were trained on soap production, with 324 bars of soaps produced by the trained women. In Alsalam IDP camp in South Darfur, 11 women were trained on face mask production and they started the production.

Through the MRRC in Khartoum, IOM continued to carry out protection activities, such as phone-based medical and psychosocial counselling to mitigate the impact of COVID-19 on vulnerable migrants. MRRC reached 42 new migrants through phone medical counselling and provided medical prescription support to seven new clients. Phone based counsellors reached to and provided support to 33 migrants over the past week.

As part of COVID-19 prevention activities, UNHCR in partnership with the Sudanese Red Cross Society (SRCS) distributed 2,000 face masks to health facilities in Wad Sharifey, Um Gargour, Abouda, and Fau 5 refugee camps in Gedaref State.

### 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 (25 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

UNFPA established 24/7 community based active referral in Khartoum State during the lockdown. This has been extended to cover three more states with higher demand/needs (Blue Nile, White Nile and North Kordofan). In Khartoum State, the active referral includes community referral initiated by community midwives and referrals to 33 EmONC facilities in Khartoum state.

In North Darfur, UNFPA supported distribution of 1,000 dignity kits for women in Sortoni, Kutum and Tawila localities.

### ↔ 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.

## 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).

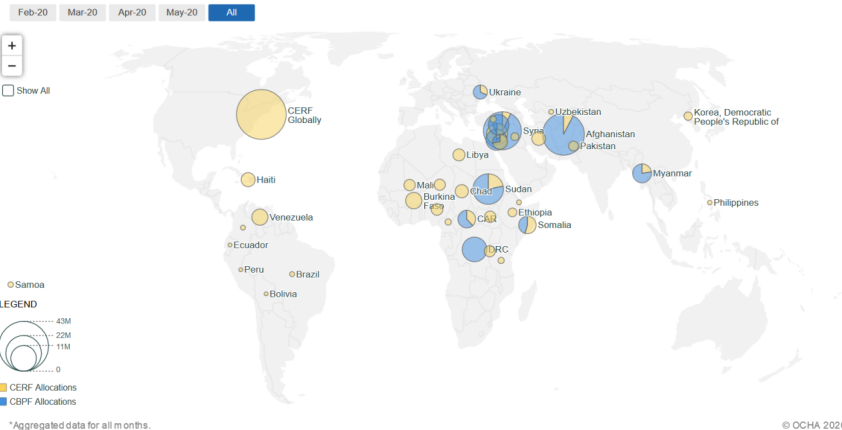
An additional concern for the states in central and eastern Sudan is that this region has seen the highest increase in the number of food insecure people in the country. Humanitarian needs have increased substantially in this area over the past few years as a result of the economic crisis.

**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



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

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# SUDAN

## Situation Report

*Last updated: 2 Jul 2020*

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