

SUDAN FLASH UPDATE

CORONA VIRUS CRISIS

UNHCR rushed soap to over 260,000 people in Sudan in recent weeks – and counting

UNHCR, the UN Refugee Agency, **stays and delivers**. In Sudan, it joined the inter-agency effort to **prevent the spread** of the COVID-19 virus **and to prepare** a response to a **potential outbreak among refugees, IDPs** and their **host communities**.



South Sudanese refugee children wash their hands at a new hand-washing facility in Darfur. © UNHCR/Modesta Ndubi

Highlights

- To prevent infections, UNHCR and partners distributed soap to 260,000 people in recent weeks.
- UNHCR, WHO, UNICEF and the Ministry of Health are running a massive awareness campaign, including among refugees, IDPs and host communities. In Khartoum, 15,000 text messages were sent to urban refugees sharing health awareness and prevention advice.

- **Hundreds of individuals were released from immigration detention in Khartoum last week. COR (Commission for Refugees), with the support of UNHCR, intervened on nine unregistered and undocumented asylum seekers who had deportation orders issued against them. They were eventually released to COR and transferred to Shagarab camp in East Sudan.**

Prevention and preparedness

UNHCR and partners are supporting personal hygiene through **handwashing stations**, water tanks and distribution of **soap**. Over 260,000 beneficiaries received soap, provided by UNHCR, in recent weeks, with a special focus on **women and girls**:

- In the refugee camps in East Sudan (Girba, Um Gargour, Shagarab etc.) some 29,000 women and girls of reproductive age received an additional piece of soap from UNHCR and distributed by the Sudanese Red Crescent Society (SRCS) as part of personal hygiene kits along with underwear and sanitary cloth.
- In White Nile, the Catholic Agency for Overseas Development distributed soap to five camps, the distribution in the other four camps is ongoing.
- In East Darfur refugees in and outside camps received soap from the American Refugee Committee, in South Darfur, some 32,000 South Sudanese refugees received it through UNHCR's government partner WES (Water and Environmental Sanitation).
- The Beliel registration centre in South Darfur also received **water tanks** with a capacity of 1,000 liters to allow for more systematic handwashing.

UNHCR procures soap from a factory in Khartoum to support the local economy.

A **surveillance system** on COVID-19 has been set up in all refugee camps. UNHCR has worked with the Ministry of Health (MOH) to make sure all the health partners, outreach workers and community volunteers along with UNHCR staff are trained about the guidelines on how to identify a potential case so that they can advise on self-isolation and inform the health authority for further checks. Should they confirm the transmission of the virus through a test, the surveillance protocol foresees that the information is reported up to the national level. UNHCR made sure that this surveillance system is working. It includes a regular "zero" reporting if there are no potential cases. So far, the partners participating in the system reported "zero" every day.

As a matter of preparedness, UNHCR, in coordination with partners, has already disseminated treatment protocols and initiated **training** of health staff on these protocols in collaboration with the MOH and WHO. Together with partners, potential isolation centers were identified in some locations.

New arrivals in East Sudan are screened on symptoms of COVID-19 in a clinic: The International Humanitarian and Charity Organization, with support from UNHCR, is taking their temperature. The new arrivals stay in quarantine for observation for two weeks. In case of any relevant symptoms, they are isolated and the health authorities are alerted. If they need further medical checks, they are first transferred to a **quarantine facility** where UNHCR is providing food and non-food-items such as mosquito nets.

Risk awareness

Together with the MOH, UN and NGO partners, UNHCR is raising awareness about COVID-19 risks and prevention among refugee populations in camps, settlements and urban areas. By now, the majority of the about one million refugees hosted by Sudan has been reached. A range of volunteers and organizations join this effort. Community health workers supported the spreading of prevention measures in White Nile State through **megaphones**. In settlements of South Kordofan, UNHCR's partners, too, complemented WHO's radio messages by using megaphones and putting up posters.

UNHCR translated WHO's **posters in refugee languages**, including Tigrinya, Oromo, Amharic and Somali. In South Darfur, UNHCR, together with Norwegian Church Aid, WES and the WASH (Water, Sanitation and Hygiene) sector distributed the posters to refugees in settlements while IDP youth joined hands with UNHCR to reach out to community leaders.

In North and West Darfur, UNHCR printed and distributed leaflets on good hygiene. In addition, the Agency provided awareness material to community leaders in four **IDP gathering points** in El Geneina, West Darfur: Salaheldin, Sultan Old Court, Eleman and El Thawra. Community leaders are holding awareness sessions in these overcrowded gathering points that sprung up when violence forced IDPs to flee their camps. Awareness raising about keeping physical distance is crucial here. Some IDPs have started returning to the IDP camps, where conditions are less crowded.



Refugees read posters by the Ministry of Health that UNHCR distributed in Bileil, South Darfur. © UNHCR/Modesta Ndubi

In East Sudan, over 130 community health workers are disseminating COVID-19 information, education and communication in Shagarab, Girba and Kilo 16 camps with the help of WASH partners and SRCS. They are joined by 60 volunteers who were trained on how to raise awareness.

“We have received good advice from UNHCR regarding prevention of Corona virus infection. Let’s all try to practice it”, a refugee said in Khartoum after one of **15,000 SMS by UNHCR** made his phone vibrate. Asylum-seekers from South Sudan, Ethiopia, Eritrea, Syria, Yemen, the Democratic Republic of Congo, the Central African Republic (CAR), Burundi and Somalia received text messages on COVID-19 in different languages.

Protection

The borders with South Sudan, Eritrea, Ethiopia, CAR, Libya, Chad and Egypt are officially closed. UNHCR continues to monitor the numbers of new arrivals across the country and interviews new arrivals to understand the impact of the border closures.

New arrivals in the border reception centres in East Sudan are required to remain in the reception centres for 14 days before being transferred to Shagarab camp for registration. Food and water are provided in the border reception area during this period of isolation. The border with both Eritrea and Ethiopia is officially closed, however, given the porous nature of the land borders, a small number of asylum-seekers continues to arrive.

In Khartoum, deportation orders were issued against nine undocumented Eritrean asylum seekers and the group

was brought to Kassala. Like hundreds of others in immigration detention last week, this group, too, was eventually released through UNHCR and COR's intervention. They have been transferred to Shagarab where they will be registered and assisted. UNHCR, together with COR, continues to push for an end of roundups by police and immigration authorities in Khartoum.

UNHCR and partners, in coordination with COR, continue registration in East Sudan and parts of Darfur, and keep providing protection and assistance in the camps including food, water and shelter.

Coordination

In Khartoum, a **Crisis Management Team** brings together the Heads of Agencies every daily to review operational, security as well as staff health and welfare issues.

In addition, the **Refugee Consultation Forum** (RCF), co-chaired by COR and UNHCR, is coordinating the humanitarian COVID-19 response for refugees at Khartoum level while Refugee Working Groups, led by COR/UNHCR, are coordinating it at the field level. The RCF coordinated the refugee component of the national preparedness and response plan which is led by OCHA. All interagency coordination meetings in Khartoum and in the field are held through teleconference.

At several refugee camps and settlements, **COVID-19 taskforces** have been established. In White Nile, they include refugee leaders and representatives of the host community.



UNHCR health staff Malik Gaidoum sensitizes the community about COVID-19. © UNHCR/Hussein Alzain

Challenges

Stronger efforts are needed in prevention and preparedness. It is particularly concerning that the health facilities in refugee hosting areas often **lack medical staff**, that they have weak referral mechanisms and inadequate supplies or poor infrastructure that does not meet **infection control standards**. The potential isolation facilities for people infected by COVID-19 are insufficient and lack the necessary equipment and materials. The capacity for intensive care is very weak even at the state capital level and would certainly not be able to respond to the needs of refugees or even the resident population should an outbreak occur.

Generally, there is a lack of infection control material and isolation units for individuals with infectious diseases across the country, there are not enough intensive care units. There is a need for prepositioning of medicines and other medical **supplies for treatment of respiratory diseases** and personal protective materials such as gloves and masks for health care workers. There is a lack of cleaning materials and sanitizers on the local market.

The remote location of some refugee hosting areas and camps aggravate the challenging logistics and communications, including in White Nile and South Kordofan States where there is a **lack of ambulances**.

Overcrowding of camps and settlements remains a concern to UNHCR. The Agency is in contact with partners and the authorities to obtain additional space and shelter to reduce the overcrowding

Rapid assessment missions identified gaps in recent weeks, including a joint UNICEF-WES mission to El Biel refugee settlement in South Darfur. It found the settlement needs a new generator to complement the solar water pumping and an expansion of water pipes. An upgrade of the two water sources should soon increase the number of liters of water available per refugee.

Contingency Planning and Business Continuity

UNHCR staff in Khartoum works from home with modern communications tools to keep physical distance. In field locations offices are practicing distancing by having some staff work from home to reduce the number of staff in the office at a given time.

Field visits are ongoing to ensure continuation of basic services and to accelerate preparedness work for COVID-19 prevention. Activities prioritized include health and WASH activities, soap distribution, planning how to reduce overcrowding, moving CAR refugees in South Darfur from Um Dafaq to the new settlement Al Mashaga, coordination with WFP on food pre-positioning and distributions, community mobilization and health awareness, protection monitoring and registration activities.

UNHCR has completed its programme criticality assessment, which will be fed into the UN-wide programme criticality exercise, a Business Continuity Plan, and a preparedness and response plan which has also been incorporated into the interagency plan. UNHCR's additional financial needs to finance its preparedness and response plan is USD 2.6 M.

Together with WHO and other partners, UNHCR has initiated the development of a worst-case scenario contingency plan for an outbreak of COVID-19 in one of the densely populated refugee camps and settlements. The agency has started allocating emergency resources for preparedness for such a scenario.

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