**COVID-19 Camp Coordination Taskforce**

**Background**

In response to COVID-19 pandemic, the need to establish a structure for coordination of the COVID-19 preparedness and response in IDP camps and settlements in Sudan has been recognised. Currently the implementation of the COVID-19 response is being managed by the AHCTs with oversight from OCHA. To ensure a harmonized national approach to the IDP response, a COVID-19 Camp Coordination Taskforce will be established using CCCM principles to coordinate the COVID-19 preparedness and response in the IDP camps and settlements across Sudan to ensure a standard response. This coordination structure, temporary in nature and subject to review after its purpose has been achieved, will also establish close links with the coordination of COVID-19 response in refugee camps, in order to ensure coherence of response to displaced populations at national level.

**Context:**

While the political and economical context in Sudan witnessed a historic shift in 2019, the humanitarian and development aspects have been subject to a continuous and significant decline. The 2020 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) estimate that approximately 9.3 million (an estimated 23% of individuals) will require some form of humanitarian assistance. Protracted and new displacements continue due to decades of conflict and natural disasters, with approximately 1.86 million internally displaced persons (IDPs) living in Sudan, in addition to more than 1 million refugees hosted in Sudan. These populations and other persons in need are increasingly unable to meet basic needs, thus remaining reliant on humanitarian assistance.

The Darfur region hosts the largest population of IDPs living in protracted displacement across all five states in the region. The decrease in hostilities between armed groups and the Government of Sudan (GoS) has contributed to the stabilization and improvement of the security situation in Darfur. However, localised violence between groups such as farmers and nomadic communities continues, resulting in additional displacement and hindering the return of IDPs to their locations of origin. As of April 2020, an estimated 1,830,000 IDPs[[1]](#footnote-2) reside in IDP camps and settlements across Sudan.

In response to the COVID-19 pandemic, the Government of Sudan (GoS) declared a nationwide emergency and introduced mitigation measures[[2]](#footnote-3) in March 2020 to curb the spread of the virus. Currently, no cases of COVID19 have been reported in IDP camps, however, as of the 17th May, MoH has reported confirmed cases across all states in the country. Mobility restrictions have impacted the movement of IDPs in Khartoum wanting to return to locations of origin. This is due to the predominance of the virus circulation in the capital and the stricter restrictions in place. It is possible that the enforcement of additional mitigation measures in other states may result in decreased access to IDP camps, as well as delays to the delivery of assistance. People affected by humanitarian crises, particularly those displaced and/or living in communal settings, are often faced with particular challenges due to their additional characteristics and vulnerabilities different from the general population that must be taken into consideration when planning for scale up of COVID-19 outbreak readiness and response operations. The limitation of available space/overcrowding, scarcity of safe water and sanitation facilities, along with potential stigmatisation and inconsistent availability and access to local and national health services is challenging to ensuring preventative measures are put in place for COVID-19 virus spread, as well as for ensuring an early detection and isolation of suspected and confirmed cases in camp settings.

**Taskforce Objective:**

Effective coordination of multi-sector COVID-19 preparedness and response in IDP camps, in close collaboration with Health and other relevant actors.

In order to prepare and respond to the COVID-19 outbreak, a time-bound COVID-19 Camp Coordination Taskforce will be established. The Taskforce will work to support regional and national authorities to ensure that COVID-19 measures for prevention and mitigation of the virus spread are implemented in a coordinated way in the IDP camps and settlements; and ensure continuity of services, as well as of all relevant referral mechanisms, in spite of possible movement and access restrictions due to COVID-19 measures. The Forum will also support authorities’ efforts in preparing for potential increases in displacement and collaborate with health actors in managing responses to potential infection in displacement sites. The Taskforce will seek to ensure the participation of the displaced community in service delivery and humanitarian programming and will provide information to stakeholders on gaps in the COVID-19 preparedness and response at camp level.

**Coordination Structure and Geographic Scope:**

The Taskforce will be co-led by UNHCR and IOM. At the national level there will be 2 Taskforce Co-Coordinators: 1 UNHCR and 1 IOM. They will be supported by Information Management Officers provided by the two agencies. The national co-coordinators will provide overall guidance and strategic direction, and will actively participate and feed into all relevant existing coordination mechanisms at national or sub-national level, in particular the COVID Working Group.

The focus of the Taskforce will be on the 5 Darfur states, South Kordofan, and Blue Nile. IOM will be responsible for ensuring state-level coordination mechanisms are in place in Central Darfur, West Darfur, and South Kordofan. UNHCR will be responsible for ensuring state-level coordination mechanisms are in place in North Darfur, East Darfur, South Darfur, and Blue Nile. Coordination should be done in close collaboration with the respective local administration.

**Specific Responsibilities:**

For the immediate and limited capacity response, the following Camp Coordination activities for COVID-19 situation are recommended to be undertaken:

General:

* Ensure guidance and SOPs for COVID-19 response are developed and/or adapted to the State and site-specific contexts, taking gender considerations into account, in collaboration with national and local health, WASH, shelter, protection and other relevant actors.
* Participate and feed into national level COVID-19 coordination mechanisms.
* Conduct regular coordination meetings at the national level with state level IDP camp focal points.
* Conduct regular IDP inter-camp coordination meetings at state level with COVID-19 camp lead partners and local authorities, with a focus on IDP camp COVID-19 preparedness and response
* Develop preparedness and response plans that include remote management strategy to ensure the continuity of essential services in the event that partners or authorities cannot access IDP sites due to movement restrictions.
* Collaborate with the Shelter Cluster and provide input to tools and guidance for site improvement and site maintenance, including advice on maximizing physical distancing in high density sites, as well as consultation and advocacy for contingency spaces for expansion of services such as isolation and quarantine areas, health facilities and burial sites, where feasible.
* Map camp committees, community groups, traditional leadership structures etc present in camps as well as (to the extent relevant) in the surrounding host communities
* Ensure RCCE strategy is in place for IDPs in sites so that messages are consistent across actors and misinformation is minimised, in collaboration with health and RCCE Pillar 4.
* Mobilise the camp committees/traditional structures in relation to COVID-19, in collaboration with health and WASH and protection actors, and ensure they are trained on COVID-19 and key messages.
* Monitor perceptions, rumours and feedback from camp residents and host communities in relation to COVID-19 and respond through trusted communication channels, ensuring information is accessible to all site residents.
* Prioritise engagement with communities, including women, girls, men and boys, in assessing risks, monitoring, reporting mechanisms, planning and implementing mitigation measures.
* Review capacity building needs of local authorities and national partners on camp management with a specific focus on COVID-19 prevention and management in IDP sites. As feasible, focus on capacity development of the communities to allow for partial or complete self-management of the sites, should humanitarian workers not be able to access them regularly – and provide training and intervention as necessary
* Establish (or utilise existing) community reporting mechanism that is in line with the national guidance and recommendations from health cluster/actors, ensure that all stakeholders are aware of the reporting mechanism, share information with partners working in the sites.
* Work with protection and health actors to ensure referral pathways for services are in place in sites, including for GBV, child protection and health and the camp residents are aware of services and how to access them. Prepare alternative modalities for efficient continuation of the referral mechanisms if movement restrictions limit access of humanitarian workers to the sites.

Information Management:

* Map and monitor service provision and assistance at camp/site level: ‘who is doing, what, where and when’. Modify the modalities of service monitoring should it be required due to movement restrictions and access to the camps.
* In partnership with other agencies such as WFP, WHO, OCHA, IOM (DTM), UNAMID and UNHCR, as well as local and national authorities, consolidate and triangulate[[3]](#footnote-4) the locations of IDP sites/camps and population numbers disaggregated by age gender and vulnerable groups where available[[4]](#footnote-5).
* Disseminate the population data with relevant actors working in the camps/sites, and inform the development of preparedness and response plans, as well as enhanced protection approaches.
* Establish a ‘simple’ data collection system to create live site profiles outlining the needs, response, gaps with 3W data integrated.
* Utilise existing camp data and work with other relevant clusters to develop indices to identify and prioritise particularly vulnerable sites for COVID-19 preparedness and mitigation measures. As an initial step, analyse the data available and identify sites with no intersectoral partner presence. Followed by a short survey to collect basic information on whether COVID-19 prevention, mitigation and response measures have been or are currently being implemented in IDP camps.
* Develop a detailed strategy based on the mapping and gap analysis

**Membership:**

The Taskforce will primarily be open to any organisation acting as a lead partner in a camp or cluster of camps as part of the COVID-19 Preparedness and Response Plan.

1. HNO & HRP 2019 [↑](#footnote-ref-2)
2. These include curfews, closing of airports, closing state borders. [↑](#footnote-ref-3)
3. Consider alternative ways to verify information through consultation with community leaders or camp/site committees, although that would require establishment of alternative communication means (mobile phones) if access not possible and/or to respect social distancing measures. [↑](#footnote-ref-4)
4. High-risk groups as identified per WHO guidance to identify those most vulnerable to the infection. Older persons, those with pre-existing medical conditions, are at risk to be affected by COVID-19 more seriously than others. [↑](#footnote-ref-5)