HIGHLIGHTS (11 May 2020)

- As of 10 May 2020, there are 1375 people confirmed to have COVID-19 Sudan, including 70 fatalities.

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

- 8 States in Sudan have implemented containment measures such as curfews to limit the spread of COVID-19.

- UNHCR relocates CAR refugees to a new site with better assistance in Central Darfur.

COVID-19 cases in Sudan as of 10 May 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

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<td>9.3M</td>
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FUNDING (2020)

<table>
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<td>$1.4B</td>
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Progress: 21%

FTS: https://fts.unocha.org/appeals/870/summary

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SUDAN — TRENDS (11 May 2020)

Federal Ministry of Health confirms 1375 cases as of 10 May

- First case: 14 March 2020
- Total cases: 1375 (as of 10 May 2020)
- Total deaths: 70
- States affected: 18 out of 18 states
- Schools: Closed (8,375,193 learners affected)
Borders/flights: All land borders closed. On 20 April, Sudan Civil Aviation Authority extended the closure of airports for international and domestic flights until 20 May 2020. This excludes scheduled cargo, humanitarian aid and technical and humanitarian support flights; airlines operating in the oil fields; and evacuation flights for foreign nationals. UNHAS passenger flights have stopped, while cargo are still operational.

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

Situation

Sudan recorded its first COVID-19 case on 14 March 2020. Since then, the Federal Ministry of Health has confirmed that 1375 people contracted the virus, including 70 who died from the disease. The majority of the confirmed cases are in Khartoum State. In advance of the three-week lockdown in Khartoum State, authorities targeted 600,000 urban poor for a one-off assistance, including food parcels and other essential supplies during the emergency period. The Ministry of Finance and Economic Planning (MoFEP) has also been working on different options to support the population during the COVID-19 lockdown. Among the activities, the MoFEP developed a plan to scale up financing to the health sector and provide cash transfers to 80 per cent of the population—more than 30 million people—most of them informal sector workers whose livelihoods will likely be affected by the restrictions. Each person will receive SDG500,00 (around US$9,00) per month, according to the Ministry. In addition, the MoFEP informed it would carry out a civil service salary reform to help those on fixed incomes; cushion the private sector through tax and customs exemptions; and it is also evaluating possible support for exporters and other productive industries affected by exchange rates and depreciation.

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

Immediate priorities include:

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

Official sources:

Sudan Federal Ministry of Health
WHO Sudan Twitter

Other sources:

COVID-19 Educational Disruption and Response, by UNESCO
COVID-19 Response Pillar 1: Country Level Coordination

15 states with coordination mechanisms

$1.3M required

Needs

Immediate priorities are to strengthen state-level coordination mechanisms.

Response

The COVID working group has been activated with UN agencies designated staff for each pillar of the response. In May, United Nations partners updated the Corona Virus - COVID-19 Country Preparedness and Response Plan (CPRP) developed to support the government of Sudan and national preparedness for COVID-19. The plan, which requires USD $87 million to implement, focuses on public health measures. The plan will be updated monthly or if the situation changes.

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

At state level, WHO will take the lead in states where they have presence and in states with limited WHO presence, another partner organization will take the lead. National pillar focal points will work closely with the state focal points, providing the necessary technical guidance. In the states where there is an Area Humanitarian Country Team (A-HCT) or an established humanitarian coordination architecture, Covid-19 focal points will work under these mechanisms. The aim is to work through existing coordination mechanisms to the extent possible.

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

Gaps

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

SECTOR STATUS (7 May 2020)
COVID-19 Response Pillar 2: Risk communication and community engagement

74% pop. reached by COVID-19 messaging

$8.8M required

Needs

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

Response

Risk communications and community engagement efforts are being coordinated by UNICEF. UNICEF and other partners produced Information, Education and Communication (IEC) materials which were made available in different languages such as: leaflets, posters, videos, animations and songs that provide information on COVID-19 symptoms, prevention guidelines, encourage the adoption of positive health practices and recommend staying at home. In addition, basic information and tips on COVID-19 are sent to over 13.5 million mobile phone subscribers daily. COVID-19 messages shared through more than 20 electronic/online newspapers, 13 daily newspapers, to 2014 media personnel on WhatsApp platform and television reporters of 30 TV channels (national and international). The combined reach of these efforts is an estimated at 31 million people. 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. A website is under development that will provide a clearinghouse for COVID-19 communications materials. The projected launch date is the week of 10 May. In addition to sharing key resources, the website will debunk rumours related to COVID-19.

Gaps

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

SECTOR STATUS (7 May 2020)

70% states with trained RRTs

$3.5M required

**Needs**

- Improvement in contact tracing and scaling up the rapid response teams.
- Production and distribution of guidelines, contact tracing, and case definition formats.
- Enhance existing surveillance system to enable monitoring and reporting of COVID-19 transmission.
- Contact tracing through health promotion and rapid response teams and training of surveillance officers on case definition and contact tracing.
- Support Rapid Response Teams (RRTs) through operational costs, subsidies, material and supplies and capacity building in order to strengthen surveillance, case detection and early action.

**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) has trained Rapid Response Teams (RRT) in 13 states. A total of 153 teams are ready to respond to alerts. 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. An additional 43 RRTs will be trained in Gezira state and 35 RRTs will be trained in Khartoum state starting on 07 May 2020.

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 misclassification and loss of suspected cases.
SECTOR STATUS (7 May 2020)

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

$4.5M

required

Needs

Immediate priorities include strengthening the screening and quarantine facilities at points of entry.

Response

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

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

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 (7 May 2020)

COVID-19 Response Pillar 5: National Laboratories

22%
daily testing goal achieved

$2.4M

required

https://reports.unocha.org/en/country/sudan/
Downloaded: 11 May 2020
Immediate priorities include scaling up testing capacity and streamlining processes to prevent delays.

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 is 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.

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

SECTOR STATUS (7 May 2020)

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

$35.9M required

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

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

A distribution of PPEs was conducted in Khartoum state. In total, 413 PPE items were distributed to CTU, Alien Unit, Ethiopian and Eritrean safe houses, Omdurman Quarantine /isolation centre. The PPE includes hand sanitizers, masks, gloves, disinfectant sprays). State-level WASH assessments of isolation centers were conducted, and response plans were prepared for West Darfur, Central Darfur, White Nile, Kassala, Red Sea, Gedarif and Sennar states.

20 isolation and medical centres in 10 states (North, South, East, West and Central Darfur, South Kordofan, White Nile, Red Sea, Kassala and Gedarif 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.

IOM continues to provide targeted messaging to migrants through the Migrant Resource and Response Centre (MRRC) in Khartoum. 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. In addition, MRRC was able to reach to 39 migrants with phone medical counselling and prescription support and receive medication (15 clients).

**Gaps**

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

**SECTOR STATUS (7 May 2020)**

**COVID-19 Response Pillar 7: Case Management**

$26.2M required

**Needs**

Immediate priorities include the improvement and scaling up of isolation centres at the state level.

**Response**

FMoH plans to set up 18 case management centres in Sudan. There are currently 314 beds for case management available in Sudan, with different states of readiness. Khartoum has 125 beds in Umbadda, Khartoum and Jabra hospitals, with the intention to increase up to 1,433 beds across the country. Jabra remains the main centre receiving mild and severe cases. At state level, SMoH has identified the locations where isolation centers will be established, however, supplies are needed to make them fully operational.
IOM, through private sector partners, has been able to secure the donation of 20 AC units as a first step towards improving the ventilation system of Jabra Hospital. The works for the installation of the AC units is on-going. Before the start of the works, IOM medical team carried out a training for 7 workers and distributed PPE materials to ensure the safety of the workers, the medical team and patients at the Jabra hospital.

WHO is supporting training for Ministry of Health staff on case management at state level. MSF, WHO and FMOH trained staff – including 40 emergency doctors - from 90 hospitals on case management, IPC and triage. An additional 168 people were trained in Red Sea, Sennar and Blue Nile states. Approximately 100 ambulance drivers have been trained on infection control.

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 and dignity kits to isolation centres. In addition, UNFPA supported the establishment of a delivery room in the isolation center in West Darfur. The delivery room will be staffed by four trained midwives to accommodate the needs of pregnant women in the isolation center. In the Kordofans States, UNHCR has agreed with the authorities to adapt one room in every refugee reception centre as an isolation room.

**Gaps**

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

**SECTOR STATUS (7 May 2020)**

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

$4.7M required

**Needs**

- Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies, 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 from regional hub to Khartoum

**Response**

https://reports.unocha.org/en/country/sudan/
Downloaded: 11 May 2020
The Logistics Cluster was activated to support operations. The Emergency Service Marketplace has been launched. This digital platform provides information on services, availability, and overall logistics updates on the COVID-19 response.

WHO has a COVID-19 Partners Platform which includes a COVID-19 Supply Portal requesting and receiving globally sourced COVID-19 critical supplies through the UN COVID-19 Supply Chain System (CSCS)

Gaps

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

EMERGENCY RESPONSE (7 May 2020)

State authorities respond to the COVID-19 pandemic

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

Khartoum State

As of 18 March, Khartoum State was put in a three-week lockdown. Bridges linking Omdurman and Khartoum North are closed.

- **Gatherings**: All gatherings have been banned including weddings and Ramadan iftars. The Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services.

- **Airports**: On 20 April the Sudan Civil Aviation Authority (CAA) issued a decision to extend the closure of Sudanese airports for international and domestic flights until 20 May 2020. This excludes scheduled cargo flights; humanitarian aid and technical and humanitarian support flight; flights of companies operating in the oil fields; and evacuation flights for foreign nationals, according to the statement. UNHAS and UNAMID passenger flight have also been grounded but cargo flights are operational.

- **Curfew**: A curfew was put in place across the state and people can access neighbourhood shops, bakeries and pharmacies between 6:00 am and 1:00 pm daily.

- **Violations of curfew**: Fines will be levied for people breaking curfew, people assaulting doctors, people monopolizing food and medicine, or people spreading false information.

- **Borders**: borders with neighbouring states have been closed, with the exception for commercial vehicles carrying strategic commodities such as food, medicines and fuel etc.

- **Movement**
  - Movement of humanitarian supplies and staff is allowed with permits.
• Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.

• **Restrictions specific to humanitarians:** Only international NGOs implementing COVID-19 response may apply for movement permit.

**North Kordofan**

- **Borders:** North Kordofan State has closed its borders with other states and has deployed police and security forces at entry points.
- **Movement:** Only strategic commercial goods (food, medicine, fuel etc.) can enter the state.

**South Kordofan**

- **Gatherings:** All gatherings have been banned including all celebrations, Ramadan iftars and prayers at mosques, and queues in front of bakeries and fuel stations. Public transportation and busses need apply social distancing. The weekly market has been closed.
- **Restrictions specific to humanitarians:**
  - There will be no registration of new organizations.
  - No field activities, donor visits, or workshops will be held. Exceptions are for food and NFI distributions and for Nutrition and WASH interventions.
  - Staff presence at humanitarian organizations to be reduced to not more than five staff members in an office at a time.
  - Humanitarian and UNISFA Flights have been cancelled by local authorities, despite clearance from federal authorities.

**North Darfur**

- **Gatherings:** All markets in the state capital, El Fasher town, and pharmacies can work from 6:00 am to 2:00 pm. Mass Ramadan iftars and prayers in mosques have also been banned.
- **Congestion at the workplace:** All government staff have been given paid leave starting 4 May until after Eid, except for emergency staff.
- **Curfew:** Effective as of 26 April until further notice.
- **Violations of curfew:** Anyone who violates the curfew shall be liable to legal action.
- **Borders:** Entrances to El Fasher are closed. International borders with Chad and Libya have been closed since 25 March.
- **Movement:**
  - Permits are required for movement within the state.
  - Movement of humanitarian supplies allowed with permits.
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed.

**South Darfur**

- **Gatherings:** All gatherings have been banned. Markets close at 2:00 pm except for pharmacies, bakeries, gas shops water yards and water trucks. Only Friday prayers can be performed at mosques.
- **Congestion at the workplace:** Government offices are to work from 8:00 am to 12:00 pm.
• **Curfew:** Effective as so 23 April from 6:00 pm and 6:00 am.

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

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

• **Movement:**
  - Movement of strategic commercial goods (food, medicine, fuel etc.) allowed, but permission is needed for inter-state movement.
  - Humanitarian organizations can get permits from Police through HAC for inter-state movement and for movement of humanitarian supplies between localities and outside curfew hours.

**West Darfur**

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

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

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

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

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

**White Nile**

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

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

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

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

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

**Blue Nile**

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

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

• **Movement:** No public or private transport during curfew hours.
FEATURE (7 May 2020)

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

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

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

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

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

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

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

**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](https://reports.unocha.org/en/country/sudan/) 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](https://reports.unocha.org/en/country/sudan/) 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](https://reports.unocha.org/en/country/sudan/) 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 [FAO](https://reports.unocha.org/en/country/sudan/), 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](https://reports.unocha.org/en/country/sudan/). 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](https://reports.unocha.org/en/country/sudan/) 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 pharmaceuticals 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.

INTERACTIVE  (11 May 2020)

COVID-19 CBPF and CERF Allocations

COVID-19 CBPF and CERF Allocations
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