HIGHLIGHTS (2 Apr 2020)

- As of 1 April 2020, seven cases of COVID-19 have been confirmed in Sudan.

- The Government of China donates 50 ventilators and 400,000 surgical masks to Sudan with more ventilator to arrive soon.

- Measures to prevent the spread of COVID-19 impact humanitarian operations.

- FMoH and UN partners call for members of the public to share facts, verified health advice, and official information to help combat COVID-19.

- Staple food prices continue to increase across Sudan, with February 2020 prices up to double of February 2019 levels.

KEY FIGURES

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FUNDING (2020)

- **Required**: $1.3B
- **Received**: $188.8M
- **Progress**: 14%

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FEATURE (2 Apr 2020)

As of 01 April 2020, seven cases of confirmed COVID-19 reported in Sudan.

As of 01 April 2020, the Federal Ministry of Health (FMoH) confirms seven COVID-19 cases in the country, including two deaths. All cases arrived in the country from abroad and are receiving required medical treatment in isolation centres in Khartoum. The 142 Sudanese students who were studying in Wuhan, returned to Sudan after spending three weeks in quarantine in the United Arab Emirates (UAE), and an earlier isolation in Wuhan. All students tested negative for COVID-19.

The Government of China donated 50 ventilators and 400,000 surgical masks to the FMoH. A further 100 ventilators are expected to arrive in the upcoming few days. Starting 31 March, the curfew hours have been extended from 6 p.m. to 6 a.m.
The measures taken to prevent the spread of COVID-19 is already having some impact on humanitarian access, education and protection services due to the reduction of services in certain government offices, the closure of schools and the limitations on movements. Partners are putting into place alternative plans, including providing up to three months of food rations, to ensure the continuity of humanitarian assistance and to reduce the impact on already vulnerable people. OCHA is monitoring the impacts on humanitarian operations and programmes.

### States respond to COVID-19

A COVID-19 working group has been established that brings together UN, NGOs and clusters to support the Government's preparedness and response to COVID-19 at national and state levels.

In Blue Nile State, a COVID-19 preparedness and response plan has been developed for the period April – June 2020. The plan aims to scale up knowledge and skills of health workers on COVID19; raise community awareness on self-prevention; monitor arrivals at points of entry (POEs) and cross-border sites to identify and isolate suspected cases; establish isolation centres (quarantine) at cross borders sites and Damazine town; activate emergency operation centres (EOC) in Ed Damazine and localities; strengthen sensitivity of surveillance system and contact tracing; establish and equip isolation treatment centres; and ensure safety measures are taken during collecting and transporting of samples. The total cost of the plan is around 64.6 million Sudanese pounds ($1.2 million).

A technical committee on COVID-19 was convened in South Darfur to review preparedness and response COVID-19. The State Ministry of Health (SMoH) identified two isolation centres. The FMoH has given South Darfur $36,000 to procure thermal detectors and protective equipment. Awareness-raising campaigns for whole state including printing of posters, sound systems for broadcasting, messages for radio and TV, and posters on for signboards are on-going.

Humanitarian partners continue to respond in support of the government.

### Surveillance, rapid-response teams, and case investigation

UNFPA and FMoH are training community midwives on infection prevention and control (IPC) protocols that have been adapted for COVID-19. Trainings are planned at the state level over the next two weeks.

### Case management

UNFPA worked with the FMoH in finalizing and endorsing case management protocols for pregnant and women who recently delivered. Training of trainers with obstetricians and gynaecologists was held in Khartoum, with technical assistance by FMoH and UNFPA.

### Risk communication and community engagement

UNFPA is working with FMoH on printing and distribution of materials to health care facilities including 12,000 information education communication (IEC) material for COVID-19 response was printed for FMoH. UNFPA is also working with FMoH in developing audio-visual materials addressing COVID19 risks. Two have already been published, and three are in the pipeline.

NGOs and partners engaged in community outreach and awareness raising on COVID19, covering 15 states with focus on high risk states, campaigns are starting next week.
For more information on COVID-19 visit the ALNAP COVID-19 Response Portal. The portal holds a vast collection of guidelines, tools, papers and lessons learnt.

COORDINATION  (2 Apr 2020)

Impacts of COVID-19 on Humanitarian Response in Sudan

The Government of Sudan and the humanitarian community are taking measures to prevent the spread of COVID-19, including physical distancing and implementing alternate work arrangements. The measures taken to prevent the spread will impact humanitarian programming and operations. As of 1 April, there are seven confirmed cases of COVID-19 in Sudan. The UN Office for the Coordination of Humanitarian Affairs (OCHA) is following up on details of the implications of these measures to better understand how they will impact the humanitarian response. At the same time, a task force was established to examine the impact of these measures on humanitarian operations to prevent the spread, as well as, possible scenarios in the event of a larger outbreak. The task force, with support from the Humanitarian Country Team, will work with partners to establish mechanisms that will ensure the humanitarian response can continue.

All sectors are updating contingency plans and examining stocks and supply chains. All sectors have seen limitations in field missions and monitoring activities.

Specific areas that have already seen an impact or will likely see a future impact include:

Access

The Humanitarian Aid Commission (HAC), the Sudanese government body which oversees humanitarian work, gave all non-essential staff leave until 29 March. Some NGOs have reported delays in administrative procedures, including the approval of technical agreements. These technical agreements are required to implement humanitarian projects.

In South Kordofan, HAC informed the humanitarian community that it will stop registering NGOs, cancel all HAC meetings, field assessments and visits. Exceptions have been given for critical food and NFI distributions and in the event of the need for rapid intervention in case of emergency.

Education

In 2020, over 700,000 vulnerable children in Sudan are targeted to receive some form of child education services. Education for all students in Sudan has been put on hold for one month, starting from 14 March, which will impact the delivery of those services. In addition, all scheduled workshops for teachers have been cancelled and classroom construction has been delayed.

Emergency Shelter/Non-Food Items

Precaution are in place for COVID-19 in terms of distributions of non-food items (NFI) and shelter supplies following technical guidance and standards for the sector. In areas where physical monitoring is limited because of movement restrictions, partners are implementing remote monitoring.

Food Security and Livelihoods

Starting in April, partners in most locations are planning to organize advance food distribution and distribute 2-3 months of rations at one time. This will limit the frequency of gatherings of people and potential spreading of infections.

Health
The health system in Sudan has been affected by years of under-investment and economic crisis. Only one third of health facilities offer a complete basic package of care. Health facilities are understaffed and underequipped to cope with large-scale outbreaks, and there are significant shortages of essential medicines, according to the Global Humanitarian Response Plan for COVID-19.

Primary health facilities in Sudan's states usually also offer nutrition and maternal health support. If COVID-19 cases grow, these facilities may close and alternative programming arrangements will need to be made.

**Nutrition**

To reduce possible exposure risks of severely acutely malnourished children, there will be an increase in the supply of Ready-to-Use Therapeutic Food (RUTF). This will reduce the frequency of visits required. New guidelines and procedures are being developed to deliver immunization, nutritional supplements, and maintain infant and young child feeding programmes.

Mother support group activities have been suspended. Additionally, community mobilization activities for Community Management of Acute Malnutrition (CMAM) services (active case finding, defaulter tracing and community outreach services) have slowed down in some states and suspended in other states.

Rainy season supplies pre-positioning will likely be impacted largely due to inter-state movement restrictions.

**Protection**

Experience with previous disease outbreaks suggests that should COVID-19 spread, there may be a significant impact on the protection of persons in areas in which humanitarian needs are already present. New protection concerns may also emerge as a result of the pandemic.

Field missions by the protection staff is limited, partner organizations have also limited their staff presence in IDP camps, therefore most monitoring is being conducted remotely.

**Gender-Based Violence**

Activities which involve gathering of people including trainings, workshops, meetings, awareness sessions and women centre activities have been suspended. Individual case management, counselling, referrals, GBV confidential corner services, awareness through posters & radio messaging, is on-going. Women centres are open for support to individual cases. Renovations of existing women centers is ongoing. These activities are implemented following the laid-out measures of distancing and hygiene.

**Child Protection**

Currently, facility-based child protection activities in Sudan, including group counselling and detention monitoring, have been put on hold. Community-based child protection activities by child protection networks such as awareness raising, referrals and monitoring have been reduced.

In-person trainings, workshops, gatherings, and public events are being assessed on a case-by-case basis for postponement until May. When possible, these activities will be delivered remotely using online platforms.

**Refugee Response**

Regular refugee operations continue across the country, although at a reduced implementation pace due to COVID-19 prevention measures taken by organisations. A surveillance system has been established for early detection, treatment and reporting to the pertinent authorities of any refugee that might get infected, including regular “zero” reporting if there is no infection. As of 28 March, there were no cases reported.
COVID-19 risk communications have reached the majority of the refugee population in urban, camp and settlement settings. The messages have been translated to several languages spoken by refugees. Other COVID-19 prevention measures have been initiated for refugees, in particular additional soap distribution, which is currently ongoing in White Nile State.

The relocation of Central African Republic (CAR) refugees from Um Dafug to a new site in Al Mashaga in South Darfur will go ahead before the start of the rainy season, as per current planning status. Site preparations are ongoing.

**EMERGENCY RESPONSE  (2 Apr 2020)**

**UNHCR prepares for COVID-19 response**

In Sudan, UNHCR, the UN refugee agency, together with partners, is working on the prevention of the spread of COVID-19 virus and preparing to respond to a potential outbreak among refugees, internally displaced persons (IDPs) and their host communities.

Many refugees live in densely populated camps with inadequate health infrastructure and WASH – water, sanitation and hygiene – facilities. The remote location of some refugee hosting areas and camps poses logistical and communication challenges. As of 1 April, no refugee or IDP in Sudan has been confirmed as a COVID-19 patient.

In field locations, offices are practicing distancing by having some staff work from home to reduce the number of staff in the office at a given time. However, field visits are ongoing to ensure continuation of basic services and to accelerate preparedness work for COVID-19. Activities prioritized include health and WASH activities; soap distribution; planning how to reduce overcrowding; coordination with WFP on food pre-positioning and distributions; community mobilization and health awareness; protection monitoring; and registration activities.

**Country-Level Coordination**

The Refugee Consultation Forum (RCF)—co-chaired by the Government’s Commission for Refugees (COR) and UNHCR—is coordinating humanitarian COVID-19 response for refugees at the national level while Refugee Working Groups, led by COR and UNHCR, are coordinating response at the State level.

Together with WHO and other partners, UNHCR has initiated the development of a worst-case scenario contingency plan for an outbreak of COVID-19 in one of the densely populated refugee camps and settlements.

**Surveillance**

A surveillance system on COVID-19 has been set up in all refugee camps. UNHCR worked with the Ministry of Health (MoH) to ensure that all health partners, outreach workers, community volunteers, and UNHCR staff are trained on how to identify a potential COVID-19 case so that they can advise on self-isolation and inform the health authority.

**Infection prevention and control**

UNHCR and partners are supporting personal hygiene through handwashing stations, water tanks and distribution of soap. In recent weeks over 260,000 people received soap, provided by UNHCR, with a special focus on women and girls.
Case Management

UNHCR, in coordination with partners, has disseminated treatment protocols and in collaboration with the MoH and WHO has initiated training of health staff on these protocols. Together with partners, potential isolation centres were identified in some locations. New arrivals in eastern Sudan are screened for COVID-19 symptoms. The new arrivals stay in a quarantine facility - where UNHCR is providing food and non-food-items such as mosquito nets—for observation for two weeks. In case of any relevant symptoms, they are isolated and health authorities are alerted.

Risk communication and community engagement

Together with the MoH, UN and NGO partners, UNHCR is raising awareness about COVID-19 risks and prevention among refugee populations in camps, settlements and urban areas. By now, the majority of the estimated one million refugees hosted by Sudan have been reached. Messages are being disseminated through the use of megaphones, posters—which have been translated in a number of refugee languages—and WHO's radio messages. Community leaders and youth are helping in the dissemination of information on COVID-19 through leaflets/posters etc.

Points of Entry

The borders with South Sudan, Eritrea, Ethiopia, the Central African Republic (CAR), Libya, Chad and Egypt are officially closed. Given the porous nature of land borders, a small number of asylum-seekers continues to arrive. UNHCR continues to monitor new arrivals across the country and interviews them to understand the impact of the border closures.

New 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. Food and water are provided in the border reception area during this period of isolation.

Read UNHCR's complete Flash Update

FEATURE  (2 Apr 2020)

Sudan: Spread facts, not fear, in the fight against COVID-19

As coronavirus (COVID-19) spreads globally, the Federal Ministry of Health (FMoH), United Nations in Sudan and other partners are calling for members of the public to share facts, verified health advice, and official information to help combat the disease.

Misinformation, rumours and myths can be as deadly as COVID-19. During a pandemic, sharing accurate information – and stopping the spread of misinformation – can save lives.

Despite significant sharing of facts, verified health advice and effective protection measures from credible sources, misleading information is being widely shared by the public, particularly on social media and messaging platforms. Additionally, incorrect health information claiming to be from UN agencies has appeared online.

False information about the virus, misleading myths about cures, and incorrect health advice can have devastating consequences.

Four steps are recommended for members of the public to help stop the spread of misinformation:

Seek medical care early if you or your child has a fever, cough or difficulty breathing

https://reports.unocha.org/en/country/sudan/
Downloaded: 2 Apr 2020
• Use only credible, official sources such as the Ministry of Health, WHO and UNICEF
• Check the facts on official websites or social media platforms before acting, believing advice or sharing information online
• Don’t spread misinformation, even if it seems accurate
• Help authorities get real advice out, share official materials

To support national efforts to control the spread of the virus, the UN in Sudan will continue to distribute critical information to the Sudanese public while adhering to the principles of physical distancing and avoiding large gatherings. Additionally, the UN will regularly share guidelines and recommendations with health authorities at the federal and state levels.

**To access and disseminate reliable information on COVID-19, please consult:**

**Websites:**

Federal Ministry of Health

World Health Organization (WHO)

UNICEF Sudan

**Facebook:**


https://www.facebook.com/whosudan/

https://www.facebook.com/UNICEFSudan/

https://www.facebook.com/UNFPAUDAN2020/

https://www.facebook.com/IOMSudan2015/

https://www.facebook.com/search/top/?q=undp%20sudan

**WhatsApp:**

WHO, UNICEF and UNDP-supported COVID-19 WhatsApp Account. Simply send "مرحبا" or "hi" to +41 22 501 70 23 on WhatsApp to get the latest COVID-19 advice, ask questions and check your facts. Or visit wa.me/41225017023?text=

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**ANALYSIS  (2 Apr 2020)**

**Food prices continue to increase, hovering around double February 2019 levels – FEWS NET**

Staple food prices continue to increase across Sudan, with February 2020 prices recorded up to double of February 2019 levels, according to the latest Sudan Price Bulletin from FEWS NET. Continuing rising food prices are a major concern for 5.8 million food and livelihood insecure people across the country. Nominal retail prices for sorghum...
feterita in most of the monitored markets in February were about double of February 2019 levels, according to FEWS NET. Gedaref recorded the highest year on year increase for sorghum of over 150 per cent.

While millet price increases varied between regions, the highest increase was registered in Darfur, with West Darfur reporting the highest year on year increase of almost 200 per cent, followed by El Fasher (150 per cent), Om Durman (100 per cent), Gedaref (95 per cent) and Nyala (71 per cent). Increase for wheat grain prices were relatively lower, with the highest increase recorded in El Fasher (63 per cent), Om Durman (54 per cent) and El Obeid (38 per cent).

Meanwhile, bread shortages have significantly worsened in recent days, and the number of people lining up in front of bakeries in Khartoum has increased, according to local media reports. An owner of a bakery group told a local media outlet that the bread crisis due to shortages of flour; the conditions caused by the COVID-19 pandemic; and the increasing cost of bread production. Another media report says that 80 per cent of bakeries can go on a strike on 4 April because of the shortages in flour, electricity cuts and cooking gas.

Sorghum, millet, and wheat are the most important food commodities in northern Sudan. Sorghum is the staple food for the majority of poor households in central and eastern Sudan regions, while millet is the main staple food for majority of households in Darfur and some parts of the larger Kordofan region. Wheat most often used as a substitute all over northern Sudan and is a staple food for northern states. FEWS NET said in its latest Key Messages Update that ongoing macroeconomic difficulties and the decreasing value of the Sudanese Pound continued to result in higher prices of staple foods. Prices of sorghum and millet increased atypically by 10 to 20 per cent in most markets between February and March 2020, reaching levels 75-120 per cent higher than the same period last year and 250-350 per cent above the five-year average.

The Central Bureau of Statistics (CBS) said in its latest update that the annual inflation rate in Sudan increased to 71.3 per cent in February 2020.

FEWS NET monitors trends in staple food prices in countries vulnerable to food insecurity. Sudan Price Bulletin provides a set of charts showing monthly prices in the current marketing year in selected urban centers and allowing users to compare current trends with both five-year average prices, indicative of seasonal trends, and prices in the previous year.

EMERGENCY RESPONSE  (2 Apr 2020)

Care International Switzerland (CIS) conducts field mission to East Jebel Marra locality, South Darfur

The international NGO Care International Switzerland (CIS) carried out a mission from 9-15 March to Jabra, Kidigneer and Feina cluster villages in East Jebel Marra locality, South Darfur to assess their water, sanitation and hygiene (WASH), health and nutrition operations. CIS signed a technical agreement with the State Ministry of Health in February to operate health clinics in Jabra, Kidigneer and Feina.

The team found that, there were 22 handpumps and two mini-water yards were not functional in the Feina cluster villages. CIS will upgrade one of the mini-water yards and managed to rehabilitate 8 hand pumps that serve 4,000 people. In addition, three hand pumps tool kit boxes; 12 overalls; 12 pairs of protection boots; 6 shovels; 5 hand pump repair bags; and different hand pump spare parts for hand
pump rehabilitation were distributed in Feina cluster villages. The team also distributed 5,000 strips of chlorines tables for water treatment and provided on-the-job training on how to use the chlorine tablets.

The team conducted on-the-job training on reporting to the health staff in Jabra, Kidigneer and Feina clinics; carried out mobile clinics in Feina for 5 days; carried out health promotion sessions on COVID-19, methods of transmission and self-protection to more than 600 people. On-the-job training was carried out for existing nutrition volunteer staff in Jabra, Kidigneer and Feina; nutrition supplies and furniture were distributed to Jabra, Kidigneer and Feina nutrition feeding centres.

A marked increase in market prices was witnessed for food and other commodities. Most of the water facilities in the Feina area are not functioning forcing women collect water from unprotected water sources. There are no health and nutrition facilities in the areas, leading to the community having to walk more than 8 hours and on donkeys to Feina and Kidigneer for services. Once issue that was raised was that health and nutrition volunteer workers have not received their incentives since February. Health centres in Jabra and Kidigneer have inadequate space for nutrition feeding. For reproductive health services, only antenatal care is provided. There are no deliveries in the clinic and no family planning medications are available. The pharmacy only has medication for children under five years and there is a lack of vaccines at the Jabra clinic.
The Geographic Information System (GIS) team at the Central Bureau of Statistics (CBS), the National Information Centre, the Ministry of Federal Governance, the Sudanese Survey Authority (the Governmental body mandated in authorizing the geographic boundaries) UNICEF and OCHA collaborated to update the administrative boundaries for the map of Sudan. The new map reflects the agreed boundaries for all 18 states and 189 localities in the country. The finalized state boundaries and localities have been uploaded onto the Government of Sudan's Geospatial Data Centre website. This common operational data is a critical element for shared planning and decision-making among humanitarian, development and government partners.

Click to download the map

INTERACTIVE (6 Feb 2020)

Sudan: Interactive Who does What and Where (3Ws)

The Who does What Where (3W) is designed to show where humanitarian organizations are working and what they are doing in order to identify gaps and plan for future humanitarian response. This interactive dataset includes a list of humanitarian organizations by state and sector currently registered in Sudan.

Have updates? Contact OCHAsudan@un.org.

View this interactive graphic: https://data.humdata.org/dataset/sudan-operational-presence
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