



**UNICEF  
SUDAN**

**COVID-19 RESPONSE 2020**

# COVID-19 RESPONSE ANNUAL REPORT

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Cover photo: a boy wears a face mask to minimise the risk of COVID-19 infection.

## ACRONYMS

CFR	Case Fatality Rate
CSO	Civil Society Organisation
COVID	Novel Coronavirus
FTR	Family Tracing and Reunification
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
IEC	Information, Education and Communication
IDP	Internally Displaced Persons
IPC	Infection Prevention and Control
IPV	Inactivated Polio Vaccine
IYCF	Infant and Young Child Feeding
LLINs	Long-Lasting Insecticidal Nets
MENA	Middle East and North Africa
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
OPV	Oral Polio Vaccine
OTP	Outpatient Therapeutic Programme
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
SAM	Severe Acute Malnutrition
SCCW	State Council for Child Welfare
SDG	Sustainable Development Goals (or Sudanese Pound)
UASC	Unaccompanied and Separated Children
UN	United Nations
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

## SITUATION IN SUDAN

The COVID-19 pandemic arose as an imminent humanitarian threat to Sudan. During the first months of 2020, response and protection measures were developed, which had significant impact on UNICEF's activities over the rest of the year. This included postponement of non-lifesaving UNICEF activities, the closure of schools, incorporating physical distancing into psychosocial support mechanisms and health services. UNICEF Sudan worked to ensure lifesaving interventions continued to reach vulnerable children and their communities, developing and incorporating COVID-19 responsible approaches and when necessary taking steps to expediate postponed activities when they were safe to implement. In collaboration with the Ministry of Social Development and Labour, a cash based social welfare programme seeded USD 2 million directly into vulnerable households across the country, alleviating some financial pressure on families and stimulating local economies. Links to UNICEF's Global COVID-19 Appeal, the MENA Region (Including Sudan's update) and global sitreps are footnoted<sup>1</sup>.

As the year progressed, COVID-19 cases increased particularly in the urban east. By mid-June, 20,925 suspected and 10,431 confirmed cases were recorded with over 73 per cent of these in Khartoum state. However, 702 deaths were recorded with a worryingly high proportion (72 per cent) of these outside of Khartoum, indicating a lack of medical capacity away from the capital. This illustrates a theme throughout the pandemic; the lack of comprehensive data on the current situation, and it can be assumed that the vast majority of cases went unreported due to stigma, lack of awareness or lack of personal need for medical care.

Lockdown measures proved inadequate to hem contagion and despite epidemiological conditions, daytime restrictions on movement were relaxed and government offices were instructed to return at 50 per cent capacity by mid-July. However, by quarter three, official daily COVID-19 infections slowed drastically to single digits with little concrete explanation as to why, a lack of case reporting is likely to be a factor, but proxy indicators also showed a reduction. By October, official total cases reached 13,861 with 1,112 deaths and 37 active cases in four states.

Cases increased with the global 'second wave' in the last quarter of 2020, but began to decline by the end of December, a trend which has continued into January and February 2021. The average weekly number of cases was about 250 cases in November 2020 but dropped to around 100 cases in February. COVID-19 cases as of end of December reached 21,591 including 1,355 associated deaths. With a case fatality rate (CFR) of 6.2 per cent (third highest after Yemen and Mexico). Compared to the first wave, the overall response was significantly improved, including testing and case management capacities as well as infection prevention and control. The engagement of the private facilities for testing and managing COVID-19 cases has expanded as well.

UNICEF Sudan took leadership roles in three of the eight national response pillars of infection prevention and control (IPC), risk communication and community engagement (RCCE), and case management (as co-lead) with contributions also to country-level coordination, points of entry, surveillance, rapid-response teams, and case investigation, national laboratories and operational support and logistics,.

Sudan is now confirmed to be participating in the [COVAX](#) initiative to introduce the COVID-19 vaccine within the 'national vaccination and deployment plan' finalised and approved. It requests a total of 17 million doses to cover 20 per cent of the population (8.5 million people) with two doses of the vaccine. COVAX has confirmed that Sudan will receive an initial allocation of 3.39 million doses of AstraZeneca vaccines in the first two quarters of the year, of which about 40 per cent is expected to arrive in the first quarter of the year. Healthcare providers and those over 45 with medical conditions and at high risk are prioritised as well as people over 45 years of age with medical conditions, essential frontline workers such as teachers as well as those in special conditions such as refugees and internally displaced persons (IDPs).

**UNICEF Sudan's COVID-19 appeal for 2020 was USD 24.5 million, of which USD 14,842,145 (60 per cent) was received and 14,594,231 (98 per cent) spent in 2020.**

## RESULTS

### Risk communication and community engagement (RCCE)

- UNICEF continued to advocate for the [safety of families](#) and children during the pandemic with [videos](#) and posts on various digital platforms. Content was produced to encourage [physical distancing](#), wear face [masks](#), [address stigma](#) and [mental health](#), and continuity of learning to ensure children are protected from violence, early marriage and exploitation.
- This [video](#) and [press release](#) documented UNICEF Sudan's procurement and shipping of 14.25 metric tonnes of personal protective equipment (PPE) to protect health personnel and essential workers on the frontline of the COVID-19 response across Sudan.
- An [interview](#) was published explaining how UNICEF is supporting the Federal and State Ministries of Education in Sudan to ensure continuity of learning and the safe reopening of schools.
- A dedicated [coronavirus disease \(COVID-19\) information centre](#) was created on the website to provide accurate information and address rumours. As result, UNICEF Sudan's Facebook page and website were both [selected](#) as a trusted source for COVID-19 information as part of Facebook's global campaign to combat misinformation.
- UNICEF reached 75,985 people with information, education and communication (IEC) materials on COVID-19 prevention and response.
- 217 community figures were trained and led discussions with 74,474 individuals on COVID-19 prevention and response.
- The Health Promotion Unit of the Ministry of Health, in coordination of UNICEF and the World Health Organisation (WHO), completed the review and update of the 'Safe Return Protocol', which provided practical guidelines on the opening of schools. This process was undertaken with representation from a variety of different sectors including line ministries, international and national non-governmental organisations (NGOs). The protocol was then re-branded and named 'Behaviour Change for Prevention of COVID-19 Protocol'.
- 20 million people were reached with awareness raising messages on COVID-19 via SMS across three mobile networks (Zain, Sudani and MTN).

### Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection and prevention control (IPC)

- A total of 488,157 people in COVID-19 high risk sites (253,341 women and 234,816 men) were reached with infection prevention and control supplies, COVID-19 focused hygiene promotion and sanitation and water supply facilities. The supported population were visitors and staff of isolation/health centres, internally displaced persons, refugees, school children, prisoners and hygiene promotion officers. A breakdown of the beneficiaries is as follows:
  - 40,578 patients and medical staff in 73 isolation centres and health centres were supported with WASH services including IPC supplies and rehabilitation of water, sanitation and handwashing facilities.
  - 71,750 people in COVID-19 high-risk areas - including crowded IDP sites and border entry points - have access to additional expanded basic water facilities and distribution systems through the construction and rehabilitation of water supply and distribution systems and provision of operation and maintenance as well as water chlorination services in order to facilitate community physical distancing.
  - 8,750 people at border entry points and in COVID-19 high-risk areas were supported with sanitation packages.
  - 281,828 IDPs, South Sudanese refugees, entry points arrivals and prisoners were supported with COVID-19 focused hygiene promotion, with a special focus on physical distancing and handwashing with soap, installation of handwashing facilities and distribution of IPC supplies (including, soaps, face masks, hand sanitizers, water jerricans, chlorine supplies and information materials).

<sup>1</sup> [UNICEF Global Appeal, UNICEF Global and regional Corona virus sitreps](#),



- 93,377 school children and staff were supported during grade eight exams with COVID-19 prevention focused hygiene promotion, construction of handwashing stations, disinfection of the exam classrooms, distribution of soap and hand sanitizers.

#### **Continuity of lifesaving health and nutrition services for women and children**

- The service of 3,000 health facilities was maintained for provision of lifesaving health and nutrition services while at the same time supporting the COVID-19 response.
- National health guidelines were developed and implemented, which became critical to maintain essential services. These emphasised the prioritisation of high impact health and nutrition services and adherence to mitigation measures to protect health workers and their communities from COVID-19 infection.
- UNICEF and partners implemented a nationwide polio campaign, a mass long-lasting insecticidal net (LLIN) distribution campaign in twelve states, inactivated polio virus campaign in four states, and yellow fever campaign in White Nile state, in addition to routine health and nutrition services amid the pandemic.
- UNICEF and partners reached 8.2 million children under-five years of age (97.2 per cent) with polio vaccination and 9.2 million people with LLIN distribution.
- UNICEF maintained stocks of vaccines for children, including for vaccination campaigns. This included 9.6 million doses of the oral polio vaccine (OPV), 3.6 million doses of BCG, 4.5 million doses of measles vaccine, and 1.9 million doses of the inactivated polio vaccine (IPV).
- Nutrition services continued with more than 1,500 out-patient therapeutic feeding programme (OTP) sites, screening 3.5 million children under-five for malnutrition and reaching 235,000 children suffering from severe acute malnutrition (SAM) (92 per cent of which were cured).
- 722,646 mothers received counselling for optimal infant and young child feeding (IYCF) practices through both community and facility platforms.
- UNICEF provided technical support for the training of around 270 health workers from Khartoum and 25 from Gezira state on COVID-19 prevention. Further, 21,564 mothers of children suffering from SAM were trained on mid-upper arm circumference (MUAC) screening.

#### **Continuity of critical social and protection services**

- Amid the COVID-19 pandemic, the Ministry of Labour and Social Development announced a national plan for the release, family tracing and reunification of children as young as five studying and living in Khalwas (Quranic boarding schools) across the 18 states of Sudan. UNICEF welcomed this with a [press release](#).
- UNICEF, in collaboration with community-based organisations and government partners (Ministry of Labour and Social Development as well as the State Councils for Child Welfare), supported 11,675 unaccompanied and separated children (661 girls and 11,014 boys) to be reunified with their families in Blue and White Nile, Darfur, Kordofan, and the eastern states.
- 82,223 people (37,436 girls and 34,730 boys, 5,813 women and 4,244 men) have received family and individual based psychosocial support services through mobile teams. UNICEF, in collaboration with the family and child protection unit (FCPU) administration and the law enforcement authorities, was able to release 1,172 children (42 girls and 1,130 boys) from FCPU in all the states in Sudan. Around 6,691 children (560 girls and 6,131 boys) living and working on and off the streets (mainly in Khartoum state) received food and other basic services in collaboration with the Ministry of Labour and Social Development and State Councils for Child Welfare (SCCW). Civil society organisations are playing a major role in providing such services. Gender-based violence (GBV) prevention and response services were provided to 843 victims (221 girls and 137 boys, 305 women and 180 men) in collaboration with the various government partners.
- The Ministry of Education in Sudan, with UNICEF support, developed protocols for running safe operations in schools amid COVID-19. This includes the renovation of school water and sanitation facilities and provision of supplies (masks and tents) to ensure the safety and wellbeing of students and education stakeholders upon school reopening.
- Around 214,200 students were able to continue their learning through remote learning for Grade 8 and Grade 11. In addition, 512 children with hearing impairments were provided with sessions in sign language. Over 30,500 previously out-of-school children (47 per cent girls) accessed education in

schools or alternative learning programmes (ALP) and 203,253 emergency-affected children received learning materials.

#### **Social policy and protection**

- The Ministry of Labour and Social Development in Sudan, with support of UNICEF and partners, rolled out a temporary social assistance programme during the three-month COVID-19 lockdown period. The programme included food and hygiene assistance for families living in peri-urban areas of Khartoum and cash cards for families across Sudan. By the end of November 2020, the programme reached 570,000 families with food and hygiene assistance and 140,000 families with cash assistance. UNICEF continues to facilitate lessons learning and knowledge generation by reviewing the Ministry of Labour and Social Development's social protection response to COVID-19. The results of the reviews are used to inform UNICEF's future capacity-building support to the ministry and partners.
- UNICEF secured financing for a new government-led cash transfer programme in Kassala and Red Sea states. The 'Mother and Child Cash Transfers for the First 1,000 Days of Life' is a joint collaboration between UNICEF and the Ministry of Labour and Social Development with an initial target of 100,000 pregnant women whose children under two years are vulnerable to acute malnutrition due to increasing poverty and food insecurity. The programme uses an innovative cash plus approach where cash assistance is combined with knowledge and skills as well as linkages with services related to the first 1,000 days of life including health, nutrition, water and sanitation.

#### **LESSONS LEARNED**

The ubiquitous nature of the effect of COVID-19 on 2020 means that lessons learned cover a wide variety of sectors. The specific COVID-19 lessons are learned from rolling out a widespread prevention and mitigation campaign.

It is difficult to argue that Sudan has been able to fend off the pandemic better or worse than any other country and UNICEF experiences are likely replicated in most other contexts. The weakness of state health data collection and monitoring meant that unreliable data was a constant throughout the year. This was apparent in fluctuating case fatality rates compared with the number of reported cases, depending on geographic locations and the disjunction between official rates and anecdotal reports.

This may or may not have been related to general perceptions of the pandemic which was difficult to grapple with both as a COVID-19 programming issue and general UNICEF programming. A significant amount of public apathy toward COVID-19 created significant challenges in generating public awareness and cooption of prevention measures. Government counterparts did often not take personal responsibility for implementing prevention measures. This in turn contributed to the greater public's mild response and UNICEFs risk communication and community engagement activities struggled to create significant behaviour change impact especially in rural or remote areas. UNICEF eventually responded to the issue by introducing additional capacity to manage COVID-19 issues, with attention placed on both office adherence to mitigation protocols and relations with government partners. More understanding of wider social behaviour change is needed to resolve wider apathy in a context where COVID-19 is just one of many health threats.

UNICEF and the other UN agencies implementing the response, very quickly appreciated the significant gap in Sudan's health infrastructure that could not be relived through directing funding towards the issue. Provision of supplies and equipment does not address the gap in qualified personnel to utilise it, nor provide the infrastructure to run and maintain the facilities into which it is placed. Management and coordination of the health sector was not sufficient to provide the health care required in such a pandemic.



A child receives therapeutic food and care  
In a stabilisation center for children suffering  
from severe acute malnutrition and medical  
complications in Abu Shouk camp for internally  
displaced persons, North Darfur.





## STORY: PROTECTING CHILDREN FROM PREVENTABLE DISEASES AMID COVID-19 IN SOUTH DARFUR

Amal Mohammed Hassan, a well-educated mother brought her newborn son Mustajab Ahmed Adam, just 44-days-old, to the vaccination center. “I know these days how risky it is to not stay at home because of coronavirus, but I worry that my child could get measles or poliomyelitis if not vaccinated”, said the concerned mother.

Amal is an activist and has successfully convinced her community in Nyala to avoid gathering while drinking coffee in groups. In Darfur, it is a tradition for women to chat and drink coffee together.

“Since I’m currently working in the health field as a nurse, I’m keen to spread messages on coronavirus prevention while meeting my neighbours focusing on the importance of social distancing and washing hands frequently with water and soaps”, said Amal.



Photo credits: ©UNICEF Sudan/Babikir Altigani Noraldein

Amal has appealed for authorities to ensure face masks are available, both for health care providers and communities to limit the spread of coronavirus. “I tell the mothers that vaccinators are wearing masks and gloves and wash their hands after vaccinating each child”, she said.

She is keen to see Expanded Programme on Immunisation (EPI) vaccination sites continue to keep physical distancing during vaccination sessions and ensuring that mothers are informed on the importance of bringing their children to vaccination sites, while taking all the necessary safety measures, during the coronavirus outbreak.

Amal thanked UNICEF and the State Ministry of Health (SMOH) for their continuous effort in availing vaccination services during this difficult time while many other social services have been suspended or completely stopped.

For more stories, please visit UNICEF Sudan’s website: [Stories | UNICEF Sudan](#)

We also invite you to watch a [field video diary](#) from Darfur, where Antony Spalton, Chief of Field Office for South and East Darfur, takes us through UNICEF’s COVID-19 response amongst refugee, displaced and vulnerable communities in Sudan.

## VISIBILITY



UNICEF and the Ministry of Health also ensure that non-COVID health supplies and medication, such as malaria prevention supplies and medication, enters the country and reached end-users in all states in Sudan (28 April 2020).

[UNICEF Sudan Twitter](#)

**PRESS RELEASE**

[Unequal access to remote schooling amid COVID-19 threatens to deepen global learning crisis](#)

[At least 80 million children under-one at risk of diseases such as diphtheria, measles and polio as COVID-19 disrupts routine vaccination efforts, warn Gavi, WHO and UNICEF](#)

[Food crisis likely to worsen in the Middle East and North Africa as COVID-19 continues](#)

[As COVID-19 devastates already fragile health systems, over 6,000 additional children under five could die a day, without urgent action](#)

**STORIES**

[Four ways UNICEF's South Darfur office is supporting COVID-19 prevention and response](#)

[A day in the life of a health worker in White Nile during the COVID-19 outbreak](#)

[Protecting children from preventable diseases during COVID-19](#)

[Teleworking parents during COVID-19](#)

[Fighting COVID-19 in camps for refugees and internally displaced persons in East Darfur](#)

**SOCIAL MEDIA POSTS**

[How to wear a mask \(Facebook\)](#)

[Fighting COVID-19 in camps for refugees and internally displaced persons in East Darfur \(Facebook\)](#)

[Impact school closures \(Instagram\)](#)

[Humanitarian airbridge \(Twitter\)](#)

[COVID-19 supplies for White Nile \(Facebook\)](#)

#### EXPRESSION OF THANKS

UNICEF Sudan would extend its heartfelt appreciation to all our donors who continued to support us or even scaled-up their support during the challenging year Sudan went through. UNICEF and partners reached millions of people with often lifesaving interventions, which would not have been possible without the generous funding received. Thanks to your support, UNICEF can continue its mission to meeting the needs and fulfilling the rights of the most vulnerable children, their families and communities.

Thematic/flexible and also early funding for UNICEF’s humanitarian interventions – including the COVID-19 response – is crucial as it provides us with greater flexibility to respond to the needs of children. It allows us to have a bigger and more effective impact on the lives of vulnerable and marginalised populations in a highly volatile, complex and dynamically evolving context like Sudan. Flexible funding enables critical but unpredictable or otherwise unfunded activities to be carried-out, activities that facilitate responses to best reach vulnerable populations efficiently. This includes non-routine monitoring, top-ups and fulfilling needs that are excluded by other donor prescriptions.

#### FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. The form is available on line at this link: [English version](#) or [French version](#).





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