

SUDAN FLASH UPDATE

CORONAVIRUS CRISIS

Double protection: UNHCR's assistance comes with information about COVID-19

UNHCR, the UN Refugee Agency, stays and delivers despite the global health crisis. While the Agency and its partners had to reduce their movements across Sudan and to interrupt some important activities for refugees and internally displaced people (IDPs), many others continued - in a different way.

HIGHLIGHTS

Food and blanket distributions to refugees and IDPs are **combined** with COVID-19 **info**.

Contingency plan helps agencies and refugee communities **prepare for day X** – when COVID-19 might hit a camp.

Brand **new ambulances** handed over by UNHCR to the health authorities for pregnant women, malnourished children and other emergencies.



Food distribution in Shagarab I Camp: Women practice physical distancing. ©UNHCR/ Zahir Alhadey

MORE FOOD, LESS RISK

Given the global health crisis, UNHCR and partners continue their work in a different way. In East Sudan, UNHCR, together with WFP stayed and delivered food vouchers to refugees in the Shagarab refugee camps. To avoid unnecessary crowds, the **food distribution** was given for two months instead of one, thus eliminating one gathering and the potential exposure of refugees to an infection. The distribution took place over a period of eight days and aimed at reaching some 44,800 men, women and children.

In West Darfur, the Sudanese Red Crescent Society (SRCS), too, resumed the distribution of non-food-items (NFI) such as blankets for UNHCR to IDPs in a different way. The challenge of physical distancing was turned into an opportunity. **Every IDP family received information** about how to protect themselves against the virus before receiving blankets, jerry cans, sleeping mats, plastic sheets and kitchen sets. To ensure physical distance, UNHCR used nearly empty Gathering Points of IDPs such as schools in El Geneina from which IDPs had recently returned to the Krinding camps.

In addition, the number of families called for the distribution at a time was reduced by 50 per cent. SRCS and UNHCR personnel kept the usual distance from the beneficiaries to protect them from any potential spread. Since January, nearly 50,000 IDPs received NFI support.

WITH COMMUNITIES, AGAINST THE VIRUS

UNHCR collaborates with the Ministry of Health (MOH), WHO and UNICEF in prevention and preparedness work to protect refugees against the global COVID-19 pandemic. The need to be prepared is urgent. UNHCR has therefore initiated the development of a contingency plan for an outbreak in refugee camps and discussed it at the national level with the Refugee Consultation Forum that brings together the Commissioner for Refugees (COR) and several dozen partners, including non-government organizations.

Modeling suggests that the outbreak also can reach refugees, and that those living in overcrowded camps or settlements are **particularly vulnerable**. The Agency is agreeing on practical preparedness actions with all partners. At the local level, in UNHCR-led Refugee Working Groups, localized response plans are being developed as a matter of urgency. At the same time, UNHCR is mindful that a full outbreak in a larger refugee camp will likely overwhelm existing response capacities.



Volunteers help distribute soap in White Nile State. ©UNHCR/ Vanessa Zola

A key pillar of all action plans is **early identification and isolation** of potential cases in isolation rooms in all refugee camps across the country. In East Sudan, a school is being adapted as an isolation centre while in the Kordofans, UNHCR has agreed with the authorities to adapt one room in every refugee Reception Centre for this purpose. Several will need to be upgraded to meet minimum standards and require furniture and personal protective equipment. New arrivals that keep on reaching Sudan despite officially closed borders are screened for temperature by the authorities in Al Leri locality, Kordofan, and currently, there are about 90 asylum-seekers in temporary quarantine in the East.

PREPARING FOR DAY X

So far, there is no known COVID-19 case among refugees in Sudan. Yet, helping refugee communities preparing for the day X when the virus might reach their camp or settlement is vital, and community engagement a key element for UNHCR's **risk communication**.

The Agency receives a lot of feedback for its ongoing awareness raising about the risks. South Sudanese refugees who do not read, write and understand printed Arabic language posters approached the Agency for material in languages they understand. Meanwhile, UNHCR's outreach is rolling out over 24,000 COVID-19 posters in 11 refugee languages (Arabic, Amharic, Oromo, Tigrinya, French, Somali, Shilluk, Dinka, Nuer, Lotuko and Acholi) to ensure nobody is left behind.

In Darfur, religious leaders and community representatives helped sensitize refugee returnees in Keino about the health crisis that might reach their area. In White Nile, UNHCR has procured **90 megaphones** to allow hygiene promoters to disseminate messages of prevention in the refugee camps. In East Sudan, the Eritrean Students Union in Sudan, while not a formal partner of UNHCR, offered their help. Together with UNHCR and COR they went from refugee house to refugee house in Shagarab and Um Gargour camps to spread the best hygiene practices before COVID-19 spreads. With the UNHCR-provided soap they distributed, over some 325,000 refugees, IDPs and members of host communities across Sudan got soap.

An important element of community engagement will be to inform and support their response in the event of an outbreak.

Meanwhile, prevention remains important, especially how to **reduce overcrowding**, e.g. in the Reception Centre in Shagarab. UNHCR therefore helped relocate some 450 refugees and asylum-seekers to 90 tukuls (local houses), but more needs to be done.

UNHCR just handed over two brand **new ambulances** to the MOH in White Nile State for refugees in Jouri and Aljameya camps and the Sudanese population nearby especially for transportation of pregnant women, malnourished children or other emergencies, including potential COVID-19 cases.

COVID-19 CHALLENGES

Due to **movement limitations** and COVID-19 prevention measures, UNHCR does not have access to all refugees in settlements.

Registration of asylum-seekers had to be suspended for South Sudanese in Khartoum and generally in the Kordofans and White Nile State.

Several regions keep on recording a lack of medical equipment that would be needed for a potential COVID-19 case among refugees in an isolation facility at the district level.

Fuel shortage, e.g. in the Kordofans, hampers the delivery of existing relief materials.

Myths about COVID-19 are still going around undermining prevention. The UN country team issued a call to focus on facts, not fear. Refugees and anybody else should seek information only from trusted sources such as the WHO or the health authorities.

Another structural challenge in Sudan, a country heavily affected by many years of sanctions and a deepening economic crisis, is its weak health system. In addition, refugees often live in very remote areas with limited infrastructure. UNHCR continues to advocate for more development support to Sudan and, like everywhere else around the world, for the inclusion of refugee women, men and children in the national COVID-19 preparedness and response activities under the overall coordination of the MOH.



UNHCR donated ambulances to White Nile. ©UNHCR/Yegerem Tsige Yilma

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