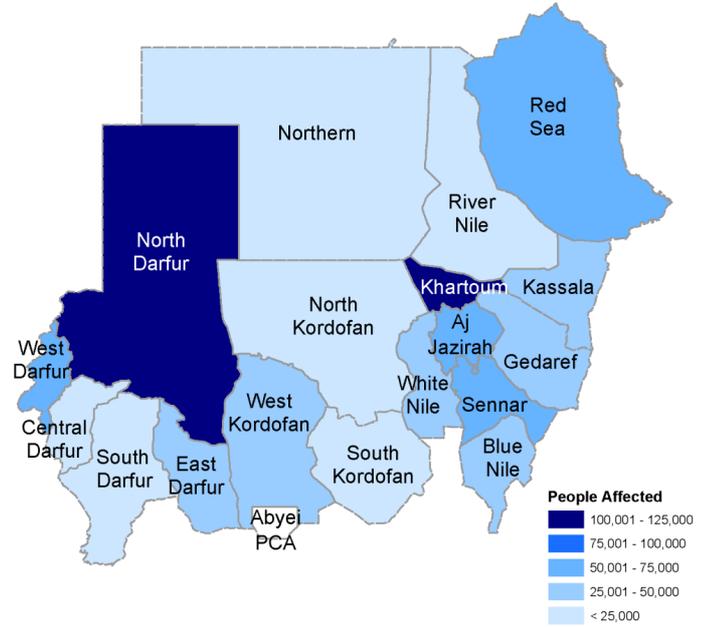


HIGHLIGHTS (23 Sep 2020)

- On 22 September, HAC reported that more than 826,300 people had been affected by floods in all of Sudan's 18 states.
- The states most affected by floods are North Darfur, Khartoum, West Darfur and Sennar, which account for 47 per cent of all people affected.
- On 7 September, the Sudan Ministry of Health reported 19 confirmed cases of vaccine-derived poliovirus in 10 states.
- The Government is planning to vaccinate 8.6 million children under five years against polio from 4 October 2020.
- COVID-19 transmissions continue and 13,578 people had contracted the virus in the country, as of 21 September 2020.

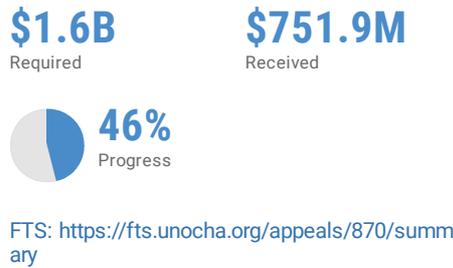


Flood-affected people by state, as of 22 September 2020 (Source: HAC)

KEY FIGURES



FUNDING (2020)



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VISUAL (24 Sep 2020)

Sudan: Floods Map (24 September 2020)

826,325
Affected population

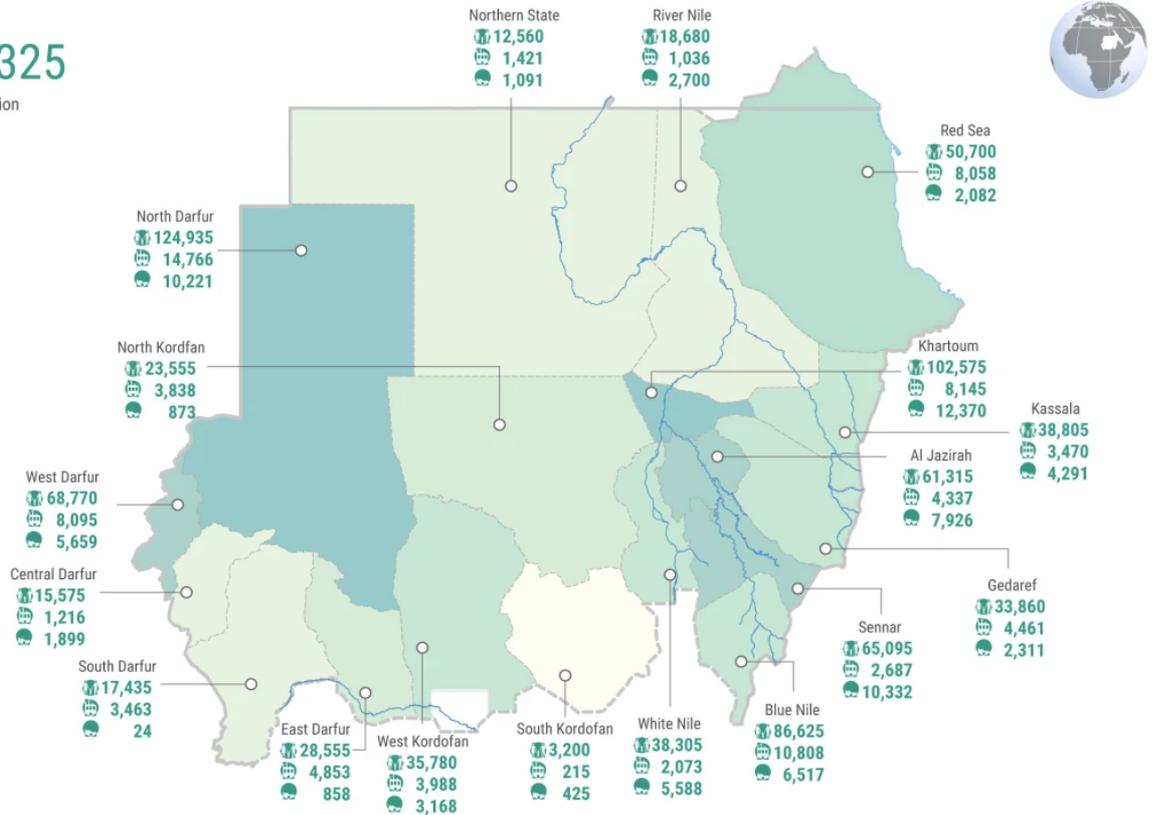
86,930
Houses damaged

78,335
Houses destroyed

102
Dead

Map Legend

- State affected
- Affected population
- Houses damaged
- Houses destroyed



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: 24 September 2020 Sources: HAC, Flood Task Force Feedback: ochasudan_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int/country/sdn

EMERGENCY RESPONSE (10 Sep 2020)

Health ministry confirms 19 vaccine-derived polio cases in Sudan

The Federal Ministry of Health (FMOH) on 7 September 2020, reported 19 confirmed cases of vaccine-derived poliovirus (cVDPV2) in 10 states (Blue Nile, East Darfur, Gedaref, Gezira, Kassala, Red Sea, River Nile, South Darfur, West Darfur, White Nile). The first case was reported in South Darfur on 7 March and notified on 12 March 2020. A total of 320 cases of Acute Flaccid Paralysis (AFP) have been reported, of which 247 cases (77 per cent) were discarded as non-polio AFP cases, 54 cases (17 per cent) are pending classification and 19 cases (7 per cent) were cVDPV2 positive.

On 9 August 2020, FMOH notified the World Health Organisation (WHO) of the detection of a vaccine-derived polio (cVDPV2) in the country and announced an outbreak. According to the notification, the virus is genetically linked with Chad. The initial investigation of the two first cases indicated these cases were linked to cVDPV2s from the CHA-NDJ-1 emergence group, which was first detected in October 2019 and is currently circulating in Chad and Cameroon, WHO said last week.



Polio vaccination in Sudan UNICEF

As the poliovirus types detected in Sudan and Chad are genetically linked indicating cross-border spread, Sudan and Chad are working together to synchronize activities to contain the outbreaks, the UN Children's Agency (UNICEF) and WHO said.

AFP is a neurological condition characterized by weakness or paralysis and reduced muscle tone. The term acute flaccid paralysis (AFP) is often used to describe an instance with a sudden onset, as might be found with polio. AFP is the most common sign of acute polio and used for surveillance during polio outbreaks.

Routine vaccination coverage during 2020 has declined compared with 2019 because of programmatic issues and the impact of COVID-19 containment measures, according to FMoH. The immunization trend started to improve in June 2020 and accelerated routine vaccination started on 26 August 2020. The government is planning two rounds of national vaccination campaigns targeting 8.6 million children under five years of age to ensure they are protected against polio. The first round will start on 4 October and the second round will take place during the first week of November.

UNICEF and WHO will [support](#) the government’s response to the polio outbreak.

Sudan’s last reported wild poliovirus case was in March 2009 and the country was announced polio-free in 2015 by WHO. However, the country has been considered at high risk for importation of polioviruses for several years due to a decline in population immunity resulting from insecurity and conflict in certain areas.

According to WHO, [polio](#) is a highly infectious viral disease that largely affects children under 5 years of age. The virus is transmitted person-to-person mainly through the faecal-oral route or, less frequently, by a common vehicle (e.g. contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and cause paralysis.

As for the vaccine-derived poliovirus, it can occur in the following situations, [WHO explains](#). Oral polio vaccine (OPV) contains an attenuated (weakened) vaccine-virus, activating an immune response in the body. When a child is immunized with OPV, the weakened vaccine-virus replicates in the intestine for a limited period, with the body developing immunity by building up antibodies. During this time, the vaccine-virus is also excreted. In areas of inadequate sanitation, this excreted vaccine-virus can spread in the immediate community (and this can offer protection to other children through ‘passive’ immunization), before eventually dying out.

On rare occasions, if a population is seriously under-immunised, an excreted vaccine-virus can continue to circulate for an extended period. The longer it is allowed to survive, the more genetic changes it undergoes. In very rare instances, the vaccine-virus can genetically change into a form that can paralyse – this is what is known as a circulating vaccine-derived poliovirus (cVDPV), according to WHO.

VISUAL (22 Sep 2020)

Flood emergency - Who, What, Where (as of 22 September 2020)



SUDAN
 Flood emergency - Who, What, Where
 As of 22 September 2020



Who, What, Where

National overview



4

Priority sectors

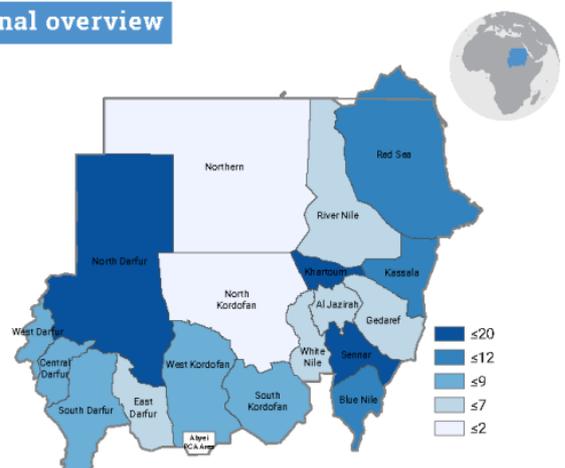
- Emergency Shelter and Non-food Items
- Health
- Water, Sanitation and Hygiene,
- Food Security

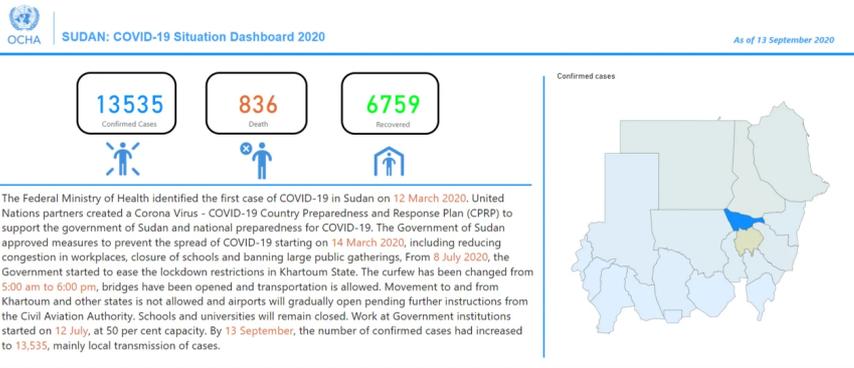


43

Organisations

are responding across all 18 States Sudan





View this interactive graphic: <https://app.powerbi.com/view?r=eyJrIjoibTJmYTlkZGtOTGyOC00ZWY1LTlmZDA0ZDZlOTIxNDhjZDZlIiwidCI6IjBmOWUzNWwRiLlTUONGYtNGY2MC1iZGNjLTVIYQxNmU2ZGM3MCIslmMiOjB9>

VISUAL (10 Sep 2020)

Sudan COVID-19 Situation Overview (8 September 2020)

SUDAN COVID-19 Situation Overview & Response

5 September 2020

13,437 Confirmed cases
833 Deaths
6,730 Recovered

Highlights

The Federal Ministry of Health identified the first case of COVID-19 on 12 March 2020. United Nations organisations and their partners created a Corona Virus Country Preparedness and Response Plan (CPRP) to support the Government. On 14 March 2020, the Government approved measures to prevent the spread of the virus which included reducing congestion in workplaces, closing schools and banning large public gatherings. From 8 July 2020, the Government started to ease the lock-down in Khartoum State. The nationwide curfew was changed from 6:00 pm to 5:00 am and bridges in the capital were re-opened. Travelling between Khartoum and other states is still not allowed and airports will gradually open pending further instructions from the Civil Aviation Authority. Schools and universities will remain closed. Work at Government institutions started on 12 July, at 50 per cent capacity. By 5 September, the number of confirmed cases had increased to 13,437. This increase is attributed mainly to local transmission of cases.

Containment Measures and Borders Closure

Map showing international, state, and Abyei PCA boundaries, along with country capitals, border crossing points, and containment measures.

Confirmed Cases by state

State	Confirmed cases
NORTHERN	377
RIVER NILE	437
RED SEA	367
NORTH DARFUR	145
WEST DARFUR	34
CENTRAL DARFUR	38
SOUTH DARFUR	21
EAST DARFUR	69
NORTH KORDOFAN	200
WEST KORDOFAN	190
SOUTH KORDOFAN	14
AL GEZIRA	1,122
WHITE NILE	238
SENJAR	270
KASSALA	225
GEDAREF	29
BLUE NILE	29
Other states	9,655

No. of Activities by Organization

Organization	No. of Activities
ICM	671
UNHCR	234
Save the Children	193
EDDO	150
UNFPA	135
Plan International Sudan	39
WellbeingLife	34
WFP	28
HOPE	22
NCA	20
WVI	19
EMERGENCY NGO Sudan	12
OSFAM	12
NADA Akhtar	12
EMERGENCY	12
World Vision Sudan	11
TDH	11
NORWEGIAN REFUGEE COUNCIL	9
Ukrain Agency Development Co.	7
Near East Foundation	7
CARE4D	6
GI2	5
IRW	4
NRC	3
ZOA	2

No. of Activities by State

State	No. of Activities
Khartoum	358
North Darfur	210
West Kordofan	182
West Darfur	140
South Kordofan	116
White Nile	102
East Darfur	71
Red Sea	61
Gedaref	55
South Darfur	52
Central Darfur	50
Abyei PCA	42
Blue Nile	35
Kassala	30
North State	21
North Kordofan	14
Al Gezira	9
Senjar	9
Northern	9
Nile	9

Number of Confirmed Cases per week

Week	Confirmed cases	Deaths
14-31 Mar	7	2
1-15 Apr	25	3
16-30 Apr	410	26
1-15 May	1,846	66
16-31 May	2,885	201
1-15 Jun	2,846	189
16-30 Jun	1,639	117
1 to 15 Jul	1,195	81
16 to 31 Jul	913	67
1 to 15 Aug	596	51
16 to 31 Aug	744	20

Preparedness and Response

1,583 No. of activities
26 No. of organizations
122 Implementing partners
2,264 Health care workers trained

Click [here](#) for a PDF version

VISUAL (10 Sep 2020)

Sudan Pooled Fund Dashboard (January - June 2020)



SUDAN

Pooled Funds dashboard (January - June 2020)



Contributions from 11 donors made it possible for the Sudan Humanitarian Fund (SHF) partners to reach 4.7 million people with life-saving assistance in the first six months of 2020. The fund supported a range of multisector humanitarian work - everything from responding and containing the COVID-19 pandemic to preventing food insecurity by mitigating the effects of the locust invasion. Despite the challenges posed by COVID-19, 84 per cent of implementing partners were able to adapt and continue to deliver assistance. The programmes funded through SHF focused on reaching the most vulnerable and included activities to tackle gender-based violence as well as supporting children and people with disabilities.

The SHF continues to grow year on year and received US\$60.5 million from January to June, 10 per cent more than in 2019. In total, \$54 million have been allocated, including \$11 million for COVID-19, \$3.4 million for the locust response and \$39.7 million for on-going humanitarian operations. The SHF channelled 64 per cent of the funds through international NGOs and their local partners, and 13 per cent was disbursed directly to national NGOs.

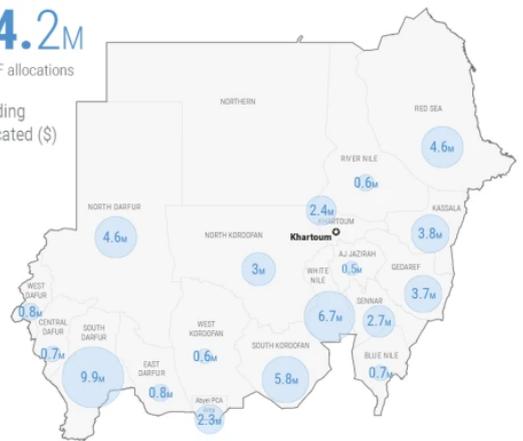
The Central Emergency Response Fund (CERF) has allocated US\$99 million this year. In total, 7.7 million of the people received life-saving help to improve their food security and reduce malnutrition. Some of the most vulnerable people in Sudan received protection services. The CERF also supported the Government's agenda for peacebuilding, freedom and justice, and school for all. The displaced and returnees were also supported.

CERF and SHF helped more than 8.6 million people across the country.

SHF ALLOCATION by state

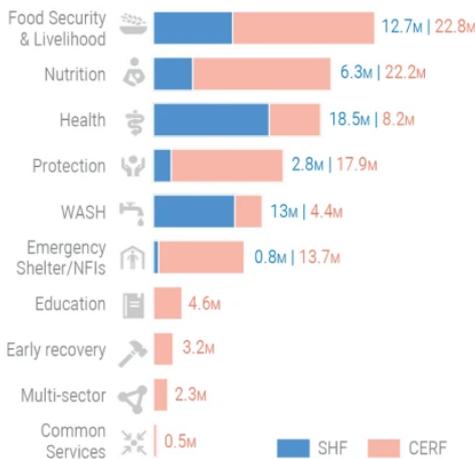
\$54.2M
total SHF allocations

Funding allocated (\$)



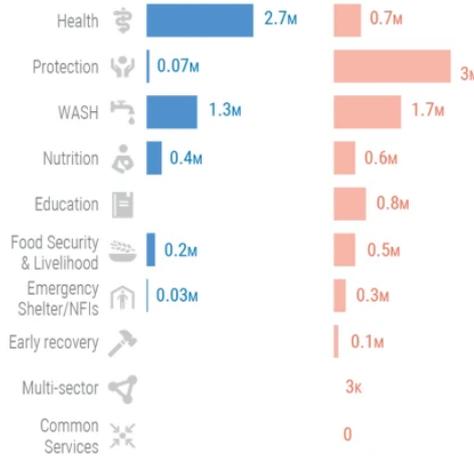
ALLOCATION by sector

\$154.1M total allocations
\$54.2M SHF allocations
\$99.9M CERF allocations

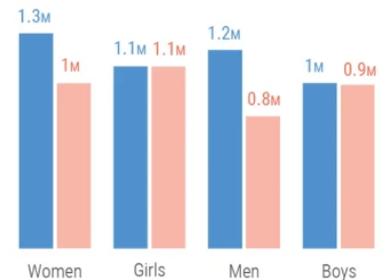
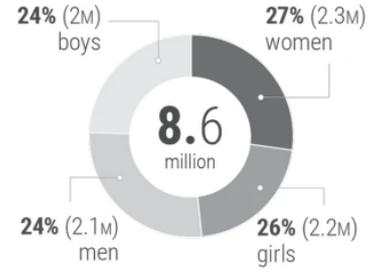


BENEFICIARIES by sector

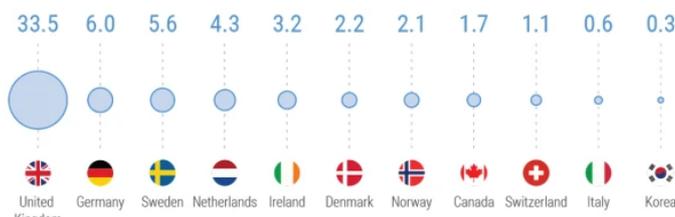
4.7M SHF beneficiaries
7.7M CERF beneficiaries



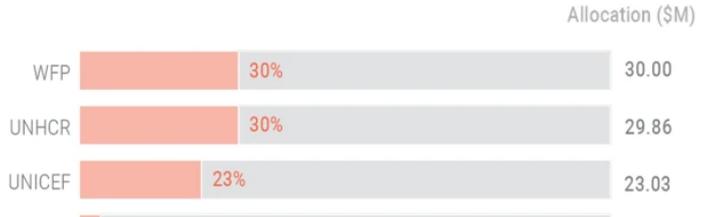
BENEFICIARIES by gender



SHF DONOR CONTRIBUTIONS 2020 (\$M)

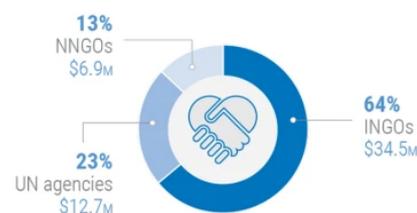


CERF ALLOCATION by agency



rwgqumrr

SHF ALLOCATION by partner type



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

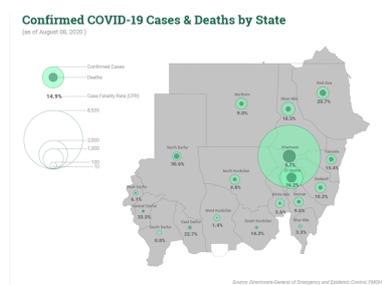
Creation date: 12 August 2020 Sources: Sudan Humanitarian Fund SHF Feedback: ochasudan_feedback@un.org | www.unocha.org/sudan | www.reliefweb.int

Click [here](#) for a PDF version

SUDAN – TRENDS (24 Sep 2020)

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

- **First case:** 14 March 2020
- **Total cases:** 13,578 (as of 22 September 2020)
- **Total deaths:** 836
- **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. 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. The curfew was lifted on 16 September. Movements in and out of Khartoum are not allowed. Some states in Darfur Region have closed borders.



Situation

Since the start of the COVID-19 pandemic in Sudan in mid-March, the Government confirmed that 13,578 people contracted the virus, including 836 who died from the disease, as of 22 September. 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 Central Darfur (50 per cent of people with COVID-19 died), North Darfur (32 per cent), East Darfur (24 per cent), South Kordofan (21 per cent) and Red Sea (20 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.

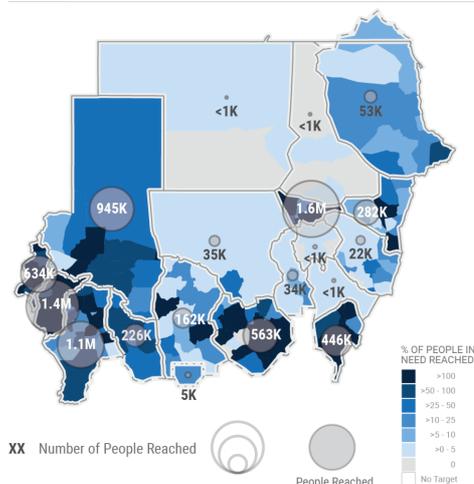
The scale up of the response was especially visible on the Food Security and Livelihoods Sector, with partners reaching over 4.6 million people between April and June, up from 1.7 million in the first quarter of the year. The water, hygiene and sanitation (WASH) response has also increased, reaching 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](#).

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



EMERGENCY RESPONSE (23 Sep 2020)

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

Sudan continues to face its worst flooding in decades. Weeks of torrential downpours have caused deaths, displacement, and massive destructions to key infrastructure and livelihoods across the country, with Khartoum, North Darfur, Sennar, and West Darfur states amongst the hardest-hit.

Over 120 people have lost their lives and the number of people critically affected has exceeded 826,000 as of 22 September, according to the Government's Humanitarian Aid Commission.

More than 78,300 houses have been completely destroyed and we have reports of nearly 87,000 houses damaged. Over 100 schools are damaged and several roads impassable. Access to clean water and health services, in the middle of the COVID-19 pandemic, has been compromised. Around 3,200 health centres are damaged or non-functional, around 15,900 latrines collapsed and the break 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. Humanitarians reached over 400,000 people with critical support.

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 45 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](#)



Flood-affected neighbourhood in Al Assal area, Jebel Aulya locality, Khartoum State (OCHA, 3 September 2020)

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

[Floods Flash Update #5 – 31 August 2020](#)

[Floods Flash Update #6 – 8 September 2020](#)

[Floods Flash Update #7 – 18 September 2020](#)

BACKGROUND (6 Aug 2020)

Government and partners continue locust operations across Sudan

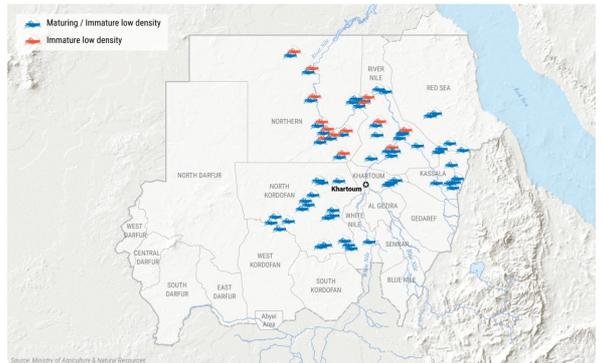
The Sudan’s Plant Protection Directorate (PPD), linked to the Ministry of Agriculture and Natural Resources, intensified its operations to control and prevent the any escalation of the ongoing desert locust upsurge affecting the country.

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

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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Situation Report

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