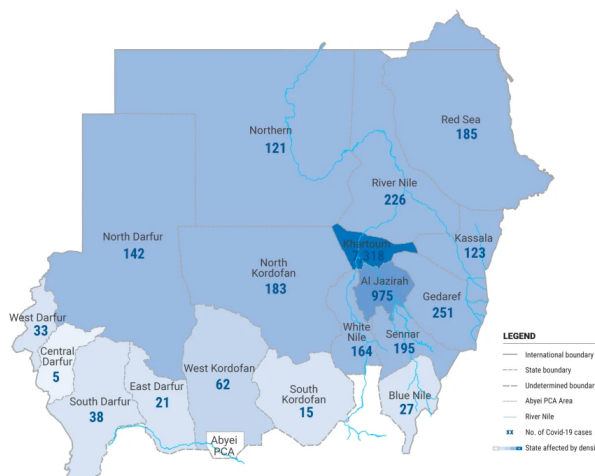


### HIGHLIGHTS (9 Jul 2020)

- Humanitarian partners continue to respond to the COVID-19 pandemic in Sudan, despite challenges, including low testing capacity and lack of trained health personnel.
- Over 10,000 people had contracted COVID-19 in the country, including 636 who died from the disease, as of 5 July.
- For the first time in 10 years, humanitarian partners provide life-saving assistance to vulnerable people in Jebel Marra, South Darfur.
- Over 250,000 people could be affected by floods across the country during the ongoing raining season (June – September), according to the Government.




COVID-19 cases in Sudan as of 5 July 2020. The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

### KEY FIGURES

|   |   |
|---|---|
| <b>9.3M</b><br>people in need of humanitarian assistance                      | <b>6.1M</b><br>people targeted (2020)     |
| <b>1.1M</b><br>refugees   | <b>1.87M</b><br>internal displaced people |
| <b>10,084</b><br>total people who contracted COVID-19-related deaths COVID-19 | <b>636</b>                                |

### FUNDING (2020)

|  |                             |
|--|-----------------------------|
| <b>\$1.4B</b><br>Required  | <b>\$546.4M</b><br>Received |
|  <b>38%</b><br>Progress |                             |
| FTS: <a href="https://fts.unocha.org/appeals/870/summary">https://fts.unocha.org/appeals/870/summary</a>   |                             |

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### SUDAN – TRENDS (9 Jul 2020)

#### Federal Ministry of Health confirms over 10,000 COVID-19 cases

- First case:** 13 March 2020
- Total cases:** 10,084 (as of 5 July 2020)
- Total deaths:** 636
- States affected:** All 18 states
- Schools:** Closed ([8,375,193 learners affected](#)).
- Borders/flights:** All land borders closed. UNHAS received, on 8 July, approval from the Sudan Civil Aviation Authority (SCAA) to resume in-country flights from 12 July, which will facilitate humanitarian operations across the country. At the same time, the SCAA reportedly announced that Khartoum airport will be partially opened within a week, and gradually resume international and international flights, according to media reports. The partial opening could facilitate the arrival of thousands of Sudanese stranded abroad since the beginning of the COVID-19 pandemic.
- Containment measures:** On 7 July the High Committee for Health Emergencies announced the ease of lockdown restrictions in Khartoum State. The curfew has been changed from 5:00 am to 6:00 pm, bridges have been opened and transportation is allowed during this period. Movement to and from Khartoum and other states is not allowed. Some states in Darfur Region have closed borders and have imposed curfews to limit the movement of people. Schools and universities will remain closed. Government institutions will resume work on 12 July. The Council of Ministers has set the working

hours in Federal Ministries and the Ministries in Khartoum, from 8.00 a.m. until 3.00 p.m. Ministers and department heads are to ensure that the work can be done by 30 to 50 per cent of the employees, to reduce congestion in the workplace. All staff must wear face masks and workplaces are to be sanitized regularly .

### Situation

Sudan recorded its first COVID-19 case on 13 March 2020. Since then, WHO has confirmed that 10,084 people contracted the virus, including 636 who died from the disease, as of 5 July.

All 18 states have reported cases, with Khartoum, El Gezira, and Gedaref states amongst the hardest-hit. The increasing number of transmissions continues to pose pressure on the country's fragile health system, according to humanitarian partners. Sudan has only 184 beds in intensive care units (ICU) and approximately 160 of them have ventilators, according to WHO. Only four ICU doctors—three in Khartoum and one in Gezira State—, and 78 COVID-19 dedicated health workers, less than half of them trained to deal with patients infected with the virus, according to WHO. WHO and partners are importing nearly 8,000 new testing kits over the coming weeks, to support the Government-led response.

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 (9 Jul 2020)

**More than 350,000 people received humanitarian assistance in previously inaccessible areas of South Darfur**

United Nations agencies and humanitarian partners have provided life-assistance to about 350,000 people in previously inaccessible parts of the Jebel Marra area, in South Darfur, over the past nine months, overcoming important challenges, including the COVID-19 pandemic. In addition, humanitarians reached different communities for the first time in 10 years, during a need's assessment carried out at the end of June in the area. According to the preliminary findings of the studies, hundreds of thousands of people across several communities in the region have little or no access to safe water, hygiene and sanitation products, and also lack health, nutrition, education and protection services.

The last mission, led by OCHA, could assess the situation in South Jebel Marra locality, on the boundary between Government-controlled and Sudan Liberation Army – Abdel Wahid (SLA/AW)-controlled areas. According to the community leaders, there are about 127,000 people in Gorlanbang Village alone, including 11,800 internally displaced persons (IDPs) from surrounding villages and 9,400 returnees. The IDP community reported that they have not been able to travel to their home villages since 2017 due to security concerns. Fears of sexual gender-based violence also prevents women from going to their farms or collecting firewood.

In North and West Jebel Marra localities, IOM and other humanitarian partners are completing the registration of people in need and providing emergency humanitarian needs assistance. Other areas of Jebel Marra in Central and South Darfur States are already receiving food, emergency shelter, non-food supplies, health, nutrition, WASH and education services.

The recent missions and assistance provided have been possible following important progress made since the last quarter of 2019 to facilitate humanitarian access to inaccessible communities in Darfur, with support from the Government, non-state actors and the African Union – United Nations Mission in Darfur (UNAMID).



Women and children in Gorlanbang village, South Jebel Marra locality, South Darfur (IA mission, July 2020)

## FORECAST (9 Jul 2020)

### Government: 250,000 people may be affected by floods this year

More than 250,000 people could be affected by heavy rains and floods during the current rainy season in Sudan (June – September), according to the Sudan Meteorological Authority (SMA). Despite the delayed onset of the season, the country is expecting above-normal rainfall across most states between July and August, which may lead to flooding, causing death, displacement and damage to homes, infrastructure and livelihoods.

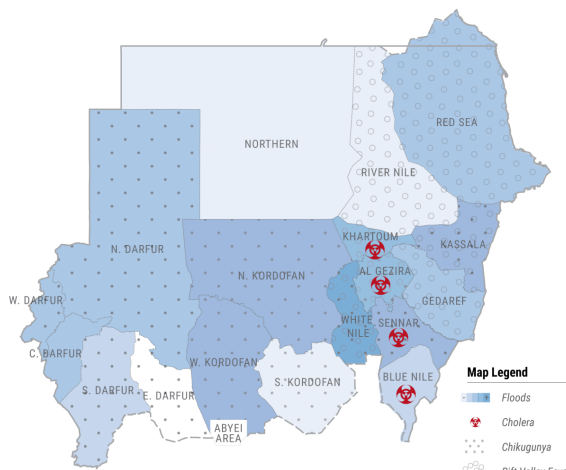
The situation is likely to compound significant humanitarian needs in Sudan. Limited access to safe water and sanitation services, and poor hygiene conditions in some areas, could increase the risk of health emergencies, including higher levels of COVID-19 community transmission at displacement settlements. Possible damages to crops and arable land will pose a serious risk of food insecurity in many parts of the country and heightens the vulnerability of people already facing increasing hunger. From June to September, the typical period between harvests, about 9.6 million people are estimated to be severely food insecure (IPC Phase 3 or above) and in need of urgent assistance, according to the latest Integrated Food Security Phase Classification (IPC) report. This is the highest figure ever recorded in the history of IPC in Sudan.

### Preparedness is ongoing

Authorities and humanitarian partners are already working on the preparedness and possible humanitarian response. The Government's Flood Task Force—led by the Humanitarian Aid Commission (HAC), and integrated by the Sudanese Red Crescent Society, Civil Defence, technical departments, and UN agencies—met for the first time in June to assess the operational capacity and possible gaps.

Humanitarians developed a preparedness and response plan to support the Government-led response and ensure the timely delivery of assistance. Authorities and partners are now carrying out a stock mapping exercise and prepositioning is ongoing to ensure that enough supplies—including plastic sheets, non-food items (NFIs), shelter, and water, sanitation and hygiene (WASH) items—are available. Partners have identified some gaps in NFIs, particularly in South Kordofan, and gender-based violence dignity kits. This year, authorities are planning to integrate WASH and health response to prevent disease outbreaks, including COVID-19.

### 2019 floods



Floods and disease outbreaks in 2019

In 2019, heavy rainfall and flash floods affected more than 426,000 people—almost twice the number of people affected by floods in 2018—across 17 states and the Abyei Area, according to HAC and partners. Reports indicate that 78 people died and 89 were injured due to the floods and an estimated 50,000 homes were destroyed. In addition, 36,000 homes; 25,500 latrines; 40 health facilities; 1,300 education facilities; and 10 water facilities were damaged.

### VISUAL (9 Jul 2020)

### Sudan: COVID-19 Containment Measures and Humanitarian Access Infographic



## SUDAN

### COVID-19 Containment Measures and Humanitarian Access (June 2020)

#### OVERVIEW

As a result of the COVID-19 pandemic, the Government of Sudan – like many countries – introduced measures to contain the spread of the virus. These containment measures have, however, introduced additional challenges to delivery of effective and timely assistance to affected people and communities.

Transportation of humanitarian supplies continues, but movement restrictions at the state and locality level – on top of existing fuel and cash shortages – have increased costs of transport and led to delays in delivery. Movement of humanitarian workers has also been constrained; domestic and international flights are grounded or intermittent and unpredictable.

Containment measures and the pandemic itself is also affecting people's ability to access assistance. Routine vaccination campaigns have been delayed or cancelled. The disease surveillance system is overwhelmed by COVID-19, and movement restrictions make it difficult for health workers to report to work in larger cities. Movement restrictions have slowed the distribution of critical medical supplies from state capitals – and reportedly, only 15 per cent of the essential medicines and supplies are available on the open market. The closure of schools and universities limit children and adolescents' access to education and child protection services including psycho-social support.


| STATE          | MARKET TIMES RESTRICTED | GATHERINGS BANNED RESTRICTIONS | CURFEW | CARGO AND GOODS MOVEMENT RESTRICTED? | INTRA-STATE TRAVEL BANNED | INTER-STATE TRAVEL BANNED | MOVEMENT OF HUMANITARIAN SUPPLIES POSSIBLE | MOVEMENT OF HUMANITARIAN PERSONNEL POSSIBLE |
|----------------|-------------------------|--------------------------------|--------|--------------------------------------|---------------------------|---------------------------|--|---|
| Blue Nile      |                         | Y                              | Y      |                                      |                           | Y                         | Y  | Y   |
| Central Darfur | Y                       | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| East Darfur    |                         | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| Gedaref        | Y                       |                                | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| Al Gezira      | Y                       | Y                              | N      |                                      | Y                         | Y                         | Y  | Y   |
| Kassala        | Y                       | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| Khartoum       | Y                       | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| North Darfur   | Y                       | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |
| North Kordofan |                         |                                | N      | Y                                    | Y                         | Y                         | Y  | Y   |
| Northern       |                         |                                | N      |                                      | Y                         | Y                         | Y  | Y   |
| Red Sea        |                         | Y                              | Y      |                                      | Y                         | Y                         | Y  | Y   |
| River Nile     |                         |                                | Y      |                                      | Y                         | Y                         | Y  | Y   |
| Senhar         |                         |                                | Y      |                                      | Y                         | Y                         | Y  | Y   |
| South Darfur   | Y                       |                                | Y      |                                      | Y                         | Y                         | Y  | Y   |
| South Kordofan |                         | Y                              | N      | Y                                    |                           | Y                         | Y  | Y   |
| West Darfur    | Y                       | Y                              | Y      | N                                    | Y                         | Y                         | Y  | Y   |
| West Kordofan  |                         |                                | N      |                                      | Y                         | Y                         | Y  | Y   |
| White Nile     | Y                       | Y                              | Y      | Y                                    | Y                         | Y                         | Y  | Y   |

#### CONTAINMENT MEASURES CONSEQUENCES

##### HUMANITIARIANS' ACCESS TO PEOPLE IN NEED

 Ground and air transportation disrupted.

 Access to goods and services limited (eg fuel, cash), further delaying response.

 Assessments and monitoring delayed or cancelled.

##### PEOPLE IN NEED'S ACCESS TO HUMANITARIAN ASSISTANCE

 Delays in access to assistance.

 Health system overwhelmed.

 Education, GBV, Livelihoods and Child Protection activities disrupted



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: 21 June 2020 Sources: International boundary (UN cartography), State boundary (CBS, FGC, NIC), River & Crossing border (WFP), Settlements (OCHA), Feedback: ochasudan, feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.net

The Government of Sudan – like many countries – introduced measures to contain the spread of COVID-19 in the country. The measures have introduced challenges to delivery of effective and timely assistance to affected people and communities.

[Click here for the pdf version](#)

### FORECAST (2 Jul 2020)

### Donors pledge \$1.8 billion for Sudan

On 25 June, the Sudan partnership conference, virtually held in Berlin, Germany, brought together 40 countries and 15 international organizations and agencies, to coordinate international support for Sudan's political and economic transition towards peace and democracy.

During the conference, partners acknowledged the urgent need to support Sudan as it addresses an acute economic crisis, exacerbated by the additional challenges brought by the COVID-19 pandemic, and pledged a total of US\$1.8 billion, to which the World Bank committed to providing pre-arrears clearance grant of up to US\$ 400 million. This includes support for social protection, development, COVID-19 response, and humanitarian aid. Around US\$500 million



were pledged for the Family Support Programme for Social Impact Mitigation (SFSP), one of the priorities of the Transition Government, to support Sudan's economic reforms and mitigate their social impact on the Sudanese people, providing cash transfers to the most vulnerable. These funding contributions will be used to support the democratic, peace, and economic priorities of the Sudan's Transitional Government. Delegations underlined that the Sudan should undertake further economic and social reforms including improving transparency, inclusiveness and accountability to unblock further funding.

Participants in the conference stressed that they were committed to remain engaged in assisting Sudan through the political transition and economic reform process. To this end, high-level conferences will be held regularly to take stock of the partnership and progress achieved in the Sudan's ongoing transition. The next Partnership Conference will be held in early 2021, in close cooperation with the Government of the Sudan and the Friends of Sudan group.

### FORECAST (6 Jul 2020)

#### Funding needed to provide access to essential health services for more than 55,000 people in Tawilla, North Darfur

Over 55,000 people in Tawilla Town, North Darfur, risk to have their access to essential health services compromised if the only facility providing in-patient services in the area doesn't receive urgent funding. After 13 years of work, the last humanitarian organization providing medical attention to displaced people and residents is leaving Tawilla. Although other partners are willing to take over the health care, the lack of funding is preventing them from doing so.

According to the last Health Resources Availability Monitoring System (HeRAMS) report, at the end of 2019 there were 46 health facilities in Tawilla locality, including Tawilla Town. Only 22 centres (47.8 per cent) are functional, but at low capacity as most of the operating health facilities. The system faces several challenges, especially the lack of trained health personnel, medical supplies and reliable patient transport/referral system.

The Hospital Information System (HIS) data for North Darfur shows a clinic utilization rate in Tawilla locality of 1.3 consultation per person per year, while the Health Cluster is aiming at 1 consultation per person per year. The 1.3 consultation rate could be due to the limited number of functioning health facilities in the area, which resulted in increased demand for the functional health facilities.

Meanwhile, at least 143 people contracted COVID-19 in North Darfur, including 88 who died from the disease, as of 5 July. The State has registered the highest case fatality rate (CFR) - over 61 per cent - in Sudan. This implies that there can be many more asymptomatic cases, which have not been detected or reported yet. The globally CFR for COVID-19 is around 1 per cent.

Before the pandemic, 107,000 people in Tawilla locality were already in need of humanitarian assistance, according to the 2020 Humanitarian Needs Overview. Organization working under the 2020 Humanitarian Response Plan (HRP) are aiming to reach 69,000 people in Tawilla with humanitarian assistance this year. During the first quarter of 2020, partners reached nearly 24,000 people in the locality with humanitarian assistance, including 17,500 people with health services.



Women in queue for assistance in Tawilla 2016, OCHA

### FEATURE (2 Jul 2020)

#### The Work Must Go On – Uninterrupted help for people living with HIV and tuberculosis during COVID-19

In collaboration with the Federal Ministry of Health (FMoH) and UNDP, the Global Fund supports HIV and TB treatment in Sudan. About 10,500 people are currently receiving antiretroviral treatment, and more than 20,000 receive anti-TB treatment annually – provided free of charge via the Global Fund.

Responding to COVID-19 lockdown logistical challenges, UNDP, FMoH, the National Medical Supplies Fund and WFP collaborated to ensure 17 containers of HIV and TB medication and laboratory supplies continued to reach those in need.

In Sudan, the UNDP-Global Fund partnership dates back to 2005. UNDP has served as the principal recipient of the Global Fund grants, supporting the Ministry with project, procurement, supply chain and financial management, and monitoring and evaluation

For more information on this programme [click here](#)

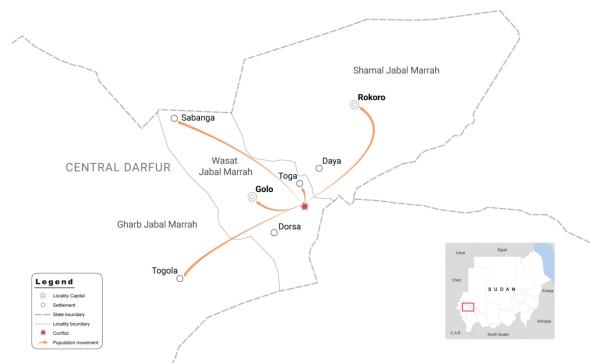


Health staff inspecting and dispatching medical supplies from Sudan's National Medical Supplies Fund (UNDP Sudan/Will Seal)

### EMERGENCY RESPONSE (6 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 Village 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 Toga 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 FewsNet, 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.

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.



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

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.

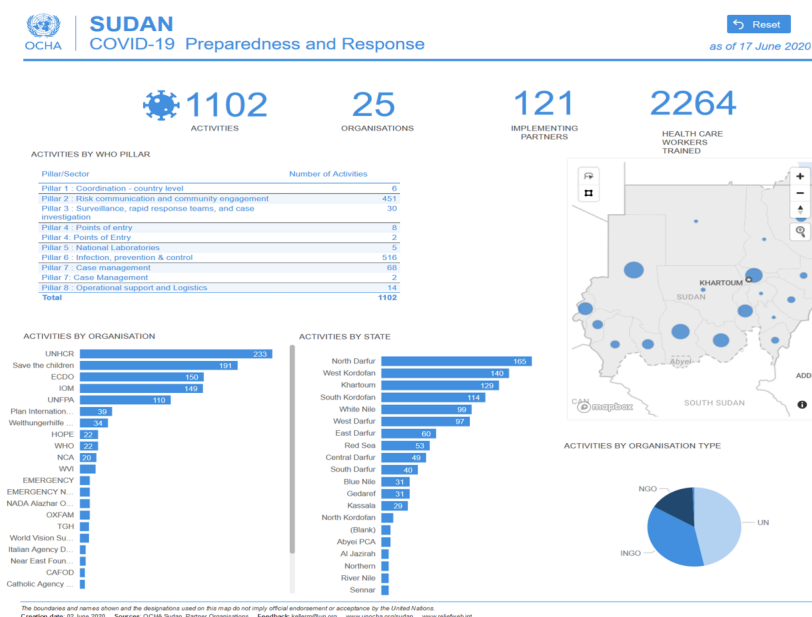


Song contest at Waral refugee camp, White Nile State (UNHCR, 2020)

## 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=eyJrJoiMzE0NjU2M2U0NTIINC00ZTkWLTU1NTUyY2IwOTQyNW15OTM5IiwidCI6IjBmOWUzNWRLTU0NGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3MCIslmMiOj9h)

## 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.

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.

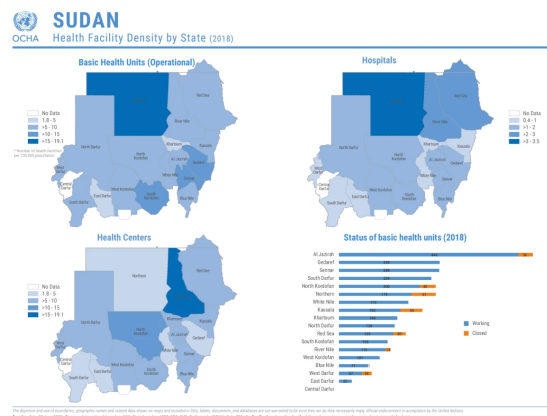
By 21 June, about 670,000 cases of malaria were reported across Sudan breaching the epidemic threshold in six states – Blue Nile, East Darfur, Sennar, South Darfur, West Kordofan and White Nile. The malaria medication received during the month of April through the Global Fund to Fight Malaria, TB and 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.



Health Facility Density by State

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.

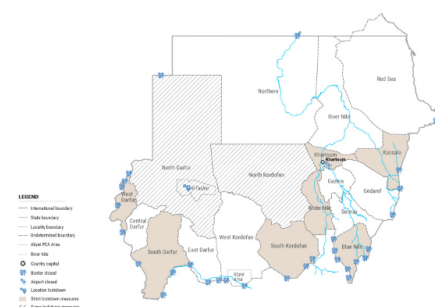
## EMERGENCY RESPONSE (9 Jul 2020)

### 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:** On 7 July, the High Committee for Health Emergencies announced the ease of lockdown restrictions in Khartoum State. Schools and universities remain closed. Work at Government institutions will start on 12 July at 30 - 50 per cent capacity, to reduce congestion in the workplace. Working hours for federal ministries and the ministries of Khartoum will be from 8:00 am until 3:00 pm. All staff must wear face masks and workplaces are to be sanitized regularly.
- Airports:** Airports will gradually open pending further instructions from the Sudan Civil Aviation Authority (CAA). UNHAS has received approval from CAA to resume in-country flights as of 12 July 2020.
- Curfew:** The curfew has been changed from 5:00 am to 6:00 pm, bridges have been opened and transportation is allowed during this period.
- 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 remain, 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 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 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 humanitarian actors:**
  - 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.



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

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.

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### VISUAL (18 Jun 2020)

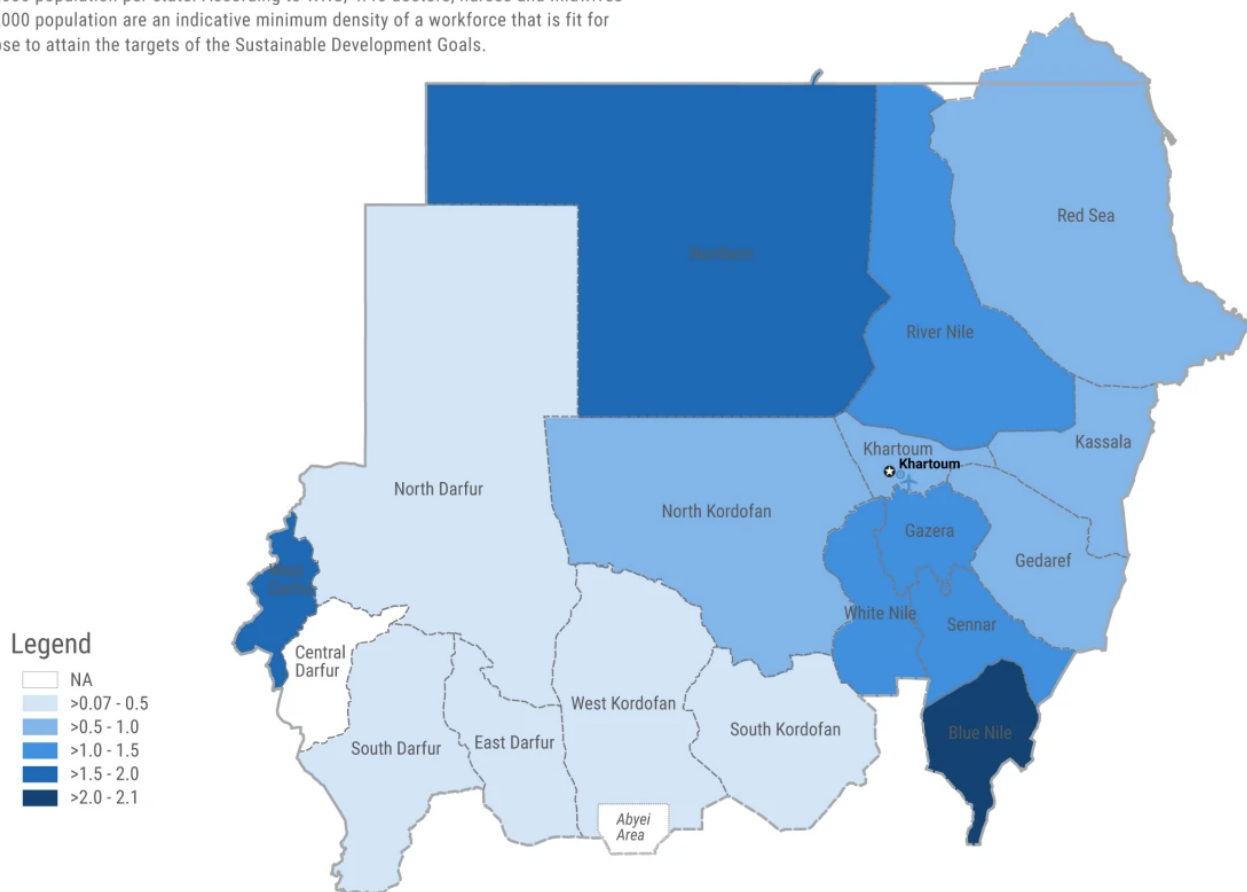
#### Sudan: Health Workforce Density per State (June 2020)



# 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](mailto:ochasudan_feedback@unocha.org) | [www.unocha.org/sudan](http://www.unocha.org/sudan) | [www.reliefweb.int](http://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](#)

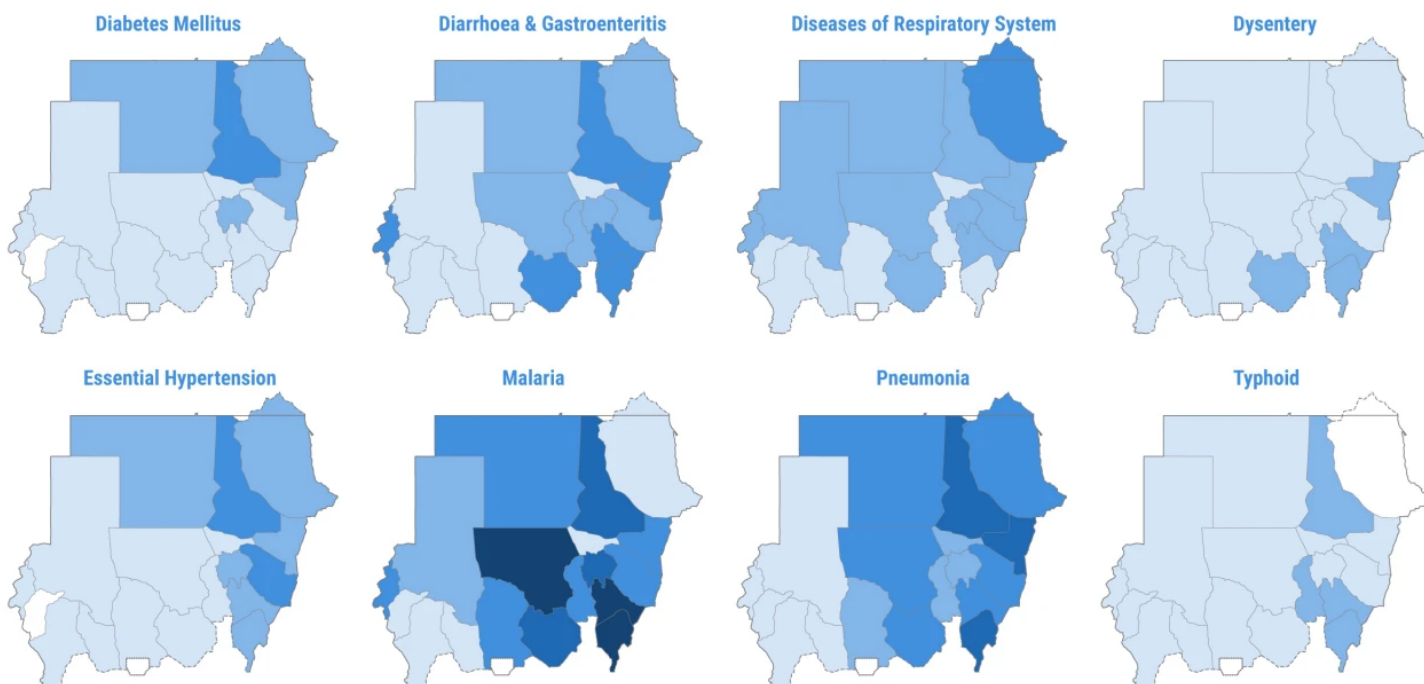
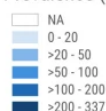
**VISUAL** (18 Jun 2020)

**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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 Creation date: 15 June 2020 Sources: International boundary (UN), State boundary (CBS, FGC, NIC), Data (2018 Annual Health Statistical Report, FMoH) Feedback: [ochasudan\\_feedback@unocha.org](mailto:ochasudan_feedback@unocha.org) | [www.unocha.org/sudan](http://www.unocha.org/sudan) | [www.reliefweb.int](http://www.reliefweb.int)

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.

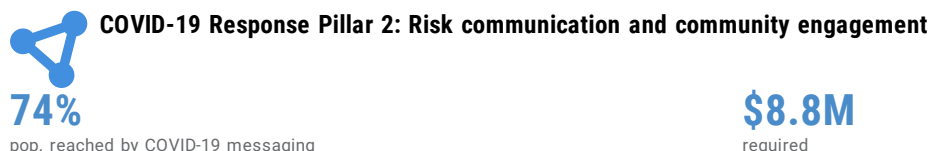
The Refugee Consultation Forum (RCF), led by the UN Refugee Agency (UNHCR) and Sudan's Commissioner for Refugees (COR), is coordinating the response effort for refugees. The RCF has revised a COVID-19 prevention and response plan with different scenarios in case of a COVID-19 outbreak in a refugee camp 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 (9 Jul 2020)



### ? Needs

Although risk communication campaigns and messages have reached a large percentage of the population, this has not yet resulted in widespread compliance with COVID-19 prevention measures and practices. Further engagement with existing community-based networks, media, local NGOs, schools, local governments and other sectors, including the private companies and business, using a consistent mechanism of communication, it needed to increase the impact of communication campaigns.

### ↪ Response

The Migrant Resource and Response Centre (MRRC), in Gedaref State, implemented a COVID-19 awareness raising session and provided emergency food support for seven Chadian students in a khalwa (religious school) in Gedaref city.

COVID-19 awareness SMS messaging: IOM through MRRC in Khartoum reached out to 40 migrants (mixed nationalities) with COVID-19 awareness SMS messages.

Food distribution: 200 migrants of mixed nationalities (Nigerien, Eritrean, Ethiopian, Nigerian, Somali and Filipino) were supported with food bags (flour, lentil, sugar and oil).

UNFPA have reached about 2,800 men and women from seven IDPs camps (Gerieda, Lieba, Buram, Belil, Deribate, Dimsu, and ELraddoom) with awareness raising sessions on COVID-19 and gender-based violence (GBV). This helped the community members to access reliable information about risks, services and prevention measures.

### ↔ Gaps

Needs assessments of places of worship, including churches, in Khartoum State to start their engagement in RCCE activities ahead of opening to worshippers after the ease of lockdown measures.

### SECTOR STATUS (9 Jul 2020)



17

states with trained RRTs (out of 18)

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

\$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

According to the latest data from Federal Ministry of Health (MoH), the bulk of the total confirmed COVID-19 cases – 73 per cent- is reported from Khartoum State, followed by Gezira State, representing about 10 per cent of the total confirmed cases. The eastern states report 13 per cent, whereas western states account for 5 per cent of the total reported confirmed COVID-19 cases.

The highest total number of deaths were reported from Khartoum State (44 per cent), followed by Gezira (24 per cent). Central Darfur State has, however, the highest reported case fatality rate (CRF) in Sudan, at 60 per cent. The second highest CFR is 31.7 per cent from North Darfur State. On the other hand, the lowest recorded CFR was in West Kordofan at 1.6 per cent (1 death out of 61 confirmed cases), followed by South Darfur at 2.6 per cent (1 death out of 38 confirmed cases).

The epidemiological weeks 26 and 27 showed 50 per cent decrease in both cases and deaths compared to the previous two weeks combined.

The major decrease in figures was in Khartoum State, displaying decline in confirmed cases and deaths by 60 per cent during the past two weeks.

Weeks 26 and 27 witnessed the arrival of Sudanese stranded outside the country through Khartoum international Airport and ground crossings. This has deviated Khartoum State Rapid Response Teams (RRTs) activities towards registration, specimen collection and follow-up of arrivals.

During week 26, the National (9090) and Khartoum State (221) call centers were merged. Calls from 221 line were diverted to 9090, which was not successful during the first few days and lead to loss of calls coming from Khartoum State. Also, the call center staff had transport problems leading to overall reduction in answered calls percentages.

Community-based surveillance (CBS) expansion plan is ongoing in the last two weeks in North, Central and South Darfur states targeting 20 new localities. Training in 17 localities on the system has been completed in North Darfur and South Darfur. The training will continue during week 28 to cover Central Darfur State.

CARE and IOM are joining efforts to strengthen surveillance and response in Khartoum and Kassala states.



### Gaps

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

### SECTOR STATUS (9 Jul 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 ninth Mobility Restriction Dashboard was published on 2 July 2020.

1. COVID-19 has now spread to all of Sudan's 18 states. Most of all confirmed cases are in Khartoum State.
2. IOM has collected data on PoEs and timelines for mobility restrictions.
3. It is important to note that data on the number and names of IDP camps in Sudan are collected through a network of key informants and are therefore approximations.

A joint WHO/FMoH/IOM needs assessment mission is planned to Northern State. See [link](#) for more information and infographics on the current movement restrictions as of 2 July 2020.

Additional indicators can be added to the current data collection tools to address information needs and gaps.



#### Gaps

- Work on IPC and passenger flow management required at the departure area in Khartoum International Airport to complement the measures already in place for arrivals.
- Further information on needs and gaps at PoEs on the border between Sudan and Egypt

### 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 (9 Jul 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 COVID-19 IPC measures.
- Additional funding.



#### Response

Sudanese Family Planning Association (SFPA) Khartoum and UNFPA supported 145 sexual gender-based violence (SGBV) survivors residing in two safe houses in Khartoum (Eritreans and Ethiopian) with personal protection material such as masks, soap, and hand sanitizer for two months. This assistance supported the survivors of SGBV to protect themselves from COVID-19 during their stay in the safe houses, in addition to being safe in accessing referral services including medical treatment, transportation, and Psychosocial services (PSS).



#### 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 (9 Jul 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, in coordination with the Khartoum State Ministry of Health, continues to support the implementing of active referral service for obstetric complications emergencies as well as sexual gender-based violence victims in need for clinical management of rape, as an initiative to address the barriers to access essential sexual reproductive health (SRH) services during the lockdown. This service provides transportation from the community to the health facilities and between health facilities for patients and survivors in Ombada, Omdurman, Karrai, Khartoum, Shargalnil, Jebel Awlia, and Bahri localities. The 24/7 transportation is extended to cover three more states with higher demand/needs.

### ↔ 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.

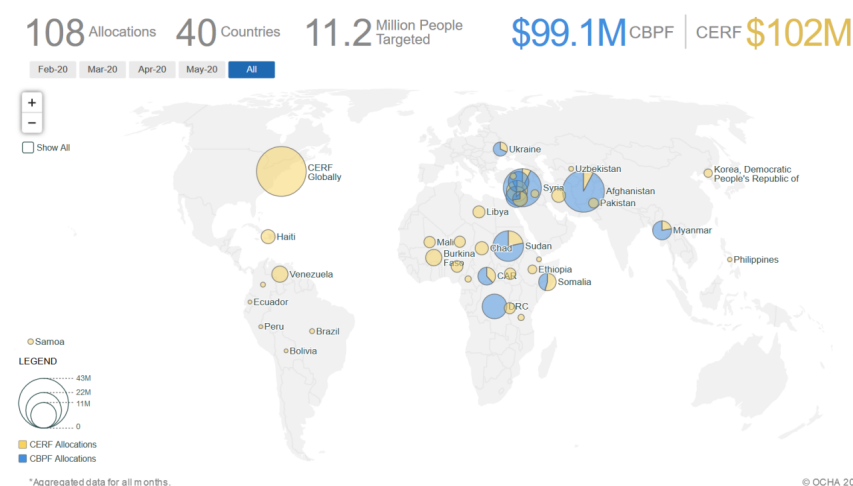
In White Nile, less than 70% of the population have access to improved water sources and in eight localities in Kassala, Gedaref and Red Sea states, less than half of the population have access to improved water sources, according to the [S3M survey](#) carried out in 2018. According to the [Joint Monitoring 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



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



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