

FLASH UPDATE (27 Aug 2020)

Sudan: Floods Flash Update No 4

HIGHLIGHTS

- Heavy rains and flooding have affected over 380,000 people in Sudan since the start of the rainy season in July, according to preliminary data from the Government's Humanitarian Aid Commission (HAC).
- More than 37,000 homes have been destroyed, forcing most of the families affected to seek shelter with relatives and host communities.
- The Government, led by HAC, and aid organizations are providing life-saving assistance to people affected. Partners are facing some challenges, as roads become impassable in several areas and prepositioned emergency supplies are being rapidly depleted.



People affected by floods in Sudan, as of 25 August 2020.

SITUATION OVERVIEW

Heavy rains and flash floods since mid-July have affected over 380,000 people and killed nearly 90 across 17 states in Sudan, as of 25 August, according to preliminary data from the Government's Humanitarian Aid Commission (HAC). The continued storms and flooding are causing damages to houses, schools, water points and other critical infrastructure, with North Darfur, Sennar, and West Kordofan states amongst the hardest-hit.

More than 37,000 homes have been destroyed, forcing most of the families affected to seek shelter with relatives and host communities. Another 39,000 houses 34 schools and 2,671 health facilities have been damaged, according to HAC. Food security might have been further compromised as approximately 1,300 have died and thousands of acres of crops have been lost or will not be cultivated.

Access to clean water, in the middle of the COVID-19 pandemic, has also been affected. 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.

In **Kassala State**, some parts of Rural Aroma and Hamashkoreib localities are inaccessible as roads are impassable and some areas become inland islands surrounded by water. Water supplies have been affected due to power cuts and shortages in fuel to run water stations.

In **White Nile State**, mitigation efforts carried out by civil defence and grassroots organizations protected several people who otherwise would have been affected by the rise of floodwaters on the White Nile. However, over 10,000 people have been impacted by flash floods across the state.

In **South Darfur**, there are reports of people affected in settlements for internally displaced people in Kalma and Al Sultan, as well as in Nyala South and Nyala North localities, according to local authorities.

The rainy season increases the possibilities of disease outbreaks in Sudan, including heightened risks of COVID-19 transmissions amongst the displaced population. With limited access to water, sanitation and health services, several communities are now even more exposed to water-borne and vector-borne disease such as cholera, dengue fever, rift valley fever and chikungunya, all endemic to Sudan.

The situation is expected to deteriorate over the coming weeks, as above-average rains are forecast until the end of September. The Ministry of Irrigation and Water Resources informed that, according measurements at the Dayem station, water levels of the Blue Nile are higher than the 1906 flood levels and close to the 1988 levels. Over the last years, floods affected nearly 100,000 people in 2017, around 220,000 in 2018, and more than 420,000 in 2019.

The torrential rains and flooding compound increasing and emerging humanitarian needs in Sudan, as the country deals with one of its worse food crises of the last decade, a sharp economic downturn, the escalation of violence in Darfur region, and Kassala and Red Sea states, the COVID-19 pandemic and the recently declared polio outbreak.

RESPONSE

The Government's Humanitarian Aid Commission has activated and is leading a national Flood Task Force to coordinate the response with all partners. Needs identified through assessments include emergency shelter and household supplies, water, sanitation and hygiene (WASH) assistance, food and agricultural assistance, health, and vector control. A quick response has been possible as Government, UN agencies and partners prepositioned supplies to respond to the needs of 250,000 people before the rains started.

But the stocks are being depleted rapidly and more support, including from donors, is urgently needed.

In White Nile State, emergency shelter, household supplies and WASH materials and food are being provided. Humanitarians have reported challenges to reach El Salam and Tendalti localities, as well as gaps in shelter and household supplies.

In North Darfur, response is ongoing in Kebkabiya and Al Lait localities, including food and WASH supplies. In South Darfur, distributions of emergency shelter and household supplies are ongoing in Mosey, Otash and Dereige IDP camps, with humanitarians requesting support from Khartoum to fill the gaps in shelter and non-food items supplies.

Replenishment of emergency materials will be required to meet the needs of an increasing number of people affected by floods and also to sustain the regular humanitarian response across the country. The Sudan Humanitarian Response Plan for 2020, which seeks US\$1.6 billion, is less than 44 per cent funded.

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FLASH UPDATE (27 Aug 2020)

SUDAN: Violence in Eastern Sudan - Kassala and Red Sea - Flash Update No. 2

HIGHLIGHTS

- Recent intercommunal clashes in different localities of Kassala and Red Sea states have driven displacement, and caused loss of lives and damages to houses, markets and other key infrastructure.
- The tensions between members of different tribes led the Kassala's Government to declare a State of Emergency, restricting all movements.
- In Red Sea, the restrictions of movements imposed on 10 August continue, with a curfew from 2000 to 1800 hours.
- The violence and the movement restrictions pose significant challenges to humanitarians to assist people affected, including the newly displaced families.

SITUATION OVERVIEW

Tensions have increased over the past few days in Kassala State and could escalate into more violence, following intercommunal clashes reported in the region over the appointment of the new civilian Wali (Governor) on 22 July. Fighting has reportedly left around 15 people dead, according to media reports, although the Government confirmed two deaths, as of 26 August. A State of Emergency was declared from 26 to 28 August, restricting all movements, including of humanitarian workers. Security forces have been deployed to prevent further violence, according to media reports.

Despite the restrictions, a protest was organized today 27 August, reportedly against the nomination of the Governor. Videos and pictures posted on social media and carried by local news outlets show large groups of people arriving in the State's capital city from Kassala Rural locality. Clashes between opposite groups have been reported from humanitarians in the field and other local sources, including possible shooting in the local market. Today's protest might have been triggered by other large demonstration organized yesterday, 26 August, where over 6,000 people marched along the streets of Kassala Town, calling for the Governor to assume his role in the State.

Meanwhile, groups are also taking to the streets of Port Sudan and other villages in the Red Sea State, to show solidarity with the group supporting the new Wali of Kassala State. Humanitarians on the ground informed about clashes that have reportedly left an unconfirmed number of people dead in Sinkat locality, at the outskirts of Kassala town, on 27 August. The road connecting Sawakin locality to Port Sudan has reportedly been blocked, hampering access of workers to the port. Humanitarian actors have been advised by the Government's Humanitarian Aid Commission (HAC) to be vigilant and minimize movements. Local sources reported that most of the Rapid Support Forces (RSF) that were recently deployed in Port Sudan to curb the intercommunal violence that erupted on 8 August, moved to Kassala Town on 26 August in anticipation of the demonstrations called in the city.

Earlier this month, fighting between different tribes in Port Sudan led to the displacement of hundreds of people, and left dozens dead and more than 100 injured. Humanitarians finalized a needs assessment on 26 August and are responding to the needs of people displaced.

The increasing violence and clashes in both Kassala and Red Sea States are driving humanitarian needs. Health services are stretched while responding to the injured. The displaced population is in need of water, sanitation and hygiene services, as shelter and protection services. The insecurity and related containment measures are, impacting humanitarian response, including the movement of aid workers. In Red Sea, there are concerns that the incidents might affect operations on Sudan's only port, negatively impacting the country's supply chain for essential commodities and humanitarian supplies.

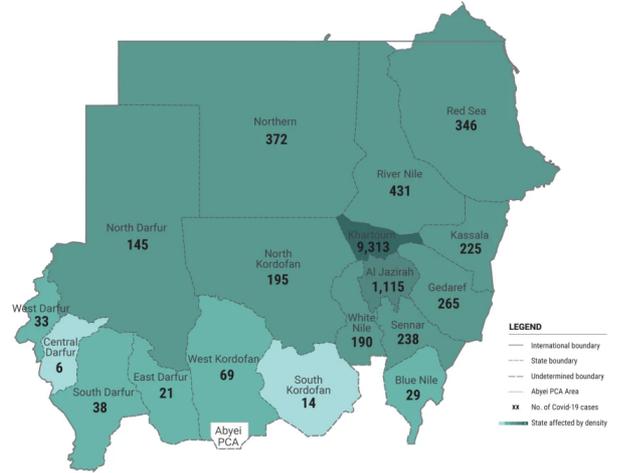


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HIGHLIGHTS (27 Aug 2020)

- Humanitarian organizations in Sudan provided life-saving assistance to nearly 7.5 million people in 179 of the country's 189 localities during the first six months of the year.
- The increased assistance has been crucial to address the immediate needs of the most vulnerable people in Sudan, at a moment where the humanitarian situation is deteriorating.
- Meanwhile, nearly US\$20 million will be required to respond to the current outbreak of vaccine-derived polio.
- Recent intercommunal clashes in different localities of Kassala and Red Sea states and flooding affecting over 380,000 people are driving further displacement and increased needs.
- COVID-19 transmissions also continue and over 13,000 people had contracted the virus in the country, as of 25 August 2020.

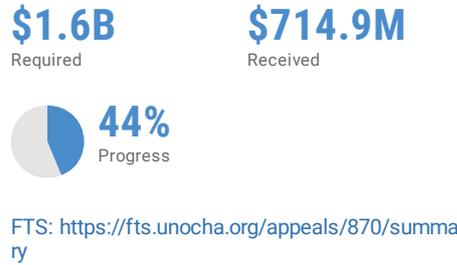


COVID-19 cases by state, as of 25 August.

KEY FIGURES



FUNDING (2020)



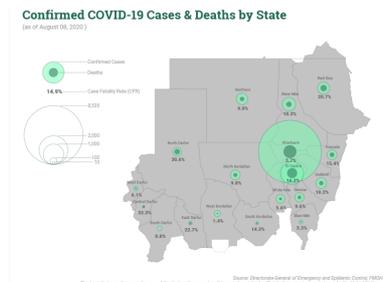
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SUDAN – TRENDS (27 Aug 2020)

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

- First case:** 14 March 2020
- Total cases:** 13,045 (as of 25 August 2020)
- Total deaths:** 823
- 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 over 13,000 people contracted the virus, including 823 who died from the disease, as of 25 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.
- On 22 August, the Government of Turkey sent medical supplies and equipment to Sudan to assist Government response to COVID-19. The supplies included 50 respirators, 50,000 masks and 50,000 face shields, and 100,000 surgical masks.

- On 16 August, the Government of the United Arab Emirates (UAE) sent 24 tons of medical and food aid to assist in COVID-19 and floods response. Since the start of the COVID-19 pandemic in Sudan in mid-March, the UAE has donated nearly 90 tons of medical supplies and equipment. In addition, the Abu Dhabi Fund for Development donated 136 tons of medicines to the National Fund for Medical Supplies in Sudan. On 6 June, the UAE-based Al Maktoum Foundation sent 37 tons of medical supplies including protective clothing, masks, sterilizers, glucose, and other supplies to help Sudan fight 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 (27 Aug 2020)

Nearly 7.5 million people reached with humanitarian assistance in Sudan in the first six months of 2020

Humanitarian organizations in Sudan provided life-saving assistance to nearly 7.5 million people in 179 of the country's 189 localities during the first six months of the year. Despite the challenges posed by the COVID-19-related restrictions, the number of people reached with humanitarian assistance increased from 2.3 million in the first quarter of 2020 (January to March) to 5.4 million assisted between April and June.

The scale up of the response was especially visible on the Food Security and Livelihoods Sector, with partners reaching over 4.6 million people between April and June, up from 1.7 million in the first quarter of the year. The water, hygiene and sanitation (WASH) response has also increased, reaching around 1.1 million in the second quarter of the year, over 1 million more than January to March. The WASH activities have, however, been implemented in only 55 out of the 120 targeted localities.

The humanitarian response increased in the eastern and central regions of the country. In eastern Sudan, aid workers assisted nearly 360,000 people (4.8 per cent of the total reached across the country), while over 1.6 million people received assistance in central Sudan (22 per cent of the total response). In the first quarter of 2020, these regions had represented 3 and 2 per cent of the humanitarian response, respectively. In Darfur, over 4.3 million people received assistance and more than 1.6 million were assisted in Blue Nile and Kordofan regions.

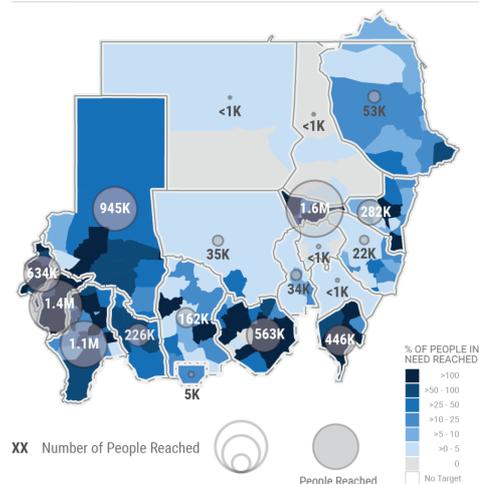
The increased assistance was crucial to address the immediate needs of the most vulnerable people in Sudan, at a moment where the humanitarian situation further deteriorated. The devastating combination of recurrent climate shocks, conflict, economic downturn, disease outbreaks, exacerbated by the consequences of the COVID-19 pandemic, has driven rising hunger across the country. More than 9.6 million people, almost a quarter of the entire population of Sudan, are expected to be severely food insecure during the lean season (June to September), according to the latest Integrated Food Security Phase Classification (IPC) report.

For more details, check the [Sudan Humanitarian Response Plan Monitoring](#).

VISUAL (27 Aug 2020)

Sudan Humanitarian Response Monitoring (January to June 2020)

PEOPLE REACHED JANUARY TO JUNE 2020 (% OF PEOPLE IN NEED)



The humanitarian situation in Sudan has deteriorated rapidly in the first six months of 2020. The devastating combination of recurrent climate shocks, conflict, economic downturn, disease outbreaks, exacerbated by the consequences of the COVID-19 pandemic, has driven rising hunger across the country. More than 9.6 million people, almost a quarter of the entire population of Sudan, are expected to be severely food insecure during the lean season (June to September), according to the latest Integrated 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 compared with the same period last year.

Sudan's health system was under extreme stress prior to the COVID-19 pandemic and has been further stretched to prevent, contain and treat COVID-19. In addition, 63 per cent of the population do not have access to basic sanitation, 23 per cent do not have access to a handwashing facility with soap and water and 40 per cent do not have access to basic drinking water services.

Despite the challenges posed by the COVID-19-related restrictions, humanitarian partners provided life-saving assistance to over 7.48 million people in 179 of the country's 189 localities during the first six months of the year. The number of people reached increased from 2.3 million in the first quarter of 2020 (January to March) to 5.4 million

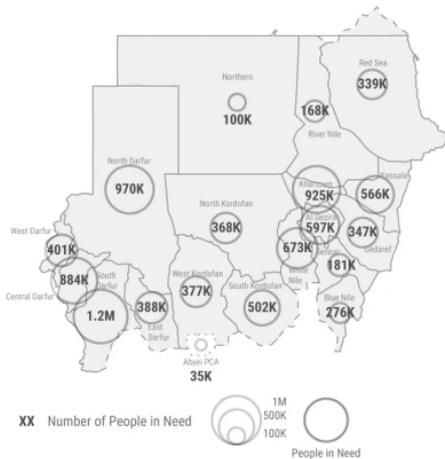
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The humanitarian response increased in the eastern and central regions of Sudan. In the east, humanitarians reached 360,000 people (4.8 per cent of the total reached across the country), while over 1.6 million received assistance in the central region (22 per cent of the total response). In the first quarter of 2020, these regions had represented 3 and 2 per cent of the response, respectively. In Darfur, 4.3 million people received assistance and 1.6 million were reached in Blue Nile and Kordofan regions.

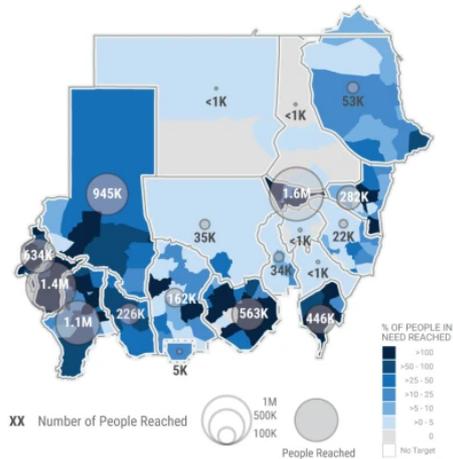
KEY FIGURES



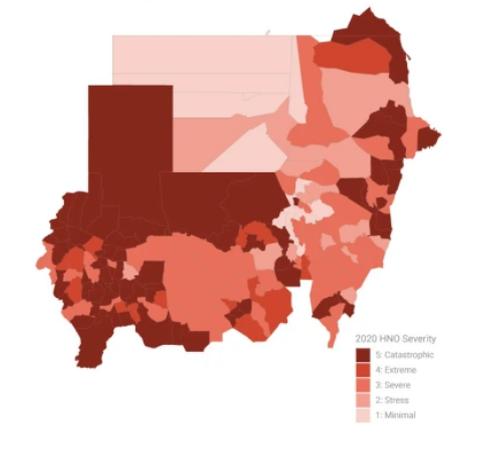
PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



PEOPLE REACHED JANUARY TO JUNE 2020 (% OF PEOPLE IN NEED)



2020 HUMANITARIAN NEEDS OVERVIEW SEVERITY MAP



The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 18 August 2020 Sources: HRP monitoring, FTS Feedback: ochasudan_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

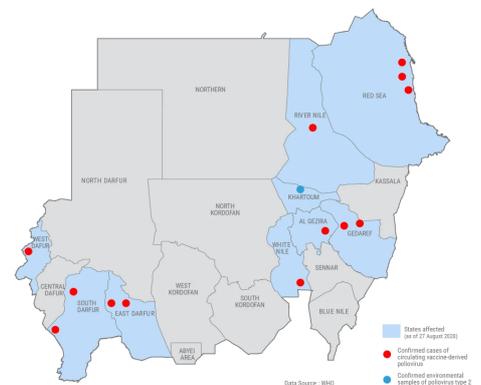
[Click here to consult the document.](#)

EMERGENCY RESPONSE (27 Aug 2020)

Humanitarians and Government prepare to vaccinate nearly 9 million children due to ongoing polio outbreak

The Federal Ministry of Health, with support of UNICEF, WHO and WFP, is preparing a mass vaccination campaign to reach every single child under age 5 in Sudan—nearly 9 million children—, following the recent declaration of a vaccine-derived polio outbreak in the country. The immunization against the poliovirus will require around US\$20 million to cover logistics, operation and a community engagement campaign. Nearly \$5 million of this total will be used to resume and cover gaps of the routine vaccination across the country, seriously compromised during the COVID-19 pandemic.

Declared on 9 August, this is the first polio outbreak in Sudan in more than a decade and has affected nine states across the country. At least 13 cases of circulating vaccine-derived poliovirus have been confirmed in West Darfur, East Darfur, South Darfur, Gedaref, Al Gezira, White Nile, River Nile and Red Sea states. In addition, positive environmental samples of poliovirus type 2 have also been found Khartoum State, indicating a possible wide circulation of the virus within the country.



Vaccine-derived polio outbreak in Sudan, as of 27 August

Although Africa was recently declared free of the wild poliovirus by the African Regional Certification Commission for Polio Eradication, vaccine-derived polio persists and poses a threat to many countries. 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.

Vaccine-derived polio

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 to stop transmission.

Read more on the Flash Update:

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

EMERGENCY RESPONSE (27 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 380,000 in 17 of the country's 18 states as of 25 August, according to preliminary data from 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 North Darfur, Sennar, and West Kordofan states amongst the hardest-hit.

More than 37,000 houses have been completely destroyed and we have reports of more 39,000 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. 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](#)

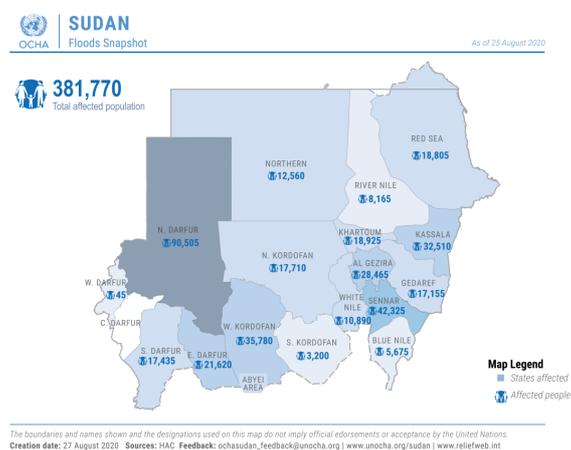
[Floods Flash Update #2 – 5 August 2020](#)

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

[Floods Flash Update #4 – 27 August 2020](#)

VISUAL (27 Aug 2020)

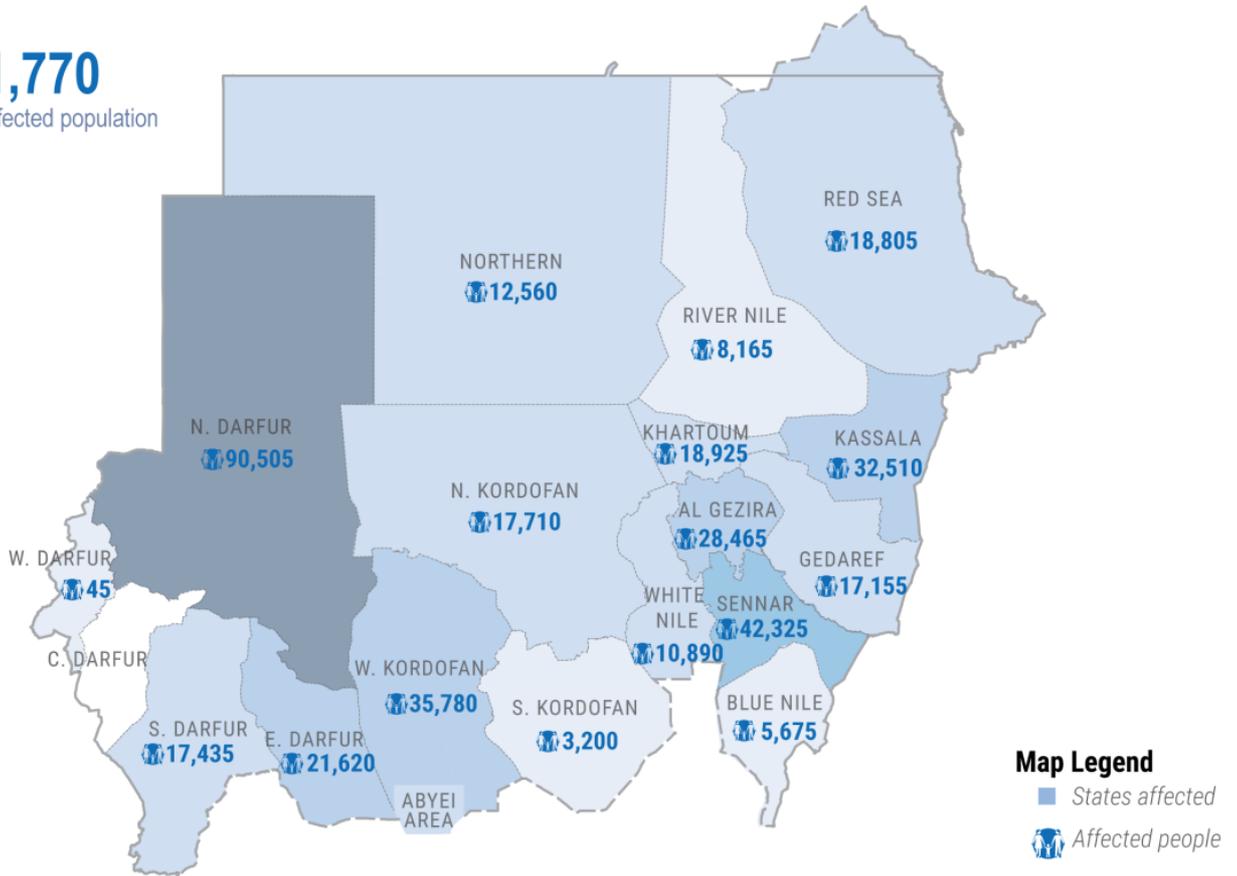
Sudan: Floods Snapshot as of 25 August 2020



Sudan: Floods Snapshot as of 25 August 2020



381,770
Total affected population



Map Legend
■ States affected
👤 Affected people

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

Creation date: 27 August 2020 Sources: HAC Feedback: ochasudan_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int

TRENDS (27 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. Recent clashes in different localities of Kassala and Red Sea states have driven displacement, and caused loss of lives and damages to houses, markets and other key infrastructure. A wave of fighting and attacks in Darfur region between July and August affected nearly 58,000 people in total, most of them internally displaced people who already face high levels of vulnerability.

Humanitarians are responding to the needs, including in Port Sudan.

Read more on the latest Flash Updates:

East Sudan

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

[Violence in Eastern Sudan - Kassala and Red Sea - Flash Update #2](#) - 27 August 2020

Darfur

[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=oluyppyanMHg>

#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 Karthoum, help people displaced by floods across the country, and empower women to protect them against gender-based violence.



Photo: OCHA / Saviano Abreu

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

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.

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.

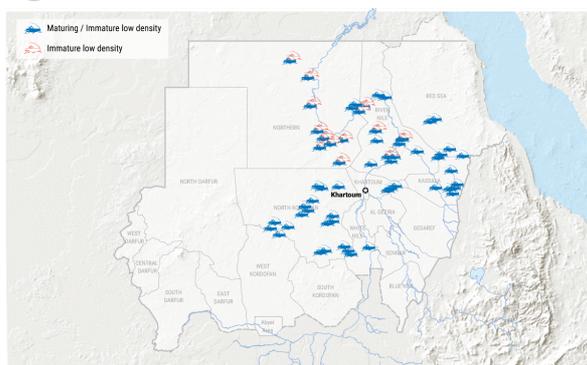
In total, more than 155,000 hectares were surveyed during July at summer breeding areas in the River Nile, White Nile, Kassala, Red Sea, Gedaref, Blue Nile, North Kordofan, South Kordofan, Sennar and Darfur states. At the least 235 hectares were treated with pesticides in the River Nile, where some hopper 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.

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

BACKGROUND (25 Jun 2020)

Impact of COVID-19 on continuity of health services

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

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

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

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

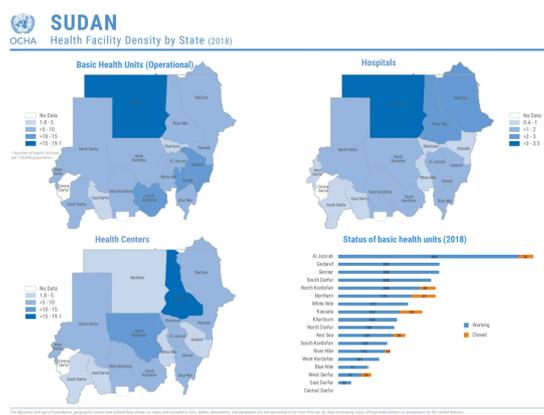
Impact on health services in Khartoum State

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

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

In rural areas of Khartoum State where the health services are provided mainly by basic health units (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)



Health Facility Density by State

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](#)

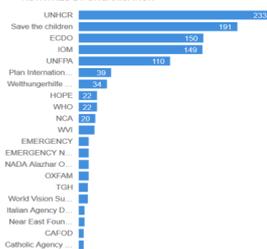
1102 ACTIVITIES **25** ORGANISATIONS **121** IMPLEMENTING PARTNERS **2264** HEALTH CARE WORKERS TRAINED

ACTIVITIES BY WHO PILLAR

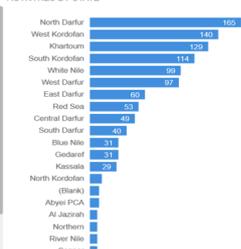
Pillar/Sector	Number of Activities
Pillar 1: Coordination - country level	6
Pillar 2: Risk communication and community engagement	451
Pillar 3: Surveillance, rapid response teams, and case investigation	30
Pillar 4: Points of entry	6
Pillar 4: Ports of Entry	2
Pillar 5: National Laboratories	5
Pillar 6: Infection, prevention & control	516
Pillar 7: Case management	68
Pillar 7: Case Management	2
Pillar 8: Operational support and Logistics	143
Total	1102



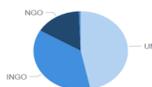
ACTIVITIES BY ORGANISATION



ACTIVITIES BY STATE



ACTIVITIES BY ORGANISATION TYPE



The boundaries and names shown 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@un.org | www.unocha.org

View this interactive graphic: <https://app.powerbi.com/view?r=eyJrjoiMzEONjU2M2U0tNTIINC00ZTkWLTU1NTU0Y2lwOTQyNW15OTM5IiwidCI6IjBmOWUzNWRLTU0NGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3MCIslmMiOj9>

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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