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PROSPECTS



► Rapid assessment of the socio-economic impact of the COVID-19 pandemic

With a focus on Khartoum, West Kordofan and East Darfur, Sudan



Kingdom of the Netherlands

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► **Rapid assessment of the socio-economic impact of the COVID-19 pandemic**

With a focus on Khartoum, West Kordofan and East Darfur, Sudan

► Foreword

The COVID-19 pandemic has affected the health and livelihoods of people globally. Coronavirus does not discriminate between countries, ethnicities, or wealth, but it does not treat us equally. There is in fact an observable divergence between high- and low-income countries in terms of labour market impacts and recovery from the crisis. Particularly affected among them are informal workers without access to contractual or social protection. Informal workers are concentrated in low-income countries, most notably in rural areas, and they remain the most vulnerable.

In 2019, the Partnership for improving prospects for host communities and forcibly displaced persons (PROSPECTS) was launched with support of the Ministry of Foreign Affairs of the Kingdom of the Netherlands (Netherlands MFA). The Partnership is focusing its technical assistance on improving the quality of life for forcibly displaced and host communities from al Nimir camp and the nearby settlement of Assalaya in East Darfur, and Al Meiram and Kharasana Settlements in West Kordofan. The labour markets of these localities are characterized by their particularly high rate of informal employment.

The COVID-19 pandemic hit the country at a critical period of democratic transition. Faced with the emerging challenges, the Government of Sudan had a comprehensive response through various support programmes aimed at reaching the most vulnerable people in need. These interventions ranged from social protection measures through cash transfer or in-kind support, to the expansion of health insurance coverage, provision of emergency care services and goods, as well as awareness campaigns to infiltrate preventive measures in the country.

For this assessment, more than 1,500 households from forcibly displaced and host communities and over 460 enterprises were surveyed in the States of Khartoum, East Darfur, and West Kordofan, followed by a number of focus group discussions at different levels. The assessment summarizes their responses and provides an overview of the socioeconomic impacts and the government's responses during the COVID-19 crisis in Sudan. Survey questions were structured around the PROSPECTS multi-annual country programme and its relevant intervention areas, such as on employment and income generating activities, access to basic services including healthcare and water, social protection measures, as well as social cohesion. The analytical framework for this assessment was jointly developed by Insight Partners Consultancy and the PROSPECTS Sudan programme team, with a view to reconfirming or realigning PROSPECTS programming during the crisis.

I would like to thank the Embassy of the Netherlands for their generous support to this assessment and the production of this report, undertaken in the context of the PROSPECTS Partnership. I would also like to thank the UNHCR, UNICEF and the IFC for their unwavering collaboration with the ILO.



Alexio Musindo

Director,

ILO Country Office for Ethiopia, Djibouti, Somalia, Sudan and South Sudan and
Special Representative to the African Union (AU) and the UN Economic Commission for Africa (ECA)

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► Abbreviations

AfDB	African Development Bank
CFR	Case fatality ratio
CSO	Civil society organization
EIIP	Employment Intensive Investment Programme
FGD	Focus group discussions
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German International Cooperation Agency)
GCC	Gulf Cooperation Council
HCHE	Higher Committee for Health Emergencies
HH	Household
HIKS	Health Insurance Corporation of Khartoum State
IDP	Internally displaced persons
IFC	International Finance Corporation
ILO	International Labour Organization
IMF	International Monetary Fund
ISP	Insight Strategy Partners
KII	Key informant interviews
MoFEP	Ministry of Finance and Economic Planning
MoH	Ministry of Health
MoLAR	Ministry of Labour and Administrative Reform
MoTI	Ministry of Trade and Industry
NGO	Non-governmental organization
NHIF	National Health Insurance Fund
PROSPECTS	Partnership for improving prospects for forcibly displaced persons and host communities
PWD	People with disabilities
SBS	Social benefits spending
SDG	Sustainable development goal
SFSP	Sudan Family Support Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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► Executive summary

The following findings were identified during the study.

The government had a widespread and comprehensive response to the pandemic. The COVID-19 response programme distributed cash and in-kind support to 1 million informal sector workers around the country. The Ministry of Health distributed personal protective equipment to state ministries and launched a communication campaign after the second wave to increase awareness about preventive measures.

Almost all respondents have heard of the COVID-19 preventive measures. Awareness of the preventative measures is higher in Khartoum than in West Kordofan and East Darfur. Knowledge of specifics, such as emergency numbers and wearing gloves, is much lower in East Darfur than in Khartoum and West Kordofan.

The distribution of sources of household income varies across states. Agriculture is the main source of income for households in West Kordofan and East Darfur. The most common income activity for households in Khartoum is trade and services. Almost half of internally displaced persons (IDP) and nomads depend on agriculture for their income across the three states.

The lockdown had significant impacts on household businesses. The most widespread impact is on operations. Household businesses in Khartoum were the most affected because of the stricter lockdown imposed in the state. The impact of the lockdown was most severe for IDP and nomads across the three states. The rainy season increased income opportunities in West Kordofan and East Darfur but not in Khartoum.

The impact of the lockdown on employment was manifested in lower working hours and lower wages. Most of the employees who lost their jobs because of the pandemic were working on verbal contracts or no contracts at all and did not have benefit packages. The majority of lost jobs were in the private sector. Consequently, the lost jobs were mostly informal, particularly in West Kordofan and East Darfur.

Agricultural activity was impacted by lack of access to inputs and workers. The lockdown in Khartoum and limited travel between states impacted the supply chains of agricultural inputs, such as seeds and tools. The severity of the impact was not the same across states. Agricultural activity in West Kordofan and East Darfur was less affected than in Khartoum because of the rainy season. The impact on agriculture caused by mitigation measures taken to combat the pandemic can be observed in the reduction of manpower, finance, and logistics required for inputs and outputs. Most people were affected by cessation of activities, fewer working hours or lower return.

The pandemic had a significant impact on enterprises' business environment. As market demand and supply plunged because of restrictions, supply chains were clogged or disrupted and shipping, storing and marketing logistics came to a halt during lockdown; most enterprises struggled to operate. The majority reported one or more of the following difficulties: cash-flow problems; liquidity issues to cover operational costs and loan repayments; reduced labour productivity; or a considerable fall in profitability.

Large enterprises were more affected by productivity, while small and medium-sized enterprises were most affected by logistical and supply chain disruptions. The most common mitigation strategies adopted by enterprises in response to the pandemic were reducing working hours or halting operations. A lot of firms were not able to adapt by offering alternative goods and/or services.

Health insurance coverage was similar across all three states. More than half of respondents reported either partial or full health insurance coverage in their households. Health insurance coverage is mostly provided by federal and state governments and by the Zakat Chamber. A very small percentage of respondents are covered by their employers.

Support to households was limited during the lockdown. Few people reported having received support from organizations or others outside their family. For those who did receive support, it was mostly in kind and provided by national or international organizations.

Owing to Sudan's fragile healthcare system, access to medical care during the lockdown was low. Access to primary healthcare, pregnancy related care and medication was low in all three states. In West Kordofan, access was relatively better than the other two states. IDP and nomads had worse access than host communities. The lockdown limited access to medical services, directly through its impact on income, and indirectly through its impact on the movement of goods and people between states.

Access to water for drinking and handwashing during the pandemic was limited. Access to water for handwashing was severely limited in West Kordofan and East Darfur. In Khartoum, water was mostly readily available. Access to drinking was especially difficult for IDP and nomads across the three states.

▶ 1

Introduction

▶ 1.1 The study

As the impact of the crisis deepens around the world, governments, social partners, multilateral agencies, donors, and other national and international stakeholders will need access to relevant data on the socio-economic impacts of COVID-19 at national and local level. In the Sudanese context, these data are sparse at best, entirely missing at worst.

To that end, the purpose of the assignment is to support the International Labour Organization (ILO), its sister UN Agencies, national stakeholders, and civil society at large, by conducting rapid assessments in the intervention areas and selected urban centres on the impacts of COVID-19 on jobs, livelihoods and key elements of the local socio-economic environment, including social cohesion. The assessment is funded by the ILO PROSPECTS programme, an inter-agency partnership between the ILO, UNHCR, UNICEF, the International Finance Corporation (IFC) and the World Bank, spearheaded by the Kingdom of the Netherlands. The partnership works towards delivering change within the refugee, internally displaced, returnee and host community populations in East Darfur and West Kordofan across three pillars:

1	2	3
Education and learning	Employment with dignity	Protection and inclusion

The rapid assessment is expected to assist in informing medium-term post-crisis recovery strategies for the PROSPECTS programme, supporting governments, including local governments, social partners and other stakeholders in this process. It is possible that the crisis could undermine gains made in improved policy and programmatic responses to forced displacement, further reinforcing the importance of targeted interventions to support efforts to avoid such negative impacts.

This report assesses the impact of COVID-19 on several aspects: (a) income and employment; (b) businesses; (c) access to basic services; (d) social protection; (e) social cohesion; as well as other socio-economic aspects. It follows a mixed method approach combining a survey of 1,575 households, a survey of 464 enterprises, FGD and KII implemented in three selected states: Khartoum, West Kordofan and East Darfur. The report shows the impact of COVID-19 and related preventive measures across states and the following groups: host communities, internally displaced persons (IDP), refugees, and pastoralist communities. Data were collected from the selected states and analysed using STATA. Tabulation and cross tabulation have been adopted.

▶ 1.2 Objectives of the study

The rapid assessment seeks to:

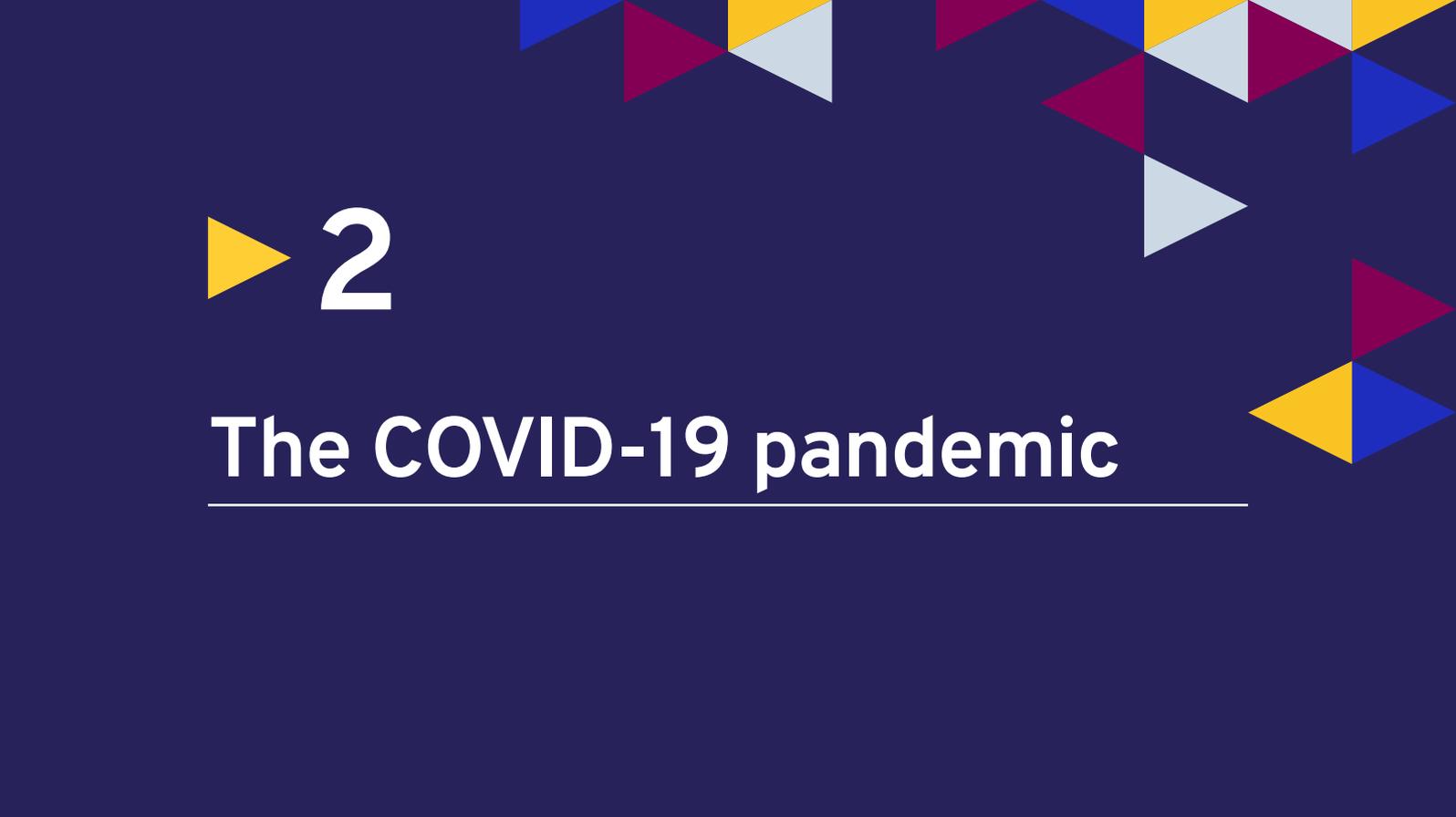
1. assess the current impact of the COVID-19 crisis, including government prevention and containment public health measures, on urban, peri-urban, and rural labour markets (formal and informal), and the socio-economic environment in refugee and IDP hosting areas targeted by the PROSPECTS programme;
2. identify gaps and eventual duplications in the existing mitigation measures as well as feasible means to improve coherence between these measures and develop concrete policy recommendations for the Ministry of Labour and Administrative Reform (MoLAR) and the Transitional Government of Sudan;
3. identify the needs of the targeted communities to inform the subsequent responses that may lead to repurposing of activities and work plans under PROSPECTS and guidance on potential action in both the short and medium-term, which may include, for example:
 - a. better understanding of the delivery of WASH services to refugee, IDP and host communities to consider developing Employment Intensive Investment Programme (EIIP) responses to support these services;
 - b. review of either existing healthcare facilities and infrastructure in targeted locations or gaps in availability that might require additional support to government public health responses;
 - c. better understanding of the level to which COVID responses have closed down both formal and informal economic activities, and which livelihood activities are still either functioning or possible, or for which the demand has increased, such as healthcare workers, and so on;
 - d. supporting public health awareness programmes in targeted communities;
 - e. assessing cash assistance and social protection to all communities to identify gaps and challenges that may lead refugee, IDP and host community families to adopt negative coping mechanisms.

Regarding cash assistance and social protection outlined above, the pandemic may well create local socio-economic environments in which negative coping mechanisms, including child labour and other exploitative practices such as sexual exploitation, may appear and flourish. It may also lead to exploitation and abuse of vulnerable workers in the labour market (formal and informal). The assessment will therefore also seek information on these situations to better inform protection responses, especially regarding the impact on women, children and PWD.

▶ 1.3 Structure of the report

The report is structured as follows.

- ▶ **Section 2** provides an overview of the COVID-19 pandemic from a global and national perspective.
- ▶ **Section 3** outlines the methodology used to investigate the impacts of pandemic on livelihoods.
- ▶ **Section 4** presents the findings of the FGD, KII, and household and enterprise surveys.
- ▶ **Section 5** presents policy recommendations.



▶ 2

The COVID-19 pandemic

▶ 2.1 Global context

COVID-19 first appeared in late 2019, becoming officially recognized as a pandemic in March 2020. The effects of the pandemic have been disastrous on global health; as of 1 May 2021, there have been more than 150 million infections and over 3 million COVID-19-related deaths. Healthcare systems across the world are being crushed under these high infection rates, with both developed and developing countries struggling to mobilize health systems to respond effectively. Furthermore, the pandemic has also had a huge impact on the economy; businesses are closing down and many people are losing jobs because of the extended lockdowns put in effect across most of the world. The global economy is expected to contract by 5.2 per cent because of the COVID-19 pandemic, the worst recession to hit the world in decades.¹

COVID-19-related gender dynamics are also important to note. Globally, the pandemic has disproportionately increased the burden on women. It has been reported that care duties, disproportionately carried out by women the world over, have increased dramatically. This has put sustained physical, emotional, and economic strain on women, often forcing them to choose between paid work and fulfilling care duties.² Moreover, incidences of violence against women have increased significantly, with reports of domestic violence on the rise across the world.³

The global response to COVID-19 has been variable. Some developed countries, initially underestimating the severity of the implications of the virus, tried to avoid economic losses by hoping to achieve herd immunity and thereby negating the need for lockdown. In the UK and the USA, this policy had disastrous consequences and was eventually shifted towards full or partial lockdowns, with varying degrees of success. In other countries, such as South Korea and Vietnam, the lockdown was coupled with mass testing and contact tracing. In addition to public health responses, many countries have also rolled out economic recovery plans to mitigate the COVID-19-induced recession. For example, the USA rolled out

1 World Bank, *Global Economic Prospects* (Washington, DC, June 2020).

2 Ahmed Nesbitt and R. Subrahmanian, *Caring in the time of COVID-19: Gender, unpaid care work and social protection* (UNICEF, 2020).

3 UN Women, *COVID-19 and ending violence against women and girls* (New York, 2020).

a \$6 trillion stimulus package to deal with the mass job losses.⁴ The package includes one-time payments for individuals, grants to small businesses, as well as large corporate bailouts. Similar packages were arranged in countries across the developed world, again with varying degrees of success.

For developing countries, especially across the African continent, the virus poses a unique threat insofar as the informal nature of most of these countries' economies means that health measures such as lockdown or social distancing are difficult to implement. The International Monetary Fund (IMF) estimates the size of the informal economy across Africa to be between 35 and 40 per cent of total economic activity.⁵

As such, the global protocols were hard to implement and at best only partially successful. In South Africa, for example, the police were deployed to enforce the lockdown, which led to deaths, injuries and major human rights violations.⁶ Ghana decided to lift the lockdown after only three weeks, recognizing that it may not be an effective strategy, given its negative impact on people's livelihoods.⁷

The COVID-19 pandemic is still far from over, with experts concerned about the dangers of rapidly rising cases in places such as India, and emerging new variants. The struggle to balance the health and economic implications of the virus will remain for both developed and developing countries. Indeed, the pandemic has laid bare some deep flaws in the governance systems currently operating across the world. COVID-19 has revealed that even the strongest healthcare systems fall short in the face of poor policy decisions, and that the implications of this can be disastrous for growth and the reduction of poverty and inequality. Therefore, evidence-based policymaking is crucial. To that end, this report supports a growing body of literature on the economic effects of the COVID-19 virus on the African continent.

▶ 2.2 National context

In December 2018, protests led by school children erupted in Eldamazin, in Blue Nile State, in response to the sudden increase of prices of sandwiches in their cafeteria. Soon, protests demanding the end of Omer El-Bashir's 30-year reign spread across the country. El-Bashir fell in April 2019, paving the way for a four-month long negotiation process between the Forces of Freedom and Change, a broad coalition of opposition political parties, and the Transitional Military Council. The negotiations ended with the formation of a transitional government headed by Dr Abdallah Hamdok as Prime Minister and Abdelfattah Burhan as Head of Sovereign Council. The transitional government inherited a devastated economy, poor public services, a decaying civil service sector, and the consequences of decades of war in Darfur, Kordofan and the Nuba Mountains. This, coupled with the fraught relationship between the civilian and the military components of the government, means that the pathway to a democratic transition is fragile at best.

The pressure of COVID-19 could not have come at a worse time for the government, struggling to maintain legitimacy and govern over a turbulent country. The initial plans the government had put in place have all been effectively postponed, chief among them were the peace negotiations and the Friends of Sudan conference, which finally took place on 25 June 2020, after a three-month delay. The conference saw the participation of 40 country delegates and 15 representatives of international organizations and agencies including the IMF, the World Bank and African Development Bank (AfDB), renewing the international community support of the civilian transition. The donors pledged a total of \$1.8 billion for development interventions, COVID-19 response, and the Sudan Family Support Program (SFSP). This amount was significantly less than the sum the government was hoping to raise. This is partially due to donor countries focusing some of their financial efforts to tackle the economic impacts of the pandemic on their own economies.

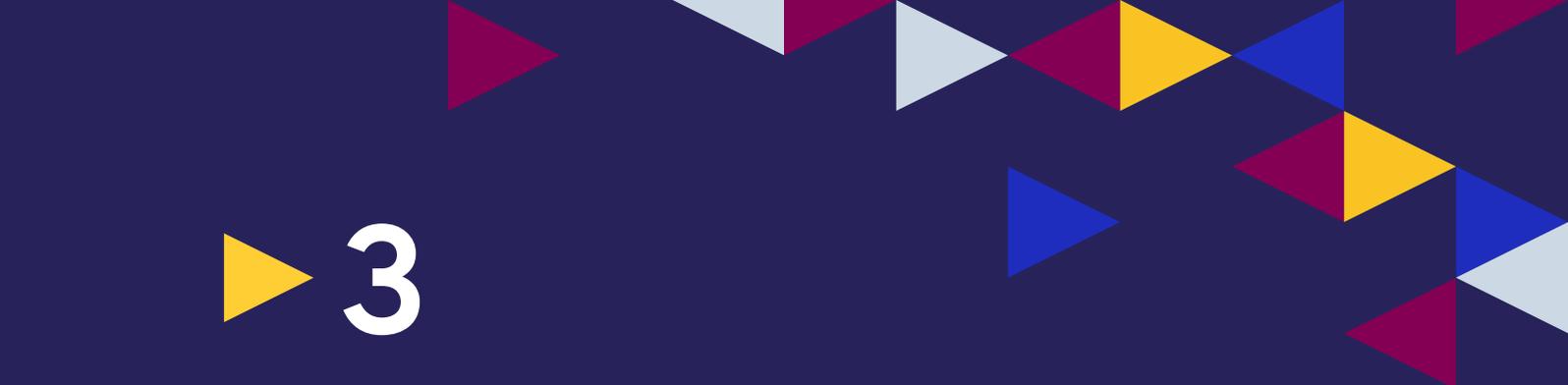
4 US Government, Budget of the U.S. Government (Washington, DC, May 2021).

5 L. Medina, A. Jonelis, and M. Cangul, "The Informal Economy in Sub-Saharan Africa: Size and Determinants", IMF Working Paper WP/17/156, 2017.

6 Atlantic Council, *Pandemic policing: South Africa's most vulnerable face a sharp increase in police-related brutality*

7 *Al Jazeera*. "Ghanaians welcome end of three-week lockdown with mixed emotions". 20 April 2020.

In the beginning of the pandemic, the government reported the number of cases of COVID-19 on a daily basis. There were initially three testing centres, all in large private hospitals in Khartoum. As the number of cases started to increase, the government formed an emergency COVID response committee. On 21 March 2020, after an emergency meeting, the committee decided to effect a total lockdown of the country, including the airspace. As a result, several thousand Sudanese were stranded abroad, and incoming flights were redirected to their ports of departure. As the number of cases in Khartoum and other states increased, the government decided to stop travel in and out of Khartoum. This made sense initially, because Khartoum, Sudan's main port for international travel, had the highest number of cases and a higher rate of increase. As a result of the ministerial shuffle in July 2020, the government's daily reports of COVID-19 cases stopped. In September 2020, attempts were made to bring back daily reporting, but these efforts were abandoned before the end of the year. It is generally accepted that the number of cases in Khartoum and the states were significantly under-reported because of the lack of regular testing. At the time, because of low resources, testing was reserved to symptomatic individuals and those travelling abroad. Testing in the states was significantly less than in Khartoum. Despite receiving in-kind support in the form of personal protective equipment (PPE) and testing kits, the government was not able to establish well-functioning and well-equipped testing centres outside Khartoum. Ultimately, there was no way of telling the actual spread of the virus.



▶ 3

Methodology

The objectives of the report could not be achieved through a single instrument. There was a need for diversified information from different actors (institutions, individuals and group discussions). Therefore, we adopted several methods of data and information collection.

This study triangulates several methods to assess the impact of COVID-19 on communities, in support of the efforts of the PROSPECTS partnership. The partnership works towards delivering change within the host communities and populations of refugees, returnees and internally displaced persons in Khartoum, West Kordofan and East Darfur. The study includes household and enterprise surveys, key informant interviews (KII), and focus group discussions (FGD).

▶ 3.1 Household survey

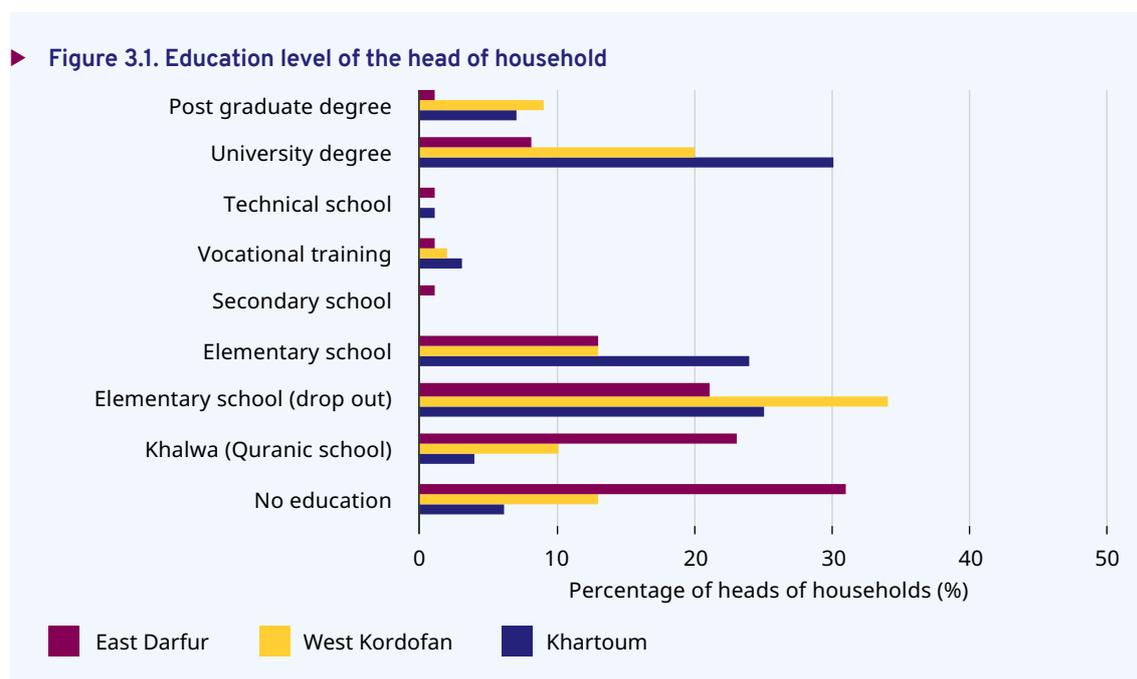
Probability sampling was used to select the households for the survey to assess the impact of COVID-19 on the labour markets. Each of the units in the population of study had to have a known, non-zero probability of being selected in the sample. This allowed for generalization of the results of the sample and for estimating the precision of the results obtained. However, implementing this approach required the availability of an adequate sampling frame containing all the units in the population, without omissions or duplications. A good sample design reduces bias, such as non-sampling errors, present during all stages of the research, while an appropriate sample size would reduce any sampling error. The survey sample covers three states: Khartoum State, West Kordofan and East Darfur. The survey was community-based, targeting female and male heads of households. The total survey sample is 1,575 households, of which 550 are in Khartoum, 500 in West Kordofan and 525 in East Darfur.

The household survey attempts to gauge the effect of the lockdown on household incomes, access to services and social cohesion. It includes five sections linked to the objectives of the report, as follows.

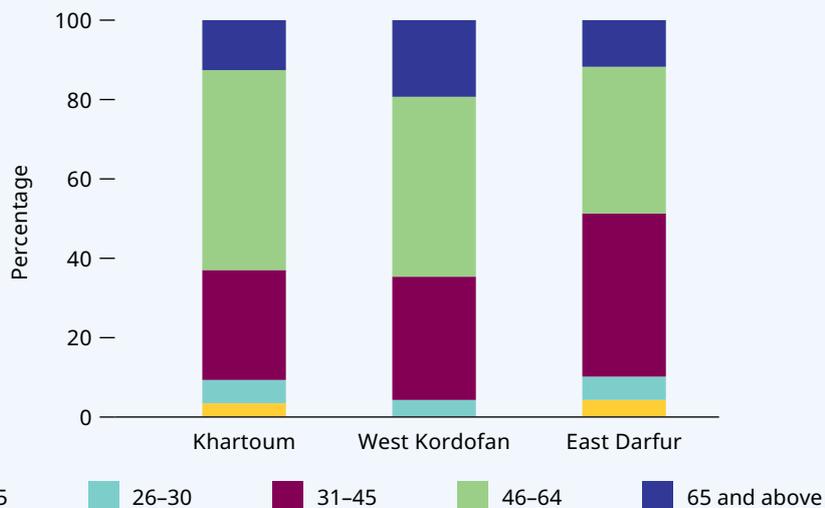
- ▶ Respondent's profile. This section contains basic information about the head of household, awareness of COVID-19 and preventive measures and household information.
- ▶ Employment and income-generating activities. This section aims at identifying the occupational status of respondents and their family members, whether they are considered to be employed or unemployed, how COVID-19 affected their economic activities, and differentiating between various sources of income.
- ▶ Social protection. This section is designed to measure the coverage of social protection programmes, the role of governments (national and sub-national), international and local organizations and the local community organizations and committees in supporting people during COVID-19. In addition, the section contains direct questions to assess whether respondents have received any support during the lockdown.
- ▶ Access to basic services. This section focuses mainly on access to the following basic services, and how COVID-19 affected access to these services in different communities:
 - ▶ primary health care
 - ▶ medication
 - ▶ pregnancy-related care
 - ▶ safe drinking water
 - ▶ water for washing hands
- ▶ Social cohesion. This section is designed to assess social interactions and how COVID-19 and protective measures affected it.

3.1.1 Sample characteristics

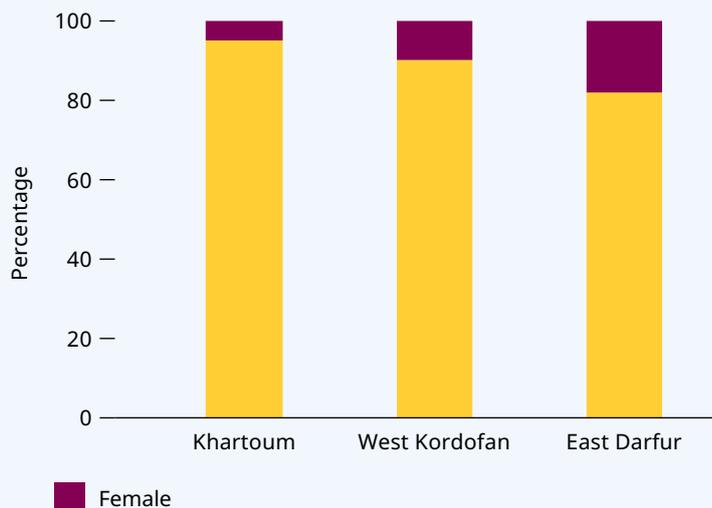
Figures 3.1 and 3.2 show the distribution of the education level and age of the targeted heads of households. The heads of households in Khartoum tended to be older and more educated; 30 per cent had a university degree. The heads of households in East Darfur were the youngest and least educated in the sample. West Kordofan had the highest percentage of heads of households above the age of 65, and 20 per cent had a university degree. Most of the heads of households in all three states are men. East Darfur has the highest percentage of female-headed households at 18 per cent. There is little variation in the mother tongue of the heads of households surveyed (figure 3.3). Across the three states, around 8, 6, and 1 per cent of households reported a non-Arabic mother tongue in West Kordofan, East Darfur and Khartoum, respectively (figure 3.4).



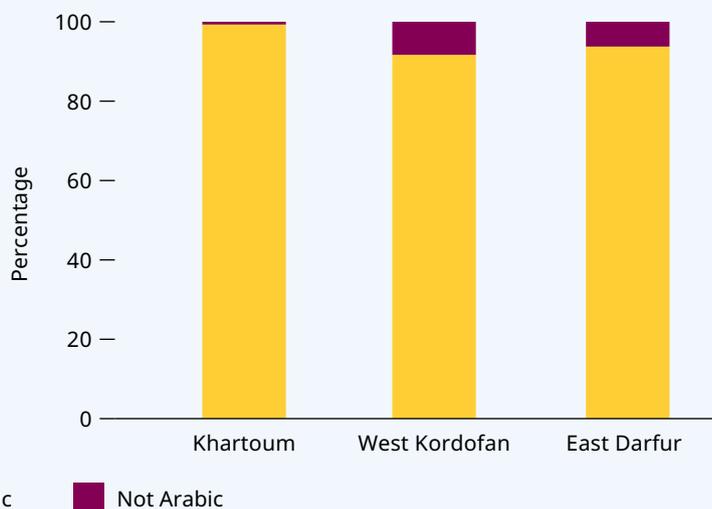
► **Figure 3.2. Age of the head of household**



► **Figure 3.3. Gender of the head of household**



► **Figure 3.4. Mother tongue of the head of household**



▶ 3.2 Enterprise survey

An enterprise survey was conducted to assess the impact of the pandemic on private sector firms. The survey has three sections. The first part collects general information on the enterprises; the second part tries to gauge the impact of COVID-19 on key performance indicators such as profit, employment and financial issues; and the third section probes how enterprises responded to the lockdown. The enterprises were randomly selected in the three states. Table 3.1 shows the number of enterprises surveyed in each of the three states.

The enterprise survey evaluated the impact of the lockdown on businesses of various sizes, in various formal and informal settings. The survey includes two main parts.

- ▶ Basic information and economic activity of the enterprises. This section is designed to identify the status of enterprises before the lockdown and to collect basic information about enterprises, such as why respondents started their businesses, registration, age of the enterprise, membership of professional association and unions, number of employees and their distribution (such as gender distribution, number of skilled workers, permanent or temporary).
- ▶ The impact of COVID-19. This section aims to identify the impact of COVID-19 on selected variables: hours of work, number of workers, laid-off staff, finance- related issues (liquidity, capital, repaying loans), demand-related issues, costs (operational costs, wage bill, prices of raw materials, inputs and products) and the response to the lockdown (changing the location of operation, arrangements of work – working from home, online marketing).

▶ **Table 3.1. Number of enterprises surveyed in each state**

State	Number of enterprises
Khartoum	150
West Kordofan	152
East Darfur	162
Total	464

▶ 3.3 Key informant interviews

Key informant interviews were conducted in Khartoum, West Kordofan and East Darfur with senior officials at Federal and State ministries of Finance, Health and Social Development, tax chambers, Zakat chambers, civil society organizations (CSOs) and universities. The focus of the KII was on how the Federal and State government bodies reacted to the COVID-19 pandemic, and the main challenges they faced. The interview guidelines also explored ongoing social protection programmes (such as the SFSP) and how the delivery of support could be improved. The targeted individuals were the undersecretaries, general directors of social development and health sectors, poverty and gender units, policy units, heads of budget directorates and chiefs of staff of the Zakat and tax chambers. The interview guides for the KII can be found in the appendices (section 6). Precisely, KII included two parts:

- ▶ **General questions.** The questions included in this section of the interview guide was asked to all government officials. They covered the following: plans for 2020, how these plans were affected by COVID-19, what was the response of their respective institutions, the challenges that lie ahead, the coordination between the different governmental entities, and the future plans.

► **Specific questions.** The second part of the interview guide included questions that related to the scope of work of the respective government institutions. For example, for the Ministry of Finance and Economic Planning, KII focused on how COVID-19 affected the federal budget, what measures the ministry adopted to mitigate the impact, how were macro-economic plans and indicators affected by COVID-19. For the tax chamber, KII were centred on the 2020 tax collection plan, the impact of COVID-19, tax exemption during COVID-19 and the recovery plans. For the Ministry of Labour and Administrative Reform, KII were extensively focused on cash transfers during the lockdown, the coverage of social protection programme, specific questions related to SFSP, the impact of COVID-19 on the labour markets. The KII for the Zakat Chamber considered coverage of Zakat and its performance during the lockdown, the role of Zakat in mitigating the impact of the lockdown, and Zakat collection during the lockdown. Finally, for the ministries of health, the core of the KII was health service provision during the lockdown, health insurance coverage and COVID-19 support.

► 3.4 Focus group discussions

Focus group discussions were led with several groups: cooperatives, waste pickers, host communities, IDP and refugees. The FGD were conducted to better understand access to services, membership of cooperatives, and how waste pickers were coping with the restrictions introduced by the lockdown and the government's response to the pandemic. The FGD followed a set of semi-structured guiding questions about access to services, access to support and government response. A detailed list of the interview instruments can be found in the appendix. The discussions investigated the difference in access to services across various groups, the potentially mitigating role of cooperatives, and the situation of waste pickers. The guides for the FGD were structured as follows.

- **Access to services.** Questions were asked on access to basic services, such as education, primary health care, safe drinking water and sanitation, in different communities.
- **Cooperatives.** A group discussion was conducted with three cooperatives in Khartoum and two in West Kordofan. It concentrated on the history of cooperatives, their activities and how they were affected by the lockdown. Furthermore, some questions aimed at identifying the relationship between cooperatives and governmental entities.
- **Waste pickers.** The discussion with waste pickers was about how they organize themselves, whether they have contact with the government, what protective measures they use while working, and how their activity was affected by the lockdown.

► 3.5 Data analysis

Several procedures were adopted to analyse the data. First, a desk review was carried out on the status of the economy and the possible impacts of COVID-19 at the macro level. Second, descriptive statistics, such as tables of averages and summations were generated from the survey data using STATA software. Third, the qualitative information from the other data collection tools (FDG and KII) was analysed. Finally, papers, reports and macro data were employed to explain the findings.

▶ 3.6 Regional choice

The ILO, UNHCR, UNICEF, IFC and World Bank, through funding provided by the Government of the Kingdom of the Netherlands, launched the PROSPECTS partnership in November 2018. The partnership works towards delivering change in host communities and among refugees, returnees and internally displaced populations in Khartoum State, West Kordofan and East Darfur across three pillars: quality education and training; employment and livelihoods; protection and inclusion.

Following a baseline survey in the three targeted states, this study was commissioned by the ILO to analyse existing social protection policies, evaluate social cohesion instruments (formal and informal), and evaluate the effect of COVID-19 on the socio-economic status of communities. The analysis was done through a social policy and social cohesion lens. This approach allows for a more comprehensive understanding of the effects of the pandemic on livelihoods and offers a unique opportunity to design response strategies and social policies centred around social needs to enhance adaptation and social cohesion between different groups.

▶ 4

Findings

▶ 4.1 Context of the government's response to COVID-19

The first COVID-19 case in Sudan was confirmed on 13 March 2020. On 16 March, Sudan's government closed all airports, ports and land crossings and declared a public health emergency over fears of the virus spreading. Only scheduled flights of goods and humanitarian supplies were permitted. On 30 March a ban on interstate public transportation was implemented, and a nationwide curfew was imposed between 6 p.m. and 6 a.m. On 18 April, authorities implemented a lockdown in Khartoum and North Darfur. During the lockdown, people could purchase essential goods between 6 a.m. and 1 p.m. In Khartoum State, which is split into Khartoum North, Omdurman to the west and Khartoum to the south, where the Blue Nile and White Nile converge to make the Nile River, bridge crossing was only permissible in exceptional cases.⁸

The government formed an Emergency Health Committee which took charge of the government's response to the pandemic, aiming to centralize decision-making. The committee included senior officials from the ministries of Health, Labour and Social Development, Interior, Defence, and Finance and Economic Planning. Despite the swift introduction of a lockdown, there were increasing concerns about its effectiveness and contextual suitability. First, there was obvious reluctance from the police in enforcing the lockdown. Second, the dominance of the informal sector and the economic contraction decreased the likelihood of people's ability to stop work for any extended period of time.

The Federal Ministry of Health (MoH) managed to set up four isolation centres in Khartoum to host COVID-19 patients. The MoH also initiated a volunteer-run call centre at the state and national levels as a first step in the triage process. Furthermore, the MoH, with the support of various UN agencies, including UNICEF, UNFPA and UNHCR, initiated a nationwide awareness-raising campaign on TV and radio outlets, and by distributing posters and flyers.

⁸ WFP, Sudan: Corona Virus – COVID-19 Country Preparedness and Response Plan CPRP, country-preparedness-and-response-plan-cprp-may-2020. https://reliefweb.int/sites/reliefweb.int/files/resources/200504_Sudan%20HCT-UNCT%20Covid-19%20Plan.pdf (May 2020).

The government announced a series of interventions and packages to support the most vulnerable households. These interventions are highlighted in more detail in the next four sub-sections. The exact details of the interventions are scarce, and their success is difficult to assess for lack of data. Most, if not all, of the interventions were implemented in Khartoum and led by federal ministries; there is very little information on any state-level interventions.

4.1.1 Interventions pursued by the Ministry of Labour and Administrative Reform: expanding social security to informal workers⁹

To mitigate the effects of the lockdown, the MoLAR adopted several strategies. One programme provided direct in-kind and monetary support to informal sector workers in Khartoum, administered through the Social Safety and Poverty Reduction Commission. The programme was approved by the Ministerial Cabinet in April 2020 and was implemented immediately afterwards. The programme targeted informal workers through in-kind support and a one-time cash transfer of 3,000 Sudanese pounds per worker. The programme was designed to support 1 million workers: 570,000 through in-kind support and 430,000 through a cash transfer. Selection of beneficiaries was done through the ministry's social protection database. The budget for the programme was set at 3.7 billion pounds. The distribution of bank cards began on 27 April 2020. To mitigate the effects of the lockdown, the MoLAR adopted several strategies. One programme provided direct in-kind and monetary support to informal sector workers in Khartoum, administered through the Social Safety and Poverty Reduction Commission. The programme was approved by the Ministerial Cabinet in April 2020 and was implemented immediately afterwards. The programme targeted informal workers through in-kind support and a one-time cash transfer of 3,000 Sudanese pounds per worker. The programme was designed to support 1 million workers: 570,000 through in-kind support and 430,000 through a cash transfer. Selection of beneficiaries was done through the ministry's social protection database. The budget for the programme was set at 3.7 billion pounds. The distribution of bank cards began on 27 April 2020. To mitigate the effects of the lockdown, the MoLAR adopted several strategies. One programme provided direct in-kind and monetary support to informal sector workers in Khartoum, administered through the Social Safety and Poverty Reduction Commission. The programme was approved by the Ministerial Cabinet in April 2020 and was implemented immediately afterwards. The programme targeted informal workers through in-kind support and a one-time cash transfer of 3,000 Sudanese pounds per worker. The programme was designed to support 1 million workers: 570,000 through in-kind support and 430,000 through a cash transfer. Selection of beneficiaries was done through the ministry's social protection database. The budget for the programme was set at 3.7 billion pounds. The distribution of bank cards began on 27 April 2020. To mitigate the effects of the lockdown, the MoLAR adopted several strategies. One programme provided direct in-kind and monetary support to informal sector workers in Khartoum, administered through the Social Safety and Poverty Reduction Commission. The programme was approved by the Ministerial Cabinet in April 2020 and was implemented immediately afterwards. The programme targeted informal workers through in-kind support and a one-time cash transfer of 3,000 Sudanese pounds per worker. The programme was designed to support 1 million workers: 570,000 through in-kind support and 430,000 through a cash transfer. Selection of beneficiaries was done through the ministry's social protection database. The budget for the programme was set at 3.7 billion pounds. The distribution of bank cards began on 27 April 2020. Table 4.1 shows the number of cash cards distributed in each state shows the number of cash cards distributed in each state. shows the number of cash cards distributed in each state. shows the number of cash cards distributed in each state.

The MoLAR supervised the reception, storage and distribution of in-kind material from donors. The total in-kind support of foodstuffs was valued at around 10 million pounds. Furthermore, the MoLAR supervised the delivery of equipment at all health isolation centres and doctors' accommodation, as well as the contracting procedures for food provision to the Ibrahim Shams El-Din Centre. The General Administration

⁹ The Ministry of Labour and Social Development was split into two ministries: the Ministry of Labour and Administrative Reform (MoLAR) and the Ministry of Social Development (MoSD).

of Women, an administrative unit within the MoLAR, supervised a cash support programme for women in the informal sector. The MoLAR also provided support to workers by introducing regulatory reform to give workers the right to paid leave and allow flexibility in working hours.

The National Health Insurance Fund (NHIF) responded to the pandemic and lockdown by adopting several measures. It allowed recipients of health insurance to use expired and inactive health insurance cards to receive medical treatment. A call centre and telephone service were set up to provide support such as medical consultations to people with chronic diseases, and in some states, doctor home visits were implemented.

The MoLAR adopted several strategies to ensure the safety of recipients of pensions. For example, pensioners who used to receive their pension in cash were issued electronic cash cards. This was done through partnerships between the National Pension Fund and several banks, including Family Bank, Al-Balad Bank and Farmers Commercial Bank.

► **Table 4.1. Distribution of cash cards in the 18 states of Sudan as part of the MoLAR's COVID-19 response**

State	Cash cards
Khartoum	194,010
Northern	10,822
Blue Nile	11,230
River Nile	12,574
White Nile	12,628
South Kordofan	12,774
East Darfur	11,751
South Darfur	7,650
North Darfur	11,191
El Gezira	12,780
Sennar	12,649
Gadarif	12,833
North Kordofan	12,680
Kasala	12,200
Red Sea	12,795
West Darfur	8,052
West Kordofan	9,723
Central Darfur	9,741
Administrative of Abyei	2,550
Total	390,633

Source: Ministry of Labour and Administrative Reform.

4.1.1.1 Support from partners

The MoLAR's strategies had to be supported by a communication campaign to increase compliance and encourage the adoption of COVID-19 prevention measures. One awareness-raising campaign distributed leaflets on COVID-19 prevention measures to shops and health centres and via various media channels. The communication campaigns were funded by international organizations such as UNICEF, ILO and World Food Programme (WFP). The Zakat Chamber supported the MoLAR's efforts by sharing their databases of vulnerable households, and international organizations provided financial support.

4.1.1.2 Challenges and lessons learned

The MoLAR faced significant challenges when implementing their interventions. Lack of data made it difficult to identify beneficiaries in the informal sector. Logistical barriers hindered the federal ministry from administering social protection interventions to most of the targeted beneficiaries in rural areas. Outside Khartoum, cash cards were distributed to beneficiaries through the MoLAR's offices in the states. This required several visits by project teams from the federal ministry in Khartoum. Other significant challenges included a general lack of preparedness for a pandemic, staff shortages due to the lockdown, an absence of official distribution mechanisms, poor network connectivity, and the absence of up-to-date technology within the ministry and among the target population. The interventions and communication campaigns had varying degrees of success that have been difficult to measure. There were no monitoring and evaluation strategies in place, nor any feedback mechanisms on the progress, success and effectiveness of the interventions. The MoLAR tried to overcome some of the challenges by conducting field visits to state offices to identify problems with distribution and enrolment and by organizing meetings and working groups for evaluation and learning.

4.1.2 Interventions pursued by the Ministry of Health: coordination, communication and distribution of medical equipment

The operational strategy of the MoH during the lockdown was based on the epidemiological situation in the country. The MoH provides services indirectly through its hospitals and health centres. In response to the pandemic, the MoH received support from various organizations and institutions, namely: other government ministries, including the ministries of Finance and Economic Planning and Labour and Social Development; international organizations, such as the UN and World Health Organization (WHO); and private sector companies. Most of the international support came from countries of the Gulf Cooperation Council (GCC).

Coordination between government institutions during the pandemic was lacking, especially in the Higher Committee for Health Emergencies (HCHE). The MoH conducts regular evaluations and situation analyses to update the COVID-19 response strategy. The first major decision of the HCHE was the first lockdown implemented in April 2020. During the first wave, the MoH was also engaged in raising awareness about the preventive measures that were needed to combat the spread of COVID-19 through social and traditional media. The communication campaigns centred on the necessity of masks, handwashing and social distancing. Efforts to combat the spread of the virus included establishing isolation centres in all 12 states and approving new PCR testing facilities and laboratories in Khartoum. Initially, frontline workers and health personnel were affected by the pandemic owing to their fear and lack of knowledge of the disease. The ministry responded by providing training and protective equipment where possible.

When the second wave started in October 2020, the MoH's strategy relied heavily on communications. A lot of effort was directed towards raising community awareness and encouraging the adoption of preventive measures. Increasing awareness led to more demand for tests and a need for expanding the capacity of testing facilities. Data collection was a major part of the MoH's efforts to monitor the spread of the virus. The MoH's current and future plans to tackle the spread of the virus centre around the vaccination rollout. The government received its first shipment of AstraZeneca COVID-19 vaccines in February 2021 from COVAX. The vaccination strategy prioritized the most vulnerable groups, namely those above the age of 60, those with specific comorbidities, and frontline health workers. Owing to lack of take-up among the population, vaccination centres started administering vaccines to anyone who showed up, and not just the most vulnerable groups.

4.1.2.1 Support from partners

With the support of various international organizations and donors, such as the AfDB and the German International Cooperation Agency (GIZ), the MoLAR provided support to states to combat COVID-19. The AfDB, as part of its capacity building project, supported White Nile state with medical equipment and

targeted training sessions for medical personnel. Moreover, the MoLAR, with support from GIZ and UNAMID, supplied the five Darfur states with 500,000 face masks. The masks were produced in a factory in Khartoum, providing 300 jobs during the crisis.¹⁰

4.1.3 Interventions pursued by the Ministry of Industry and Trade: subsidized consumer goods

The Ministry of Trade and Industry (MoTI) supported households by providing specific food items at an affordable price in the market.¹¹ This was achieved using several mechanisms. First, periodic mapping of retail markets was implemented to deter hoarding and monopolistic practices and to ensure fair pricing. This exercise also allowed the MoTI to measure price volatility. Second, the MoTI implemented a “Producer to Consumer” intervention, which attempted to remove brokers and intermediaries from the supply chain of certain consumer goods to tackle price inflation. Factories were allowed and encouraged to sell directly to consumers. Third, the MoTI, with the Kenana Sugar Company, oversaw the delivery of sugar before and during the month of Ramadan, when there tends to be increased demand and subsequent price increases. Finally, the MoTI collaborated with port authorities and food importers to ensure an efficient supply of food items to avoid scarcity.

4.1.4 Interventions pursued by the Ministry of Finance and Economic Planning

On 14 June 2020, the Ministry of Finance and Economic Planning (MoFEP) announced it would commence the pilot phase of its nationwide Family Support Programme. The programme is designed to cover 80 per cent of the Sudanese population: around 6 million households. The programme pays a monthly cash payment of US\$5 per person. A pilot was planned in the West Soba administrative unit in Khartoum locality in September 2020. The programme was officially launched on 24 February 2021.

In a normal year, the MoFEP develops a strategic plan to fund the government’s various programmes depending on certain objectives and available resources. The size of contributions depends on the government’s budget and agreements with other sources of finance. MoFEP’s main objectives for the year 2020 were to address the issues causing high inflation and structural imbalances by stabilizing the economy, creating an environment conducive to investment and production, and encouraging exports. As an integral part of the government’s emergency committee, the MoFEP administers the government’s contributions to the COVID-19 response programmes.

The lockdown was implemented in April 2020 just as the ministry was beginning to implement its plan for 2020. An integral part of the plan was to stop monetization of the budget by reducing the government’s expenditure on subsidies for fossil fuels and wheat. This would address the budget deficit and exert downward pressure on inflation. The lockdown added to the burden. Closing Sudan’s airspace and shutting down its main port in Port Sudan reduced government revenue from customs. Similarly, the lockdown forced many businesses to cease operations. The reduced business activity reduced the government’s tax revenue. During the first half of 2020, tax revenue was less than 60 per cent of the initial projections. This exposed some of the weaknesses in the government’s 2020 budget. The budget also depended on external sources of funding. The pandemic put a strain on donor country budgets and, as a result, only 10 per cent of grants were realised. Consequently, there was no development-related spending. The decrease in government revenue due to the lockdown affected the government’s ability to import fossil fuels. This negatively affected the productive sector as power outages became more frequent and queues for petrol and diesel more prevalent.

10 [MoLAR State Support for COVID-19 response.](#)

11 [Ministry of Trade and Industry COVID-19 interventions.](#)

In response to the pandemic, the MoFEP made amendments to the budget and borrowed from the Central Bank's current spending. Financing for the health sector was doubled to accommodate the sudden need for beds, protective equipment and repurposing of existing facilities. The government, through the MoFEP, increased spending on health. The increase in health spending was bolstered by contributions from regional and international organizations, including WHO, and grants from some donor countries. Internally, the MoFEP restricted working hours to half of its workforce and continued operation with only essential staff.

The government received support from local non-governmental organizations (NGOs), private sector companies and charities. Some local public sector companies donated medical equipment such as sterilizers and hospital beds, where they were needed. By then, the emergency committee, with membership from both the Sovereign Council and the Ministerial Cabinet, had been created and was holding regular meetings. The emergency committee was convened to facilitate the formation of joint inter-ministerial committees and coordinate the efforts of the different ministries in responding to the pandemic.

► **Box 1. Case study: waste picking during COVID-19**

A case study was conducted to gauge the impact of the government's response on vulnerable groups. FGD were conducted with waste pickers in Khartoum to see how they coped during the pandemic and if they had benefited from any of the interventions implemented by the government as part of its COVID-19 response efforts.

Waste pickers are a vulnerable group in society. The results of the discussions show that most waste pickers had heard about the pandemic but were unable to stop working because they depend on waste picking as their sole source of income. Almost all waste pickers are men under 30 years old. It's rare to find a female waste picker. One explanation might be the dangers associated with the work. Waste pickers do not have unions or any link to the government. Some depend and work on garbage trucks. The rest work individually or in groups of three to nine people. They are heavily reliant on iron and plastic for their income. Once collected, the materials are sold to waste dealers or waste grocers, who then send them to large urban centres such as Khartoum and El Obeid. Some of the waste is sold to recycling plants, but the dealers and grocers themselves do not carry out recycling. Even medical waste is collected. The iron and plastic in medical waste is removed and sold separately.

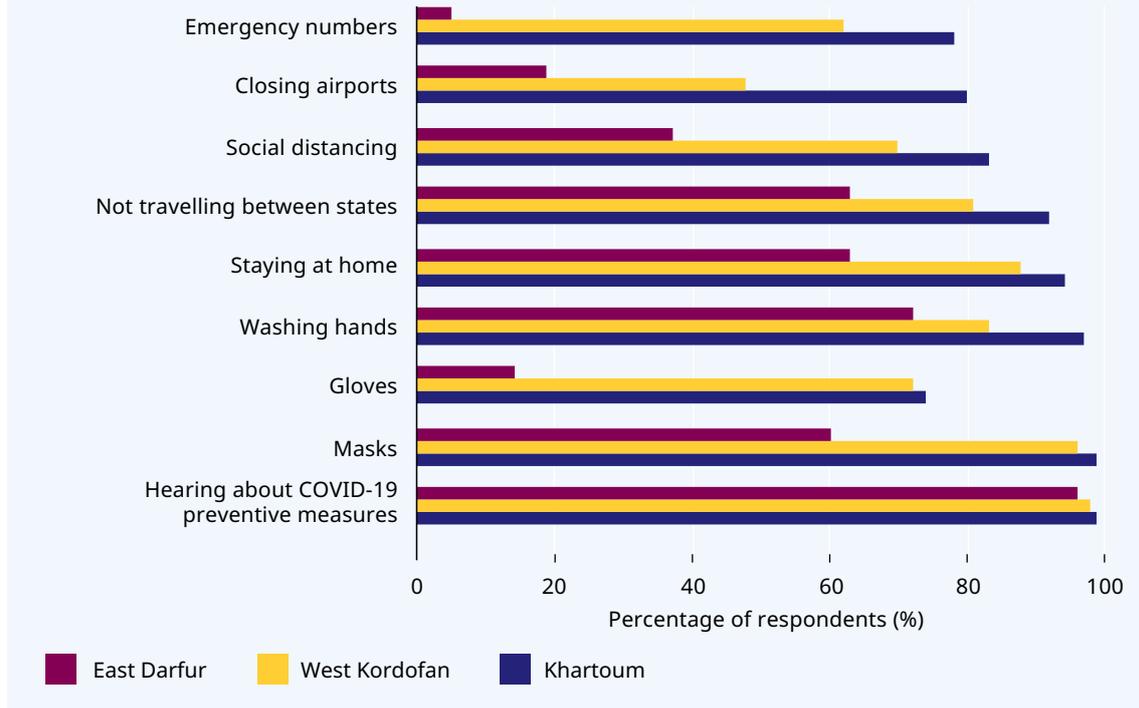
In addition to assessing the waste pickers' awareness of COVID-19 and preventative measures, the FGD tried to identify what kind of support they needed to better protect themselves. From the waste pickers' perspective, the government should specify specific locations as sales points where waste pickers and dealers can trade in a safe and monitored environment. Their safety awareness related to COVID-19 appeared very limited. Specifically, they lacked awareness of on-the-job protection. In addition, they were often unable to afford protective gear such as gloves, masks and shoes.

Despite the government's response to the pandemic, some groups in society did not benefit from the programmes and interventions. For example, waste pickers are considered workers in the informal sector, yet none of those in the FGD reported having received a cash card or to have heard of the government's COVID-19 response. They were also less likely to benefit from the subsidized consumer goods distributed by the MoTI. Moreover, they were less likely to have heard of or understood messages about the Family Support Programme. Even for those who were aware of it, enrolment in the programme is not guaranteed because many, if not most, waste pickers are undocumented. To address the concerns of waste pickers, one obvious place to start is by establishing a formal connection between waste pickers and the government. Furthermore, training about on-the-job protection and provision of protective gear such as gloves, masks and shoes would have immediate health benefits.

► 4.2 Knowledge and awareness of COVID-19

Awareness of the existence of COVID-19 was almost universal. Almost all the surveyed households in Khartoum, West Kordofan and East Darfur had heard about at least some COVID-19 preventive measures (figure 4.1). Knowledge of the specifics of the preventive measures varied depending on the state. Understandably, households in Khartoum tended to have a better understanding of the preventive measures because the lockdown in Khartoum was stricter than elsewhere in Sudan.

► Figure 4.1. Respondents' knowledge of the COVID-19 preventive measures

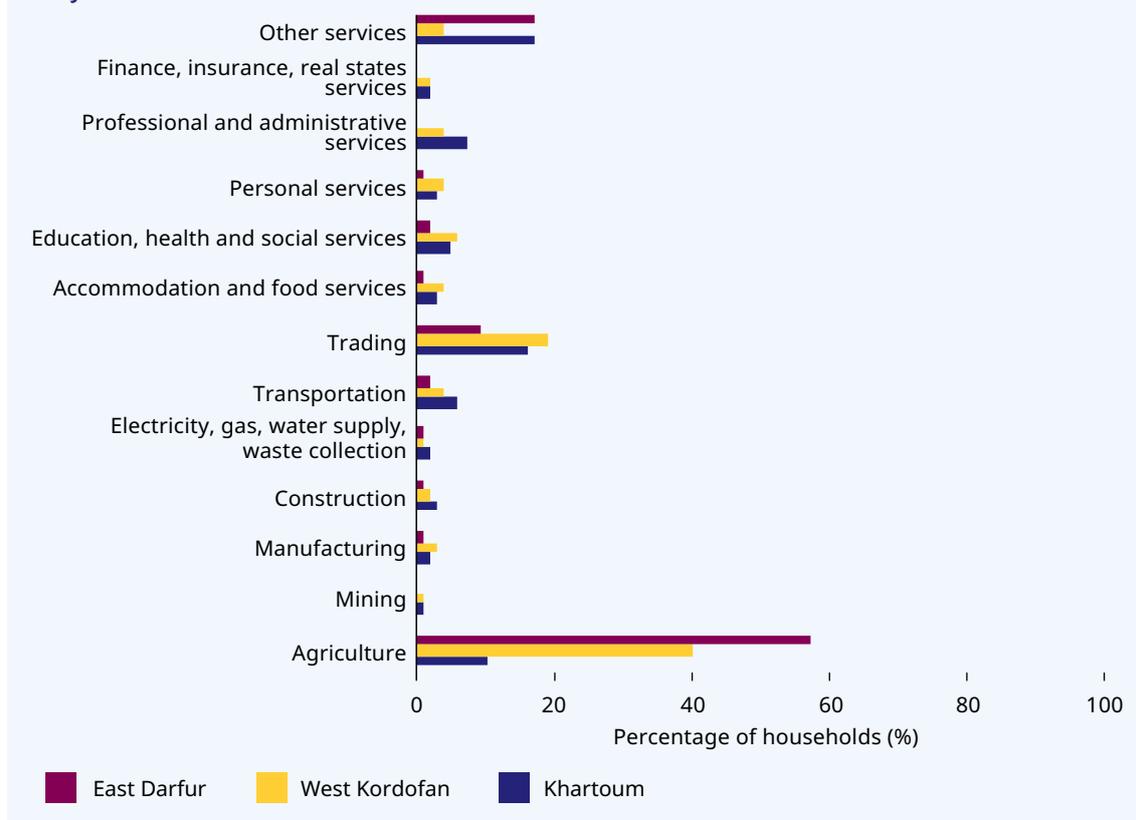


► 4.3 Impact of COVID-19 on incomes and livelihoods

The distribution of sources of household income varied across states. For example, agriculture is the main source of income for 40 to 60 per cent of households in West Kordofan and East Darfur but only 10 per cent of those in Khartoum. For households in Khartoum, engaging in trade and services are the dominant sources of income (figure 4.2).

The engagement of IDP in agriculture is similar to the overall sample. On average, 45 per cent of surveyed IDP worked in agriculture. The percentage varied across states; in Khartoum, only 19 per cent of IDP worked in agriculture, while 45 and 69 per cent work in agriculture in West Kordofan and East Darfur, respectively. The trend was similar among nomads; 75 per cent of those surveyed worked in agriculture.

► **Figure 4.2. Source of household incomes for households in the three states**

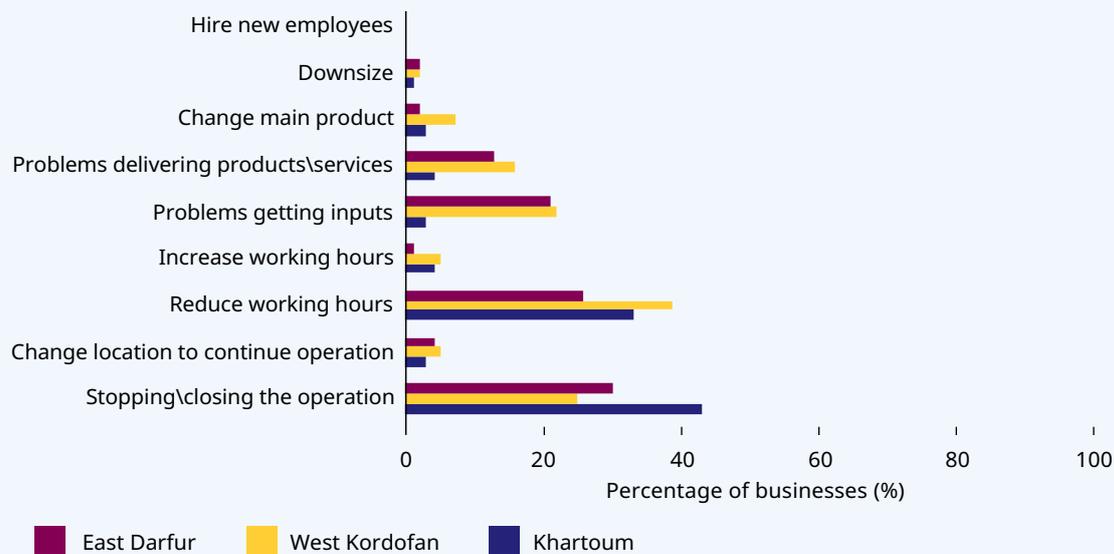


4.3.1 Impact on household business income

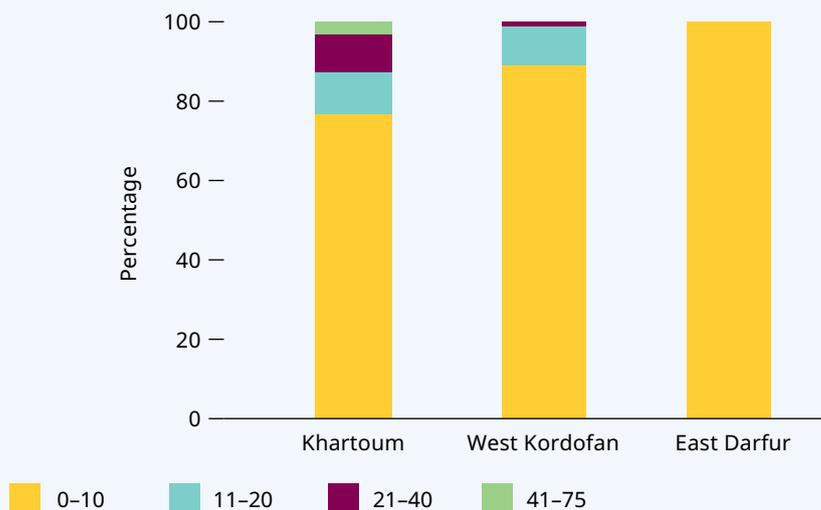
The lockdown had a significant impact on household businesses. A significant portion of businesses reported to have reduced working hours or stopped operations across the three states (figure 4.3). The percentage of businesses to report closure was highest in Khartoum. This is likely due to a stricter lockdown being imposed in Khartoum than in the other states. Logistical issues were specific to household businesses in West Kordofan and East Darfur. Compared with Khartoum, a significantly higher percentage of household businesses in those two states reported problems with service delivery and acquiring inputs. A small percentage of household businesses across the three states reported to have changed their main product or downsized. Both these results make sense. The inability of firms to adapt to the lockdown by providing alternative goods or services can be explained by a lack of access to information and/or finance and labour market rigidity. Furthermore, firms were unlikely to downsize because almost 90 per cent of household businesses in the sample had fewer than 10 employees (figure 4.4). For some of these firms, downsizing would mean cutting the number of staff by a quarter, a third or half, or even ceasing operations altogether.

The impact of the lockdown on household businesses manifested itself not only in a decrease in operations but also in lost jobs. Most of the household businesses in the three states reported less than usual activity during the lockdown (figure 4.5). Household businesses in East Darfur were most affected. Having said that, Khartoum had the highest percentage of businesses that are no longer operating because of the lockdown. This is probably due to Khartoum having the lowest percentage of household businesses operating in the agricultural sector. The impact of the lockdown on income was hardest felt by IDP and nomads. On average, 63 per cent of IDP and 50 per cent of nomads reported that their income during the lockdown was less than usual. The decrease in income for these two groups is consistent across the three states.

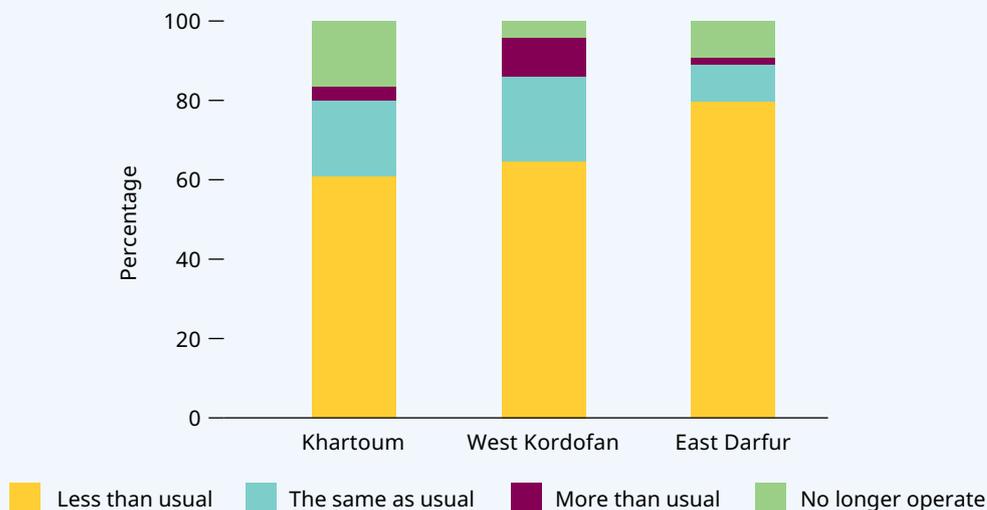
► **Figure 4.3. Impact of the lockdown on household businesses in the three states**



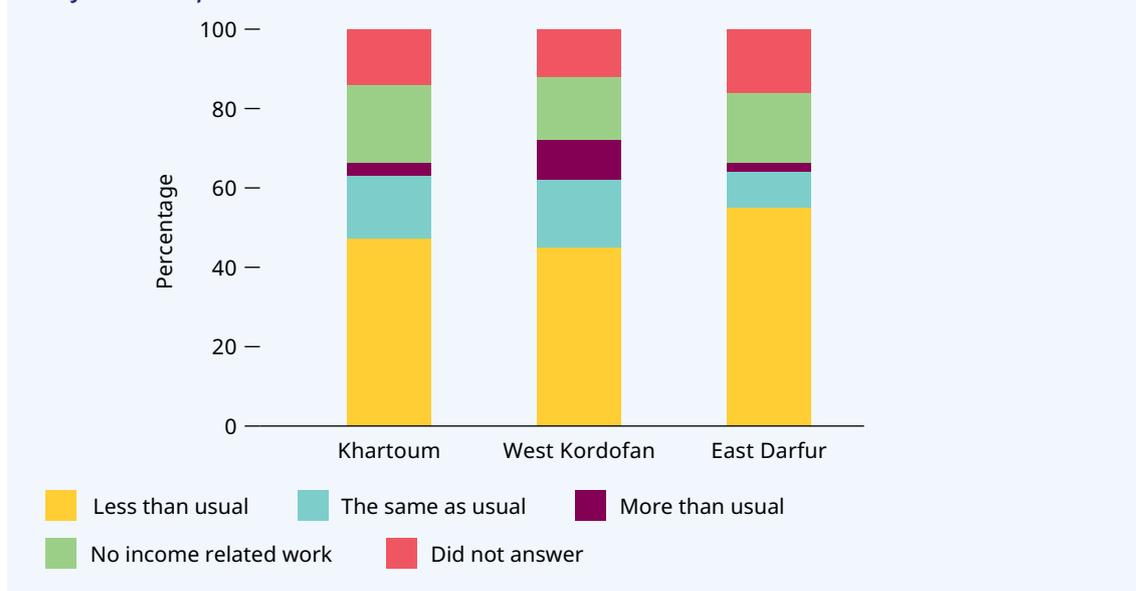
► **Figure 4.4. Size of household businesses in the three states**



► **Figure 4.5. Impact of the lockdown on the operations of household businesses**



► **Figure 4.6. Impact of the lockdown on household incomes in the three states**



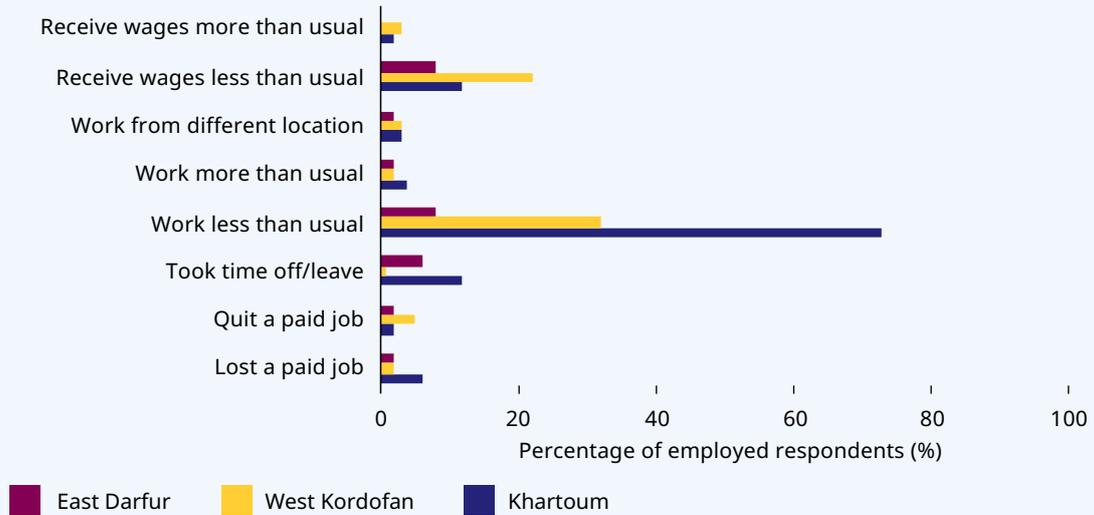
The similarities in responses between figures 4.6 and 4.13 on the impact of the lockdown on agricultural income and household income in general might be due to geographical factors. Agriculture in West Kordofan and East Darfur is dominated by rain-fed agriculture. The rainy season starts in May and ends in October. This could explain why most respondents who work in agriculture report a similar level of income, and why most new income activity reported in West Kordofan and East Darfur is in agriculture (figure 4.14).

4.3.2 Impact on employment

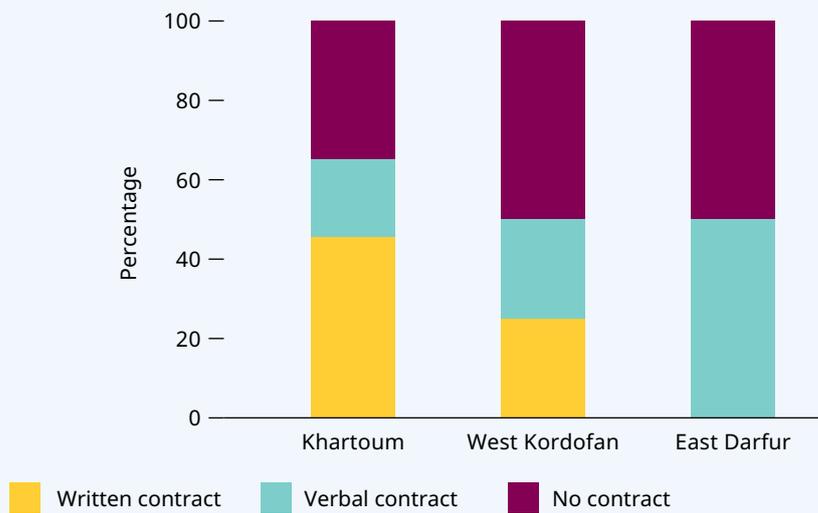
The impact of the lockdown on employed respondents is consistent with the type of businesses in operation and the nature of the employment. By far the largest impact on employees is a decrease in working hours. In Khartoum, 73 per cent of employed respondents reported to have worked less than usual during the lockdown (figure 4.7). The second most common impact on employees is a reduction in earnings. Very few employees reported to have lost their jobs, quit their jobs, or worked from a different location. These trends can be explained by the informality of employment. If we assume the agreements between employers and employees of those who lost their jobs (figure 4.8) is representative of the nature of employment in general, it makes sense for more employers to keep their employees and have them work less and earn less than to fire them. With most employees working on verbal contracts or no contracts at all, and hence no legal liability for the employer, it is easy for these last to make changes to their employees' working hours and remuneration.

Consider household businesses in West Kordofan and East Darfur, where agricultural activity is the dominant form of income. The second most common impact of the lockdown on household businesses in these states was reduced working hours. Almost 90 per cent of employers did not hire new workers during the lockdown (figure 4.9). Yet, in West Kordofan, 77 per cent of respondents engaged in agricultural work reported the same level of income or higher than before the lockdown. One way this can have happened is that household businesses engaged in agriculture kept their workers but reduced their wages. The household business thus maintained a steady income while the workers, faced with the prospect of no income at all, might have had little choice but to accept the reduction in salary.

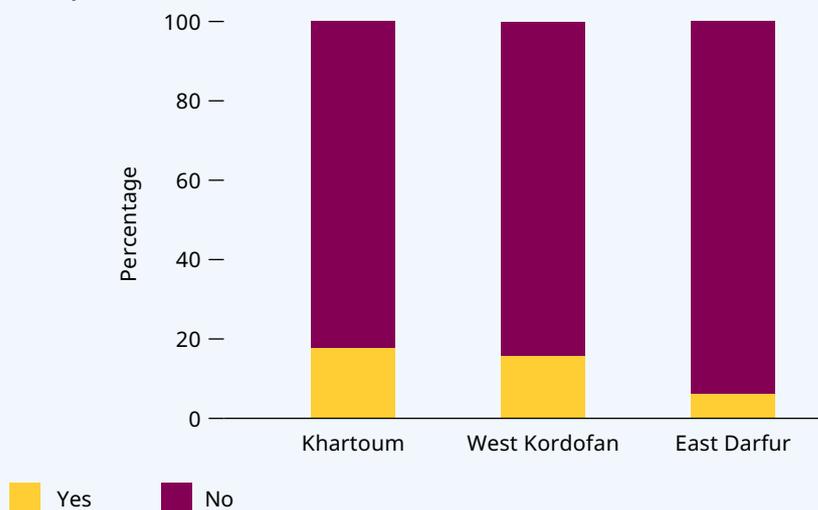
► **Figure 4.7. Impact of the lockdown on employed respondents**



► **Figure 4.8. Formality of jobs reported by respondents who lost a job owing to the lockdown**

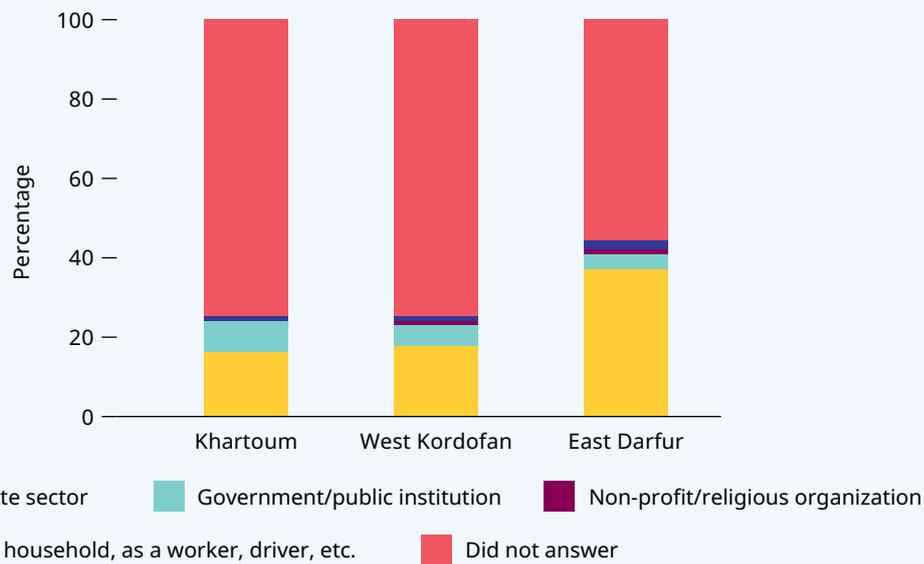


► **Figure 4.9. The proportion of businesses that claimed to hire workers on a regular basis during the lockdown**

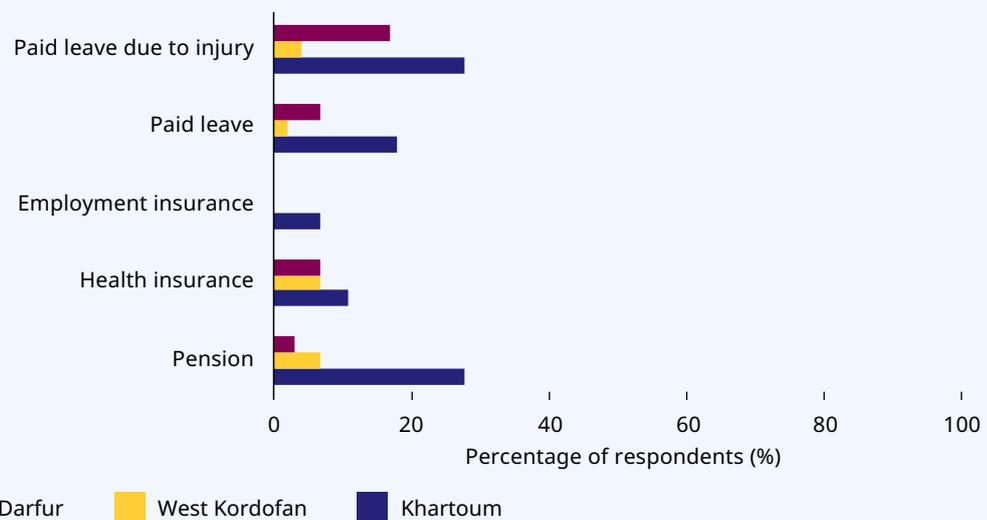


The jobs lost because of the pandemic were predominantly in the private sector (figure 4.10). This was the case across all three states. It makes sense because the private sector, which encompasses informal employment, employs a larger portion of the labour force than the public sector. It is also more likely for those employed in the private sector – the normal private sector, informal sector or as workers in agriculture – to work under verbal contracts or no contracts at all (see figure 4.8). This was corroborated by the benefits available to those who lost their jobs (figure 4.11). A considerably higher percentage of respondents who lost their jobs in Khartoum were entitled to some kind of employment benefits compared with respondents in West Kordofan and East Darfur. Only a quarter of respondents who lost their jobs in Khartoum could receive paid leave because of injury or they had a pension. In addition to the economic losses associated with income loss, we can assume a negative impact on societal welfare in Khartoum. Health insurance as a benefit is low among those who lost their jobs. This is substantiated by the low percentage of respondents from the entire sample who report to have health insurance from an employer (see section 4.4.1.3 Financial protection against healthcare costs, figure 4.38).

► **Figure 4.10. Sectors in which respondents reported lost jobs (owing to a low response rate, these results should be taken with care)**

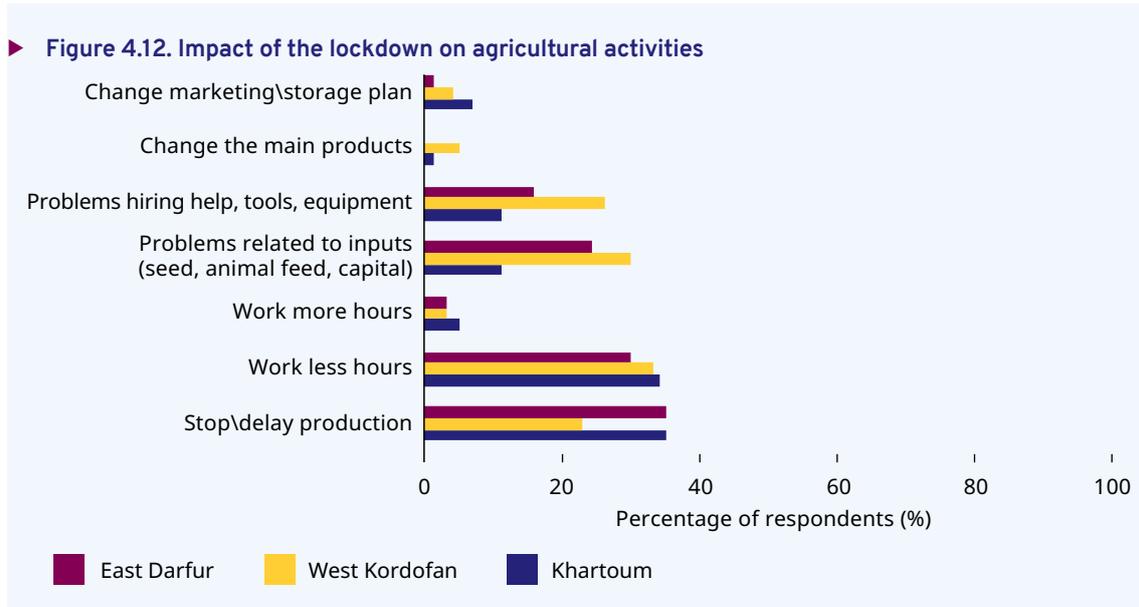


► **Figure 4.11. Benefits package of jobs reported by respondents who lost a job owing to the lockdown**



4.3.3 Impact on agriculture

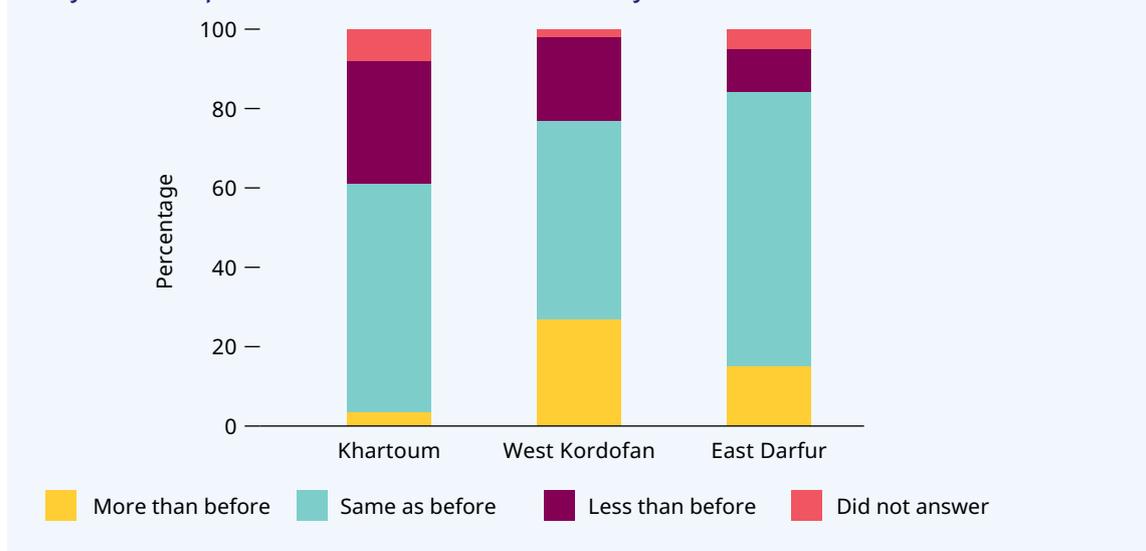
The preventive measures taken to mitigate the impact of COVID-19 affected agriculture in several ways: some people engaged in agriculture stopped working altogether; some reduced their working hours; others had difficulty hiring workers and finding inputs (figure 4.12). A smaller percentage of people changed their production or their marketing and/or storage plans. A very small percentage of people increased their activity in agriculture during the lockdown. The impact on IDP was similar to others: around 30 per cent of IDP reported halting agricultural activity and 28 per cent reported working fewer hours. Nomads were affected in a similar fashion: 36 per cent stopped working, 21 per cent reduced their working hours, and 17 per cent faced problems finding agricultural inputs.



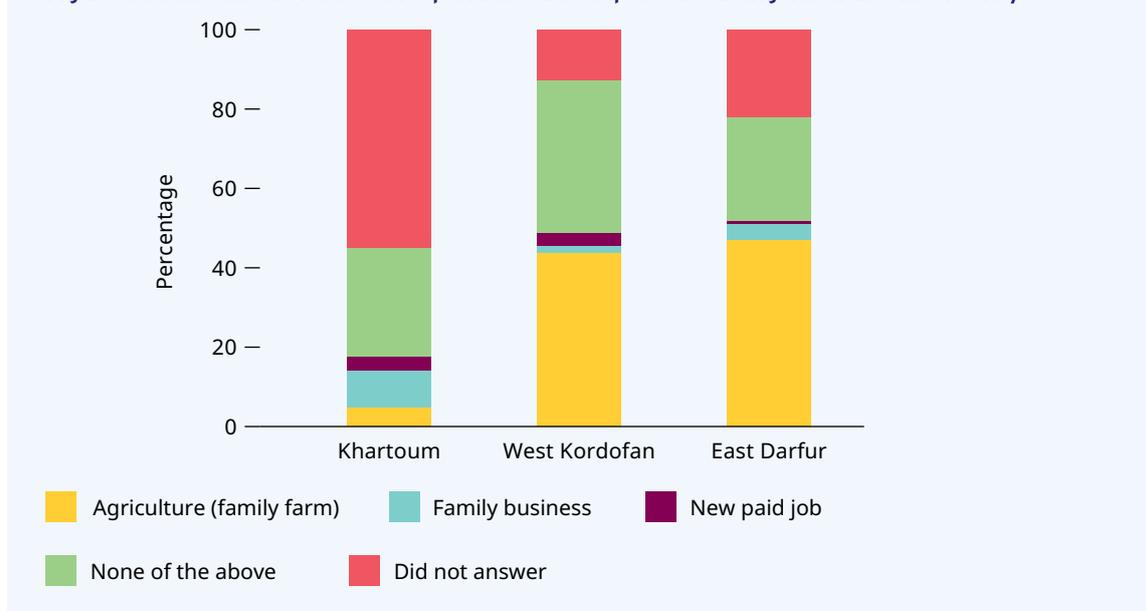
For some, the impact on agricultural activity had a negative impact on agricultural income. Only 15 per cent of respondents in the sample reported an increase in income obtained through agricultural activity. Despite most respondents across the three states reporting no changes in agricultural income because of the pandemic, the percentage of people who reported an increase or decrease in income is different across the three states (figure 4.13). Similarly, a third of respondents in Khartoum reported a decrease in agricultural income, twice as many as the other two states. IDP had similar experiences across the three states. On average, 11 per cent reported lower income because of the lockdown.

The difference in increases or decreases in reported agricultural incomes across different states during the lockdown can be explained by two factors. First, the rainy season in West Kordofan and East Darfur afforded people new income opportunities in agriculture (figure 4.14), which allowed a stable or increased income. The rainy season could explain the higher percentage of respondents in West Kordofan and East Darfur reporting an agricultural income “more than before” compared with Khartoum. Second, Khartoum state has a larger urban centre than West Kordofan and East Darfur, and urban centres provide more income opportunities (figure 4.2). It is likely that those in Khartoum whose agricultural income was affected by the lockdown sought income elsewhere, and reported a lower income from agriculture than before, but did not necessarily have a lower income overall. This is also reflected in figure 4.14, which shows that very few respondents taking up a new income-generating activity in Khartoum took on a new agricultural activity.

► **Figure 4.13. Impact of the lockdown on income from agricultural activities**



► **Figure 4.14. Income activities of respondents who reported starting a new income activity**

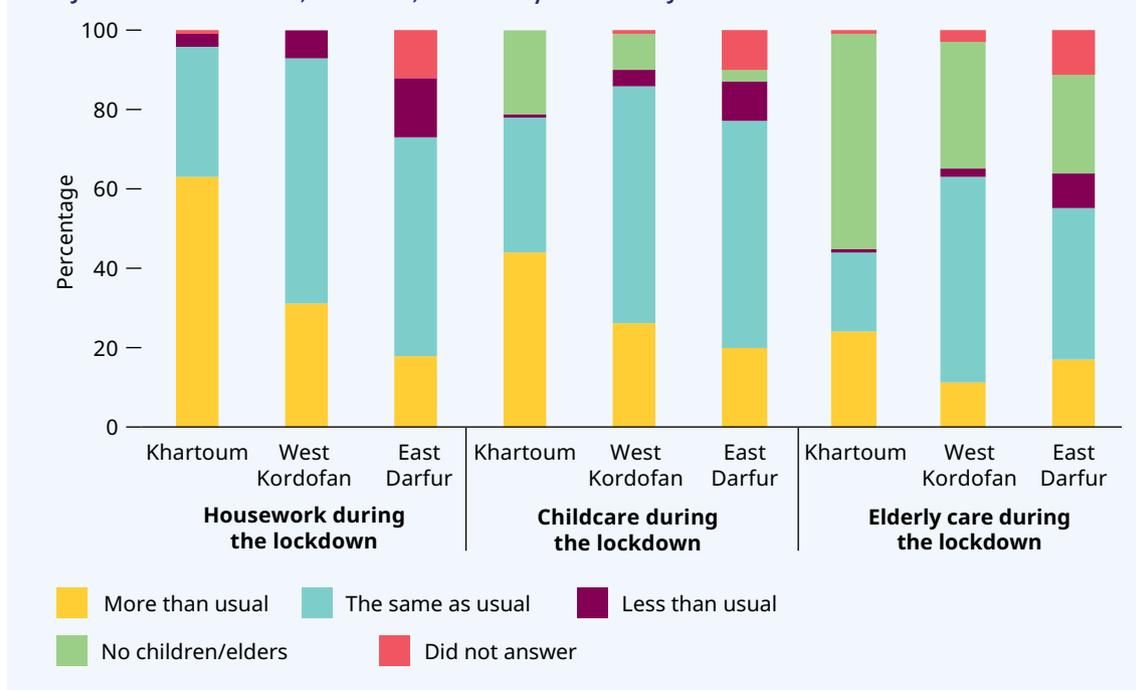


4.3.4 Impact on households

The lockdown had considerable impacts on household dynamics. The initial impact was on the working members of the household. Almost half of employed respondents in the three states reported to have worked fewer hours during the lockdown (see figure 4.7 in section 4.3.2). Furthermore, the lockdown forced schools to close. The increase in the number of household members in the household at any given time would have significantly impacted household dynamics. On average, around a third of households in all three states reported an increase in housework during the lockdown (figure 4.15). In Khartoum, the state with the tightest lockdown, more than 60 per cent of households reported an increase in housework during the lockdown. This is probably due to the smaller family units in Khartoum where housework is the responsibility of household members or hired help. The movement restrictions introduced by the lockdown would have affected the household's ability to use hired help, hence the increased burden of housework on members of the household. In West Kordofan and East Darfur, families are more likely to live in multigenerational households (in figure 4.15 a significantly higher percentage of households

in Khartoum reported there were no elders at home). In multigenerational households, families with children and older family members are likely to have help in caring for children and elders from other family members.

► **Figure 4.15. Housework, childcare, and elderly care during the lockdown in the three states**



The characteristics of household members whose work was affected by the lockdown is consistent across the three states. The typical household members whose work was affected by the lockdown are men (table 4.2) aged between 20 and 60 years old (figure 4.16). Sudan's ratio of female to male labour force participation rate is 43 per cent.¹² Almost 90 per cent of surveyed households were headed by men (see figure 3.3 in section 3.1.1), therefore, most of the respondents in table 4.2 were men. This means that there is a significant gender gap, where male workers were affected more than female workers. One explanation for this is that female members of the household are more likely to work from home, running a household business. Another possibility is that female workers are more likely to work in essential jobs or in the public sector. This can be explained by the fact that private sector jobs were the most affected by the lockdown (figure 4.10) and the majority of household members who lost their jobs are men. The age group that was the most affected by the lockdown was 20 to 60 years, the one that is most likely to be working.¹³

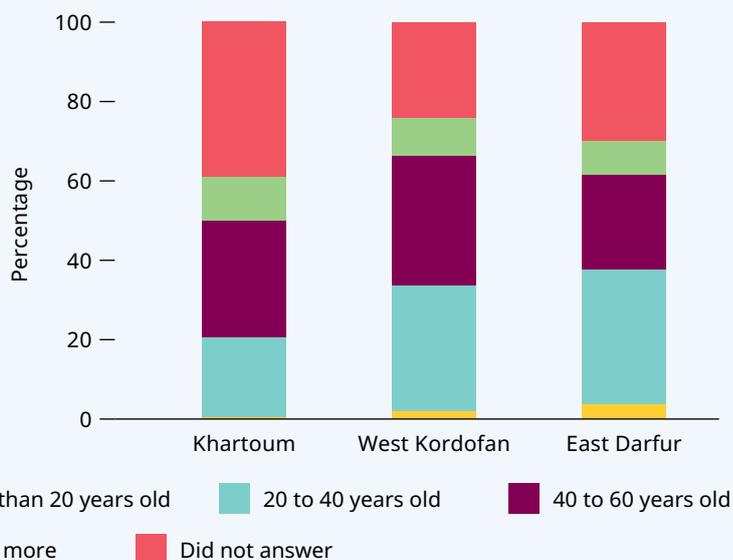
► **Table 4.2. Household member who has stopped working or is working less owing to the lockdown**

Gender	Percentage (%)		
	Khartoum	West Kordofan	East Darfur
Male	37	39	39
Female	7	10	9
Respondent	13	26	16

12 Ratio of female to male labour force participation rate (%) (modeled ILO estimate) – Sudan. World Bank Data Bank. Accessed 20 April 2021.

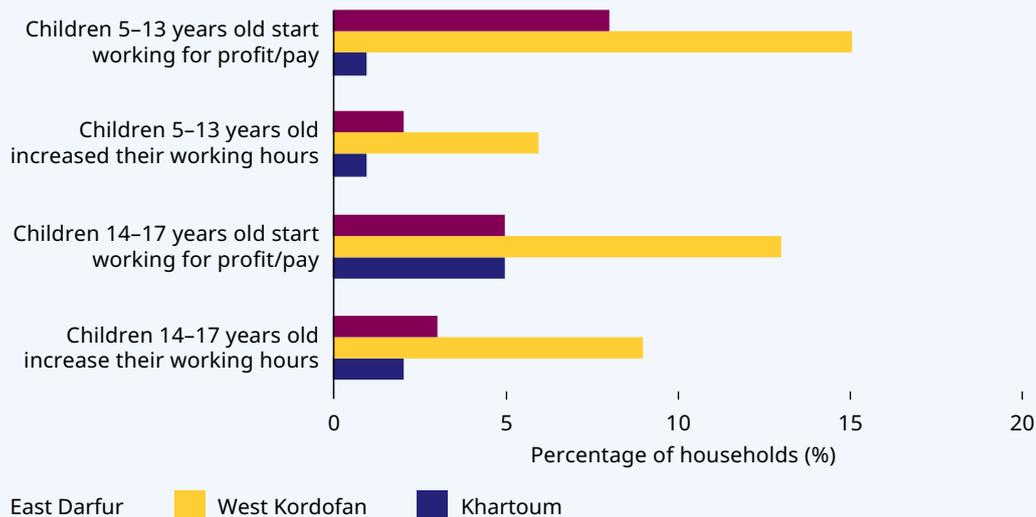
13 According to the OECD, the working age population is defined as those aged 15 to 64.

► **Figure 4.16. Age of household members whose work was affected by the lockdown**



The lockdown increased incidence of child labour. This was most evident in West Kordofan, where 15 per cent of households reported children between the ages of 5 to 13 having started working for pay during the lockdown, and 13 per cent of households reported children between the ages of 14 to 17 having started working for pay. The increase in child labour was higher in West Kordofan than in Khartoum and East Darfur. This can be explained by school closures and the loss of household income (see figures 4.3 and 4.6 in section 4.3.1). The lockdown also affected the percentage of children going back to school after the lockdown (figure 4.18). The percentage of children aged 14 to 17 who did not go back to school was highest in West Kordofan. This could also be due to loss of household income if households are required to pay school fees.

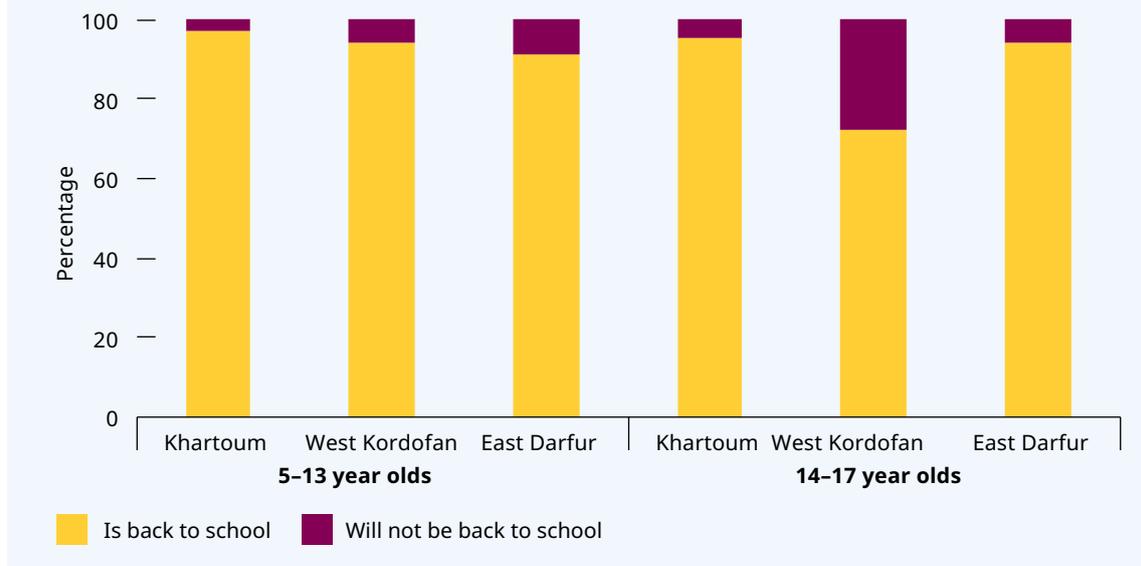
► **Figure 4.17. Impact of the lockdown on labour activities of children aged 5 to 17**



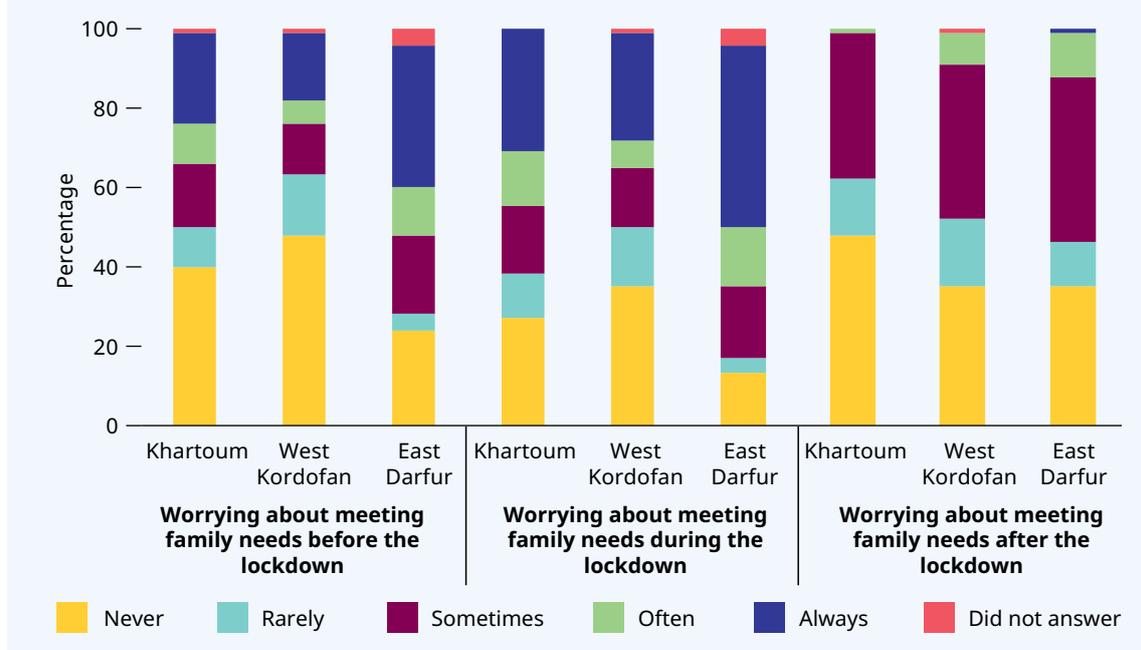
To better understand how households respond to economic shocks it is useful to try to gauge their perceptions of meeting their needs. The households surveyed in the three states were asked whether they worried about meeting household needs. There was a noticeable increase in the percentage of households that claimed to worry about meeting household needs before and during the pandemic (figure 4.19). At the same time, there was a decrease in the percentage of households that claimed not to

worry about meeting their needs. There is not much variation across states, but households in East Darfur were more likely to worry about meeting household needs than in Khartoum or West Kordofan. One interesting finding was that the same households that used to worry about meeting household needs before the lockdown were more optimistic about their ability to do so after the lockdown. If worry reflects households' vulnerability to income fluctuations, it means that households that were worried about meeting family needs before the lockdown should be more worried after the lockdown because an economic contraction is inevitable, and the economic recovery takes time. One potential explanation for this finding is optimism bias, where people overestimate the likelihood of experiencing positive events and underestimate the likelihood of experience negative ones.

► **Figure 4.18. School age children returning to school after the lockdown**



► **Figure 4.19. Respondents' worry about meeting household needs before, during and after the lockdown**



4.3.5 Impact on enterprises

COVID-19 affected businesses across Sudan. The lockdown and other COVID-19-related preventive measures impacted the private sector in various ways. The following sub-sections summarize the main findings of the enterprises survey, unpacking these impacts.

The sample size was 462. Owing to a lack of data at the firm level, no sampling strategy was used. We decided to randomly select a range of enterprises, giving Khartoum bigger weight because of the larger volume of economic activity. The sample includes both formal and informal enterprises, depending on their registration status. The majority of enterprises, around 87 per cent, were small, for-profit enterprises.

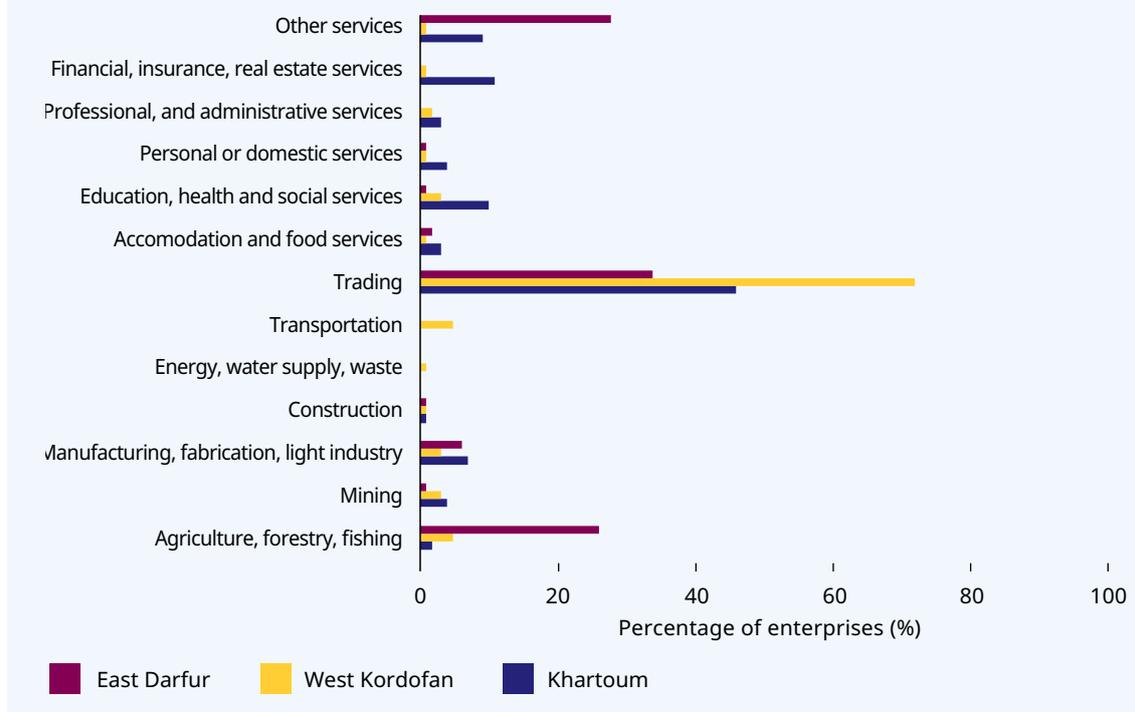
► Distribution of surveyed enterprises

State	Khartoum	West Kordofan	East Darfur
Number of enterprises	151	147	164
Percentage	33%	32%	35%

4.3.5.1 General findings

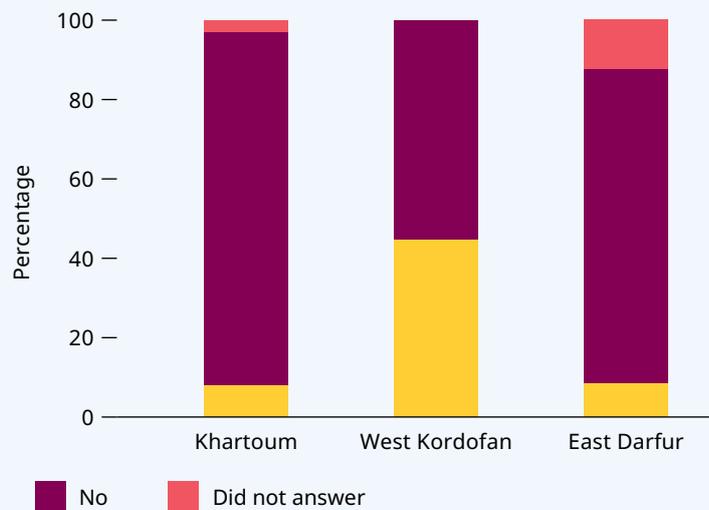
Among the survey sample, trade was the most common business activity (figure 4.20). On average, half of the enterprises in all three states were engaged in trade. In Kordofan, three quarters of firms reported trade to be their main business activity. A higher percentage of firms were engaged in agriculture in East Darfur than in West Kordofan or Khartoum, while service firms were predominantly operating in Khartoum.

► **Figure 4.20. Main activity of enterprises**



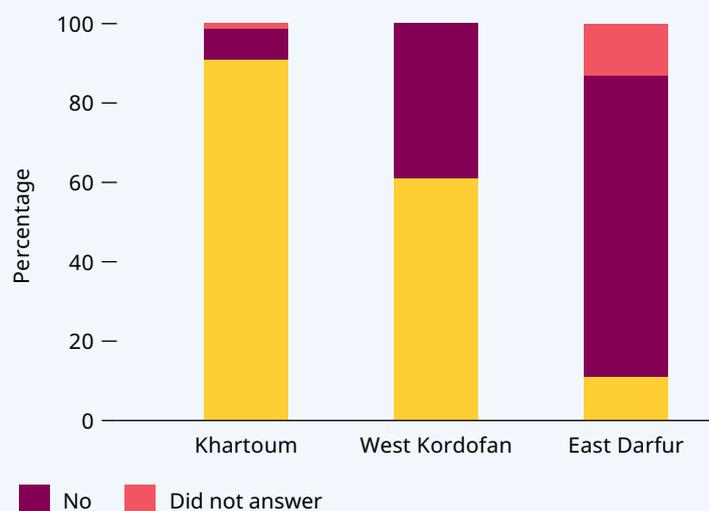
On average, around 20 per cent of the enterprises across all three states were members of professional associations (figure 4.21). The membership rate was highest in West Kordofan, where just under half of all surveyed firms were members of a professional association. The Commercial Union, one of the Sudanese Employment Federations, had the highest membership among surveyed firms. This corroborates the findings in figure 4.20 that most enterprises were engaged in trade.

► **Figure 4.21. Enterprise membership in a professional organization or association**



In Sudan, the informal sector employs most of the country's labour force. One aspect of informality is the lack of legal status. Companies in the informal sector tend not to be registered with local authorities. Such registration gives enterprises legal status, which allows them to do business in a particular jurisdiction. There was considerable variation in the percentage of companies with legal status across the three states. In Khartoum, 91 per cent of enterprises were registered with the Commercial Registry, whereas in West Kordofan and East Darfur only 60 per cent and 10 per cent of firms were registered, respectively (figure 4.22). This indicates the dominance of the informal sector in East Darfur.

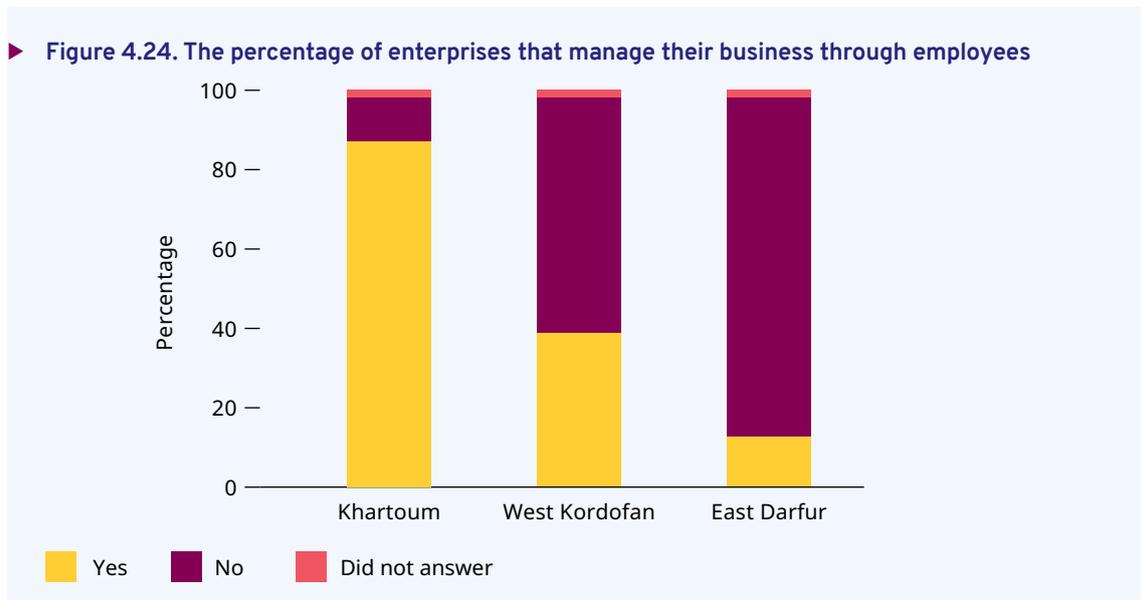
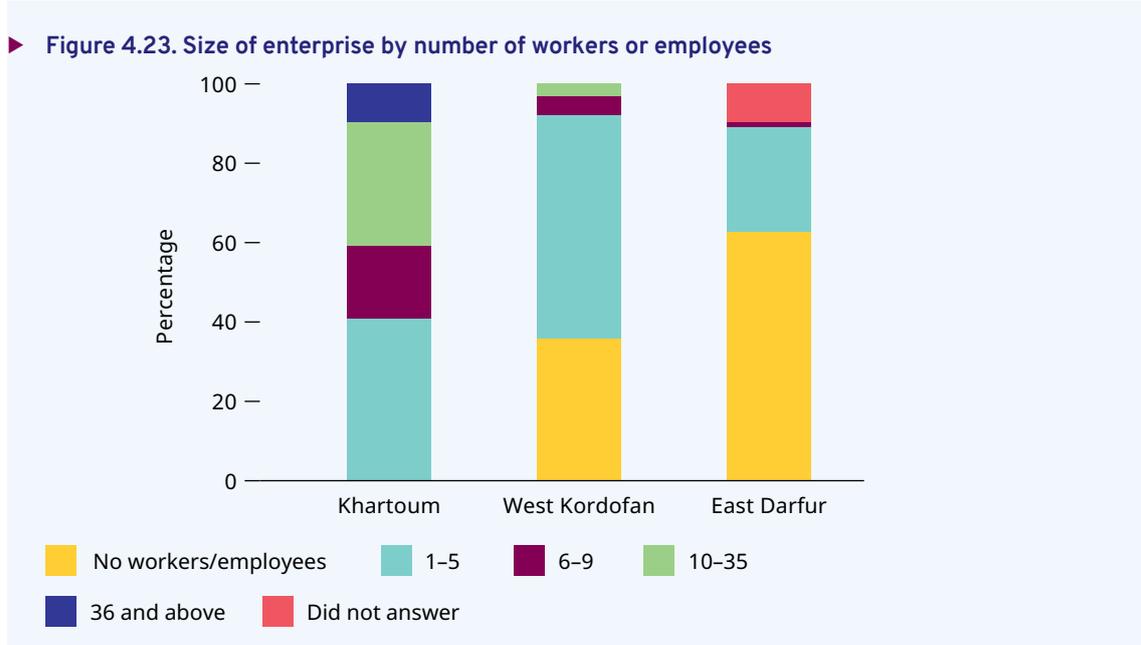
► **Figure 4.22. Enterprise registration at the Companies Registration Council**



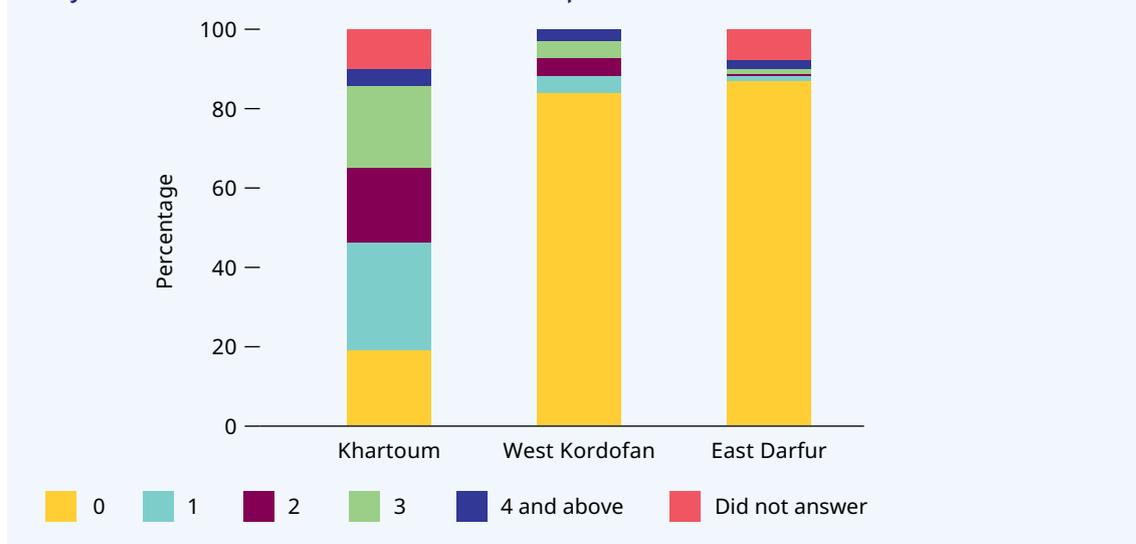
The size of the enterprises varied considerably across the three states. Firms in Khartoum tended to be larger in size (figure 4.23) and much more likely to manage their business activities through employees (figure 4.24). In East Darfur, where informality is much more prevalent, firms tended to be smaller in size and mostly managed by the owner; 63 per cent of firms in East Darfur had no employees. These findings can be explained in two ways. First, the more prevalent informal economy in East Darfur and West Kordofan compared with Khartoum may have contributed to the disparity in enterprise size between the states. There is also a bidirectional effect; the prevalence of smaller enterprises in East Darfur could also explain the higher percentage of informal businesses. Smaller firms are less likely to be registered with a government registry and so are less likely to be targeted by local authorities for lack of compliance.

Second, firms in Khartoum tended to have access to a larger market, greater investment opportunities, better access to finance, and access to a larger pool of skilled labour. Whereas, owing to the risks associated with violence and instability, the cost of finance in West Kordofan and East Darfur is probably too high for small firms, and so a smaller percentage of them are able to expand.

The larger labour market in Khartoum could also explain the higher percentage of enterprises in Khartoum that employ female staff compared with West Kordofan and East Darfur (figure 4.25). On the other hand, the small percentage of firms that employ female staff in West Kordofan and East Darfur could also be because a significant portion of firms in those two states have no employees. So, “no female staff” could mean “no staff” in some instances.

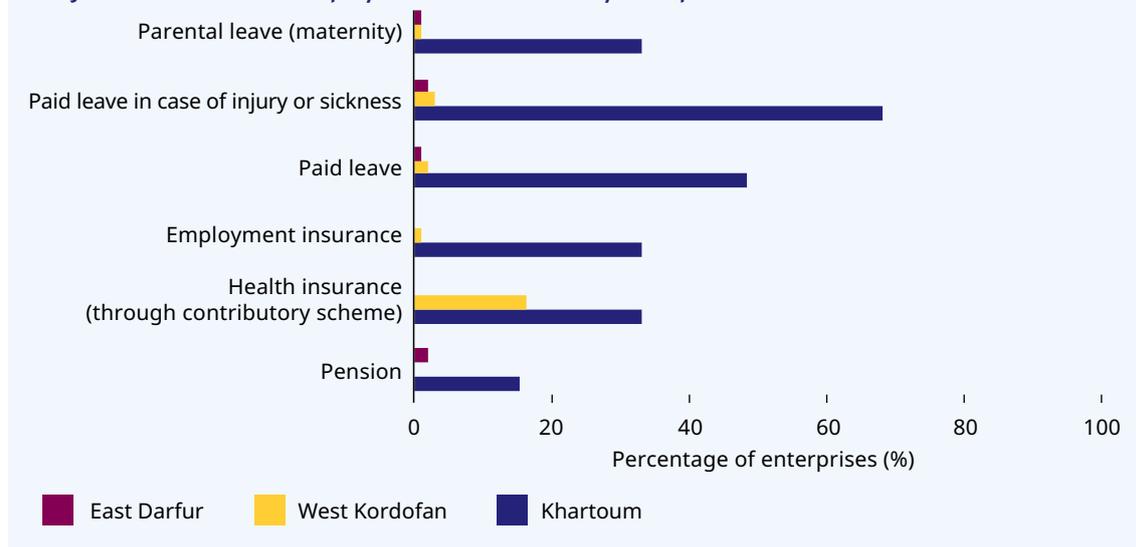


► **Figure 4.25. Number of female staff in the enterprises**



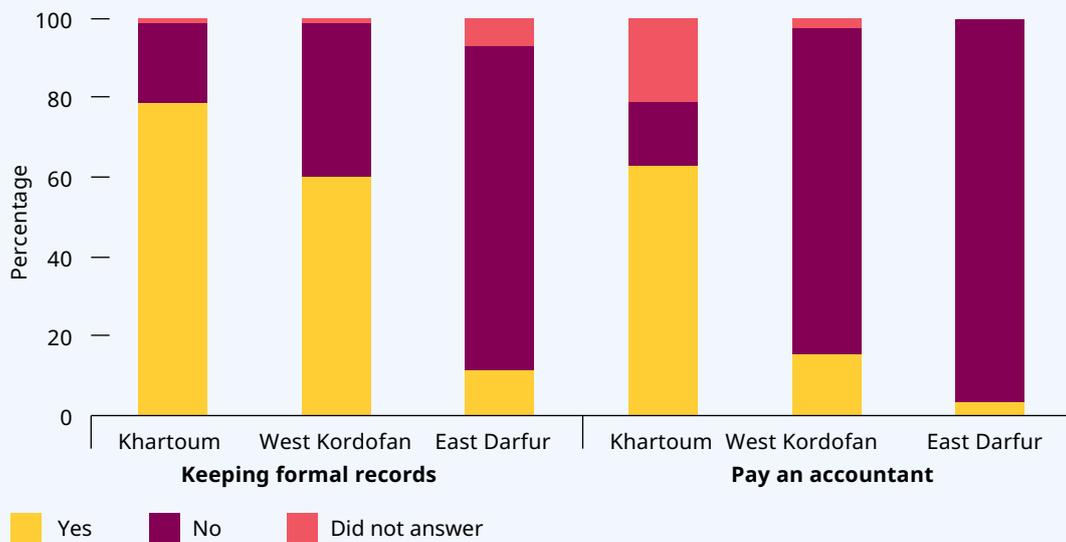
The surveyed enterprises that had staff in addition to the owner offered very limited benefits to those staff. For example, contribution to pension was limited across all three states (figure 4.26). In West Kordofan and East Darfur, there were virtually no employee benefits at all. Health insurance through a contributory scheme where employers and employees both contribute was more common among enterprises in West Kordofan. Two thirds of enterprises in Khartoum offered paid sick leave to employees. These findings corroborate the low percentage of registered firms (figure 4.22) and support the finding that the informal economy dominated in East Darfur and West Kordofan.

► **Figure 4.26. Worker or employee benefits offered by enterprises in the three states**

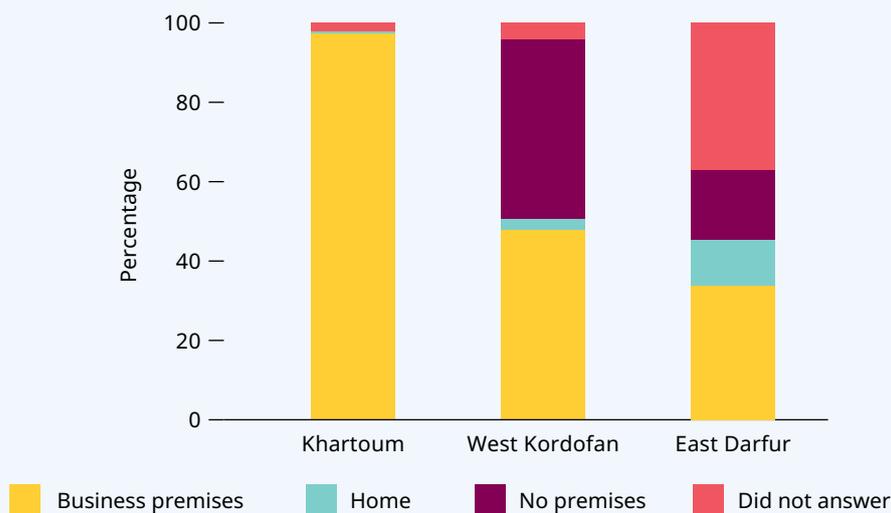


The informality argument is further supported by the record-keeping behaviour and work environment of firms across the three states. In Khartoum, four out of five firms reported keeping formal records, and almost two thirds paid for accounting services (figure 4.27). Conversely, in East Darfur, only 11 per cent of firms kept formal records and 3 per cent paid for accounting services. Moreover, a fifth of enterprises in East Darfur did not have business premises, and a further 11 per cent worked from home (hence these are not eligible for business registration under current Sudanese law) (figure 4.28).

► **Figure 4.27. Percentage of enterprises that keep records and pay for accounting services**



► **Figure 4.28. Percentage of enterprises that work from their business premises**

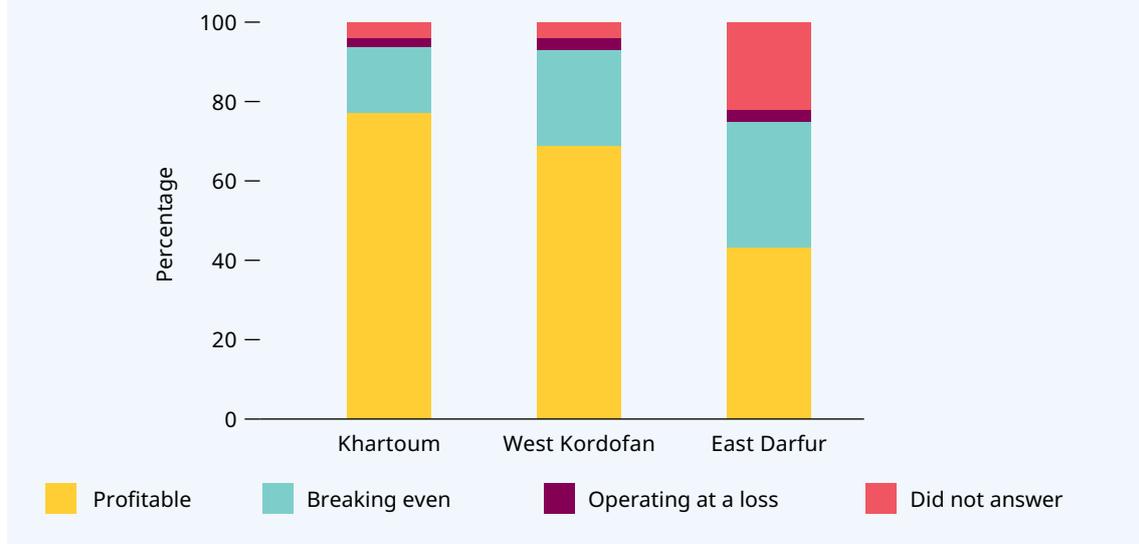


Most surveyed firms across all three states were engaged in trade. There was considerable variation across states regarding the percentage of firms registered with any commercial registry. At one extreme, most firms in Khartoum were registered, while at the other, most firms in East Darfur were not registered. West Kordofan fell in between, with some firms registered. This is an interesting difference that warrants further examination but is beyond the scope of this study. Moreover, the size of enterprises, the percentage of enterprises managed through employees, and the number of female staff follow a similar trend. Outside Khartoum, very few firms offered any type of employee benefits. Record-keeping was very low in East Darfur, where a significant percentage of enterprises had no premises or employees worked from home. The general findings of the enterprise survey clearly highlight the dominance of the informal sector in East Darfur and the gap between firms in Khartoum and elsewhere.

4.3.5.2 Impact on operations

Before the lockdown, in March 2020, the majority of enterprises across the three states were either profitable or breaking even (figure 4.29). The lockdown had a significant effect on small and medium-sized businesses.

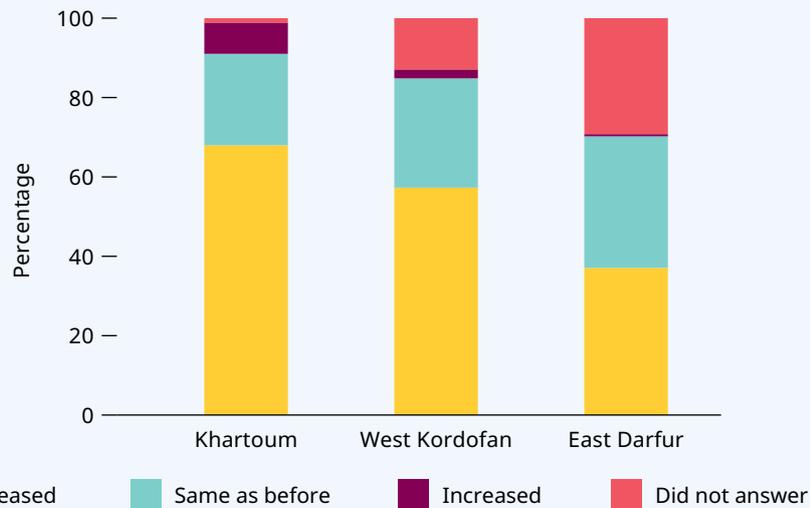
► **Figure 4.29. Financial performance of enterprises before the lockdown in March 2020**



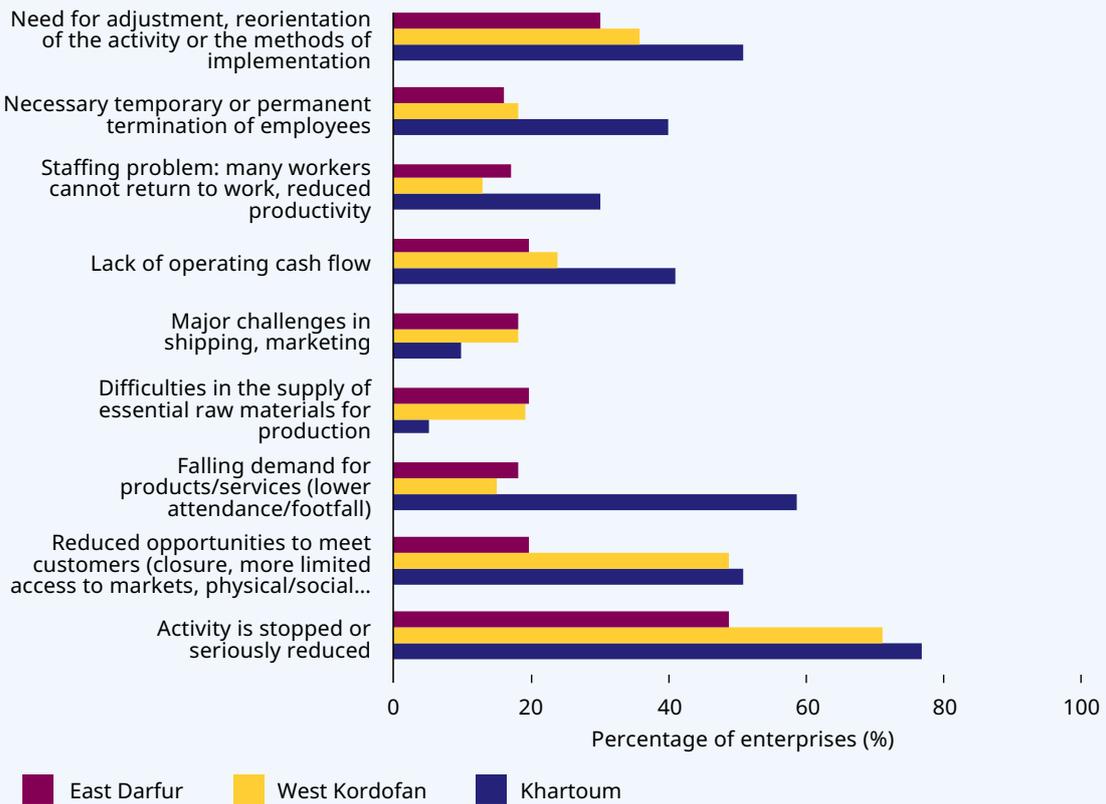
The lockdown affected enterprises in a variety of ways. Although it was enforced more strictly in Khartoum, being the largest urban centre and the political and financial capital, the other two states were also affected. The lockdown affected business activity in the following ways.

- **Reduced operations.** More than half the surveyed enterprises reported a reduction in operations during the lockdown. Enterprises in Khartoum suffered the most (figure 4.30).
- **Reduced opportunity to meet customers.** Of the surveyed enterprises, 14 per cent reported to have had fewer opportunities to meet customers, which translated into falling demand for their products and services (figure 4.31).
- **Clogs in the supply chain of raw materials.** On average, 20 per cent of the surveyed enterprises reported a shortage in the supply of raw materials. Shipping and marketing were negatively affected for one-fifth of enterprises.
- **Cash flow for operation.** A fifth of enterprises reported to have had problems with their cash flow.
- **Staff-related issues.** Around 40 per cent of firms reported to have had issues with staff productivity and staff returning to work.
- **Profitability.** On average, 63 per cent of enterprises across the three states reported a decrease in profits during the lockdown. The highest percentage of firms reporting a decrease in profits was in Khartoum (figure 4.32).
- **Liquidity issues.** Almost a quarter of firms across the three states faced financial issues regarding liquidity, loan repayment, and paying for operational costs. Firms in West Kordofan and East Darfur suffered more than firms in Khartoum (figure 4.33). Because of liquidity issues, more than half of the surveyed firms in all three states experienced a reduction in production or sales, and a quarter of firms in Khartoum had to reduce their staff.

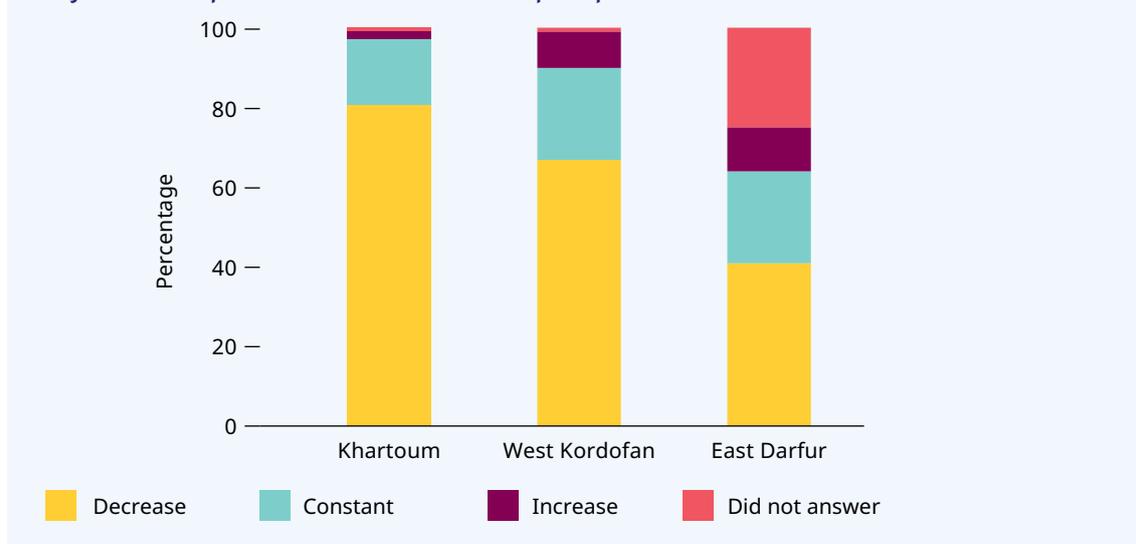
► **Figure 4.30. Effect of the COVID-19 lockdown on the operation of enterprises in the three states**



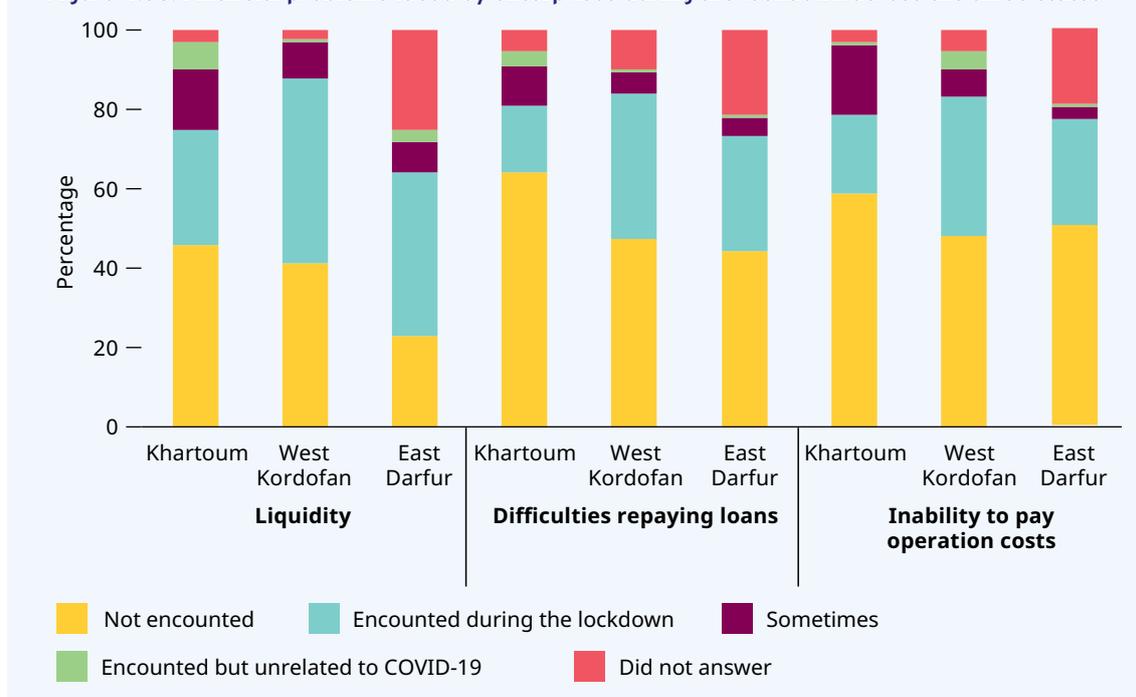
► **Figure 4.31. Impact of the COVID-19 lockdown on enterprises in the three states**



► **Figure 4.32. Impact of the lockdown on enterprise profits in the three states**



► **Figure 4.33. Financial problems faced by enterprises during the lockdown across the three states**

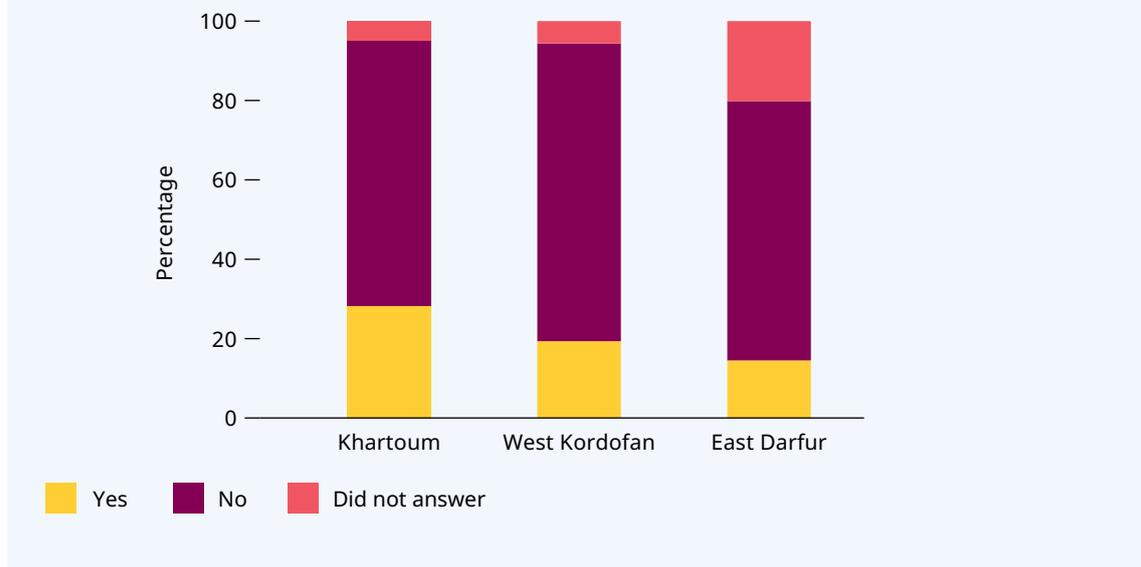


4.3.5.3 Adaptability measures

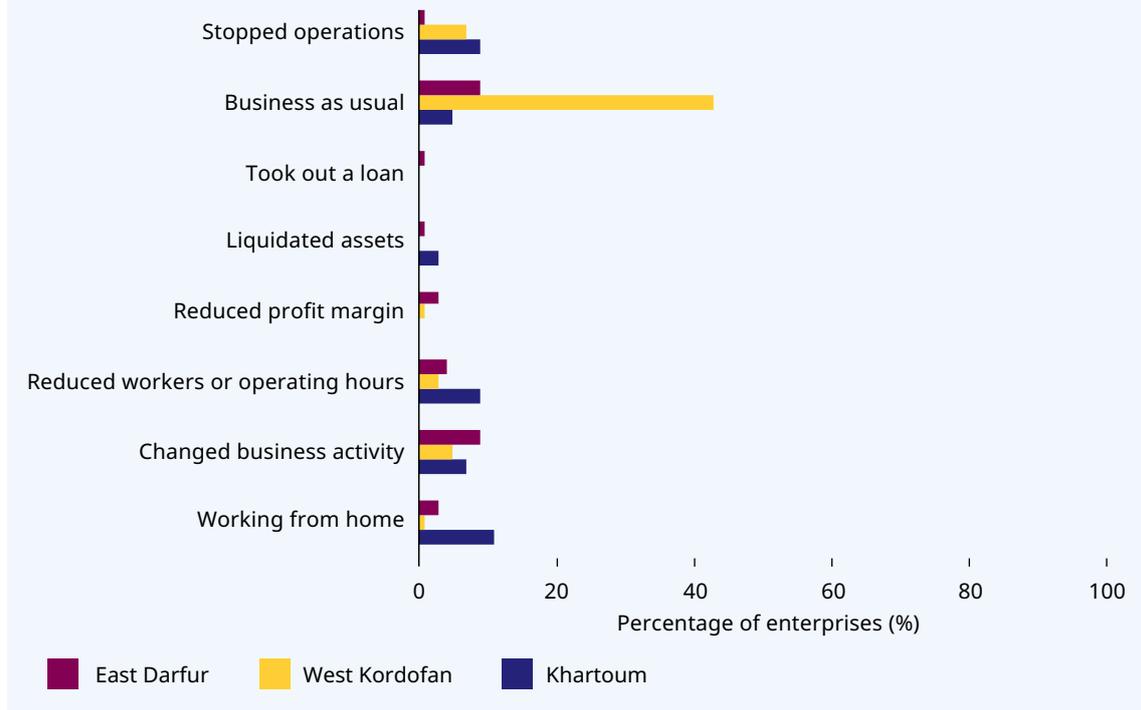
The survey results suggest that the private sector struggled to reduce the impact of the lockdown on operations and profit. Only a small percentage of enterprises were able to adopt mitigation strategies successfully (figure 4.34). In Khartoum, 11 per cent of enterprises managed to work from home or continue to operate their business online (figure 4.35). Online platforms allowed these firms to take orders and make sales online. Through these platforms, firms that managed to move some of their operations online also took advantage of courier services to deliver their products to customers. Understandably, these firms were concentrated in Khartoum (see the appendix, section 6.1.1, figure 6.5). Firms in West Kordofan and East Darfur could not adopt these measures because of limited connectivity and internet coverage. A significant percentage of enterprises in West Kordofan attempted to continue operating as

usual. During the lockdown, very few firms reported to have received any type of support. For the few firms that did receive support, financial aid was the most common type. A small percentage of firms in Khartoum reported to have received training and consultancy support.

► **Figure 4.34. Percentage of firms that tried to adapt to the lockdown in all three states**



► **Figure 4.35. How enterprises reacted to the lockdown in all three states**



► 4.4 Impact of COVID-19 on social protection

Social protection programmes are central to poverty alleviation. Some programmes, such as national health insurance, help poor households by removing the financial burden of medicines, expensive treatments and other health services. Social protection programmes which offer direct support, such as cash transfers and in-kind assistance, play an essential role in food security. In Sudan, social protection programmes are expected to play a vital role in parallel to the ongoing economic reforms by mitigating the negative impacts of fuel subsidies reform and exchange rate liberalization, both of which exert upward pressure on prices. Moreover, social protection programmes can be used to reduce the negative impacts of COVID-19 on the population. However, in Sudan, the coverage of social protection programmes is low.¹⁴

This section presents the results of the survey questions on social protection. The survey includes questions that probe enrolment into social protection programmes, national health insurance coverage and the types of support households may have received during the lockdown.

4.4.1 Access to healthcare

4.4.1.1 Social health protection context in Sudan

Health system

The healthcare system in Sudan is fragile because of numerous factors, including a contracting economy, political instability and civil conflict. At the start of the pandemic, the healthcare system was already struggling, and there was limited capacity to provide basic medical services. This was exacerbated by the lack of medical infrastructure for service provision. Sudan has just 0.81 health workers per 1,000 people (the WHO recommends at least 4.45). The further away from the centre, the lower the ratio. West Kordofan and East Darfur are among the states with the lowest ratio of health workers to population. Poor supply means poor access.

According to the UN's Humanitarian Needs Overview for Sudan, the COVID-19 pandemic and recent humanitarian crises have increased pressure on Sudan's already ailing healthcare system. Sudan has a COVID-19 case fatality ratio (CFR) of 6.1 per cent, which is high compared with its neighbours. The average CFR in the five Darfur states is more than 30 per cent and is highest in Central Darfur at 50 per cent. In January 2021, there were only 160 ventilators in Sudan, with River Nile state, Blue Nile, West Darfur, West Kordofan and South Kordofan having only two ventilators each. Furthermore, in September 2020, the Federal MoH was dealing with a polio outbreak as well as more than 900,000 cases of malaria.

The fragility of the healthcare system affects the whole population, but certain groups are particularly vulnerable. Across the country, around 7 million women of reproductive age do not have access to basic and comprehensive post-natal health services. Around 30 per cent of Sudan's IDP reside in areas with severe shortages in health services and lifesaving support. Refugees face similar problems.

The rainy season floods in August and September 2020 increased the population with risks of contracting water borne diseases and added even more pressure on the health system.¹⁵

14 Fabianna Bacil and Wesly Silva, *Social Protection Coverage – Sudan Case Study* (International Policy Center for Inclusive Growth, IPC-IG, 2020).

15 UNOCHA, Sudan Humanitarian Needs Overview 2021, February 2021.

Financial protection

According to the multi-sectoral needs assessment conducted by the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) in February 2021, more than half the people who sought health assistance paid consultation fees, just under three quarters had no access to free medicine, a quarter reported shortages in access to medical treatment, and almost two thirds were not able to find the medicines they needed.¹⁶

Under the previous regime, the private health sector was expanded, while the public sector shrunk. This created conditions in the healthcare system that are conducive to corruption. Stagnation in public health service provision followed.¹⁷ Before 1989, healthcare was free in public hospitals. The expansion of, and subsequent concentration of services in, the private health sector significantly increased household expenditure on health services.

The healthcare system is managed by the Federal MoH, the NHIF and state ministries. The previous government established the NHIF in 1995 to provide health services to the most vulnerable households, but coverage was limited. At the same time, clogs in supply chains and the increasing rate of inflation due to economic mismanagement meant that essential medicines were inaccessible and unaffordable for most people.

There are four social health insurance institutions: NHIF, Health Insurance Corporation of Khartoum State (HIKS), Military Insurance Fund and Police Insurance Fund. Most of the population is covered by the NHIF. The military and police social health insurance scheme covers military and police personnel and their dependents. Coverage in Khartoum State is provided by the HIKS. The main contributors to the NHIF and HIKS are the federal and state ministries of health. Coverage under the NHIF for low-income households is paid for by Zakat and the MoF. Despite this, more than 2 million low-income households remain uncovered.¹⁸

4.4.1.2 Health service access

We specifically looked at primary healthcare, hospital access, pregnancy-related care, and medication. Among the sample population, access to primary healthcare during the lockdown was somewhat better in West Kordofan than in Khartoum and East Darfur. On average, 50 per cent of respondents reported that access to primary healthcare services was very difficult, while 28 per cent reported it was very easy. Access in East Darfur was the most difficult, with 78 per cent reporting that access to primary medical health services was either difficult or very difficult. Access to primary healthcare among IDP and nomads was similarly low: 83 per cent of surveyed nomads reported access to primary medical care to be either difficult or very difficult, while 49 per cent of IDP said that access was very difficult. Only 2 per cent of the surveyed nomads reported easy access to primary healthcare during the lockdown.

Access to hospitals was difficult during the lockdown in all states and for all groups. On average, 54 per cent of respondents reported that it was very difficult to access to hospitals during the lockdown, while only 22 per cent reported that it was very easy. Again, access was easier in West Kordofan than the other two states: 34 per cent of respondents in West Kordofan reported very difficult access to hospitals, compared with 52 per cent in Khartoum and 75 per cent in East Darfur. Only a third of respondents in West Kordofan, a fifth in Khartoum, and a sixth in East Darfur reported to have had very easy access to hospitals during lockdown. Access to hospitals was easier for IDP than nomads across all three surveyed states.

16 Ibid.

17 A. Trithar, *Stuck in crisis: The humanitarian response to Sudan's health emergency* (International Peace Institute, 2019).

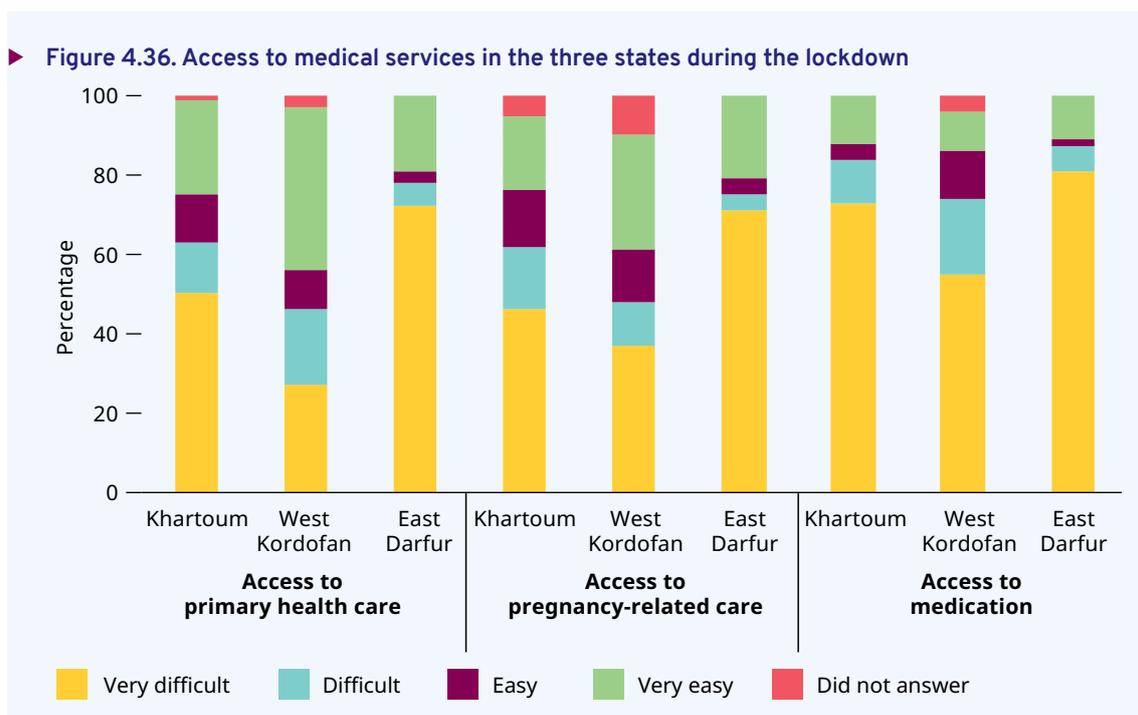
18 A. M. Salim and F. H. Hamed, "Exploring health insurance services in Sudan from the perspective of insurers", *SAGE Open Medicine*, Vol. 6 (2018), 1–10.

Access to pregnancy-related care was equally poor. On average, 51 per cent of respondents reported that it was very difficult to access pregnancy-related care during the lockdown. Like the trends in access to primary healthcare and hospitals, access to pregnancy-related care was worst in East Darfur, slightly better in Khartoum, and better still in West Kordofan. Nomads had the most difficulty accessing pregnancy-related care during the lockdown, while IDP tended to find it a little less difficult: 92 per cent of nomads reported either difficult or very difficult access, while 48 per cent of IDP reported access to be very difficult.

Access to medication seems to have been even more difficult. On average, 70 per cent of survey respondents reported that access to medication was very difficult during the lockdown. A higher percentage of respondents in Khartoum and East Darfur than in West Kordofan reported to have had difficulty accessing medication. On average, 92 per cent of surveyed nomads and 80 per cent of IDP reported that it was very difficult to access medication during the lockdown.

In general, access to medical services became worse for all surveyed groups across the three states after the start of the lockdown. On average, only 5 per cent of respondents reported that access to medical services improved during the lockdown, while 74 per cent reported worse access to medical services. The decline in access was worst in Khartoum (figure 4.45). Overall, access worsened after the lockdown for everyone, but especially for IDP and nomads. Interestingly, however, a higher percentage of IDP in Khartoum than in the other two states reported an improvement in access.

One possible explanation for respondents in West Kordofan reporting better access to medical services than respondents in the other two states is that those in South Kordofan seemed to have a more stable income during the lockdown. A higher percentage of respondents in West Kordofan than in East Darfur and Khartoum reported that during the lockdown their agricultural income was more than before (figure 4.13). This could be due to the rainy season, which started a month or so after the lockdown began. The rainy season provided new opportunities for income from agricultural activities, as corroborated by a higher percentage of respondents in West Kordofan reporting to have started a new income activity in agriculture (figure 4.14) during the lockdown. Another explanation for better access to medical services in West Kordofan is the groups the survey respondents belonged to. A higher percentage of respondents in West Kordofan than in the other states were part of host communities. Similarly, pastoralists were more represented in the East Darfur sample, and access to basic services among nomads is lower than in other groups. The representation of groups in the sample populations can also explain the disparities across states in health insurance coverage, which was higher in West Kordofan than in the other two states.

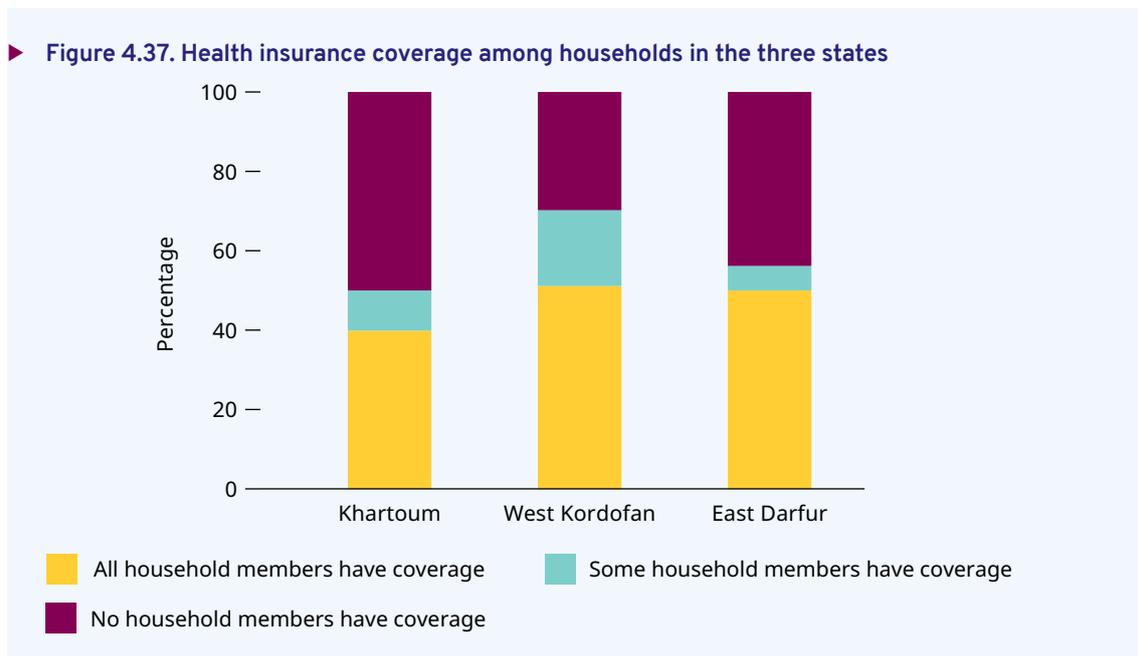


In general, COVID-19 prevention measures were one of the main causes of the deterioration in access to basic services, either directly, through its impact on income and livelihoods, or indirectly, through the closure of airports and the main port of Sudan, which restricted importation of medical equipment and medicines, and restrictions on travel between Khartoum and other states.

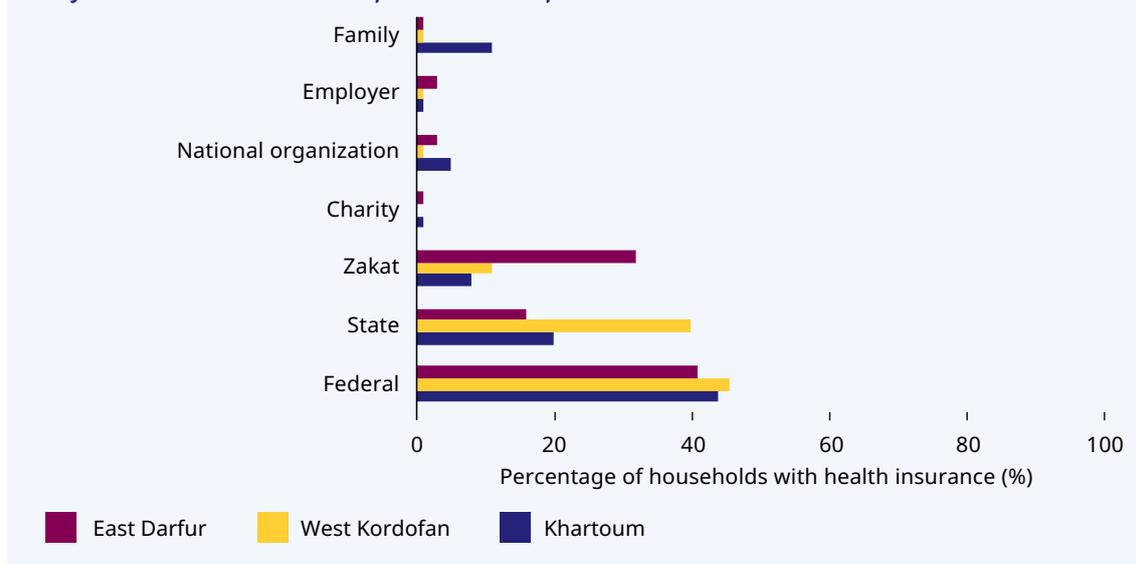
4.4.1.3 Financial protection against healthcare costs

Health insurance coverage in Khartoum is lower than in West Kordofan and East Darfur. On average, 47 per cent of households reported to have health insurance: 51 per cent in West Kordofan, 50 per cent in East Darfur and 40 per cent in Khartoum. The percentage of households without health insurance for any member of the household is highest for Khartoum (figure 4.37). Health insurance coverage among IDP was similar to surveyed host communities, with 46 per cent of IDP having health insurance. On the other hand, pastoralists reported lower levels of health insurance coverage. Only 31 per cent of pastoralists had health insurance. Health insurance coverage among refugees averaged 8 per cent, the lowest among the three groups.

Among the sample respondents, federal ministries, state ministries and Zakat are the main providers of health insurance (figure 4.38). On average, 44, 25 and 17 per cent of national health insurance is provided by the federal government, state governments and Zakat, respectively. IDP benefit the most from federal government health insurance. Among IDP, 48 per cent of health insurance is provided by the federal government, 13 per cent by state governments and 23 per cent via Zakat. The federal government provides 43 per cent of health insurance for nomads. State-level data shows that the federal government is the main source of health insurance in all states. A considerable portion of health insurance coverage in East Darfur is provided by Zakat. Zakat covers 32 per cent in East Darfur, compared with 11 per cent in West Kordofan and only 8 per cent in Khartoum.



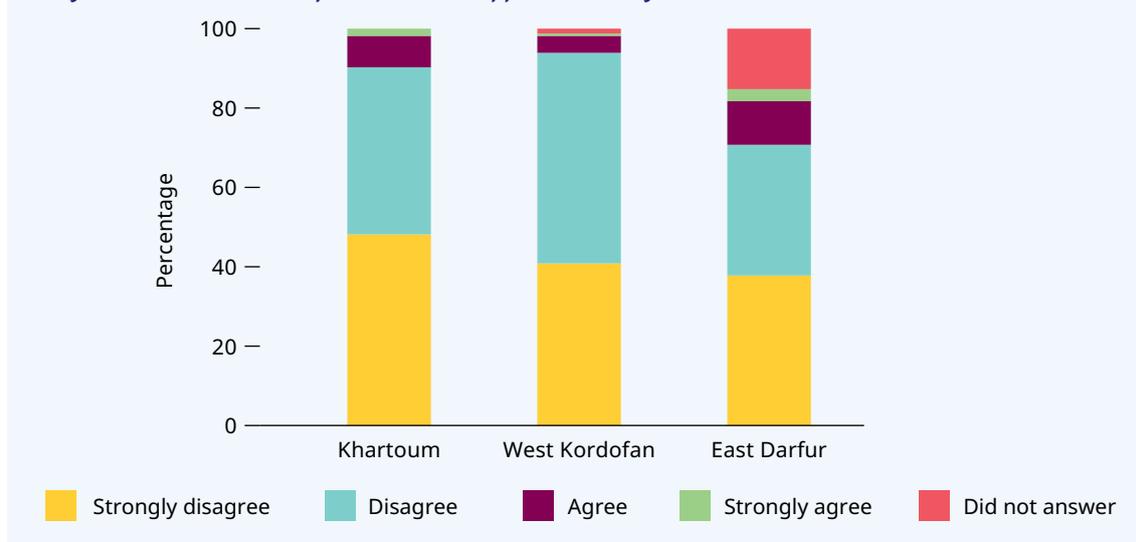
► **Figure 4.38. Health insurance providers of respondents who claim to have health insurance**



4.4.2 Support during the lockdown

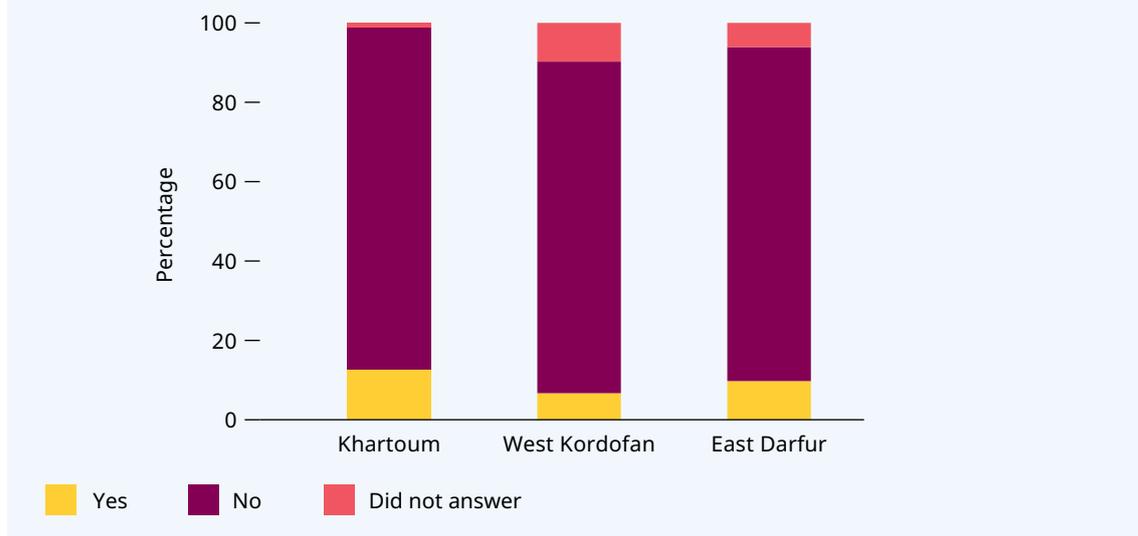
Overall, support provided during the lockdown was severely limited. Only 10 per cent of respondents reported to have felt supported during the lockdown (figure 4.39). The percentage for IDP was similar to the overall percentage of those who felt supported, with only 15 per cent of IDP reporting to have felt supported. Among nomads and refugees, a larger percentage felt supported during the lockdown: 24 and 30 per cent, respectively, while 90 per cent of respondents in Khartoum, 94 per cent in West Kordofan and 71 per cent in East Darfur did not feel supported. The lack of support extends to the three groups targeted by the survey. The majority of IDP across the three states reported that they did not feel supported during the lockdown. These results might be explained by the fact that few respondents said they had received support from any of the different possible sources.

► **Figure 4.39. Whether respondents felt supported during the lockdown**



Support from NGOs or others outside the family or the community was also limited in all states and across groups (figure 4.40). On average, 10 per cent of respondents said they had received support from outside organizations, while 84 per cent reported not having received such support (the remaining 6 per cent did not answer). Across the different groups, 46 per cent of refugees reported having received support compared with only 6 per cent of nomads and 16 per cent of IDP.¹⁹ Across states, respondents in Khartoum received more support than those in West Kordofan and East Darfur.

► **Figure 4.40. Support from organizations or groups outside the family and community**



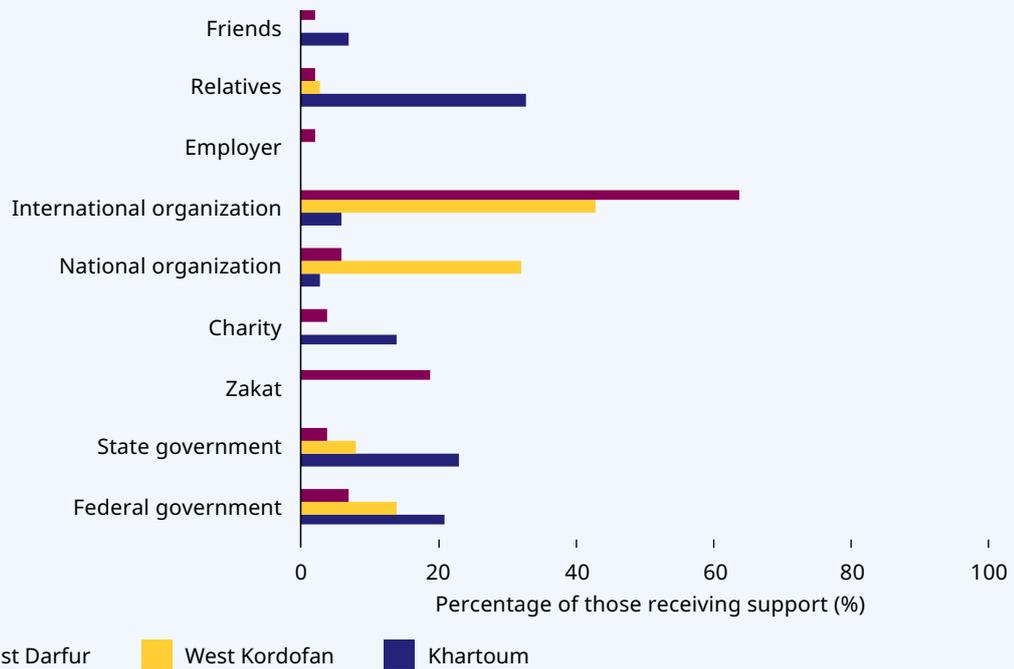
The support that households reported receiving during the lockdown came from federal governments, state governments, Zakat, international and national NGOs, or relatives (figure 4.41). The federal government was the main supporter of IDP overall, but this varied by state. In West Kordofan, IDP were mainly supported by the federal government, in Khartoum by the state government, and in East Darfur by national NGOs. Nomads mainly received support from state-level government, Zakat, national NGOs and relatives. A higher percentage of respondents in Khartoum than in West Kordofan and East Darfur reported to have received support from the federal government. In addition, other major sources of support in Khartoum came from the state government and relatives. In West Kordofan, most of the support to households came from national and international NGOs. Similarly, in East Darfur, the majority of households reported to have received support from international NGOs and Zakat. Most of the refugees in West Kordofan and East Darfur were supported by international NGOs. In Khartoum, refugees were mostly supported by charity organizations.²⁰

Most support provided was in kind as opposed to cash (figure 4.42) with an average of 71 per cent of respondents who received support answering that it was in kind (basically foodstuff). This proportion is the same across groups and across states. Most in-kind support was foodstuff. Around 16 per cent of respondents said they had received in-kind health support. These proportions are also similar across groups and across states.

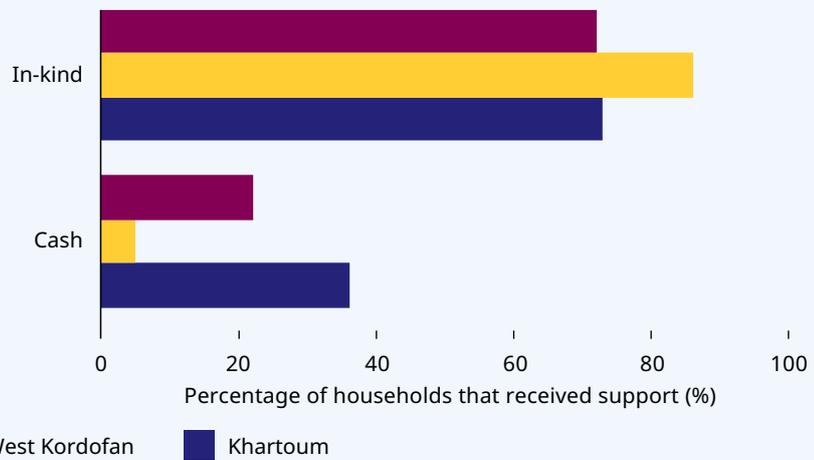
19 68 per cent of refugees in West Kordofan receive support, compared with 40 per cent in East Dafur and 31 per cent in Khartoum.

20 Based on their responses, refugees did not get support from the federal government and Zakat.

► **Figure 4.41. Source of support for respondents who claimed to have received support during the lockdown**



► **Figure 4.42. Type of support received**



4.4.3 Coverage of social protection programmes

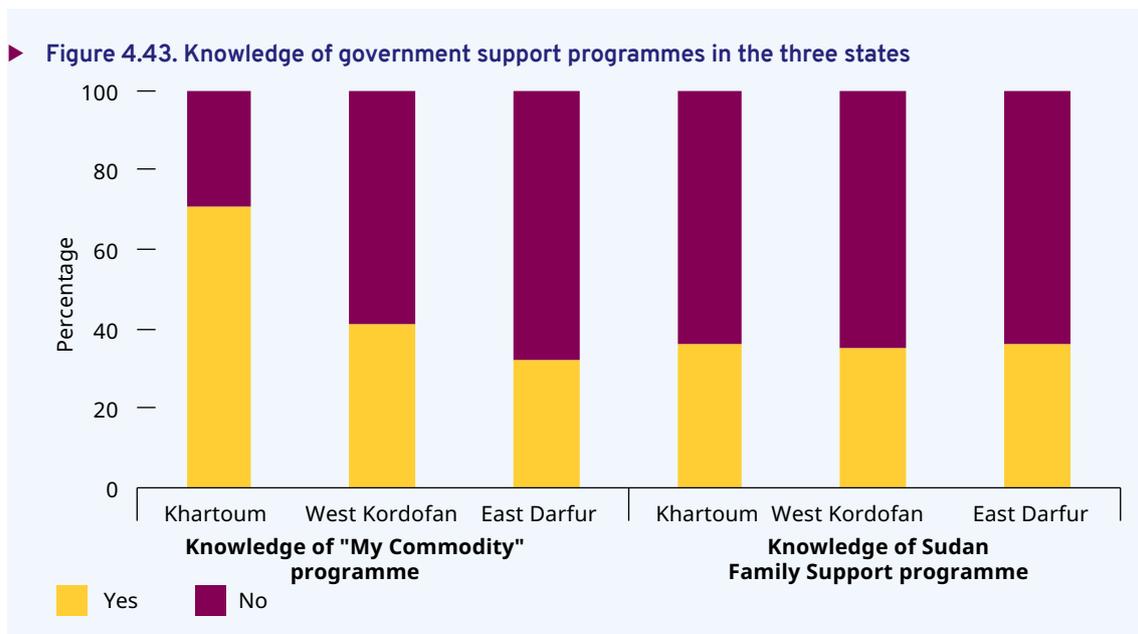
Among the surveyed population, there was generally low engagement with social protection programmes. This might be attributed partially to the fact that many people had not heard about the programmes. The government's My Commodity Programme appeared to be more well-known than the Family Support Programme, which was launched more recently, in February 2021. More than two thirds of respondents from Khartoum were familiar with My Commodity Programme, significantly higher than the proportion of respondents in West Kordofan and East Darfur (figure 4.43). The low awareness of My Commodity Programme outside Khartoum is due to the centralization of information issues.²¹

²¹ Internews, "Misinformed: Sudan's Centralization Problem and the Pandemic" (<https://internews.org/resource/misinformed-sudans-centralization-problem-and-the-pandemic/>) (May 2021)

Overall, almost half of the surveyed refugees, roughly a third of surveyed IDP, and just under a fifth of nomads were aware of the My Commodity Programme. Refugees are able to benefit from this programme because there is no citizenship requirement for those who purchase goods at certain retail outlets. Conversely, on average, only 35 per cent of respondents claimed to have heard of the Family Support Programme. This is similar across all three surveyed states. Refugees tended to be less familiar with this programme than IDP and nomads. Refugees are not able to benefit from the Sudan Family Support Programme because citizenship is a core inclusion criterion.

One possible explanation of low coverage of social protection is that Social Benefits Spending (SBS) in the federal government’s budget is low.²² SBS includes several items that aim to improve health outcomes and contribute towards the social protection of vulnerable groups. SBS includes social health protection,²³ student support, social activities support, cash transfers to poor families, pension contributions and support for prisoners.

SBS is directly and indirectly linked to most of the Sustainable development goals (SDGs). Compared with previous budgets, SBS in Sudan has increased significantly in nominal terms. However, it is low compared with the other items in the budget and social sector spending in other low-income countries in the region. On average, between 2016 and 2019, social benefits spending in Sudan accounted for just 6 per cent of total government expenditure. Conversely, wages, subsidies and purchases of goods and services accounted for 30, 28 and 12 per cent, respectively.



4.4.4 Social protection in the states

This section presents the results of the KII which were conducted with senior state-level officials regarding the response of state-level institutions to the COVID-19 pandemic.

4.4.4.1 West Kordofan

Social protection in West Kordofan faces several challenges. The state is fragile, affected by armed ethnic conflict, and has open borders with South Sudan, which has led to an increase in the number of people who are in need and would benefit greatly from social protection programmes. There are more than

²² SBS is one of the main budget items in the federal government spending.

²³ Budget for lifesaving medicines, contribution subsidy to NHIF, operations in hospitals, treatment in emergencies, localization of treatment in the country, and primary healthcare in villages and rural areas.

30,000 child orphans, 14,000 persons with disabilities, 7,800 widows, 56,000 refugees, 80,000 IDP, and 2,000 homeless children in the state. Based on these figures, the state's MoH formalized a social protection plan for 2020.

The plan focused on providing social protection packages to vulnerable groups and conducting a state-wide needs survey. The social protection sector works with governmental partners, such as the MoF, and international organizations, including UNHCR and UNICEF. The advent of COVID-19 and the preventive measures introduced by the government to help combat it affected the implementation of the social protection plan. Some of the planned activities were not implemented owing to funds being discontinued by the partners. Furthermore, the COVID-19 prevention measures increased the number of people in need of social protection. Several protests erupted in South Kordofan calling for support from the government during the lockdown. Response from the government was limited, mainly because options were limited. The Zakat Chamber responded by providing food to protestors.

The MoH is an implementing partner of the SFSP. Implementing the SFSP in West Kordofan faces several challenges. First, identifying potential beneficiaries of cash transfers was limited to local Zakat committees and did not make use of existing social protection databases in the MoLAR. Second, there is a shortage of banks in the state, which limits the options beneficiaries can use to receive the transfers. Third, rising inflation rates limit the effectiveness of the cash transfers.

The Zakat Chamber in West Kordofan provided most social protection support to vulnerable groups during the lockdown. The chamber's annual plan for 2020 included a disaster plan. This allowed for flexibility within the annual plan and reduced the need for deviations. During the lockdown, the chamber was the sole provider of direct cash and in-kind support such as foodstuff to vulnerable communities (a food basket containing basic commodities such as sugar, tea, milk and rice was distributed during Ramadan). The chamber supported informal sector workers, such as tea sellers and day labourers. In addition to direct support to vulnerable groups, the Zakat Chamber in West Kordofan also provided COVID-19 support to health committees, hospitals and health centres (table 4.3).

► **Table 4.3. Social protection interventions of the Zakat Chamber in West Kordofan during the lockdown**

Sector	Beneficiaries	Support (Sudanese pounds)
Northern sector	Health emergencies, poor households	5,297,000
Central sector	Health emergencies, poor households	1,175,000
Western sector	In-kind support	4,377,000
Southern sector	Health emergencies	10,000
Health emergencies	In-kind support, awareness training	463,200
Hospitals	Friendship hospitals in El Fula	320,000
Health centres	Equipment	1,573,500
	Total	13,215,700

Source: Zakat Chamber, West Kordofan

In the El Fula Zakat office, the processes are different from the state Zakat Chamber. Revenue in the El Fula Zakat office depends on trade and movement of people through the roads connecting the city to East Darfur and other labour markets. The office provides monthly support to 138 families, ranging from 750 to 2,000 pounds, depending on what revenues allow. During the lockdown, the office distributed food baskets worth 7,000 pounds to tea sellers and other informal sector workers impacted by labour market restrictions brought about by the lockdown. Furthermore, the office provided support worth 2,000 pounds per family to 105 families with orphans. Despite these interventions, support from the Zakat office was less than people had expected. There are several factors that hindered the flow of support to beneficiaries in El Fula. First, there was a lack of trust among the people in the Zakat committees who are responsible for identifying beneficiaries and providing the support on behalf of the office. Second, increasing rates of

poverty meant that an increasing number of people required support from the Zakat office. Consequently, there was less support available per household. Third, rising inflation led to a reduced number of people able to pay Zakat, resulting in less revenue for the Zakat office.

► 4.5 Impact of COVID-19 on access to services

Similar issues affected people's access to water. According to UNOCHA's Humanitarian Needs Overview 2021, around 9 million people in Sudan, including more than a million refugees, need improved access to clean water and sanitation facilities. The COVID-19 pandemic exposed the gaps in access to clean water and sanitation facilities. Around three quarters of the Sudanese population have access to safe drinking water, while only 13 per cent have access to handwashing facilities. This puts more than 80 per cent of the population at a distinct disadvantage when trying to adopt COVID-19 prevention measures.

There is a significant variance in access to clean water and sanitation facilities between rural and urban areas in Sudan, with rural areas being at a severe disadvantage. Even within urban settings, there is variance in access between different income groups. Furthermore, access in public institutions is poor, with two thirds of schools lacking access to hygiene services and a quarter lacking access to clean drinking water. IDP and refugees are particularly vulnerable and often in greater need of WASH support. In some areas, these groups walk long distances to fetch water and have even more limited access during dry seasons. West Kordofan and East Darfur are two of the states which have the most urgent need for WASH support.²⁴

The following sub-sections present the findings of the household survey. The survey questions were designed to show the impact of COVID-19 on people's access to water. We specifically looked at access to clean water for washing and for drinking.

4.5.1 Access to water

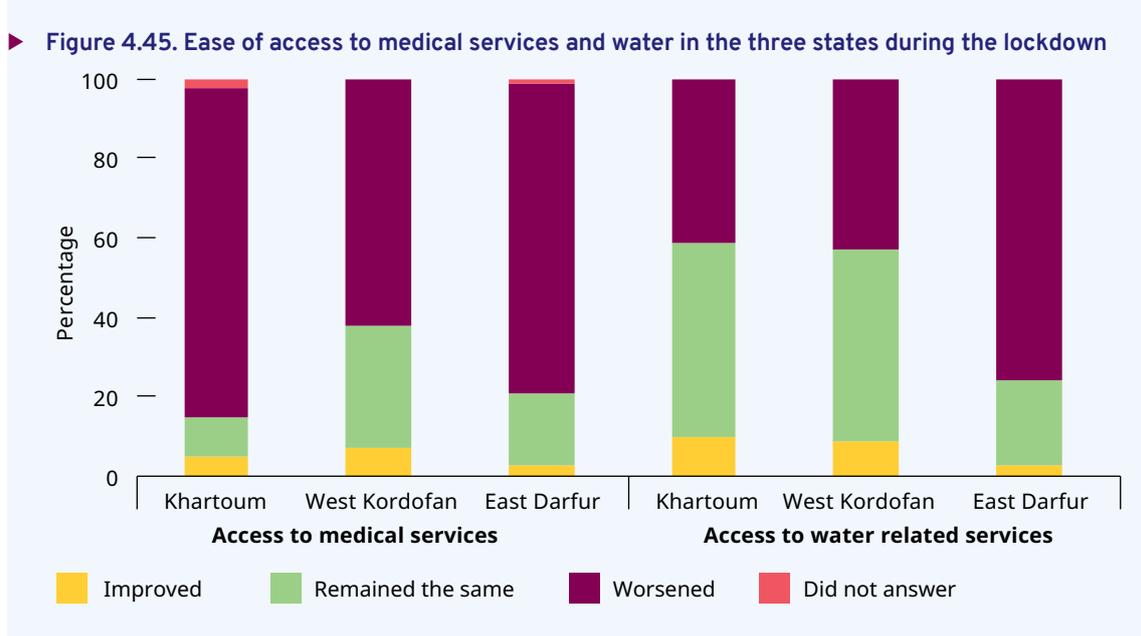
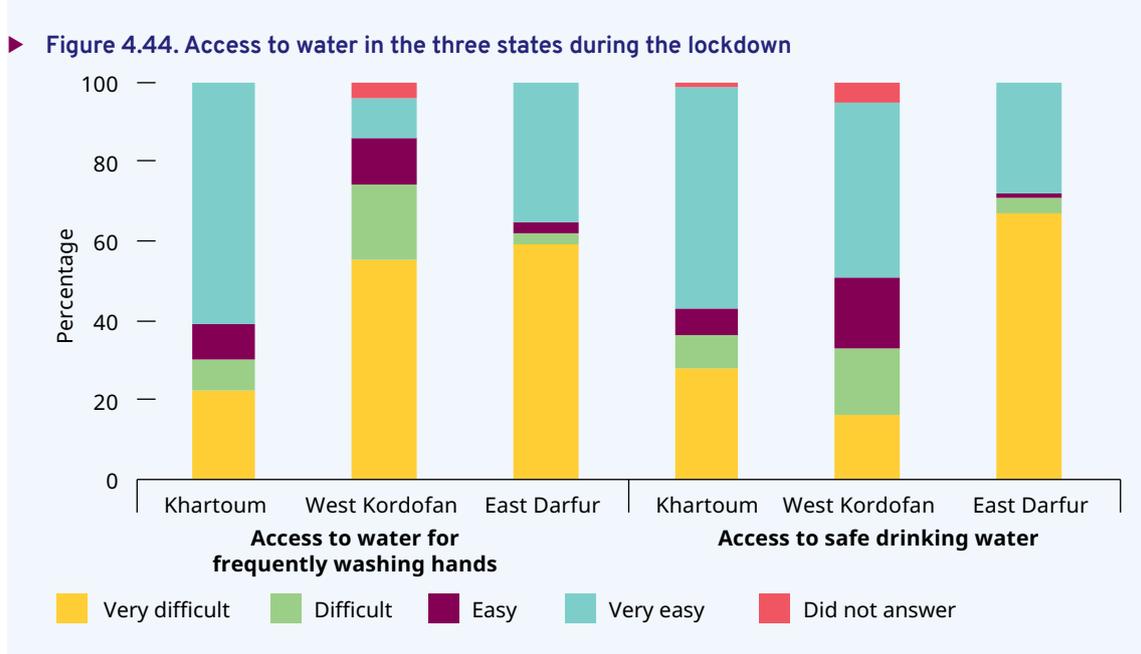
Respondents faced similar difficulties in accessing water. Access to water for frequently washing hands was better in Khartoum than in West Kordofan and East Darfur. On average, 45 per cent of respondents said that access to water for handwashing was very difficult. There was a clear difference in access across states: only 22 per cent of respondents in Khartoum replied that access to water for handwashing was very difficult, compared with 55 per cent in West Kordofan and 59 per cent in East Darfur (figure 4.44).

On average, 36 per cent of respondents reported very easy access to drinking water. Again, there were differences in access across states: 62 per cent of respondents in Khartoum reported very easy access to drinking water during the lockdown, compared with only 10 per cent in West Kordofan and 35 per cent in East Darfur. In West Kordofan and East Darfur, 65 and 62 per cent of respondents reported difficult or very difficult access to drinking water, respectively. Nomads were the most affected group: 75 per cent reported very difficult access to water for frequently washing hands, compared with 28 per cent of IDP. Similarly, a higher percentage of IDP reported easy access to drinking water than nomads. Across the three states, a higher percentage of IDP in East Darfur reported difficulty access to water than in the other two states.

During the lockdown, respondents in Khartoum and West Kordofan reported the easiest access to drinking water. On average, 33 per cent of respondents said that access to drinking water was very difficult and 43 per cent that it was very easy. Access to drinking water was worst in East Darfur (figure 4.44). Again, nomads were the most negatively impacted group: 80 per cent of surveyed nomads answered that access to drinking water was very difficult during the lockdown, compared with 29 per cent of surveyed IDP.

²⁴ UNOCHA, *Sudan Humanitarian Needs Overview 2021* (February 2021).

Interestingly, in Khartoum, IDP reported greater difficulty in accessing drinking water than in the other two states. Access to water-related services worsened during the lockdown. On average, only 7 per cent of respondents reported an improvement in access to water-related services, while 53 per cent reported a deterioration (figure 4.45).



► 4.6 Impact of COVID-19 on social cohesion

The concept of social cohesion is subject to multiple understandings that are based on context, time period and the prevailing socio-cultural environment. Social cohesion has several definitions and conceptual approaches which vary according to the role of individuals, group interactions and the nature of social bonds.

The different definitions of social cohesion approach the concept from different angles. One definition is concerned with a community’s ability to collaborate for the sake of progress and addressing societal challenges.²⁵ This definition broadly considers the socio-economic implications of cohesive societies compared with more fractured ones. Another definition considers the sense of belonging of individuals to a certain community based on shared values and challenges fostered through mutual trust.²⁶ A third definition is based on the bonds created between individuals in a society, regardless of the sub-groups to which they belong, through acknowledging the value of their differences.

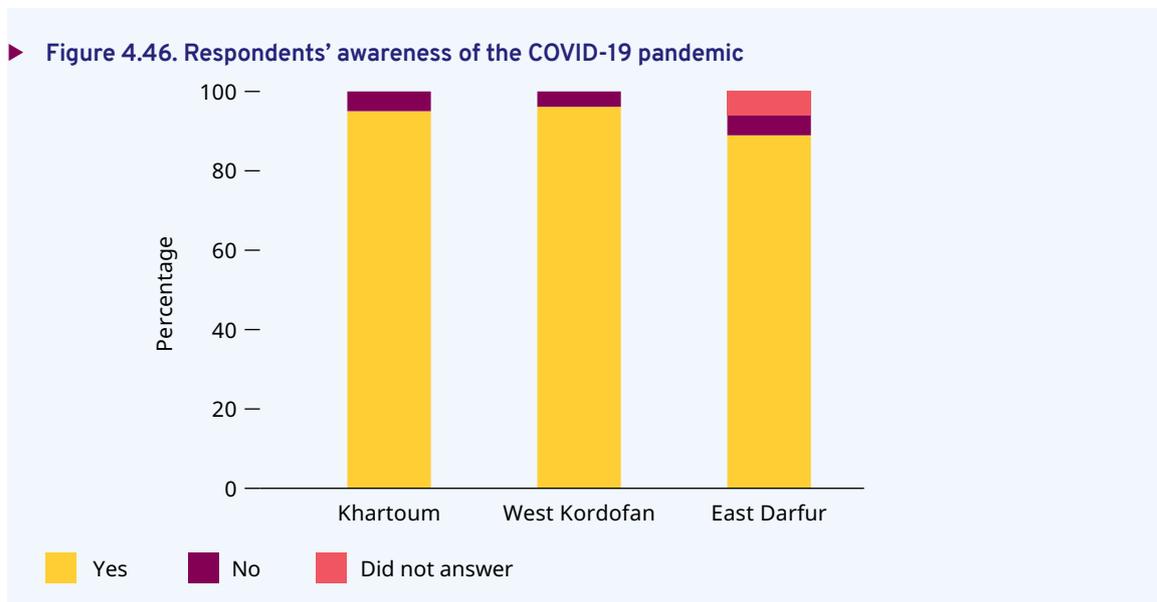
Given the context, the definition of social cohesion we consider must encompass the complexities of the socio-cultural and political structures of the Sudanese state and society. One inclusive definition of social cohesion is:

“... the extent of connectedness and solidarity among groups in society. It identifies two main dimensions: the sense of belonging of a community and the relationships among members within the community itself. It stems from a democratic effort to establish social balance, economic dynamism, and national identity, with the goals of founding a system of equity, sustaining the impulses of uncontrolled economic growth, and avoiding social fractures.”²⁷

The data collection approach used for this study builds on the definition above.

The household survey first identified the level of awareness of individuals of the COVID-19 pandemic in three surveyed states. The survey questions were designed to be respondent-focused and to try to capture important elements pertaining to the nature and depth of communal bonds (figures 4.47, 4.48 and 4.50). Furthermore, the questions attempted to gauge the impact of the COVID-19 lockdown on social interactions and individuals’ perception of others (figures 4.48, 4.51 and 4.52).

For the whole sample, the level of awareness was generally high: highest in Khartoum where 95 per cent of respondents were aware of the pandemic, and lowest in East Darfur where 89 per cent of respondents knew about the pandemic (figure 4.46).



25 W. Easterly, J. Ritzen, and M. Woolcock, “Social cohesion, institutions and growth”. *Economics and Politics*, 18(2) (2006), 103–120.

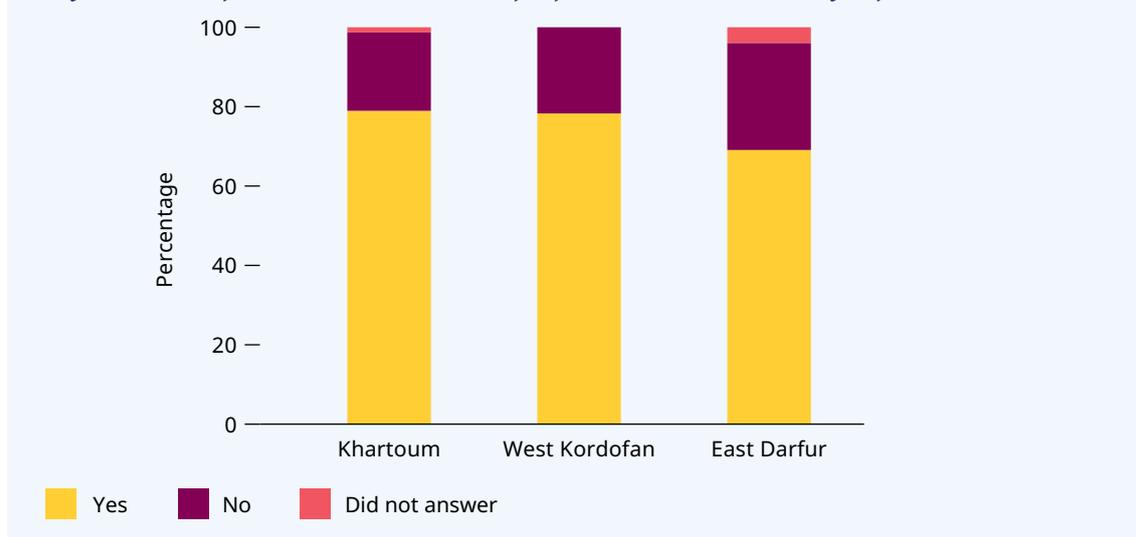
26 D. Stanley, “What do we know about social cohesion: The research perspective of the Federal Government’s Social Cohesion Research Network?”, *Canadian Journal of Sociology*, 18(1) (2003), 5–18.

27 A. R. Manca, “Social Cohesion” in A. C. Michalos (ed.), *Encyclopaedia of Quality of Life and Well-Being Research* (Springer, Dordrecht, 2014).

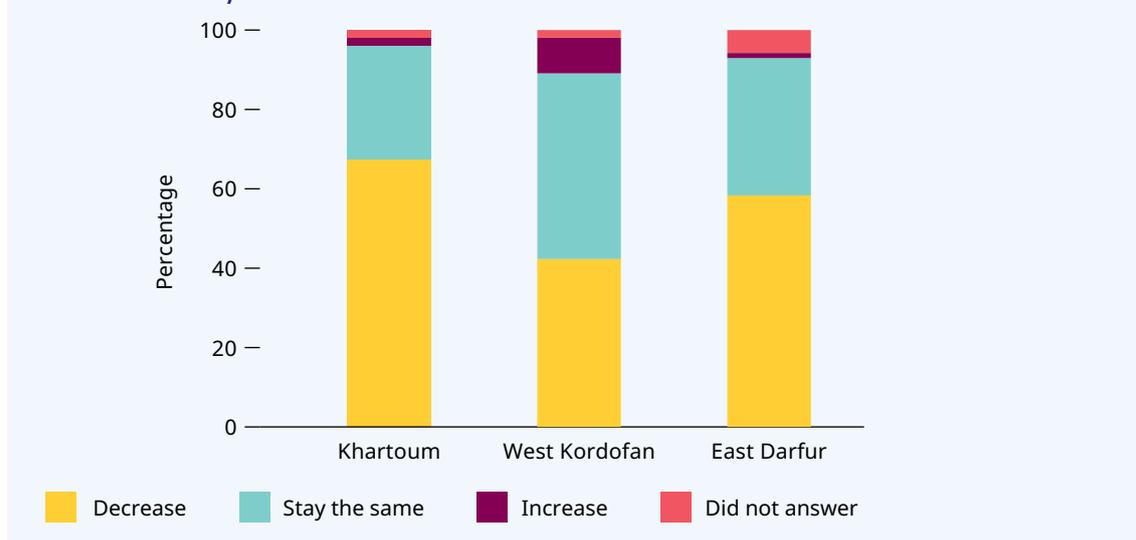
The level of interaction across the three states between respondents and people from different ethnic groups was generally high; between 60 and 80 per cent of respondents reported interacting with people from different ethnic groups (figure 4.47). Respondents reported different types of interaction. Nine out of ten respondents claimed to interact with other members of the community at social events, about a half met others during religious events and places of worship, while only a fifth interacted with others at work or in the market (figure 4.48). This result corroborates the findings in figures 4.5 and 4.6 in section 4, where 60 per cent of respondents reported a decrease in business operations and 40 per cent reported a decrease in household income during the lockdown. These proportions were similar across the three states.

When asked about their social interactions during the lockdown, 40 to 70 per cent of respondents across the three states claimed to have decreased their level of interaction with others (figure 4.49). Less than 10 per cent claimed to have increased their level of interaction with others in the community during the lockdown. Given the high level of awareness of COVID-19 in all three states, it makes sense that most respondents had reduced social interactions during the lockdown. Furthermore, the difference between the proportion of respondents who interacted with others at social events and those who interact with others in the market or at work, consistent across the three states, might be indicative of socially cohesive communities, following protocols by working less during the pandemic, yet still attending social events in order to maintain social ties.

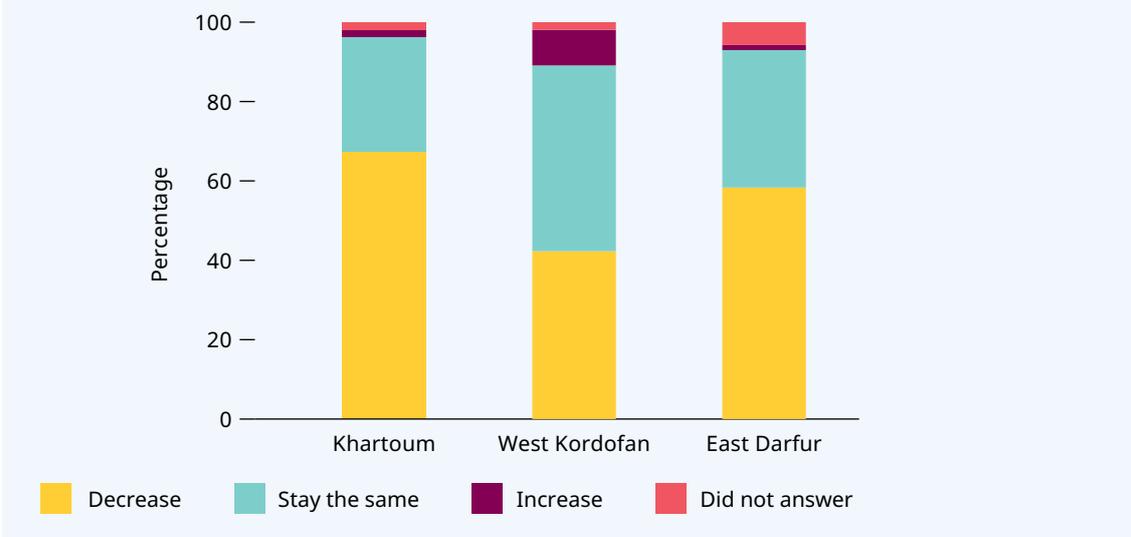
► **Figure 4.47. Respondents' interaction with people from different ethnic groups**



► **Figure 4.48. Type and places of interaction between respondents and other groups in the community**

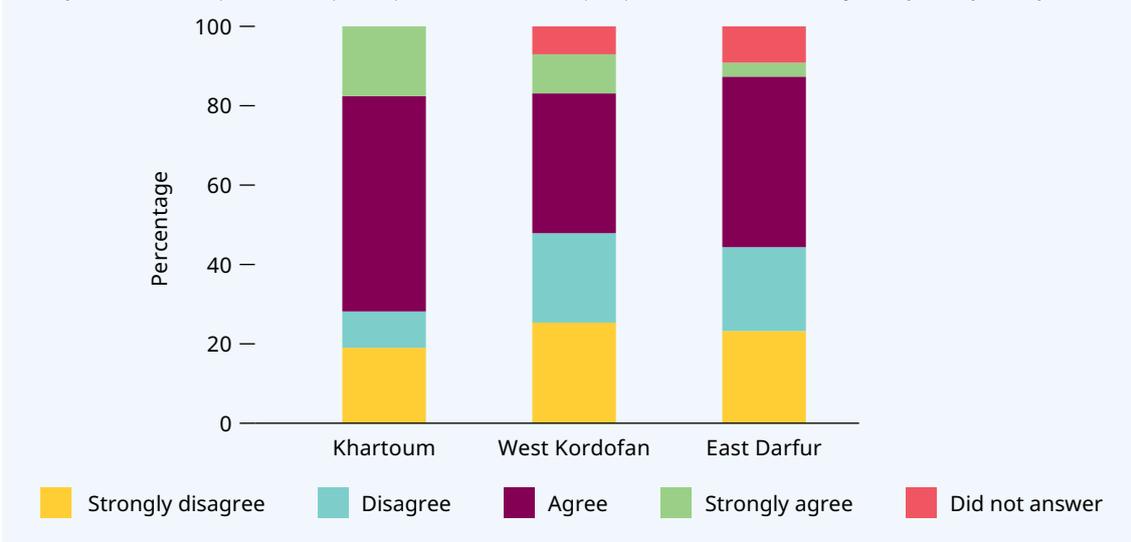


► **Figure 4.49. Level of interaction with other members of the community during the lockdown**

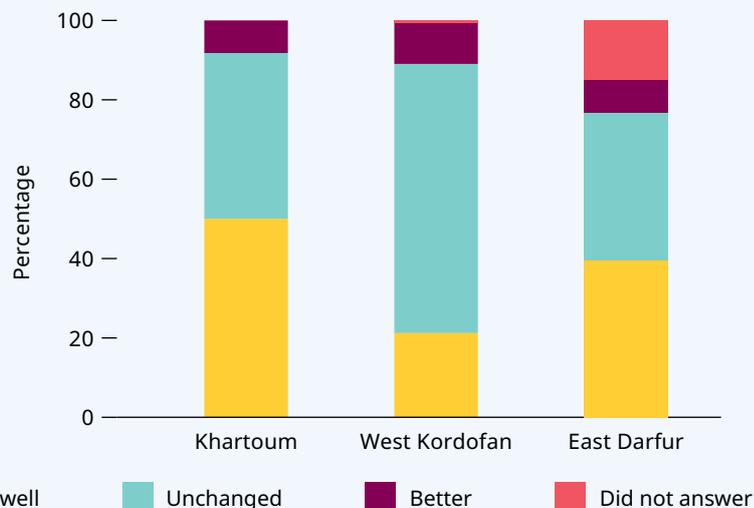


The extent to which people get along is a useful indicator of the level of social cohesion in any given community. More than two thirds of the respondents in Khartoum thought people in the community were getting along, while just under half in West Kordofan and just more than half of respondents in East Darfur thought the same (figure 4.50). Half of the respondents in Khartoum thought that communication and interactions between members of the community had decreased during the lockdown (figure 4.51), while almost 80 per cent of respondents in West Kordofan believed communication and interactions between members of the community had either remained the same or improved during the lockdown. This is likely due to the restrictive measures introduced by the lockdown being stricter in Khartoum than any other state. Around half the respondents in Khartoum and East Darfur thought that people in their communities were adhering to COVID-19 restrictions, such as wearing protective equipment, frequent handwashing and staying at home, compared with two thirds of the respondents in West Kordofan (figure 4.52).

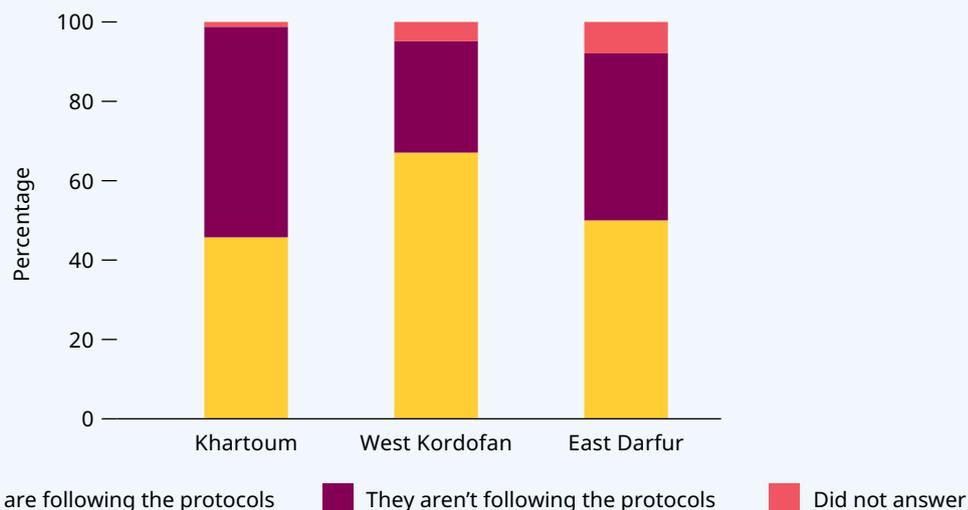
► **Figure 4.50. Respondents' perception of how well people in the community are getting along**



► **Figure 4.51. Respondents' perception of changes in communication and interaction between members of the community during the lockdown**



► **Figure 4.52. Respondents' perception of how the community is dealing with COVID-19**



4.6.1 Cooperatives

This section presents the results of the KII and FGD conducted with heads and members of cooperatives. First, a definition of cooperatives is presented, followed by an overview of the status of cooperatives in Sudan. The results of the KII and FGD are followed by policy recommendations and potential areas of intervention.

According to the International Cooperative Alliance, a cooperative is:

*"... a people-centred enterprise owned, controlled, and run by and for their members to realise their economic, social, and cultural needs and aspirations."*²⁸

²⁸ International Cooperative Alliance, "What is a Cooperative?" Accessed 30 March 2021.

Cooperatives, along with mutuals, associations, foundations and social enterprises, make up what is known as the social economy. Cooperatives function in a democratic “one member, one vote” format, where members have the same voting rights regardless of the amount of capital they have invested. Cooperatives aim to implement internally agreed principles to create sustainable local enterprises that ensure long-term prosperity and dignified jobs.²⁹

4.6.1.1 Cooperatives in Sudan

In Sudan, cooperatives have a long history. They were initially established in 1920 under British colonial rule. Cooperatives are the most important social economy organizations in Sudan, with much higher numbers and membership than associations, foundations or social enterprises. Of the existing social economy institutions in Sudan, cooperatives are the only ones with a legal foundation, governed by the Cooperative Law of 1999. In 2013, there were 3,332 cooperatives with more than 4 million members, of which 2,000 were agricultural cooperatives.³⁰

In the cooperatives survey sample, only around one sixth of the respondents were members of primary agricultural cooperatives, half were members of social services cooperatives and around a third were members of commodities cooperatives (table 4.4).

► **Table 4.4. The number and activities of cooperatives of which respondents are members of in Khartoum, West Kordofan and East Darfur**

Activities	Number	Percentage (%)
Agriculture	18	14
Commodities	45	35
Social services	66	51
Total number of cooperatives	129	100

Recognizing the need to mitigate the potentially negative effects of the recent economic reforms package, in July 2020 the Government of Sudan issued an update on the existing cooperative legislations and announced the My Commodity Programme, a public service initiative which aims to distribute basic commodities and sell them at an affordable, below-market price. The programme aims to make basic commodities affordable and available to consumers, limit the inflationary effect of the economic reforms on the prices of goods in the market, and iron out price volatility due to instability in the exchange rate. To this end, cooperatives can serve multiple purposes. Productive cooperatives can be a source of employment. Social service and commodity cooperatives can fill data gaps, mapping high demand areas, identifying areas with large numbers of poor families, and providing awareness training for families and local committees.

To exploit the versatility of cooperatives, any updates to the Cooperative Law of 1999 and associated regulatory institutions and governing associations must address the existing limitations. The Cooperative Law includes clauses that allow for political intervention in cooperative activities and afford the Minister of Trade and Industry powers to appoint members to the board of the National Cooperatives Federation, thereby limiting the cooperatives’ independence.³¹

29 International Cooperative Alliance, “Cooperative identity, values and principles”. Accessed 30 March 2021.

30 ILO, *A Roadmap Toward a National Employment Policy for Sudan* (Geneva, Switzerland, (2014).

31 Ibid.

4.6.1.2 Cooperatives today

KII were conducted with the head of the West Kordofan state cooperative union and the head of Al Furn cooperative in El Fula. In addition, FGD were held with other members of these cooperatives. In Khartoum state, FGD were conducted in three cooperatives, one in Bahri, one in Omdurman, and one in Khartoum. In East Darfur, one FGD was conducted on cooperative activities.

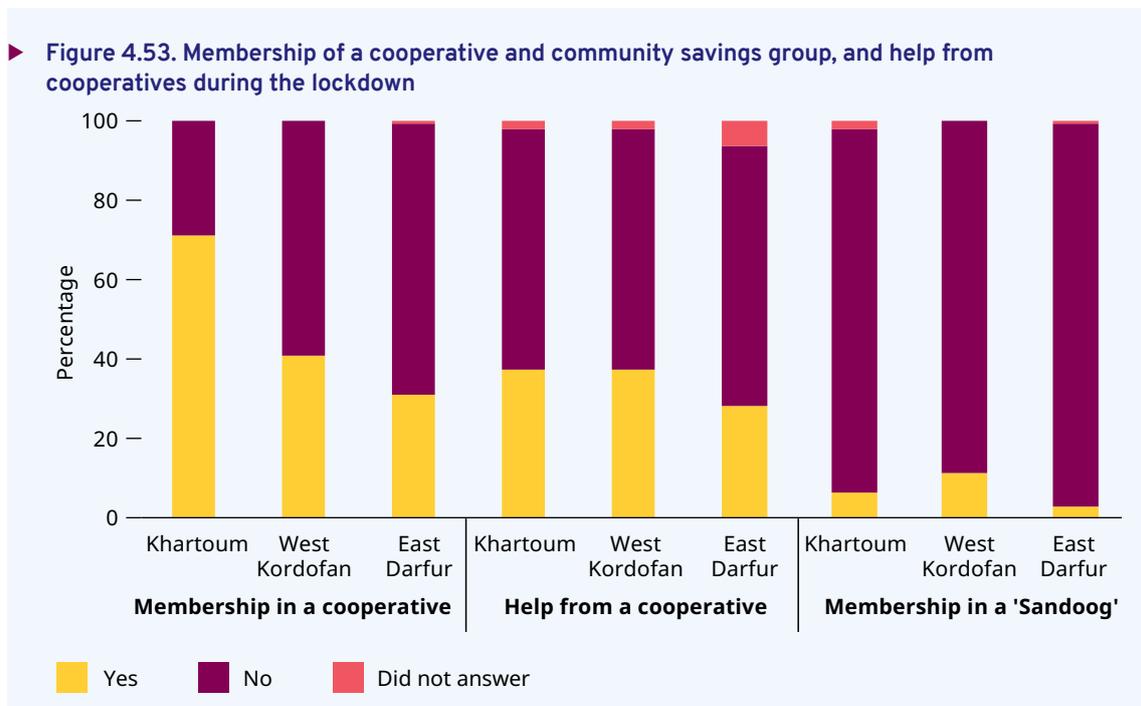
All the cooperatives in the chosen sample were established either before 1989 or after 2018. The previous regime restricted the establishment and activities of cooperatives and replaced them with People Committees. Three cooperatives were established in 1968, 1978 and 1986; the rest were established in 2020.

One of the main activities of all the targeted cooperatives was the distribution and sale of basic commodities such as sugar, tea, wheat, oil, and bread. Some cooperatives had multiple activities. For example, Al Furn cooperative in West Kordofan operates a bakery and a hostel with seven rooms for rent.

Each cooperative is run by a council of members which elects the board, responsible for daily services and administrative processes. These include authorizing and procuring operational needs from government agencies, factories and firms, and collecting monthly membership fees. The board is also in charge of distributing commodities and evaluating the income and purchasing power of households in the community. The evaluation process helps the cooperative identify community needs and design suitable interventions. Historically, the head of the cooperative held a seat in the district union representing the cooperative and community.

Membership in the targeted cooperatives ranged from 75 to 500 members. Each member pays a monthly membership fee which allows them to contribute to and benefit from cooperative services. The cooperatives work with the government, specifically the MoFED, on the My Commodity Programme (a programme that provides a basket of foodstuffs at affordable prices to households) and are members of the cooperatives' union.³²

4.6.1.3 Membership of cooperatives and saving groups (Sandoogs)



32 This type of cooperative offers and distributes foodstuff at a price lower than the market price. The focus group discussions confirmed that membership of these cooperatives is limited to Sudanese citizens.

Membership of both cooperatives and community saving groups (Sandoogs) was low across the three states (figure 4.53). The same was true across the different targeted groups. Cooperative membership among IDP and nomads was around 5 per cent, consistent across the three targeted states. Similarly, membership of Sandoogs was low among all groups and across the three states. Among the targeted nomads, membership in community saving groups was just 3 per cent. The low Sandoog membership could be explained by the decrease in economic activity across the three states.

4.6.1.4 The impact of COVID-19 on cooperative activities

The pandemic impacted cooperative activities in the following ways.

1. The lockdown affected the incomes of members of cooperatives. Consequently, a significant proportion of members were unable to pay their membership fees, which led to a decrease in cooperative revenue.
2. Communication, meetings, and cooperation between members was limited owing to restrictions on movement. Furthermore, for cooperatives engaging in income-generating activities, this meant reduced or lost access to supplies from firms and factories because of the lockdown.
3. Cooperatives did not receive stable support from charities, individuals or government agencies, which impacted their operations.
4. Operational revenue for cooperatives engaged in some income-generating activities was less affected. For example, for Al Furn cooperative in West Kordofan it was business as usual because it operates a bakery.



▶ 5

Policy recommendations

▶ 5.1 Stimulating the economy and employment

5.1.1 Macro-economic stability

Social protection programmes depend on the ability of beneficiaries to make use of the support provided by the government to meet their daily needs. Today, the Sudanese government is using cash transfers for two major government programmes: the COVID-19 response programme targeted at informal workers, and the SDSP. Inflation, a major indicator of macro-economic instability, has reduced the impact of cash transfers for beneficiaries. The effect of inflation has been exacerbated by deficit spending and financial mismanagement.

Exchange rate stabilization would bolster social protection efforts. A volatile exchange rate introduces volatility in the prices of goods and services, which in turn introduces instability to the most vulnerable households and beneficiaries of social protection programmes. Furthermore, price stability is important for government programmes that distribute in-kind support. Unstable commodity prices affect the government's budget for in-kind support.

Stable prices will allow for a clearer economic outlook. A more stable economic outlook has several benefits. Businesses will be able to borrow at lower costs of finance because of the reduced risk and will be able to plan into the future. Businesses are also more likely to invest if there's less risk of economic instability in the future. This is an issue of great concern in Sudan, where small and medium sized businesses are engaged in trade instead of providing goods and services. In the current economic climate, this choice makes sense, because trade is less risky. To encourage investment over trade, it is necessary to create an economic climate that reduces investment risk.

If firms invest, they will hire more workers. In Sudan, most businesses are engaged in trade, employ fewer than five people and operate in the informal sector. Businesses must be given the incentive to invest and hire more workers. One way this can be achieved is by designing policy for the lowest common denominator: the most vulnerable enterprises. These enterprises are small, operate outside the capital

city and are less able to survive. Recent experiences from the United States showed that the first CARES economic stimulus package did not have the intended impact because it did not consider stimulus for businesses with fewer than three employees. In Sudan, macro-economic policies must consider the ability of small businesses to survive and expand.

This has long-term consequences for the government's ability to implement macro-economic reform. The more firms that operate in the informal sector, the less tax revenue the government can collect, the less likely the government will be able to cut deficit spending, which has implications for both inflation and exchange rate stabilization. The government's macro-economic policies can affect firm behaviour and, hence, employment. At the same time, the consequences of bad policies can manifest in a vicious cycle of informality, lack of tax revenue and macro-economic stabilization.

5.1.2 Employment

Most enterprises in Sudan are engaged in trade. Government policy, however, seeks to encourage people to engage in productive activity, which is hoped will increase employment rates. Job creation is possible through policies that target the productive sector. To encourage investors to risk capital in the productive sectors, the government must provide the incentives to make investment attractive. One way of doing that is investment in infrastructure. Increasing access to electricity, access to water and access to health will produce a stronger, healthier labour force. It will also encourage businesses to invest in physical capital to take advantage of services such as reliable electricity.

Infrastructure investment can be implemented in tandem with other employment-friendly policies. Businesses in West Kordofan and East Darfur do not offer social protection to workers. This puts a lot of workers at risk. Requiring employers to provide pension, health benefits and paid leave would create a more flexible labour force. Workers with some sort of social protection are more likely to take risks and more likely to seek retraining for better jobs. Increasing worker protection increases workers' ability to adapt to economic shocks, since the second most common impact of the pandemic on employees was a decrease in wages, and their appetite for risk within the labour market.

These policies can be supplemented by a national policy for technical and vocational training. Increasing technical and vocational training centres throughout the country will increase the likelihood of workers to retrain and adapt to the changing labour market. Furthermore, a more skilled labour force will give firms more confidence when hiring workers.

The rehiring rate during the pandemic was very low. This issue can be addressed by ensuring that workers who lost their jobs because of the pandemic have an income to survive on until they find their next job, and are skilled enough to compete in the labour market.

▶ 5.2 Education and skills

5.2.1 Vocational training

One major constraint for workers in the informal sector in Sudan is their inability to switch jobs. This is mainly due to the low-skilled labour force in the informal sector. Most heads of households in West Kordofan and East Darfur are not educated beyond elementary school. This limits their income opportunities. One way to tackle this problem is to establish and promote vocational training centres. Other ways to address the issue is to expand technical and vocational training institutional capacity, enhance the quality and relevance of the training and integrate advance technologies. For this to be effective, some institutional reform is necessary. The Ministry of Higher Education and Scientific Research could start by considering the following processes.

- ▶ Decentralize the authorities of the Supreme Council for Vocational Training and Apprenticeship (licensing, mandate, training programmes development) from the federal, state and local levels. This will address the current need for specialized vocational training programmes.
- ▶ Implement a federal admission quota policy to ensure gender equality.
- ▶ Implement a charge-free tuition policy, which could provide vulnerable groups – poor communities and IDP – with incentives to take advantage of vocational training. This will prepare them for entering the labour force.
- ▶ Incentivize and support medium to large private sector organizations to partner with research institutions. This will allow more informed insights into supply chains and help the government identify gaps in the labour market, for both skilled and informal workers.
- ▶ Incentivize and support direct investment by actors in the industrial sector to develop local skills through specialized programmes with the support of vocational training institutions.

▶ 5.3 Supporting enterprises

The private sector in Sudan suffers from many shortcomings. In the past, government policy did not differentiate between large and small enterprises. The survey findings show that most enterprises in Sudan are small, and in order to absorb new workers they need favourable policies to assist in expansion. Most enterprises find difficulty with accessing finance. Other problems include unstable service provision in transport and availability of fuel. The most recent macro-economic policies aimed at reducing the budget deficit were implemented in isolation, and the impacts on enterprises are not yet clear. The availability of transport infrastructure affects the enterprises' ability to provide goods and services at stable prices. Any macro-economic reforms must be implemented in tandem with policies that ensure the continuation of public services which enterprises depend on.

One way to ensure that businesses have a say in how policies are implemented is by encouraging membership in national federations. National federations are better able to understand the problems faced by its member enterprises, which can then be communicated to the government. This process gives businesses a say in national policies and includes them as stakeholders in public policy debates. The inclusion of businesses in the policy process will increase the likelihood of laws and regulations being drafted to serve their needs.

Most of the enterprises outside Khartoum have no legal status. Communication about the importance of official registration and facilitation of the registration process, such as lowering fees or reducing the number of steps, will increase the likelihood of registration. More registered businesses will ensure that taxes and duties are paid, which will increase government revenues and the government's ability to support firms through cheaper finance, bankruptcy protection and targeted subsidies. Government support is important because it allows businesses to adapt to new economic realities. During the lockdown, few enterprises tried to adapt, and hence, few enterprises managed to continue operation.

Extending social protection to employees and workers would allow certain businesses to benefit even during economic downturns. For example, workers covered by social protection would have more disposable income to spend even when they are out of a job. This will allow certain businesses to thrive despite widespread closures. This is one way of indirectly stimulating the economy during an economic downturn.

► 5.4 Protecting workers

One major constraint for workers in the informal sector in Sudan is their inability to move up the skills ladder. This is mainly due to the low-skilled labour force in the informal sector. The majority of heads of households in West Kordofan and East Darfur are not educated beyond elementary school. This limits their income opportunities. A way to tackle this problem is to establish and promote vocational training centres. This policy can be supplemented by introducing tax incentives or joint wage programmes for private sector firms that employ graduates from vocational training centres. These centres can create a pool of talent that firms can exploit to their own benefit.

Almost half the population in all three states do not have access to health insurance. The insured half of the population benefit from government coverage. A negligible percentage are covered by equal contribution schemes from employers. Expanding health coverage can act as a barrier to the spread of viruses such as COVID-19. The current depth of coverage is in line with other developing countries. But it is important to point out that those without health coverage are also those most likely to work in the informal sector and the most likely to be working dangerous jobs, such as waste picking. Expanding health coverage can have immediate benefits to the most vulnerable groups.

Most employed survey respondents did not have access to social protection coverage from their employers. This is most pronounced in West Kordofan and East Darfur. Furthermore, the most common impact of the lockdown on employment is reduced working hours and wages. And most of those who lost their jobs did not have formal contracts with their employers. To safeguard against the sudden loss of income, the government could introduce labour laws that require employers to provide healthcare, pension, and paid leave, in addition to after-service benefits. This is difficult to implement in areas where confidence in government is low and unemployment is high. Therefore, this must be accompanied by awareness campaigns, where the government introduces the new laws and explains how workers and employers can benefit.

Social protection should be extended to all workers regardless of region, ethnicity, gender or legal status. The most precarious groups are refugees, IDP and nomads. Members of these groups are most likely to lose income because of economic shocks, less likely to have health insurance and less likely to own assets. They are most at risk of falling into poverty.

5.4.1 Access to basic services

Sudanese legislation adopted in 2005 requires sub-national to provide social services such as education and health services, regulate businesses, and manage land allocation. In reality, national government is involved in funding service delivery in specific, hard-to-reach geographical areas or to specific population groups. The result is that no one is held accountable for results, and ultimately the burden of service provision falls on the intended beneficiary.

It is important for federal policy to allow state-level governments to have authority over their local revenues and the autonomy to mobilize federal funds. This can establish a solution for government expenditure on public services, such as the provision of water and sanitation services. It can also give autonomy to state and local governments to spend on primary and secondary healthcare facilities. This autonomy will allow expenditure to be adapted to the needs of the states and their respective demographic makeup. For example, the Darfur and Kordofan states can allocate a specific portion of their budget for providing basic services to pastoralists and internally displaced peoples and the communities that host them.

► 5.5 Social dialogue

The level of interaction across the three states across ethnic groups is high. Most people interact with members of other groups in social and religious events. This shows that there exist strong social bonds across groups. These bonds can be exploited to build social economy institutions. It is important that the government formulates and implements a social protection policy framework to strengthen social cohesiveness and generate institutional flexibility in order to formalize, absorb and utilize existing entities in order to ensure social stability and accessibility to society.

One way to formulate this framework is first by mapping elements of existing social policies. Once identified, local social protection frameworks can be drafted and combined to form a national social policy framework. This framework would include cooperatives, trade unions and employment federations, among other social economy institutions. The framework would have to be complemented by cooperative and union laws that make them more inclusive and immune to political meddling.

Implementing such a framework would initially require political buy-in, but most importantly, would require people to see value in it in order to increase its impact. Once enough members of the public support these institutions, they can be used to mitigate the effects of current and future economic shocks. The short-term impact could include mitigating the impact of ongoing economic reforms and enhancing social solidarity, increasing access to and reducing costs of basic commodities, and increasing awareness of the importance of social economy institutions for adapting to economic shocks. Impacts in the medium term include poverty reduction, job creation, and a new way of expanding social protection.

The new social economy institutions would increase interaction between workers and give a platform to debates about work conditions and labour laws. Stronger worker organizations will ensure that worker rights are protected, and that workers are part of the economic growth dialogue. Giving workers a voice in their own destiny will increase their collective bargaining power and allow them to demand better pay and working conditions. This has far reached economy-wide benefits, for workers, employers and the economy.

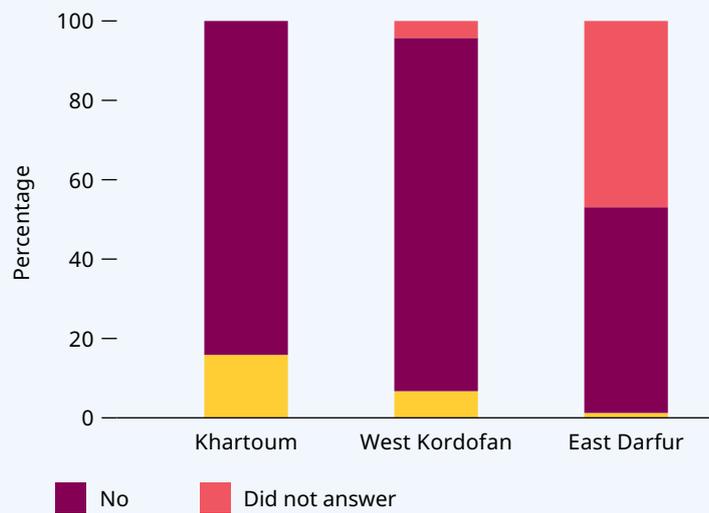
▶ 6

Appendix

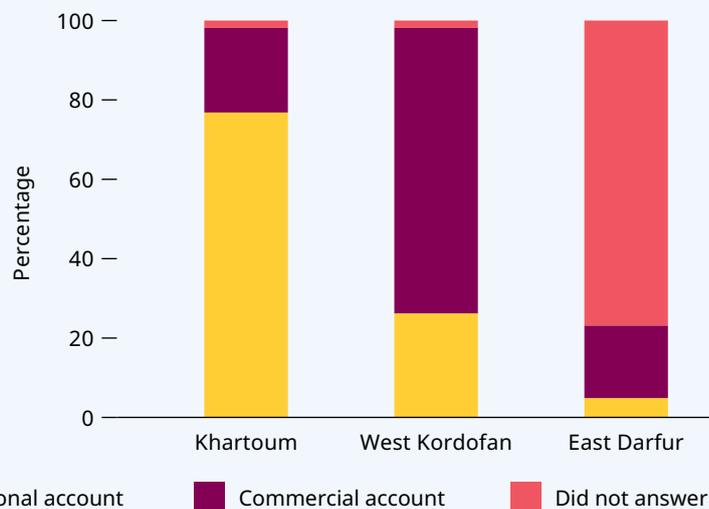
▶ 6.1 Survey data

6.1.1 Enterprise survey

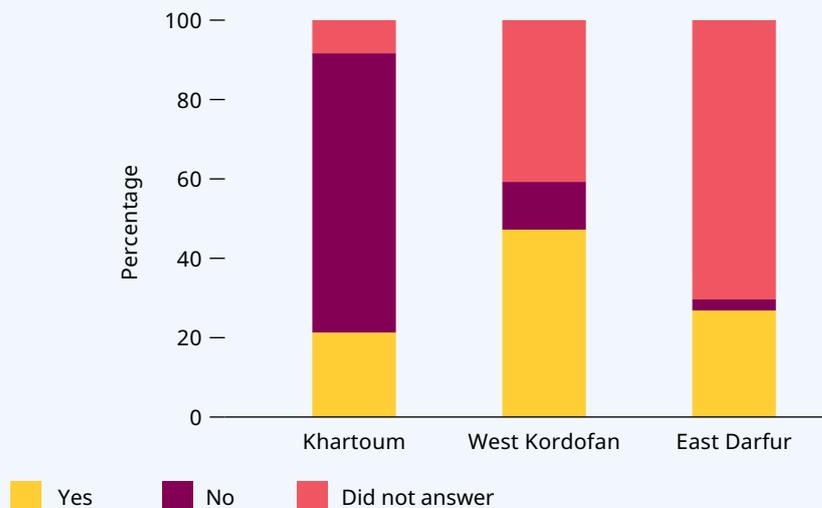
▶ Figure 6.1. Percentage of enterprises with foreign workers or employees



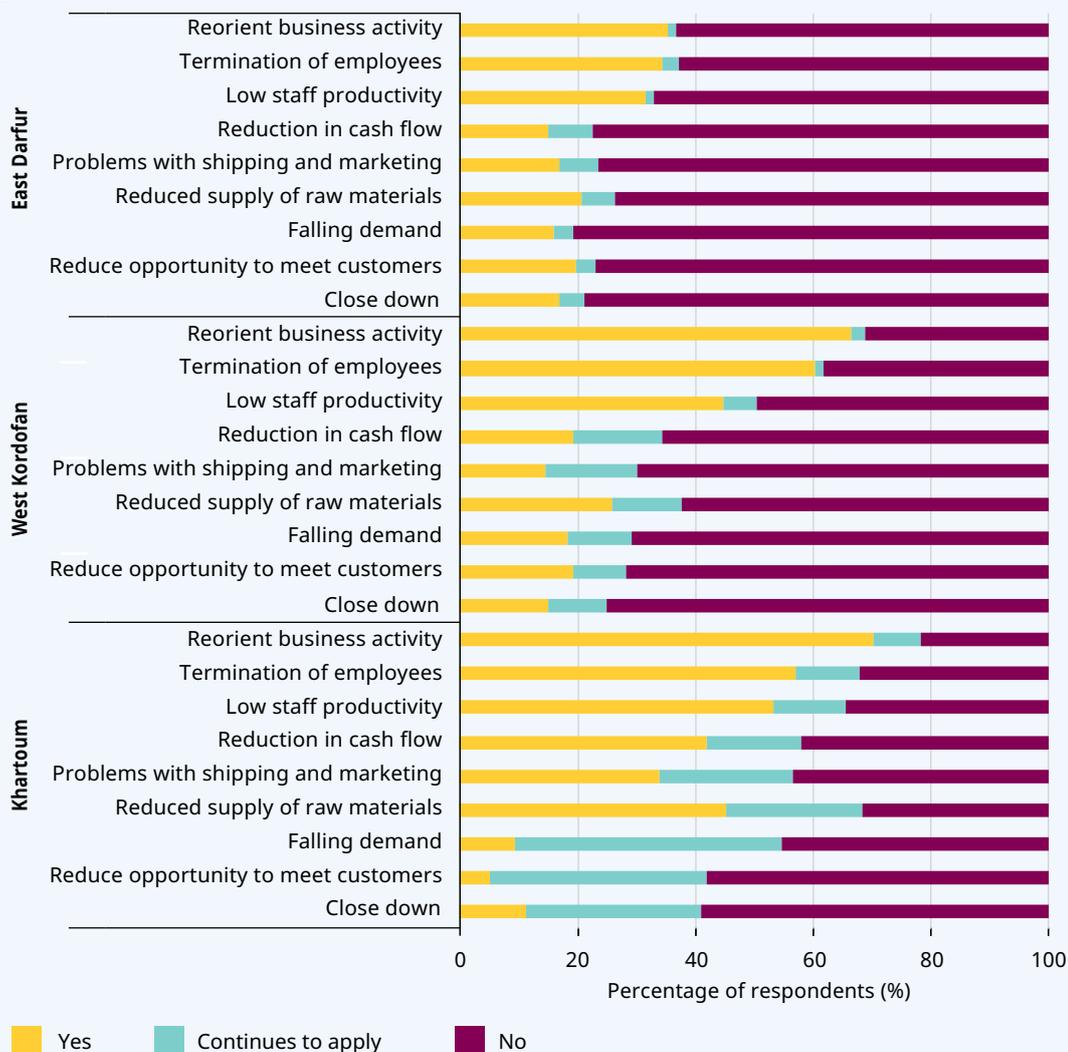
▶ Figure 6.2. Type of bank account used by enterprise owners for enterprise finances



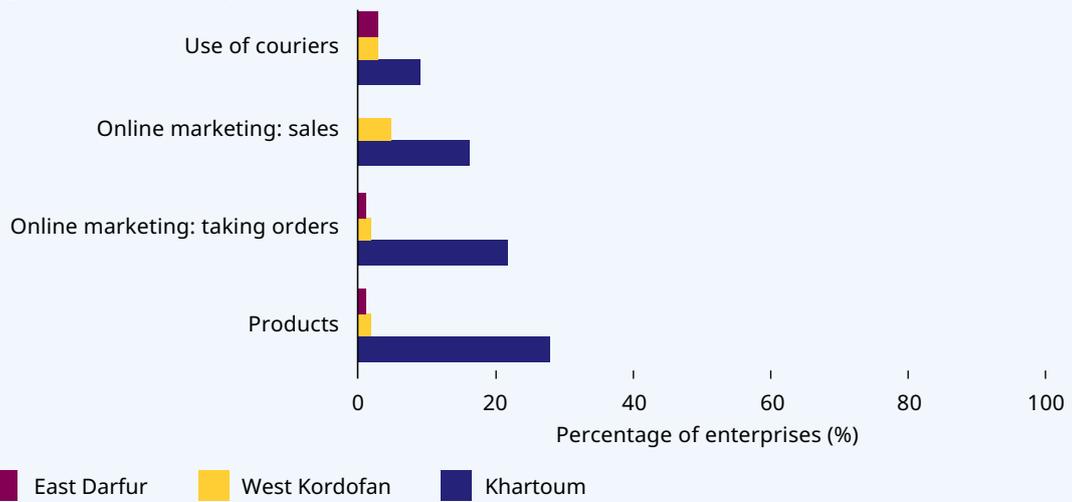
► **Figure 6.3. Enterprises importing or exporting goods and/or services**



► **Figure 6.4. The impact of the lockdown on the activities of enterprises in the three states**



► **Figure 6.5. Adaptability measures of firms during the lockdown to access new markets**

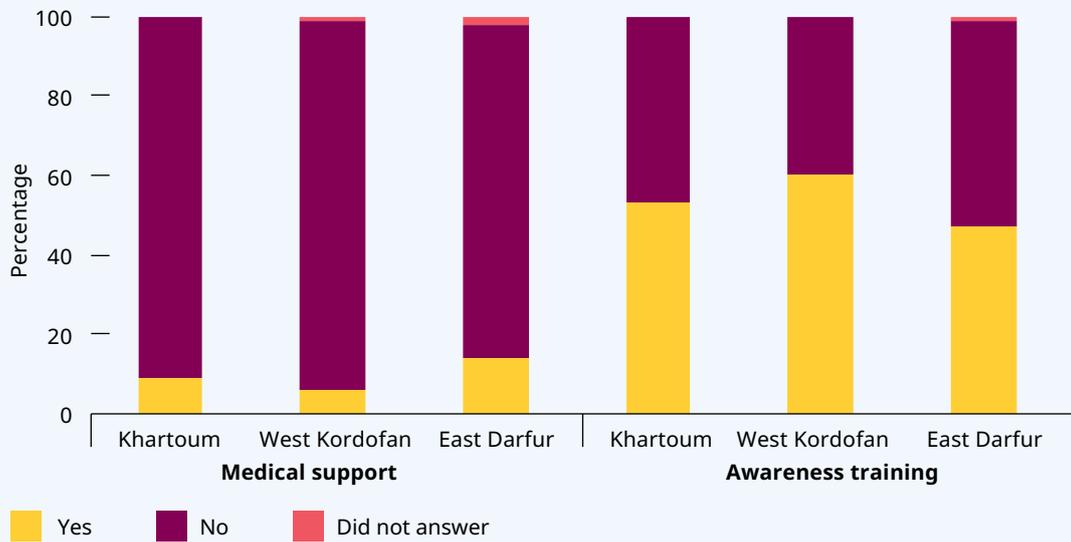


► **Figure 6.6. Percentage of enterprises that received support during the lockdown**

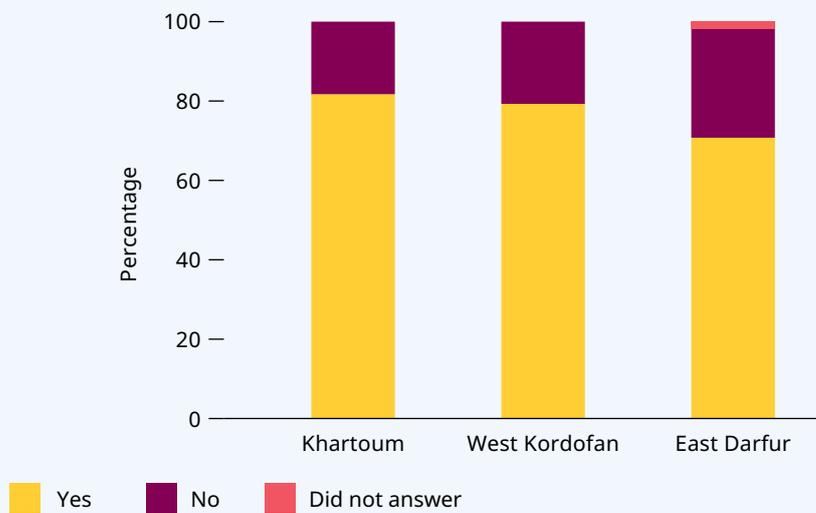


6.1.2 Support during the lockdown

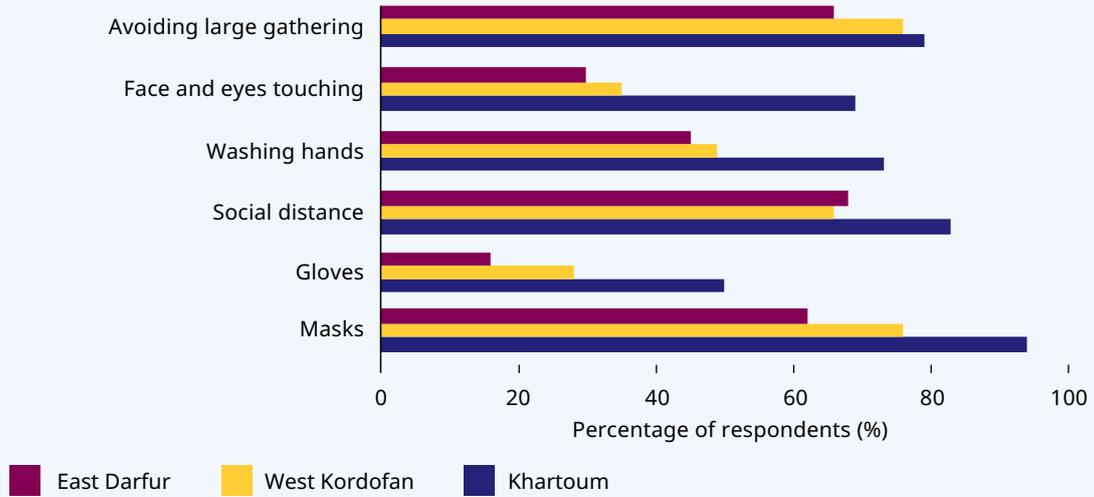
► Figure 6.7. Respondents who received medical support at home and awareness training for COVID-19 during the lockdown



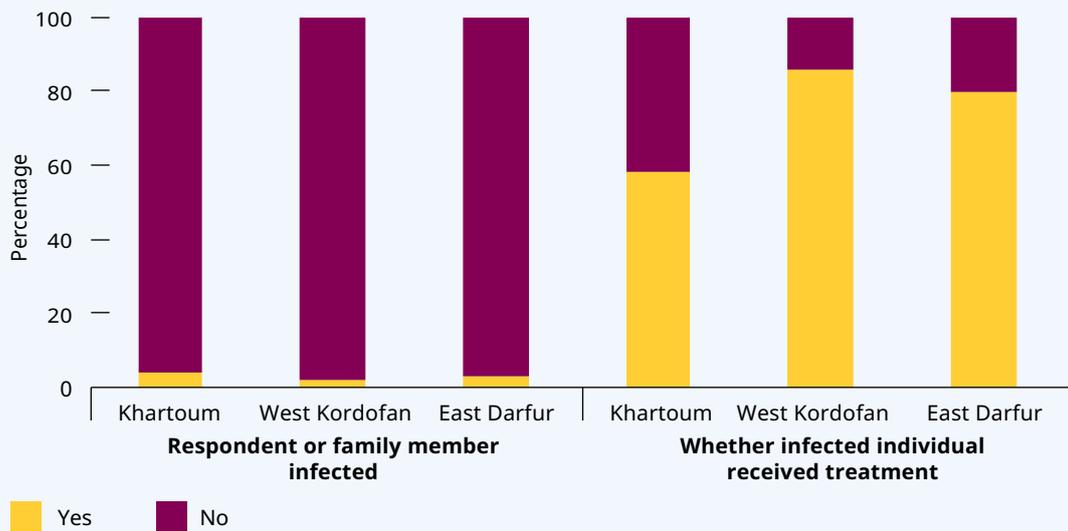
► Figure 6.8. Respondents' perception of communities following instructions to avoid contracting the virus



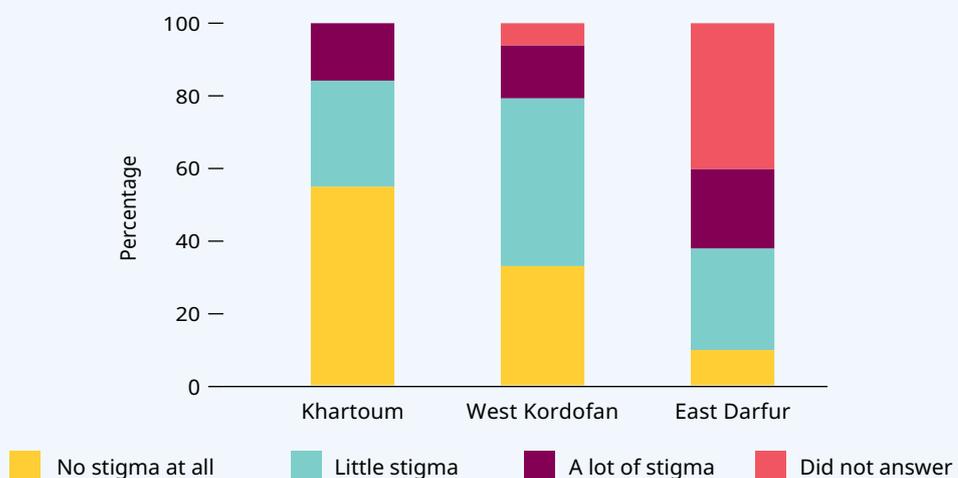
► **Figure 6.9. Respondents' perception of protocols following by the community during the lockdown**



► **Figure 6.10. Respondents and family members that contracted the virus and whether they received treatment**



► **Figure 6.11. Respondents' perception of how much stigma is attached to contracting COVID-19**



▶ 6.2 Sampling strategy

6.2.1 Household surveys

6.2.1.1 Sampling frame

Probability sampling depends on an up-to-date population frame. In this study, a frame of all Enumeration Areas (EA), Popular Administrative Units (PAUs), Administrative Units (AUs) and localities in the country was taken from the 2009 population census.³³ It is better to work with EAs as sampling units rather than any other administrative unit. If the use of the EA is not practical in the field, then the PAU can be used as a unit cluster. The sample was prepared in both the EA and the PAU.

6.2.1.2 Sample design

The design of the study has a direct impact on survey planning and on sampling methods. Cluster sampling is commonly adopted in surveys for administrative and operational convenience, as simple random sampling of individuals is not practical in large populations. Certain geographical areas or population groups may be excluded from the sampling frame because of difficult terrain, poor security or other reasons.

It is important to optimize the design of the survey to get as much information as possible at the lowest cost in money and effort. The problem is to identify a sample that accurately represents the population while minimizing costs and keeping the logistics manageable. In practice, the households (HHs) selected must therefore be representative of the general population as regards economic, social and other characteristics, and the clusters chosen must be representative of all possible clusters in the state of interest.

A better strategy is to use a cluster design in which a number of clusters in different places are chosen, as well as a suitable number of HH (individuals) from each cluster. The key to the survey design is deciding how many clusters and how many units in each cluster to choose so that the sample obtained is sufficiently large.

6.2.1.3 Stratification

Stratification is usually introduced in almost all sample surveys to reduce the sampling error by including the different characteristics of the population. It also outweighs the design effect if a simple random sample is not used.

For the purposes of this survey, stratification was done by

- ▶ state
- ▶ mode of living: rural or urban

Special consideration was given to refugees, IDP and pastoralists.

³³ Central Bureau of Statistics, *Sudan Population and Housing Census 2008* (Khartoum, Sudan). It should be noted that many changes have occurred since this census, and more importantly, there is an implicit bias for more stable households.

6.2.1.4 Sample size

The sample size is normally determined by two major factors: variability of the population and the precision required in the results. In addition, the available resources needed for the implementation of the survey also need to be taken into consideration.

The sample size for this study has been calculated according to the above factors, namely: the errors expected in the results; the confidence in the result; the main indicators needed; and the expected non-response rate. The calculation is done separately for each of the three states based on prior information regarding the labour market in Sudan.

The formula used for the calculation of the sample size is:

$$n = \frac{z^2 \cdot p(1-p) \times \text{deff}}{(\epsilon p)^2 (1-r)}$$

where:

n = the required sample size, (number of HHs, individuals)

z = the value in the normal distribution that gives level of confidence 95% ($z = 1.96$)

p = the prevalence of the most important indicator in the study, each of the three states has a different value.

r = non-response rate ($r = 5\%$)

deff = the design effect, (deff = 1.1)

ϵ = the relative margin of error at 95% confidence (RME = 0.15).

Substitution in the formula gives the sample for Khartoum State:

$$n = \frac{1.96^2 \cdot (0.276)(1-0.276) \times 1.1}{\{(0.15)(0.276)\}^2 (1-0.05)} = 540 = 550 \text{ HHs}$$

Similar calculations give, for West Kordofan:

$$n = \frac{1.96^2 \cdot (0.104)(1-0.104) \times 1.1}{\{(0.28)(0.104)\}^2 (1-0.05)} = 509 = 500 \text{ HHs}$$

For East Darfur:

$$n = \frac{1.96^2 \cdot (0.285)(1-0.285) \times 1.1}{\{(0.15)(0.285)\}^2 (1-0.05)} = 516 = 525 \text{ HHs}$$

Finally, the number of clusters and the number of HHs in each cluster must be decided. The choice is between having more clusters with fewer HHs in each cluster or having fewer clusters but with a greater number of HHs per cluster. Both choices must meet the necessary overall sample size determined above for each state.

If there is wide variation in the impact on the labour market, there should be as many clusters as possible to ensure that this variation averages out and does not add to the uncertainty of the estimate. The essence of good survey design is to find the optimal balance between the number and size of the clusters.

In this study, it was expected that all variables related to the labour market were almost similar in both: between clusters in different localities, and HHs within the same cluster. We concluded that there would be no new information if we selected a very large number of clusters or a large number of HHs from within clusters. This suggested that we select some localities from each state and then select PAUs. This reduced the cost and the time without harming the precision of the results. It was determined to be suitable to select 25 HHs from each PAU.

Accordingly, the total number of clusters in the survey is given in table 6.1. These clusters (and HHs) are distributed proportionally as between Urban and Rural, including nomads.

► **Table 6.1. Distribution of households and clusters between states and between urban and rural areas (rural households and nomads are grouped together)**

State	No of HHs	Number of clusters		
		Urban	Rural and nomads	Total
Khartoum	550	18	4	22
West Kordofan	500	3	17	20
East Darfur	525	6	15	21
Total	1575	27	36	63

► 6.3 Semi-structured interview guides

6.3.1 Focus group discussions – access to services

IDP and refugees

1. Do you have access to WASH, healthcare and schooling services?
2. How would you rate or assess the access to these services?
3. Are these services free? Or do you have to pay for them?
4. Are they reliable?
5. Are these services available in the camp? Or do you have to leave to get them?
6. How far do you travel to reach them?
7. Do you think the services and the facilities available are enough to cover the needs of people in the camp?
8. How do you think these services can be improved?
9. Where these services affected because of COVID-19?
10. If yes – how?

Host communities

1. Do you have access WASH, healthcare and schooling services?
2. How would you rate or assess the access to these services?
3. Are these services free? Or do you have to pay for them?
4. Are they reliable?
5. Are these services available in your neighborhood, town or locality?
6. How far do you travel to reach them?
7. Do you think the services and the facilities available are enough to cover the needs of people in area?
8. How do you think these services can be improved?
9. Where these services affected because of COVID-19? If yes – how?

► **Table 6.2. Dates and location of FGD on access to services**

Date	Participants	Location
14/12/2021	A group of five refugees	El Muglad, West Kordofan
14/12/2021	A group of five IDP	El Muglad, West Kordofan
14/12/2021	A group of five host community members	El Muglad, West Kordofan

6.3.2 Focus group discussions – cooperatives

Cooperatives

A. Activities of Coop

1. What is the main activity of the coop? What do you produce?
2. How long has it been operating?
3. How many members does your cooperative have?
4. Does your cooperative have access (or is in touch with) to other cooperatives, cooperatives unions or federations, enterprises and public institutions for support? If yes, in what form?

B. Post onset of COVID-19 and impact of lockdown

5. Are the members aware of the COVID-19 pandemic and its implications?
6. How did the COVID-19 lockdown affect your coop's activities? Decline in production? In ability to meet?
7. How did it affect your coop's income? How much did the coop members make monthly before March 15 versus after?
8. How did you respond to the COVID-19 lockdown to support members especially those in need? Nafeer? Sandoog? The provision of protective gear?
9. Did any of your members or their families contract COVID-19?
10. Did the cooperative support them? How did it support them?
11. How did the cooperative respond to the pandemic? Switching activities for example?
12. What support did your cooperative receive from governmental or non-governmental institutions?
13. What is your assessment of that support?
14. What is your assessment of the government's response to the pandemic (especially in terms of supporting people affected by loss of work and so on during the lockdown)?

► **Table 6.3. Dates and location of FGD with cooperatives**

Date	Participants	Location
17/1/2021	Neighbourhood committee	Eldaim, Khartoum
18/1/2021	Secretary General, six members	Shambat Alhila, Khartoum
18/1/2021	Three members of the cooperative	Elshohada, Omdurman
15/11/2020	The head, the secretary and one member	Alfurn cooperative, El Fula
15/11/2020	The head and two members	Alsalam cooperative, Eldain

6.3.3 Focus group discussions – waste pickers

Waste pickers

1. How many groups of waste pickers are there?
2. How many people roughly form a group? What percentage are male and what percentage female?
3. Are the groups organized? Is there an organization representing and supporting the waste pickers?
4. Is there any contact with the government or government officials? If so, what kind of contact?
5. What are the most sought-after materials?
6. To whom do you sell the collected materials?
7. Do you wear any protective gear when working, such as gloves, glasses, overalls or shoes?
8. Have you heard about COVID-19? If so, what did you hear and are you taking any preventive measures against the virus?
9. Do you come across medical, infectious waste or PPEs?
10. What do you do with medical or infectious waste?
11. Do you have any suggestions for the improvement of your working conditions?

► **Table 6.4. Dates and location of FGD with waste pickers**

Date	The participants	Location
16/12/2020	A group of nine waste pickers (male)	Almuglad, West Kordofan
16/12/2020	A group of nine waste pickers (male)	El Fula, West Kordofan
18/12/2020	A group of six waste pickers (male)	Eldain, East Darfur

6.3.4 Key informant interviews

6.3.4.1 Interview respondents

Institution	Position of interviewed person	Date of interview
Federal level		
Ministry of Labour and Administrative Reform	Director of the Policy Unit	February 2021
	Director of the International Cooperation and Partnerships Unit	
Ministry of Finance and Economic Planning	Head of the budget directorate	February 2021
Ministry of Health	Director of the Department of Emergency and Epidemic Control	February 2021
Tax chamber	Director of the chamber	February 2021
West Kordofan		
State Ministry of Health and Social Development	General Director of Social Development Sector	November 2020
State Zakat Chamber	Director of the chamber	November 2020
El Fula Zakat Office	Head of the office	November 2020
Al Salam University	University Vice President	November 2020
East Darfur		
State Ministry of Health and Social Development	General Director – Social Development Sector	November 2020
State Ministry of Health and Social Development	General Director – Health Sector	November 2020
State Ministry of Health and Social Development	Director of Social Security and Poverty Reduction	November 2020
State Ministry of Health and Social Development	Director of Emergency Room	November 2020
State Ministry of Health and Social Development	Director of Expanded Immunization Programme	November 2020
State Zakat Chamber	Director of the chamber	November 2020

6.3.4.2 Interview questions

A. General questions

1. Briefly speaking, what were the plans your unit or ministry had for 2020 (especially with regards to FDP's livelihoods)
2. How did the COVID-19 outbreak alter these plans?
3. What strategies or policies did you adopt in your unit or ministry to respond to COVID-19? (With regards to FDP's livelihoods)
4. How were they funded?
5. How would you assess these strategies?
6. What challenges did you face in implementing or operationalizing these strategies?
7. How did you attempt to overcome them?
8. In your opinion what is the effect of COVID-19 on labour markets in Sudan? (incl. Khartoum, West Kordofan and East Darfur?)
9. How did COVID-19 affect service delivery in your unit or ministry?
10. Which institutions' groups were involved in your COVID-19 response?
11. How do you assess the government's overall response to the pandemic?
12. How would you assess coordination between government entities?
13. Were there any risk assessments or scenario planning?
14. How long do you think the impact of COVID-19 will impact the work and functioning of your institution?
15. What are some of the future plans of your unit to adjust to COVID-19?

B. Institution specific questions

Ministry of Finance and Economic Planning

1. How has COVID-19 affected the budget? And what measures did your unit or ministry adopt to mitigate the impact?
2. How have macro-economic plans and/or indicators been affected by COVID-19?
3. How did the pandemic affect business activity or doing business in Sudan? And how did you respond to support businesses?
4. Can you specify which new challenges or opportunities in the ecosystem are due to the pandemic?

Tax authority

1. How does COVID-19 affect tax collection? What is your plan to adjust tax collection in the rest of the year to respond to the new reality?
2. Has there been any tax relief for businesses because of the pandemic, any other packages to support businesses? Will there be?
3. What's your policy or plans to increase government revenues and at the same time ease impact of the pandemic on businesses and households?

Ministry of Labour and Administrative Reform

1. Did cash transfers increase in overall volume and/or in number during the pandemic? Have new cash transfers been introduced?
2. Who were the initial beneficiaries? How did beneficiaries sign up to the cash-transfer programmes (which areas were targeted? What were the requirements needed?)
3. Has the SFSP kicked off? What are its challenges? How would you assess the potential contribution of the SFSP to tackling COVID-19-related challenges? Are the cash transfers of US\$5 adequate to mitigate the effects of COVID-19, considering the income loss, and so on?
4. In addition to the SFSP, were any other vulnerable groups identified (or that received cash transfer) during the lockdown? Any preliminary studies or research on who was hit the hardest by the pandemic? Rural versus urban, and so on?
5. What other social protection programmes were initiated during COVID-19?
6. Are there any interventions to adjust or strengthen the contributory social protection system to improve resilience of the population (improvement of existing schemes or new schemes planned)? Including the social health protection and NSSF schemes?
7. How did the pandemic affect labour markets, especially informal workers? Have more individuals filed for unemployment benefits (if any?)
8. How did the pandemic affect female labourers or workers?
9. Has an increased number of individuals applied for the Zakat fund?
10. Have you introduced any additional national/federal instrument to safeguard occupational safety and health of workers?

Aid transport and service committee

1. What was the 2020 work plan for the committee pre COVID-19?
2. How did COVID-19 change that?
3. How would you assess the committee's work in responding to the pandemic?
4. Has the committee received the necessary support from the ministry and the cabinet as a whole?
5. What support does the committee need to improve its operation?
6. Has the fuel shortage exacerbated the set of challenges already available? How did the committee manage this issue?

Ministry of Health

1. How are health services (including health workforce, service provision and equipment) affected during COVID-19?
2. What are the ministry's plans to make the health system more resilient in the future?
3. Have services related to COVID-19 been provided to the population regardless of insurance status? How was the NHIF scheme adapted to the new COVID-19 challenge? Is there a plan to increase population coverage to reach UHC?
4. Is there data on health expenditure (changes) due to COVID-19?
5. How did the ministry respond to the financial needs that came with the pandemic?
6. Is there data available for non-COVID-19 related health indicators? What is your analysis of it?
7. Any increase of non-COVID-19 deaths (assume that's included in the indicators?)
8. Did the ministry receive any support (financial or otherwise) to aid its response to the pandemic, for example, information dissemination, surveillance and tracking, and so forth?

Ministry of Trade and Industry

1. Can you tell us more about the My Commodity programme?
2. Can you tell us about the cooperatives initiative that has been advertised? Who is it targeting? What are the specific outcomes anticipated? How long will it run?
3. How has the pandemic affected imports or exports and employment?
4. How did the ministry respond to business disruptions during lockdown (bailouts, loans, other?)
5. What other policies are the ministry undertaking to resolve the price increase issue? Any policies that encourage market competitiveness? Or are most price floors? And what are your plans to mitigate shortages that are expected?
6. What are the ministry's plans to nudge citizens to further invest in trade and early stage industrialization (value adding)?
7. Does the ministry have any policy that contributes to inclusive job creation?
8. What is the ministry's policy or plan to increase integration in global markets and move the country towards early stages of industrialization? Do they envisage receiving funds for their plans? What are the challenges to operationalize them?
9. What are the ministry's policies and plans to support the formal and informal sector during and after the COVID 19 pandemic?



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