HIGHLIGHTS (14 May 2020)

- As of 13 May 2020, there are 1818 people confirmed to have COVID-19 in Sudan, including 90 fatalities.

- COVID-19 has now spread to all of Sudan’s 18 states. The majority of people with confirmed COVID-19 live in Khartoum State.

- Kassala is the latest state to impose containment measures to help slow the spread of COVID-19.

- FAO estimates that the combined adverse impacts of the Covid-19 are being witnessed in all four-core dimensions of food security: availability, access, utilization and stability.

- Desert locust continues to pose an unprecedented threat to food security and livelihoods in the region.

KEY FIGURES

<table>
<thead>
<tr>
<th>People in need (2020)</th>
<th>People targeted (2020)</th>
<th>Required</th>
<th>Received</th>
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<tr>
<td>9.3M</td>
<td>6.1M</td>
<td>$1.4B</td>
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<table>
<thead>
<tr>
<th>Refugees</th>
<th>IDPs</th>
<th>COVID-19 Related Deaths</th>
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<td>1.1M</td>
<td>1.87M</td>
<td>1818</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Progress</th>
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<tr>
<td>21%</td>
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SUDAN — TRENDS (14 May 2020)

Federal Ministry of Health confirms 1,818 cases as of 13 May

- **First case:** 14 March 2020
- **Total cases:** 1,818 (as of 13 May 2020)
- **Total deaths:** 90
- **States affected:** All 18 states
- **Schools:** Closed (8,375,193 learners affected)

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FUNDING (2020)

https://fts.unocha.org/appeals/870/summary
• **Borders/flights:** All land borders closed. On 20 April, Sudan Civil Aviation Authority extended the closure of airports for international and domestic flights until 20 May 2020. This excludes scheduled cargo, humanitarian aid and technical and humanitarian support flights; airlines operating in the oil fields; and evacuation flights for foreign nationals. UNHAS passenger flights have stopped, while cargo are still operational.

• **Containment measures:** Khartoum State is under three-week lockdown since 18 April. Bridges linking Omdurman and Khartoum North are closed. People can access neighbourhood shops, bakeries and pharmacies between 6 a.m. and 1 p.m. daily. In addition, the Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services in the state during the three-week lockdown period. Some states in Darfur Region have closed borders and have imposed curfews to limit the movement of people.

**Situation**

Sudan recorded its first COVID-19 case on 14 March 2020. Since then, the Federal Ministry of Health has confirmed that 1818 people contracted the virus, including 90 who died from the disease. The majority of the confirmed cases are in Khartoum State. In advance of the three-week lockdown in Khartoum State, authorities targeted 600,000 urban poor for a one-off assistance, including food parcels and other essential supplies during the emergency period. The Ministry of Finance and Economic Planning (MoFEP) has also been working on different options to support the population during the COVID-19 lockdown. Among the activities, the MoFEP developed a plan to scale up financing to the health sector and provide cash transfers to 80 per cent of the population—more than 30 million people—most of them informal sector workers whose livelihoods will likely be affected by the restrictions. Each person will receive SDG500.00 (around US$9.00) per month, according to the Ministry. In addition, the MoFEP informed it would carry out a civil service salary reform to help those on fixed incomes; cushion the private sector through tax and customs exemptions; and it is also evaluating possible support for exporters and other productive industries affected by exchange rates and depreciation.

The Federal Government, the United Nations (UN) and humanitarian partners have joint their efforts to prevent and respond to the COVID-19 outbreak in Sudan. A COVID-19 Country Preparedness and Response Plan (CPRP), organized around eight pillars, is currently being implemented by UN agencies, NGOs and other partners in support to the Sudanese Government-led response.

**Immediate priorities include:**

- Strengthening the state coordination mechanisms.
- Improvement and scale up of isolation centres at the state level.
- Scaling up the risk communications and infection, prevention and control activities.
- Scaling up testing capacity and prevent delays.
- Strengthening of screening and quarantine facilities at points of entry.
- Improvement in contact tracing.

**Official sources:**

Sudan Federal Ministry of Health

WHO Sudan Twitter

**Other sources:**

COVID-19 Educational Disruption and Response, by UNESCO
COVID-19 World Travel Restrictions, by the Emergency Division of the World Food Programme (WFP)

Global COVID-19 Airport Status, by the International Civil Aviation Organization (ICAO)

SECTOR STATUS (14 May 2020)

**COVID-19 Response Pillar 1: Country Level Coordination**

15 states with coordination mechanisms

$1.3M required

Immediately prioritizes are to strengthen state-level coordination mechanisms.

**Response**

The COVID working group has been activated with UN agencies designated staff for each pillar of the response. In May, United Nations 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 WHO and is meeting daily.

At state level, WHO will take the lead in states 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 the 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 architecture, Covid-19 focal points will work under these mechanisms. The aim is to work through existing coordination mechanisms to the extent possible.

The Refugee Consultation Forum (RCF) led by UNHCR and Sudan’s Commission for Refugees (COR) is coordinating the response effort for refugees. The RCF has presented a COVID-19 prevention and response plan to partners with different scenarios in case of a COVID-19 outbreak in a refugee camp or settlement. Refugee partners were encouraged to contribute to the local development plans in each State, led by Refugee Working Groups.

UNHCR and COR have established 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 IDP Camp Coordination Task Force has been established for the specific purpose of COVID-19 prevention, preparedness and response, for an initial period of three months, starting with immediate effect.

The Task Force is co-led by IOM and UNHCR at the country level, and reports to the COVID Working Group and will build upon the work already ongoing at the Area HCT level. At the state level, the inter-agency coordination responsibility has been divided as follows: IOM (West Darfur, Central Darfur, South Kordofan), 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 COVID-19 IDP Camp Coordination Taskforce will use Camp Coordination and Camp Management (CCCM) principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in the camps and settlements.

IOM’s Displacement Tracking Matrix (DTM) has been collecting and compiling information regarding mobility restrictions introduced as mitigation measures in response to the COVID-19 pandemic. The dashboard consolidates data on measures taken as of 14 May 2020, such as restrictions to travel due to closure of airports, points of entry (PoE) along land borders and maritime boundaries, as well as domestic movement restrictions. The most recent update covers information on IDP camps in Darfur. DTM has been monitoring, including impediments to camp access, impact of COVID-19 on IDPs and stranded IDPs affected by mobility restrictions. The dashboard will be updated on a weekly basis with additional information.

**Gaps**

- There are no state level focal points identified in Al Gezira, Northern and Sennar states.
- Information on the number and location of functional isolation centres and the availability of intensive care beds in treatment centres.

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**SECTOR STATUS** (14 May 2020)

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

74% pop. reached by COVID-19 messaging

$8.8M required

**Needs**

Engage with existing community-based networks, media, local NGOs, schools, local governments and other sectors such, education sector, business using a consistent mechanism of communication to increase the impact of communications campaigns. Existing messaging has reached a large percentage of the population, however, this has not yet resulted in widespread compliance with COVID-19 prevention measures. An assessment is underway to better understand the impact of current risk communications campaigns and to adjust the messaging the increase the impact. High-risk areas including Khartoum state will be targeted as part of this review. Messages need to adapt to the stages of the pandemic, from prevention to infection and address issues such as Gender Based Violence and Mental Health and Psychosocial Support.

**Response**

Risk communications and community engagement efforts are being coordinated by UNICEF. UNICEF and WHO produced Information, Education and Communication (IEC) materials which were made available in different languages such as: leaflets, posters, videos, animations and songs that provide information on COVID-19 symptoms, prevention guidelines, encourage the adoption of positive health practices and recommend staying at home.
In addition, basic information and tips on COVID-19 are sent to over 13.5 million mobile phone subscribers daily. COVID-19 messages shared through more than 20 electronic/online newspapers, 13 daily newspapers, to 2014 media personnel on WhatsApp platform and television reporters of 30 TV channels (national and international). The combined reach of these efforts is estimated at 31 million people.

UNDP and its partners conducted risk communication and community engagement in 13 communities in South Kordofan, West Kordofan, North Kordofan, Senar and Blue Nile States. The activities focused on awareness raising among religious leaders about the need to frequently disinfect mosques and places of worship, community radio broadcast on covid-19, one-on-one sensitization messaging on Covid-19 using loudspeakers, and the posting of posters on billboards/public structures. The exercise targeted a total of 39,210 households. UNDP had used community-level institutions (community management committees – CMCs) earlier established by UNDP during its community stabilization intention prior to Covid-19.

IOM through the Migrant Resource and Response Centre (MRRC) in Khartoum reached out to over 1,000 migrants (mixed nationalities) with COVID-19 awareness SMS messages. The MRRC is also undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants, such as the phone-based medical and PSS counselling.

UNHCR in partnership with Al Manar Voluntary Organization and in coordination with the Ministry of Health (MoH) trained 30 community volunteers on risk communication and community engagements from Al Amira (10), Dallas (10) and Kurundi (10) entry points to conduct public awareness campaigns to the local and nomadic communities in Al Leri locality, South Kordofan State.

UNHCR in partnership with Save the Children reached 4,900 Chadian and Central African Republic (CAR) refugees in Um Shalaya camp, Central Darfur State, on COVID-19 risk communication messaging through posters, text messages, speakers and community leaders.

Save the Children has been conducting awareness raising activities in North, West and Central Darfur and in South Kordofan. Activities include awareness raising sessions with health care providers and the distribution of posters, leaflets and messages via loudspeaker.

Gaps

- Mapping partners and activities at the state level in order to streamline efforts and avoid duplication efforts is needed.
- While production of digital resources is abundant, printing remains a challenge.
- Low-compliance with the lock-down measures and messaging is an issues, forcing us to reconsider the dissemination strategy. The pillar will work to identify key partners in the community that encourage a greater buy in from the community, in addition to known community leaders, religious leaders, the police and political figures.

SECTOR STATUS (14 May 2020)


80% states with trained RRTs

$3.5M required
Improvement in contact tracing and scaling up the rapid response teams.

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 and training of surveillance officers on case definition and contact tracing.

Support Rapid Response Teams (RRTs) through operational costs, subsidies, material and supplies and capacity building in order to strengthen surveillance, case detection and early action.

The Federal Ministry of Health/Directorate General of Emergency and Epidemic Control is producing daily COVID-19 updates. The updates show total new confirmed cases and cumulative and total deaths by state.

The World Health Organization (WHO) has trained Rapid Response Teams (RRT) 15 states. A total of 203 teams are ready to respond to alerts. The rapidly evolving COVID-19 situation in Khartoum and Gezira states has prompted WHO to provide additional RRTs in both states. In Khartoum state a training for 35 RRTs was completed on 09 May 2020. An additional 43 RRTs will be trained in Gezira state starting on 13 May 2020.

COVID-19 contact tracing and active search in Khartoum state will be implemented engaging resistance committees volunteers to identify and report alerts to RRT. Project is supported by UNICEF and WHO.

WHO has updated interim guidelines on surveillance and standard reporting forms (Arabic). In addition, other templates and standards such as close contacts forms, line-lists and a data dictionary have been shared with the FMoH in order to streamline and standardize reporting.

A surveillance system on COVID-19 has been set up in all refugee camps. UNHCR worked with the MOH to make sure all the health partners, outreach workers and community volunteers along with UNHCR staff are trained about the guidelines on how to identify a potential case so that they can advise on self-isolation and inform the health authority for further checks. Should they confirm the transmission of the virus through a test, the surveillance protocol foresees that the information is reported up to the national level.

UNICEF supported the development of a community based active search and contact tracing guideline which aims at deploying trained and equipped community volunteers to conduct house to house visits for active search and contact tracing. The first national training of trainers was conducted for 13 medical professionals in Khartoum State. Training of 250 community volunteers is planned to start this week. The FMoH plans to scale this up to additional States in the coming weeks.

The Ministry of Health Epidemiology Surveillance at all levels are using WHO standard COVID-19 cases definition; however, the application of the WHO case definition at the clinical level is not always followed which may have led to misclassification and loss of suspected cases.
SECTOR STATUS (14 May 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.

Response

All PoEs are currently closed and the priority is to continue to strengthen readiness of the PoEs before they re-open. The initial plan is to reopen PoEs on 21 April, however, there are ongoing discussions about extending this timeline.

The PoEs technical committee meets Sundays and Wednesdays with 5-6 relevant ministries and the Humanitarian Aid Commission (HAC) to discuss issues related to the movement of humanitarian aid (during curfew), aid delivery, and UNHAS flights.

WHO supported training of 65 teams at PoEs on COVID-19 surveillance and infection control measures utilizing WHO interim guidance on surveillance and infection prevention and control. A total of 50 volunteers trained to start health education in Port Sudan focusing on COVID-19. IPC (Infection Prevention and Control) material for the triage and primary screening areas in PoEs was donated by WHO.

New refugee arrivals in the border reception centres in East Sudan are required to remain in the reception centres for 14 days before being transferred to Shagarab camp for registration with UNHCR/COR. Food and water are provided in the border reception area during this period of isolation. The border with both Eritrea and Ethiopia is officially closed, however, given the porous nature of the land borders, a small number of asylum-seekers continues to arrive.

Gaps

Staff at POEs require training in how to safely exercise their border management functions while protecting themselves and travellers crossing the border.

SECTOR STATUS (14 May 2020)

COVID-19 Response Pillar 5: National Laboratories

50% daily testing goal achieved

$2.4M required

Needs
Immediate priorities include scaling up testing capacity and streamlining processes to prevent delays.

**Response**

A total of 50 laboratory staff have been trained by WHO on sample collection, transportation and testing. Laboratory staff have also received Personal Protective Equipment (PPE) from WHO.

Currently all COVID-19 tests are processed by the National Public Health Laboratory (NPHL) in Khartoum. The Government of Sudan, supported by WHO, has increased the testing capacity in Sudan to 300 tests per day. The goal is to identify and equip up to seven laboratories across Sudan to increase the overall national capacity to reach 600 tests per day.

A total of 25,000 test kits have been received to date—5000 test kits received from Dubai hub and a further 20,000 tests were donated to the NPHL from the Jack Ma foundation of China.

**Gaps**

Laboratory testing is now conducted in Khartoum, Gazira and Red Sea states as part of the national laboratory network. The Federal Ministry of Health (FMoH) is planning to identify and equip at least four additional labs across the country to provide "zonal" coverage for all states.

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**SECTOR STATUS** *(14 May 2020)*

**COVID-19 Response Pillar 6: Infection, Prevention and Control**

$35.9M required

**Needs**

- Disseminate IPC guidance and messages for home and community care providers in local languages and adopt relevant communication channels.
- Support access to water and sanitation (WASH) for health services in public places and community spaces most at risk including handwashing facilities in high risk spaces focusing on isolation and treatment centres.
- Improve WASH facilities in designated health facilities for COVID isolation centres.
- IPC in non-treatment health facilities including training, equipment and guidelines in PHC and rural health facilities.

**Response**

Infection control supplies such as soap, water tanks, hand sanitizer, water purification supplies are being dispatched to states.

State-level WASH assessments of isolation centers were conducted, and response plans were prepared for West Darfur, Central Darfur, White Nile, Kassala, Red Sea, Gedarif and Sennar states.
IOM through the migrant resource and response centre (MRRC) in Khartoum is undertaking protection activities, such as phone-based medical and PSS counselling to mitigate the impact of COVID-19 on vulnerable migrants. In addition, IOM is distributing medicine and PPEs to migrants in Khartoum state. Additional support items are in the pipeline to provide PPE and hygiene items to migrant children and youth who have been stranded at Islamic schools in Khartoum and Gedaref due to the containment measures currently in place.

UNDP had worked with implementing partners to manufacture and distribute liquid hand wash, hand sanitizers and other sanitation materials in five communities in Blue Nile and Senar states as part of infection prevention and control. A total of 22,020 households were reached in the two states. In total, 58,528 households who have benefited from hygiene services since the start of the exercise in April 2020.

Save the Children and Mercy Corps have begun distributing NFI kits that include face masks, hand sanitizer, soap and other materials to households effected by the lockdown in Khartoum state.

**Gaps**

- Personal Protective Equipment supplies at the state level.
- The women's prison in Omdurman needs hygiene and PPE items for 149 Sudanese and 100 South Sudanese women prisoners, along with COVID-19 awareness raising activities.

### SECTOR STATUS (14 May 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**

FMoH plans to set up 18 case management centres in Sudan. There are currently 314 beds for case management available in Sudan, with different states of readiness. Khartoum has 125 beds in Umbadda, Khartoum and Jabra hospitals, with the intention to increase up to 1,433 beds across the country. Jabra remains the main centre receiving mild and severe cases. At state level, SMoH has identified the locations where isolation centers will be established, however, supplies are needed to make them fully operational.

IOM, through private sector partners, has been able to secure the donation of 20 AC units as a first step towards improving the ventilation system of Jabra Hospital. The works for the installation of the AC units is on-going. Before the start of the works, IOM medical team carried out a training for 7 workers and distributed PPE materials to ensure the safety of the workers, the medical team and patients at the Jabra hospital.
WHO is supporting training for Ministry of Health staff on case management at state level. MSF, WHO and FMOH trained staff – including 40 emergency doctors - from 90 hospitals on case management, IPC and triage. An additional 168 people were trained in Red Sea, Sennar and Blue Nile states. Approximately 100 ambulance drivers have been trained on infection control.

Welthungerhilfe (WHH) will support the isolation center in Al Lait locality, in North Darfur State, with non-medical materials, including beds. There are estimated over 23,000 South Sudanese refugees living in this locality, living in overcrowded settlements. In addition, WHH will also support with the construction of quarantine areas with temporary structures, aiming at isolating cases and prevent a fast spread of the virus.

**Gaps**

- Data on location and capacity of isolation centres.
- PPEs for medical staff.
- Low levels of stock of medicines and medical supplies inside the country amidst rapidly raising prices.
- Supplies are required for isolation centres outside of Khartoum.

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**SECTOR STATUS (14 May 2020)**

**COVID-19 Response Pillar 8: Operational Support and Logistics**

$4.7M required

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**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 to MoH - equipment and consumables
- Air freight from regional hub to Khartoum

**Response**

The Logistics Cluster was activated to support operations. The [Emergency Service Marketplace](https://reports.unocha.org/en/country/sudan/) has been launched. This digital platform provides information on services, availability, and overall logistics updates on the COVID-19 response.

WHO has a [COVID-19 Partners Platform](https://reports.unocha.org/en/country/sudan/) which includes a COVID-19 Supply Portal requesting and receiving globally sourced COVID-19 critical supplies through the UN COVID-19 Supply Chain System (CSCS)

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**Gaps**
- The closure of borders has negatively impacted arrival of supplies—the majority of which arrive through Khartoum or Port Sudan.
- The shortage of fuel is affecting transportation, which will negatively impact moving supplies across the country.
- UNHAS passenger flights are suspended during the lockdown in Khartoum.

**EMERGENT RESPONSE** (14 May 2020)

**State authorities respond to the COVID-19 pandemic**

As the number of people affected by COVID-19 continues to increase across the country, states have been implementing preventative measures to curb the spread of COVID-19.

**Khartoum State**

The lockdown has been extended from 9-19 May 2020; public sector employees were granted a 10 day leave. Bridges linking Omdurman and Khartoum North are closed.

- **Gatherings:** All gatherings have been banned including weddings and Ramadan iftars. The Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services.
- **Airports:** On 20 April the Sudan Civil Aviation Authority (CAA) issued a decision to extend the closure of Sudanese airports for international and domestic flights until 20 May 2020. This excludes scheduled cargo flights; humanitarian aid and technical and humanitarian support flight; flights of companies operating in the oil fields; and evacuation flights for foreign nationals, according to the statement. UNHAS and UNAMID passenger flight have also been grounded but cargo flights are operational.
- **Curfew:** A curfew was put in place across the state and people can access neighbourhood shops, bakeries and pharmacies between 6:00 am and 1:00 pm daily.
- **Violations of curfew:** Fines will be levied for people breaking curfew, people assaulting doctors, people monopolizing food and medicine, or people spreading false information.
- **Borders:** borders with neighbouring states have been closed, with the exception for commercial vehicles carrying strategic commodities such as food, medicines and fuel etc.
- **Movement**
  - Movement of humanitarian supplies and staff is allowed with permits.
  - Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.
- **Restrictions specific to humanitarians:** Only international NGOs implementing COVID-19 response may apply for movement permit.

**North Kordofan**
• **Borders:** North Kordofan State has closed its borders with other states and has deployed police and security forces at entry points.

• **Movement:** Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.

**South Kordofan**

• **Gatherings:** All gatherings have been banned including all celebrations, Ramadan iftars and prayers at mosques, and queues in front of bakeries and fuel stations. Public transportation and busses need apply social distancing. The weekly market has been closed.

• **Restrictions specific to humanitarians:**
  - There will be no registration of new organizations.
  - No field activities, donor visits, or workshops will be held. Exceptions are for food and NFI distributions and for Nutrition and WASH interventions.
  - Staff presence at humanitarian organizations to be reduced to not more than five staff members in an office at a time.
  - Humanitarian and UNISFA Flights have been cancelled by local authorities, despite clearance from federal authorities.

**North Darfur**

• **Gatherings:** All markets in the state capital, El Fasher town, and pharmacies can work from 6:00 am to 2:00 pm. Mass Ramadan iftars and prayers in mosques have also been banned.

• **Congestion at the workplace:** All government staff have been given paid leave starting 4 May until after Eidd, except for emergency staff.

• **Curfew:** Effective as of 26 April until further notice.

• **Violations of curfew:** Anyone who violates the curfew shall be liable to legal action.

• **Borders:** Entrances to El Fasher are closed. International borders with Chad and Libya have been closed since 25 March.

• **Movement:**
  - Permits are required for movement within the state.
  - Movement of humanitarian supplies allowed with permits.
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

**South Darfur**

• **Gatherings:** A three-week lockdown was announced on 11 May. All gatherings have been banned including group Ramadan iftr’s, religious gatherings, funerals, and prayers at mosques and churches. All markets have been closed and people can buy groceries from neighbourhood shops. Health facilities pharmacies, electricity centres, bakeries, water distribution centres, commercial trucks carrying strategic goods (food, medicine, fuel etc.), and specified fuel stations authorized for government use are exempted.

• **Congestion at the workplace:** Government workers have been given three-weeks leave as of 11 May except for essential staff. Humanitarian organizations can report to work as usual but need to leave work by 2:00 pm.

• **Curfew:** Effective as of 23 April from 6:00 pm and 6:00 am.
• **Violations of curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about $180), or imprisonment for not less than three months.

• **Borders:** international borders and borders between localities and with neighboring states have been closed.

• **Movement:**
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed, but permission is needed for inter-state movement.
  - Humanitarian are allowed to move between localities for operational purposes, but they need clearance from HAC. Permits are also required for movement of humanitarian supplies between localities and outside curfew hours.

**West Darfur**

• **Gatherings:** all markets throughout the state are closed after 2:00 pm. All public transport and bus stations closed. Mass Ramadan iftars are banned. Prayers mosques can be done in open areas.

• **Curfew:** Effective as of 2 may from 6:00 am to 11:00 pm.

• **Violations of curfew:** Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about $180), or imprisonment for not less than one month.

• **Borders:** borders between localities and with neighboring states have been closed. All entry points to the state capital, El Geneina town have been closed. Border with Chad is closed.

• **Movement:**
  - Limited movement in the state.
  - Movement of humanitarian supplies allowed.
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

**White Nile**

• **Gatherings:** all gatherings are banned. Markets are closed, except for groceries, bakeries, pharmacies and electrical shops.

• **Congestion at the workplace:** Government staff have been given paid leave except for staff of strategic ministries such as electricity, water, health, armed forces, police and security forces.

• **Curfew:** Effective as of 24 April from 6:00 am to 4:00 pm.

• **Borders:** borders between localities are closed.

• **Movement:**
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

**Blue Nile**

• **Gatherings:** During curfew hours, all public and commercial stores, cafes and restaurants closed; except for health institutions and pharmacies.

• **Curfew:** Effective as of 24 April from 6:00 p.m. to 6:00 a.m.

• **Movement:** No public or private transport during curfew hours.

**Kassala**
Gatherings: All gatherings have been banned including Ramadan iftars and prayers at mosques. Fuel stations to provide fuel to those with permits.

Curfew: A curfew was put in place across the state as of 8 May for 10 days. People can access shops from 6:00 am to 9:00 am daily.

Violations to the curfew: Anyone who violates the curfew can face a fine of 10,000 Sudanese pounds (about $180).

Movement:

- Movement of humanitarian supplies and staff is allowed.
- Exceptions for movement include health workers; water and electricity emergency teams; employees of the Zakat Chamber; civil society organizations; HAC essential staff and those distributing “fasting bags”; vehicles transporting strategic commodities (food, fuel etc); workers at slaughterhouses; staff of Kassala Radio and TV station; and journalists who have permits.

FORECAST (14 May 2020)

COVID-19 impact on food security in Sudan

The number of registered COVID-19 cases continue increasing in Sudan, and the measures taken by the authorities to contain and reduce the spread of the pandemic have begun affecting the food security and livelihoods of vulnerable people. The measures restricting movements include lockdowns of cities and towns, closure of main markets, and suspension of inter-city and inter-state public transport.

The negative effects of COVID-19 on acute food insecurity are being driven by the indirect impacts of the pandemic, as governments and communities put in place control measures to suppress the spread of the virus, FEWS NET reported earlier. These control measures are restricting access to income-earning activities, resulting in real and immediate negative impacts on poor households’ abilities to cover daily food needs.

The Food and Agriculture Organization (FAO) estimates that the combined adverse impacts of COVID-19, coupled with the conventional food insecurity triggering factors, are being witnessed in all four-core dimensions of food security: availability, access, utilization and stability.

Food availability is affected due to labour shortage in the farms in addition to shortages and lack/or increased costs of transportation of food items. Access to food is affected because many of the micro-enterprises and small informal businesses were restricted or curtailed, causing loss of income sources that enable vulnerable people to purchase food and other livelihood necessities.

Meanwhile, food utilization is affected due to the restricted/limited food availability and access to food, whereby vulnerable families are resorting to low quality and quantity of foods that results in under-nutrition.

Above all, food stability is affected by restrictions and interruptions of the flow of goods and services that ensure safety nets and social protection measures of the vulnerable population; limited availability of water and sanitation services; disruptions of food chains and food production systems; and the depletion of food reserves that regulate and stabilize food
availability, access and utilization.

Addressing the adverse impacts require major preparedness and response measures coupled with simultaneous multi-sectoral humanitarian, resilience building and development interventions, FAO says.

According to the 2020 Humanitarian Needs Overview (HNO), 9.3 million people need humanitarian assistance, including 6.2 million people who need food and livelihood assistance. The Humanitarian Response Plan (HRP) partners and sectors are working on an addendum to the 2020 HRP to reflect the new needs emerging as a result of the adverse impacts of COVID-19 on non-health sectors and additional priority funding to mitigate those impacts across food security, water and sanitation, education and other sectors. The addendum is expected to be finalized and submitted to donors by June.

As of 11 May 2020, the Sudan HRP is 21 per cent funded, according to the Financial Tracking System (FTS).

UNDP helps expand wheat cultivation in White Nile

In a bid to boost wheat production, create jobs for residents and refugees from South Sudan, the UN Development Programme (UNDP) spear-headed a commercial wheat farming project in White Nile State, contributing to efforts to tackle food security and livelihoods in the area that hosts over 260,000 refugees.

The UNDP-funded initiative, the first of its kind in the area, yielded about 202 metric tonnes of wheat showcasing one of the ways to boost local wheat production and reduce wheat import dependence.

In terms of main staple foods and food security, sorghum, wheat, and millet are the three main crops, according to the Sudan Staple Food Market Fundamentals by FEWS NET. Sudan produces surplus sorghum, is self-sufficient in millet, and is structurally deficit in wheat. For import-dependent crops like wheat, maize and rice, Sudan usually imports around 70 to 80 per cent of requirements, as local production is below the national demand and consumption. The 2019 FAO Crop and Food Supply Assessment Mission (CFSAM) to Sudan report issued in February 2020 says that Sudan's wheat production this year is estimated at 726,000 tonnes, about 25 per cent of the country's total utilization of wheat (2.9 million tonnes). This year Sudan needs to import at least 2.2 million tonnes of wheat to meet requirements.

With irrigation canals and modern farming technology, UNDP is exploring and testing ways to increase domestic production in new, conflict-impacted locations, aiming to create jobs, foster peace and improve food supply.

For more on the UNDP innovative initiative please read the full story here: https://undparabic.exposure.co/wheat-bread-and-resilience-in-sudan-during-covid19

BACKGROUND (14 May 2020)

Desert locust update

The current desert locust situation continues to pose a threat to food security and livelihoods in the Horn of Africa and some Near East and North Africa countries, including Sudan, that face an impending invasion from spring breeding areas, according to the latest desert locust update from the Food and Agriculture Organization (FAO).

According to the latest forecast, there is a risk that a few swarms could reach the eastern part of the Sahel in eastern Chad from spring breeding areas in Arabia and East Africa (Kenya and Ethiopia). The swarms would first appear in Sudan where the situation is currently dry and calm. The forecast further indicates that if the
swarms arrive in Sudan before the summer rains, then they are likely to continue westwards across the Sahel from Chad to Mauritania. The first appearance in eastern Chad could be as early as the second week of June from Arabia and the last week of June from East Africa.

While the current threat is assessed as low, there is the possibility that it can change significantly this month due to rainfall, winds, and spring breeding in Arabia and East Africa. Therefore, efforts in preparedness and anticipatory actions should be immediately and quickly scaled up to face this potential threat, according to FAO.

To curb the spread of the desert locust and safeguard livelihoods and promote early recovery, FAO and partners are seeking US$9 million from donors. As of 28 April, $5.5 million has been received – a significant increase compared to $1.55 million reported by FAO on 12 March. For more details on the response ongoing, funding received, and other aspects of the desert locust response please see the Desert Locust Dashboard by FAO Sudan.

**FEATURE** (7 May 2020)

**Darfur: UNHCR takes CAR refugees away from border to a new site with better assistance**

UNHCR, the UN Refugee Agency, has started the relocation of some 14,000 refugee men, women and children who fled the Central African Republic (CAR) for Um Dafoug in South Darfur to Al Mashaga site, which is a better site further away from the border. Living conditions near the CAR border were harsh and refugees were exposed to the elements in an area that was difficult to reach by humanitarian actors.

Al Mashaga site has a water supply and is located closer to basic services such as health facilities. It is also easier to reach in the rainy season when dirt tracks in areas closer to the border cannot be used. The new site was prepared by UNHCR, the government’s Commissioner for Refugees (COR) and other partners, including World Vision International (WVI).

So far, the first 1200 men, women and children have arrived safely in Al Mashaga where they received non-food items such as blankets and shelter material. Keeping COVID-19 guidelines such as physical distancing in place, fewer refugees were carried on the busses than normal.

Refugees from the Central African Republic started arriving in Um Dafoug since October 2019 fleeing inter-tribal conflict in their home areas.

**ANALYSIS** (29 Apr 2020)

**Population Density and Potential COVID-19 Hotspots in Sudan**

About 40 days after the first case of COVID-19 was registered in Sudan, the number of confirmed cases reached 162, including 13 deaths, according to the Federal Ministry of Health (FMoH).
The overwhelming number of the confirmed cases and almost all fatal cases are from Khartoum State. Khartoum is the largest state in Sudan—it has over 8 million residents or about 20 per cent of the country’s total population, according to the latest estimate from the [Integrated Food Security Phase Classification (IPC)](https://reports.unocha.org/en/country/sudan/). Khartoum is also the main international air travel hub—until recently all of the imported COVID-19 cases were registered in Khartoum.

According to the [World Health Organization (WHO)](https://reports.unocha.org/en/country/sudan/), the virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer).

Compared to other parts of the world that are facing the COVID-19 and similar to many countries in Africa, Sudan has a relatively young population with a small fraction of the population who are above 65. The Central Bureau of Statistics (CBS) of Sudan reports that according to its [2018 population projections](https://reports.unocha.org/en/country/sudan/) the ratio of people aged 65 and above was 3.2 per cent. This translates into 1.4 million people based on the IPC 2019 population estimate (44 million).

Khartoum and El Gezira are the two most populous states in the country and have the highest numbers of people above the age of 65. Darfur has the youngest population compared to the rest of the country. In comparison, Khartoum State has more people who are above 65 than the whole of Darfur’s five states combined.

Moreover, Khartoum, Gezira, Kassala and White Nile states might face a significant burden on healthcare if the number of cases increases exponentially combined these states have half of all people aged above 65 in Sudan – 654,000 people. In addition, Khartoum and Gezira states have the highest population density in the country. White Nile also hosts about 252,000 refugees, according to [UNHCR](https://reports.unocha.org/en/country/sudan/). While there have been no cases reported among refugees in Sudan, camps and camp-like settings are of particular concern for the spread of COVID-19 due to often crowded conditions and limited basic services.

In White Nile, less than 70% of the population have access to improved water sources and in eight localities in Kassala, Gedaref and Red Sea states, less than half of the population have access to improved water sources, according to the S3M survey carried out in 2018. According to the [Joint Monitoring Programme for Water Supply, Sanitation and Hygiene](https://reports.unocha.org/en/country/sudan/), only about 23% of people in Sudan have access to basic hygiene services (soap and water).

An additional concern for the states in central and eastern Sudan is that this region has seen the highest increase in the number of food insecure people in the country. Humanitarian needs have increased substantially in this area over the past few years as a result of the economic crisis.

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**INTERACTIVE (11 May 2020)**

**COVID-19 CBPF and CERF Allocations**

COVID-19 CBPF and CERF Allocations
OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

https://www.unocha.org/sudan
https://reliefweb.int/country/sdn
https://www.humanitarianresponse.info/en/operations/sudan