



## Context

The COVID-19 pandemic had a profound effect on the daily lives of people worldwide, including Sudan. In Sudan, the impact of COVID-19 varied among the general population, with lower socioeconomic and uneducated populations showing disregard for and noncompliance with restrictive measures. Fear, anxiety, emotional reactions and isolation spread due to the virus, high infection rates, and mortality rates, leaving a deep impact on the general population. Quarantine measures, social isolation, loneliness, fear of the future and economic hardship had a powerful impact on people's mental health. Unemployment and job loss during the pandemic led to increased levels of anxiety and depression, and some individuals resorted to harmful use of alcohol and other substances. Stigma surrounding COVID-19 infection and death affected patients and their families, straining relationships in Sudan. Quarantine measures and social distancing, particularly during social events like weddings and funerals, further impacted relationships within families and society as a whole. Feedback from service users and their families indicated the growing importance of mental and physical health during the pandemic, with a call for increased efforts to combat social stigma and improve services.

## Service users and their family members

Service providers and frontline workers in Sudan experienced significant stress for several reasons. They feared infection due to the poor implementation of infection control measures, including inadequate quality personal protective equipment. Exhaustion and high levels of stress arose from long working hours, especially for those in quarantine sites,

where staff shortages and dropouts were prevalent due to infections and the need for quarantining. Anxiety, panic and depression became increasingly prevalent among healthcare personnel. The immense workload during the pandemic led to feelings of worry, frustration and stress. The pandemic exposed the fragility of the mental health system in Sudan, highlighting the need for improved preparedness and prioritization of mental health by decision-makers.

#### Service providers in health and social care

Several polyclinics in Sudan established hotlines for service providers to seek support when needed.

#### Challenges

Sudan faced several challenges in addressing mental health issues during the pandemic.

The response to remote mental health and psychosocial support services, such as hotline support, faced challenges due to the unacceptance of indirect communication methods by patients who demanded direct face-to-face services.

The mental health system in Sudan required strengthening, particularly in terms of budget allocation and the availability of trained mental health personnel, including counsellors and psychotherapists.

The prioritization of psychological support for COVID-19 patients lagged behind clinical and physical care.

#### Delivering mental health and psychosocial support services (MHPSS) and ensuring continuity

##### Innovative solutions

Training healthcare personnel in quarantine centers to provide psychological support and make referrals to specialists if necessary.

Training a large number of community volunteers to offer support.

Capacity building of partners, including the social care sector, to provide MHPSS services to vulnerable populations such as the elderly in care homes, internally displaced persons, refugees, the homeless, people with disabilities and poor families.

Capacity building for mental health professionals and humanitarian aid workers specifically for the COVID-19 pandemic.

#### Lessons learnt

Community engagement played a crucial role in combating the COVID-19 pandemic in Sudan, with civil society organizations reaching vulnerable populations and providing essential services such as food and medication delivery during curfew and isolation periods.

Financial support from Sudanese living and working abroad helped mitigate the economic crisis and resource shortages faced during the transition period.

The establishment of mental health units in previously underserved states, particularly in camps, proved successful in providing MHPSS services.

Partnerships with national and international organizations, especially in Darfur, and the use of media platforms helped raise community awareness.

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