

## FLASH UPDATE (13 Aug 2020)

### SUDAN: Vaccine-derived polio outbreak - Flash Update No. 1

#### HIGHLIGHTS

- The Government declared, on 9 August, an outbreak of poliomyelitis in Sudan, following the confirmation of two vaccine-derived poliovirus in South Darfur and Gedaref states.
- Tests also confirmed positive environmental samples of poliovirus type 2 in least nine states, according to WHO. At least 5.2 million children under age 5 live in the affected states and will require urgent vaccination.
- Neighbouring Ethiopia, Central African Republic and Chad also reported cases, which puts more risks on Sudan, especially Darfur region due to border movements.
- The Federal Ministry of Health and humanitarian partners have already activated the response, that will necessarily include mass immunization campaigns across the country.

#### SITUATION OVERVIEW

The Sudanese Federal Ministry of Health (FMOH) declared, on 9 August, an outbreak of polio in Sudan, following the confirmation of two cases of [vaccine-derived poliovirus](#) in South Darfur and Gedaref states. While laboratory tests are still ongoing, positive environmental samples of poliovirus type 2 seven more states, including West Darfur, East Darfur, Gezira, White Nile, River Nile, Khartoum and Red Sea, indicating a possible wide circulation of the virus within the country. At least 5.2 million children under age 5 live in the affected states and will require urgent vaccination.

The outbreak, the first since March 2009, has been considered by the authorities as a national emergency and response has been activated to tackle the high risk of transmissions within and beyond Sudan, including South Sudan, declared by WHO as polio-free just a month ago. Neighbouring Ethiopia, Central African Republic and Chad also reported cases, which puts more risks on Sudan, especially in the Darfur region, due to border movements. The ongoing COVID-19 pandemic and current floods in Sudan will likely increase the challenges for Government and humanitarian partners to contain the new outbreak.

According to WHO, a vaccine-derived polio outbreak occurs in countries with low levels of immunization and poor sanitation conditions. When a child is immunized against polio, the weakened vaccine-virus replicates in the intestine and can be excreted in the environment. Although sometimes it can even offer protection to other children through 'passive' immunization, in some rare cases, after a long period of circulation, the vaccine-virus can genetically change into a form that can paralyze. Circulating vaccine-derived polioviruses must be managed in the same way as wild poliovirus outbreaks. The response must include vaccinating every child under age 5 with oral polio vaccine to stop transmission.

#### RESPONSE

Sudanese Federal Ministry of Health (FMOH) and health partners have already activated the urgent response to the outbreak. The FMOH briefed the Cabinet of Ministers on 8 August and declared the outbreak on day later, following the protocols of the International Health Regulations. Risk assessments have already been completed, while a National Task Force committee is being currently established. Government and health partners, led by WHO, are in close contact with neighbouring countries to coordinate efforts.

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## FLASH UPDATE (13 Aug 2020)

### SUDAN: Violence in Port Sudan, Red Sea - Flash Update No. 1

#### HIGHLIGHTS

- Recent violence and intercommunal clashes since 9 August in Port Sudan, Red Sea State, have reportedly left more than 30 people dead and nearly 90 injured, according to preliminary data from humanitarians in the field.
- Several people are reportedly displaced, and the death toll is expected to increase as more information becomes available.
- The tensions between members of different tribes led the Red Sea's Government to declare a complete lockdown of the city, and the Transitional Government of Sudan to deploy troops to the area.
- The violence and the movement restrictions pose significant challenges to humanitarians to assist people affected, including the newly displaced families.

#### SITUATION OVERVIEW

Tensions and violence continue to escalate in Port Sudan, Red Sea State, after new intercommunal clashes were reported on 12 August at noon, according to humanitarians in the field. At least 32 people have been reportedly killed and nearly 90 injured since the fighting started on 9 August. Some 20 per cent of the injured are reportedly in critical condition and the death toll is expected to increase as more information becomes available. During the four days of fighting, which include clashes with law enforcement officers, an unidentified number of houses and cars were burnt down in districts that witnessed violence, especially in the eastern part of the city. Although the numbers are still unconfirmed, some displacements have been reported, with people moving to host communities and also schools in the southern part of the city.

The curfew from 1700 to 0600 hours imposed by the State Government on 10 August was lately on 11 August extended to a round-the-clock curfew, restricting all movements in the city, including humanitarian workers. Only Government's emergency activities such as ambulances, water or electricity supply services are allowed in the city. The Transitional Government of Sudan deployed troops to Port Sudan and the Governor of Red Sea State appealed to the population strengthen the spirit of community in the city and maintain the peace, and informed that mediation talks are already taking place.

### RESPONSE

Insecurity and movement restrictions are hampering humanitarian operations in Port Sudan. Despite the challenges, medical supplies have been provided by health partners to hospitals in the area to support the treatment of injured people.

Aid workers are meeting regularly and planning assessments in the area to respond to possible needs, especially among the displaced population.

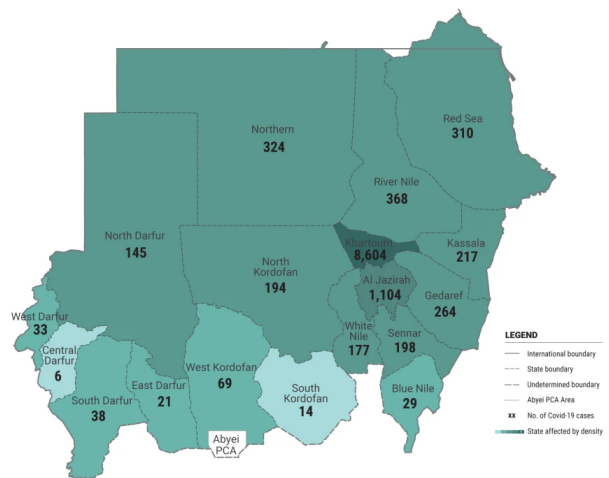
Humanitarian organizations have prepositioned supplies on the ground to respond to the needs related to water, sanitation and hygiene, nutrition, health and education services.

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### HIGHLIGHTS (13 Aug 2020)

- Humanitarian needs are rapidly increasing in Sudan, as the country faces multiple shocks, including the economic crisis, recent floods, violence and disease outbreaks.
- The Government declared an outbreak of vaccine-derived poliovirus on 9 August. Over 5.2 million children under age 5 live in the nine affected states and will require vaccination.
- COVID-19 transmissions also continue and over 12,000 people have contracted the virus to date.
- Violence in several parts, including recent clashes in Port Sudan, Red Sea State, and flooding affecting nearly 185,000 people are driving further displacement and increased needs.
- Aid organizations are also assisting millions of people across Sudan in a monthly basis, despite the challenges.



COVID-19 cases by state, as of 11 August.

### KEY FIGURES

**9.6M** severely food-insecure people

**6.1M** people targeted for assistance in 2020

**1.1M** refugees

**1.87M** internal displaced people

**12,115** total people who contracted COVID-19

**792** COVID-19-related deaths

### FUNDING (2020)

**\$1.6B** Required

**\$705.1M** Received



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

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### VISUAL (13 Aug 2020)

### Sudan: Floods Snapshot as of 12 August 2020



# SUDAN

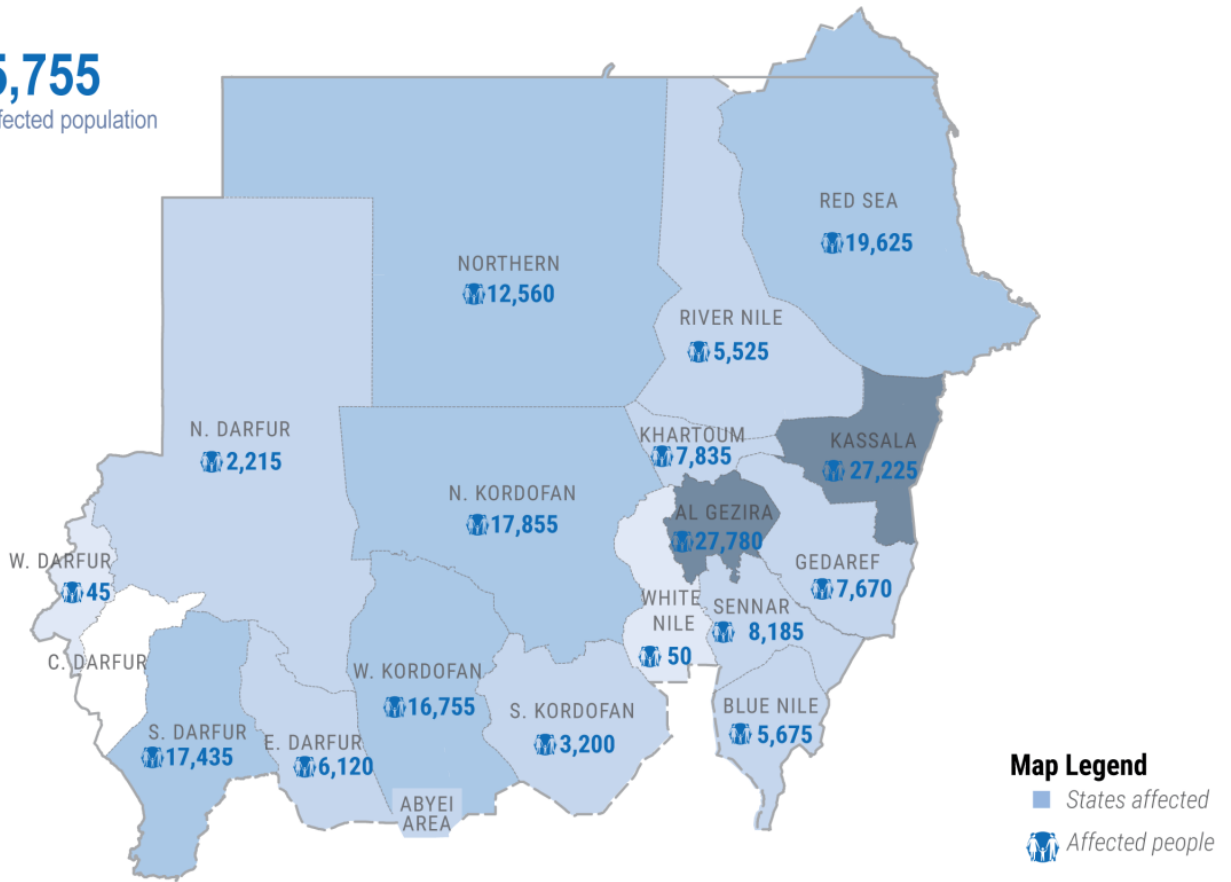
## Floods Snapshot

As of 12 August 2020



# 185,755

Total affected population



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

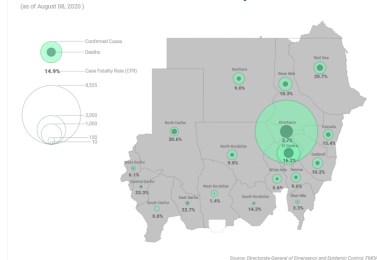
Creation date: 12 August 2020 Sources: HAC Feedback: [ochasudan\\_feedback@unocha.org](mailto:ochasudan_feedback@unocha.org) | [www.unocha.org/sudan](http://www.unocha.org/sudan) | [www.reliefweb.int](http://www.reliefweb.int)

### SUDAN – TRENDS (13 Aug 2020)

#### The country continue to face the health and humanitarian consequences of COVID-19

- **First case:** 13 March 2020
- **Total cases:** 12,115 (as of 11 August 2020)
- **Total deaths:** 792
- **States affected:** All 18 states
- **Schools:** Closed ([8,375,193 learners affected](#)).

Confirmed COVID-19 Cases & Deaths by State (as of August 08, 2020)



- **Borders/flights:** All land borders are closed. UNHAS resumed in-country flights on 12 July, facilitating humanitarian operations. The Khartoum airport is partially opened since 20 July, and is gradually resuming international and national flights.
- **Containment measures:** On 7 July, the High Committee for Health Emergencies announced the ease of lockdown restrictions in Khartoum State. The curfew is still in place, with movements now restricted from 6:00 p.m to 5:00 a.m. Bridges connecting Khartoum with Omdurman and North Khartoum are opened out of the curfew hours and transportation is allowed during this period. Movements in and out of Khartoum are not allowed. Some states in Darfur Region have closed borders and have imposed curfews to limit the movement of people. Government institutions resumed work on 12 July, with reduced scheduled and number of employees, to reduce congestion in the workplace. All staff must wear face masks and workplaces are to be sanitized regularly.

### Situation

Since the start of the COVID-19 pandemic in Sudan in mid-March, the Government confirmed that 12,115 people contracted the virus, including 792 who died from the disease, as of 11 August. The increasing number of transmissions continues to pose pressure on the country's fragile health system, according to humanitarian partners. All 18 states have reported cases, with Khartoum, El Gezira, and Gedaref states amongst the hardest-hit. Although Khartoum State accounts for about 70 per cent of all reported cases in the country, over 60 per cent of all COVID-19-related deaths have been reported from outside the capital. Some states have extremely high case fatality rates if compared with global trends, including North Darfur (30 per cent of people with COVID-19 died), Central Darfur (33 per cent), Red Sea (nearly 20 per cent), El Gezira (15 per cent). This could imply that a number of infections are not being diagnosed.

Sudan's health system was under extreme stress prior to the pandemic and has been further stretched to prevent, contain and treat COVID-19. Approximately 81 per cent of the population do not have access to a functional health centre within two hours of their home and the situation is getting worse, as many clinics are closing during the pandemic. In Khartoum State alone, nearly half of the health centres closed during the pandemic, and Darfur had already closed a quarter of their facilities in 2018 due to lack of funds and staff. 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—, are prepared to deal with patients infected with the virus, according to WHO.

Across Sudan, clinics and hospitals lack critical medicines, as they can no longer afford to stock them due to the economic crisis and also due to disruption in the supply chains. The situation makes it extremely challenging for the Government and aid organizations to respond to the pandemic and maintain essential services. Women and children have been especially affected. Maternal health clinics have closed, reproductive health services have been interrupted and over 110,000 children are missing out essential vaccines. Prevention to COVID-19 is also a challenge in Sudan, as 63 per cent of the population do not have access to basic sanitation, 23 per cent do not have access to a hand-washing facility with soap and water and 40 per cent do not have access to basic drinking water services. The risk of transmissions and increased humanitarian needs are especially high amongst the nearly 2 million internally displaced people (IDP) and 1.1 million refugees living in collective sites or host communities across the country and the population living in urban slums.

COVID-19 is having direct and indirect impacts on food access in Sudan, according to the [latest food security alert report](#) from FEWS NET. Some families lost their incomes at a time where they also face higher living costs, including due to increasing medical costs related to the pandemic, as well as the ongoing economic crisis. The necessary COVID-19-related containment measures have also indirect negative impacts, limiting many poor households' physical access to areas where they typically earn income from daily labour.

According to FEWS NET, the closure of gold mining sites and limitations on transport between cities have reduced income from migratory labour and remittances. Until recently, the curfew and partial closure of bridges in Khartoum have also limited people from reaching parts of the city where construction labour and petty trade are common. The cancellation of the Hajj—the annual Islamic pilgrimage to Mecca—and closure of borders is reportedly also leading to sharp declines in income from livestock and fish exports to Saudi Arabia, according to FEWS NET. As a result, poor households that depend on labour are suffering the humanitarian consequences of the pandemic, especially in Khartoum and other urban areas, such as Port Sudan.

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. The situation is worsening and now over 9.6 million people are facing severe hunger, in a country with already 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 and humanitarian partners have jointed efforts to prevent and respond to the COVID-19 pandemic in Sudan. A COVID-19 Country Preparedness and Response Plan (CPRP), organized around nine pillars, is currently being implemented by UN agencies, NGOs and other partners in support to the Sudanese Government-led response.
- Aid actors are establishing quarantine or isolation spaces and shelters, providing the country with COVID-19 testing kits and setting up water points and handwashing stations in IDP and refugee camps and in host communities. Over 1,600 health workers and rapid response teams in at least 277 localities across Sudan have been trained, hygiene kits distributed to nearly 500,000 people and protective equipment to attend the needs of 6,000 health centres in the country. Over 25 million people have been reached with campaigns to raise awareness to prevent transmissions and at least 2.8 million people were reached with food assistance in May.

- The Transitional Government initiated the Family Support Programme, with support of the World Food Programme (WFP), to mitigate the impact of the COVID-19-related restrictions on vulnerable families. The programme will provide 600,000 families—about 36 million people, nearly 80 per cent of the population—with US\$5 per person per month.
- An estimated \$582 million was pledged by donors for this programme during the Sudan Partnerships Conference that took place in Berlin on 25 June.
- The UN and its partners launched on 19 July the COVID-19 addendum to the Humanitarian Response plan, a US\$283 million appeal to address the most immediate and critical needs of millions of Sudanese people affected by the health and humanitarian consequences of COVID-19.

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 \(ICAO\)](#)

## EMERGENCY RESPONSE (13 Aug 2020)

### Aid organizations continue to assist millions across Sudan, despite COVID-19

Humanitarian partners across Sudan are adapting their operations and undertaking massive efforts to ensure that, despite the challenges posed by COVID-19, ongoing emergency assistance continues for the more than 9 million people who need it to survive this year. A survey conducted from April to July with organizations implementing programmes funded by the Sudan Humanitarian Fund (SHF), showed that most of them found solutions, sometimes creative ideas, to continue their activities while protecting aid workers and communities from the risk of COVID-19 transmissions. According to the survey, at least 84 per cent of the SHF partners were still able to carry out their life-saving activities and reach remote communities with their interventions in health, food security and livelihoods, nutrition, water, hygiene and sanitation (WASH), Protection and Education.

Here are some projects that have been affected and some ways humanitarians adapted their work:

#### Megaphones and mobile campaigns to contain COVID-19 transmissions in North, East and South Darfur

Social workers from Nada Elazhar Organization for Disaster Prevention and Sustainable Development in North Darfur had to reduce the number of participants at the sessions they organize on protection, including training, psychosocial support, campaigns. Now, only 10 people are allowed in each session, conducted in a big and well-ventilated space to comply with the social distancing guidelines. To make sure they could reach all people in need of support, the frequency of the sessions—that now include COVID-19 awareness messages—has been increased. In South and East Darfur, ALSalam Organization for Rehabilitation and Development also reconverted some of the protection work with displaced community and rapidly started campaigns using car and megaphones to explain to people living in displacement camps how to protect themselves and their families from COVID-19. More than 26,000 people received the messages, including a photo-guide to make sure everyone could understand the prevention methods.

#### More operational time on water points to prevent crowds

In Bielel, Gereida, Dimsu and other settlements for displaced people in South Darfur, the American Refugee Committee increased the operational time at water points to make sure that everyone had sufficient water for drinking and domestic uses and prevent overcrowding. At water distribution points, people were oriented to keep the safe distance while queueing. The organization also included COVID-19 prevention messages as part of the hygiene awareness campaigns and are changing activities to construct hand-washing facilities in the water points, where community volunteers are being trained to make sure the population understand the importance of washing hands and follow the guidance.

#### Social distancing during food distributions



Women observing social distancing at the water point in Rongatas, West Darfur. Photo: World Relief Sudan.

Humanitarians providing food assistance have also adapted the traditional way of organizing the distributions. Despite challenges to recruit much-needed new staff to carry out food distributions in a safer way and avoid delays, partners in South Darfur, for example, managed to split groups of beneficiaries into smaller clusters, calling different people at different times during the day. Aid organizations and their staff also worked hard to make sure people respected distance at the distribution points.

**EMERGENCY RESPONSE** (7 Aug 2020)

**Over 36,000 children in White Nile receive psychosocial support to deal with stress caused by COVID-19**

Since the start of the COVID-19 pandemic in Sudan in mid-March, UNICEF and partners have provided critical psychosocial support to nearly 36,000 students in the White Nile State, more than 2,700 of them refugees. With closure of schools and movement restrictions, children are spending most of their time inside their homes, unable to keep their regular activities, leading to stress and tensions.

To prevent social distress, anxiety and protect children from risks associated to the pandemic or the lack of basic services, psychosocial support sessions (PSS) and awareness-raising campaigns have been organized in several localities across the state. Families have also received tips and guidance on how to support their children during this extraordinary time through radio broadcasts, WhatsApp messages and community engagement sessions.

In addition, over 200 members of the community-based child protection networks (CBCPNs), including social workers and teachers, were also trained to provide PSS and counseling to families and children, making it possible to continue the support in the months ahead.

According to UNICEF, the support was especially important during the exams for students at grade eight, carried out in July. Parents and children were anxious and concerned about the students' ability to do approve the tests after the long period out of school. With the right support, families were better able to prepare and cope, according to the UNICEF's field office in White Nile.

Find out more details of the programme on [UNICEF Sudan webpage](https://www.unicef.org/sudan).



*Social workers, teachers and community-based child protection workers were trained to provide psychosocial support for students in Sudan's White Nile State. Photo: UNICEF*

**BACKGROUND** (6 Aug 2020)

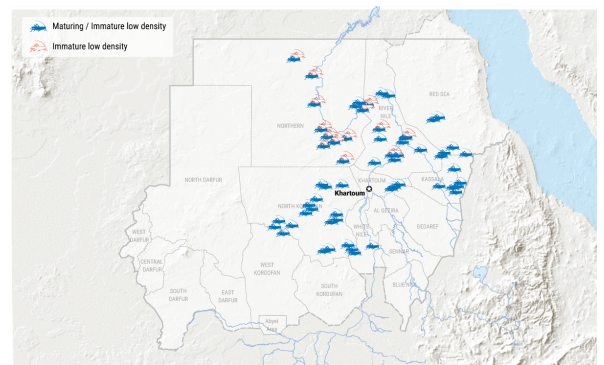
**Government and partners continue locust operations across Sudan**

The Sudan's Plant Protection Directorate (PPD), linked to the Ministry of Agriculture and Natural Resources, intensified its operations to control and prevent the any escalation of the ongoing desert locust upsurge affecting the country.

In total, more than 155,000 hectares were surveyed during July at summer breeding areas in the River Nile, White Nile, Kassala, Red Sea, Gedaref, Blue Nile, North Kordofan, South Kordofan, Sennar and Darfur states. At the least 235 hectares were treated with pesticides in the River Nile, where some hopper bands were identified. This is the current situation, according to the July 2020 Desert Locust Bulletin from PPD:

- The desert locust situation in Sudan remained at the caution risk level at summer breeding zones during July 2020.
- Ground control operations were conducted against mature and immature adults' groups, hopper bands and hopper groups from different stages at the River Nile State.
- Low number of adults were observed in River Nile, Northern, Khartoum, White Nile, Kassala, Red Sea and Kordofan states, but no swarms have formed during July.
- As the current rainy season creates conducive conditions for breeding, the number of solitary locust might increase in the coming weeks, especially in green areas of the Nile Valley, threatening the cropping in the region.

**DESERT LOCUST PRESENCE IN THE SUMMER BREEDING AREAS IN SUDAN DURING JULY 2020**



*Desert locust presence in summer breeding areas in Sudan - PPD*

For more details, see the Desert Locust Bulletin at this [link](#).

### EMERGENCY RESPONSE (23 Jul 2020)

#### US\$ 283 million urgently needed to support people affected by COVID-19 in Sudan

The United Nations and humanitarian partners launched, on 19 July, an addendum to the 2020 Humanitarian Response Plan to respond to growing humanitarian needs related to the COVID-19 pandemic in Sudan. The [Plan](#) seeks an additional US\$ 283 million to support the Government-led response and provide life-saving assistance to more than 6.7 million people across the country.

“The global pandemic has changed the world and our lives. It exposed the social and economic inequality we have around the globe. Those who were already vulnerable, are becoming more vulnerable,” said the Humanitarian Coordinator for Sudan, Gwi-Yeop Son, during the presentation of the new appeal. “COVID-19 reached Sudan at a time when an increasing part of the population was already struggling to meet their basic needs and the health system was already under stress”, explains Ms. Son.

Since the first person was diagnosed with COVID-19 in mid-March, the pandemic has affected all 18 states in Sudan. COVID-19 is worsening the fragile humanitarian situation, characterized by the economic crisis, conflict and recurrent climate shocks, that leads to protected displacement, malnutrition, food insecurity and lack of basic services.

In the past months, Government and humanitarian partners have provided life-saving assistance to millions of people. Aid actors supported the country with COVID-19 testing kits and other medical supplies, trained over 1,600 health workers and provided them with personal protective equipment. Partners also distributed hygiene kits to nearly 500,000 people and reached over 25 million people with campaigns to raise awareness and prevent transmissions. Food assistance continued to reach millions of people, with 2.8 million assisted in May alone.

But the pandemic and its necessary containment measures have triggered a further economic slowdown and pushed people to their limits. “The food security situation is extremely worrying”, said Tinago Chikoto, the Deputy Head of Office for OCHA in Sudan, speaking about the humanitarian consequences of COVID-19. “More than 9.6 million people, almost a quarter of the population of Sudan, are now facing severe hunger. It is 65 per cent higher when compared to the same period last year,” warned Mr. Chikoto.

Food security is not the only worrying issue. Sudan’s health system, already under stress prior to the pandemic, has been further stretched. Approximately 81 per cent of the population do not have access to a functional health centre within two hours of their home and the situation is worsening, as many facilities have closed since the start of the pandemic. COVID-19 containment measures are also affecting the availability of drugs and other medical supplies, resulting in only 15 per cent of the essential medicines and supplies being available on the open market.

Prevention is also a challenge, as 63 per cent of the population lack access to basic sanitation services, 23 per cent do not have access to a hand-washing facility with soap and water and almost 35 per cent do not have access to safe drinking water. “This pandemic calls Government and partners to come together, increase our coordination and common efforts in the sectors of nutrition, food security, water and sanitation, and risk communication to be in a better situation to deal with the pandemic and to mitigate its effects,” said the Minister of Labour and Social Development, Lena El Sheikh, during the presentation.

“Much more needs to be done. The cost of inaction is too high and unless we act now, we should be prepared for a series of human tragedies,” said the Humanitarian Coordinator, Ms. Son, in her final remarks. “Humanitarian organizations in Sudan stand ready to increase their operations and we appeal to the international community to come together and to timely and generously support the people of Sudan,” she concluded.

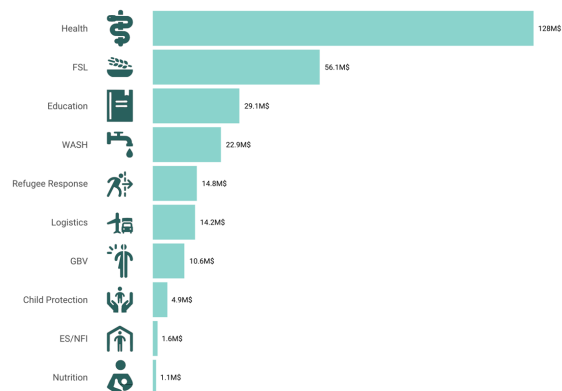
For a PDF copy of the Sudan Humanitarian Response Plan - COVID-19 Addendum (March - December 2020) click [here](#).

### ANALYSIS (24 Jul 2020)

#### 9.6 million people severely food insecure in Sudan, highest number on record

More than 9.6 million people, almost a quarter of the entire population of Sudan, are now severely food insecure and in need of urgent assistance, according to the latest [International Food Security Phase Classification \(ICP\) report](#). The figure, the highest ever recorded in the history of the IPC analysis in the country, represents an increase of 65 per cent if compared with the same period (June to September) last year. Around 2.2 million people are facing emergency levels

#### Requirements by Sector



Requirements by sector for the Sudan Humanitarian Response Plan COVID-19 Addendum (March - December 2020)

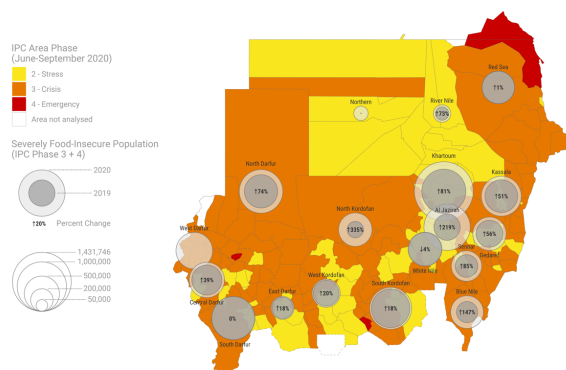
of acute food insecurity (IPC phase 4) and around 7.4 million people are classified under crisis acute food insecurity (IPC phase 3). Another 15.9 million people are estimated to be under stress phase (IPC phase 2), and any additional shock could push them to severe levels of hunger. This is also a high figure compared to previous analyses.

Almost all states register a dramatic increased on food consumption gaps, if compared with 2019. The situation is especially concerning in North Kordofan, with an increase of 335 per cent on the number of severely food-insecure people, or Gazera, with an increase of over 200 per cent. According to IPC, increasing and protracted displacements, the ongoing economic crisis and high inflation rater that pushed food prices up, exacerbated by the impacts of the COVID-19 pandemic, are the main causes of the food insecurity in Sudan.

COVID-19-related measures significantly decreased commodity movement, market function and cross-border trade, and compromised livelihoods, daily labour opportunities, reducing families purchasing power and food access for the vulnerable population.

The United Nations and partners provided relief food assistance to approximately 2.3 million people over the first quarter of 2020. But more has to be done to attend the increasing humanitarian needs. For this, funding is urgently needed. The 2020 Humanitarian Response Plan received only 34 per cent of the 1.4 billion required.

SUDAN: Change in Food Insecurity from 2019 to 2020



Source: IPC Acute Food Insecurity Analysis, issued September 2019/July 2020  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sudan: Change in IPC 2019 compared to 2020

## EMERGENCY RESPONSE (23 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.



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

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).

## EMERGENCY RESPONSE (16 Jul 2020)

### \$23.5 million to support COVID-19 response in Sudan

The United Nations Central Emergency Response Fund (CERF) and the Sudan Humanitarian Fund (SHF) have together allocated a total of US\$23.5 million to support aid agencies in Sudan to respond to the increasing needs caused by COVID-19 in the country. CERF and SHF, both managed by OCHA on behalf of the humanitarian system, are stepping up efforts to support Sudan to deal with the health and humanitarian consequences of the pandemic.



Some \$12.5 million of this total comes from CERF, and will be used to provide life-saving health and water and sanitation services to hundreds of thousands of Sudanese and prevent the spread of the virus. Another \$11 million was allocated by the SHF to support NGOs and UN agencies across the country to scale up the response and support those heavily affected by the socioeconomic consequences of the pandemic. In Sudan, over 9 million people were already in dire need of assistance before COVID-19.

In addition, Sudan has an extremely weak health system, following decades of limited to no investment, underfunding, and lack of qualified staff, infrastructure, equipment medicines and supplies. Approximately 81 per cent of the population do not have access to a functional health centre within two hours of their home and the situation is getting worse, as many clinics are closing during the pandemic. In Khartoum State alone, nearly half of the health centres closed during the pandemic, and Darfur had already closed a quarter of their facilities in 2018 due to lack of funds and staff.

The surveillance system doesn't cover the entire country and is structurally weak, with long delays between alert and confirmation of an outbreak. To date COVID-19 has been reported in all states with over 10,500 people confirmed with the virus across the country. A COVID-19 Country Preparedness and Response Plan (CPRP) was developed by the Humanitarian Country Team and UN Country Team to compliment the Federal Ministry of Health COVID-19 response plan. The CRPP seeks \$47 million to implement programmes over a three-month period.

**SHF allocates \$56 million to save lives in Sudan**

The \$11 million contribution from the Sudan Humanitarian Fund (SHF) to the COVID-19 response is part of a \$56 million allocation to provide life-saving activities across the country. These allocations will allow 20 partners, 4 of them local NGOs, to reach millions of people in areas with the most severe humanitarian needs. Improving access to basic services, supporting the restoration of livelihoods and promoting durable solutions in areas of displacement to lessen reliance on humanitarian assistance are the main priorities of the projects funded this year.

In addition to the SHF standard allocation, CERF allocated in 2020 another \$100 million to support Government efforts in addressing the effects of the economic situation on people in the eastern regions and support durable solutions in the western regions.

*For information on the Sudan Humanitarian Fund (SHF) [go the Sudan Humanitarian Response Website](#)*

*For information on the CERF and CBPF allocations [go to the interactive dashboard](#)*

**ANALYSIS** (16 Jul 2020)

**Refugees in Sudan face increasing challenges due to COVID-19**

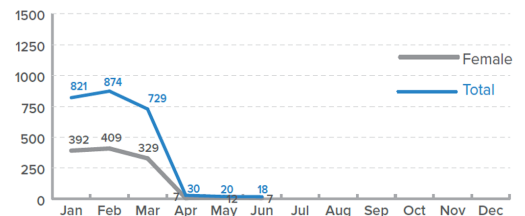
*Arrivals in eastern Sudan reduced by half in the first six months of the year*

About 2,500 asylum-seekers, mostly from Eritrea, arrived in eastern Sudan during the first half of 2020, according to the latest update from the UN Refugee Agency (UNHCR). The number is less than half of the registered during the same period of 2019 and the lowest compared to the previous five years. The closure of borders as part of COVID-19 containment measures is one of the main causes for the reduction, according to UNHCR.

A large number of refugees and asylum-seekers in the region are facing increasing challenges as result of the economic and humanitarian impact of COVID-19. According to UNHCR, hundreds of Eritreans, including minors, have left Shagarab camps, Girba and Kassala and returned to their country. Many lost their jobs or part of their incomes, and the rising cost of living, fears of COVID-19 pushed them out of the country. In addition, asylum-seekers and refugees receiving food assistance have complained that the voucher value is too small and some informed that the system for cash transfers is not working, preventing them from accessing the assistance. Remittances from the diaspora have also sharply declined due to the COVID-19 pandemic, leaving many without any means of survival.

According to UNHCR, Sudan hosts about 1.1 million refugees and asylum seekers, including 880,000 South Sudanese and 120,000 Eritrean refugees. As of 9 July, the inter-agency refugee response in Sudan is underfunded, with only 28 per cent of the requirements covered, according to UNHCR.

**MONTHLY ARRIVALS OF ERITREANS (2020)**



*Monthly arrivals of Eritreans (2020)*

**BACKGROUND** (25 Jun 2020)

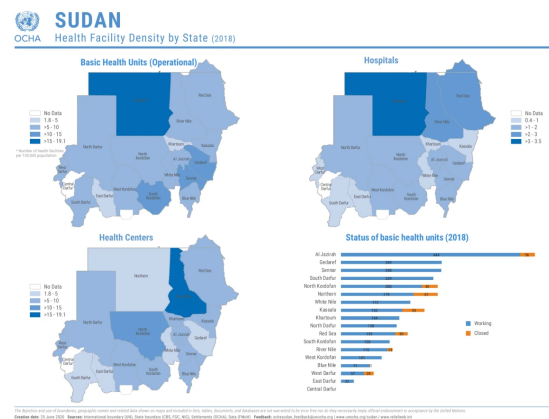
**Impact of COVID-19 on continuity of health services**

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).



Health Facility Density by State

### 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 (shafakhanas), the impact of lockdown and other containment measures on service provision might not be as significant compared to urban areas as most of the health workers are residing in the same villages. However, sustaining the medical supply system could be a challenge, particularly due to fuel shortages and other constraints as a result of the current economic downturn.

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

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

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

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

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

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

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

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

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

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

### Impact on maternal and child health

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

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

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

### Impact on lifesaving nutrition services

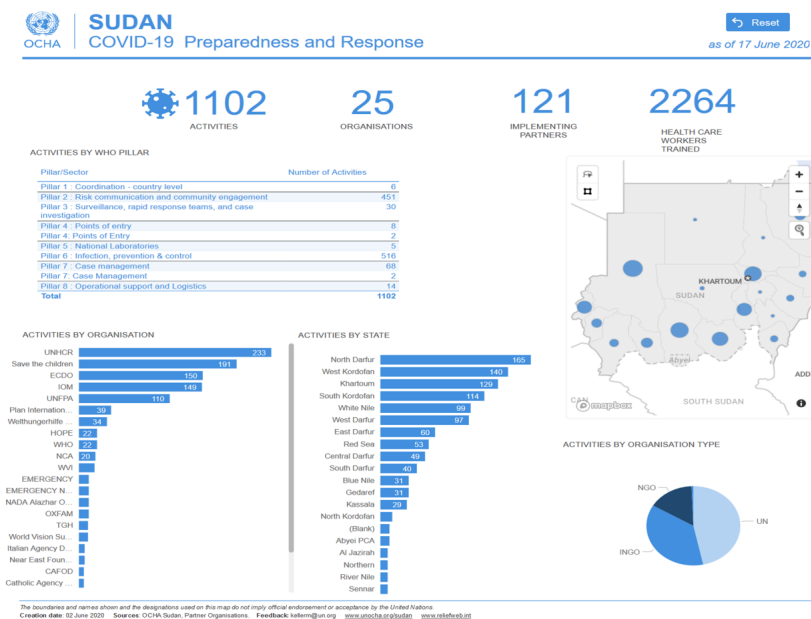
Nutrition lifesaving services are maintained in line with COVID-19 prevention measures mentioned in the "Nutrition sector operational guidance on Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) during Covid-19" to minimize the spread of the virus and ensure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

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

## 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=eyJrIjoiaMzE0NjU2M2U0tNTIiNC00ZTkWLU1NTU0tY2IwOTQyNW15OTM5IiwidCI6IjBmOWUzNWRRILTU0NGYtNGY2MC1iZGNjLTVIYQxNmU2ZGM3MCIslmMiOjhs)

## 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 (13 Aug 2020)

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

**74%**  
pop. reached by COVID-19 messaging

**\$8.8M**  
required

#### 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 Kuwait Patient Help Fund Society's (KPHF) COVID-19 response is focusing its response on Gezira, Kassala, North Darfur, and South Darfur states. The following COVID-19 response activities by KPHF started on 9 August in these states: TV and radio awareness sessions, dissemination of COVID-19 posters and social media messages.

### ↔ 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 (13 Aug 2020)

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

17

states with trained RRTs (out of 18)

\$3.5M

required

### Needs

Improvement in contact tracing and scaling up the Rapid Response Teams (RRTs).

- Production and distribution of guidelines, contact tracing, and case definition formats.
- Enhance existing surveillance system to enable monitoring and reporting of COVID-19 transmission.
- Contact tracing through health promotion and Rapid Response Teams (RRTs) and training of surveillance officers on case definition and contact tracing.
- Support RRTs through operational costs, subsidies, material and supplies and capacity building in order to strengthen surveillance, case detection and early action.

### → Response

According to the Federal Ministry of Health (FMoH), 71 per cent of all COVID-19 confirmed cases are reported in Khartoum State, followed by 9.1 per cent in Gezira State. The rest of the country accounts for 19.9 per cent of the cases.

The highest reported case fatality rate (CFR) in Sudan remains at 50 per cent from Central Darfur State, whereas the lowest CFR is reported from South Darfur – 2.6 per cent.

During the weeks of 31 and 32, about 53 per cent of confirmed cases were from Khartoum, 32 per cent from Northern State and 10 per cent from Red Sea. The remaining 6 per cent were reported from Gezira, River Nile, Kassala, Gedaref and North Darfur states.

The last confirmed COVID-19 case in Darfur was reported on 11 July, in North Darfur. Meanwhile, Blue Nile and South Kordofan states reported their last confirmed cases during the week 28 (4-10 July).

During weeks 31-32, Khartoum State Rapid Response Teams (RRTs) operations were affected by the fuel crisis and therefore not all teams were operational.

The implementation of WHO-FMoH community-based surveillance (CBS) expansion plan is completed in North, Central and South Darfur, in addition to Northern and Sennar states.

IOM Rapid Response Fund (RRF) is revising submitted proposals for surveillance support.

Save the Children started on 9 August its CBS activities and will coordinate its surveillance activities with KPHF in Al-Managil locality in Gezira State.

### ↔ 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 (13 Aug 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 14th Mobility Restriction Dashboard was published on 6 August 2020. For more information and infographics on the current movement restrictions, see the [IOM report](#).

Needs assessment was conducted at the Red Sea points of entry (PoEs), highlighting the need for medical equipment and supplies at the proposed isolation centre in Sawakin Port (which will be renovated under IOM funding). WHO has the full list of requirements. A joint WHO/FMOH/IOM needs assessment mission is planned to Northern State.

#### Gaps

Further information is required on needs and gaps at PoEs on the border between Sudan and Egypt, as well as a regular and accurate reporting on passenger flows of stranded Sudanese migrants through these borders. Work on infection prevention control and passenger-flow management is required at the departure area in Khartoum International Airport to complement the measures already in place for arrivals. Renovation of Khartoum International Airport isolation area under process – equipment and medical supplies required – list of needs circulated but needs a response.

### 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 (13 Aug 2020)



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

**\$35.9M**

required

#### Needs

- Personal protective equipment (PPEs), masks, oxygen generators, testing kits, lab equipment, etc.
- Soap, hand washing facilities, chlorine and increasing of water supply in crowded settings
- Other Infection, Prevention and Control (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

The Kuwait Patient Help Fund Society (KPHF) started on 9 August COVID-19 workshops focusing on infection prevention control, case definition, case management and triage scoring in Gezira, Kassala, North Darfur and South Darfur states.

#### Gaps

- There is a gap of US\$30 million for the procurement of PPEs for the remaining part of the year.
- There is a need to consolidate the list of COVID-19 supplies procured by different agencies to understand the availability and the gaps. Pillar 8 will provide the information on this shortly.
- Waste management tools and equipment: there is a lack of appropriate waste management tools and equipment (inadequate number and quality of waste containers, safety boxes and bags). WHO has procured some items, but still more of these items will be needed to cover state health facilities/ isolation centres.
- IPC pillar meeting was held on 20 July with UNFPA, IOM, UNICEF, WV, CIS, HDPO, WHO/Health Sector, OCHA participating to discuss the issues mentioned above and improve reporting.

### SECTOR STATUS (24 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 Khartoum State Ministry of Health, continues to support the implementing of 24/7 active referral service for obstetric complications emergencies. Services are also being provided for survivors of sexual gender-based violence (SGBV) in need for clinical attention, as an initiative to address the barriers to access essential sexual and reproductive health services. During the reporting period, 24 women with obstetric

emergencies were referred to receive proper care in Khartoum State.

### ↔ Gaps

- Personal protective equipment 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 (16 Jul 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

Training on the WFP supplies tracker begun on 13 July and will end on 19 July. Twenty-three focal points from national NGOs, international NGOs and UN registered for the training. Some supplies requested through the WHO procurement portal are still pending verification. The issue has been raised with WHO headquarters.

The pillar partners are reviewing request to support the repair of State Ministry of Health (SMoH) ambulances in 11 localities in West Kordofan.

An official request from the National Medical Supplies Fund (NMSF) has been received on the support to transport COVID-19 supplies and regular medicines.

### ↔ 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.

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OCHA

# SUDAN

## Situation Report

*Last updated: 13 Aug 2020*

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