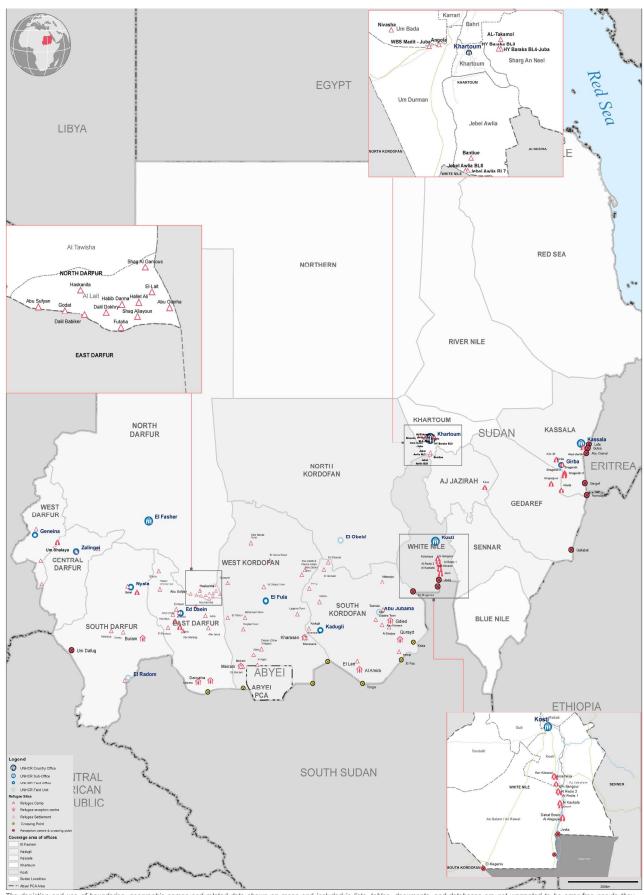




# SUDAN - REFERENCE MAP



The depiction and use of boundaries, geographic names and related data shown on maps and included in lists, tables, documents, and databases are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations. Final status of the Abyei area is not yet determined.



#### INTRODUCTION AND CONTEXT

The first COVID-19 case in Sudan was confirmed on 14 March 2020 and soon after all 18 states were affected, with most cases identified in Khartoum. To slow down the spread of COVID-19, the government closed airports, sea-ports and land crossings on 16 March and imposed a lockdown in Khartoum on 18 April.

Refugees have been severely affected by the crisis and COVID-19 cases have been observed among refugees by UNHCR. Crowded conditions in refugee camps and settlements exacerbate infection risks in an environment of understaffed heath facilities and limited handwashing facilities.

Although borders are closed, refugees continue to arrive in Sudan and arrivals are quarantined in dedicated centres near camps for 14 days before receiving regular assistance services. In addition to Government isolation centres, additional isolation centres near refugee camps are being constructed and supported by the response through hot meals and non-food items. UNHCR and partners continue to monitor new arrival rates and conduct entry interviews to understand the impact of the border closures. Partners are also working together on risk communication in refugee locations, using, among other things, multi-language SMS, posters, leaflets, community networks.

The Refugee Consultation Forum (RCF) is leading an inter-agency COVID-19 Contingency and Preparedness Action Plan looking at several scenarios, including camp and settlement lockdowns. In addition, the RCF has developed 13 localized response plans covering densely populated refugee camps and settlements to ensure regular delivery of humanitarian aid, while looking into the specific needs in preparation and response to COVID-19.

Based on the significant additional needs that emerged due to COVID-19, especially in the Health and WASH sector, and as a result of lockdown and movement restrictions, the Sudan Country Refugee Response Plan 2020 has been updated in consultation with its partners.

## IMPACT OF COVID-19 AND NEEDS

The COVID-19 outbreak is stretching an already limited national health system that suffers from insufficient human resources, shortages of drugs and limited options for effective case management of the outbreak. The situation can be aggravated by the remoteness of these locations that pose communications and logistics challenges. In addition to a volatile political and security situation in Sudan, the country faces rampant inflation and recurrent severe fuel shortages leading to prolonged power outages.



Refugees in Sudan are highly vulnerable to COVID-19 outbreaks due to overcrowding in refugee camps and most settlement locations. In total there are over 315,000 refugees living in 21 refugee camps and over 750,000 refugees living outside of camps in settlements across the country with a large number of residents. Additionally, refugees also have limited access to water and sanitation services, including handwashing facilities, which undermines hygiene promotion. Furthermore, refugees suffer from high rates of acute malnutrition, which can negatively impact their immune systems and introduce additional comorbidities, increasing their risk of severe consequences as a result of an infection with COVID-19.

#### **RESPONSE APPROACH**

The overall response to the COVID-19 crisis, as outlined in the COVID-19 Contingency and Preparedness Action Plan, is guided by the 3 strategic objectives of the CRP:

- 1. Provide protection, reception and basic services assistance for new arrivals.
- 2. Address ongoing or unmet needs among the eisting refugee caseload and improving service provision and national protection systems to meet sectoral standards.
- 3. Contribute to building self-reliance among refugees, resilience among host communities, and sustainability of interventions across the response.

Response under the CRP COVID-19 addendum will focus on short-term and immediate new needs and preexisting needs compounded by the pandemic. In addition, partners have endeavoured to re-orient and prioritize life-saving activities within the existing CRP to complement and contribute to COVID-19 response.

Activities prioritized in the ongoing COVID-19 response include health and WASH activities, interventions to reduce overcrowding, coordination with WFP on food pre-positioning and distributions, community mobilization and health awareness, protection monitoring and registration activities. It includes provision of Personal protective equipment (PPEs), increased access to WASH services and installation of isolation centres in close cooperation with the national line ministries.

Further, refugee response partners have activated COVID-19 prevention and response measures including the set-up of surveillance systems in all refugee camps, promotion of personal hygiene and access to better hygiene through installation of additional handwashing stations and water tanks as well as soap distribution.



To address reduced income opportunities among refugees due to COVID-19 restrictions, UNHCR and partners have started multipurpose cash support interventions in Khartoum to offset socioeconomic hardship. Furthermore, emergency shelter assistance will improve social distancing abilities. Gender-based violence (GBV) risk mitigation and prevention measures need to be put in place to counter increased GBV risks due to overcrowding and confinement.

## COORDINATION

Sudan's Refugee Consultation Forum led by UNHCR and the Commission for Refugees (COR) leads the COVID-19 response for refugees, with the participation of WHO, UNHCR, UNICEF and over 40 other partners in all sectors. The RCF has a national refugee plan and 13 locality-level plans in Sudan's refugee-hosting States, including in White Nile and Kordofan States. These plans are being discussed and coordinated in detail through the Refugee Working Groups at the State level. The RCF is also working to ensure that refugees are included under broader national and State COVID-19 plans for all populations in need. This is done at the national level through the RCF's participation in the Humanitarian Country Team's COVID-19 Working Group and in dedicated COVID-19 meetings led by OCHA and WHO or other lead agencies in each State.

This CRP addendum is aligned with the HRP and the HCT-UNCT COVID-19 Country Preparedness and Response Plan (CPRP) which support the Government of Sudan's efforts in preparing and responding to the pandemic and is also aligned with the Global Humanitarian Response Plan (GHRP). The South Sudanese segment of the appeal is also included in the Regional Refugee Response Plan (RRRP) for the South Sudan crisis.



# **BUDGET UPDATE**

In response to the COVID-19 pandemic the CRP allocated USD31,757,386 for interventions in Protection, Education, Food Security, Health and Nutrition, Livelihood and Resilience, Shelter and non-food-item (NFI) as well as the WASH sector. Out of this amount, USD 2,740,745 has been re-prioritized from the original budget. The budget is aligned with the South Sudan Regional Refugee Response Plan and incorporates refugee funding requests in the Sudan HRP and CPRP.

SUDAN COUNTRY REFUGEE RESPONSE PLAN BUDGET UPDATE (USD)				
SECTOR	ORIGINAL	REVISED NON- COVID-19	NEW-COVID-19	NEW-TOTAL
Protection	\$68,095,930	\$66,811,349	\$3,518,556	\$70,329,905
Education	\$34,598,866	\$34,598,866	\$500,000	\$35,098,866
Energy & Environment	\$6,457,007	\$6,457,007	\$0	\$6,457,007
Food Security	\$109,966,625	\$109,966,625	\$558,350	\$110,524,975
Health & Nutrition	\$70,536,853	\$69,270,099	\$12,640,363	\$81,910,462
Livelihood & Resilience	\$59,082,477	\$59,082,477	\$908,000	\$59,990,477
Shelter & NFIs	\$64,078,702	\$64,078,702	\$7,126,130	\$71,204,832
WASH	\$64,046,863	\$63,857,451	\$6,505,987	\$70,363,438
TOTAL	\$476,863,324	\$474,122,577	\$31,757,386	\$505,879,963

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