SUDAN COVID-19 NEEDS and SERVICES in IDP CAMPS

Front cover photograph:

Families displaced by intercommunal conflict in West Darfur receive basic relief items distributed to 145 households by UNHCR and partner, the Sudanese Red Crescent Society, at Safwa High School temporary gathering point in Ag Geneina / West Darfur.

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INTRODUCTION

The World Health Organization (WHO) declared the COVID-19 outbreak as a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020. The outbreak of COVID-19 has affected the entire global population and virtually every country. The most vulnerable groups have been overwhelmingly affected and remain the ones most at risk.

The outbreak led to countries taking measures to prevent the spread of the pandemic. The Government of Sudan, through the Ministry of Health spearheaded technical coordination and the country-wide response. In tandem, the United Nations continues to support the most vulnerable groups due to the challenges they face, among them internally displaced persons (IDPs) in Sudan.

With the aim of ensuring that no one is left behind, UNHCR and IOM as part of a UN-wide COVID-19 response plan in Sudan, aim to support IDPs by co-leading an IDP Camp and Settlement Response COVID Task Force (hereafter referred to as the Task Force). The Task Force was established in May 2020 and envisaged to be operational for an initial period of three months. The objective of the Task Force is to ensure effective coordination of multi-sector COVID-19 preparedness and response in IDP camps, in close collaboration with the health sector and other relevant actors.

The Task Force is a body built around the CCCM approach and incorporates the eight pillars of action which form the National COVID-19 response plan, one which covers initiatives stretching from health to logistics, all aimed at ensuring that COVID-19 is managed and people requiring care and support are not left behind.

Under the auspices of the Humanitarian Country Team, the Task Force is vigorously working towards ensuring that IDPs receive the support they deserve in order to mitigate the impact of COVID-19. UNHCR and IOM have started to support and guide field-based actors such as national NGOs, this initiative aims to ensure delivery of essential information and services in support of any need. Given the complexity of COVID-19 response and the ground-level support required, coordinated efforts are critical for all COVID-19 initiatives.

METHODOLOGY

The geographic focus of the Task Force is on the five Darfur states, South Kordofan and Blue Nile. IOM is responsible for ensuring state-level coordination in Central Darfur, West Darfur and South Kordofan, whilst UNHCR is responsible for ensuring state-level coordination in North Darfur, East Darfur, South Darfur and Blue Nile.

In support of activities of the Task Force, focal points were appointed in the field for each state. The state focal points lead teams on the ground, including the IDP site coordinators /lead partners and focal point. The sites are as follows: one site in East Darfur, one site in West Darfur, four sites in Blue Nile, five sites in South Kordofan, seven sites in Central Darfur, eight sites in North Darfur, twelve sites in South Darfur.

The Task Force developed lists of IDP sites based on multiple sources, validated by HAC as a baseline to commence working, while verifying and cleaning up the list. 38 sites were identified and prioritized while agreeing to have several rounds of surveys to capture the remaining unassessed locations. The 38 locations formed the baseline for this survey and analysis. A KOBO based, 97 question survey was put together based on suggestions provided by sector leads. While the survey was being developed and conducted, all the relevant actors of the Task Force commenced activities on ground with priority sectors of health, RCCE, WASH, protection, shelter and NFIs.

The survey was done to ensure that information on services and gaps was identified systematically. The survey was primarily supported by partners on the ground without whom this data collection would not be possible. All measures to the extent possible were taken to ensure adherence to COVID-19 safe distancing protocols . The analysis provides a firsthand view of the ground-level situation rather than a scientific analysis. Some of the statistics remain variable due to the timing of the survey which was conducted while the COVID-19 response plans were being operationalized. Some of the gaps identified may have already been filled at the time of release of this analysis.

With the extended COVID response required, mainstreaming will be the next step in the strategy of the Task Force while also launching additional surveys to capture the locations that have not yet been assessed.

General view of Dagy village in North Darfur to which IDPs have successfully returned.

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SUDAN: COVID-19 NEEDS and SERVICES in IDP CAMPS

SERVICE PROVIDERS per STATE per SECTOR

IDP Camp

38 Sites / Camps

Risk Communication & Community Engagement (RCCE)

Health

Water, Sanitation & Hygiene (WASH)

Non Food Items (NFI)

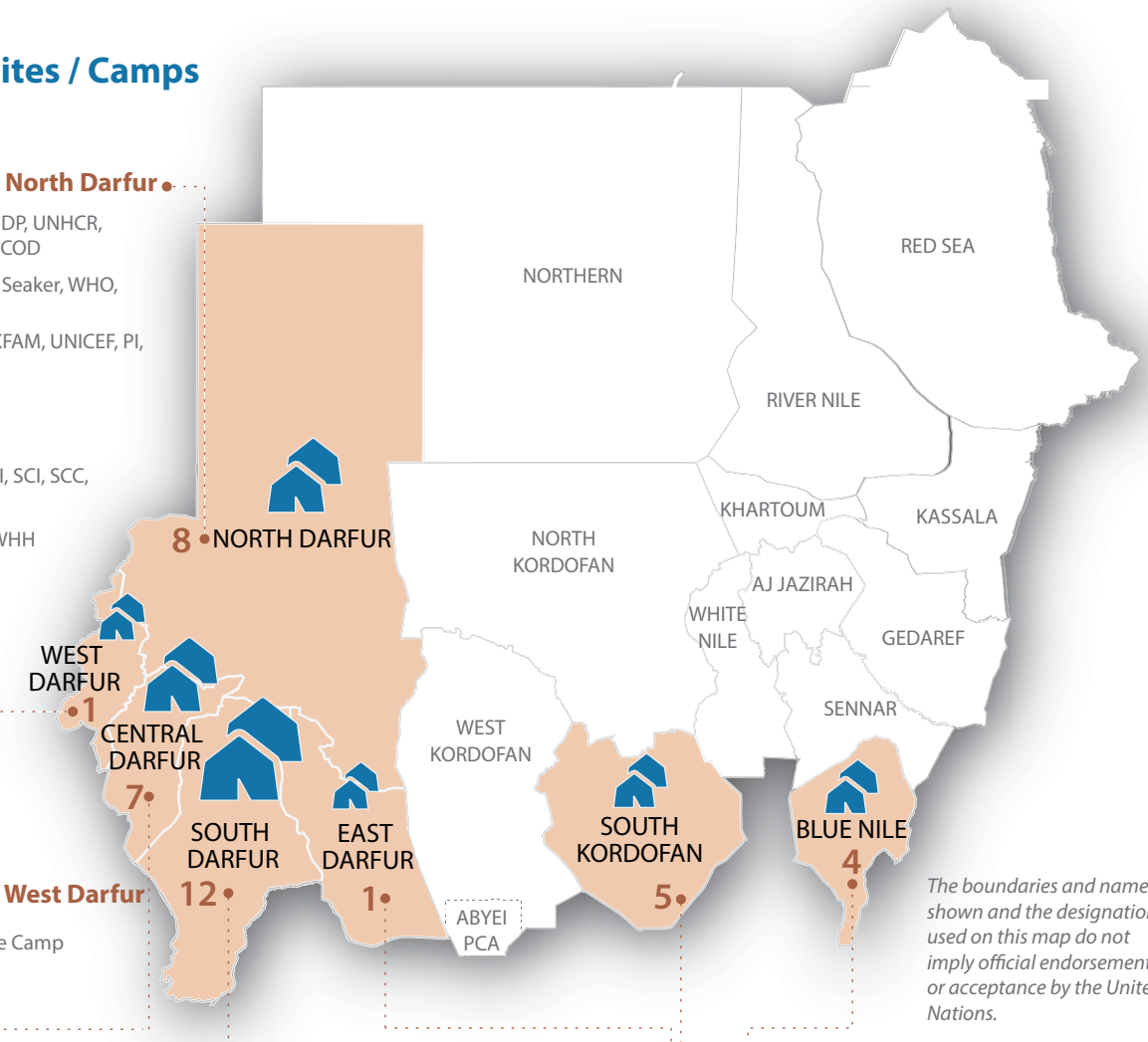
Shelter

Protection

Food Security (FSL)

8 Sites / Camps in North Darfur

- GOAL, IOM, PIS, UNDP, UNHCR, SCI, SRCS, Saeker, VCOD
- NPO, GOAL, RI, SCI, Seaker, WHO, UNICEF, VCOD
- GOAL, NPO, SCI, OXFAM, UNICEF, PI, VCOD
- GOAL
- GOAL
- UNAMID, NIMAD, PI, SCI, SCC, SRCS, Saeker
- GOAL, WFP, SRCS, WHH



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

1 Sites / Camps in West Darfur

- Volunteers from the Camp
- Police

7 Sites / Camps in Central Darfur

- DRC, NCA, IMC, SCI
- IMC, NCA, IRW
- ACT, NCA, IMC, ISW, WES
- NCA
- NCA
- DRC, SCI, Community Leaders
- CRS, DRC, WFP

12 Sites / Camps in South Darfur

- CIS, MC, NCA, WVI, UNAMID
- CIS, IMC, MoH, NCA, RHF, WVI
- NCA, ACT, AMVO, WVI, CIS, CAFOD, WES, MC
- NCA, WVI
- NCA
- GAH, UNICEF, Police, UNAMID, WVI
- WFP, WVI

4 Sites / Camps in Blue Nile

- HAC, MoH, WVI, IRW
- MoH, WHO
- IRW, SRCS, UNICEF, WHO, WVI, WES, MoH, ADRA
- HAC, SRCS
- SRCS
- AORD, CORD, IRW, MoSW, WVI, UNICEF, MoH
- IRW, WFP, FAO

	RCCE	Health	WASH	NFI	Shelter	Protection	Food Security
North Darfur	9	8	7	1	1	7	4
West Darfur	0	1	0	0	1	0	0
Central Darfur	4	3	5	1	1	3	3
South Darfur	5	6	8	2	1	5	2
East Darfur	3	3	3	3	0	3	3
South Kordofan	1	4	2	0	0	1	1
Blue Nile	3	2	8	2	1	7	3

1 Site / Camp in East Darfur

- ARC, CIS, MoH
- ARC, CIS, MOH
- ARC, MOH, WES
- ARC, RI, SRCS
- ARC, MoH, SCC
- SRCS, WFP, WVI

5 Sites / Camps in South Kordofan

- GOAL
- GOAL, MoH, SCI, WHO
- GOAL, WEST
- Police Point
- WFP

# of actors present per sector per state: 1-3 | 4-6 | 7-9

SUDAN: COVID-19 NEEDS and SERVICES in IDP CAMPS

SERVICE PROVIDERS per SITE / CAMP per SECTOR

STATE	SITE / CAMP														
Central Darfur	Elsalam	1	SCI		N/A		N/A		N/A		N/A		N/A	1	WFP
Central Darfur	Hameedia	2	IMC, NCA	2	IMC, NCA	3	ACT, NCA, IMC		N/A		N/A		N/A		N/A
Central Darfur	Hasahisa	2	DRC, NCA	1	NCA	2	ACT, NCA	1	NCA	1	NCA	1	DRC	2	CRS, DRC
Central Darfur	Karanik		N/A		N/A	2	ACT, NCA	1	NCA	1	NCA	2	DRC, Community Leaders	2	CRS, DRC
Central Darfur	Sabana site/camp		N/A		N/A		N/A		N/A		N/A	2	DRC, SCI		N/A
Central Darfur	Teyiba		N/A	1	IMC	1	WES		N/A		N/A	1	SCI	1	WFP
Central Darfur	Tur/ Thur		N/A	1	IRW	1	IRW		N/A		N/A		N/A		N/A
East Darfur	El Neem	3	ARC, CIS, MoH	3	ARC, CIS, MoH	3	ARC, MoH, WES	3	ARC, RI, SRCS		N/A	3	ARC, MoH, SCC	2	SRCS, WVI
North Darfur	Abassi B (Bartti)		N/A	1	NPO		N/A		N/A		N/A		N/A	2	WFP, WHH
North Darfur	Al Salam Camp		N/A	1	UNICEF	2	OXFAM, UNICEF		N/A		N/A		N/A	2	WHH, WFP
North Darfur	Burgo	2	SCI, SRCS	2	SCI, Saeker	2	NPO, SCI		N/A		N/A	5	PIS, SCI, SCC, SRCS, Saeker	2	SRCS, WFP
North Darfur	Fata Borno (Barno)	1	GOAL	1	GOAL	1	GOAL	1	GOAL	1	GOAL	2	NUMAD, UNAMID	2	GOAL, WFP
North Darfur	Kassab Camp	1	GOAL	1	GOAL	1	GOAL	1	GOAL	1	GOAL	2	NUMAD, UNAMID	2	GOAL, WFP
North Darfur	Korma gathering	1	VCOD	1	VCOD	1	VCOD		N/A		N/A		N/A		N/A
North Darfur	Rwanda (A)	2	SCI, Saeker	3	SCI, Saeker, WHO	1	SCI		N/A		N/A		N/A		N/A
North Darfur	Zamzam IDPs Camp	5	IOM, IR, UNDP, UNFPA, UNHCR	1	RI	2	PIS, UNICEF		N/A		N/A		N/A	2	WHH, WFP
South Darfur	Al Salam	1	CIS	2	CIS, IMC	3	CIS, CAFOD, WES		N/A		N/A		N/A	1	WFP
South Darfur	Al Serief		N/A	1	IMC	1	MC		N/A		N/A		N/A	1	WFP
South Darfur	Beliel	1	NCA	1	NCA	2	ACT, NCA		N/A		N/A	2	GAH, UNICEF	1	WFP
South Darfur	Derieg	1	MC	1	WVI	1	MC		N/A		N/A		N/A	1	WVI
South Darfur	Duma	1	WVI	1	MoH	1	WVI	1	WVI		N/A	2	UNAMID, Police	1	WVI
South Darfur	Kass Abd jabar	1	CSI	1	CSI	3	CIS, WVI, WES		N/A		N/A		N/A	2	WVI, WFP
South Darfur	Khor Abashe		N/A	1	WVI	1	WVI		N/A		N/A	1	UNAMID		N/A
South Darfur	Manwashe	2	WVI, UNMAID	1	WVI	2	AMVO, WVI		N/A		N/A		N/A	1	WVI
South Darfur	Mershing	1	WVI	1	WVI	1	WVI	1	NCA	1	NCA	2	WVI, UNAMID	1	WVI
South Darfur	Otash		N/A	2	RHF, WVI	1	WVI	1	WVI	1	NCA	1	UNAMID	1	WVI
South Darfur	Sekely	1	MC		N/A	1	MC		N/A		N/A		N/A		N/A
South Kordofan	Mujamaa		N/A	1	WHO		N/A		N/A		N/A		N/A		N/A
South Kordofan	Telo		N/A	1	SCI	1	WES		N/A		N/A	1	Police		N/A
West Darfur	Forbranga		N/A	1	Volunteers from the Camp		N/A		N/A		N/A	1	Police		N/A
Blue Nile & South Kordofan	*Others	5	WNS, IRW, HAC, MoH, GOAL	3	MoH, WHO, GOAL	9	IRW, UNICEF, WES, MoH, GOAL, ADRA, WHO, WES, SRCS	1	SRCS	2	SRCS, HAC	8	MoH, UNICEF, IRW, AORD, CORD, IRW, MoSW, WVI	3	IRW, , FAO, WFP

# of actors present per sector per site/camp 1-3 4-6 7-9

*4 sites / camps in Blue Nile state and 3 in South Kordofan state.

1 RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)

Risk Communication and Community Engagement (RCCE) is one of the major components of the COVID-19 response strategy. Mitigation measures taken at the right time can prevent communities from being exposed to COVID-19 and transmitting the virus. Simple steps can be taken to ensure that necessary information is available to those in need, this is especially critical given the nature of the pandemic and the lack of previous information about it. A well-informed community would be able to prevent more effectively than those without the information. The RCCE coordination priorities are:

1. Continued focus on strengthening communications and messaging with information on COVID-19 risks and infection prevention measures using available information and education and communication (IEC) channels; while adopting an Age Gender Diversity (AGD) approach and adapting communication materials to suit local linguistic and cultural needs.

2. Communicating in languages, formats and media that are contextually appropriate and accessible for all groups, including children, elderly and persons with disabilities and ensure that their involvement is participatory.

3. Depending on how the outbreak materializes, there could be sustained community transmission that results in containment no longer being a viable strategy and stretching of the healthcare system. Community self-care measures may therefore be required, including through appropriate information sharing; and enhancing the ability of individuals, families and communities to provide care and cope without the consistent support of healthcare providers.

4. Continued training of the community in all aspects of risk communication, including providing them with relevant and up-to-date information about COVID-19 and strategies to counter social stigma directed at those in isolation or treatment centers.

5. Supporting meaningful participation of specific groups when engaging the community. For example, engaging young people to confront and prevent stigma and discrimination as well as to spread accurate information to combat rumors and misinformation about the virus.

6. Ensuring quality mental health and psychosocial support (MHPSS) care including child-friendly communication and measures to support children's psychosocial well-being when undergoing treatment and quarantine.

The survey findings in the 38 IDP locations identified 22 service providers representing 58% service coverage in the various locations and 16 (42%) of the locations lacking coverage of an RCCE actor. South Darfur had the largest number of locations without RCCE service providers, while East Darfur had full coverage.

Based on the survey output: 28 (74%) of the sites had actors and information on measures to be taken if there were suspected cases of COVID-19 in their area, with five locations (13%) not having coverage, and a further 5 locations (13%) with coverage but without COVID-19 specific information.

At the time of the survey, 21 partners (55%) already had information on COVID RCCE at hand, while 11 (29%) did not have the information, and 6 (16%) either did not have the information or did not have the capacity to relate the COVID-19 RCCE information.

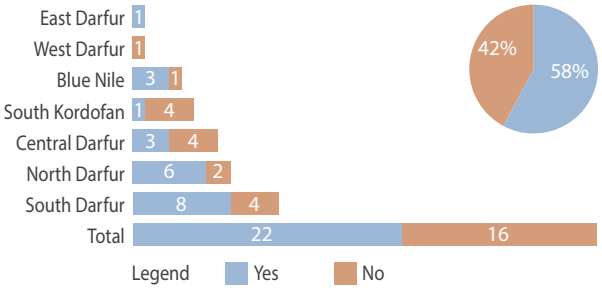
Posters, megaphone announcements, and door-to-door information sharing were the main three methods used to disseminate information. Additional methods included banners, radio announcements, flyers, text messaging and social media.

24 (63%) of the locations covered had complaint mechanisms in place when the RCCE outreach was done, while 14 locations (37%) did not have mechanisms in place. The complaint mechanisms were also supported by feedback modalities such as hotlines and in-person feedback collection.

Next Graphs Presenting the Answers of 38 Partners

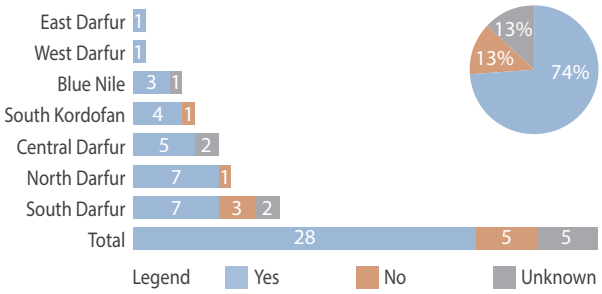
RCCE Presence in Camps

Per State

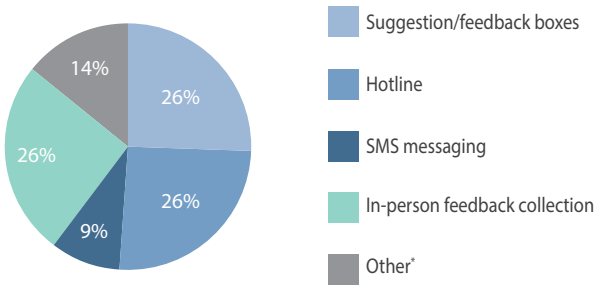


Information Disseminated to Site/Camp Residents on What to do if They Suspect They Have COVID-19

Per State



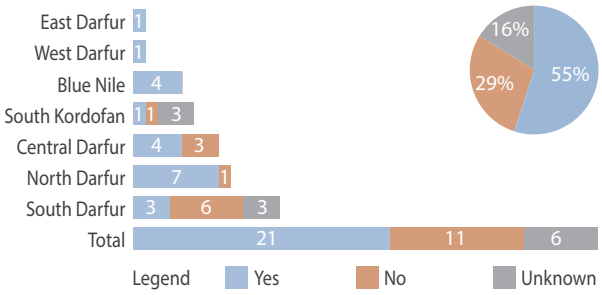
Available Feedback Modalities



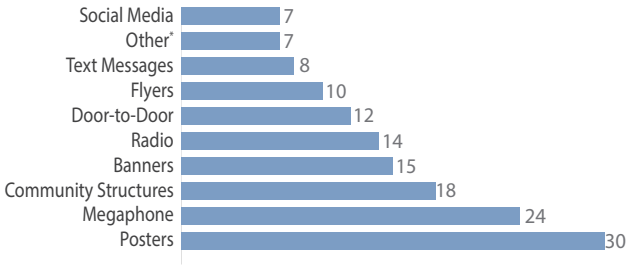
Other such as: through visual messages, during relief items distribution, complaints lines, committee of the community.

Camp Lead Agency Aware of any Issues with COVID-19 Rumors or Stigma

Per State



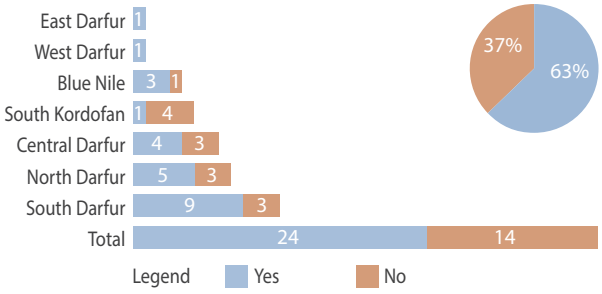
Methods Used to Disseminate COVID-19 Messages



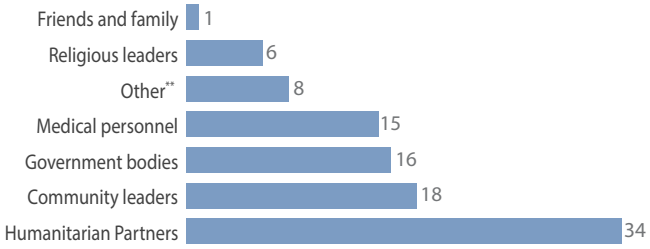
Other such as: campaigns and sessions on hygiene and social distance awareness in local languages.

Complaints and Feedback Mechanisms in Place

Per State



COVID-19 Mass Information Campaigns Per Actor*



Two camps / sites (Zamzam IDPs Camp, Fagusa and Dilling locality) did not have mass information campaign for COVID-19.
***Other such as: volunteers and youth groups, Nayala university, sessions on hygiene awareness, radio broadcasting in the local languages.*

2 HEALTH

On 30 January 2020, the World Health Organization (WHO) announced that the COVID-19 outbreak was a Public Health Emergency of International Concern and declared a pan-demic on 11 March 2020. The Government of Sudan, through the Ministry of Health spearheaded technical coordination guided by a ministerial Task Force. The World Health Organization (WHO) rated Sudan as at risk for COVID-19 spread based on risk profile and capacity of the country to respond to a potential outbreak.

Sudan's COVID-19 response was supported by a cross-cutting strategy to initially prevent an outbreak while also increasing preparedness. If such an outbreak were to take place, all epidemiological management measures would be expected to continue in parallel to reducing the pace of infections in order not to overwhelm the already stretched health facilities.

The health facilities in IDP sites are basic with limited supplies and poor infrastructure. Lack of medical staff and high turnover are common challenges. Most of these facilities do not have the capacity for COVID-19 management, and referral mechanisms are weak due to resource constraints.

The COVID-19 health response for IDPs remains within the national framework, and thus advocacy by the Task Force aims to ensure that the national health response covers the IDP population. In this regard, coordination with the health cluster is critical to ensure that the needs of IDPs are met.

Many of these sites are densely populated and set up according to minimum humanitarian standards, often with shared basic service facilities (water points, latrines etc.). Therefore, the usual COVID-19 prevention measures alone may not be sufficient in these settings and health response remains critical to meet any need.

Of the 38 sites covered by the survey, 33 (87%) had health actors present either through a health partner or national health service outreach, while five (13%) of the sites did not have a partner present. The healthcare actors were supported by the availability of 32 (84%) primary healthcare facilities in the IDP sites, while 6 sites (16%) were not.

Where there were no permanent healthcare facilities within the IDP sites, nearby alternate healthcare facilities were identified. Out of the 38 locations, 12 (32%) locations had nearby primary healthcare facilities, while 26 (68%) did not have a primary healthcare facility within their locality.

Of the 38 sites, 25 (66%) had service providers (including community-based providers) who were trained on COVID-19 protection measures while 13 (34%) did not and require training.

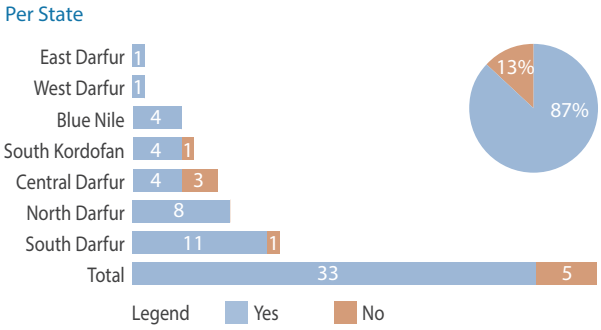
17 (45%) sites had referral procedures in place for suspected cases at the time the survey was conducted, while 23 (55%) of locations were in the process of putting in the referral mechanisms or did not have them in place.

Furthermore, there were several critical healthcare challenges while implementing COVID-19 response activities. These included the non-availability of qualified healthcare professionals at the IDP sites in addition to lack of transport and equipment.

Despite the provision of healthcare facilities and services, IDPs at 16 (42%) of the locations surveyed indicated that overall, they had challenges in reaching or accessing.

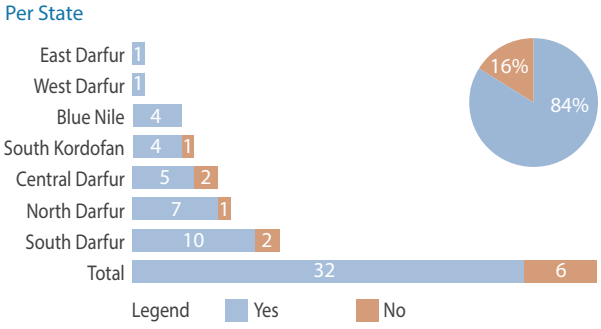
Next Graphs Presenting the Answers of 38 Partners

Health Actors Presence in Camps Per State*



**Camps without presence of health actor: Elsalam, Karanik, Sabana sites/camps in Central Darfur, Sekely camp in South Darfur and Fagusa, Dilling locality in South Kordofan.*

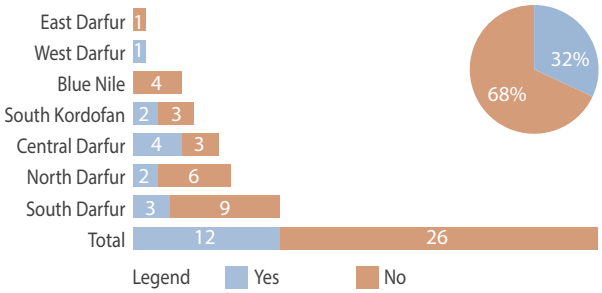
Primary Health Care Facility Available Inside The Site/ Camp*



**Camps without primary health care facility: Karanik, Sabana sites/camps in Central Darfur,Sekely, Beliel sites/camps in South Darfur, Fagusa, Dilling locality in South Kordofan and zamzam IDPs camp in North Darfur.*

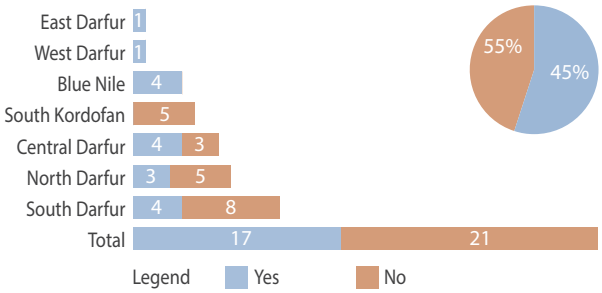
Primary Health Care Facility Provide Care for COVID-19 Cases

Per State



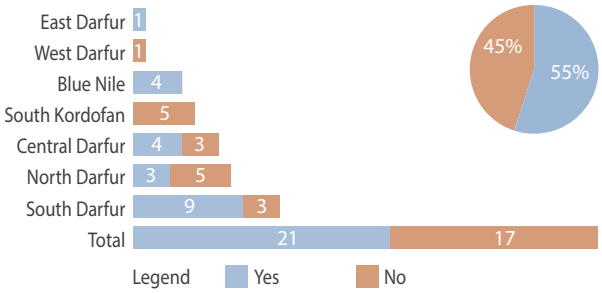
Referral Procedure in Place for Suspected COVID-19 Cases

Per State



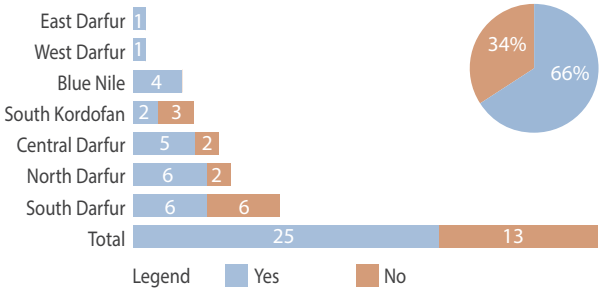
Site/Camp is Accessible for Ambulances

Per State



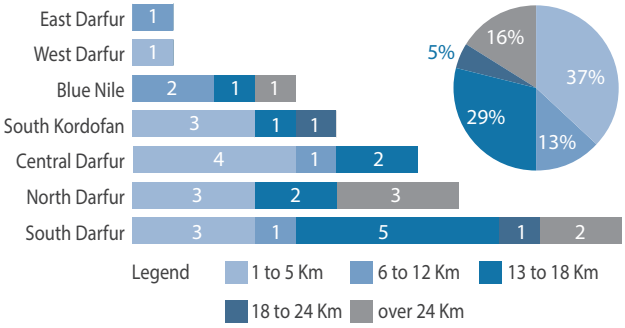
Actors and Community Members Involved In Site Activities been Trained on COVID-19 Self-Protection

Per State



Primary Health Care Facility Available Iniside The Site/ Camp*

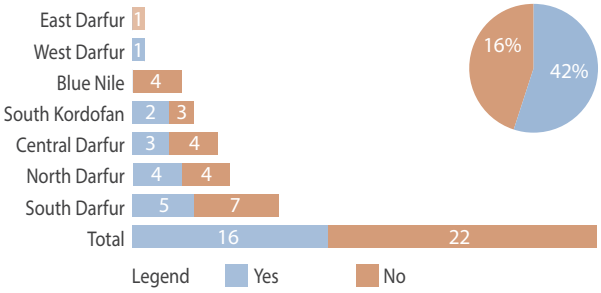
Per State



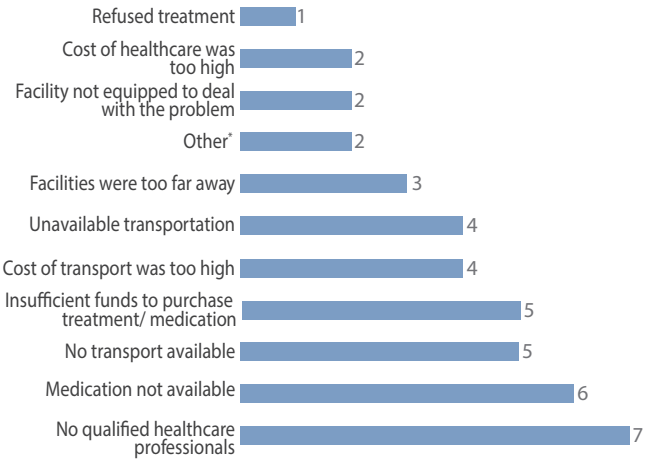
**Camps that have the Nearest isolation facilityover than 24 Km: Sekely, Duma sites/campsin South Darfur, Burgo, Koma gathering, Rawanda (A) in North Darfur and Algari sites/camps in Blue Nile.*

Site/Camp Residents Facing any Challenges to Access Health Care

Per State



Main Health Challenges



**Other such as: some of health facilities need repair, lack of some medicines.*

3 WATER, SANITATION & HYGIENE (WASH)

Provision of clean water is a key preventative measure in reducing the spread of COVID-19. Sustainable and equitable access to water services must be expanded for all without any form of discrimination. Ensuring a good and consistent supply of clean water in IDP sites, refugee locations, homes, schools, marketplaces, and healthcare facilities will further help to prevent human -to-human transmission of COVID-19.

Safe excreta disposal and maintaining good hygiene conditions and practices is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring access to clean latrines, good hygiene and proper waste management practices will further help to prevent human-to-human transmission of COVID-19.

Good hygiene practices, including frequent and correct handwashing with soap and running water or an alcohol-based hand sanitizer is one of the most important methods of preventing the spread and transmission of COVID-19.

The provision of WASH services at institutions such as healthcare facilities and schools remain critical in the fight against COVID-19. It is especially critical to prevent further disease transmission between patients, care-providers and family members where risks of contagion are highest.

The lack of safe water, functional toilets and handwashing facilities in healthcare settings poses significant health risks to patients, healthcare workers and nearby communities. Important WASH and hygiene practices are developed in schools where the young develop lasting habits, spend much of their time, form their basic standards, and share lessons and examples with their family and friends. As such, strengthening of WASH facilities and services at schools during the COVID-19 pandemic is key.

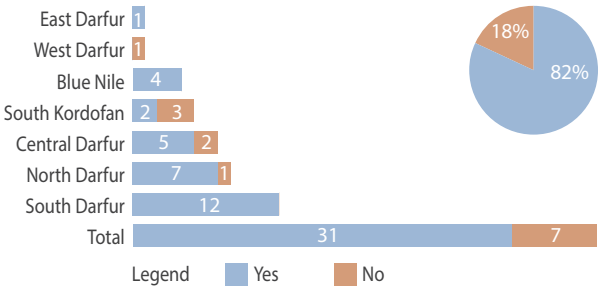
Of the 38 IDP locations surveyed, 31 (82%) had coverage by a WASH actor, while 7 (18%) did not have any WASH actors present. With overall availability of WASH facilities being below par, only 21 (55%) of the sites had access to clean water, while 17 (45%) had shortfalls in continuous availability of clean water. Consequently, 28 (74%) of the locations had issues with overcrowding at water points while 10 (26%) did not have issues with overcrowding.

Another key element required as part of the WASH response is availability of soap. Only 4 (11%) of the sites had regular access to soap, with the majority, 34 (89%) of sites not having consistent access to soap which is a major concern. As part of the COVID-19 response, 6 (11%) of the sites had soap and other hygiene material prepositioned, while 32 (89%) of the sites had no supplies in the pipeline.

Next Graphs Presenting the Answers of 38 Partners

WASH Actors Presence in Camps Per State*

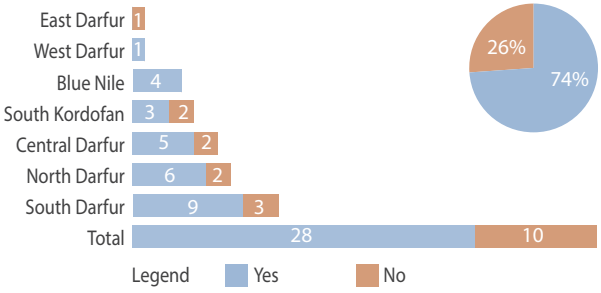
Per State



**Camps without presence of WASH actor: Elsalam, Karanik, Sabana sites/camps in Central Darfur, Abassi B (Bartti) in North Darfur, Fagusa, Dilling locality in South Kordofan and Forbranga camp in West Darfur.*

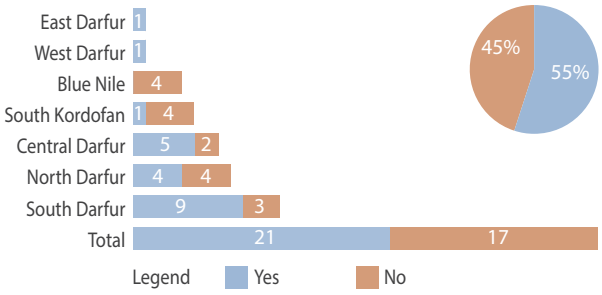
Overcrowding at Water Points Observed

Per State



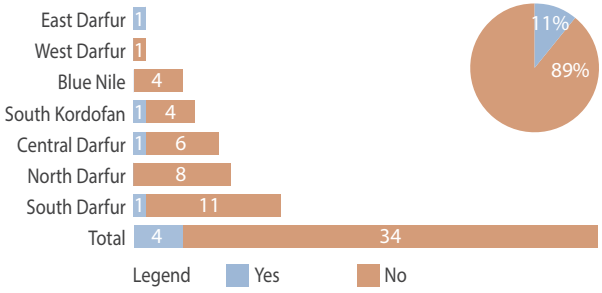
Numbers of Site/Camps with Continuous Access to Clean Water

Per State



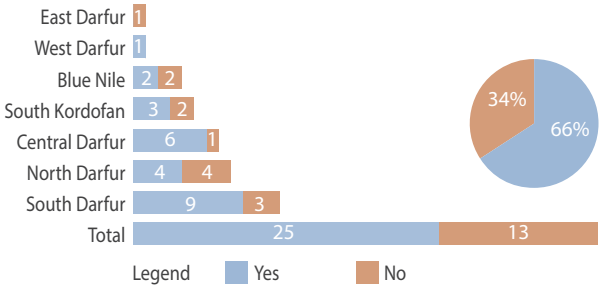
Regular Access to Soap

Per State

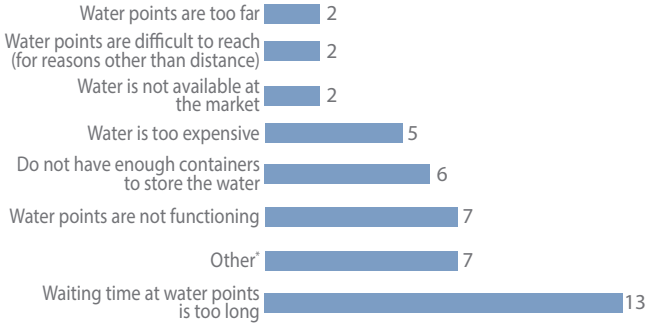


Challenges Faced by Site/ Camp Residents to Access Water

Per State



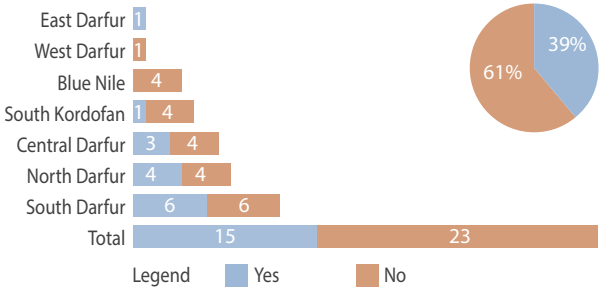
Main Challenges



**Other such as: lack of necessary items such as jerry-cans, broken hand pumps and water lines, lack of water supply, weather conditions especially in fall season which's affect solar system panels and functions, stealing some equipments.*

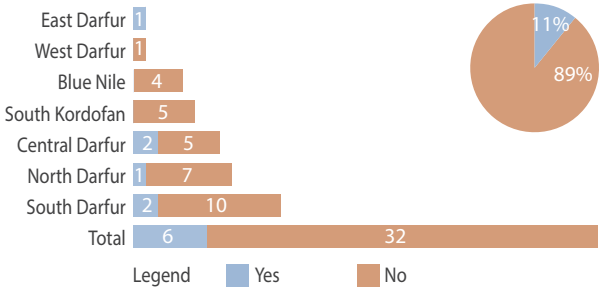
Functional Handwashing Facilities Available at Communal Facilities

Per State



Numbers Sites/ Camps Prepositioning of Soap and Hygiene Materials

Per State



4 PROTECTION

The COVID-19 outbreak and response has created multiple protection risks. COVID-19 does not recognize borders or social status and it has affected the most vulnerable populations, including the 2.55 million* IDPs in Sudan. Floods, intercommunal clashes, food insecurity and subsequent displacement, have affected the resilience and coping mechanisms of families and individuals and strained the humanitarian response system.

IDPs have an equal right to healthcare free of discrimination on grounds of race, color, nationality, age or ethnicity.

Therefore, best practices in the prevention and response to COVID-19 rest on mutually reinforcing and inalienable rights to healthcare, social protection and upholding the principle of leaving no one behind.

The majority of IDPs in Sudan live in camps, gathering sites and host communities with limited access to basic healthcare services. These challenges are compounded by malnutrition, inadequate water and sanitation facilities, logistical challenges resulting from the remoteness of locations or ongoing insecurity, inadequate surveillance/early warning systems to detect cases in remote locations, and poor links to national disease monitoring systems.

These challenges put IDPs at greater risk of not being able to exercise their fundamental rights to healthcare, thereby increasing their risk of not obtaining treatment for COVID-19. The IDP population would be at substantial risk, particularly those with chronic medical issues, older persons, separated and unaccompanied children, persons with disabilities, persons in detention and pregnant women.

The COVID-19 outbreak is a public health emergency, which in the context of Sudan's lack of a viable national social safety net, poses multiple protection challenges and threats to the most vulnerable. In large part, as a result of years of conflict, public health services are not able to provide prevention, treatment and control of epidemic, endemic, occupational and other diseases for all persons living in the country. Therefore, the prevention and response measures cannot only be medical, but must also address rights and protection challenges, whether they arise from the health crisis itself or the measures implemented to contain it.

The survey identified 19 (50%) of the sites as having protection coverage while the remaining 19 (50%) locations did not have sufficient coverage. The major measure taken in response to COVID-19 was to enforce a lockdown which effected all communities, especially IDPs as it further impacted their coping mechanisms.

Among the 38 sites, the movement restrictions were strictly enforced at 20 (53%) of the IDP sites while at 18 (47%) sites the movement restrictions were not put in place or loosely enforced. These restrictions had a major impact on the lives of IDPs, affecting virtually all aspects of their lives including loss of income, education and other day to day needs.

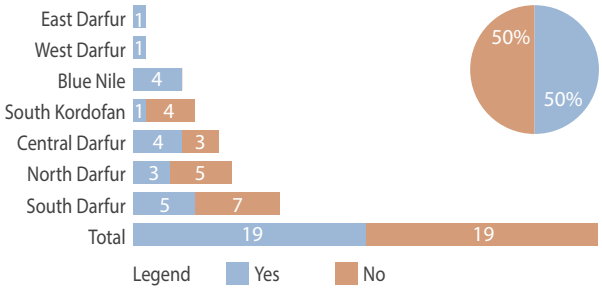
COVID-19 also had many indirect effects on protection, ranging from reduction of services to negative coping mechanisms. In order to mitigate some of the impact, advocacy and training materials were provided to focal points and actors on ground to mainstream protection activities while also providing an avenue through which IDPs could share protection concerns. Out of the 38 sites, 13 (34%) had GBV actors on ground at the main IDP locations while 25 (66%) of the sites did not have GBV actors.

In terms of child protection, 20 sites (53%) had actors on the ground, while 18 sites did not have child protection actors present. In relation to child protection support elements, there were 20 (53%) child friendly spaces in the IDP sites and 18 (47%) of the sites lacked these spaces.

Next Graphs Presenting the Answers of 38 Partners

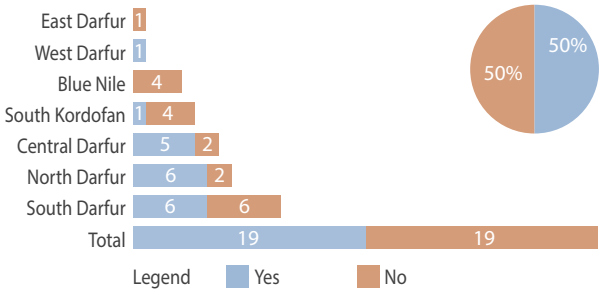
Protection Actors Presence in Sites/ Camps

Per State



Child Friendly Spaces inside the Site/ Camp**

Per State

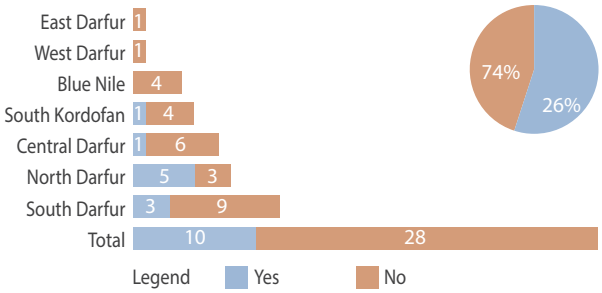


** *Camps/ sites that have separated, negelcted, abandoned children (including newbors) from/by their usual caregivers since the COVID-19 started: Hasahisa camp in Central Darfur, Burgo camp in North Darfur and Telo in South Korofan.*

Source: OCHA, HNO - https://reports.unocha.org/en/country/sudan/

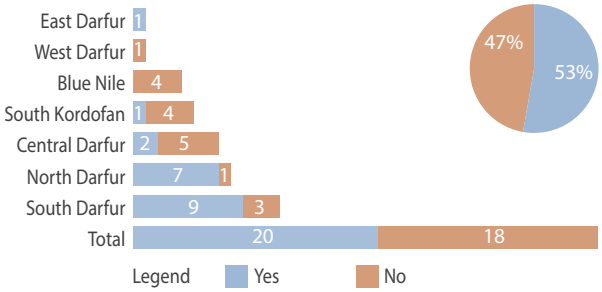
Movement Restriction in Place in the Site/ Camp Prior to COVID-19

Per State



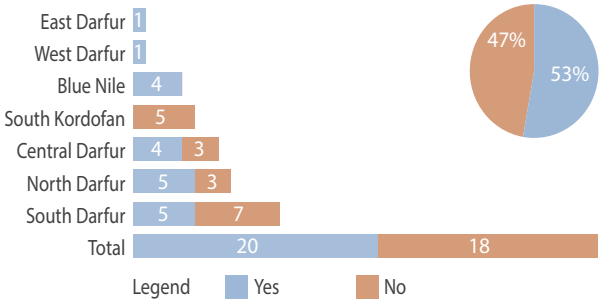
Movement Restrictions Instituted in the Site/ Camp Since the Outbreak of COVID-19 in Sudan

Per State



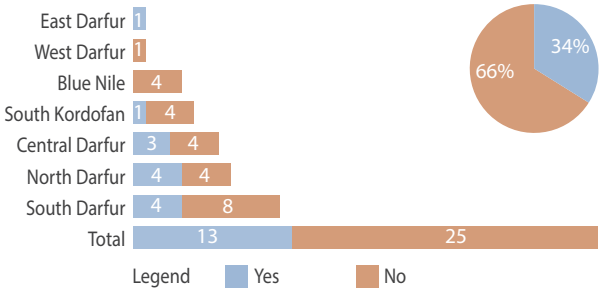
Child Protection Actors Presence in Camps

Per State

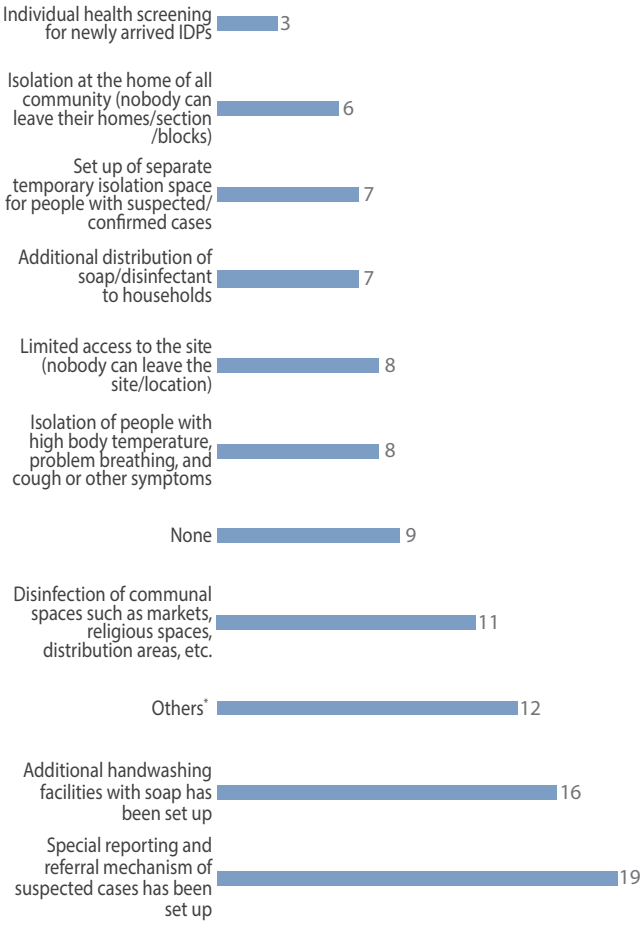


GBV Actors Presence in Sites/ Camps

Per State



Mitigation Measure



**Other such as: presence of rapid response teams, mobile awareness campaigns, training the community leaders, lack of local markets, provide hand washing facilities and/or sanitizer during relief items distribution, awareness messages on COVID-19 via radio broadcasting in the local languages.*

Other Mitigation Measures:

- Formation of Rapid response teams (RRTs) , mobile awareness campaigns and training for leaders.
- Lock of local market, mosques and bus stations.
- Provision of hand washing facilities and sanitizer during food distribution.
- Prevention measures addressed by Governor.
- Hygiene awareness campaigns.
- Community practice of social distancing.
- Observing social distancing at health and nutrition facilities, raising awareness among the community.

5 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER

Sudan's prudent response to COVID-19 has included restrictions on the movement of people, goods and services which have inevitably affected livelihoods and income-generating opportunities. Thus, the pandemic threatens to put an additional and unprecedented strain on already vulnerable populations, including the forcibly displaced, many of whom live in informal settlements or camps.

In this context, Shelter Cluster partners must ensure that these mitigation measures are considered when planning their programming and operations.

This will require a better understanding of the extent of these risks in each context, as well as raising awareness on the impact of COVID-19 on shelter.

The shelters either provided to or constructed by IDPs do not provide sufficient space to practice social distancing or isolation. Where possible and necessary, shelter actors have supported creation of isolation facilities. In order to support further isolation and social distancing, it may be necessary to decongest IDP locations through the provision of additional shelters or shelter materials. Among the IDP sites surveyed, there were only 7 (18%) shelter actors present on the ground among the 38 sites.

NON-FOOD ITEMS (NFIs)

NFI support is an important element in the COVID-19 response strategy. As social distancing is a critical element of the COVID-19 response, decongestion of certain sites may be necessary. The provision of NFIs would therefore work hand-in- hand with the shelter component. Families affected by COVID-19 may need additional space to isolate and NFI materials would be critical in this regard. As part of the national response, the NFI materials can also supplement quarantine centers.

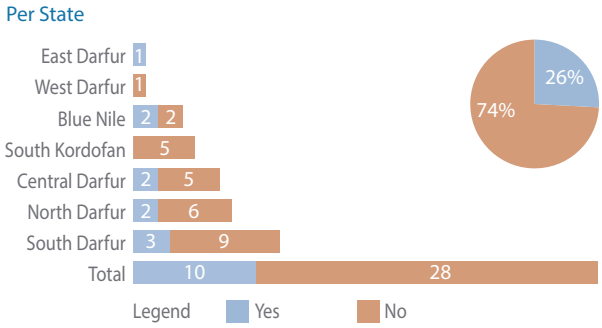
NFI materials can also support shielding of vulnerable groups such as the elderly. The provision of NFIs during the COVID-19 period will also support communities to observe recommended WASH protocols by enabling families to collect and store more water which will provide for increased hand-washing capacity

Among the 38 IDP sites surveyed, 10 (26%) had NFI actors present, while the remaining 28 (74%) did not. Despite the limited number of actors, 31 (82%) of the sites had NFIs distributed to the IDP population in the past three months (May-July 2020).

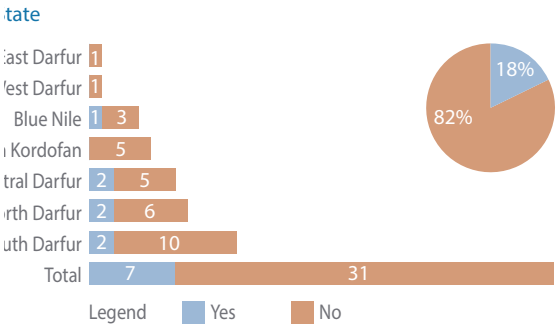
COVID-19 mitigation measures have been adopted at 25 (81%) of the sites while the remaining 6 (19%) which were surveyed were yet to put these measures in place.

Next Graphs Presenting the Answers of 38 Partners

NFI Actors Presence in Camps per State

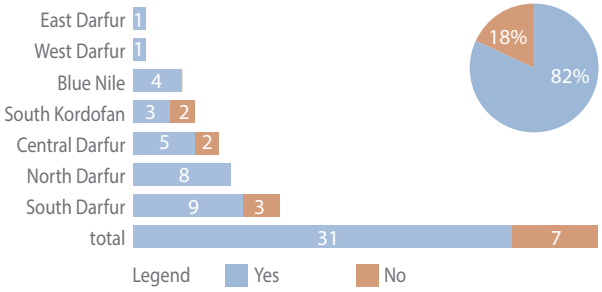


lter Actors Presence in Camps per State



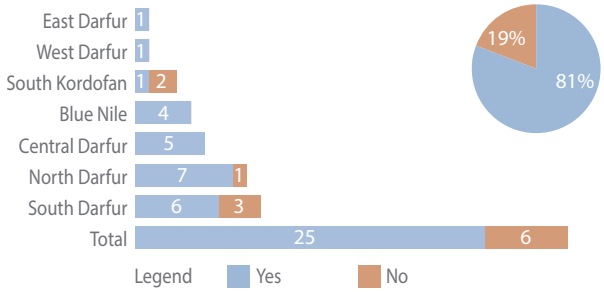
NFI Distribution in the Last 3 Months

Per State



Distribution Procedures Adapted to the COVID-19 Context

Per State



sheets cover the roof of a damaged house in Daddy village, North Darfur.

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6 FOOD SECURITY (FSL)

While COVID-19 remains active within the community, trade-offs can emerge between the need to contain the virus and to avoid economic and food security crises. Declines in incomes and increases in poverty would have large impacts on food security and nutrition.

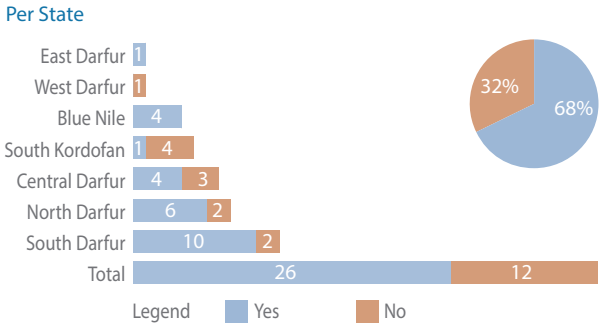
Although no major food shortages have yet occurred in Sudan, agricultural and food markets are facing disruptions due to labor shortages created by restrictions on the movement of people. The pandemic is affecting availability, access, utilization and stability of these markets.

COVID-19 threatens access to food mainly through losses of income and crops. Among the 38 IDP sites surveyed, 26 (68%) had food security actors present, while 12 (32%) of the locations did not. This is a shortfall that may have a major impact on IDPs as they do not have many options to ensure their food security. Many IDPs also lack access to land that can be used for agriculture. Even where land is available, in many cases IDPs have to pay fees for their usage, which further adds to their financial burden and threatens income-generating opportunities.

Declines in incomes and increases in poverty will have large impacts on food security and nutrition. Even if COVID-19 is short-lived, the secondary impacts through inadequate nutrition could be long lasting, especially for young children, whose growth and cognitive development tend to be affected by lack of nutrition.

Next Graph Presenting the Answers of 38 Partners

Food Security Actors Presence in Camps per State



"I come at six in the morning to sell my tomatoes and lemons." Asha Khalid, an internally displaced vegetable seller, fled her village near Korma, North Darfur in 2014 when attackers burned down their houses. She has settled near Korma market with other IDPs who have not returned, fearing new violence.

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ANNEX : ORGANIZATIONS & ACRONYMS

ORGANIZATION

ACT - ACT Alliance
ARDA - Adventist Development and Relief Agency
AMVO - Al Manar Voluntary Organization
AROD - Alsalam Organization for Rehabilitation and Development
ARC - American Refugee Committee
CIS - CARE International Switzerland
CRS - Catholic Relief Services
CORD - Charity Organization for Rehabilitation & Development
Community Leaders
DRC - Danish Refugee Council
FAO - Food and Agriculture Organization
GAH - Global Aid Hand
GOAL - Goal International
HAC - Humanitarian Aid Commission
IMC - International Medical Corps
IOM - International Organization for Migration
IRW - Islamic Relief Worldwide
MC - Mercy Corps
MoH - Ministry of Health
MoSA - Ministry of Social Affairs
NPO - National Planning Organization
NCA - Norwegian Church Aid
NUMAD - The National Units for Mine Action and Development Organisation
Oxfam - Oxfam America
PIS - Plan International Sudan
Police Point
RI - Relief International
RHF - Rufieda Health Foundation
SAEKER - Saeker Development Organization
SCI - Save the Children
SCC - State Council for Child Welfare
SRCS - Sudanese Red Crescent Society
UNAMID - United Nations African Union Mission in Darfur
UNDP - United Nations Development Program
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations International Children's Emergency Fund
UNFPA - United Nations Population Fund
VCDO - Voluntary Community Development Organization
Volunteers from the Camp
WES - Water and Environmental Sanitation
WHH - Welthungerhilfe
WFP - World Food Programme
WHO - World Health Organization
WVI - World Vision International

ACRONYMS

RCCE - Risk Communication and Community Engagement.
WASH - Water, Sanitation and Hygiene.
NFI - Non-Food Items.
FSL - Food Security.

Rawda Yusuf is a refugee displaced from Kurgei West village in Sudan to Chad , then she returned to Darfur, but ended up living in an IDP camp. She is disappointed by the lack of services and support she encountered upon return.

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SUDAN: COVID-19 COORDINATION TASK FORCE STRUCTURE

Date: June 2020

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IDP returnees mother with her child in Dagy Village at North Darfur state, where IDP returnees have integrated back into their original village society.

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SUDAN COVID-19 Needs
and Services in IDP Camps