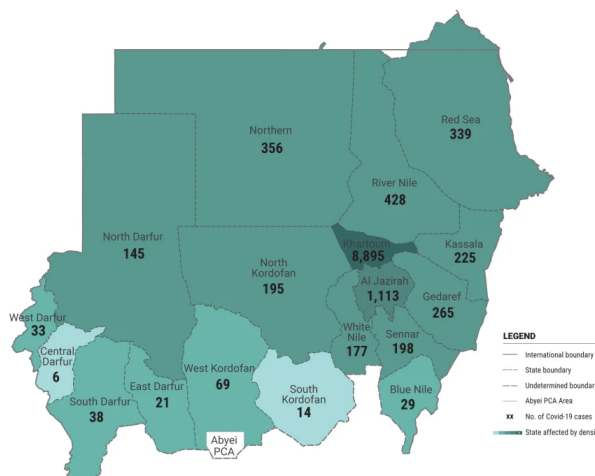


HIGHLIGHTS (20 Aug 2020)

- Humanitarian needs are rapidly increasing in Sudan, as the country faces multiple shocks, including the economic crisis, ongoing 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 12,500 people have contracted the virus as of 17 August 2020.
- Violence in several parts, including recent clashes in Port Sudan, Red Sea State, and flooding affecting over 260,000 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.

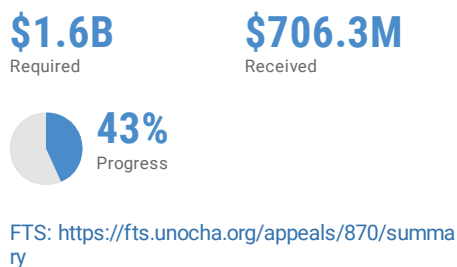


COVID-19 cases by state, as of 17 August.

KEY FIGURES

| | |
|---|---|
| 9.6M severely food-insecure people | 6.1M people targeted for assistance in 2020 |
| 1.1M refugees | 1.87M internal displaced people |
| 12,546 total people who contracted COVID-19-related deaths COVID-19 | 808 |

FUNDING (2020)



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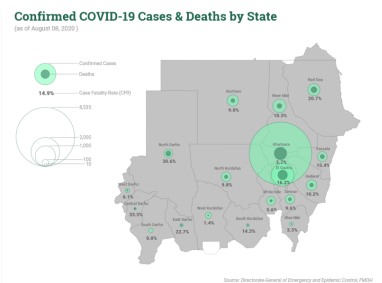
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SUDAN – TRENDS (20 Aug 2020)

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

- First case:** 13 March 2020
- Total cases:** 12,546 (as of 17 August 2020)
- Total deaths:** 808
- States affected:** All 18 states
- Schools:** Closed ([8,375,193 learners affected](#)).
- Borders/flights:** 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 12,546 people contracted the virus, including 808 who died from the disease, as of 17 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 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.

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 3.6 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 (20 Aug 2020)

Government and humanitarians continue to assist people affected by ongoing floods in Sudan

Ongoing heavy rains and floods in Sudan since mid-July had affected over 263,000 in 17 of the country's 18 states as of 19 August, according to the Government's Humanitarian Aid Commission (HAC).

The continued storms and flooding are causing loss of lives, damage to houses, schools, water points and other key infrastructure, with Sennar, Kassala and Gezira states amongst the hardest-hit.

More than 26,000 houses have been completely destroyed and we have reports of more 25,000 houses damaged. Dozens of schools are damaged and several roads impassable.

Access to clean water, in the middle of the COVID-19 pandemic, has been compromised. Around 2,000 water sources are now contaminated or non-functional and the collapse of the Bout Earth Dam in Blue Nile State, on 29 July, risks compromising access to water for over 100,000 people, including IDPs and refugees, who rely on it as their primary source of water.

The Government and aid organizations are closely monitoring the situation and providing life-saving assistance to people affected. In Blue Nile, for example, partners have mobilized support including plastic sheeting, tents, medicine, water purification supplies and mosquito nets. In Darfur, humanitarian organizations are providing a range of support, including food, shelter, and water and health assistance.

The quick response has been possible because UN agencies and partners prepositioned supplies to respond to the needs of 250,000 people before the rains started.

But the stock is being depleted rapidly and more support, including from donors, is urgently needed. The Sudan Humanitarian Response Plan for 2020, which seeks US\$1.6 billion, is less than 44 per cent funded.

Read more about the floods and ongoing response on our Flash Updates:

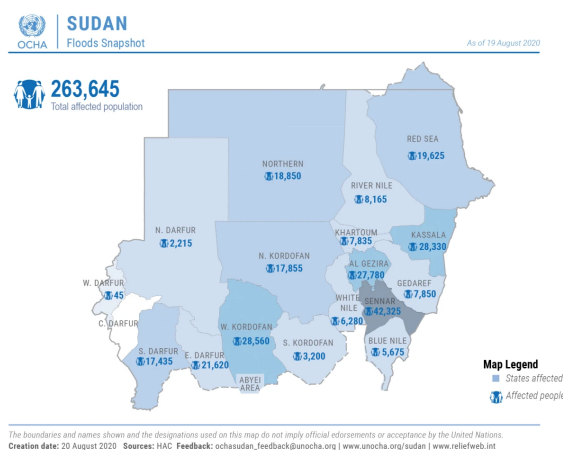
[Floods Flash Update #1 – 3 August 2020](#)

[Floods Flash Update #2 – 5 August 2020](#)

[Floods Flash Update #3 – 14 August 2020](#)

VISUAL (20 Aug 2020)

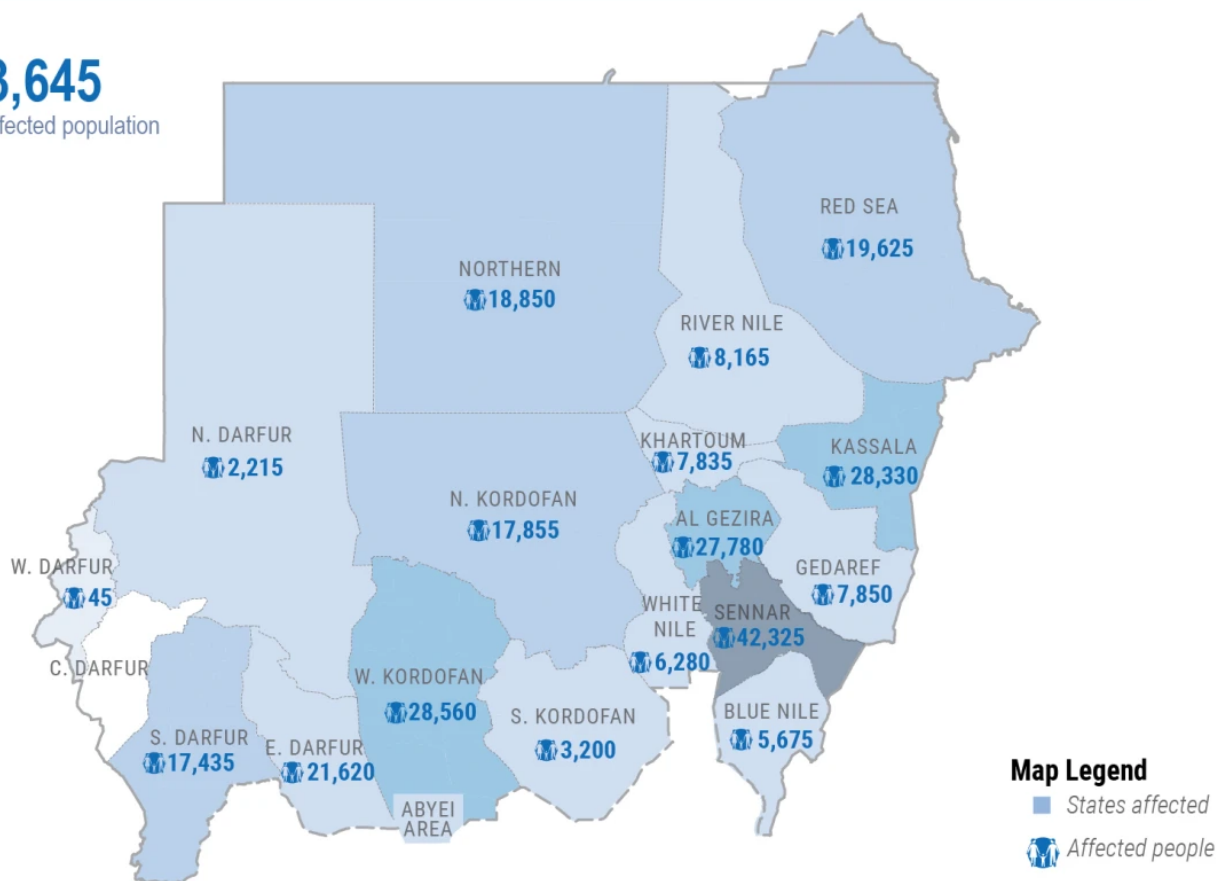
Sudan: Floods Snapshot as of 19 August 2020



Sudan: Floods Snapshot as of 19 August 2020



263,645
Total affected population



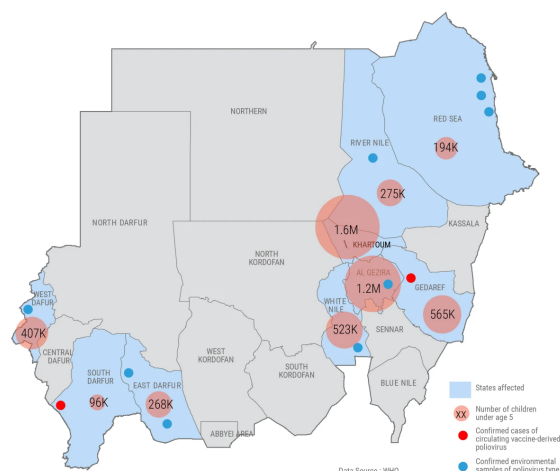
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 20 August 2020 Sources: HAC Feedback: ochasudan_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

EMERGENCY RESPONSE (20 Aug 2020)

Sudan declares first polio outbreak in more than 10 years

- 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 at least nine states, according to WHO. More than 5.2 million children under age 5 live in the affected states and will require urgent vaccination. In total, Sudan has nearly 10 million children that will need the vaccine to prevent the spread of the disease to other areas of the country.
- 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.



Read more on the Flash Update:

[Vaccine-derived polio outbreak - Flash Update #1 - 13 August 2020](#)

TRENDS (20 Aug 2020)

Pockets of violence reported in Darfur region and Red Sea State over the past weeks continues to lead to displacements, tensions and increased humanitarian needs

Intercommunal violence in different parts of Sudan have escalated over the last month, driving displacement and increased needs. Clashes and attacks in different states in Darfur region since July have affected over 50,000 people in total, most of them internally displaced people who already face high levels of vulnerability. Recent clashes in Port Sudan, Red Sea State, from 8 to 13 August left dozens of people dead, nearly 100 injured and several displaced. Humanitarians are responding to the needs, including in Port Sudan.

Read more on the latest Flash Updates:

[Violence in Port Sudan, Red Sea - Flash Update #1](#) - 13 August 2020

[Escalation of Violence in Darfur - Flash Update #1](#) - 14 July 2020

[Escalation of Violence in Darfur - Flash Update #2](#) - 26 July 2020

[Escalation of Violence in Darfur - Flash Update #3](#) - 28 July 2020

MEDIA (19 Aug 2020)



View this Video: <https://www.youtube.com/watch?v=oluyppanMHg>

#RealLifeHeroes:

Meet Khadiga Abu El Gassim Hag Hamed, a strong woman who left her job to start the volunteer-based NGO AGHAD in Sudan.

FEATURE (20 Aug 2020)

#RealLifeHeroes: Khadiga leads an AGHAD NGO in Sudan, supporting thousands of vulnerable people every month

When we met Khadiga Al Gassim at the office she works in with her colleagues in Khartoum, Sudan, we realized that the humanitarian world is not something new to her. With a calm and warm voice, she explained how she left – almost 10 years ago – her long career and senior positions with national and international organizations to create the volunteer-based non-governmental organization (NGO) Al Gassim for Humanitarian Aid and Development (AGHAD).

Khadiga felt it was a good moment to leave the structures behind the development of policies to alleviate poverty to be one of the front-line responders. And until now this strong woman, already in her sixties, wakes up early every day and works hard to mobilize help and provide food to the most vulnerable people, support orphans in the poor neighbourhoods of Khartoum, help people displaced by floods across the country, and empower women to protect them against gender-based violence.

[Check out this story](#) to learn more how Khadiga and her team is supporting people in Sudan during this extraordinary times.



Photo: OCHA / Saviano Abreu

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

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.



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

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](#).



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

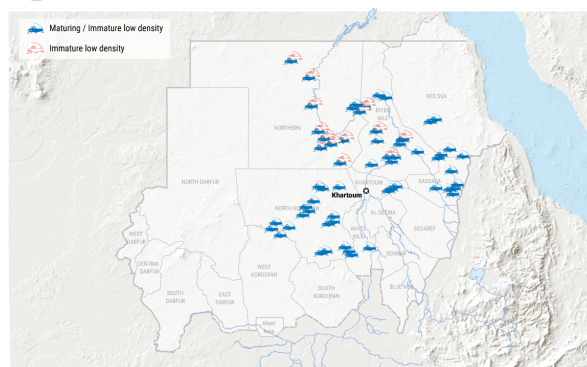
The Sudan's Plant Protection Directorate (PPD), linked to the Ministry of Agriculture and Natural Resources, intensified its operations to control and prevent the any escalation of the ongoing desert locust upsurge affecting the country.

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 solitarious locust might increase in the coming weeks, especially in green areas of the Nile Valley, threatening the cropping in the region.

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

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



Desert locust presence in summer breeding areas in Sudan - PPD

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)

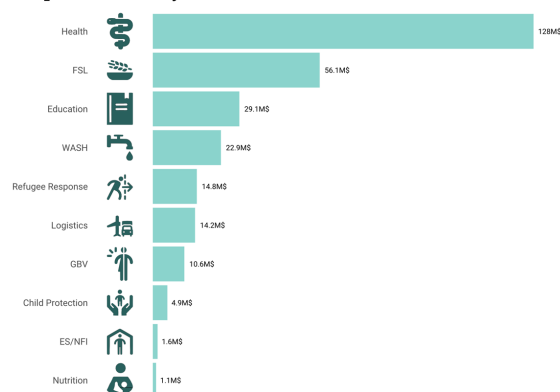
9.6 million people severely food insecure in Sudan, highest number on record

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 \(IPC\) 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 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 rate that pushed food prices up, exacerbated by the impacts of the COVID-19 pandemic, are the main causes of the food insecurity in Sudan.

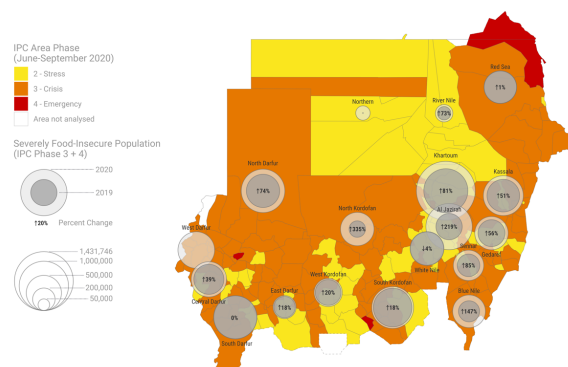
COVID-19-related measures significantly decreased commodity movement, market function and cross-border trade, and compromised livelihoods, daily labour opportunities, reducing families purchasing power and food access for the vulnerable population.

Requirements by Sector



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

SUDAN: Change in Food Insecurity from 2019 to 2020



Sudan: Change in IPC 2019 compared to 2020

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.

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 has 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.

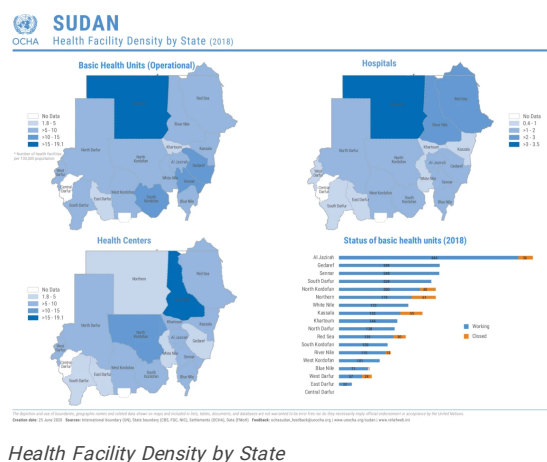
In rural areas of Khartoum State where the health services are provided mainly by basic health units (shafakhanas), the impact of lockdown and other containment measures on service provision might not be as significant compared to urban areas as most of the health workers are residing in the same villages. 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](#)

1102 ACTIVITIES
25 ORGANISATIONS
121 IMPLEMENTING PARTNERS
2264 HEALTH CARE WORKERS TRAINED

ACTIVITIES BY WHO PILLAR

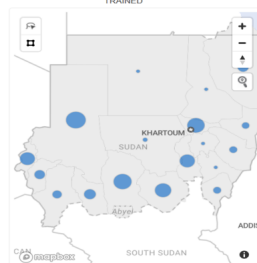
| Pillar/Sector | Number of Activities |
|--|----------------------|
| Pillar 1: Coordination - country level | 6 |
| Pillar 2: Risk communication and community engagement | 451 |
| Pillar 3: Surveillance, rapid response teams, and case investigation | 30 |
| Pillar 4: Points of entry | 6 |
| Pillar 4: Ports of Entry | 2 |
| Pillar 5: National Laboratories | 5 |
| Pillar 6: Infection, prevention & control | 516 |
| Pillar 7: Case Management | 2 |
| Pillar 8: Operational support and Logistics | 141 |
| Total | 1102 |

ACTIVITIES BY ORGANISATION

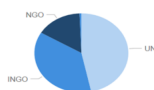
| | |
|--------------------|-----|
| UNHCR | 233 |
| Save the children | 191 |
| ECDD | 150 |
| ICM | 146 |
| UNFPA | 110 |
| Plan International | 39 |
| Welthungerhilfe | 34 |
| HOPE | 22 |
| WHO | 22 |
| NCA | 20 |
| WVI | 18 |
| EMERGENCY N. | 17 |
| NADA Alazhar O. | 16 |
| OKRAM | 15 |
| TGH | 14 |
| World Vision Su. | 13 |
| Italian Agency D. | 12 |
| New East Foru. | 11 |
| CAFOOD | 10 |
| Catholic Agency | 9 |

ACTIVITIES BY STATE

| | |
|----------------|-----|
| North Darfur | 160 |
| West Kordofan | 149 |
| Khartoum | 129 |
| South Kordofan | 114 |
| White Nile | 90 |
| West Darfur | 97 |
| East Darfur | 80 |
| Red Sea | 53 |
| Central Darfur | 40 |
| South Darfur | 40 |
| Blue Nile | 31 |
| Gedaref | 31 |
| Kassala | 29 |
| North Kordofan | 18 |
| (Bahr) | 17 |
| Abayei PCA | 16 |
| Al Jazirah | 15 |
| Northern | 14 |
| River Nile | 13 |
| Sennar | 12 |



ACTIVITIES BY ORGANISATION TYPE



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: 02 June 2020 Sources: OCHA Sudan, Partner Organisations Feedback: info@ocha.org <https://www.ocha.org> <https://www.un.org>

View this interactive graphic: <https://app.powerbi.com/view?r=eyJrJoiMzE0NDU2MjU0NTIiNC00ZTkxLW11NTUyY2lwOTQyNW15OTM5IiwidCI6IjBmOWUzNWwRILTU0NGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3MCIslmMiOjhh>

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

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

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