HIGHLIGHTS (22 Oct 2020)

- Following the unprecedented rains and floods that affected 875,000 people across Sudan, there are concerns of more than 4.5 million people now at risk of vector-borne diseases.

- WFP calls for strengthening food systems as multiple crises drive up numbers of hungry people in Sudan.

- Environmental conditions remain favourable for desert locust breeding and development in both summer and winter breeding areas in Sudan, reports the Plant Protection Directorate.

- Meet Nureddin, a 13-year-old boy in Blue Nile State who is actively raising awareness on COVID-19 within his community.

- UNHCR launches a new refugee data portal for Sudan enabling access to data for a country that is home to one the largest refugee and asylum-seeker populations in Africa.

KEY FIGURES

<table>
<thead>
<tr>
<th>Category</th>
<th>Figures</th>
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<tr>
<td>Severely food-insecure people</td>
<td>9.6M</td>
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<td>People targeted for assistance in 2020</td>
<td>6.1M</td>
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<tr>
<td>Refugees</td>
<td>1.1M</td>
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<tr>
<td>Internally displaced people</td>
<td>1.87M</td>
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<td>Total people who contracted COVID-19-related deaths</td>
<td>13,697</td>
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<td>COVID-19-related deaths</td>
<td>836</td>
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</table>

FUNDING (2020)

- Required: $1.6B
- Received: $750.4M
- Progress: 46%

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FORECAST (22 Oct 2020)

Concerns over diseases following the rains and floods

Following the unprecedented rains and floods that wreaked havoc and left 875,000 people affected across Sudan, there are concerns of more than 4.5 million people at risk of vector-borne disease, according to health sector partners in Sudan.

As a result of the increase of breeding sites (stagnant water pools) and population displacements, there is a significant risk of a high incidence of vector diseases, the health sector reported earlier this month.

Viral haemorrhagic fever

The number of suspected viral haemorrhagic fever (VHF) cases is increasing and as of 18 October stands at 2,226, with 99 per cent of cases reported in Northern State. According to the Federal Ministry of Health (FMoH), 56 people have died from VHF.

VHF includes a wide range of viral infections, namely Ebola and Marburg haemorrhagic fevers, Crimean–Congo haemorrhagic fever (CCHF), Rift Valley fever (RVF), Lassa fever, Hantavirus diseases, dengue and yellow fever, according to the World Health Organization (WHO). Viruses that cause haemorrhagic fevers are transmitted by mosquitoes (dengue, yellow fever, RVF), ticks (CCHF), rodents (Hantavirus, Lassa) or bats (Ebola, Marburg).

Chikungunya outbreak in West Darfur
Meanwhile, 248 people in West Darfur were diagnosed with chikungunya, with one related death reported. With the rainy season, there is usually a spike in vector-borne diseases in Sudan as stagnant water provides a breeding ground for mosquitoes, which are the main vectors of chikungunya, malaria and other diseases.

During the last outbreak of chikungunya, more than 300 cases were reported between July 2019 and February 2020. In 2018, however, over 19,000 cases of chikungunya were reported across the country.

Chikungunya is a viral disease transmitted to humans by infected mosquitoes. Symptoms of chikungunya are fever and severe joint pain, as well as muscle pain, joint swelling, headache, nausea, fatigue and rash. Joint pain associated with chikungunya is often debilitating and can vary in duration. There is currently no vaccine or specific drug for the virus and treatment focuses on relieving the disease symptoms, according to the WHO. For more on chikungunya, please go here.

Over 1.1 million malaria cases

By the end of September 2020, over 1.1 million malaria cases were reported across Sudan and reached epidemic levels in 15 out of 18 states. In 2018, malaria was the top killer accounting for about 9 per cent of deaths in hospitals across Sudan, according to the FMoH’s Annual Health Statistics Report 2018. Malaria also accounted for the main reason of admission to hospitals – 12 per cent of all admissions. According to the malaria cases records from FMoH, the number of malaria cases tend to increase with the start of the rainy season and floods, peaking towards the later part of the flooding season (August-September). Stagnant water pools following rains and flooding result in the propagation of mosquitoes – the vectors of malaria and other diseases.

WHO has procured and is organizing the distribution of 266 Inter-agency Emergency Health Kits (IEHKs) to support malaria treatment and other health needs. These kits can serve up to 2.7 million people for three months. Also, the UN Children’s Fund (UNICEF) is preparing to distribute 18 IEHKs and 7 acute watery diarrhoea (AWD) kits. However, there are still significant shortages in malaria supplies to address the current endemic levels, with FMoH reporting difficulties in distributing medical supplies as some areas are inaccessible due to the recent flooding.

Lack of funding

Before COVID-19 the health system in Sudan had been weakened due to years of low funding, as well as lack of personnel and essential medicines. Against this backdrop, the health sector component of the Sudan 2020 Humanitarian Response Plan (HRP) is still underfunded, with only 19 per cent of the HRP requirements received and only 35 per cent of the COVID-19 appeal funded, according to the Financial Tracking Service. As a result, several key activities have been scaled back.

“There is an urgent need to raise an estimated US$25 million to respond to the urgent health needs of those affected by seasonal floods,” Kais Aldairi, Sudan Health Cluster Coordinator, said. “These funds will allow Sudan to procure essential medicines and supplies to support preventative measures for vaccine-preventable, vector and water-borne diseases.”

For more on the health sector’s response to multiple emergencies please see it here.

FEATURE (22 Oct 2020)

WFP calls for strengthening food systems as multiple crises drive up numbers of hungry people in Sudan

On World Food Day, 16 October, the UN World Food Programme (WFP) called for global action to improve the systems that produce and distribute the food we eat, so that they can better withstand shocks including the COVID-19 pandemic that can spark alarming surges in the level of hunger in the world.

In many countries, including Sudan, the socio-economic effects of the pandemic – particularly loss of earnings and remittances – are heightening existing threats linked to conflict and climate change. The number of acutely hungry people in the world could increase by more than 100 million this year, according to WFP estimates. For particularly fragile countries, a slide towards famine is a real risk.
“The world produces enough food for everyone so it’s a problem not of scarcity but of access to nutritious and affordable food,” said WFP Executive Director David Beasley. “Smallholder farmers in developing nations need support so they can grow crops in a more sustainable way, then store and transport their produce to markets, and ultimately improve their own livelihoods. When food moves from the farm, along the supply chain and onto people’s plates in a fair and efficient way, then everyone benefits.”

WFP, which last week won the Nobel Peace Prize for its efforts to fight hunger, has unparalleled experience in buying and distributing food. Every year, WFP increases the amount of food it procures locally from smallholder farmers, providing training in post-harvest storage and in how to access markets. The aim is to build dynamic food systems which contribute to community-based agricultural growth and the strengthening of national economies.

The need for concerted action to improve agricultural production while enhancing global supply chains and ending food waste is captured in this year’s World Food Day theme: “Grow, Nourish, Sustain. Together”. The three Rome-based agencies - WFP, the Food and Agriculture Organisation of the UN (FAO) and the International Fund for Agricultural Development (IFAD) – are calling for sustainable investment in food systems to achieve healthy diets for all. Without massive improvements in the food supply chain, many fragile nations are set to become increasingly vulnerable to financial volatility and climate shocks.

In Sudan, food insecurity remains alarmingly high with some 9.6 million people estimated to be food insecure. This is the highest figure ever recorded in Sudan. Sudan has also witnessed historic flooding in recent months that has devasted homes, destroyed vast swaths of farmlands and crops, and affected more than 875,000 people.

The economic crisis and inflation are also posing challenges to food security in Sudan. The average price of the local food basket has increased by nearly 200 per cent compared to 2019, making it even harder for families to put food on their plates.

“Combined, these multiple crises can further increase food insecurity and risk pushing millions of people into poverty. But if we take concerted action now, we can build a future we want – a world free of hunger. We remain committed to working with all our partners in Sudan, including the Government, to achieve Zero Hunger by 2030,” said WFP Representative and Country Director in Sudan Dr. Hameed Nuru.

No one government or organisation can achieve these goals alone. More than ever, there is a need for global solidarity to help all people, and especially the most vulnerable, to confront the crises facing the planet – multiple conflicts, climate change and COVID-19.

FEATURE (22 Oct 2020)

Celebrating World Food Day and Food Heroes amidst COVID-19 pandemic

Aisha Mohamed Sharif, 50, lives in Hadal Aweib village, Awlieb locality about 45 km northwest of Port Sudan, Red Sea State. She cultivated vegetables in her home garden and a one feddan (about 0.42 hectare) plot of land in her neighbourhood when Sudan was going through the COVID-19 pandemic earlier this year.

The COVID-19 lockdown, including the closure of markets and restricted movement, affected her family, but she managed to grow vegetables such as okra and was able to reserve surplus crops by drying them. This allowed her to feed her family and to share surplus vegetables produced in May-June with her neighbours, who were also affected by the COVID-19 containment measures. Besides cultivating okra, legumes and other vegetables, she also planted clover to feed her goats that provided her family with milk.

Aisha is one of the Food Heroes celebrated this year during World Food Day on 16 October. Food Heroes are farmers and workers throughout the food system who are making sure that food makes its way from farm to the table despite the challenging times.

This year’s World Food Day 2020 marks the 75th anniversary of the Food and Agriculture Organization (FAO) of the United Nation with the theme: "Grow, Nourish, Sustain. Together. Our actions are our future".

As Sudan deals with the effects of the COVID-19 pandemic and floods, a different approach was need this year to mark World Food Day. Each year there used to be a big festival, but due to the COVID-19 measures, no public gatherings took place this year. The event was organized via other communication channels throughout the country. FAO Sudan called on partners build resilient and robust food systems, and support the most vulnerable people to help them recover from the impact of COVID-19 and floods.

This World Food Day provides an opportunity to thank our Food Heroes who, no matter the circumstances, provide food to their communities and others. In the early days of the pandemic, when shelves were empty, fruit-pickers went missing, and markets fell silent, people in Sudan and in the world realized how everyone was benefitting from these services and the people that provide them taken for granted.
There are many more situations where conflict and instability, now exacerbated by COVID-19, are drivers of more serious hunger and acute food insecurity. The effects of the flooding in combination with the various shocks and threats, including desert locusts, faced by the Sudanese population has left many exposed to increased vulnerabilities and food insecurity. Without urgent livelihood assistance, already vulnerable populations are at risk of falling into more severe phases of acute food insecurity, according to FAO.

Food prices are expected to rise further, while availability and access to food continues to be limited due to both COVID-19-related containment measures and the floods. This will worsen the food security of Sudanese farmers, particularly smallholder farmers and vulnerable households who cannot afford to purchase food for their families or agricultural inputs to resume farming.

Preliminary results of a recent rapid assessment by FAO estimated that the floods have inundated 2.2 million hectares of land, belonging to nearly 600,000 households, of whom 42 per cent are female-headed and led to the loss of 108,000 head of livestock, belonging to 20,521 families. In addition to limiting movement and access to farms and agricultural inputs, the floods have also resulted in the loss of fishing gear and destruction of aquaculture farms; loss of agricultural inputs, tools and pumps; and destruction of agriculture and livestock service facilities.

As part of the flood response, FAO has provided US$70 million to flood response. Overall, the UN and partners have assisted about 400,000 flood-affected people across Sudan. This is about half of all flood-affected people this year. However, low funding, especially for health and water, hygiene and sanitation services is hampering aid organizations’ capacity to meet the needs of affected people.

**EMERGENCY RESPONSE (22 Oct 2020)**

**Desert locust control operations continue**

The environmental conditions remain favourable for desert locust in both summer and winter breeding areas in Sudan, creating a suitable habitat for breeding and development, according to the latest update from the Sudanese Government’s Plant Protection Directorate (PPD).

More desert hopper bands of 1st and 2nd instars are hatching in the east between the Atbara River and the Red Sea Hills, as mentioned in the most recent update from the UN Food and Agriculture Organization (FAO) Locust Watch. Mature solitarious adults have been reported in the northeast and on the southern coast of the Red Sea between Tokar Delta and the Eritrea border where breeding is imminent. Surveillance, aerial and ground control operations are in progress in the high-risk areas, according to the FAO.

Desert locust breeding has been detected in Sufiya and Tomala in the Red Sea sub-coastal plains (PPD monitoring surveys, October 2020). Scattered mature and immature adults were detected in some of the surveyed areas in Red Sea, Kassala and Northern States. The vegetation is almost drying in most of desert locust summer breeding areas of the East belt. As of 13th October 2020, 4,668 ha were treated, including 2,800 ha by aerial control and 1,868 ha by ground control operations.

PPD forecast new hatchings and the fledglings are expected by the end of October 2020 in Red Sea, Kassala and River Nile states. PPD recommends close monitoring in both summer and winter breeding areas. FAO is working closely with PPD and providing technical support in surveillance, monitoring and control operations.

The threat to food security by Desert Locust is of great concern to all because an adult can consume its weight in fresh food per day, which is about two grams every day. A very small part of an average swarm (or about one tonne of locusts) eats the same amount of food in one day as about 10 elephants or 25 camels or 2,500 people, according to FAO.

**TRENDS (14 Oct 2020)**

**Soaring inflation hits the most vulnerable and increase humanitarian needs in Sudan**

A surging inflation, with annual rates reaching 212 per cent in September, is leading to increased humanitarian needs in Sudan and hampering humanitarian assistance when the millions of vulnerable people across Sudan need it the most. UN agencies and humanitarian partners are finding it difficult to procure supplies, inputs and other items as the prices increase on a weekly basis. Shortage and high prices of fuel also affects the delivery of aid.

Most of humanitarian partners operating in Sudan procure the supplies and other inputs they require locally to contribute to the local economy and speed up the process. However, the increasing inflation and surge in the price of the hard currency in the parallel market resulted in vendors and suppliers increasing prices up to three or four-fold over the past few weeks.
"Many companies that we work with have either increased their prices exponentially or they are refusing to supply their products until the volatility in the parallel market stabilizes. This of course affects our operations and the people that we are providing assistance to," explained Arshad Malik, Country Director of the NGO Save the Children International.

According to humanitarian organizations in Sudan, in some cases, by the time the procurement process is finalized, the suppliers might have increased prices to such an extent that the original budgets are no longer valid. This means that agencies have to restart the process from scratch, while there is no guarantee that by the time the process is done, the prices will not have risen once again.

"We operate with the official exchange rate of SDG 55 per US$ 1, and in the beginning of the year we budgeted our activities accordingly. However, with the parallel market rate shooting up to more than SDG 250, the vendors increased their prices more than double than what they were in June-July. This means that with the amount that we exchange at the official rate we now can only assist one out of four people assisted previously," Malik said.

Water, sanitation and hygiene (WASH) projects, critical to respond to the ongoing floods and COVID-19 outbreak in Sudan has also been impacted.

According to organizations working with cash-transfer programmes, the spiraling inflation is also badly affecting people who receive this kind of assistance. Although organizations increased the monthly amount disbursed, the adjustments are not enough to maintain the purchasing power of the families. "International organizations base the assistance in dollars and we have to use the official rate for the transfers. If a beneficiary was getting about $200 in the beginning of the year, once we transferred it in Sudanese pounds, the money would cover their main needs. However, now the same amount converted into SDG at the official rate, can only suffice for 20 to 25 per cent of what they could buy before," explained Malik.

Activities in the health and education sector are also noticing the impact of the economic crisis. Prices have increased, availability of supplies reduced, and lack of resources to increase incentives to teachers and medical staff affected the quality of the services provided.

In addition, prices of agricultural inputs for the Food Security and Livelihoods Sector increased dramatically, which has reduced procurement levels considerably, with fewer people getting assistance. The price of sorghum in 2019 was the equivalent of $645 (at the official rate), now it costs $1,425. The price of donkey ploughs in 2019 was $39, and now it is $74.

"Thousands of Sudanese people in dire need of assistance are being affected and cannot get the support they urgently need amidst the impact of spiralling inflation, other aspects the economic crisis, floods, and implications of COVID-19 containment measures," warned the representative of Save the Children.

For more information on the impact of the economic crisis on humanitarian needs and response, please check OCHA's Humanitarian Key Messages.

COORDINATION (15 Oct 2020)

UNHCR launches a new refugee data portal for Sudan

Sudan launches a new country portal of the UNHCR Operational Data Portal. The portal enables anyone to access data and explore historical trends on refugees and internally displaced people in a country home to one the largest refugee and asylum-seeker populations in Africa, hosting some 1 million refugees and asylum seekers. The majority is made up of South Sudanese refugees, accounting for about 730,000. Other nationalities which have taken refuge in Sudan, fleeing violence and persecution in neighbouring countries, include Eritreans, Central Africans, Ethiopians, Chadians, Syrians and Yemenis. Most refugees—about 70 per cent—live in out-of-camp settlements, with host communities and in urban areas, while others reside in camps, especially in eastern Sudan and in White Nile State.

Sudan continues to generously host and receive additional asylum-seekers despite facing an economic crisis, record high inflation rates, disease outbreaks, food insecurity, and the worst floods in a decade. Humanitarian needs have drastically increased and soaring inflation rates have affected humanitarian operations as partners—who procure supplies locally—have had to reassess their budgets and response activities.
The portal, which will be updated on a regular basis, also provides a repository for publications produced by UNHCR in Sudan, including maps, factsheets and updates on the situation. For more information on the refugee situation in Sudan, go to the UNHCR Refugees Operational Portal for Sudan.

FEATURE (11 Oct 2020)

Children are championing COVID-19 prevention efforts

Children are finding new meaningful ways of spending their time now that schools have been forced to closed due to COVID-19 control measures.

Nureddin, 13, is leading a grassroots COVID-19 awareness-raising campaign in Ed Damazine locality in Blue Nile State. He started the campaign with his family telling his peers to consider their actions and behaviour in the context of the pandemic. It all started in May when he heard some messages about coronavirus broadcast via loudspeaker from a vehicle going around in his community.

The State Ministry of Health in Blue Nile State and the international NGO World Vision conducted coronavirus awareness campaigns, including broadcasting messages through radio and TV, educating the community on the risks and how they could contribute to prevent the spread of the virus. This has been made possible through funding from the Sudan Humanitarian Fund (SHF).

Nureddin's family radio has become a trusted source of reliable information on COVID-19. He says that through the local radio station he has learned that the virus is deadly – a message that stuck with him – but there were ways to protect yourself and others from it.

"Ever since I started listening to the radio and learning about coronavirus, I knew it was something very serious that people needed to pay more attention to," Nureddin said. "Hearing, for example, that the virus can be spread when people touch contaminated surfaces or objects, made me very worried. I also know, through radio, that the disease has caused many deaths here in Sudan and all over the world."

"I like to be aware of what is going on so that I can help promote prevention efforts at home. To me, the messages received through the radio are very clear and I take them very seriously. I believe we will be okay if we all follow the advice properly," he said, adding that everyone should use preventive measures to win the fight again the coronavirus.

Nureddin's mother, Saadiya says her son is like the prefect of the household when it comes to applying the recommended preventive behaviours. "I am amazed at my son's interest in this disease. He is young, but he takes the messages very seriously, and this has had an impact on all of us and how we treat the disease."

Nureddin's father and mother had to adapt to the changes COVID-19 has brought about. Recently, his mother did not go to a wedding of a close relative because of her son's warning. "For now, I decided not to take part in any gatherings until health authorities announce that the pandemic is over," she said.

Saadiya only goes to the market to get essential supplies. "As a mother, I am very proud of how my son, though young, is leading us adults in learning more about this virus, and keeping an eye on us, so that we can prevent infection."
Nureddin is happy that his parents are taking the advice and recommendations about coronavirus seriously. He misses school and his classmates and is keen to continue being a behaviour change champion, even beyond COVID-19. "When we are back to school, my friends and I will work with our teachers to educate all students on the importance of hand-washing," he said.

With SHF support, World Vision in collaboration with its partners reached almost 540,000 people with COVID-19 awareness-raising and prevention activities in four states across Sudan since March 2020.

ANALYSIS (8 Oct 2020)

Humanitarian Key Messages: Impact of the economic crisis on humanitarian needs and operations

HIGHLIGHTS:

- The dire economic situation in Sudan, marked by soaring inflation, is compounding chronic under-development and poverty, recurrent climate shocks, disease outbreaks, violence and conflict to generate rising humanitarian needs
- The average price of the local food basket increased by nearly 200 per cent compared to 2019, and the cost of health services increased by 90 per cent in 2020.
- The deteriorating economic situation has hampered humanitarian operations, negatively impacting people’s access to essential services when they need it the most.

HUMANITARIAN KEY MESSAGES

The dire economic situation in Sudan, marked by soaring inflation, is compounding chronic under-development and poverty, recurrent climate shocks, disease outbreaks, violence and conflict to generate rising humanitarian needs. Inflation reached nearly 170 per cent in August, according to the Central Bureau of Statistics of Sudan, and the spike in prices and shortages of basic commodities, including fuel, food, medicine and hygiene products, is negatively affecting the most vulnerable, marginalized and impoverished people in the country.

The Sudanese Pound continues to depreciate rapidly, further eroding families’ purchasing power and ability to provide for themselves. In a country where 90 per cent of the families already spend around most of their incomes—some 65 per cent—on food, these additional shocks lead to increased hunger and less access to education, health and other essential services that families de-prioritize as they try to cope with the economic hardship.

The average price of the local food basket increased by nearly 200 per cent compared to 2019, according to the World Food Programme (WFP). The inflation is pushing up prices of basic food, like sorghum, which is now 240 per cent higher than one year ago and more than 680 per cent higher than the five-year average. The stable food prices are expected to remain high at least until the production of the current season arrives at the markets in November 2020, further extending the current critical lean season that brought one of the highest levels of food insecurity reported in Sudan in the last decade. Over 9.6 million people are severely food insecure at the peak of the lean season (June to September), according to the latest Integrated Food Security Phase Classification (IPC) report.

The deteriorating economic situation has hampered humanitarian operations, negatively impacting people’s access to essential services when they need it the most. UN agencies and humanitarian partners are facing important challenges to procure supplies, as the prices increase on a weekly basis. Contracts are being delayed, as the vendors’ offer often change before the process is finalized. Some humanitarian partners reported that they are now able to reach only one of every four people previously assisted, as the increased prices and delays in procurements drained their budgets. Fuel shortages have also affected timely transportation and delivery of aid, which could lead to fewer people being assisted by the end of the year.

Organizations providing cash-transfers to vulnerable families must constantly adjust the amount disbursed, impacting their limited budgets. Even with these adjustments, many families are no longer able to purchase everything they need with the cash received. As result, even people receiving assistance may have to resort to negative coping mechanisms to survive.
During 2020, the cost of health services increased by 90 per cent and, according to National Medical Supply Fund, only 57 per cent of essential emergency medicines were available by September. The arrival of COVID-19 has exacerbated these challenges, resulting in a dramatic drop in health services coverage, including immunization programmes, treatments for malnutrition or maternal care. Underfunding led to a reduction of nearly 20 per cent of measles vaccinations across the country and around 10 per cent of the Penta 3 vaccine, which protects children against tetanus, diphtheria and polio. The low immunization is one of drivers of the vaccine-derived polio outbreak affecting Sudan, caused by low levels of immunization of children under age 5.

The urgent national immunization campaign to stop the ongoing vaccine-derived polio outbreak is facing challenges due to high fuel prices and availability of vehicles. The response to the outbreak must include vaccinating every child under age 5 in the country with oral polio vaccine to stop transmission. The overall cost for the first round of the campaign to reach the nearly 9 million children targeted by the campaign is now estimated in around US$10 million. More than $5.3 million will be needed for transport costs alone, based on the official exchange rates, which is used for humanitarian operations. With the extremely limited funding available, any further increase in costs would impact the Government and humanitarians’ capacity to carry out the exercise.

The economic situation, compounded by the historic flooding affecting over 875,000 people in all Sudan’s states, have also impacted access to water, hygiene, sanitation (WASH) and health services, increasing risk of communicable disease. Humanitarians are reporting major challenges as they rush to repair thousands of water points and latrines damaged during the rainy season. According to WASH partners, the prices of locally-procured supplies have increased by 300 to 400 per cent, and, in some cases, the services had to be stopped.

The situation is expected to further deteriorate over the coming months, increasing the number of people who need assistance and hampering humanitarian’s capacity to respond. The gradual reduction of fuel subsidies planned by the Government is likely to push inflation further up and negatively impact vulnerable families, as well as increase costs of humanitarian assistance.

Download [here](https://reports.unocha.org/en/country/sudan/) the PDF version of the Key Messages.

### EMERGENCY RESPONSE  (8 Oct 2020)

#### Floods in Sudan - Situation Report

**HIGHLIGHTS**

- Rains started to subside and flood waters are receding in Sudan, after months of heavy rainfall that left more than 875,000 people affected by unprecedented flooding.
- Torrential downpours, landslides, flash and riverine flooding have killed over 150 people and left a path of destruction in all states across the country, according to the Government’s Humanitarian Aid Commission data.
- More than 30 per cent of the water samples analyzed across 13 states were contaminated and the extensive damage to hundreds of water sources, the collapse of several thousands of latrines increase the likelihood of disease outbreaks.
- Over 10 million people are now at risk of contracting water-borne diseases, and more than 4.5 million are exposed to vector-borne diseases, an increase of nearly 100 per cent if compared with April 2020.
- Malaria cases have increased in seven localities of North Darfur and different parts of Sennar State. West Darfur reported nearly 100 cases of chikungunya, and hundreds of cases of viral haemorrhagic fever have been reported in Northern, River Nile, Kassala, Khartoum, Sennar and West Kordofan states.
- Humanitarians are in a race against time to respond to the crisis and save lives, but the extremely low funding, especially for health and water, hygiene and sanitation services are hampering aid organizations’ capacity to operate.

**SITUATION OVERVIEW**

Flood waters started to recede in most of Sudan, following several weeks of torrential downpours that have caused deaths, displacement, and massive destructions to key infrastructure and livelihoods across the country.

At least 155 people lost their lives and the number of people critically affected reached over 875,000 as of 6 October, according to the Government’s Humanitarian Aid Commission. Blue Nile, Khartoum, North Darfur, Sennar, and West Darfur states were particularly hit and more than 150,000 refugees and internally displaced people are amongst those affected, according to UNHCR.

The full impact of the unprecedented rainy season that led to the worst flooding Sudan faced in more than three decades is yet to be felt. The stagnant water, coupled with the extensive damages to hundreds of water sources and thousands of latrines, pose a serious risk to the health of people in Sudan now.

Download [here](https://reports.unocha.org/en/country/sudan/) the PDF version of the Key Messages.
The number of people at risk of contracting any water-related diseases, including cholera and diarrhoea, increased from 5.6 million in April to more than 10 million in October 2020, due to the floods and other humanitarian challenges the country has been facing, impacting access to water, hygiene and sanitation. According to water monitoring exercises carried out across 13 states, more than 30 per cent of the water sources tested showed biological contamination.

In Sudan, more than 63 per cent of the population have no access to basic sanitation, 23 per cent do not have access to a handwashing facility with soap and water and 40 per cent do not have access to basic drinking water services. The situation is now worse for more than 40,000 people in Twakar, in Red Sea State, following the collapse of the main water station of the locality in the last weeks, and for more than 100,000 people in Blue Nile State, due to the collapse of the Bout Earth Dam at the end of July.

The risk of vector-borne disease, including malaria, dengue, chikungunya and Rift Valley Fever, all endemic in Sudan, also increases. Malaria cases have increased in seven localities of North Darfur and different parts of Sennar State. West Darfur reported nearly 100 cases of chikungunya, and hundreds of cases of viral haemorrhagic fever have been reported in Northern, River Nile, Kassala, Khartoum, Sennar and West Kordofan states.

The already fragile food security situation in Sudan is likely to be compromised due to the ongoing floods, following the destruction of thousands of hectares of crops just before the harvest. The situation is especially concerning for farmers in different parts of River Nile State, where nearly 120,000 people are severely food insecure, according to the latest Integrated Food Security Phase Classification analysis. Across the state, around 36 per cent of farms are still flooded, according to WFP. In Sennar State, at least 21 per cent of the crops are flooded, which will likely extend the ongoing lean season that left over 373,000 facing severe hunger. The situation is also critical in Northern State—more than 24 per cent of farms flooded and nearly 80,000 people severely food insecure—and Blue Nile, a state where almost 433,000 people are facing hunger and 14 per cent of the farms are now under water.

The Government and aid organizations are providing life-saving assistance to people affected. Humanitarians reached over 400,000 people with critical support. However, the extremely low funding, especially for health and water, hygiene and sanitation services, the high inflation and fuel shortages are hampering aid organizations’ capacity to operate.

Read the CLUSTER STATUS for the detailed information on the response.

Check out the previous analyses and overview of the humanitarian response to floods in Sudan on the Flash Updates:

- Floods Flash Update #1 – 3 August 2020
- Floods Flash Update #2 – 5 August 2020
- Floods Flash Update #3 – 14 August 2020
- Floods Flash Update #4 – 27 August 2020
- Floods Flash Update #5 – 31 August 2020
- Floods Flash Update #6 – 8 September 2020
- Floods Flash Update #7 – 18 September 2020
- Floods Flash Update #8 – 24 September 2020

EMERGENCY RESPONSE (11 Oct 2020)

Floods affect almost 600,000 farming and pastoralist families – FAO

The United Nations Food and Agriculture Organization (FAO) jointly with the Ministry of Agriculture and Natural Resources and Ministries of Production and Economic Resources carried out a rapid needs assessment in mid-September to document the impact of the floods on farming and pastoralist communities across Sudan.

Preliminary results of the assessment estimate that the floods have affected almost 600,000 farming and pastoral households (an estimated 3 million people), of whom 39 per cent are female-headed. About 2.2 million hectares of land were flooded and 108,000 head of livestock, belonging to about 20,000 families, were lost. In addition to limiting movement and access to farms and agricultural inputs, the floods have also led to the loss of fishing gear and destruction of aquaculture farms, loss of agricultural inputs, tools, pumps, as well as agriculture and livestock service facilities.
So far, about 22 per cent of affected localities have received assistance from the Government, humanitarian actors and non-governmental organizations, according to the assessment. Further assistance is needed urgently and additional funds are required to maintain livelihood interventions and provide necessary emergency and recovery support.

For more, please see the FAO Sudan 2020 Flood Response Overview here.

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**CLUSTER STATUS (20 Oct 2020)**

**Education**

**People Targeted**

102,000

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**Needs**

The unprecedented flooding in Sudan is adding to an already complicated year for students across the country. After months without school, mainly due to the COVID-19 pandemic, now tens of thousands of children are at risk of not being able to continue their education when the academic year starts at the end of November. Nearly 560 schools have been damaged or destroyed, including their equipment, furniture and learning materials, since the beginning of the rains in mid-July. In addition, there are at least 60 schools hosting displaced persons seeking shelter. Urgent support, including school rehabilitation and replacement of learning materials for children are needed to make sure that schools can resume activities.

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**Response**

The Education Cluster is currently assessing the extent of damages in hundreds of schools across the country and identifying those facilities hosting displaced people. Partners have over 200 tents and 450 sets of tarpaulins available to provide temporary learning spaces as a first phase of the emergency response and accommodate children whose classrooms have been entirely destroyed. The overall response will include:

**Schools damaged or destroyed:** Partners will provide Temporary Learning Spaces (TLSs) to assure learning activities can continue. Learning materials, furniture, and equipment will be replaced where necessary.

**Schools hosting displaced people:** Partners are working to identify alternative, longer-term and more suitable shelter options for people currently sheltering at schools. The Education Cluster will be support in monitoring the schools used as shelters to ensure that facilities are returned to the educational community in a reasonable state and as quickly as possible.

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**Gaps**

Partners are facing important challenges to respond, including hampered access to affected schools, as roads are impassable in several regions. The lack of funding and the reduced number of operational partners in the affected areas impacts humanitarian's ability to respond, in a context of emerging and competing needs due to other shocks such as COVID-19. The limited flow of information between school, state, and federal level, as well as reduced capacity for information management – Sudan has no Education Management Information System – leads to limited availability of data.

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**CLUSTER STATUS (8 Oct 2020)**

**Emergency Shelter and Non-Food Items**

**People Targeted**

350,000

**People Reached**

228,000

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**Needs**

Over 875,000 people affected by the storms—more than 150,000 of them internally displaced people (IDPs) and refugees—need some sort of emergency items such as mosquito nets, kitchen sets, plastic sheeting, blankets, and sleeping mats. Following the heavy rains and flooding, many families lost everything and were forced to live with friends or relatives, in collective centres, including schools, and in many locations with makeshift shelter materials.
they could salvage from their losses. The Shelter and Non-Food Items (NFI) Cluster plans to reach the most vulnerable amongst the affected, estimated at 350,000 families. Some 82,500 families had their house completely destroyed and more than 92,500 homes are now damaged, according to the Government's Humanitarian Aid Commission (HAC). They do not only need emergency shelter/NFI kits for temporary accommodation but also shelter support to undertake emergency repairs or rebuilding of their homes.

\section*{Response}

Humanitarian partners have reached over 228,000 people with emergency shelter and critical household items, including mosquito nets, kitchen sets, plastic sheeting, blankets, and sleeping mats. In Darfur, for example, over 3,250 families received NFIs in \textit{East Darfur} and more than 2,500 families were assisted in \textit{Central Darfur}. In \textit{Sennar}, partners started on 26 September the relocation of nearly 390 families whose houses collapsed following landslides in Sennar Town.

Across the country, assessments on damages to homes are still ongoing. The Cluster is also supporting in exploring short-term shelter solutions with key stakeholders to ensure schools are vacated in the near future. In addition, partners are working with key stakeholders, including the Government and organization leading recovery activities, on mid-term solutions to address chronic issues related to shelter and land rights in Sudan, including through the provision of in-kind improved shelter kits, and cash-for-shelter grants to support reparations of damaged houses.

\section*{Gaps}

The sector is facing multiple challenges to support people affected, including disrupted access to communities in key locations and gaps in emergency shelter and NFI kits reported in several states. Sharing of information between stakeholders needs to be improved to avoid duplications or lack of support in certain areas. In many locations, challenges in land allocations for relocated families and those residing in collective centres have been reported. The ongoing economic crisis is also hampering the operation, as fuel shortages for transportation and the high inflation pose obstacles for local and international procurement of NFI items. Flooding in Sudan brings additional operational costs when humanitarians were already overstretched to assist families impacted by multiple shocks and emergencies, including COVID-19.

\section*{Food Security and Livelihoods

\begin{tabular}{|l|}
\hline
\textbf{People Targeted} & \textbf{People Reached} \\
\hline
750,000 & 97,000 \\
\hline
\end{tabular}

**Needs**

The already fragile food security situation in Sudan is likely to be compromised due to the ongoing floods, following the destruction of thousands of hectares of crops just before the harvest. Several farms are flooded, especially in riverine areas along the White Nile, Blue Nile and Nile rivers, according to WFP. The situation is especially concerning for farmers in different parts of River Nile State, where nearly 120,000 people are severely food insecure, according to the latest Integrated Food Security Phase Classification analysis. Across the state, around 36 per cent of farms are still flooded, which will likely extend the ongoing lean season that left over 373,000 facing severe hunger. The situation is also critical in Northern State—more than 24 per cent of farms flooded and nearly 80,000 people severely food insecure—and Blue Nile, a state where almost 433,000 people are facing hunger and 14 per cent of the farms are now under water.

\section*{Response}

Humanitarian partners continued to provide \textit{food assistance} to thousands of people affected by floods. In total, nearly 97,000 people received assistance, mainly in Khartoum (19,000 people), East Darfur (13,700), White Nile (8,500), Kassala (7,200), North Darfur (2,200), Sennar (38,500) and Red Sea (12,000 people).

In \textit{Sennar}, over 7,700 families received a monthly food ration in Abu Hujar, Sennar, Ad Dali and As Suki localities. The Food Security Cluster is organizing now food distributions for another 6,200 families in Sennar, Sharg Sennar and Ad Dinder localities.

In \textit{East Darfur}, more than 2,730 families from Al Firdous Locality received food assistance to cover their needs for the next three months.

\textbf{Livelihoods support} is also taking place. In \textit{Sennar}, for example, COOPI provided sorghum to 1,334 farmers in Sinja, As Suki and Abu Hujar.
High costs of transport, fuel shortages and constrained access due to damages caused by the rains in several roads are delaying the assistance. Telecommunication problems, due to poor or lack of network are also posing obstacles to receive information from several regions. In some states, especially in Sennar, there is a gap in capacity to respond due to the reduced number of humanitarian partners.

While floodwater is receding in most of Sudan, cases of water-borne and vector-borne diseases start to increase across the country. The extensive damage to health facilities, the collapse of thousands of latrines, and damages or contamination of hundreds of water sources, increase the need for health services as well as the challenges to prevent and treat possible disease outbreaks.

People living in the areas affected are at heightened risk of developing water and vector-borne diseases due to unavailability of clean drinking water, sanitation, and vector-control measures. Over 10 million people are now at risk of developing water-borne diseases, and more than 4.5 million of contracting vector-borne disease, an increase of nearly 100 per cent if compared with April 2020.

Malaria cases have increased in seven localities of North Darfur and different parts of Sennar State. West Darfur reported nearly 100 cases of chikungunya, and hundreds of cases of viral haemorrhagic fever have been reported in Northern, River Nile, Kassala, Khartoum, Sennar and West Kordofan states.

Health partners have been working closely with the Government to support health services in the country. Even before the floods, and since the start of the COVID-19 pandemic, health partners have distributed medical supplies that cover the needs of around 1.2 million people. An additional 14 mobile clinics are supporting the response in Khartoum (four units) Blue Nile, North Darfur, Central Darfur, Red Sea and Kassala. At least 25 health assessments have been conducted, either as part of interagency efforts or in support of the states’ Ministry of Health. Partners have investigated nearly 130 alerts on communicable diseases.

WHO is supporting 13 states to carry out rainy season interventions, including capacity building, water quality monitoring, vector surveillance and vector-control measures.

WHO and UNICEF prepositioned kits across the country enough to treat 5,000 cases of cholera and 15,000 cases of acute watery diarrhoea.

In Blue Nile, partners, led by UNFPA, completed the rehabilitation of the Elmdina Rural Hospital, in Geisan Locality, to provide comprehensive and basic emergency services, including obstetrical care, to communities in Geisan and Wad Al Mahi localities.

The available stock has rapidly declined, with most partners reporting lack of essential medicines in their storage facilities. WHO and UNICEF have supplies in the pipeline, but not yet in the country. There is need for further support of disease surveillance and rapid response teams, and gaps remain in vector control and water safety monitoring. Funding is a major challenge. Health Sector partners received only 15 per cent of the US$110 million requested for health services this year in Sudan. This represents less than half of the total received in 2019.
People Targeted 187,000
People Reached 23,000

Needs
The unprecedented flooding in Sudan exacerbates the challenges already faced to provide basic and life-saving nutrition activities to millions of children and mothers across the country. Prior to the storms, about 2.7 million children were already suffering from acute malnutrition in Sudan. The disruption of services and damages to facilities can aggravate the situation, especially for over 187,000 people in the most affected areas. Children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) are at higher risk of developing medical complications related to water and vector-borne diseases. There is an urgent need for additional nutrition supplies and services to support the facilities, including blanket supplementary feeding and mobile screening teams for hard-to-reach areas.

Response
The Nutrition Cluster had prepositioned emergency supplies at state level before the start of the rainy season, including more than 110,000 units of ready-to-use therapeutic food (RUTF) to treat acutely malnourished children.

WHO is providing medicines and SAM kits to facilities serving the affected population in the 18 states and Abyei Area and screenings for identify malnutrition cases are being conducted in the affected areas.

Gaps
The available stock has rapidly declined in some areas, with a severe lack of essential medicines across the country. Although UNICEF and WFP have prepositioned supplies at state level, shortage in RUTF supplies has been reported from different regions. Accessibility remains an issue to mobile clinics in some remote areas in At Tadamon and Geisan localities, Blue Nile State, and some areas in As Suki Locality, Sennar State.

CLUSTER STATUS (8 Oct 2020)
Protection

People Targeted 150,000
People Reached 50,000

Needs
The flooding and consequent displacement bring several protection concerns, especially amongst children, women, and displaced people. The crisis has caused financial difficulties for families who have lost their livelihoods and negative coping strategies are being reported, including an increase in child labour. The hard situation also increases the risk of gender-based violence that is already being reported, especially amongst displaced women.

Several families whose houses have been completely washed away by the storms and floods do not possess financial means or land elsewhere to build their shelters. There is an urgent need for available lands to relocate families who were rendered homeless.

Limited settlement options for at-risk women, separated children, unaccompanied elderly, people with disabilities, chronically-ill, pregnant and lactating women increased the need for protection services.

Extensive damage to public facilities such as schools, sexual and reproductive health care facilities, hospitals, and latrines have been reported, negatively impacting basic services when the people need it the most.

Response
The Protection Cluster has been working closely with all humanitarian actors and Government counterparts to share and ensure adherence to protection mainstreaming guidance. Protection organizations are steering and participating in the needs assessment activities to identify the main protection concerns, issues and cases for follow up and assistance.
Across the country, humanitarian partners are working with local authorities, advocating for the establishment of police posts and deployment of police in the relocation areas to ensure the physical safety of people and their remaining household assets. Partners are also working to secure the agreement of the landowners prior to the relocation and settlement of the affected population.

Organizations are also increasing community engagement and awareness-raising activities, such as preventing separation, sexual exploitation and abuse, as well as referral pathways and information on family tracing and reunification, and provision of alternative care.

**Gaps**

There is a limited capacity of the Government, UN agencies and INGOs to rehabilitate facilities that provide essential services to the population. The limited presence of operational partners and the lack of community-based protection structures in some affected areas constrain the response, as well as the challenges posed by the floods on physical accessibility. There are gaps in land allocation for relocated families. Competing needs in the context of COVID-19 is also a challenge.

### CLUSTER STATUS (8 Oct 2020)

#### Gender-Based Violence

<table>
<thead>
<tr>
<th>People Targeted</th>
<th>People Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>150,000</td>
<td>25,000</td>
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</table>

#### Needs

The recent floods in Sudan, as any other humanitarian crisis or emergency, increase the risk of gender-based violence (GBV), as a more insecure physical environment adds further risks for women in the public and private spheres. In Sudan, unequal gendered-power relations lead to high level of violence against women and girls in communities, including threats, harassment, domestic disputes, community-level disputes and domestic violence.

With the floods and new displacements, the lack of proper shelter and loss of economic and livelihood opportunities, affecting people's ability to meet basic needs, increase GBV in communities where family violence is normalized.

There are approximately 187,500 women of reproductive age who are living in temporary shelters due to the floods, where no visible protection measures are taken to ensure their safety and security. Sanitation conditions have further deteriorated, negatively affecting women, especially those pregnant who need extra support with reproductive health services.

The situation adds to the already fragile system to support GBV survivors. In Sudan, GBV services are absent in more than 90 per cent of the localities in the country. Furthermore, during emergency situations GBV becomes a mobility challenge, especially if water sources are far from the temporary shelters or located in unsafe areas.

#### Response

Humanitarian partners distributed nearly 20,400 dignity kits—including essential supplies as sanitary pads, underwear and other hygiene items that will last for two months—to vulnerable women and girls in reproductive health age in flood-affected areas in Khartoum (10,216 women), North Darfur (3,000), Kassala (5,000), North Kordofan (2,000 women) and East Darfur (185).

More than 20,300 brochures on personal hygiene were distributed and clear referral mechanisms to provide a minimum survivor-centred response to GBV survivors in areas affected by heavy rains in North Darfur, South Darfur, West Darfur, Blue Nile, Khartoum and Kassala states. Furthermore, community-based protection networks engaged in GBV response and prevention prior to the emergency were identified, strengthened and included as part of the response.

Since August, more than 4,000 people have been targeted by awareness-raising activities on sexual and reproductive health and GBV through the mobile clinic teams operating in affected areas. The awareness-raising activities included the distribution of posters to promote the national and state-level GBV helplines.

**Gaps**
Access to affected populations and areas have been challenging and has thus delayed and hindered effective response and assessments. Despite a repositioning of dignity kits and supplies to cater to the needs of 20,216 people, there is still a gap to cover the remaining women as the number of people affected by floods surpassed the initial forecast.

The ongoing economic crisis and inflation in Sudan have caused further challenges, as operation costs are increasing. There is a greater need to follow minimum standards to ensure gender mainstreaming and protection in emergencies.

CLUSTER STATUS (8 Oct 2020)

**Child Protection**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Targeted: 212,000</td>
<td>People Reached: 39,000</td>
</tr>
</tbody>
</table>

Child Protection partners continue to respond in the most affected areas in Darfur region, Aj Jazirah, Sennar, Blue Nile and Khartoum states. Six teams were deployed to support core child protection services, reaching 39,000 children across the country.

Overall, the response will have a community-based approach, through deployed mobile teams who will train and work with local protection actors. In addition, Child Protection activities will also integrate other services, including risk communication and community engagement due to COVID-19, prevention of diarrhoea-related diseases, vaccination, and malaria prevention.

Across the country, there are 18 organizations implementing Child Protection activities, and their operations can be scaled up in case of increased need. These partners have trained staff and mobile teams ready to be deployed to provide immediate life-saving services, strengthen community protection structures and systems and enhance coping and risk mitigation.

**Gaps**

The main capacity gaps have been reported in Red Sea, Sennar, Aj Jazirah, Northern, River Nile, North Kordofan and West Kordofan states, due to limited presence of operational partners, as well as overstretched Child Protection services following the COVID-19 pandemic. Inadequate levels of stock and limitation in access to communities due to damages on the roads and COVID-19 are major challenges. Across Sudan, there are 300 community-based child protection networks, out of 1,650 required to respond with mobile services. The country has only 200 trained Child Protection workers, one third of the number required. Stocks and supplies are depleted, including tents meant for child friendly spaces now being used as family shelters.

CLUSTER STATUS (8 Oct 2020)

**Water, Sanitation and Hygiene (WASH)**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Targeted: 750,000</td>
<td>People Reached: 350,000</td>
</tr>
</tbody>
</table>

https://reports.unocha.org/en/country/sudan/
Downloaded: 24 Oct 2020
The number of people at risk of contracting any water-related disease increased from 5.6 million in April to more than 10 million in October 2020, following the recent rains and floods in Sudan, and the massive destruction of key water and sanitation infrastructure. The heavy rainfall has damaged or contaminated hundreds of water sources, destroyed or inundated several thousands of latrines, forcing people to rely on unsafe water sources or practice open defecation, in a country already dealing with several health emergencies. Stagnant water also poses more challenges to control water-borne and vector-borne diseases, and cases of malaria, chikungunya and other diseases have been reported.

In Sudan, more than 63 per cent of the population have no access to basic sanitation, 23 per cent do not have access to a handwashing facility with soap and water and 40 per cent do not have access to basic drinking water services. The situation is now worse for more than 40,000 people of Twakar, in Red Sea State, following the collapse of the main water station of the locality in the last weeks, and for more than 100,000 people in Blue Nile State, due to the collapse of the Bout Earth Dam at the end of July.

With the destruction caused by the heavy rainfall, treatment of water sources and distribution of clean water and treatment products to families affected will be crucial. Reparations to water pumps, latrines, vector-control as well as waste management activities are urgent to prevent health emergencies. Families also need hygiene kits, including specific products for women and girls of reproductive age. Raise-awareness campaigns will be key to prevent outbreaks, including cholera and further transmissions of COVID-19.

WASH partners have reached around 350,000 people in priority areas with life-saving activities, including water treatment, distribution of hygiene and sanitation items as buckets, jerry cans, soaps. Hygiene promotion activities, including the broadcasting of health and hygiene awareness messages through the radio, are reaching millions of people across Sudan, with support of UNICEF.

WHO and UNICEF prepositioned kits across the country enough to treat 5,000 cases of cholera and 15,000 cases of acute watery diarrhoea.

Partners have also completed the monitoring of the water quality in 13 states, showing that over 30 per cent of the samples had biological contamination and more than 20 per cent had no chlorine to make it safe to drink.

Across the country, more than 380 public health officers or sanitary personnel were trained on water monitoring (53) and vector-control strategies (330). Water quality monitoring is done regularly across the country, with more than 30,000 samples collected and analyzed.

Vector-control measures were conducted in nearly 58,300 mosquito breeding sites and additional adult-control measures covered over 2,330 km² and more than 78,200 families.

In Gedaref, more than 4,700 families in all affected localities received key supplies, including jerry cans, soap and water treatment products.

In Red Sea, humanitarians supported the State Ministry of Health with the distribution of 7,000 mosquito nets and three water bladders were installed to provide safe drinking water to the population affected by the floods.

In West Kordofan, nearly 6,000 families received soap bars.

The funding for water, sanitation and hygiene services, critical for the floods response and also to prevent COVID-19 transmissions, is extremely low, at 22 per cent of the total US$71.6 million required this year. The WASH Cluster calculated that at least US$7.5 million is urgently needed to procure additional supplies and carry out emergency activities, as well as intensify the preparation for the possible disease outbreaks after the floods.
Sudan Education Sector: Impact of the Floods on Education

EMERGENCY RESPONSE (6 Oct 2020)

More polio cases detected, 10 million polio vaccine doses arrive in Khartoum

The number of vaccine-derived poliovirus type 2 (cVDPV2) detected in Sudan has increased and currently stands at 23 cases. A total of 11 states are affected, indicating widespread circulation of the virus, according to the joint situation report by the World Health Organization (WHO), UN Children’s Fund (UNICEF) and the Federal Ministry of Health (FMoH) of Sudan. The outbreak in Sudan is related to an outbreak of cVDPV2 in the eastern part of Chad.

Planning is ongoing for the first round of the national polio campaign in October. The plan is to vaccinate 8.6 million children under five, twice in all 18 states of the country, using monovalent Oral Poliovirus Type 2 (mOPV2) vaccine during October-November.

On 1 October, FMoH received 10 million doses of polio vaccine from UNICEF for the polio campaign. The first round of the campaign will start on 26 October with the support of UNICEF and WHO. WHO and UNICEF are advising health workers and caregivers to observe strict health and safety measures against COVID-19 during the campaign.

For more, please see:
Sudan cVDPV2 Outbreak Response Situation Report, Week 39
UNICEF brings 10 million doses of polio vaccine to Sudan

Polio - WHO

SUDAN – TRENDS  (24 Oct 2020)

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

- First case: 14 March 2020
- Total cases: 13,733 (as of 22 October 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 the Darfur region have closed borders.

Situation

Since the start of the COVID-19 pandemic in Sudan in mid-March, the Government confirmed that 13,733 people contracted the virus, including 836 who died from the disease, as of 22 October. 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 percent 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)

INTERACTIVE (17 Sep 2020)
Sudan: COVID-19 Situation Dashboard 2020

View this interactive graphic: https://app.powerbi.com/view?r=eyJrIjoiNjYyZTk2ZDQzMDYyZC0xMzQ1MTI1NzI4ODIzIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTlmNWI1N2JmZGUxZGEiLCJhcI6IjI7XCI6IjI2NjQyNTM3MDc5MDA3MDc1MDIyXCI7XCI6IjczMjMwMzIyXCI7XCI6dHAuY29tLzITXGJ1cmxhY2NvdW50IGRlc2lnbnMgYW5kX2JveG1vaWQgYnkgIn0=

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