

SUDAN COVID-19 UPDATE

CORONAVIRUS & CONSEQUENCES

For refugees, COVID-19 has become an economic crisis on top of a public health crisis

In a race against time, UNHCR is supporting refugees and IDPs to protect themselves against COVID-19 infections. The Agency also tries, with limited funding, to buffer the pandemic's disastrous impact on their family economies.

HIGHLIGHTS

Lack of income after **collapse of informal sector** devastated refugee households.

UNHCR handed out **2.2 million bars of soap** to refugees, locals and IDPs to stop the spread.

UNHCR & IOM chair a **new Task Force** for COVID-19 IDP Camp Coordination



Over 100 children and youth joined a song contest to warn of corona virus. © UNHCR/Vanessa Zola

A PANDEMIC WITH A DOMINO EFFECT

While **the pandemic continues to spread in Sudan**, its ripple effects have hit refugees and IDPs very hard. Many refugee families miss the little income from occasional work in the informal sector which has collapsed following the movement restrictions imposed to fight the spread of COVID-19.

UNHCR, the UN Refugee Agency, increased its hotlines from two to five to attend the record number of calls from worried refugees and asylum-seekers in Arabic, English, Tigrinya and Amharic. While in April nearly 200 calls were received, mainly from South Sudanese, Ethiopians and Eritreans, in May, the number jumped to nearly 1,400. The large majority inquired about COVID-19, available assistance and distributions. Our staff heard stories of mothers and fathers, particularly those living in Khartoum, who did not know how to get enough food or other basic supplies for their children.

EMERGENCY CASH

To mitigate the devastating effect of the combined public health and economic crisis on the most vulnerable displaced communities in Khartoum, UNHCR, with its limited funding, provides **three types of support** based on criteria jointly developed with the Commission for Refugees (COR), the official asylum authority:

- UNHCR supports the Ministry of Labour and Social Development together with WFP and UNICEF in their programme to support 300,000 vulnerable families, including refugee households, in the Khartoum area with food and hygiene packages. UNHCR contributed over half a million USD and 150 metric tons of soap to the packages.
- UNHCR, in close coordination with COR, supports vulnerable refugee households with a monthly cash grant of 2,400 Sudanese Pound (SDG) via ATM cards.
- For individual emergencies, when refugees cannot afford food or other basics, UNHCR provides a one-off support of 2,400 SDG. Both amounts are currently under review.



UNHCR & partners engaged with displaced communities, like here in South Kordofan. © Al Manar/Angelana Yunis

With the existing funding, only a fraction of the most vulnerable refugees can be reached. Much more needs to be done, and UNHCR advocates for country-wide social protection schemes that include refugees and IDPs. This will require more engagement by donors to ease dire needs and foster the country's transition.

PREVENT, DETECT, CONTROL INFECTIONS

Coronavirus continues to threaten the health of refugees and IDPs who often live in **overcrowded conditions** where physical distancing is impossible. So far, a large outbreak in camps or settlements could be prevented. and UNHCR, as part of the WHO-led UN response, initiated a new phase of its risk communication to engage communities to help them protect themselves. Through their leaders and teacher, outreach volunteers, Refugee Health Committees and local partners, UNHCR ensured that men, women, boys and girls as well as individuals with specific needs get the information needed and participate in local COVID-19 response initiatives. UNHCR, in collaboration with WHO, the Ministry of Health and other partners, has supported training of nearly 400 health care workers on the management of patients with COVID-19 and how to prevent and control the spread of infections.

UNHCR with its networks among communities and authorities monitors the situation in refugee camps and settlements very closely to detect any major outbreak and to be prepared for the worst. UNHCR and its healthcare partners are part of a surveillance network designed to ensure swift quarantining of refugees with symptoms found in camps and referring any positive cases to the national health care facilities following established protocols. UNHCR's response plan feeds into the National Response. Refugee and host community leaders were trained on the COVID-19 referral pathway so that they are able to respond to potential cases in a timely and efficient manner.

Currently UNHCR has 10 healthcare partners implementing 13 partnership agreements for healthcare services across the country at 21 refugee camps across four States with outreach to nearly 330 non-camp locations across the country, covering all refugees in Sudan.

SINGING AND TESTING

In the meantime, **information how to prevent an infection** has reached all major IDP settlements and all refugee camps also through giant billboards, e.g. in White Nile, announcements through loudspeakers mounted on vehicles and with posters; in Khartoum alone, a new wave of over 12,000 posters are being put up to reach Eritrean, Ethiopian and South Sudanese communities in the "Open Area" slums on the outskirts of Khartoum.

In Kordofan, radio stations including Radio Sudan, Radio Bilad and El Fula Radio joined the awareness campaign, and in White Nile, a radio station is preparing spots based on a song contest organized in all camps by UNHCR in partnership with Plan International and COR in May.

Most recently, UNHCR established a WhatsApp “tree” to reach out to the Eritrean, Syrian and Yemeni communities in Khartoum, which allows information to travel fast through a network of refugee groups.

UNHCR is working with refugee communities to sensitize them about the importance of **quarantine for new arrivals**. Newly arrived refugees will not be registered or included in food distributions unless they have undergone quarantine. UNHCR has established dedicated facilities for new arrivals in East Sudan, White Nile and East Darfur. The Government also has quarantine facilities in other areas, including in South Kordofan.

A quarantine facility in Um Sangour camp in White Nile State is facing a particular gap: There is a serious lack of water which undermines the functioning of the quarantine center as refugees at times feel compelled to leave the facility in search for water. The necessary rehabilitation of the water system will require additional resources to meet the water demand of a growing population.



UNHCR's distribution of 2.2 million bars of soap also reached “Open Areas” in Khartoum. © UNHCR/Roland Schönbauer

UNHCR continues to advocate for the testing of refugees through the national system. Protocols for collection and transportation of the samples have been put in place where samples collected from refugees will be analysed at a designated laboratory with the national system. However, testing remains largely centralized in Khartoum for most of the refugee hosting States. Testing capacity needs to be boosted and decentralized to ensure more refugees and locals have better access with quicker results.

Any refugee confirmed to be infected with COVID-19 and in need of isolation or treatment in a dedicated facility will be referred to government-run facilities. However, given their limited capacity, UNHCR is supporting partners to establish additional isolation facilities for every refugee camp/settlement hosting more than 5,000 individuals. Currently, there are 14 isolation centers supported by UNHCR. For additional semi-permanent facilities, schools and government buildings are being adapted with UNHCR support, including material assistance (jerry cans etc.) and wet feeding in coordination with WFP.

While there has been no major outbreak among refugees so far in Sudan, in Khartoum in May and Kario camp, East Darfur, in June a limited number of individual positive cases were reported. Two people passed away in Kario Camp and one in Khartoum. Contacts were traced and advised to isolate. In Kario, UNHCR helped relocate some of the new arrivals staying at the reception centre to reduce overcrowding. Movements were restricted further and authorities were considering to put the entire Kario camp under lock-down.

HYGIENE OFFENSIVE IN CAMPS AND SLUMS

To support personal hygiene, **UNHCR has delivered over 2.2 million bars of soap** to refugees, IDPs and their vulnerable Sudanese neighbours across the entire country, including Central Darfur where our partners Save the Children and the Catholic Agency For Overseas Development (CAFOD) distributed soap to over 20,500 individuals, including refugees from Chad and the Central African Republic (CAR) in Um Shalaya refugee camp in early June. “Open Areas” could be reached only partially due to movement restrictions and security concerns in May and June. UNHCR managed to distribute soap in the “Open Area” Bantiu along with nearly 10,000 ibriks, small water containers for families to allow for regular handwashing.

Across the country, UNHCR installed about 800 dedicated handwashing facilities in public spaces such as health facilities, isolation centres, markets and sites where food or non-food items such as mosquito nets were distributed. As an additional attempt to prevent potential spread, the Agency and its partners World Vision International and

CAFOD built or restored about 240 latrines, including in Almashaga, the new relocation site for CAR refugees in South Darfur, as well as in White Nile State and for the quarantine/isolation centres in Jouri and Um Sangour Camps in White Nile. In a reception and an isolation centre in Shagarab and Wad Sharifey, East Sudan, over two dozen showers are already improving personal hygiene.

COORDINATING THE RESPONSE FOR IDPS

As part of a UN-coordinated response plan and UNHCR's work for IDPs, the Agency has taken on the co-leadership of a new, temporary **COVID-19 IDP Camp Coordination Taskforce** together with IOM in May 2020. Built around the CCCM (Camp Coordination and Camp Management) approach, it aims to ensure multi-sectoral coordination in the IDP camps in Darfur, Kordofan and Blue Nile for COVID-19 preparedness and response.

CHALLENGES

The main challenge is **lack of funding**. UNHCR has already implemented over 4.2 million USD of its COVID-19 budget of 4.8 million, but cash assistance requires more engagement by the international community to buffer the devastating impact of the combined public health and economic crisis on refugee, IDP and host families.

When ordering **Personal Protective Equipment (PPE)** such as gowns, gloves and masks, including for its community outreach volunteers, UNHCR is competing with massive global demand so delivery of PPE is significantly delayed.

Another serious challenge is the **increasing fear of discrimination of people with symptoms**. UNHCR staff heard from displaced individuals that they were afraid of being stigmatized if COVID-19 infected them. UNHCR reminded refugees and IDPs that they should come forward and inform about symptoms to protect themselves and those around them.



UNHCR and partners are spreading awareness about COVID-19 prevention, e.g. in Darfur. © UNHCR/Ana Biurrun Ruiz

UNHCR calls on all involved to **avoid any stigmatizing** of people on the move in the COVID-19 context as the virus can hit everyone. The pandemic has a disproportionate impact on refugees and other groups on the move who were already in vulnerable situations before the crisis. Their lives are now impacted by three crises – a health, an economic and a protection crisis.

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