HIGHLIGHTS (30 Apr 2020)

- As of 29 April 2020, there are 375 people confirmed to have COVID-19 Sudan, including 28 fatalities.

- COVID-19 has now spread to 10 of Sudan’s 18 states. Over 90% of all confirmed COVID-19 cases are in Khartoum State.

- The Government of Sudan, supported by WHO, continues to increase the capacity for COVID-19 testing, aiming to reach 600 tests per day.

- Humanitarian response continues across Sudan, with about 2 million people assisted with food.

COVID-19 cases in Sudan as of 29 April 2020. The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

KEY FIGURES

<table>
<thead>
<tr>
<th>People in need (2020)</th>
<th>People targeted (2020)</th>
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<tbody>
<tr>
<td>9.3 M</td>
<td>6.1 M</td>
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</table>

<table>
<thead>
<tr>
<th>Refugees</th>
<th>IDPs</th>
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<tbody>
<tr>
<td>1.1 M</td>
<td>1.87 M</td>
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<table>
<thead>
<tr>
<th>Confirmed People with COVID-19</th>
<th>COVID-19 Related Deaths</th>
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<tr>
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FUNDING (2020)

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<th>Received</th>
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</thead>
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<td>$277.4M</td>
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FTS: https://fts.unocha.org/appeals/870/summary

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BACKGROUND (1 May 2020)

Federal Ministry of Health confirms 442 cases as of 30 April

- **First case**: 14 March 2020
- **Total cases**: 442 (as of 30 April 2020)
- **Total deaths**: 31
- **States affected**: 10 out of 18 (Khartoum, White Nile, River Nile, El Gezira, Red Sea, Central Darfur, Sennar, East Darfur, Gedaref, West Kordofan).

- **Borders/Flights**: All land borders closed. On 20 April, Sudan Civil Aviation Authority (CAA) extended the closure of Sudanese airports for international and domestic flights until 20 May 2020. This excludes scheduled cargo flights; humanitarian aid and technical and humanitarian support flight; flights of companies operating in the oil fields; and evacuation flights for foreign nationals. UNHAS and UNAMID passenger flight have also been grounded but cargo flights are operational.

- **Containment measures**: Khartoum State under three-week lockdown starting 18 April. Bridges linking Omdurman and Khartoum North are closed. People can access neighbourhood shops, bakeries and pharmacies between 6:00 am and 1:00 pm daily. In addition, the Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services in the state during the three-week lockdown period. Some states in Darfur have closed borders with neighbouring states and have imposed curfews to limit the movement of people in attempts to curb the spread of COVID-19.

- **Schools**: Closed (8,375,193 learners affected)

**Situation**: Sudan recorded its first COVID-19 case on 14 March 2020. Since then, the Federal Ministry of Health (FMoH) has confirmed 442 infections, including 28 deaths. About 95 per cent of all confirmed cases are in Khartoum State. In advance of the three-week lockdown in Khartoum state, authorities have targeted 600,000 urban poor for a one-off assistance during the lockdown period. The Government is supporting 400,000 people, of whom 300,000 are being provided with food parcels and other supplies with the support of humanitarian partners. The Ministry of Finance and Economic Planning (MoFEP) has been assessing options to support citizens during the COVID-19 lockdown. They have developed a plan to scale up financing to the health sector; provide cash transfers to 80 per cent of the population (30 million people) at 500SDG per person per month—mainly informal sector workers whose livelihoods will be affected by lockdown; civil service salary reform to support those on fixed incomes; support to the private sector through tax and custom exemptions; and possible support for exporters and other productive industries affected by exchange rates and depreciation.


Immediate priorities include:

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

Official sources:

[Sudan Federal Ministry of Health](https://reports.unocha.org/en/country/sudan/)

[WHO Sudan Twitter](https://reports.unocha.org/en/country/sudan/)

Other sources
COVID-19 Educational Disruption and Response, by UNESCO

COVID-19 World Travel Restrictions, by the Emergency Division of the World Food Programme (WFP)

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

SECTOR STATUS (30 Apr 2020)

COVID-19 Response Pillar 1: Country Level Coordination

Needs

- Establish Command and Control/IMS system
- Establish and operate Emergency Operation Centres (EOC) at national and state level including deployment of WASH personnel to the EOC in states
- Support emergency operations in high risk states
- Support to national hotline
- Support joint WHO/FMOH supervision to PoEs, EOCs and isolation centres
- Multi-sectoral crisis coordination and Contingency at national and state level

Response

The COVID working group has been activated with UN agencies designated staff for each pillar of the response. United Nations partners updated the Corona Virus - COVID-19 Country Preparedness and Response Plan (CPRP) developed to support the government of Sudan and national preparedness for COVID-19. The plan, which requires USD $47 million to implement, focuses on public health measures and covers a three-month period. The plan will be updated monthly or if the situation changes.

The Federal Emergency Operation Centre has been activated with support from WHO and is meeting daily.

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

The humanitarian community is stepping up preparedness and response efforts in IDP settlements guided by the eight pillars of COVID-19 response. In the majority of settlements, partners have already scaled up risk communication, IPC, and identification of isolation spaces.

Gaps

Information on the number and location of functional isolation centres and the availability of intensive care beds in treatment centres.
SECTOR STATUS (30 Apr 2020)

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

Needs

- Disseminate IPC guidance for home and community care providers and Dissemination of messages and materials in local languages and adopt relevant Communication channels.

- Engage with existing community-based networks, media, local NGOs, schools, local governments and other sectors such, education sector, business using a consistent mechanism of communication. Conduct focus training on COVID-19 prevention, preparedness and response for 20 community-based networks

- GBV Risk mitigation: Media messaging an GBV risks and response

Response

Risk communications and community engagement efforts are being coordinated by UNICEF. UNICEF and WHO produced Information, Education and Communication (IEC) materials which were made available in different languages such as: leaflets, posters, videos, animations and songs that provide information on COVID-19 symptoms, prevention guidelines, encourage the adoption of positive health practices and recommend staying at home.

Country-wide

Basic information and tips on COVID-19 are sent to over 13.5 million mobile phone subscribers daily. COVID-19 messages are shared through more than 20 electronic/online newspapers, 13 daily newspapers, to media personnel and television reporters of 30 TV channels (national and international). National TV, Khartoum TV, BN TV, Sudania 24 TV continue to broadcast programs on positive behaviors for COVID-19 prevention, while 95% of the state radio and TVs have also broadcasted programs to address COVID-19 prevention measures. The combined reach of these efforts is estimated at 31 million people.

UNFPA supported FMOH in the production of a music video called "White Army" to pay tribute to Doctors, Nurses, Midwives and all health care providers working on the frontlines of the COVID-19 response.

UNFPA led an 18 day campaign in all states, rolled out by youth networks and NGOs to raise awareness about COVID19 risks. Youth and NGOs patrolled gatherings and sent out risk awareness messages through loudspeakers.

Khartoum State

IOM through the Migrant Resource and Response Centre (MRRC) in Khartoum reached out to 140 migrants (mixed nationalities) with COVID-19 awareness SMS messages. The MRRC is also undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants, such as the phone-based medical and PSS counselling.

White Nile, Blue Nile and Sennar States

In White Nile, Blue Nile and Sennar states, 17380 IEC materials were distributed. Approximately, 1,037,324 people reached through TV and Radio awareness programs. 1,258,960 were reached through loudspeaker announcements, 13,442 people received SMS communication and 19 information murals were painted. Additionally, 240,500 people were reached through announcement made at mosques in Sennar and White Nile.

West and Central Darfur

https://reports.unocha.org/en/country/sudan/

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In West and Central Darfur, in collaboration with SMoH, UNICEF provided COVID-19 messages to 243 active groups on the WhatsApp platform.

UNFPA distributed 2000 dignity kits integrated with community sensitization on COVID-19 for vulnerable women and girls in El Geneina town and IDPs gathering sites.

South Darfur

Sudanese Hilef for Peace and Development Org (SHPDO) is conducting joint awareness campaigns on COVID-19 prevention. The campaign is targeting the most congestive areas in Katella, Tullus and Eddelfirsan localities.

Kassala State

Youth networks supported by UNFPA recorded and aired a 6 days-long local language radio campaign in Kassala state, covering prevention methods, stay at home orders and how to report symptoms to authorities.

West Kordofan State

On 19 – 20 April 2020, UNHCR in coordination with the Sudanese Red Crescent Society (SRCS) conducted a non-food items (NFIs) distribution to some 230 families of newly relocated refugees to Abu Ellikri in Keilak locality in West Kordofan State. During the NFIs distribution, UNHCR also conducted awareness raising sessions for the refugees newly relocated through distribution of posters and sanitizing the distribution and waiting areas.

Gaps

No gaps reported.

SECTOR STATUS (30 Apr 2020)


Needs

- Production and distribution of guidelines, contact tracing, and case definition formats.
- Enhance existing surveillance system to enable monitoring and reporting of COVID-19 transmission.
- Produce weekly epidemiological reports and disseminate to all levels and international partners.
- Contact tracing through health promotion and rapid response teams and Training of surveillance officers on case definition and contact tracing.
- Support RRT through operational costs, subsidies, material and supplies and capacity building in order to strengthen surveillance, case detection and early action.
- Train and equip community protection works, social workers, community workers, health workers staff in prisons on identification and documentation of UASCs and referral mechanisms for PSS and alternative care.
- Production and distribution of guidelines, FTR, SOP’s for case management, provision of PSS alternative care revised to incorporate the COVID response
Response

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

The World Health Organization (WHO) trained ten Rapid Response Teams (RRT) in Khartoum state. A training for RRTs to cover all localities in Sudan will be completed by the end of April–1242 people will be trained as part of this programme. Additional Rapid Response Team training supported by WHO is on-going in all other states except Northern state. The rapidly evolving COVID-19 situation in Khartoum and Gezira states the need for additional teams has prompted WHO to start planning for additional RRTs in both states.

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

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

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

Gaps

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

SECTOR STATUS (30 Apr 2020)

COVID-19 Response Pillar 4: Points of Entry (PoE)

Needs

- Training for PoE staff on surveillance and case definition/ referral protocols.
- Establish/ rehabilitate Isolation room in selected PoEs and support with WASH supplies and access to water and sanitation.
- Provide Personal Protection Equipment (PPEs) and Infection, Prevention and Control (IPC) supplies in PoEs and their attached isolation rooms staff
• Provide/support running of ambulances.
• Print and distribute IEC materials to travellers.
• Incentives for PoE medical staff.
• Conduct joint WHO/FMOH supervision to designated isolation unites to monitor adherence to treatment and IPC protocols.

**Response**

All PoEs are currently closed and the priority is to continue to strengthen readiness of the PoEs before they re-open.

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

The FMoH and WHO are procuring necessary supplies for the PoEs including ambulances, capacity building and rehabilitation of isolation centres at PoEs.

WHO supported training of 65 teams at PoEs on COVID-19 surveillance and infection control measures utilizing WHO interim guidance on surveillance and infection prevention and control. A total of 50 volunteers trained to start health education in Port Sudan focusing on COVID19. IPC (Infection Prevention and Control) material for the triage and primary screening areas in PoEs was donated by WHO.

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

**Gaps**

• Sudan urgently requires more isolation centres to receive returnees. These centres will require beds, WASH facilities and food.

**SECTOR STATUS (1 May 2020)**

**COVID-19 Response Pillar 5: National Laboratories**

<table>
<thead>
<tr>
<th>22%</th>
<th>130</th>
</tr>
</thead>
<tbody>
<tr>
<td>testing goal achieved</td>
<td>tests per day</td>
</tr>
</tbody>
</table>

**Needs**

• Provide Personal Protective Equipment (PPE)
• Provide rapid testing kits and lab supplies, reagents, swabs, and transport medium
• Build capacity for collection, storage and transportation of samples
• Shipment of specimens to international reference laboratories

Response

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

Currently all COVID-19 tests are processed by the National Public Health Laboratory (NPHL) in Khartoum. The Government of Sudan, supported by WHO, has increased the testing capacity of National Public Health Laboratory (NPHL) in Khartoum to 130 tests a day. Additional labs in Red Sea and Gazira are functional and processing tests, however, their existing capacity not known. The goal is to increase the overall national capacity to reach 600 tests per day to increase the overall capacity to 600 tests per day.

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

Gaps

Data on testing capacity of Red Sea and Gazira state labs.

SECTOR STATUS (30 Apr 2020)

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

Needs

• Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
• Disseminate IPC guidance and messages for home and community care providers in local languages and adopt relevant communication channels
• Carry out training to address any skills and performance deficits and Engage trained staff with technical expertise to implement IPC activities, prioritizing based on risk assessment and local care-seeking patterns
• Support access to water and sanitation for health (WASH) services in public places and community spaces most at risk including handwashing facilities in high risk spaces focusing on isolation and treatment centres
• Improve WASH facilities in designated health facilities for COVID isolation centres.
• Prepare child friendly messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
• IPC in non-treatment health facilities including training, equipment and guidelines in PHC and rural health facilities
• Medical waste management

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

Country-wide

State-level WASH assessments of isolation centers were conducted, and response plans were prepared for West Darfur, Central Darfur, White Nile, Kassala, Red Sea, Gedaref and Sennar states.

20 isolation and medical centres in 10 states (North, South, East, West and Central Darfur, South Kordofan, White Nile, Red Sea, Kassala and Gedaref States) were provided with supplies to cater to the needs of 2,400 caseload. These supplies are enough for the next three months included, 900 kg of chlorine powder for the preparation of 117,000 liters of chlorine disinfection solution, 675 liters of alcohol sanitizers, 16,200 handwashing soap bars, and 28 (5,000 liters) water storage tanks were distributed.

Khartoum State

Approximately 191 healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE) at isolation centres in Khartoum state. In addition, UNICEF delivered boot covers (2,000), heavy-duty gloves (180 boxes), masks and liquid soap to the following to Jabra Isolation Centre in Khartoum.

607,320 bars of soap were delivered to WFP/UNHCR to be distributed along with the food basket for targeted vulnerable 200,000 households in Khartoum State during the lockdown IOM donated PPE items to the SMoH to support sensitization and disinfecting campaigns across public areas (marketplaces, bus stations, streets) in seven localities in Khartoum. IOM has installed 5 hand-washing stations at the quarantine centre in Omdurman, currently hosting Sudanese returnee migrants from Libya.

IOM through the MRRC also delivered PPE items (216 items including hand sanitizers, masks, gloves, disinfectant sprays and soaps) on 22 April 2020 to the Ethiopian Community Safe House and to the FMOH for the use at the Ibrahim Shames Eldin Isolation camp in Omdurman.

To support demonstrations during trainings on IPC, UNICEF also delivered supplies including 140 medical gowns, 20 hand sanitizer, 140 heavy duty gloves, 10 Mask, high-fil, FFP2/N95, no valve, PAC/20 and 10 examination gloves to the Federal Ministry of Health.

Kassala State

UNHCR distributed 126,000 pieces of soap in Wad Sharifie and Shagarab refugee camps in Kassala State, East Sudan, as a COVID-19 prevention measure. As a next step, UNHCR will distribute additional pieces of soap in the reception centers.

West Darfur

UNICEF rehabilitated the water system of El Geneina Isolation center, West Darfur The State Ministry of Health in West Darfur, with the support of UNFPA, delivered seven training sessions on COVID-19 infection prevention and control for 105 Midwives serving in emergency and obstetric care facilities in the state. The training addressed gaps and defects in IPC and protection of health care providers and patients from COVID-19.

Gaps

- Personal Protective Equipment supplies at the state level.

- Humanitarian funding for WASH activities is currently at 6.5 per cent, limiting the COVID related WASH activities such as increasing supply of soap and water for hygiene activities.
The women's prison in Omdurman needs hygiene and PPE items for 149 Sudanese and 100 South Sudanese women prisoners, along with COVID-19 awareness raising activities.

SECTOR STATUS (30 Apr 2020)

COVID-19 Response Pillar 7: Case Management

Needs

- Identify Intensive Care Unit capacity in terms of equipment and supplies and renovation and support establishment
- Ensure comprehensive medical, nutritional, and psycho-social care for those with COVID-19 including provision of dignity kits in isolation centres. Deploy rapid response teams in to support psycho-social care
- Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co morbidity
- Use innovation and technology (app-based learning) to build capacity of health care providers on case management of patients
- Incentive for medical staff at isolation centres
- Training of health workers on case management, IPC protocols and case definition and IPC training for ambulance and triage
- Printing and distribution of guidelines and protocols for 30,000 WHO Essential medicines, IPC supplies and consumables for health facilities and Support rehabilitation of isolation centres to function as appropriate
- Provide/rehabilitate WASH facilities in health facilities and isolation centres including waste management
- PPE for medical staff

Response

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

IOM, through private sector partners, has been able to secure the donation of 20 AC units as a first step towards improving the ventilation system of Jabra Hospital. The works for the installation of the AC units is on-going. Before the start of the works, IOM medical team carried out a training for 7 workers and distributed PPE materials to ensure the safety of the workers, the medical team and patients at the Jabra hospital.

WHO is supporting training for Ministry of Health staff on case management at state level. MSF, WHO and FMoH trained staff - including 40 emergency doctors - from 90 hospitals on case management, IPC and triage. An additional 168 people were trained in Red Sea, Sennar and Blue Nile states. Approximately 100 ambulance drivers have been trained on infection control.
UNFPA supported the printing of 58,000 copies national protocols on case management of COVID-19 including information on triage, case management, ambulance cleaning, home care and a COVID-19 severity scoring tool.

UNFPA distributed reproductive health kits to the FMOH for both Jabra Treatment Centre and prepositioned kits at Universal Hospital to ensure that the facilities are responsive the needs of pregnant women confirmed/suspected with COVID19. UNFPA has also distributed 50 dignity kits to women in isolation in White Nile. An additional 25 dignity kits have been distributed to female medical staff in the isolation centre.

In South Darfur, two ventilators have been installed at the Nyala Teaching Hospital and the Eye Hospital, which have been identified as isolation centres. The State Ministry of Health (SMoH) has received 20,000 Personals Protective Equipment (PPE) from the Federal Government and health insurance in addition to what was procured from abroad and is now in Nyala.

CARE International Switzerland (CIS) trained 144 staff from Kalma, Kass, El Salam and East Jebel Marra localities on case definition and case management. The SMoH carried out a two days training of 28 medical staff, including medical doctors, public health officers and laboratory technicians on case management. WHO supported the training of a further 56 medical staff (medical doctors, public health officers and laboratory technicians). American Refugee Committee (ARC) trained 27 medical staff from Beleil, Kalma, El Salam, Gerieda and Dimso localities in surveillance.

On 22 April, CARE International Switzerland in coordination with the Ministry of Health (MOH) commenced a 6-day training for health staff from Abu Jubaiha, Talodi and El Leri localities, South Kordofan State, aimed at building the capacity of the health workers in COVID-19 preparedness and response. In the Kordofans States, UNHCR has agreed with the authorities to adapt one room in every refugee reception centre as an isolation room.

**Gaps**

- Personal Protective Equipment for medical staff.
- Low levels of stock of medicines and medical supplies inside the country amidst rapidly raising prices.
- Supplies are required for isolation centres outside of Khartoum.

**SECTOR STATUS (30 Apr 2020)**

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

**Needs**

- Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies, including COVID-19 DC and patient kit reserve in-country
- Review procurement processes (including importation and customs) for medical and other essential supplies, and encourage local sourcing to ensure sustainability
- Support to MoH - equipment and consumables
- Air freight to Khartoum

**Response**
WFP is assessing the availability of storage capacity in warehouses and identifying needs including cold chain capacity. WFP has procured 11 refrigerated containers which are expected to arrive in the country end of the month to support storage of medical items requiring cold storage.

Logistics working group, chaired by WFP, holding regular meetings to discuss issues around the pillar. Among issues discussed was the critical shortage of fuel in the country.

WFP has compiled the master list of supplies being procured by agencies.

The country-wide distribution list of medical supplies is currently being compiled by WHO on behalf of the FMOH.

The first air cargo / shipment organized by UNHAS and WFP aviation, Rome, originating from Nairobi; was received in the country. The cargo which included supplies related to COVID-19, belonged to GOAL and WFP.

UNHAS continues to deliver humanitarian cargo to different states.

Gaps

- The closure of borders has negatively impacted arrival of supplies—the majority of which arrive through Khartoum or Port Sudan.
- The shortage of fuel is affecting transportation, which will negatively impact moving supplies across the country.

**EMERGENCY RESPONSE (30 Apr 2020)**

**Save the Children supports Khartoum Teaching Hospital in COVID-19 response**

In the wake of the COVID-19 pandemic in Sudan, Minister of Health Akram Eltoum and WHO called for support to the Ministry of Health in fighting CoVID-19 outbreak. In efforts to support the Federal Ministry of Health in COVID-response, the international NGO Save the Children (SC) provided assistance through the rehabilitation of the isolation center at Khartoum Teaching Hospital.

"*Save the Children teams are working non-stop to support the Ministry of Health in their efforts to fight the pandemic,*" said Arshad Malik, Save the Children Director in Sudan. "*Although children are not at high risk by the pandemic, but if their families, care givers or communities were affected, it will put them at high risk for exploitation and poverty.*"

Other assistance provided to Khartoum teaching hospital includes the rehabilitation of the building; ensuring a 110 bed capacity in the hospital, with possibility of adding 40 more beds; repairing 14 ventilators, oxygen concentrators, suction machines and other medical equipment; provided 2,500 personal protection equipment (PPE) for staff; and supporting FMOH with incentives of 90 staff working in the hospital as well as a dedicated nutritionist to ensure nutritional needs of children and pregnant lactating mothers are met. In addition, Save the Children will provide FMOH with technical support to manage the facility, which is the only facility in country that has separate children and female wards.
COORDINATION (30 Apr 2020)

HRP 2020 response continues across Sudan, with about 2 million people assisted with food

Humanitarian partners are providing assistance to hundreds of thousands of people in need in Sudan under the 2020 Humanitarian Response Plan (HRP). So far, at least about 2 million people has received food and livelihoods assistance, with assistance in other sectors continuing albeit with some adjustments in view of the COVID-19 situation and its impact. In 2020, the humanitarian community is aiming to assist 6.1 million people in Sudan, focusing on those living in 120 localities with the highest convergence of inter-sectoral needs as identified by the Humanitarian Needs Overview (HNO). According to the 2020 HNO, there are 9.3 million people in need of humanitarian assistance in Sudan.

Some 42 per cent of people targeted for response are in the five Darfur states. A further 20 per cent are in Blue Nile, South Kordofan, North Kordofan and West Kordofan states. About 18 per cent are located in the four eastern states. A further 20 per cent are located in the central states, including Khartoum, which seems to be the epicenter of the COVID-19 cases and related mortality so far.

General

Life-saving food and nutrition assistance continues throughout the country, while taking measures to minimize the risks of COVID-19 transmission, with 1.93 million people having received food assistance in March 2020. WFP plans to assist beneficiaries with a double ration in April, covering food requirements for April and May. Doubled distributions will be implemented both for in-kind and cash-based transfers.

Post-harvest losses (PHL) campaign continues, informing partners of hermetic storage to safely store their harvest has been completed for the three states of White Nile, North and West Kordofan. PHL activities were also completed in Kassala, Gedaref, Blue Nile, White Nile and North, West, Central, South and East Darfur states, reaching 37,400 farmers with PHL training and safe storage equipment.

Rapid response and anticipatory response to Desert Locusts: FAO and partners are working on rapid response and anticipatory actions mainly: i) control operations, surveillance, assessment and environment, health and safety; ii) Promoting early recovery through Farming re-engagement packages including cash and Livestock based livelihoods packages. The Food Security and Livelihoods (FSL) sector, in close contact with FAO and Government, has undertaken spraying and surveillance of desert locust in areas at risk. As of 28 April, FAO and partners received US$5.5 million of the required $9 million for the desert locust response in Sudan through December 2020.

Eastern Sudan

Nutrition support through home fortification. Trainings on Home Fortification (HF) were undertaken in Blue Nile and Red Sea from the 9 – 13 of March, targeting State Ministry of Health counterparts and nutrition partners. Home fortification will assist families to address nutrition in the home through micronutrient powders and other means.

Food voucher distributions in Shagarab refugee camps. About 44,800 men, women and children in Shagarab refugee camps in Gedaref State received food rations for two months.

Darfur

https://reports.unocha.org/en/country/sudan/
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North Darfur

Nutrition activities continue, including the Expanded Programme on Immunization (EPI), Community Management of Acute Malnutrition (CMAM) for all Outpatient therapeutic programmes (OTPs) and stabilization centres (SCs) and Infant and Young Child Feeding (IYCF) at facility level across rural areas including at IDPs camps and settlements. Partners are reviewing whether to provide a two-week Ready-to-Use Therapeutic Food (RUTF) ration, dependent on availability of supplies.

South Darfur and East Darfur

General food distribution for IDPs and refugees in South and East Darfur states: Following the monthly food aid distribution, WFP is targeting 427,719 IDPs and 14,842 IDPs living in South and East Darfur respectively. The targeted IDPs are the most vulnerable categories who receive monthly general food distribution. Two months ration (April and May) was provided for approximately 130,396 IDPs in South Darfur. For the refugees, WFP will distribute two months food aid to 22,424 refugees living in South Darfur and 55,633 refugees in East Darfur.

Nutrition operations are running normally in all feeding centers, using guidelines for CMAM/IYCF in COVID-19 situations. Mobile nutrition support provided in the Jebel Marra area: Partners and the State Ministry of Health (SMoH) have provided mobile OTP with EPI to Dangaya and Kalokoting villages in South Jebal Marra during the market days; so far 26 SAM children were admitted into OTPs. Nutrition supplies have been prepositioned to all priority areas.

NFI distributions and support continue as normal and partners are responding to a fire in Al Salam IDP camp.

Central Darfur

Food distributions continue in Zalingei IDP camps as well as three Jebel Marra localities, including general food distribution (GFD) both cash and in-kind for three months (April-June) in these locations. WFP will also distribute food to Um Shalaya camp refugees.

Support for rainy season preparedness provided: The FSL sector is at the planning stage to provide support for rainy season cultivation through seed distribution to 5,000 households.

Protection partners undertake remote monitoring with community leaders in the state.

Nutrition activities continue, partners are distributing RUTF (2 weeks) and RUSF ration for one month.

BACKGROUND (30 Apr 2020)

Desert locust update

The desert locust situation in Sudan is calm, with only a few scattered adult locust on the Red Sea coast and interior of the country, according to the latest Desert Locust Situation update from the Food and Agriculture Organization (FAO) issued this week.

To curb the spread of the desert locust and safeguard livelihoods and promote early recovery, FAO and partners are seeking US$9 million from donors. As of 28 April, $5.5 million has been received – a significant increase compared to $1.55 million reported by FAO on 12 March. For more details on the response ongoing, funding received, and other aspects of the desert locust response please see the Desert Locust Dashboard by FAO Sudan below.
According to FAO, the desert locust (Schistocerca gregaria) is the most destructive migratory pest in the world. In response to environmental stimuli, dense and highly mobile desert locust swarms can form. They are ravenous eaters who consume their own weight per day, targeting food crops and forage. Just a single square kilometre of swarm can contain up to 80 million adults, with the capacity to consume the same amount of food in one day as 35,000 people. Large swarms pose a major threat to food security and rural livelihoods.

For more information on the Desert Locust and Desert locust crisis in East Africa click here

**EMERGENCY RESPONSE (30 Apr 2020)**

**Assistance to returning IDPs in and around El Geneina, West Darfur**

Humanitarian partners continue to respond to the needs of displaced people in El Geneina town as well as returnees to Krinding camps near El Geneina in West Darfur. Most of the IDPs in El Geneina town returned to Krinding camps following displacement in late December 2019 - early January 2020.

According to Sudan’s Humanitarian Aid Commission (HAC) and partners, approximately 46,000 people were displaced, including 32,000 internally displaced persons (IDPs) from three IDP camps (Krinding 1, 2, and Al Sultan IDP camps), and the rest from Kreding, Bab Al Jenan, Dar AlSalam, and Dar Alnaiem.

The Emergency Shelter/Non-Food Items (ES/NFI) sector continues to distribute NFIs in relevant displacement sites. To ensure physical distance, the UN Refugee Agency (UNHCR) staff used gathering points of IDPs such as schools in El Geneina from which IDPs had recently returned to the Krinding camps. Since January, almost 50,000 IDPs received NFI support.

In addition, the international NGO Triangle Génération Humanitaire (TGH) started distribution of shelter materials in Krinding2 camp on 26 April. The distribution targets the IDPs who returned to Krinding2 camp from El Geneina gathering points. TGH has distributed shelter materials to 314 families out the 532 targeted families along with the construction of 500 household latrines and the provision of 500 dignity kits. TGH also finalises 106 shelters in Krinding 2 camp. In total, TGH is providing 500 shelters to the returned IDPs.

Another international NGO, CONCERN, is procuring 200 shelter materials to support returned IDPs in Krinding2 camp. According to the damage assessment conducted in March 2020 in the three camps of Krinding (1, 2 and Sultan House), about 2,500 houses were destroyed in Krinding 2 camp during the violence in the camps at the end of December 2019. HAC and the community leaders of Krinding 2 submitted a list of 2,730 affected households who need shelter assistance.

**ANALYSIS (29 Apr 2020)**

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

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

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

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

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

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

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

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

FORECAST (16 Apr 2020)

COVID-19 impact on food security in Sudan

The COVID-19 pandemic is likely to have an impact on food security and nutrition in Sudan by affecting the pillars of food security. While the situation is changing rapidly, some of the recent developments and trends are set to have a major impact on the situation in the country.

The 2019 FAO Crop and Food Supply Assessment Mission (CFSAM) to Sudan report issued in February 2020 says that Sudan's wheat production this year is estimated at 726,000 tonnes, which is about 25 per cent of the country's total utilization of wheat (2.9 million tonnes). This indicates that this year Sudan needs to import about 2.2 million tonnes of wheat. For import-dependent crops like wheat, maize and rice, Sudan usually imports around 70 to 80 per cent of the amount as local production is below the national demand and consumption.
In 2019, Sudan imported 2.7 million tonnes of wheat and wheat flour at the value of about US$1.1 billion, according to the latest foreign trade update from the Central Bank of Sudan (CBoS).

**WFP to import 200,000 mt of wheat**

On 13 April, WFP Sudan signed an agreement with the Ministry of Finance to import 200,000 metric tons of wheat, which will help ensure a continuous supply of flour to local bakeries. This amount is equivalent to about 10 per cent of Sudan's required wheat import for 2020.

The Government will repay WFP in Sudanese pounds, which will enable the CBoS retain more than $50 million in hard currency needed to provide strategic commodities. In 2020, WFP and other food security and livelihoods sector partners aim to assist 4.7 million people in need across Sudan.

**Wheat export restrictions and outlook**

In light of COVID-19 and related measures some grain exporting countries have introduced restrictions on the exports. On 2 April, the government of Russia announced restrictions on the exports of grains, including wheat, limiting it to 7 million tonnes between 1 April and 30 June 2020. Russia is one of the world's top wheat exporters. In the agricultural year from July 2018 to June 2019, it exported more than 43.3 million tons of all grains, including 35 million tons of wheat, according to Russian media reports.

Some other grain exporting countries, including Romania and Ukraine, have followed suit, also restricting grains exports. This does not bode well for Sudan, especially, if these restrictions are extended beyond June.

In 2019, Sudan imported 86 per cent of wheat from these three countries, with imports from Russia accounting for about 66 per cent of the total value of wheat imports (US$0.8 billion), according to the CBoS.

The situation is aggravated by the shortages of hard currency to import strategic commodities. The International Monetary Fund (IMF) said in a report issued in March 2020 that Sudan's international reserves were low, estimated at $1.4 billion in October 2019 or equivalent to two months of imports. Limited foreign exchange for fuel imports has led to rationing, persistent shortages, and disruptions to electricity and food supplies, IMF said.

**COVID-19's possible impact on food security**

In its April 2020 Early Warning Bulletin, Sudan's Food Security Technical Secretariat (FSTS) said if the COVID-19 cases continue to increase, the food security will be affected as part of the affected people is part of the productive workforce. It will also affect food availability and food utilization, as well as parts of the economy more exposed to weakened demand or supply issues such as transportation, energy or manufacturing. The direct effect will be in food markets, shortage of labor, if the situation continues, FSTS said. Another impact will be seen in transport interruptions and quarantine measures limiting farmers’ access to input and output markets; and an increase in food loss and waste resulting from food supply chain disruptions. On the other hand, soaring of food prices and poor purchasing power will negatively affect the food access. The consumption patterns will be shifted towards low quality and quantity food and this will increase the malnourished rates, FSTS said.

According to the FAQ, countries with existing humanitarian crises (including Sudan) are particularly exposed to the effects of the COVID-19 pandemic. Even as their own domestic needs may be rising as a result of the pandemic, it is critical that donor countries ensure continued delivery of humanitarian assistance where food insecurity is already high.

In 2020, 9.3 million people in Sudan will need humanitarian assistance and the Humanitarian Response Plan partners aim to assist 6.1 million people, including 4.7 million with food and livelihood assistance. For more information, please see the HRP 2020. One of the main drivers of the increase in the number of people in need in Sudan over the past few years has been
the economic crisis marked by high inflation, poor economic growth, and shortages in fuel, wheat and medicine supplies. In its newly released World Economic Outlook (WEO) report on the impact of COVID-19 on the world's economy, IMF said that after contraction in 2018-2019 Sudan's economy is expected to contract further by 7.2 per cent.

ANALYSIS (9 Apr 2020)

Medical supply chain likely to be affected by COVID-19 measures

As part of the measures to prevent the spread and control COVID-19, ships passing through the Suez Canal into Port Sudan, Sudan's main port for the imports of strategic commodities, will remain in quarantine for 14 days. This is also applicable to shipments from China, Egypt, Japan, Iran, South Korea and Europe. There are concerns that this will delay any consignments, including vital medicines and medical supplies.

Customs clearance procedures for medicines and medical supplies, including those related to COVID-19 response, normally take between 3-4 weeks if there are no interruptions. Currently, humanitarian agencies are facing challenges in terms of clearance of medical supplies due to working from home arrangements and due to some government entities working with limited staff (30 per cent), which impact the whole process.

As the current regular procedures take time and affect the ability to respond to COVID-19, the UN and its partners advocate for the fast track release of all shipments and supplies for the COVID-19 response on an exceptional basis.

Prior to COVID-19 Sudan's imports of medicine and medical supplies were already affected by economic crisis. In 2019, Sudan's medicine imports were 20 per cent less compared to 2017, according to the latest update from the Central Bank of Sudan (CBoS). This results in lower availability of medicines in both government and private sectors compared to previous years, according to the Federal Ministry of Health (FMoH) and the World Health Organization (WHO). For more on imports of medicines, see an earlier report by OCHA Sudan.

Given the limited health infrastructure and the fact that most of the pharmaceuticands and medical supplies consumed in Africa are imported, earlier this month Africa's finance ministers called on the international community to support the upgrade of the health infrastructure and to provide direct support to the existing facilities. For more on how African economies might be affected by COVID-19 and related challenges please see this link provided by the UN Economic Commission for Africa (UNECA).

Meanwhile, the Islamic Development Bank (IDB) in Jeddah, Saudi Arabia, donated US$50 million to the FMoH for COVID-19 response in the country. In addition, as part of its global humanitarian and health assistance response to the COVID-19 pandemic, the United States announced on 27 March a donation of $8 million to Sudan. This assistance will primarily provide health-related support and supplies to bolster WASH activities.

ANALYSIS (29 Apr 2020)

7.6 million people in Sudan received humanitarian assistance in 2019

In 2019, 7.6 million people across Sudan received humanitarian assistance provided by the United Nations and partners under the Humanitarian Response Plan (HRP), according to the 2019 HRP Monitoring Report (January - December 2019) released this week. This includes 7.1 million people who received multi-sectoral assistance (assistance from more than two sectors), according to the HRP Monitoring Report. The delivery of multi-sectoral assistance in 2019 varied geographically. The overwhelming majority of the multi-sectoral response – 90 per cent – focused on the Darfur region, South Kordofan, West Kordofan and Blue Nile states.
Darfur accounted for about 65 per cent, while South Kordofan, West Kordofan and Blue Nile received 25 per cent of the multi-sectoral assistance. In the central and eastern parts of Sudan, however, partners struggled to reach people, with those areas accounting for nine per cent of the people who received multi-sectoral assistance.

While needs have been increasing in these areas, there was a lack of partners who could deliver multi-sectoral assistance and lack of funding to implement programmes – these shortages of resources have hampered the timely delivery of services.

For more information and details, see the report here