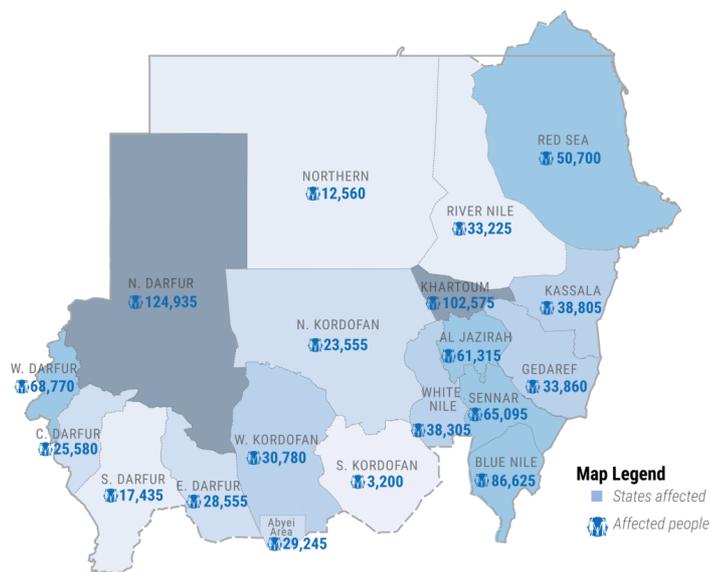


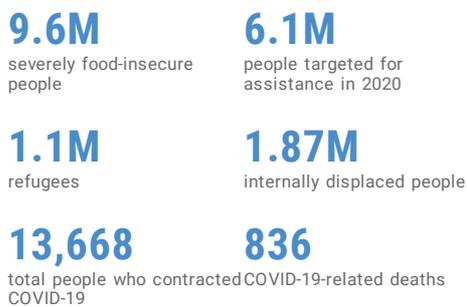
### HIGHLIGHTS (8 Oct 2020)

- Rains started to subside and flood waters are receding in Sudan, after months of heavy rainfall that left more than 875,000 people affected by unprecedented flooding.
- Over 10 million people are now at risk of contracting water-borne diseases and 4.5 million are exposed to vector-borne diseases, a 100 per cent more than in April 2020.
- Meanwhile, a surging inflation is leading to increased humanitarian needs in Sudan and hampering humanitarian assistance when millions of vulnerable people need it the most.
- COVID-19 transmissions continue and new cases of vaccine-derived poliovirus have been reported. Around 10 million doses of polio vaccine arrived in Khartoum.
- Humanitarians are responding, but the extremely low funding, especially for health and water, hygiene and sanitation services are hampering aid organizations' capacity to operate.

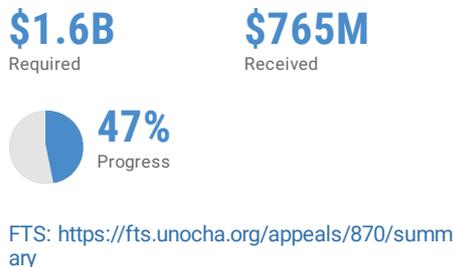


Flood-affected people by state, as of 6 October 2020 (Source: HAC)

### KEY FIGURES



### FUNDING (2020)



### CONTACTS

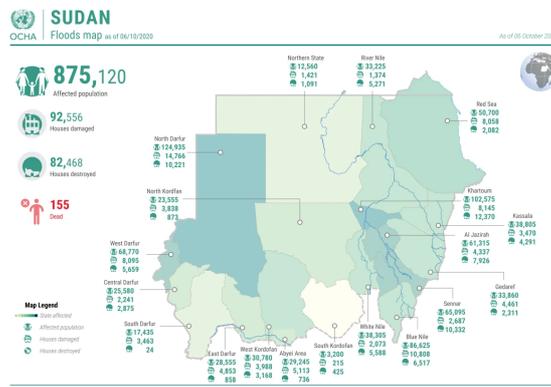
- Paola Emerson**  
Head of Office for OCHA Sudan  
[emersonp@un.org](mailto:emersonp@un.org)
- James Steel**  
Head, Communications and Information Management  
[steel@un.org](mailto:steel@un.org)
- Alimbek Tashtankulov**  
Head of Reporting  
[tashtankulov@un.org](mailto:tashtankulov@un.org)

### EMERGENCY RESPONSE (8 Oct 2020)

#### Floods in Sudan - Situation Report

##### HIGHLIGHTS

- Rains started to subside and flood waters are receding in Sudan, after months of heavy rainfall that left more than 875,000 people affected by unprecedented flooding.
- Torrential downpours, landslides, flash and riverine flooding have killed over 150 people and left a path of destruction in all states across the country, according to the Government's Humanitarian Aid Commission data.
- More than 30 per cent of the water samples analyzed across 13 states were contaminated and the extensive damage to hundreds of water sources, the collapse of several thousands of latrines increase the likelihood of disease outbreaks.



- Over 10 million people are now at risk of contracting water-borne diseases, and more than 4.5 million are exposed to vector-borne diseases, an increase of nearly 100 per cent if compared with April 2020.
- Malaria cases have increased in seven localities of North Darfur and different parts of Sennar State. West Darfur reported nearly 100 cases of chikungunya, and hundreds of cases of viral haemorrhagic fever have been reported in Northern, River Nile, Kassala, Khartoum, Sennar and West Kordofan states.
- Humanitarians are in a race against time to respond to the crisis and save lives, but the extremely low funding, especially for health and water, hygiene and sanitation services are hampering aid organizations' capacity to operate.

### SITUATION OVERVIEW

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

As of 6 October, 155 people lost their lives and the number of people critically affected reached over 875,000, according to the Government's Humanitarian Aid Commission. At least 150,000 refugees and internally displaced people are among those affected, according to UNHCR.

More than 82,500 houses have been completely destroyed and there are reports of nearly 92,600 houses damaged, generating dire and urgent need for shelter and household supplies. Several farms are flooded, especially in riverine areas along the White Nile, Blue Nile and Nile rivers, [according to WFP](#), in a country where 9.6 million people are facing severe hunger.

Over 560 schools are damaged and another 60 are being used as shelter by displaced people. This could further compromise the starting of the academic year, already postponed from September to the end of November, due to challenges with resources to adapt the fragile education system to minimize the risks of COVID-19. Access to clean water and health services, in the middle of the COVID-19 pandemic, has been compromised. Thousands of health centres are damaged or non-functional, around 30,000 latrines collapsed and the break of the Bout Earth Dam in Blue Nile State, on 29 July, risks compromising access to water for over 100,000 people, including IDPs and refugees, who rely on it as their primary source of water. The extensive level of damages increase the challenges to prevent and treat possible disease outbreaks. Malaria, dengue and cholera are endemic in several parts of Sudan, and the risk of these and other water-borne and vector-borne disease increases with the floods and stagnant water. The flooding also brings protection concerns, especially amongst children, women, and displaced people. Families who lost everything can be forced to rely on negative coping strategies to survive, including child labour that is already being reported, according to humanitarian partners. The lack of education services poses children at higher risk of exploitation, and the extra burden on affected families also increases cases of violence against women and girls. People living with disabilities or chronic diseases, elderly, pregnant and lactating women also need specific services that are now compromised by the destruction of facilities and reduced services.

The Government and aid organizations are closely monitoring the situation and providing life-saving assistance to people affected. Humanitarians reached over 400,000 people with critical support. But the stock is being depleted rapidly and more support, including from donors, is urgently needed. The Sudan Humanitarian Response Plan for 2020, which seeks US\$1.6 billion, is less than 46 per cent funded.

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

[Floods Flash Update #1 – 3 August 2020](#)

[Floods Flash Update #2 – 5 August 2020](#)

[Floods Flash Update #3 – 14 August 2020](#)

[Floods Flash Update #4 – 27 August 2020](#)

[Floods Flash Update #5 – 31 August 2020](#)

[Floods Flash Update #6 – 8 September 2020](#)

[Floods Flash Update #7 – 18 September 2020](#)

[Floods Flash Update #8 – 24 September 2020](#)

### VISUAL (8 Oct 2020)

#### **Sudan: Floods Map (6 October 2020)**

**875,120**  
Affected population

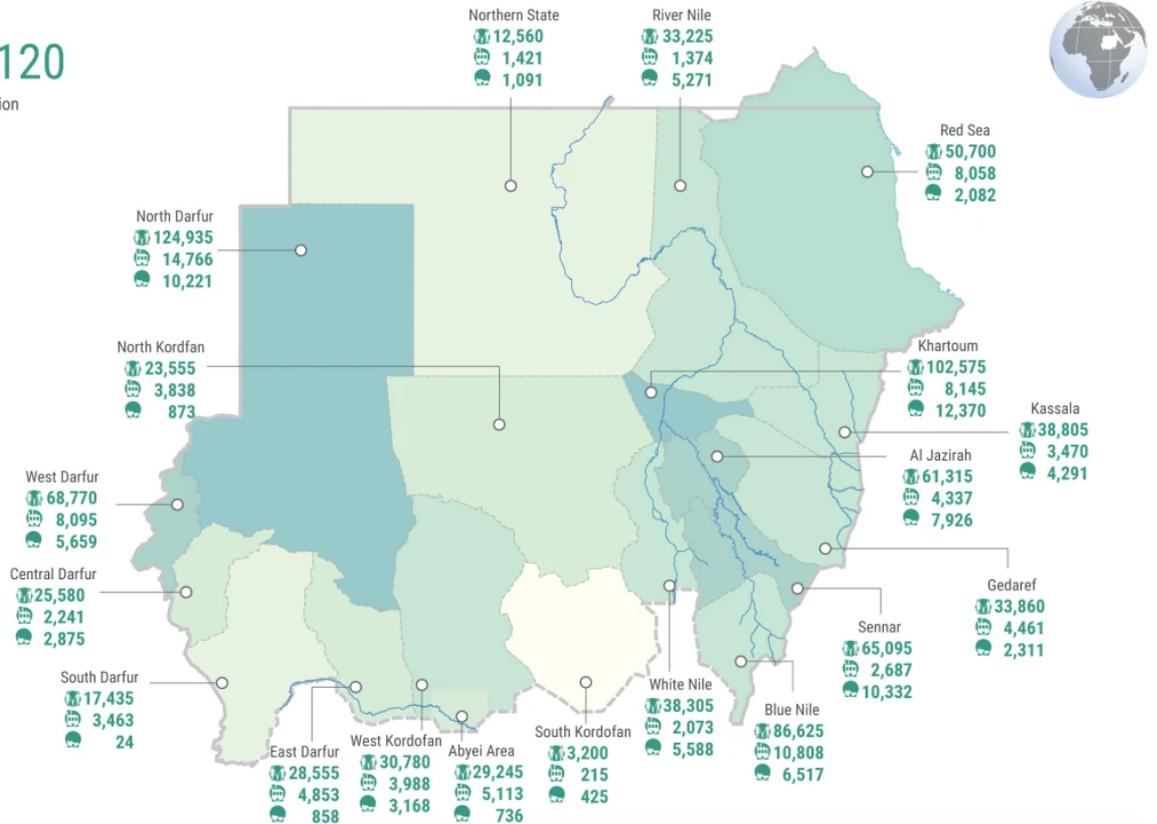
**92,556**  
Houses damaged

**82,468**  
Houses destroyed

**155**  
Dead

**Map Legend**

- State affected
- Affected population
- Houses damaged
- Houses destroyed



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
 Creation date: 06 October 2020 Sources: HAC, Flood Task Force Feedback: ochasudan\_feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int/country/sdn

### CLUSTER STATUS (8 Oct 2020)

#### Education

**102,000**  
People Targeted

#### Needs

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

#### Response

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

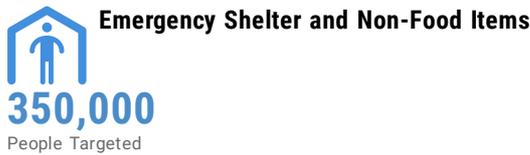
**Schools damaged or destroyed:** Partners will provide Temporary Learning Spaces (TLSs) to assure learning activities can continue. Learning materials, furniture, and equipment will be replaced where necessary.

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

### ↔ Gaps

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

## CLUSTER STATUS (8 Oct 2020)



### ? Needs

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

### ↪ Response

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

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

### ↔ Gaps

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

### CLUSTER STATUS (8 Oct 2020)



#### Food Security and Livelihoods

**750,000**  
People Targeted

**97,000**  
People Reached

#### Needs

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

#### Response

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

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

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

**Livelihoods support** is also taking place. In **Sennar**, for example, COOPI provided sorghum to 1,334 farmers in Sinja, As Suki and Abu Hujar.

#### Gaps

High costs of transport, fuel shortages and constrained access due to damages caused by the rains in several roads are delaying the assistance. Telecommunication problems, due to poor or lack of network are also posing obstacles to receive information from several regions. In some states, especially in Sennar, there is a gap in capacity to respond due to the reduced number of humanitarian partners.

### CLUSTER STATUS (8 Oct 2020)



#### Health

**750,000**  
People Targeted

**350,000**  
People Reached

#### Needs

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

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

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

### → Response

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

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

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

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

### ↔ Gaps

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

## CLUSTER STATUS (8 Oct 2020)

 **Nutrition**  
**187,000**  
People Targeted

**23,000**  
People Reached

### 📄 Needs

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

### → Response

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

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

### ↔ Gaps

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

### CLUSTER STATUS (8 Oct 2020)



#### Needs

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

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

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

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

#### Response

The Protection Cluster has been working closely with all humanitarian actors and Government counterparts to share and ensure adherence to protection mainstreaming guidance. Protection organizations are steering and participating in the needs assessment activities to identify the main protection concerns, issues and cases for follow up and assistance.

Across the country, humanitarian partners are working with local authorities, advocating for the establishment of police posts and or deployment of police in the relocation areas to ensure the physical safety of people and their remaining household assets. Partners are also working to secure the agreement of the landowners prior to the relocation and settlement of the affected population.

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

#### Gaps

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

### CLUSTER STATUS (8 Oct 2020)



#### Needs

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

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

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

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

### ➔ Response

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

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

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

### ↔ Gaps

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

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

## CLUSTER STATUS (8 Oct 2020)

 **Child Protection**  
**212,000**  
People Targeted

**39,000**  
People Reached

### 📄 Needs

Destruction of key infrastructure, homes and displacement have led to further disruption of protective environments and access to social services for children and adolescents and their caregivers. The recent floods have exacerbated existing vulnerabilities due to disease outbreaks—including COVID-19 and vaccine-derived polio—, conflict and poverty, leaving children exposed to different forms of abuse, violence, exploitation, neglect and psychosocial distress. Thousands of children and their parents lost documents and birth certificates in many regions, including Ombeinan Village, Sennar State, where 80 per cent of the families no longer have documentation. Most displacement areas present risks for children's safety, and the disruption of social networks and loss of families' income is likely to increase the likelihood of child labour and sexual exploitation. Children with disability may experience increased vulnerability due to lack of access to health and social services.

### → Response

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

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

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

### ↔ Gaps

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

## CLUSTER STATUS (8 Oct 2020)

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

**750,000**  
People Targeted

**350,000**  
People Reached

### ? Needs

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

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

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

### → Response

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

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

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

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

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

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

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

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

### ↔ Gaps

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

**VISUAL** (5 Oct 2020)

### Floods Emergency Response - Who, What, Where (as of 5 October 2020)



# SUDAN

## Floods Emergency - Who, What, Where

As of 5 October 2020



4

#### PRIORITY SECTORS

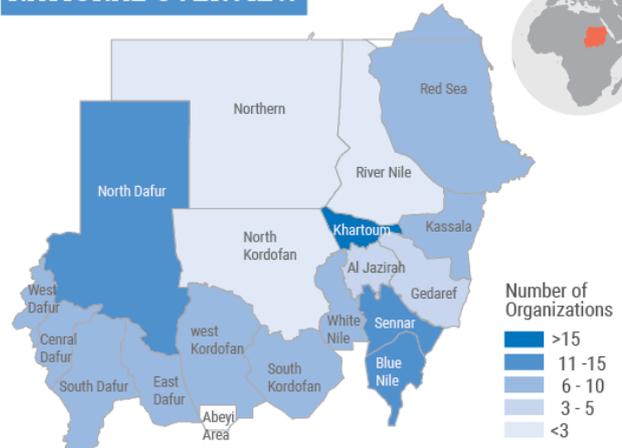
- Emergency Shelter and Non-Food items
- Food Security and Livelihoods
- Health
- Water, Sanitation and Hygiene (WASH)



43

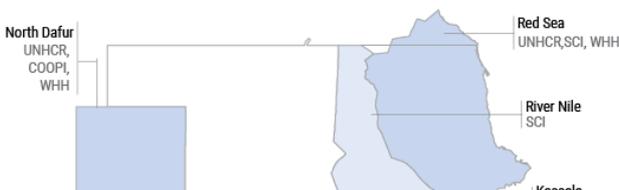
ORGANIZATIONS  
responding across all  
18 states in Sudan

#### NATIONAL OVERVIEW



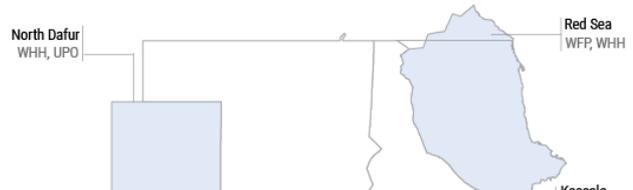
#### EMERGENCY SHELTER AND NON-FOOD ITEMS

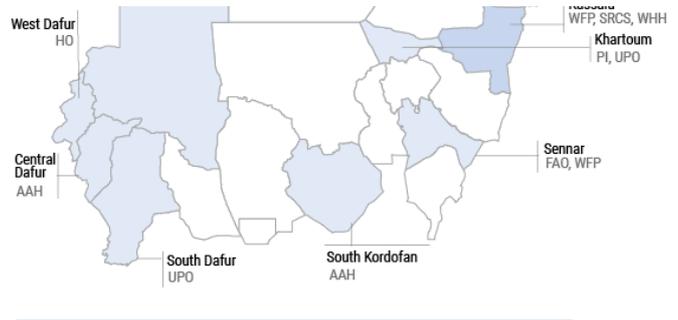
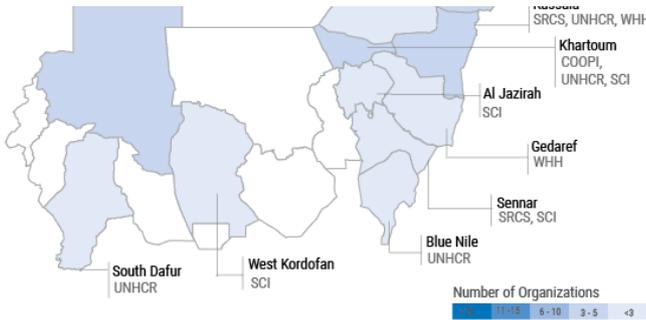
6 organizations



#### FOOD SECURITY AND LIVELIHOODS

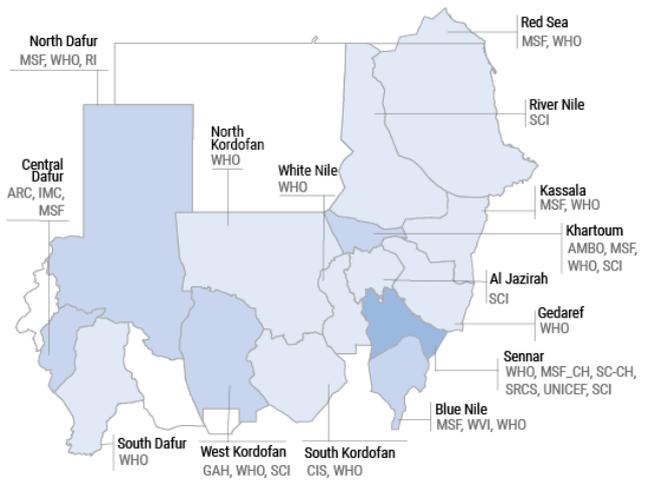
8 organizations





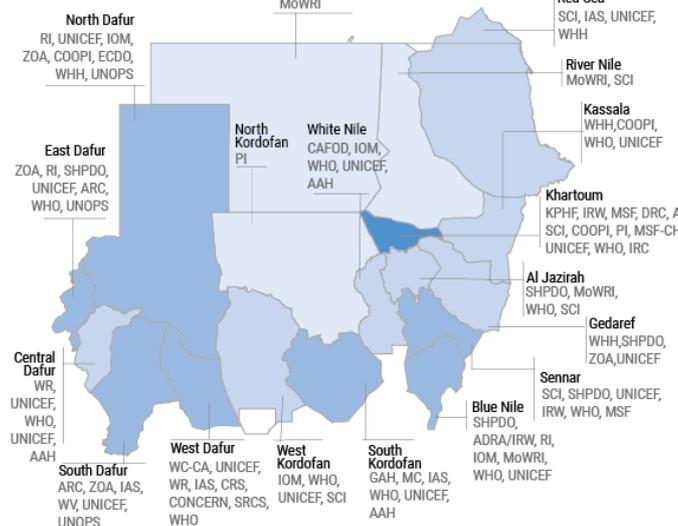
### HEALTH

14 organizations



### WATER, SANITATION & HYGIENE (WASH)

30 organizations



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
 Creation date: 5 October 2020 Sources: Clusters and humanitarian organizations Feedback: ochasudan@un.org www.unocha.org/sudan www.reliefweb.int/country/sdn

### Sudan: Floods Emergency - Who, What, Where (as of 5 October 2020)

### EMERGENCY RESPONSE (6 Oct 2020)

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

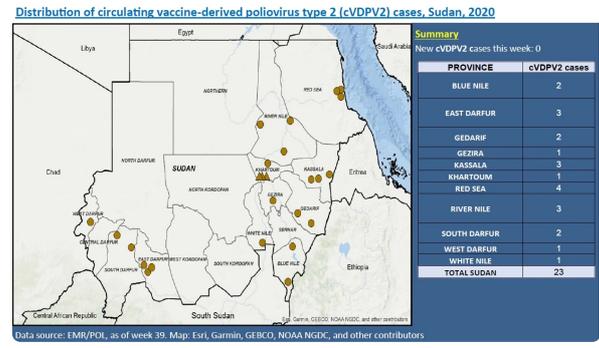
The number of vaccine-derived poliovirus type 2 (cVDPV2) detected in Sudan has increased and currently stands at 23 cases. A total of 11 states are affected, indicating widespread circulation of the virus, according to the joint situation report by the World Health Organization (WHO), UN Children's Fund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

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

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

For more, please see:

[Sudan cVDPV2 Outbreak Response Situation Report, Week 39](#)



[UNICEF brings 10 million doses of polio vaccine to Sudan](#)

[Poliomyelitis \(polio\) - WHO](#)

**TRENDS** (1 Oct 2020)

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

A surging inflation, with annual rates reaching 168 per cent in August, is leading to [increased humanitarian needs in Sudan and hampering humanitarian assistance](#) when the millions of vulnerable people across Sudan need it the most. UN agencies and humanitarian partners are finding it difficult to procure supplies, inputs and other items as the prices increase on a weekly basis. Shortage and high prices of fuel also affects the delivery of aid. According to the Central Bureau of Statistics of Sudan (CBS), the soaring inflation may continue to surge further, including in September, which marks the peak of hunger season before harvest starts in October.

Most of humanitarian partners operating in Sudan procure the supplies and other inputs they require locally to contribute to the local economy and speed up the process.

However, the increasing inflation and surge in the price of the hard currency in the parallel market resulted in vendors and suppliers increasing prices up to three or four-fold over the past few weeks.

“Many companies that we work with have either increased their prices exponentially or they are refusing to supply their products until the volatility in the parallel market stabilizes. This of course affects our operations and the people that we are providing assistance to,” explained Arshad Malik, Country Director of the NGO Save the Children International.

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

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

Water, sanitation and hygiene (WASH) projects, critical to respond to the ongoing floods and COVID-19 outbreak in Sudan has also been impacted. According humanitarians in the country, vendors providing services for water pumps, for example, are now charging three to four times more for the same item or work. Several organizations reported that lack of funding is preventing them from revising budgets, as increases of 300 or 400 per cent are not possible. As a consequence, water pumps are not repaired, water yards are not completed, and thousands of people are not able to get access to safe water.

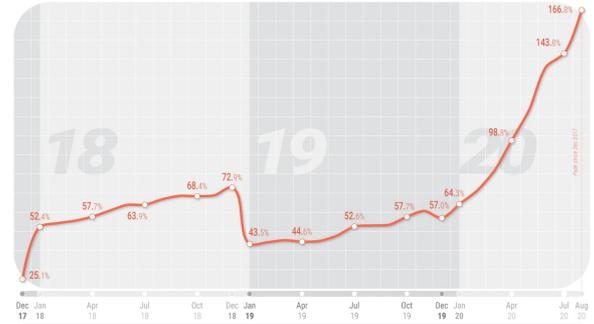
According to organizations working with cash-transfer programmes, the spiraling inflation is also badly affecting people who receive this kind of assistance. Although organizations increased the monthly amount disbursed, the adjustments are not enough to maintain the purchasing power of the families.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

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

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

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

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



Annual Inflation rate (December 2017 - August 2020, CBS)

**ANALYSIS** (8 Oct 2020)

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

**HIGHLIGHTS:**

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

**HUMANITARIAN KEY MESSAGES**

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

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

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

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

Organizations providing cash-transfers to vulnerable families must constantly adjust the amount disbursed, impacting their limited budgets. Even with these adjustments, many families are no longer able to purchase everything they need with the cash received. As result, even people receiving assistance may have to resort to negative coping mechanisms to survive.

During 2020, the cost of health services increased by 90 per cent and, according to National Medical Supply Fund, only 57 per cent of essential emergency medicines were available by September. The arrival of COVID-19 has exacerbated these challenges, resulting in a dramatic drop in health services coverage, including immunization programmes, treatments for malnutrition or maternal care. Underfunding led to a reduction of nearly 20 per cent of measles vaccinations across the country and around 10 per cent of the Penta 3 vaccine, which protects children against tetanus, diphtheria and polio. The low immunization is one of drivers of the vaccine-derived polio outbreak affecting Sudan, caused by low levels of immunization of children under age 5.

The urgent national immunization campaign to stop the ongoing vaccine-derived polio outbreak is facing challenges due to high fuel prices and availability of vehicles. The response to the outbreak must include vaccinating every child under age 5 in the country with oral polio vaccine to stop transmission. The overall cost for the first round of the campaign to reach the nearly 9 million children targeted by the campaign is now estimated in around US\$10 million.



**IMPACT OF THE ECONOMIC CRISIS ON HUMANITARIAN NEEDS AND OPERATIONS**



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**KEY MESSAGES**

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**IMPACT OF THE ECONOMIC CRISIS ON HUMANITARIAN NEEDS AND OPERATIONS.**

More than \$5.3 million will be needed for transport costs alone, based on the official exchange rates, which is used for humanitarian operations. With the extremely limited funding available, any further increase in costs would impact the Government and humanitarian's capacity to carry out the exercise.

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

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

Download [here the PDF version](#) of the Key Messages.

## EMERGENCY RESPONSE (1 Oct 2020)

### Refugee response update: UNHCR and partners provide assistance to over 181,000 flood-affected people

**Flood response:** As of 1 October, UNHCR and partners have reached more than 181,000 flood-affected people with emergency relief items. About 27 per cent of the people assisted are refugees, 24 per cent are IDPs and the rest are people from the host communities. UNHCR and partners continue to deliver non-food items such as mosquito nets, kitchen sets, plastic sheeting, blankets, and sleeping mats to flood-affected people across nine states, including Red Sea and Blue Nile.

**Malaria cases continue to increase in East and South Darfur:** In East Darfur, the State Ministry of Health (SMoH) reported more than 2,100 malaria cases over the past week, marking a 10 per cent increase compared to the previous week's under 1,900 reported cases. UNHCR has initiated vector control in Ed Daein, El Ferdous, Al Nimir and Kario refugee camps. Refugees also have access to anti-malaria drugs that have been distributed to partners by the SMoH. UNHCR and health partners are working on a strategy to contain the outbreak.

**Biometric registration resumes after suspension in White Nile:** In White Nile State, UNHCR observed an increase in the number of new arrivals from South Sudan (mostly from Jonglei and Upper Nile States) in Alagaya and Dabat Bosin camps. The newly arrived refugees mentioned inter-ethnic clashes, flooding and famine as the main reasons of their flight. Since March 2020 when the COVID-19 lockdown was declared, more than 16,000 South Sudanese have arrived in Sudan. This has further stretched the limited services, such as water supply, latrines and health services, in the camps. In addition, after several months of suspension due to COVID-19, biometric registration has resumed in agreement with the office of the Sudan Commissioner of Refugees (COR). It is expected that biometric registration will reduce the risk of recylcers and improve the quality of service delivery, especially for new arrivals.

UNHCR has started a **birth registration** campaign targeting approximately 1,000 refugee children in White Nile State. So far over 380 children have been registered in Alagaya camp. Funding gaps in registration may leave many children without a birth certificate and lead to families receiving inadequate food rations and non-food-items (NFI) support from agencies, which is based on registered household size.

Over 550 **refugee students**, including 200 girls and over 350 boys, are sitting for the Sudan secondary school Grade 3 examinations in Kosti and El Jabalain localities, White Nile State, running from 13-24 September. The number of students taking the exam has increased by more than 50 per cent compared to the previous year. UNHCR in partnership with the Ministry of Education is supporting their transport and accommodation. In addition, WFP is providing food assistance, while the SMoH is carrying out COVID-19 prevention awareness and disinfecting examination centres and dormitories.

In **Kassala**, UNFPA supported the creation of two GBV protection groups in Kilo 26 refugees and Elgirba locality. The newly established groups will empower and strengthen the community-based mechanisms to prevent violence, abuse and exploitation during emergencies including the current flood response.



UNHCR and partners during a distribution to flood-affected people (UNHCR)

## BACKGROUND (1 Oct 2020)

### Refugees in Sudan most worried about violence, health and food

Security from violence, affordable healthcare and enough food are the main concerns refugees from different nationalities and ages, including children and elderly men and women, express in the UN Refugee Agency (UNHCR) new Report “Being a refugee in Sudan” launched on 28 September. This Participatory Assessment Report is the result of nearly 600 events and interviews UNHCR and partners undertook across Sudan with over 6,000 participants.

“Refugees themselves are the experts on what it feels like being a refugee in Sudan,” said UNHCR Representative Axel Bisschop. “These consultations with women, men, boys and girls help us, our partners and the authorities understand their concerns better and provide more efficient support.”

Physical security surfaced as a top concern in different regions: Refugees and asylum-seekers reported that some locals would steal from them or exploit them as cheap or unpaid labour. Physical and sexual violence remained a concern, they complained in focus group discussions. At the time of the consultations, impunity for crimes committed against refugees was a major issue, especially in Darfur.

Health was another recurring theme: Some refugees had struggled to get medical attention, others found the needed medications or visiting a doctor unaffordable - a problem also affecting pregnant women. UNHCR’s consultations also revealed that many refugee children did not attend school and were rather occupied trying to earn some money to buy food and basic necessities to help their families.

The 86-page report covers over 12 ethnic groups in 13 states, it features solutions proposed by refugees – from more police patrols to patient-friendly opening hours of clinics. They recommend that many problems could be addressed by letting them work. Refugee men and women across Sudan want to sustain themselves, and provide for their families.

The Government of Sudan has already made positive pledges at the Global Refugee Forum in Geneva in December 2019. These pledges include inclusion of refugees in the national health and education systems as well as providing them with access to the labour market. UNHCR looks forward to supporting the Government on this path and calls on development agencies and donors to boost their engagement for education, health and livelihoods for refugees in Sudan.

“The whole purpose of the participatory assessment is to help us, the authorities and partners to strengthen the response to the worrying issues raised,” concluded Axel Bisschop.

The Report is available here <https://data2.unhcr.org/en/documents/details/79211>

FOR MORE INFORMATION PLEASE CONTACT:

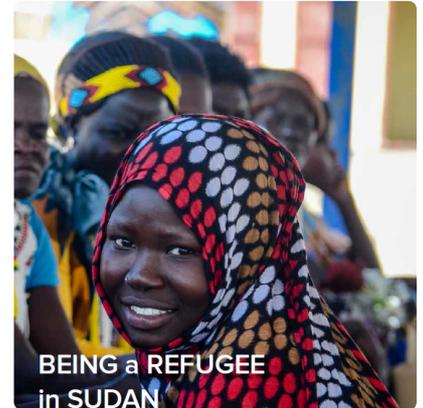
**Roland Schönbauer** UNHCR spokesperson in Khartoum, Sudan

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For more: UNHCR in Sudan on Twitter [[@UNHCRinSudan](https://twitter.com/UNHCRinSudan)]

UNHCR Data [[Data Portal](#)]



*Being a refugee in Sudan - UNHCR report*

## FORECAST (1 Oct 2020)

### Desert locust risk persists in Sudan

**When** | September 2020

**What** | The risk of desert locust persists in Sudan. The situation is developing rapidly in winter and summer breeding areas, particularly at the summer breeding belts, according to the latest update from Sudan’s Plant Protection Directorate (PPD) and the United Nation’s Food and Agriculture Organization (FAO).

**Where** | Ongoing surveys have spotted bands of desert locust - solitary hopper infestations - in North Goz Ragab, and other locations in Kassala. In Red Sea State, breeding groups were found in Hayab near Haiya, while maturing and mature gregarious groups were found in two locations southwest of Ashat and in Kilo 48. Small groups of mature and immature desert locusts were reported in a location near Toker, and in El Fasher in North Darfur.



*Desert locust situation map - FAO*

On 20 September, a few small swarms from Eritrea invaded an area near Sinkat in eastern Sudan and were immediately controlled by aerial spraying. In addition, desert locust swarms are also reported by trained community scouts in southern coastal areas of Red Sea State. Although the flooding of Khor Baraka initially hampered the work of ground survey teams last week, they managed to reach the area on 23 September.

**Response** | Three aircraft are currently aerial spraying in Kassala and Red Sea states, mainly against five breeding swarms in Aynon, Abu Takar, Khor Bayab, Kas and Khor Arab around Haiya town, other three mature and maturing swarms at Hamish Korib1, Hamish Korib2 and Oudi in the northeast of Kassala State. As of 22 September, the total area treated is around 5,600 hectares.

**Forecast** | The latest update from PPD forecasts that up to mid-October the habitat will be suitable for scattered locusts to increase and small-scale breeding might occur given prevailing areas of green vegetation and soil being wet in most of the surveyed areas. Also, in early October, the hatching of first-generation locusts is expected to commence in Red Sea and Kassala states. The potential risk of more invading swarms from the neighbouring countries through the Red Sea coast and their migration toward the Nile Valley will increase during the first half of October. Therefore, vigilance and monitoring in all summer breeding zones is necessary.

There is concern that the situation could deteriorate along both sides of the Red Sea. In East Africa, aerial control operations continue against low numbers of milling immature swarms that persist in northwest Kenya and northeast Somalia. Breeding is underway in north and northeast Ethiopia where control teams are treating numerous hopper bands and adult groups that continue to form. This situation is expected to continue up to the end of September. In Eritrea, control operations are in progress against mature swarms on the Red Sea coast where swarm movements continue to be reported. Widespread and potentially heavy breeding is expected in coastal areas of Eritrea where unusually good rains fell last month, including Sudan.

As the desert locust infestations persist in the Horn of Africa, groups and swarms are expected to invade the interior summer breeding areas, particularly in Red Sea and Kassala states. The PPD, with FAO support, is applying a preventive strategy to control desert locust invasions. Intensive surveys and close monitoring of the summer breeding areas is continuing. Control teams are stationed at hotspots where swarms are expected to cross the borders. Moreover, logistics, materials, aircraft are on stand-by for any aerial control operations if required.

A desert locust adult can consume roughly its own weight in fresh food per day, that is about two grams every day. A very small part of an average swarm (or about one tonne of locusts) eats the same amount of food in one day as about 10 elephants or 25 camels or 2,500 people, according to [FAO](#).

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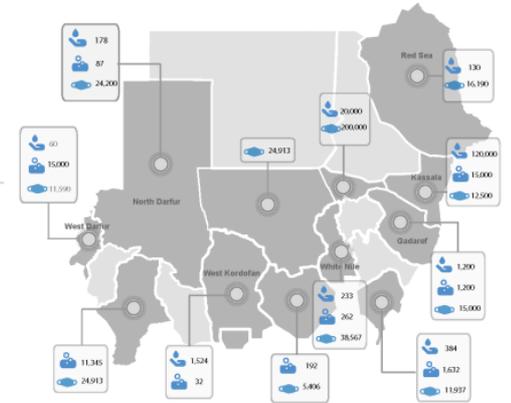
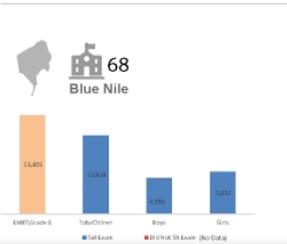
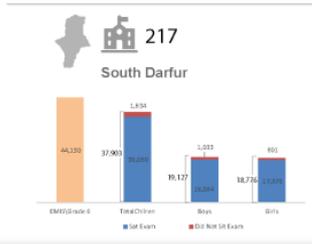
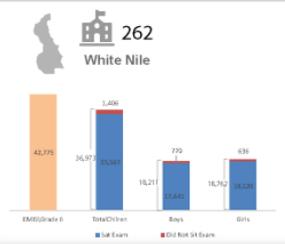
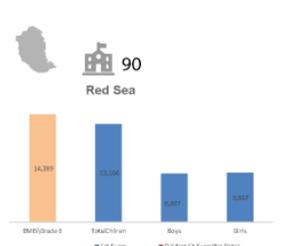
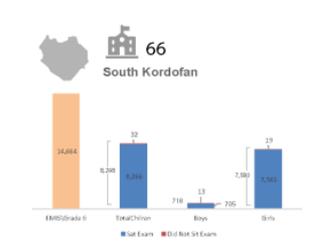
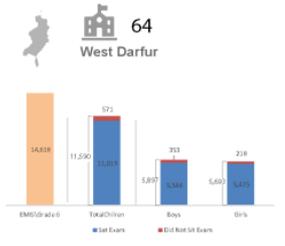
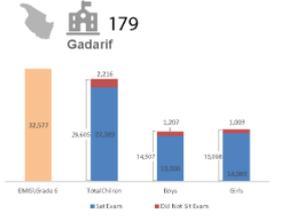
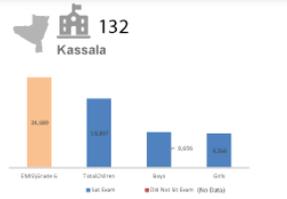
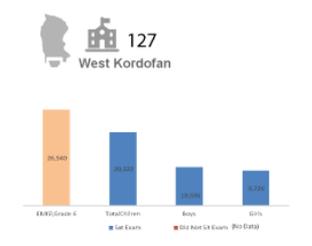
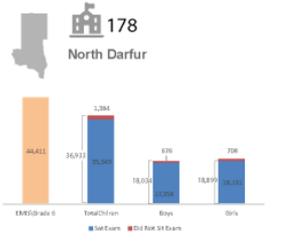
## VISUAL (27 Sep 2020)

### Education, Sudan: Grade 8 Exams

### EDUCATION, SUDAN: GRADE 8 EXAMS



Due to COVID19 and resulting school closures, Grade 8 exams were postponed for 12 states: South Darfur, West Kordofan, White Nile, Khartoum, West Darfur, Red Sea, North Darfur, Kassala, Gedarf, South Kordofan, North Kordofan, Blue Nile (the remaining six states held exams as scheduled in March, prior to school closures). The postponed exams took place July 2020. A total of 426,005 students were registered for the exam, of which 418,562 sat the exam. This compares to 440,484 children who were registered in Grade 6 in 2018 and expected to sit the Grade 8 exam in 2020. All exam centers provided information sessions to exam facilitators and students on COVID19 prevention measures. To improve student safety during the exams, masks as well as soap and water or hand sanitizer were provided to most children.



LEGEND

For further information please contact: [Julienne Vignon](mailto:Julienne.Vignon@unicef.org) or [William ELMWAD](mailto:William.ELMWAD@unicef.org)

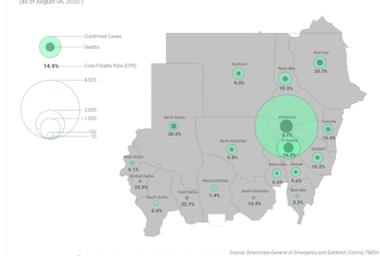
### SUDAN – TRENDS (8 Oct 2020)

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

- **First case:** 14 March 2020
- **Total cases:** 13,668 (as of 5 October 2020)
- **Total deaths:** 836
- **States affected:** All 18 states
- **Schools:** Closed ([8,375,193 learners affected](#)).
- **Borders/flights:** The Khartoum airport is partially opened since 20 July, and is gradually resuming international and national flights.
- **Containment measures:** On 7 July, the High Committee for Health Emergencies announced the ease of lockdown restrictions in Khartoum State. Government institutions resumed work on 12 July, with reduced scheduled and number of employees, to reduce congestion in the workplace. All staff must wear face masks and workplaces are to be sanitized regularly. The curfew was lifted on 16 September. Movements in and out of Khartoum are not allowed. Some states in the Darfur region have closed borders.

#### Situation

#### Confirmed COVID-19 Cases & Deaths by State (as of August 08, 2020)



**Since the start of the COVID-19 pandemic in Sudan in mid-March, the Government confirmed that 13,668 people contracted the virus, including 836 who died from the disease, as of 5 October.** All 18 states have reported cases, with Khartoum, El Gezira, and Gedaref amongst the hardest-hit. Although Khartoum State accounts for about 70 per cent of all reported cases in the country, over 60 per cent of all COVID-19-related deaths have been reported from outside the capital. Some states have extremely high case fatality rates if compared with global trends, including Central Darfur (50 per cent of people with COVID-19 died), North Darfur (32 per cent), East Darfur (24 per cent), South Kordofan (21 per cent) and Red Sea (20 per cent). This could imply that a number of infections are not being diagnosed.

**Sudan's health system was under extreme stress prior to the pandemic and has been further stretched to prevent, contain and treat COVID-19.** Approximately 81 per cent of the population do not have access to a functional health centre within two hours of their home and the situation is getting worse, as many clinics are closing during the pandemic. In Khartoum State alone, nearly half of the health centres closed during the pandemic, and Darfur had already closed a quarter of their facilities in 2018 due to lack of funds and staff. Sudan has only 184 beds in intensive care units (ICU) and approximately 160 of them have ventilators, according to WHO. Only four ICU doctors—three in Khartoum and one in Gezira State—are prepared to deal with patients infected with the virus, according to WHO.

**Across Sudan, clinics and hospitals lack critical medicines,** as they can no longer afford to stock them due to the economic crisis and also due to disruption in the supply chains. The situation makes it extremely challenging for the Government and aid organizations to respond to the pandemic and maintain essential services. Women and children have been especially affected. Maternal health clinics have closed, reproductive health services have been interrupted and over 110,000 children are missing out essential vaccines. Prevention to COVID-19 is also a challenge in Sudan, as 63 per cent of the population do not have access to basic sanitation, 23 per cent do not have access to a hand-washing facility with soap and water and 40 per cent do not have access to basic drinking water services. The risk of transmissions and increased humanitarian needs are especially high amongst the nearly 2 million internally displaced people (IDP) and 1.1 million refugees living in collective sites or host communities across the country and the population living in urban slums.

**COVID-19 is having direct and indirect impacts on food access in Sudan,** according to the [latest food security alert report](#) from FEWS NET. Some families lost their incomes at a time where they also face higher living costs, including due to increasing medical costs related to the pandemic, as well as the ongoing economic crisis. The necessary COVID-19-related containment measures have also indirect negative impacts, limiting many poor households' physical access to areas where they typically earn income from daily labour.

**Before COVID-19, about 9.3 million people were already in need of humanitarian support across Sudan.** Years of conflict, recurrent climatic shocks and disease outbreaks continue to affect the lives and livelihoods of many Sudanese. The situation is worsening and now over 9.6 million people are facing severe hunger, in a country with already high malnutrition rates. Because of the fragile economy, more and more people are unable to meet their basic needs, as high inflation continues to erode families' purchasing power. An average local food basket takes up at least 75 per cent of household income.

## Response

- The Federal Government, the United Nations and humanitarian partners have jointed efforts to prevent and respond to the COVID-19 pandemic in Sudan. A COVID-19 Country Preparedness and Response Plan (CPRP), organized around nine pillars, is currently being implemented by UN agencies, NGOs and other partners in support to the Sudanese Government-led response.
- Aid actors are establishing quarantine or isolation spaces and shelters, providing the country with COVID-19 testing kits and setting up water points and handwashing stations in IDP and refugee camps and in host communities. Over 1,600 health workers and rapid response teams in at least 277 localities across Sudan have been trained, hygiene kits distributed to nearly 500,000 people and protective equipment to attend the needs of 6,000 health centres in the country. Over 25 million people have been reached with campaigns to raise awareness to prevent transmissions and at least 2.8 million people were reached with food assistance in May.
- The Transitional Government initiated the Family Support Programme, with support of the World Food Programme (WFP), to mitigate the impact of the COVID-19-related restrictions on vulnerable families. The programme will provide 600,000 families—about 3.6 million people, nearly 80 per cent of the population—with US\$5 per person per month.
- An estimated \$582 million was pledged by donors for this programme during the Sudan Partnerships Conference that took place in Berlin on 25 June.
- The UN and its partners launched on 19 July the COVID-19 addendum to the Humanitarian Response plan, a US\$283 million appeal to address the most immediate and critical needs of millions of Sudanese people affected by the health and humanitarian consequences of COVID-19.
- On 22 August, the Government of Turkey sent medical supplies and equipment to Sudan to assist Government response to COVID-19. The supplies included 50 respirators, 50,000 masks and 50,000 face shields, and 100,000 surgical masks.
- On 16 August, the Government of the United Arab Emirates (UAE) sent 24 tons of medical and food aid to assist in COVID-19 and floods response. Since the start of the COVID-19 pandemic in Sudan in mid-March, the UAE has donated nearly 90 tons of medical supplies and equipment. In addition, the Abu Dhabi Fund for Development donated 136 tons of medicines to the National Fund for Medical Supplies in Sudan. On 6 June, the UAE-based Al Maktoum Foundation sent 37 tons of medical supplies including protective clothing, masks, sterilizers, glucose, and other supplies to help Sudan fight COVID-19.

**Official sources:**

[Sudan Federal Ministry of Health](#)

[WHO Sudan Twitter](#)

**Other sources:**

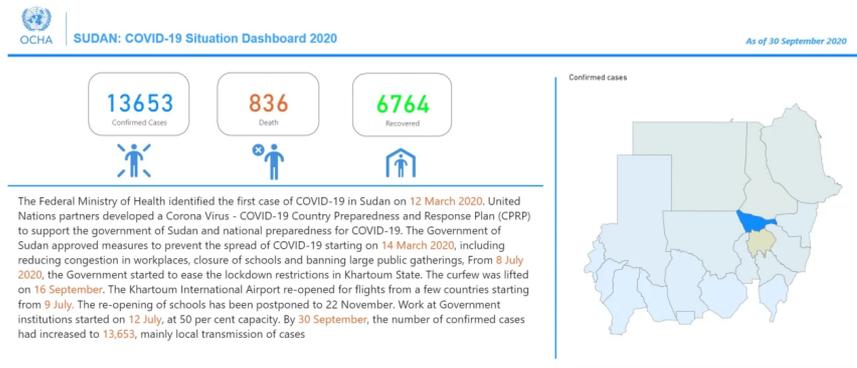
[COVID-19 Educational Disruption and Response, by UNESCO](#)

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

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

### INTERACTIVE (17 Sep 2020)

#### Sudan: COVID-19 Situation Dashboard 2020



View this interactive graphic: [https://app.powerbi.com/view?](https://app.powerbi.com/view?r=eyJrIjoibTJmYTlkZTgtOTgyOC00ZWY1LTlmZDA0tNzQ1OTIxNDhjZDZlIiwidCI6IjBmOWUzNWwRiLTUONGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3MCIslmMiOjhp9)

### VISUAL (7 Oct 2020)

#### Sudan COVID-19 Situation Overview & Response (30 September 2020)

# SUDAN

## COVID-19 Situation Overview & Response

30 September 2020

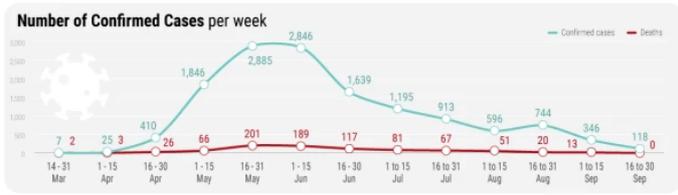
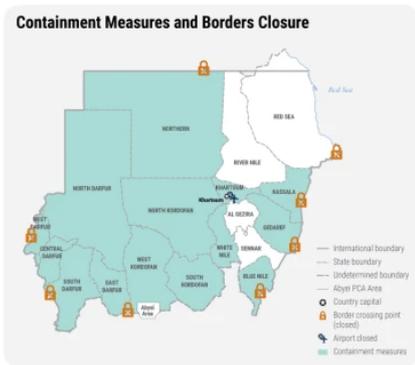
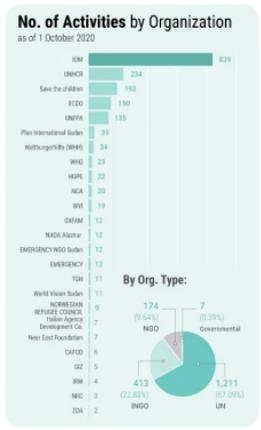
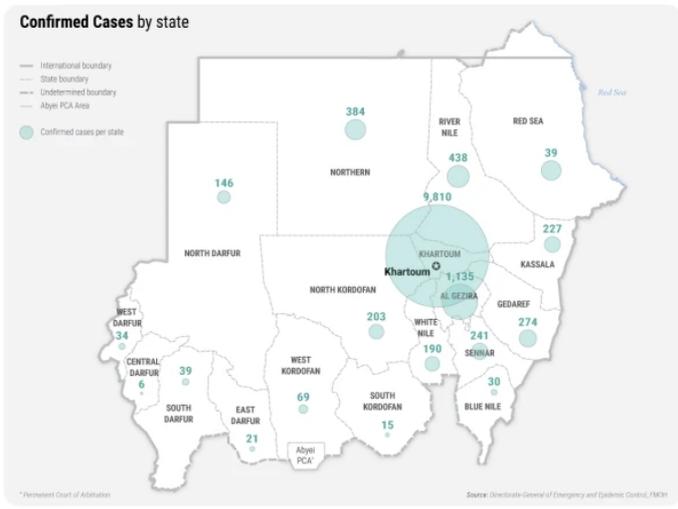
**13,653** Confirmed cases

**836** Deaths

**6,764** Recovered

### Highlights

The Federal Ministry of Health identified the first case of COVID-19 on 12 March 2020. United Nations organisations and their partners created a Corona Virus Country Preparedness and Response Plan (CPRP) to support the Government. On 14 March 2020, the Government approved measures to prevent the spread of the virus which included reducing congestion in workplaces, closing schools and banning large public gatherings. From 8 July 2020, the Government started to ease the lock-down in Khartoum State. The nationwide curfew was changed from 6:00 pm to 5:00 am and bridges in the capital were re-opened. Travelling between Khartoum and other states is still not allowed and airports will gradually open pending further instructions from the Civil Aviation Authority. Schools and universities will remain closed. Work at Government institutions started on 12 July, at 50 per cent capacity. By 30 September, the number of confirmed cases had increased to 13,653. This increase is attributed mainly to local transmission of cases.



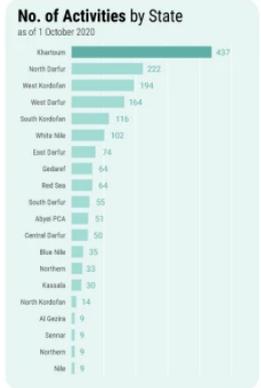
### Preparedness and Response

**1,805** No. of activities

**26** No. of organizations

**122** Implementing partners

**2,264** Health care workers trained



The depiction and use of boundaries, geographic names and related data shown on the maps and included in the graphics are not warranted to be error free. They necessarily imply official endorsement or acceptance by the United Nations.  
 Creative date: 30 September 2020. Sources: International boundary (DN cartography), State boundary (CBS, FSC, NIC, River & Crossing border (WFP), Settlements (OCHA). Feedback: ocha@sudan, feedback@unocha.org | www.unocha.org/sudan | www.reliefweb.int | For the latest figures, information and interactive dashboard visit www.humanitarianresponse.info/en/operations/sudan/covid-19

Click [here](#) for a PDF version

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

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