

HUMANITARIAN RESPONSE PLAN

SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2023
ISSUED DECEMBER 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Monitoring mission to SHF drought response in Mukjar, Central Darfur. Photo: OCHA

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Table of Contents

| | | | |
|-----------|---|-----------|--|
| 04 | Foreword by the Humanitarian Coordinator | 72 | Part 4: Complimentary Response Plan |
| 05 | Foreword by the Humanitarian Aid Commissioner | 73 | 4.1 Refugee Response Plan |
| 06 | Response Plan Overview | 78 | 4.2 Abyei Response Plan |
| 07 | Key Findings | 82 | 4.3 Breaking the cycle of protracted crises in Sudan: A humanitarian resilience approach towards a reduction of humanitarian needs over time |
| 08 | Historic Trends | | |
| 10 | Crisis Context and Impact | | |
| 12 | Part 1: Strategic Response Priorities | 85 | Part 5: Annexes |
| 13 | 1.1 Humanitarian Conditions and Underlying Factors | 86 | 5.1 Participating Organizations |
| 15 | 1.2 HRP Prioritization and Targeting | 89 | 5.2 Planning Figures by Sector and by Geography |
| 17 | 1.3 Objectives and Response Approach | 92 | 5.3 Results/Monitoring Framework |
| 23 | 1.4 Costing Methodology | 93 | 5.4 What if We Fail to Respond? |
| 24 | 1.5 Planning Assumptions, Access and Operational Capacity | 94 | 5.5 How to Contribute |
| 27 | 1.6 Accountability to Affected Populations | 95 | 5.6 Acronyms |
| 28 | 1.7 Gender Equality and Women Empowerment | | |
| 29 | 1.8 Disability | | |
| 30 | 1.9 Sexual Exploitation and Abuse | | |
| 31 | 1.10 Consolidated overview of the use of Multi – Purpose Cash Assistance (MPCA) | | |
| 32 | Part 2: Response Monitoring | | |
| 33 | 2.1 Monitoring Approach | | |
| 34 | Part 3: Cluster Response | | |
| 35 | Overview of the Sector Response | | |
| 39 | 3.1 Education | | |
| 41 | 3.2 Food Security and Livelihoods | | |
| 44 | 3.3 Health | | |
| 47 | 3.4 Logistics and Emergency Telecommunication | | |
| 49 | 3.5 Nutrition | | |
| 53 | 3.6.1 General Protection | | |
| 56 | 3.6.2 Child Protection | | |
| 60 | 3.6.3 Gender-Based Violence | | |
| 63 | 3.6.4 Mine Action | | |
| 66 | 3.7 Shelter and Non-Food Items | | |
| 69 | 3.8 Water, Sanitation and Hygiene | | |

Foreword by the Humanitarian Coordinator

Humanitarian needs across Sudan are at an all-time high. Following the October 2021 military take over, uncertainty remains as to how the democratic transition that began in 2019 may yet evolve. The signing of a political framework agreement on 5 December 2022 brings hope for a political settlement though it is not clear how it will impact the humanitarian current situation throughout the country.

Conflict, disasters associated with natural hazards, disease outbreaks, and economic deterioration continue to plague Sudan, and against these risks, humanitarian needs continue to grow. These risks make vulnerable communities less resilient, while generating new and more severe humanitarian needs. In 2023, about 15.8 million people across the country are estimated to need humanitarian assistance. This marks the fourth year of record numbers of people in need and about 1.5 million people more than in 2022. According to recent assessments, 11 million people will need emergency assistance for life-threatening needs related to critical physical and mental well-being.

The number of food-insecure people in 2022 increased by about 2 million compared to last year, to a staggering 11.7 million during the lean season. As of October 2022, more than 265,000 people were newly displaced as a result of localised conflict and insecurity across Sudan in 2022 and protection concerns persist. Floods affected about 349,000 people and the economy took further turns for the worse.

Last year we predicted that despite the urgent and bold reforms that were undertaken by the transitional government with the firm support of international partners, it would take time before ordinary Sudanese would start feeling the tangible impacts of the changes. Since then, many of these achievements have been reversed and the population continues to suffer.

In 2022 (as of September), humanitarian organizations assisted more than 9.1 million people in need, despite continued low levels of funding. About 8.4 million people

received food and livelihood assistance, 4.7 million people were able to access health services, and 3.6 million people were reached with Water, Sanitation and Hygiene (WASH) services.

In 2023, humanitarian partners plan to provide humanitarian assistance and support to 12.5 million of the most vulnerable people at the cost of US\$1.7 billion. The 2023 Humanitarian Response Plan (HRP) will provide humanitarian assistance and support to the most vulnerable people in Sudan – internally displaced persons, people who have recently returned to their places of origin, refugees being hosted by Sudan and other vulnerable Sudanese groups. This plan, a collective effort of all humanitarian actors and stakeholders in the country, will address the specific needs of women, children, the disabled, and other vulnerable groups.

The 2023 HRP will, as in previous years, prioritise multi-cluster, life-saving assistance to the most vulnerable. The plan also includes response readiness for recurring flooding, conflict, and disease outbreaks. Life-sustaining services will be prioritized, such as essential health services, prevention and treatment of water-borne and vector-borne diseases, access to education, livelihoods, water and sanitation services. Strict focus on life-saving, multi-cluster has kept the total financial requirement at the same level as last year despite an increase in both people in need and people targeted (1.5 million and 2 million respectively).

We appreciate the generous support from donors and urge them to continue supporting humanitarian action in Sudan.

Khardiata Lo Ndiaye
Deputy Special Representative of the Secretary General
Resident and Humanitarian Coordinator
14 December 2022

Foreword by the Humanitarian Aid Commissioner

Sudan is at a critical crossroad on its transition to peace, sustainable development and growth for all of its people. The coming year will be pivotal in strengthening governance and ensuring smooth preparations for the future where the aspirations of all Sudanese can be materialized and all parts of the society work together for a better future.

Meanwhile, while the country has experienced unprecedented years of change in its transition, 12.5 million of the most disadvantaged and vulnerable people in Sudan are not able to have enough food, water, medicines, access to education and other basic services to continue their lives.

Over the past years, the nature and scope of humanitarian needs changed considerably across the country. Today, there are millions of people who are acutely food insecure and cannot meet fully their food needs as the domestic economic crisis has been exacerbated by the global COVID-19 pandemic, worldwide economic challenges of high inflation, disruption of supply chains and recently the conflict in Ukraine.

The 2023 Humanitarian Response Plan has been devised and developed in collaboration with the United Nations and humanitarian partners to respond to the most critical humanitarian needs in Sudan. This plan is the result of the collective effort of key humanitarian actors and clusters in the country and aims to seek synergies with government strategies and priorities for addressing and reducing humanitarian needs. The plan will strive to ensure that the most vulnerable people – IDPs, both in protracted displacement and newly displaced ones, refugees from South Sudan, Ethiopia and other countries, vulnerable and food insecure host communities, and others – receive the humanitarian assistance and support that they need. The plan also puts a strong emphasis and focus on addressing the needs of women, children, the disabled, and other vulnerable groups in a dignified and gender-sensitive manner.

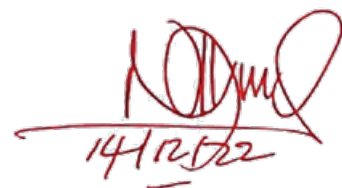
The Government of Sudan has made several important and bold steps in tackling the root causes of vulnerabilities that render people in need of assistance, restoring peace, ensuring freedoms and jumpstarting economic growth for all Sudanese.

However, the challenging economic situation and the changes that the country has been undergoing since 2018 have affected the implementation of many programmes and strategies.

The Government of Sudan has the political will and dedication to tackle the drivers of humanitarian needs and ensure durable solutions for all those vulnerable people in need of those solutions. We are also fully aware that this is a process that will take years before we start seeing tangible results.

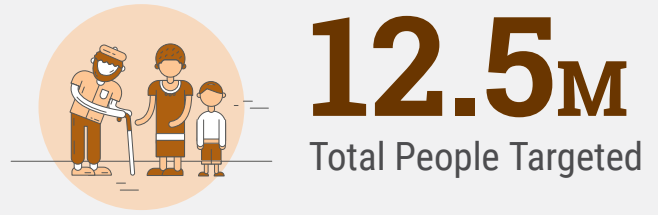
And the support of the international community on this journey will be crucial and instrumental.

I would like to thank the UN agencies, international NGOs, national NGOs, other humanitarian partners and organizations for providing millions of people across Sudan with food, health, nutrition, education, water and other assistance for many years. I would also like to thank the donor countries for their generous support and hope that they will continue generously supporting millions of vulnerable Sudanese and refugees across the country during these unprecedented times of change and transition.

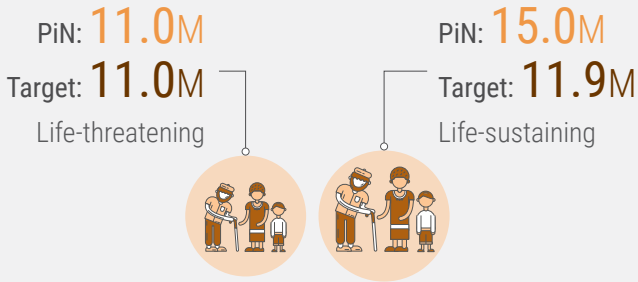


Najmaldin Musa Abdul Karim
General Commissioner
Humanitarian Aid Commission
14 December 2022

Key Findings



BY HUMANITARIAN CONDITION



BY POPULATION GROUPS

IN NEED

11.4M

Vulnerable residents



TARGETED

8.9M

Vulnerable residents

2.5M

Internally displaced people



2.0M

Internally displaced people

0.9M

Refugees



0.9M

Refugees

0.9M

Returnees



0.7M

Returnees

WITH DISABILITY

2.4M

People with disabilities



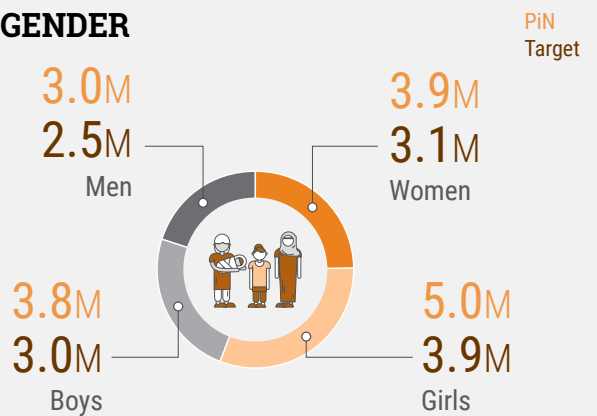
1.5M

People with disabilities

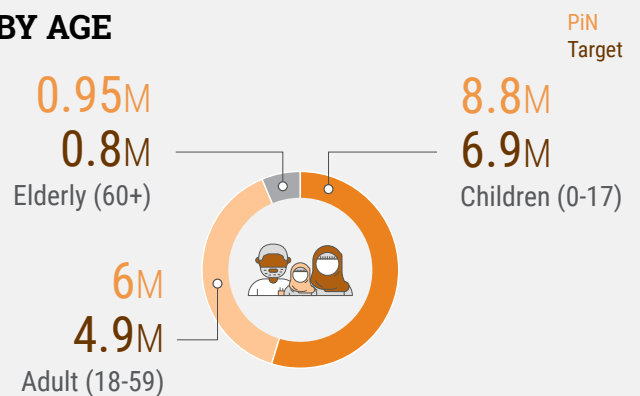
FINANCIAL REQUIREMENTS BY SECTOR



BY GENDER



BY AGE



Historic Trends

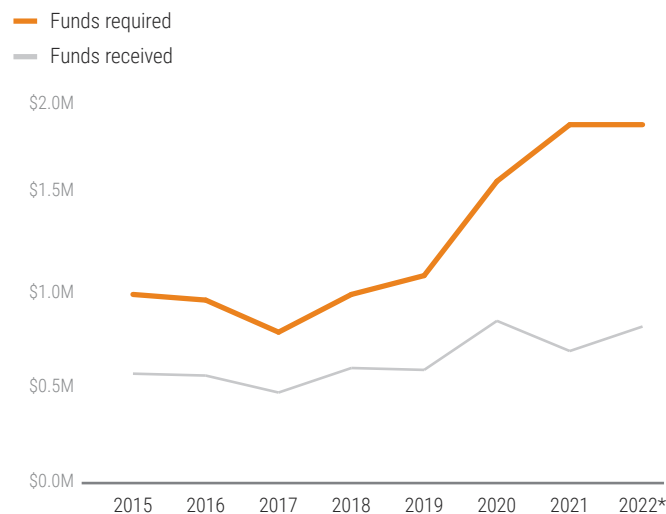
Political crises, conflict, disease outbreaks and climate shocks such as floods are the main drivers of humanitarian needs. These needs are exacerbated by the economic crisis in the country. The military coup on 25 October 2021 has reversed the democratic transition process and put Sudan on a precarious track. Efforts to resolve the political crisis are yet to yield tangible results, and international development support has been significantly reduced, limiting the capacity of Government institutions and development partners to provide basic social services, undermining the resilience of communities, and pushing more people into a state of humanitarian vulnerability. In the past few years, the economy has fluctuated between deep contraction and stagnation, with economic growth rates too modest to have a real impact.

Sudan’s protracted crises continue to prolong the suffering and humanitarian needs of people affected by conflict and displacement, and host communities. Additionally, 2022 has seen an increase in the number and intensity of violence incidents including Gender

-Baed Violence (GBV) throughout the country, with Darfur and the Two Areas becoming increasingly prone to conflict. During October 2022, 54,000 people were displaced due to conflict compared to 17,000 during the same month in 2021. A total of 3.7 million people are internally displaced (according to the latest tracking from December 2021 – January 2022). Sudan is one of the top 10 refugee-hosting countries with about 926,000 refugees, most of whom are from South Sudan, within its borders.

Sudan continues to witness outbreaks of diseases including vector-borne diseases. In 2022, more than 349,000 people across the country were affected by floods and heavy rain, an 11 per cent increase compared to last year. The reported malaria cases in September 2022 crossed the epidemic threshold in 14 states, with more than a two-fold increase compared to the previous year. Meanwhile, 147 suspected cases of Mpox were reported by 29 September in 12 states, and 17 cases were confirmed, including the death of a 27-day-old baby in West Darfur.

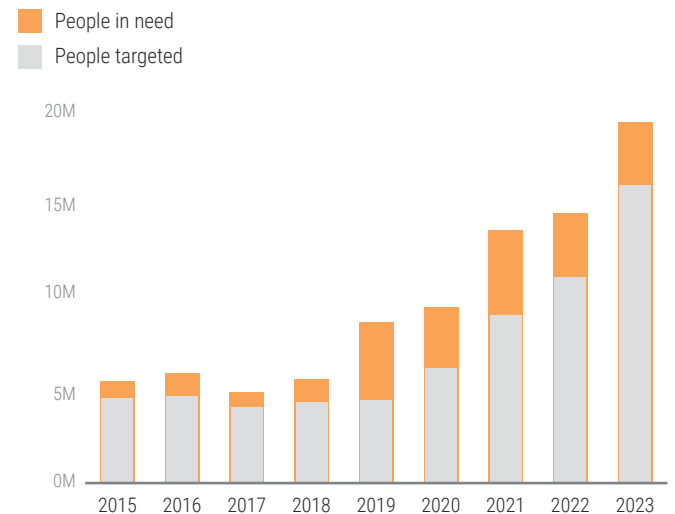
FINANCIAL REQUIREMENTS 2015 - 2022
(billion US\$)



* data as of 7 December 2022

Source: Financial Tracking Service (FTS), <https://fts.unocha.org/>

NUMBER OF PEOPLE IN NEED VS TARGETED 2015 - 2023
(in millions of people)



Source: Humanitarian Programme cycle documents 2015-2022

High inflation continues to reduce households' purchasing power, with people unable to meet their basic needs. The inflation rate peaked in July 2021 at 423 per cent and remains high, disproportionately affecting the most vulnerable, including Internally Displaced Persons (IDPs), refugees, and vulnerable host communities, negatively impacting their livelihoods and food security levels. The number of acutely food insecure people continued to increase for the third year in a row, reaching a record of 11.7 million people, an increase of about 2 million compared to last year, and

was further exacerbated by the conflict in Ukraine due to Sudan's reliance on wheat imports from Russia and Ukraine. Food prices in Sudan are 137 per cent higher than the same time one year ago. The Education crisis in Sudan continues to deteriorate, with an estimated 35 per cent of school-aged children – more than 1 in 3 children – not attending school. Additionally, more than 70 per cent of third grade learners are not attaining basic literacy and numeracy commensurate with their grade level.

COMPARISON OF KEY FIGURES FROM PREVIOUS HRP APPEALS

| YEAR OF APPEAL | PEOPLE IN NEED (million) | PEOPLE TARGETED (million) | REQUIREMENTS (billion US\$) | FUNDING RECEIVED (million US\$) | FUNDED (%) |
|----------------|-----------------------------|------------------------------|--------------------------------|------------------------------------|---------------|
| 2015 | 5.4 | 4.5 | 1 | 582.6 | 56 |
| 2016 | 5.8 | 4.6 | 0.97 | 566.4 | 58 |
| 2017 | 4.8 | 4.0 | 0.80 | 480.0 | 60 |
| 2018 | 5.5 | 4.3 | 1 | 613.5 | 61 |
| 2019 | 8.5 | 4.4 | 1.1 | 595.8 | 52 |
| 2020 | 9.3 | 6.1 | 1.6 | 862.9 | 53 |
| 2021 | 13.4 | 8.9 | 1.9 | 705.5 | 36 |
| 2022 | 14.3 | 10.9 | 1.9 | 824.9* | 43 |
| 2023 | 15.8 | 12.5 | 1.7 | N/A | N/A |

*as of 7 December 2021

Crisis Context and Impact

In 2022, efforts to resolve the political crisis resulting from the military coup of 25 October 2021 continued. National actors have not yet secured an agreement on the way forward in the political process. Tensions persisted particularly between the civilian and military components, while civilian actors remain divided. That coupled with the growing economic pressures is affecting millions of people. The 2023 Humanitarian Needs Overview (HNO) identifies 15.8 million people in need of humanitarian assistance – 8.9 million of whom are women and girls, 2.5 million IDPs, 0.9 million returnees, and 0.9 million refugees and asylum seekers from South Sudan, Central African Republic (CAR), Ethiopia and Eritrea. This reflects approximately 1.5 million more people expected to require humanitarian assistance in 2023 compared to 2022.

Prime Minister Abdalla Hamdok's resignation on 3 January 2022 ended the civilian-military partnership as established by the 2019 Constitutional Document and deepened the political crisis. Neighbourhood Resistance Committees across the country continued to organise mass protests against the military's rule. Meanwhile, the President of the Transitional Sovereignty Council, General Abdel-Fattah Al-Burhan took several decisions, including appointing and dismissing government officials, members of the Sovereignty Council, Ambassadors, and other high-level public servants. Both national and international actors contributed to efforts to overcome the political impasse.

On 30 May 2022, General Al-Burhan issued a decree, lifting the state of emergency in place since the military coup of 25 October 2021 and released several detainees, including former government officials. In early July, he further announced the withdrawal of the military component from the political process, committing that if civilian actors find an agreement to form a civilian government, the military will step back from governance and focus on defence and security

tasks. Since this announcement, there were renewed efforts among civilian blocs to find consensus to restore the transition process.

There was limited progress in the implementation of the Juba Peace Agreement (JPA) since the coup. In Darfur, the Permanent Ceasefire Committee chaired by the United Nations Integrated Transition Assistance Mission in Sudan (UNITAMS) became operational and continued to conduct its activities in support of the JPA. The Eastern Track of the JPA, however, remained suspended amid a growing dispute over the Track among the communities in eastern Sudan. There was no progress in advancing efforts to bring non-signatory armed movements to the peace process.

The past two years have seen a sharp increase in armed attacks, physical assault, inter-communal violence and other security risks and threats to civilians throughout the country, with Darfur and the Two Areas becoming increasingly prone to conflict. This has led to increased casualties and displacement of civilians as well as competition over resources. While about 211,100 people were newly displaced in Sudan during the first nine months of 2022, Sudan has been grappling with protracted civilian displacement, with more than 3.7 million IDPs across Sudan, the majority of whom were displaced between 2003 and 2011. At the same time, ongoing conflicts in neighbouring countries, including South Sudan and Ethiopia, continue to force people to flee to Sudan.

Floods and disease outbreaks strained the limited ability of the state institutions to provide basic services. In addition to having among the highest case fatality rates globally with COVID-19 and epidemic levels of malaria in nearly all states, Sudan also witnessed an outbreak of Mpox. The ongoing and protracted macro-economic crisis—along with currency depreciation—has also led to rising food prices, diminished household purchasing power, and

made food unaffordable for a sizable percentage of the population. This combined with dry spells, reduced grain production, eroded livelihoods and increased food insecurity for the third year in a row. Due to the economic crisis, Sudan has lost almost two-thirds of the local production capacity of essential medicines,

increasing the need for imported medicine. However, accessibility to major emergency medicines remains limited due to various logistical, distribution and other challenges. The current level of health personnel staffing is only able to cater for 17 per cent of Sudan's population.

AL FASHER/NORTH DARFUR

Internally displaced woman living in Al Salam IDP camp receives cash assistance from WFP. Photo: WFP



Part 1:

Strategic Response Priorities

AL OBEID/NORTH DARFUR

A little boy being tested for malnutrition with Mid - Upper Arm Circumference test (MUAC) and receiving special fortified food from WFP at a WFP-supported clinic. Photo: WFP



1.1

Humanitarian Conditions and Underlying Factors

Humanitarian needs across Sudan are at record levels. Access to services across the country has been curtailed due to political instability and the significant economic decline. The economy suffers from high inflation, unemployment, and low levels of domestic

and foreign investments. The economic situation exacerbates the humanitarian needs driven by conflicts that have forced people into displacement, natural disasters, and disease outbreaks – which increased their vulnerabilities.

Life-threatening conditions

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS |
|----------------|-----------------|--------------|
| 11M | 11M | \$840.1M |

Life-threatening conditions are those that can cause, unless managed, a direct loss of life, physical and psychological harm or threats to a population and their dignity. Excess morbidity or mortality, malnutrition, psychosocial trauma, grave human rights violations such as maiming and rape are driving life-threatening conditions.

Under this category, needs arising from sudden shocks such as conflict, floods, or natural disasters are also considered. Refugees living in Sudan continue to depend on humanitarian assistance with limited income opportunities and reliance on food assistance. Protection gaps persist, while refugees continue to face discrimination, which undermines their physical and mental well-being.

Critical Problems Related to Life-Threatening conditions

11 million people will be affected by life-threatening conditions, an increase of about a fifth compared to the 9.1 million people in the same category one year ago, highlighting the increasing hardship that many people face. Acute food insecurity has reached higher than usual levels as a result of a combined effect of economic crisis, displacement and low agriculture production. About 4 million cases of under-five children and pregnant and lactating women (PLW) are estimated to be acutely malnourished and need humanitarian lifesaving nutrition services in 2023. The states with the highest anticipated percentage of residents in need of immediate assistance are West Darfur, Blue Nile, North Darfur and Central Darfur.

Disease outbreaks, such as cholera and measles, as well as high levels of endemic diseases, such as malaria, which are driven by limited WASH and health coverage, low immunisation rates and unaffordability, contribute to increased cases of acute malnutrition and associated morbidity and mortality risks. Diarrhoea alone kills one in ten children. The level of reported cases of malaria in September 2022 crossed the epidemic threshold in 14 states, with a 2.2-fold increase compared to the same period of last year. As of mid-September 2022, a total of 63,280 confirmed cases of COVID-19 were reported across Sudan, with 4,961 associated deaths.

As of October 2022, over 288 violent incidents have been recorded displacing more than 265,000 people. Most clashes erupted across the Darfur region, South Kordofan, Kassala, Sennar and West Kordofan states, and the Abyei PCA area. In Blue Nile, inter-communal violence in July 2022 displaced over 97,000 people. Overall, 3.7 million (as of December 2022) people are displaced in Sudan, with 85 per cent hosted in the Darfur states. The contamination of vast swathes of land with landmines and Explosive Remnants of War (ERW) due to decades of conflict continues to pose a risk, particularly for IDPs and children. Displacement has also exacerbated GBV, which remains a life-threatening concern across the country. Child protection concerns, such as grave child rights

violations, family separation, abuse, neglect, and exploitation have increased. More young girls will likely be married off, and some young boys are likely to be recruited into some form of armed activity, and women and girls can be at higher risk of sexual exploitation and abuse (SEA).

Out of the 67,000 refugees in urgent need of life-saving nutrition support, 66 per cent are under-five and 34 per cent are Pregnant and Lactating Women (PLW). However, access to services remains particularly weak in conflict-affected and refugee hosting areas. The majority of refugees are in Khartoum and White Nile, with significant clusters around metropolitan Khartoum.

Life-sustaining conditions

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS |
|----------------|-----------------|-----------------|
| 15M | 11.9M | \$907.3M |

Life-sustaining conditions require actions to enable the affected population to meet their basic needs, including access to essential goods and services such as water, shelter, livelihoods, healthcare, education, and protection. These are measured by accessibility, availability, quality, utilization, and awareness of/to these essential goods and services.

Critical Problems Related to Life-Sustaining conditions

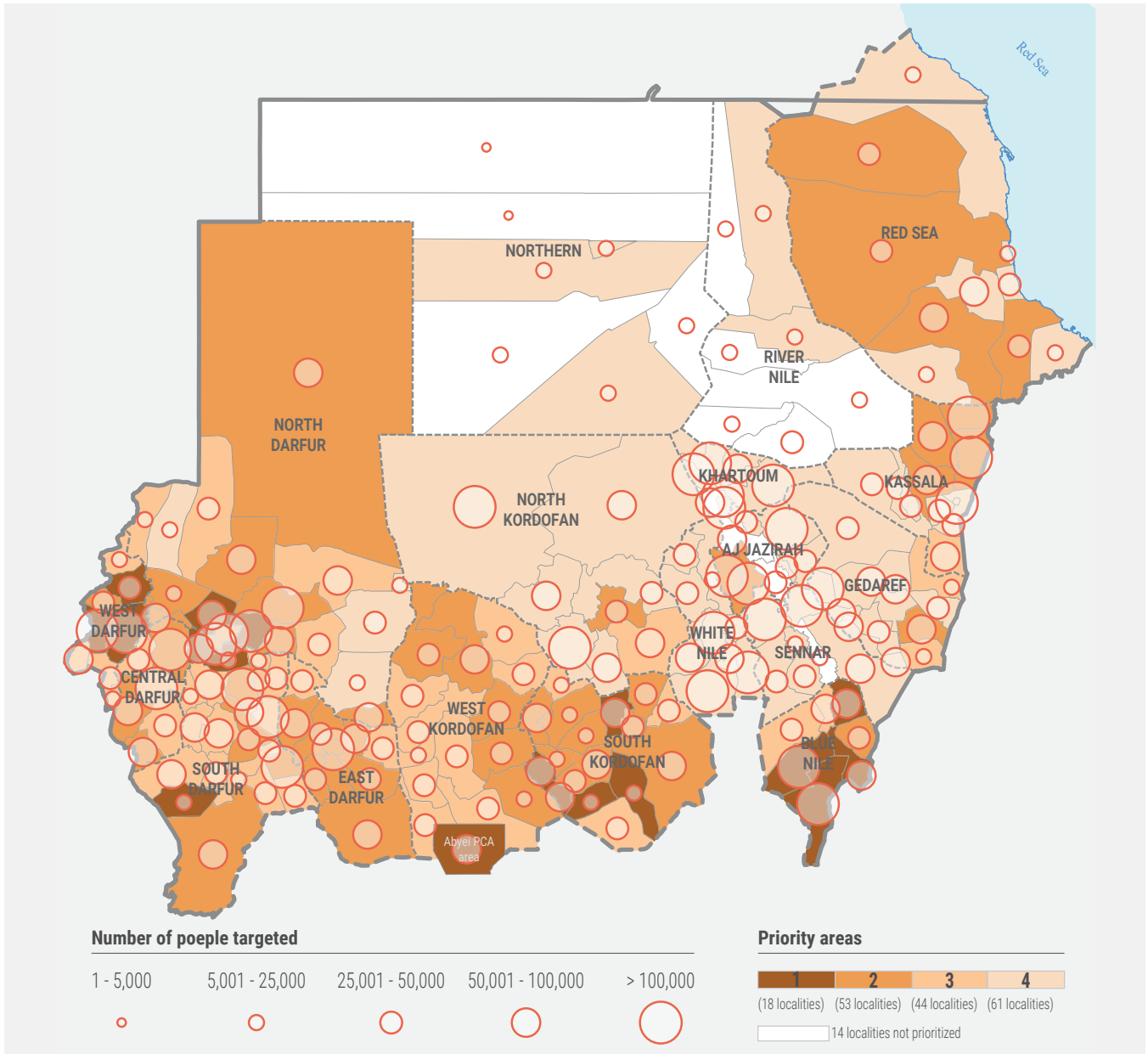
Inter-communal conflict and localized and factional violence have been a recurring pattern throughout the year, with more than 130,000 people displaced so far in Darfur in 2022. Floods, disease outbreaks, and conflict negatively impacted people’s access to basic services, including health, WASH and nutrition and led to higher caseloads of malnutrition and communicable diseases. More than a third of school-aged children are out of school, compounded by the impact of annual floods and climatic shocks. Local currency depreciation, inflation, and high import and fuel costs have affected the entire population and the most vulnerable are struggling to meet their basic needs as commodity prices and costs for basic services continue to rise. Access to water remains limited, with nearly 30 per cent of the people reporting water is too expensive and 36 per cent of the displaced people reporting they are unable to afford water. About 15 million people

– nearly all of those in need – require life-sustaining support to meet minimum living standards.

Food insecurity has affected the most vulnerable people in Sudan, including IDPs, refugees and vulnerable host communities. The number of acutely food insecure people continued to increase for the third year in a row, reaching a record 11.7 million in the Integrated Food Security Phase Classification (IPC) Phase 3 and above between June-September 2022. This increase is mainly due to dry spells, reduced grain production, high prices and eroding livelihoods due to the multi-year economic crisis. This is an increase of 2 million from the same period in 2021. An estimated 3.1 million people face emergency levels (IPC 4) and 8.6 million people crisis levels (IPC 3) of acute food insecurity. Particularly, the states of Darfur and Kordofan and eastern Sudan witnessed increased levels of acute food insecurity.

1.2 HRP Prioritization and Targeting

Prioritization and Targeting by locality



The 2023 Sudan Humanitarian Response Plan (HRP) puts a strong emphasis on prioritization to ensure an inclusive and dignified humanitarian response to the needs of the most vulnerable people in Sudan. The population has been divided into five severity

categories - minimal, stress, severe, extreme, and catastrophic. Indicators of need were grouped into life-threatening and life-sustaining. People under the minimal category should be targeted by development and resilience programs and not by HRP interventions.

The 2022 Multi-Sector Needs Assessment (MSNA) is one of the primary multi-cluster sources for the HNO. The MNSA assessed over 21,000 households in 18 states and has been used to triangulate with other assessments and sources to obtain a clear picture of the current humanitarian needs and response priorities. Other primary data collection assessments that informed the HNO include the Basic Needs and Vulnerability Assessment (BaNVA), the Joint Education Needs Assessment (JENA), IPC, Comprehensive Food Security Assessment (CSFA), Spatial Survey Method (S3M), SMART surveys and the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM).

In the 2023 HRP, localities across Sudan were clustered into four priorities based on the level of multi-cluster convergence of needs, access constraints and conflict or non-conflicts driven needs of life-saving and life-sustaining response. This prioritisation will guide partners to implement humanitarian response taking into consideration the cluster capacity to respond in various localities.

- **Priority 1: severity 4 (extreme) and 5 (catastrophic)** geographical areas with **high and medium access constraints**, with **conflict-driven-needs** requiring a life-saving humanitarian response.
- **Priority 2: severity 4 (extreme) and 5 (catastrophic)** geographical areas with **minimal access constraints**, with **conflict and non-conflict -driven-needs** requiring a life-saving humanitarian response. And **severity 3 (Severe)** areas with **high access constraints**, with **conflict-driven needs** requiring a life-saving humanitarian response.
- **Priority 3: severity 3 (severe)** geographical areas with **medium or minimal access constraints**, with **conflict-driven needs** requiring a life-sustaining humanitarian response. And **severity 3 (Severe)** areas with **high or medium access constraints**, with **non-conflict-driven needs** requiring a life-sustaining humanitarian response.

- **Priority 4: severity 3 (severe)** geographical areas with **minimal access constraints**, with **non-conflict-driven needs** requiring a life-sustaining humanitarian response.

Note: Most of the clusters will not prioritise inter-sectoral severity 2 (stress) geographical areas.

The 2023 HRP identifies a total of 18 localities as Priority 1, of these 13 are in Darfur and five in the Kordofan states. A further 53 localities are identified as Priority 2, 44 as Priority 3, 61 as Priority 4 and the remaining 14 localities are not prioritized.

For the inter-cluster target, the targeted number of people per locality was calculated by comparing cluster targets and selecting the highest number of people targeted across all clusters per locality. The sum of all localities gives the overall inter-cluster number of people targeted

NUMBER OF PRIORITY AREAS BY STATE

| STATE | PRIORITY 1 LOCALITIES | PRIORITY 2 LOCALITIES | PRIORITY 3 LOCALITIES | PRIORITY 4 LOCALITIES | LOCALITIES NOT PRIORITIZED |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| Abyei PCA | 1 | | | | |
| Aj Jazirah | | 2 | | 4 | 2 |
| Blue Nile | 4 | 1 | 2 | | |
| Central Darfur | 1 | 5 | 3 | | |
| East Darfur | | 7 | 2 | | |
| Gedaref | | 1 | 2 | 9 | |
| Kassala | | 4 | 1 | 6 | |
| Khartoum | | | | 5 | 2 |
| North Darfur | 2 | 8 | 4 | 4 | |
| North Kordofan | | 1 | | 7 | |
| Northern | | | | 3 | 4 |
| Red Sea | | 4 | | 6 | |
| River Nile | | | | 2 | 5 |
| Sennar | | | | 6 | 1 |
| South Darfur | 2 | 5 | 14 | | |
| South Kordofan | 5 | 9 | 3 | | |
| West Darfur | 3 | 1 | 4 | | |
| West Kordofan | | 5 | 9 | | |
| White Nile | | | | 9 | |
| Grand Total | 18 | 53 | 44 | 61 | 14 |

1.3

Objectives and Response Approach

In 2023, approximately a third of the total population will need humanitarian assistance. Households will suffer an increase in their life-threatening and life-sustaining conditions across the country. Humanitarian interventions will consider activities and modalities to increase the resilience and durability of interventions.

The 2023 response approach will focus on:

- Multi-cluster response approaches where clusters aim to respond in prioritized areas in a way that the different cluster response efforts leverage each other, and in so doing, achieve higher impact.
- Linkages and collaboration with development and peace interventions, as well as durable solutions will be improved. A new approach is needed in Sudan to address these recurrent, protracted and growing multi-dimensional needs, and to ensure greater aid effectiveness. This will be done by enabling efficiency in the response through synergies across the different aid streams and a greater emphasis on resilience-based activities to address humanitarian needs.
- Centrality of protection: The centrality of protection continues to be a commitment by all humanitarian actors. The Humanitarian Country Team's (HCT) Centrality of Protection is working towards a system-wide commitment to address the most significant protection risks and violations faced by affected populations that impact the entire humanitarian system. This includes common positions, joint response, and sustained advocacy by the HCT throughout the humanitarian cycle.
- Localisation: Sudan has a rich and varied landscape of national actors with decades of experience in humanitarian action. These

actors are particularly important to improving the effectiveness and quality of the response, particularly as national actors are often the first responders in emergency situations and have built significant trust with crisis-affected communities in harder to reach areas. In particular, Women-led organizations (WLOs) are often the first to respond to the needs of their communities at the onset of crisis, and providing essential services to women, girls and other marginalized groups. Consequently, a commitment to localization is an important element of this plan.

- Integrating cross-cutting themes throughout the response, including assessing needs, planning, and monitoring the response.

The 2023 HRP has been developed through engagement with the Inter-Cluster Coordination Group (ICCG), Humanitarian Country Team (HCT), donors, national NGOs and international NGOs. In 2023, humanitarian partners will target 12.5 million people, prioritizing localities with the highest convergence of needs across clusters (severity four and five) identified by the HNO.

Humanitarian partners will continue to work to address the impact of protracted conflict and climate crisis and will work to enable linkages with development partners to address medium/long-term critical needs and enable resilience interventions. These include national humanitarian priorities and strategies, strengthening preparedness and response capacity and the national health system, provision of services, livelihoods support, and complement the implementation of the National Plan for Protection of Civilians (NPPoC). This approach will be anchored in conflict sensitivity that seeks to mitigate risks of exacerbating existing conflict while enabling humanitarian programming.

While most of the interventions in Sudan will remain in-kind delivery or provision of services, the implementation of cash (including vouchers) will be strengthened, ensuring an improved quality of Multi-Purpose Cash programming – based on regular adjusted Market Expenditure Baskets (MEB) and market assessments. Additional efforts will be made to preposition key items of pre-agreed life-saving packages for initial rapid response to sudden onsets,

including conflict-induced internal displacement or flooding. This will be mainly done through the Sudan Humanitarian Fund's (SHF) Emergency Rapid Response Mechanisms (ERRM), Reserve for Emergencies (RfE), and the Rapid Response Fund (RRF). Support to core pipelines will be increased to complement emergency interventions, enabling targeted prepositioning and ensuring anticipatory financing and response action.

BLUE NILE

Beneficiaries receiving food assistance from World Vision. Photo: World Vision



Strategic Objective 1

Prioritise timely multi-cluster life-saving assistance to crisis-affected people to reduce mortality and morbidity

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|-----------------|-------|----------|-----------------|
| 11M | 57% | 55% | 15% |

SPECIFIC OBJECTIVES

- 1.1 Provide life-saving services within a week of a sudden onset emergency or displacement to prevent loss of life.
- 1.2 Reduce the number of people facing acute food insecurity and malnutrition by 10-15 per cent and mitigate negative coping mechanisms by the end of 2023.

Rationale and intended outcome

Activities under this objective will focus on life-saving assistance to vulnerable people, including IDPs, refugees, returnees, and residents. Partners will provide emergency life-saving assistance to address life-threatening conditions. Efforts will be made to scale-up operations to mitigate the likelihood of people adopting negative coping mechanisms. At the same time, partners will work to sustain the response in those localities with ongoing activities to avoid any further deterioration.

With the rise in food insecurity, there is a likelihood that malnutrition levels will also increase. Efforts will be intensified in all targeted localities to identify and treat children and pregnant and lactating women who are suffering from a combination of illness, including severe and moderate acute malnutrition. Partners will also work to provide safe and sufficient water for drinking, domestic use, hygiene and sanitation.

In addition to nutrition interventions, direct food assistance and emergency agricultural and livestock activities will be implemented. With regard to an increase in disease outbreaks, efforts will be made to ensure that reported alerts for potential disease outbreaks are responded to; and emergency shelter provided to newly displaced people.

Rapid response mechanisms will be strengthened to ensure aid is delivered within a week of a sudden emergency (displacement, floods, etc.) in line with Standard Operational Procedures (SOPs). Additional efforts will be made to streamline, safeguard, and simplify the registration of affected people, enabling timely delivery of humanitarian assistance. Integrated life-saving assistance, will be delivered to people under life-threatening conditions. The ICCG will further strengthen contingency planning, stock mapping, monitoring sudden onset displacement, and promoting collective response readiness.

Strategic Objective 2

Prevent, mitigate, and address protection risks and respond to protection needs through humanitarian action and advocacy

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|-----------------|-------|----------|-----------------|
| 2.5M | 57% | 55% | 15% |

SPECIFIC OBJECTIVES

- 2.1 Ensure equitable access to essential services, and access of humanitarian actors to those in need.
- 2.2 Promote the protection, safety, and dignity of affected people through community-based and individually targeted multi-cluster interventions.

Rationale and intended outcome

Under this objective, humanitarian partners will ensure protection risks are mitigated and protection incidents are addressed. This will require safe and inclusive access to, and provision of high-quality, safe and integrated protection and humanitarian services. It will also require the provision of tailored assistance to people at risk with due consideration to age, gender, disability and social status. Immediate protection needs of people with specific vulnerabilities, including children, survivors of GBV, people with disabilities, survivors of Explosive Ordnance (EO) and those at risk of exclusion, will be addressed directly. Protection monitoring and community-based protection structures will promote human rights, inclusivity, safety and dignity. Partners will work to increase the availability of safe access to case management, legal counselling and representation. Improved monitoring and reporting of protection incidents and trends including grave child right violations, timely and targeted responses to protection incidents, information sharing, and awareness-raising will be used along with other protection measures to mitigate protection risks and respond to actual protection incidents and concerns. Efforts will be made to enhance household

and community resilience by providing livelihood opportunities.

Efforts will aim to avoid a further deterioration in the humanitarian situation of affected people and enable them to withstand or recover from shocks. Activities will also aim to foster social cohesion, which can address protection challenges and promote durable solutions and peaceful coexistence, especially within mixed settings. In out-of-camp and urban refugee locations, investments in local infrastructure will improve the capacity of services in host communities to absorb refugees, and targeted protection-based interventions will be used to support refugees' equitable access to public services, where available. Clearing lands from EO mitigates the risk and enhances protection service delivery. Protection partners continue to provide specialized services, such as legal assistance/aid, psychosocial support, emergency cash assistance to mitigate protection risks, and referral to GBV, child protection, or mine action actors. These actions will enable affected people to equitably receive essential services in a protective environment that ensures and respects their safety, dignity, and rights.

Strategic Objective 3

Improve vulnerable people's access to livelihoods and basic life-sustaining services

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|-----------------|-------|----------|-----------------|
| 11.9M | 57% | 55% | 15% |

SPECIFIC OBJECTIVES

- 3.1 Facilitate access to livelihood opportunities for the most vulnerable people.
- 3.2 Provide safe, equitable, and dignified access to critical basic services, including education, WASH, health, nutrition, protection and shelter in priority areas.

Rationale and intended outcome

Under this objective, humanitarian partners will work to provide essential services, including health care packages, access to nutritious food, quality basic education, safe water, hygiene and sanitation, and support households in protecting or creating assets. Protection services will be strengthened to enhance safety and minimise threats and risks faced by communities.

Through the proposed activities, efforts will be made to enhance household and community wellbeing by providing livelihood opportunities. All efforts under this objective are aimed at providing the basic life-

sustaining support to avoid a further deterioration in the humanitarian situation of affected people.

Humanitarian partners will focus on improving the quality and effectiveness of livelihoods and basic life-sustaining social services packages for food security, nutrition, health, protection, water, sanitation and hygiene as well as shelter and non-food items. Efforts will be made to ensure integrated solutions and multi-cluster programmes that address the multi-dimensional needs of people affected by the crisis in Sudan.

Strategic Objective 4

Support the implementation of resilience solutions to reduce the drivers of the needs

Rationale and intended outcome

Under this objective, humanitarian partners will work to ensure the sustainability of humanitarian results and strengthen the resilience of basic social service delivery systems and communities to withstand shocks and stresses. This includes innovative humanitarian programming spanning across the humanitarian, development and peace nexus, adapted to contexts of fragility, violence and conflict to support frontline providers of basic social services such as community health workers, teachers, and social workers to sustain the delivery of quality services to the most vulnerable people in adverse crisis contexts.

Through the proposed multi-cluster activities, a key focus will be to strengthen the social contract between the vulnerable population and those providing basic social services at all levels, including through community resource management committees, localised management of resources and community

ownership of systems and deliver processes. The aim is to not only ensure conflict-sensitivity of humanitarian action, but also proactively support sustaining peace through effective and quality humanitarian aid, in line with humanitarian principles.

Activities under this objective will also aim to foster social cohesion, which can contribute to addressing protection challenges, especially within mixed settings. In out-of-camp and urban refugee locations, investments in local infrastructure will improve the absorption capacity of services in host communities to absorb refugees, and targeted protection-based interventions will be used to support refugees' equitable access to public services, where available. Synergies will be sought with planned durable solutions, social protection and development programmes, to leverage the comparative advantage of different actors to address multi-dimensional vulnerabilities in both the short and medium term.

1.4 Costing Methodology

The Sudan HRP uses the hybrid approach where unit costs and activity costs are used to calculate the financial requirements.

This HCT-endorsed process seeks to harmonise partners' approaches on budgeting for humanitarian interventions based on activities that are life-saving within each cluster. Using cluster-specific methodologies, developed in collaboration with partners, each cluster has agreed on a set of activities to respond to the needs identified in the 2023 HNO. Ranges of cost per activity are established, which provides operational flexibility in a context with high inflation and changing operational costs. This hybrid approach increases

transparency in the calculation of financial requirements. It allows a link to be made between the activity, the cost of the activity, and the number of people each cluster aims to reach with the activity.

The clusters and the Refugee Consultation Forum (RCF) have used the activity-based costing approach, and some differences in methods were used to calculate costs for cluster-specific activities. For example, some estimated the cost of each activity and multiplied that by the quantity of the activity deemed necessary to respond to the needs. Others calculated the average cost per person and multiplied that by the overall target.



1.5

Planning Assumptions, Access and Operational Capacity

In 2023, the humanitarian needs in Sudan are likely to be exacerbated due to multiple drivers of needs. Economic recession, political instability, conflicts, violence, disease outbreaks and natural disasters are the main drivers of humanitarian needs in Sudan. In 2022, the people of Sudan continued to face inflation and economic shortcomings. Inflation remains high, disproportionately affecting the purchasing power of the most vulnerable people. From July to September 2022, the staple food price increased by 5-10 per cent per month across the country due to poor harvest, increased demand for local consumption, and high transportation costs. In September 2022, staple food prices remained 250-300 per cent above the previous year's levels and 550-700 per cent above the five-year average. Food insecurity escalates rapidly due to inflation of food prices and other basic commodities, prolonged dry spells, poor harvests, and impacts of conflict and flood disasters. The military coup of 25 October 2021 reversed some of the economic reforms, resulting in the suspension of much-needed development assistance, which could contribute to the increased humanitarian caseload. The lack of progress on the political track resulted in instability across the country and could further create a humanitarian disaster. Conflict and violence in the Darfur and Kordofan regions continue to displace people and damage food sources and means of livelihood. The conflict dynamics expanded to eastern Sudan and Blue Nile State, further exacerbating pre-existing food insecurity. Natural hazards, including floods, will continue to impact food security, given inadequate prevention and mitigation measures and reduced recovery and rehabilitation support. The limited capacity of surveillance, case management and prevention of disease outbreaks will continue to persist in 2023. The limited capacity of health and nutrition responders is likely to continue due to the lack of development support and pre-existing inadequate capacity of health infrastructure, impacting the ability of health partners to respond to disease outbreaks.

Humanitarian Access

The political uncertainty and the unstable security environment (particularly in the Darfur region) are shaping the operating environment and creating a variety of access challenges for humanitarian organisations in Sudan. Local-level conflicts involving inter-tribal disputes and non-state armed groups continue to affect the delivery of humanitarian assistance. Darfur remains the principal area of concern, in particular West Darfur, North Darfur and the Jabal Marrah area; however, recent violence has also occurred in Blue Nile State.

Conflict, violence and associated insecurity impact the safety of humanitarian staff and assets. In addition, general crime (e.g., robbery, looting, and car-jacking) is common. Collectively, these dynamics impede humanitarian access and require costly security mitigation measures that can compromise humanitarian principles. The availability of armed escorts varies across the Darfur and Kordofan states, and requests to increase incentive rates for escort services by state providers are becoming increasingly frequent. Outbreaks of localised conflict often result in affected communities having restricted access to critical life-saving humanitarian assistance due to deliberate obstruction by conflict parties or fears for personal safety.

Following the military coup in October 2021, the Humanitarian Aid Commission (HAC) and humanitarian partners established a joint operation committee to facilitate the movement of humanitarian personnel and relief items. For the third consecutive year, partners rolled out a countrywide Multi-cluster Need Assessment (MSNA) in collaboration with the government stakeholders at both federal and state levels. The outcome of the MSNA analysis was used in developing the 2023 HNO/HRP.

The bureaucratic and administrative impediments (BAI) in Sudan will continue to persist in 2023. Since

June 2022, although the federal HAC has announced no official changes in the access framework, additional BAI have been reported in several parts of the country, impacting the timely delivery of humanitarian assistance. Humanitarian partners in the Darfur and Kordofan regions faced bureaucratic and administrative impediments such as operational and programmatic interferences, physical access restrictions and attacks against humanitarian workers and supplies. In 2022, International humanitarian staff have to obtain Travel Notifications (TNs) approval from authorities via HAC before travelling beyond where they are based. HAC offices only approve travel notification requests in some states. In contrast, other states apply for multiple approvals, requiring specific locations and time frames that limit the ability to react quickly to frequently changing circumstances. These TNs have become more restrictive recently. There are bureaucratic delays in approvals of NGOs' Technical Agreements (TAs), impeding programme delivery. TAs are linked with issuing NGO international staff visas and work permits. This affects the quick deployment of staff, particularly during an emergency.

Importing humanitarian supplies and equipment can be complicated, lengthy, and subject to extraneous charges that delay the delivery of humanitarian assistance. Other access difficulties include incentives for government counterparts who demand participation in organisations' activities, increasing the burden on humanitarian budgets and responsiveness. Nevertheless, Government counterparts remain accessible for engagement with humanitarian partners.

The primary road network within the country is accessible all year round. However, during the rainy season, some major roads are affected by floods cutting areas off and affecting communities' access to the villages where basic services are available. Flooded valleys (wadis) may interrupt movement on secondary and tertiary roads during the rainy season from June to September. In addition, causeways and culverts may be submerged and rivers and wadis in sections of routes may be eroded during the rains.

In 2023, the humanitarian access strategy will focus on short to medium- and long-term objectives to advocate for unhindered humanitarian access to affected people

and affected people's access to humanitarian aid. In the short-term, the HCT access strategy will prioritize strengthening community engagement with affected people and identify alternative delivery options to ensure timely and adequate humanitarian assistance. In the medium-term, HCT access strategy will focus on sensitization of humanitarian principles, structures and access with state and federal authorities. In the long-term, the HCT access strategy will focus on high-level strategic engagement with the Government of Sudan (GoS) and security forces to ensure safe and unhindered humanitarian access to affected people and vice versa.

In 2023, OCHA will continue to support Civil-Military Coordination (CMCoord) activities, providing guidance and liaison support between government security forces and NSAGs and humanitarian partners to monitor and facilitate the use of Military-Civil Defence Assets (MCDA), including armed escorts (as per the national CMCoord guidelines endorsed by the HCT in October 2022). CMCoord forums at the national and state levels will continue to facilitate civil-military engagement, information exchange and planning to avoid unintended impacts on affected people and preserve the humanitarian space, while ensuring neutrality and operational independence of humanitarian partners. Subject to resource availability, OCHA will also look to continue providing dedicated CMCoord training to government and humanitarian partners in the field.

Operational Capacity

In 2023, 92 partners (10 UN, 41 INGOs, and 40 NNGOs) will implement 255 humanitarian projects in the 18 states and the Abyei area through the HRP. Other partners and government departments will also provide humanitarian assistance. In addition, Médecins Sans Frontières (MSF), the International Federation of the Red Cross and Red Crescent Societies (IFRC), Red Cross organizations, and countries offering bilateral support will engage. The UN Humanitarian Aid Service (UNHAS) will continue to provide air transport for humanitarian partners and supplies in hard-to-reach areas, as well as for development cargo and medical and security evacuation services.

The humanitarian community will promote collaboration among international, national, and local

organisations to localise the response and strengthen partners’ overall capacity. The operational capability will be sustained and, where possible, scaled up to ensure the most vulnerable people across Sudan receive support. Partners will guarantee flexibility in response planning to allow a scale-up in newly accessible areas and new crisis-affected areas while maintaining preparedness for refugee influx. Operations will also be sustained in refugee-hosting areas, including Darfur and Kordofan states, White Nile, and eastern Sudan. Moreover, interventions at reception points in Central Darfur and South Darfur, South Kordofan and West Kordofan, and Kassala will be strengthened to scale up the response if needed, particularly in parts of eastern Sudan, where the recent influx of refugees has increased humanitarian needs.

Global competing crises and donor’s conditionality in Sudan following the military coup of 25 October 2021 could impact the humanitarian operation capacity in 2023. In 2022, the Sudan HRP was funded below 43 per cent of the financial requirement. Organisations’ capacity to respond may be limited by the availability of financial resources and options to use alternative response modalities. This may include—but is not limited to—GBV, nutrition, health and education programmes.

OCHA will continue to promote the expansion of humanitarian response capacity using pooled funds to ensure adequate countrywide coverage. In 2023, additional efforts will be made to preposition stocks for a timely response.

PARTNERS BY STATE

| SECTOR | PEOPLE TARGETED (MILLION) | PARTNERS |
|----------------|---------------------------|----------|
| Khartoum | 1.37 | 29 |
| South Darfur | 1.22 | 39 |
| North Darfur | 1.2 | 36 |
| West Darfur | 1.03 | 34 |
| Kassala | 0.92 | 21 |
| White Nile | 0.83 | 21 |
| South Kordofan | 0.8 | 47 |
| Central Darfur | 0.73 | 31 |
| Gedaref | 0.68 | 34 |
| North Kordofan | 0.64 | 19 |
| Blue Nile | 0.56 | 40 |
| Aj Jazirah | 0.55 | 12 |
| East Darfur | 0.52 | 23 |
| West Kordofan | 0.49 | 20 |
| Sennar | 0.41 | 10 |
| Red Sea | 0.38 | 16 |
| Abyei PCA | 0.09 | 7 |
| River Nile | 0.09 | 12 |
| Northern | 0.05 | 6 |

PARTNERS BY SECTOR

| SECTOR | PEOPLE TARGETED (MILLION) | PARTNERS |
|-------------------------------|---------------------------|----------|
| Food security and livelihoods | 8.2 | 34 |
| Health | 5.3 | 30 |
| WASH | 4.8 | 51 |
| General Protection | 2.5 | 32 |
| Education | 2.3 | 25 |
| Nutrition | 2.2 | 33 |
| Child Protection | 2 | 41 |
| Mine Action | 1.5 | 7 |
| Shelter & NFI | 1.4 | 18 |
| Gender-based violence | 1.2 | 49 |
| Refugee Consultation Forum | 0.9 | 37 |

PARTNERS BY TYPE

| TYPE | NO. PARTNERS |
|------|--------------|
| INGO | 41 |
| NNGO | 40 |
| UN | 10 |
| RC | 1 |

1.6

Accountability to Affected Populations

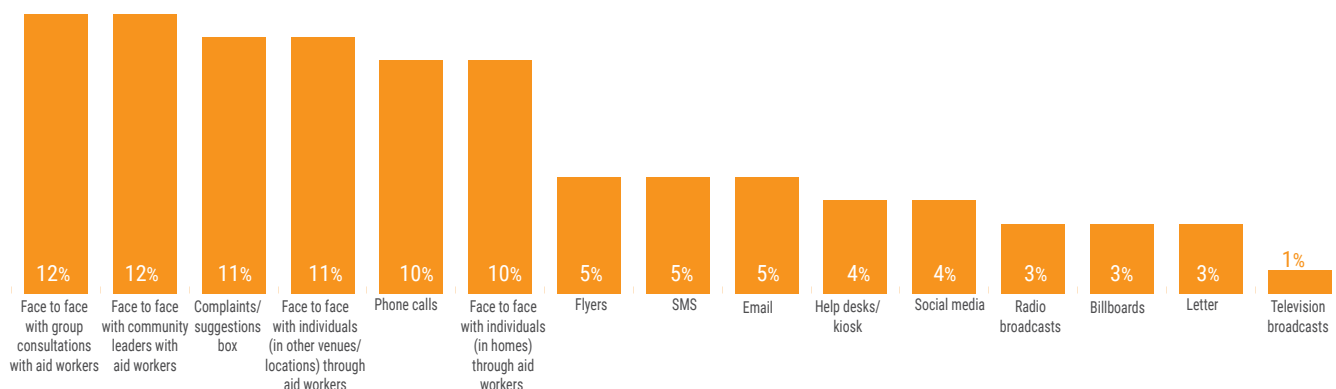
In 2022, the Accountability to Affected People (AAP) Working Group performed a three-part baseline analysis of the AAP and Community Engagement (CEA) mechanisms in Sudan and established a task team on community-based complaints and feedback mechanisms. Amongst the key operational priorities, efforts were directed to the Tigray refugee emergency response in eastern Sudan with additional support from Sudan Preventing Sexual Exploitation and Abuse (PSEA) Network, UNICEF/UNHCR and Rumour Tracking on COVID-19 led by Internews. While some progress has been made, additional efforts on complaint-handling capacities and general information provided on accountability to affected people need to continue. This includes ensuring the availability of information-sharing mechanisms and engagement with communities, particularly engagement with female-headed households and other vulnerable groups, including those who may face discrimination, are illiterate or disabled. Community consultations were also held in conflict-affected areas, including interviewing and getting feedback from affected communities.

In 2023, in line with the Inter-Agency Standing Committee (IASC) 2017 commitments to Accountability to Affected People, the AAP Working Group in Sudan will focus on the IASC commitment to improve 'information, feedback, and action' in the collective humanitarian response in Sudan through conducting community consultation exercises, as a primary objective. The Sudan AAP/CEA working group will aim to promote:

- Coordinated collective mechanisms and materials for information about aid and basic services and provided feedback and complaints, in line with their preferences. The mapping of Community-Based Complaint feedback Mechanisms in Sudan will be updated.
- Working in synergies with Sudan PSEA Network, RCF, clusters and other forums.
- Consolidated reporting of complaints and responsive follow-up actions.
- Advocate for the inclusion of people with disabilities and their safe accessible engagements and reporting.
- Campaigns to raise awareness of crisis-affected people about SEA and anti-corruption standards.
- Capacity-building of various actors in Sudan on AAP.
- Develop indicators for assessing commitments towards AAP that all humanitarian actors should track and report on.

Overall, AAP efforts will be directed to increase accountability in the delivery of humanitarian assistance, improve people's access to information on assistance and communication with the aid community, and ensure that disaster-affected people's priorities are considered during decision-making about resourcing, planning, and implementing response.

How projects will share information and collect community feedback



Source: Project modules 2023

1.7

Gender Equality and Women Empowerment

In Sudan, conflict and the frequent occurrence of natural disasters (drought, famine and floods) have especially complicated the situation and the overall aspects of the lives of women, who are the most vulnerable. A proposal for the Women Peace Humanitarian Fund, led by UN Women in collaboration with different stakeholders, was developed. The proposal established a rotational multi-agency National Steering Committee (NSC) to play an oversight role in the implementation of projects under Women's Peace and Humanitarian Fund (WPHF). The Fund, once operationalised, will strengthen women's organisations in targeted locations to play a major role in different aspects of peace-building and humanitarian response. The Fund will further contribute to increased participation of women in promoting gender equality and women's empowerment.

During 2022, scaled-up attention was dedicated to inter-agency protection frameworks. This includes the monitoring, analysis and reporting arrangements (MARA) – on conflict-related sexual violence in situations of armed conflict and post-conflict, and to build capacity of implementing partners, and to prevent

and respond to issues of SGBV/SEA. Additionally, to strengthen gender equality and women's empowerment in humanitarian action, the Gender Humanitarian Strategy for Sudan, and a workplan, were drafted in 2022. The strategy provides a roadmap to ensure that adequate policy guidance and technical expertise are provided on normative, coordination and capacity-building priorities for gender equality in humanitarian action; and prioritizing the provision of technical expertise and tools to the HCT and ICCG to ensure the HRP is gender responsive. The strategy suggests to prioritise the capacity development of stakeholders on gender equality and women empowerment. It also enhances the development of context-specific assessments, monitoring and evaluation tools to identify differential needs of men/women/boys/girls, tailoring gender-responsive projects and promotion of equal access to services. Additionally it dedicates further attention to women/girls-at-risk access, documentation of potential the impact of the interventions of different groups, and amplifying the voices of women and girls in the humanitarian programme cycle.

1.8 Disability

The lack of reliable and updated statistics on disability remains a key gap. As per the 2023 HNO, approximately 15 per cent of Sudan's population are living with a form of disability. As part of the HRP, humanitarian partners will consider response options that ensure the inclusion of people with different types of disability in each cluster response. This includes partnering with organisations that have expertise on issues related to disability. For example, WASH partners will install and construct disabled people-friendly facilities in the proportion of 15 per cent (for example, 15 latrines for every 100 communal latrines will be for disabled population). Within any crisis-affected community, children and adults with disabilities are among the most marginalized, yet they often are excluded from humanitarian assistance.

The nutrition cluster has developed a minimum package and related indicators to guide partners, including women-led organizations, on mainstreaming nutrition interventions. The inclusion of AAP, GBV and disability inclusion will be one of the criteria for scoring HRP projects. With respect to disability, partners will be trained on accessibility of all nutrition interventions and identifying specific nutrition needs of persons with disabilities.

In 2023, humanitarian partners will intensify efforts to ensure that assistance and protection services

reach persons with disabilities and that they obtain the specific assistance they require. As a first step, clusters will increase efforts to collect data inclusive of disability, as well as age and gender, including not only the number of persons with disabilities but their specific individual needs. The clusters will also work to ensure that assistance is designed to support and address the specific needs of all vulnerable groups, including persons with disabilities. For example, the child protection Area of Responsibility has included the indicator “the number of girls and boys with disability receiving psychosocial or case management services” as part of inclusive response monitoring framework. Humanitarian actors will seek to strengthen the inclusiveness of persons with disabilities, highlighting their priority needs.

In 2023, humanitarian programmes will seek to address:

- The impact of social exclusion or marginalization due to disability-related discrimination.
- Obstacles to accessing humanitarian assistance (including those due to lack of physical access or information).
- Heightened risk of violence or abuse, including targeted violence against persons with disabilities.

1.9 Sexual Exploitation and Abuse

In 2022, Sudan made advances to strengthen collective approaches to advance prevention and response to Sexual Exploitation and Abuse (SEA), which included the following:

- Development and adaptation of PSEA materials to the Sudanese context. Training and capacity building sessions were conducted, ranging from a two-hour virtual workshop to three-day in-person sessions focused on introducing key PSEA concepts and principles, and integration of PSEA in COVID-19 and emergency response.
- Establishment of the PSEA Task Force in two states, Gedaref and West Darfur, where two SEA risk assessments were also carried out.
- Under the stewardship of the Communications and Advocacy Task Team, the network rolled out its first PSEA awareness-raising and sensitization campaign across seven states.
- Victim Assistance Protocols and procedures (integrating GBV referral pathways) for Sudan have been adopted and rolled out to PSEA focal points.

Challenges remain in the availability of services across all locations of operation.

In 2023, Sudan's PSEA Network will intensify efforts to identify SEA risks for persons in need (refugees, IDPs, returnees and vulnerable resident community members) and propose appropriate actions to address identified risks. An ambitious country-level PSEA action plan has been developed and will be updated for 2023. It focuses on five outcome areas:

- Preventive actions
- Safe and accessible reporting
- Victims' right to assistance
- Accountability and investigations
- In-country PSEA coordination structures

A lack of resources and financing for in-country PSEA actions continues to pose a challenge for timely and at-scale delivery of the targets/benchmarks set out in the PSEA action plan. This also risks community members not being informed of their rights to be protected from SEA, how to report SEA allegations, and not having adequate access to available reporting mechanisms.

1.10

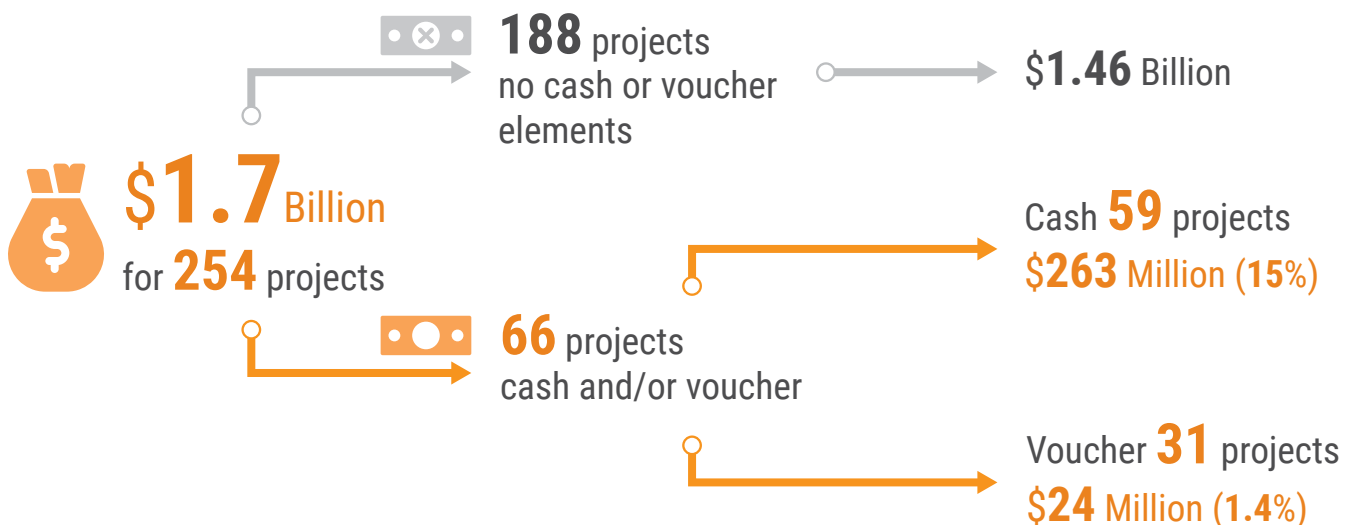
Consolidated overview of the use of Multi – Purpose Cash Assistance (MPCA)

In 2022, the Cash Working Group (CWG) held regular monthly meetings, sharing updated minimum expenditure basket (MEB) transfer value and price monitoring and sharing knowledge on initiatives likely to contribute to strengthening cash operations in Sudan (payment solutions, mobile transfers, assessments, etc.). A growing number of organizations joined – 52 regularly attending the meetings – making the CWG the go-to-place for technical knowledge on cash-based transfer (CBT) in Sudan for donors, UN agencies, NGOs, and private sector actors. A cash dashboard is now in place to follow the evolution of cash operations in Sudan on a quarterly basis.

As per the quarterly matrix, as of June 2022, 21 organizations were providing cash assistance in Sudan. The total number of beneficiaries covered in the first half of 2022 is 1.15 million across 14 states, mostly through cash in hand using bank agents as a delivery mechanism (for 1.13 million people). Humanitarian agencies reached 224,873 people with MPCA during

the first half of 2022, showing a significant increase from the previous year (118,363 people), but CBT in Sudan remains largely cluster specific (food security, shelter, education and WASH in a few places). Cash vouchers modality covered 55,181 people. Different groups are targeted, but cash recipients are mostly IDPs and refugees. A growing number of organizations are turning to digital payments with mobile transfers being piloted in different areas of the country.

More coordination is needed to maximize complementarities between MPCA and cluster specific cash to ensure a better coverage. The CWG will also provide technical support and focus on capacity-building to support a better uptake of CBT across all clusters. CBT continued to scale up in the second half of 2022 and is expected to reach over 2.5 million people. This assistance modality has demonstrated its relevance and feasibility in Sudan and now requests appropriate funding and capacities to be implemented at its full potential.



Part 2:

Response Monitoring

AL FASHER/NORTH DARFUR

School girls share a meal provided through the WFP school feeding programme. Photo: WFP



2.1 Monitoring Approach

Response Monitoring

The humanitarian community will continue to strengthen accountability for the assistance delivered to vulnerable people across Sudan. In 2023, the ICCG and the Information Management Working Group (IMWG) will continue to monitor the response implemented under this HRP to ensure it remains timely, efficient, fit-for-purpose, and at the required scale to respond to humanitarian needs. Other technical working groups (Cash, Access) will continue to provide support. Monitoring against cluster output indicators, clusters will aggregate contributions from their members, indicating whether the cluster is on track to meet its target and ensure reach in different geographical areas as guided in the HRP prioritization.

Monitoring will include:

1. Regular updates on the HRP progress will be given to the ICCG and Humanitarian Country Team (HCT) and other stakeholders.
2. Cluster response monitoring through existing tools. Each cluster will monitor its objectives, linked to the overarching strategic and specific objectives, disaggregated at locality level, with a focus on the most vulnerable groups as identified by each cluster. Report progress will be made against selected output indicators and submitted to OCHA through the quarterly 4Ws.
3. The AAP working group will work with partners to ensure that humanitarians are accountable to the communities they support. The AAP Working Group will feed into the ICCG to improve the response.

OCHA will publish inter-cluster Periodic Monitoring Response (PMR) quarterly, capturing progress toward HRP objectives and the associated funding status as reported on the Financial Tracking Services (FTS) <https://fts.unocha.org/appeals/1068/summary>. Primary data will be publicly available online on the Humanitarian InSight Platform (see link for 2022 <https://hum-insight.info/plan/10680>) and it will be accessible for partners and decision-makers. The SHF will monitor its projects in alignment with HRP activities and indicators.

Monitoring of Needs

Monitoring of humanitarian needs in Sudan will be undertaken throughout the year to assess risks and changes in the context and any implications for response operations and strategy. A nationwide, state and locality assessments will be conducted. Multiple sources of data, including IPC, CSFA, Food Security Monitoring System (FSMS); Monthly Market Monitoring, FEWS NET and Food Security Technical Secretariat (FSTS) Outlook and Bulletins, Food Price Monitoring and Analysis (FPMA), IOM DTM, inter-cluster and cluster rapid needs assessments, and vulnerability and risk monitoring tools will be used to understand changes in the humanitarian context.

Humanitarian Access Monitoring

In 2023, OCHA will continue monitoring humanitarian access across Sudan, including bureaucratic impediments. Partners will report challenges in processing administrative processes such as Technical Agreements, visas, and cargo through the humanitarian access monitoring tool. Quarterly reports will be shared with the Access Working Group and the HCT to inform strategic decision-making and inform advocacy work. Information provided by partners will remain confidential.

Humanitarian Programme Cycle Timeline

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Humanitarian Needs Overview | | | | | | ● | | | | | | |
| Humanitarian Response Plan | | | | | | | | | ● | | | |
| Periodic Monitoring Report/Dashboard | | | ● | | | ● | | | ● | | | ● |
| Who does what, Where (3Ws) | | | ● | | | ● | | | ● | | | ● |

Part 3:

Cluster Response

MUKJAR/CENTRAL DARFUR

SHF and sectors monitoring mission to SHF drought response. Photo: OCHA

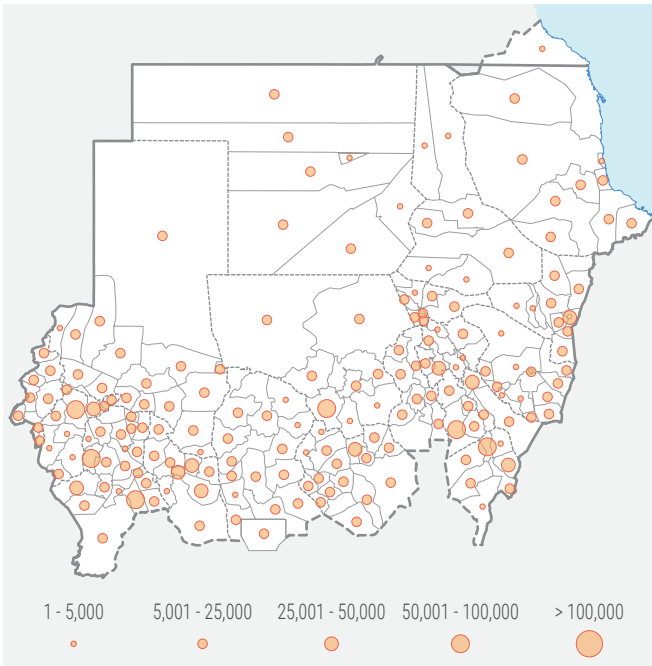


Overview of the Sector Response

| SECTOR | FINANCIAL REQUIREMENTS (US\$MILLION) | OPERATIONAL PARTNERS | NUMBER OF PROJECTS | PEOPLE IN NEED (MILLION) | PEOPLE TARGETED (MILLION) | IN NEED TARGETED |
|----------------------------------|--------------------------------------|----------------------|--------------------|--------------------------|---------------------------|------------------|
| Food Security and Livelihoods | 437.5 | 34 | 38 | 11.7 | 8.2 | |
| WASH | 129 | 51 | 62 | 11 | 4.8 | |
| Health | 141.6 | 30 | 35 | 10.1 | 5.3 | |
| General Protection | 55.8 | 32 | 34 | 4.1 | 2.5 | |
| Nutrition | 191 | 33 | 38 | 4 | 2.2 | |
| Child Protection | 54.1 | 41 | 47 | 3.8 | 2 | |
| Education | 89.9 | 25 | 31 | 3.7 | 2.3 | |
| Gender-Based Violence | 34.7 | 49 | 56 | 3.1 | 1.2 | |
| Shelter & NFIs | 86.8 | 18 | 18 | 3 | 1.4 | |
| Mine Action | 7.8 | 7 | 8 | 2.1 | 1.5 | |
| Refugee Coordination Forum | 475 | 37 | 37 | 0.9 | 0.9 | |
| Coordination and common Services | 15.4 | 2 | 4 | - | - | |
| Logistics & Emergency Telecoms | 28.9 | 1 | 1 | - | - | |

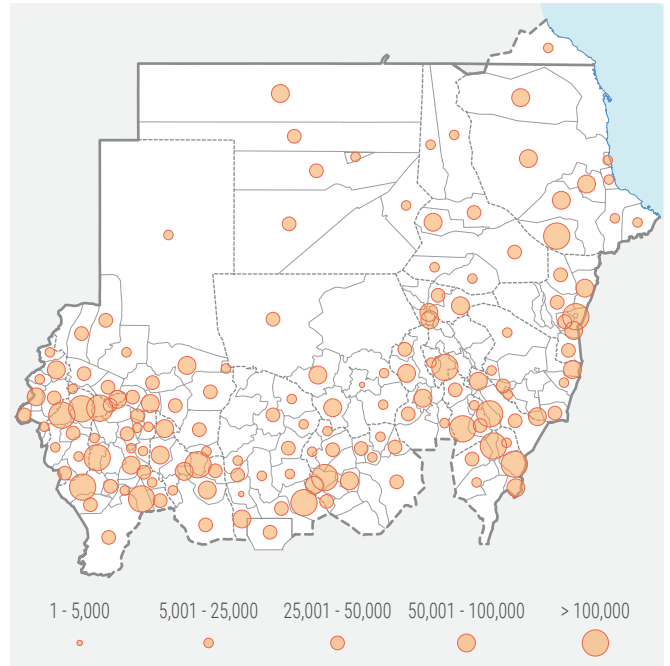
3.1 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 3.7M | 2.3M | \$89.9M |



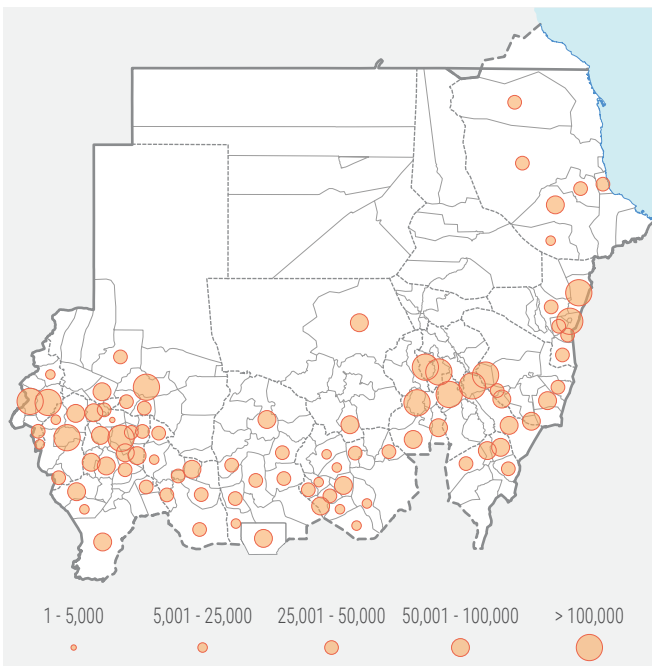
3.2 Food Security & Livelihoods

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 11.7M | 8.2M | \$437.5M |



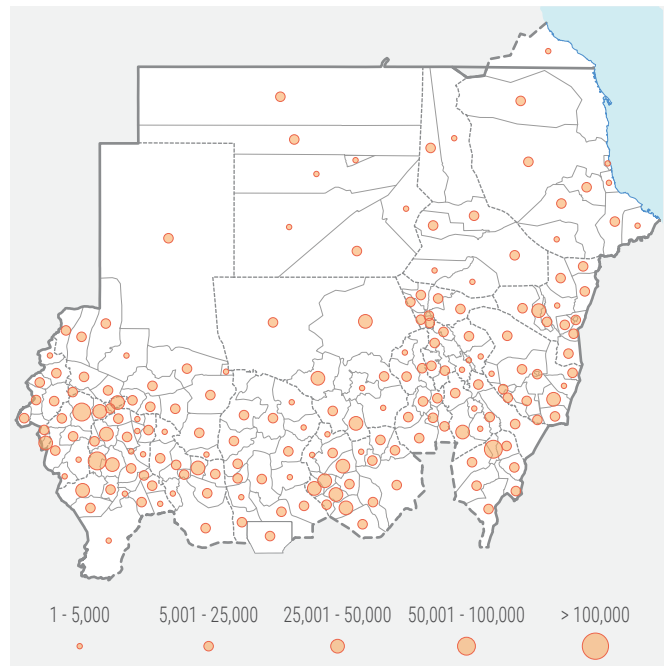
3.3 Health

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 10.1M | 5.3M | \$141.6M |



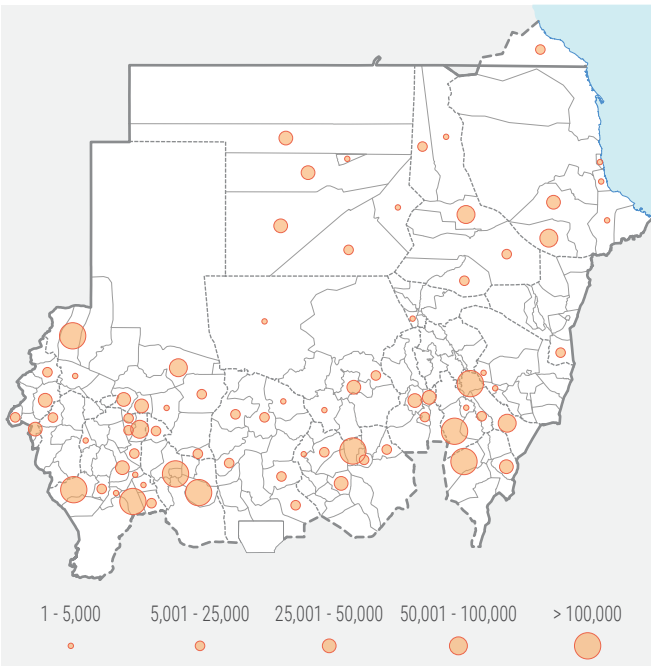
3.5 Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 4M | 2.2M | \$191M |



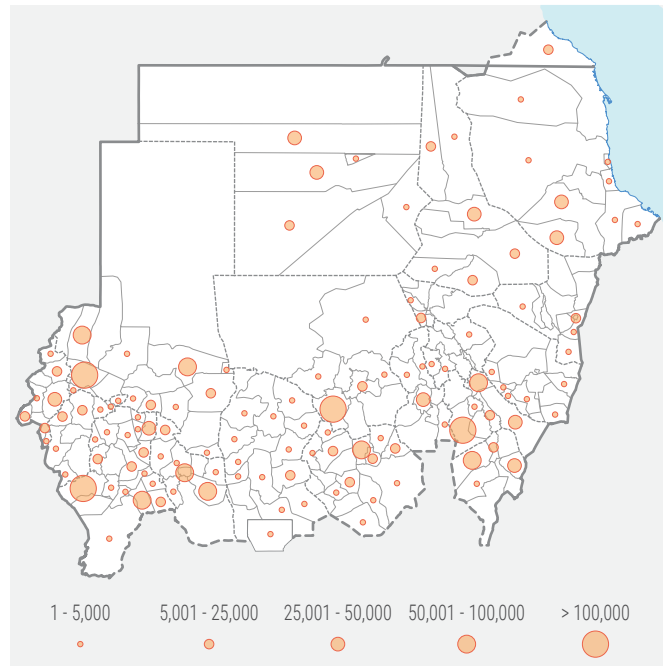
3.6.1 Protection: General

| | | |
|-----------------------|------------------------|---------------------------|
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS(US\$) |
| 4.1M | 2.5M | \$55.8M |



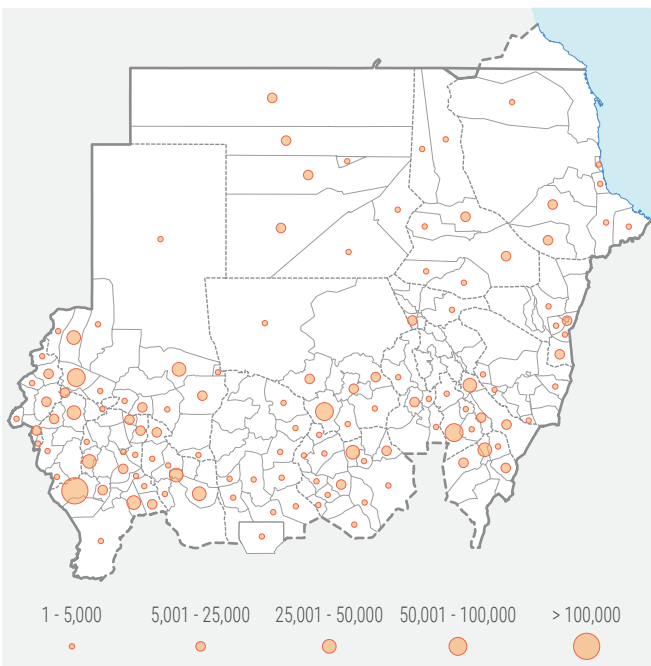
3.6.2 Child Protection

| | | |
|-----------------------|------------------------|---------------------------|
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS(US\$) |
| 3.8M | 2M | \$54.1M |



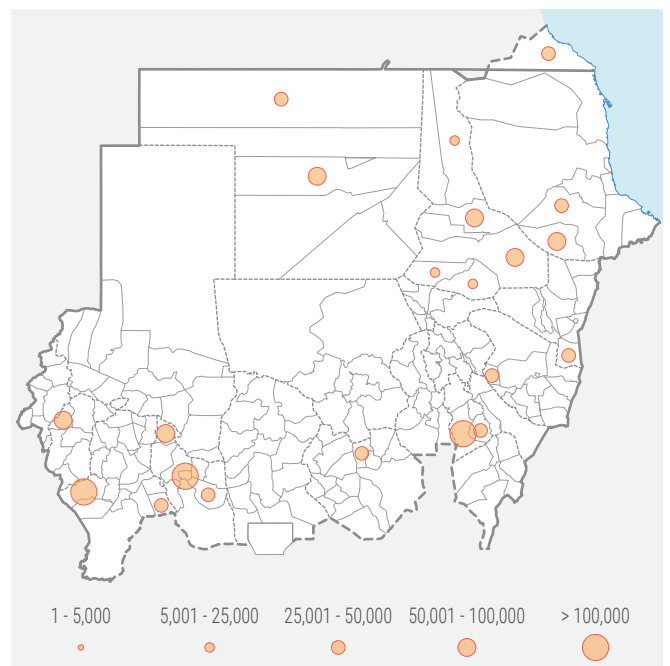
3.6.3 Gender-Based Violence

| | | |
|-----------------------|------------------------|---------------------------|
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS(US\$) |
| 3.1M | 1.2M | \$34.7M |



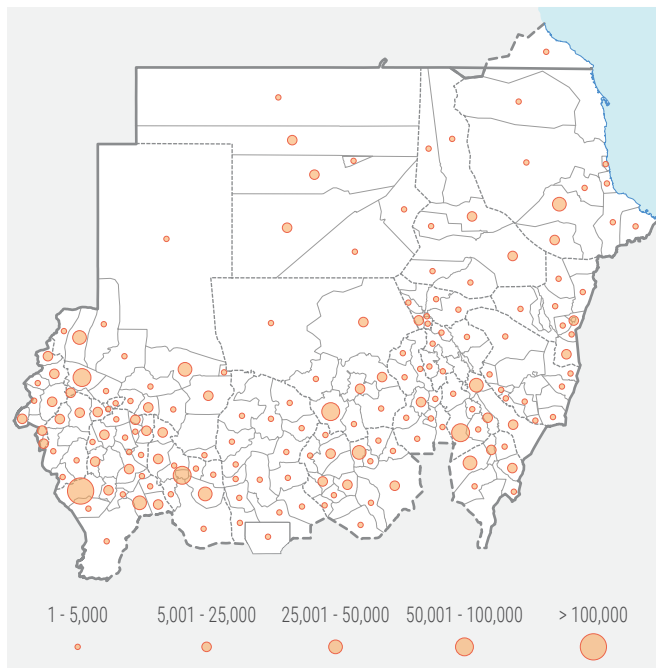
3.6.4 Mine Action

| | | |
|-----------------------|------------------------|---------------------------|
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS(US\$) |
| 2.1M | 1.5M | \$7.8M |



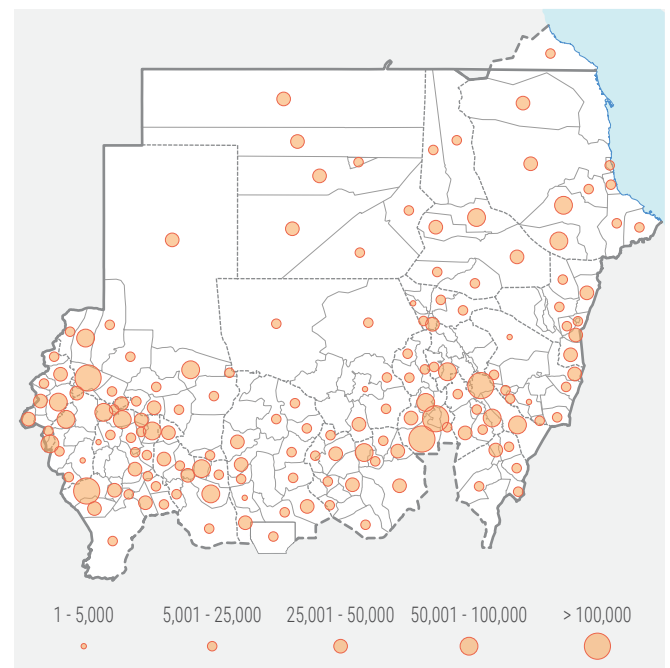
3.7 Shelter & Non-Food Items

PEOPLE IN NEED: **3M** | PEOPLE TARGETED: **1.4M** | REQUIREMENTS (US\$): **\$86.8M**



3.8 Water, Sanitation & Hygiene

PEOPLE IN NEED: **11M** | PEOPLE TARGETED: **4.8M** | REQUIREMENTS (US\$): **\$129M**



Gender and age by sector

| SECTOR | PEOPLE TARGETED (MILLION) | BY GENDER WOMEN MEN (%) | BY AGE CHILDREN ADULTS ELDERERS (%) | VULNERABLE RESIDENTS (MILLION) | IDPs (MILLION) | RETURNEES (MILLION) | REFUGEES (MILLION) |
|--------|---------------------------|------------------------------|--|--------------------------------|----------------|---------------------|--------------------|
| WASH | 4.8 | 51 49 | 60 33 7 | 3.4 | 1.1 | 0.4 | |
| NUT | 2.2 | 51 49 | 65 32 3 | 0.0 | 0.0 | 0.0 | |
| EDU | 2.3 | 55 45 | 100 0 0 | 1.8 | 0.5 | 0.1 | |
| S/NFIs | 1.4 | 56 44 | 32 50 18 | 0.3 | 0.9 | 0.2 | |
| HEA | 5.3 | 72 28 | 25 71 4 | 4.1 | 1.0 | 0.2 | |
| FSL | 8.2 | 51 49 | 40 50 10 | 6.3 | 2.0 | 0.3 | |
| CP | 2.0 | 51 49 | 98 2 0 | 0.2 | 1.4 | 0.4 | |
| GP | 2.5 | 50 50 | 55 37 8 | 0.3 | 1.7 | 0.6 | |
| MA | 1.5 | 51 49 | 55 37 8 | 0.6 | 0.7 | 0.2 | |
| GBV | 1.2 | 80 20 | 98 2 0 | 0.4 | 0.7 | 0.1 | |
| RCF | 0.9 | 46 54 | 65 25 10 | 0.0 | 0.0 | 0.0 | 0.9 |

3.1 Education



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS | |
|----------------|-----------------|---------------------|--------------------|--------------------|-------------------|
| 3.7M | 2.3M | \$89.9M | 25 | 31 | |
| % OF MEN | % OF WOMEN | % OF BOYS | % GIRLS | % ELDERLY | % WITH DISABILITY |
| 0 | 0 | 45 | 55 | 0 | 15 |

OBJECTIVES

The Education Cluster has identified 3.7 million conflict/disaster-affected, vulnerable and marginalized school-aged children needing support to access quality learning opportunities. These include 664,834 ID children, 209,384 refugees, 207,194 children who have returned to Sudan after seeking refuge elsewhere, and 2.6 million non-displaced vulnerable children. The Education Cluster aims to support 2.3 million children in need of humanitarian assistance in 2023 (1.3 million girls and 1 million boys). The geographic areas most in need of targeted education support are the Darfur and Kordofan regions, as well as Blue Nile and Kassala states. In 2023, the Education Cluster will continue to provide immediate life-saving and life-sustaining assistance to school-aged children while also strengthening the resilience of the education system. This approach will, over time, reduce the number of children in need of humanitarian assistance to continue their education, improve children's learning outcomes, and lead to a more resilient education system in Sudan, which will be better able to withstand ongoing humanitarian shocks.

The Education Cluster objectives for 2023 are the following:

- Strategic Objective 1:** Children (ages 6-18) affected by conflict and crisis, as well as otherwise vulnerable or marginalized girls and boys, have better access to quality, inclusive, and equitable learning opportunities in improved learning environments, supported through predictable multi-year programming.

- Strategic Objective 2:** Children (ages 6-18) affected by conflict and crisis, as well as otherwise vulnerable or marginalized girls and boys, benefit from improved quality of education, supported through predictable multi-year programming and measured through long-term learning outcomes.
- Strategic Objective 3:** Education systems are strengthened with improved linkages to humanitarian and development coordination mechanisms to better respond quickly and efficiently to the education needs of children affected by conflict and crisis, as well as other vulnerable or marginalized girls and boys.

RESPONSE STRATEGIES AND MODALITIES

A total of 24 partners working in 17 states are part of the Sudan Education Cluster. In 2023, partners will collectively target 2.3 million children with an integrated package of education assistance. Through a multi-cluster approach to its response, education partners will implement school feeding programmes, support water and sanitation infrastructure in schools, and enhance safety and protection measures for children. These multi-cluster interventions are combined with specific Education in Emergencies support including providing temporary learning spaces for displaced children, distributing teaching and learning materials, training teachers and supporting their professional development, and ensuring that classrooms are well equipped with the necessary resources. In 2023, the Education Cluster is prioritizing core Education in Emergencies interventions which provide conflict and disaster-affected as well as other

vulnerable and marginalized school-aged children with protection, safety, health and nutrition, and wellbeing in learning spaces while simultaneously providing improved access to quality and relevant learning opportunities. The Education Cluster will continue to raise the profile of the education crisis in Sudan, underscoring the severity of the crisis with nearly 7 million children out of school, and will strongly advocate for every child to have the opportunity to learn in a safe, protective, and supportive environment.

CROSS-CUTTING ISSUES

Education partners are committed to ensuring Accountability to Affected Populations. Children, parents, teachers, and school administrators are encouraged to participate and provide feedback throughout all stages of planning and implementation of the Education Cluster programmes. Several feedback mechanisms and post-distribution surveys contribute to monitoring education needs and results. These enable children, parents, and teachers to register their level of satisfaction with the programme and provide suggestions for improvement. Gender, age, disability, and protection specific needs are all addressed in the Education Cluster strategy, and monitoring is also disaggregated accordingly. In localities with a low rate of female school enrolment, an additional gender analysis is conducted to inform programming, and girls will be provided with specialized support to return to or remain in school. Prevention of school-related gender-based violence is integrated in all Education Cluster projects, and protection referral pathways are established through learning centers in close collaboration with the child protection and gender-based violence sub-sectors. Additionally, the inclusion of children with disabilities is an integral component of the 2023 Education Cluster strategy. School infrastructure will be rehabilitated and modified to accommodate the needs of children with disabilities, awareness campaigns on disability inclusion will be conducted, and teachers will be trained on inclusive learning environments. Moreover, the Education Cluster's work on disability inclusion is supported through a specialized working group. Finally, the Education Cluster ensures its programme provides specialized support to

adolescents and youth (up to 18 years of age), particularly girls, as this age group faces severe protection risks and is most likely to be out of school.

RESILIENCE INVESTMENTS

The Education Cluster is committed to supporting a resilient education system in Sudan, which can withstand ongoing humanitarian shocks, and ensure children are learning at the requisite levels, contributing to both individual and national development. This commitment requires a multi-year planning approach, as reflected in the Education Cluster's 2023-2025 strategy. With nearly 7 million school-aged children out of school, more than 70 per cent of third grade learners not attaining basic literacy and numeracy commensurate with their grade level, limited availability and poor quality of education infrastructure, and ongoing teacher strikes, have put Sudan's education system in crisis. Without urgent action combined with longer-term planning, the impact of this crisis will be felt for generations to come and will contribute to increased poverty and conflict across Sudan. To facilitate children's safe return to school in the longer-term, there is a need for construction of new classrooms and school facilities, recruitment and incentivization of additional teachers, and support to innovative alternative learning modalities. Digital learning platforms, content, and hardware should be utilized to provide children in Sudan with basic digital literacy and to reach the most vulnerable out-of-school children, while also contributing to a strengthened and more resilient education system. The 2023 financial requirement to enhance the resilience of the Sudan Education system is US\$ 18 million in addition to the humanitarian requirement of US\$ 90 million. This additional funding would support the construction of classrooms and permanent handwashing facilities, infrastructural upgrades such as use of solar power, and the establishment of e-learning centers equipped with learning devices. With this additional resilience allocation, The Education Cluster would reach approximately 149,000 of the 2.3 million children the Education Cluster aims to support in 2023.



3.2 Food Security and Livelihoods

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|--------------------|-------------------|-----------------------|-------------------------|--------------------|
| 11.7M ¹ | 8.2M ² | \$437.5M ³ | 34 | 38 |
| % OF MEN 51 | % OF WOMEN 49 | % OF CHILDREN 48 | % WITH DISABILITY 15 | |

OBJECTIVES

More than 11.7 M people (24 per cent of the population) are experiencing crisis or worse levels of acute food insecurity in Sudan. Based on the latest IPC analysis, this represents a rise of about 2 million people compared to the previous year. Food insecurity remains alarmingly high, accompanied by increased and prolonged displacement, economic collapse, with significant increases in food and other commodity prices, a reduced harvest⁴, continued conflict, and high unemployment.

The FSL Cluster objectives:

- **Strategic Objective 1:** Improve the food security status of assessed food-insecure people through lifesaving and life-sustaining food assistance.
- **Strategic Objective 2:** Support affected households by protecting and building productive assets and restoring or creating income-generating opportunities to save and sustain lives.
- **Strategic Objective 3:** Improve communities' capacity to sustain households' resilience through the rehabilitation/ building of productive infrastructure as well as training services].

According to the WFP Comprehensive Food Security and Vulnerability Analysis (CFSVA), 34% of Sudanese, including different age and sex groups, are affected by various levels of food insecurity. Extreme gaps in food consumption or substantial losses of assets are the main coping mechanisms of households experiencing severe food insecurity. Furthermore, moderately food-insecure households are unable to achieve their nutritional requirements without using negative coping strategies.

The groups most impacted are IDPs, returnees, people trapped in conflict zones, refugees from neighboring countries, and poor groups from agro-pastoral and pastoral communities in rural areas of western, eastern, and northern Sudan. These groups' means of subsistence are directly impacted by macroeconomic crises, the lean seasons, and other factors. For vulnerable groups classified as IPC levels 3 and 4, the Food Security and Livelihood Cluster is working to ensure proper food consumption, dietary diversity, and strong coping mechanisms in 2023. The cluster increases and sustains the response with emergency and regular food interventions by complementing vegetable and crop livelihood inputs, support for

¹ The FSL cluster PiN figure represents the IPC findings, as WFP CFSVA number are different from IPC due to different methodologies of assessing food security. WFP Sudan CFSVA shows that over 15 million people in Sudan are food insecure where WFP use this figure for programme decision-making purposes.

² According to the most recent IPC classification, and due to shortage in fund, the targeting mechanism in 2023 was used by the FSL cluster to target the area that are at IPC level 3 [Crisis] and IPC level 4[Emergency].

³ The Humanitarian Response Plan funding requirements for FSL mentioned above were estimated for lifesaving, livelihood projects, without resilience component, which is anticipated to cost \$65 million"

⁴ Based on FAO CFSAM report, production of wheat in 2022 by 13 percent below both last year's output and the past five-year average.

livestock, and other interventions. Through the humanitarian-development-peace nexus approach, the cluster will ensure addressing the immediate humanitarian needs, while laying the foundation for medium- and long-term assets and capacities in order to reduce humanitarian needs gradually.

The FSL cluster will focus on targeting 8.1 million food-insecure people, including IDPs, returnees, and vulnerable residents, of whom 5.6 million will receive life-saving food assistance (under SO1). The FSL Cluster will support 2.5 million people to receive critical livelihood assistance, including agriculture and livestock-based support (under SO2).

RESPONSE STRATEGIES AND MODALITIES

The FSL Cluster provides guidelines for targeting and prioritization that can assist in the quick decision-making needed for FSL activities, whether it is food or livelihood support. The activities associated with FSL Cluster SO 1 [Food support] typically concentrate on Sudan's most food-insecure areas, as determined by the IPC, and due to the anticipated paucity of financing for the next year, the targeting strategy for 2023 is focused on prioritizing locations that come under IPC classifications 3 and 4. This prioritization is also applied to livelihood support programs under FSL Cluster SO 2, which concentrates on households that are food insecure and live in places that are susceptible to frequent natural catastrophes and climatic shocks.

The current humanitarian response is hampered by decreasing financing that is not meeting growing humanitarian needs and access problems. In order to be more effective, humanitarian interventions will incorporate long-term solutions into their FSL interventions to address people's vulnerabilities and improve their food security while also providing for immediate needs.

The response will consider community feedback and the protection requirements of women, men, girls, and boys affected by the crisis. The FSL Cluster will follow a hybrid approach in terms of HRP project costing. However, the resilience component, which costs around US\$ 65 million, is not included in the overall financial requirements of US\$ 437 million. According

to the FSL Cluster's response plan, a set of activities have been identified in order to fulfill the targets of the cluster objectives. The FSL Cluster and partners will either deploy in-kind support, CBT, or both.

The delivery modality will be guided according to the response context, considering feasibility, efficiency, and the cost of response. Unconditional cash will primarily be utilized to buy food, in addition to Conditional Cash and Voucher Assistance (CVA) which will be used for social safety net programs, and for asset building. FSL cluster's activities aim to reduce dependence on humanitarian assistance, promote the self-reliance of the targeted population, and withstand future shocks. Additionally, livelihood projects include the distribution of agricultural inputs like seeds and tools, veterinary campaigns, livestock distribution, and cash projects.

The FSL Cluster, together with other clusters, has a common integrated plan which focuses on priority IPC phase 3 and 4 classified localities and is committed to delivering emergency food, livelihood, and livestock support to vulnerable households in areas that crosscut with health, nutrition, education, and WASH cluster programming. The FSL Cluster established packages for integration in 2023, which are supported by other clusters.

CROSS-CUTTING ISSUES

The FSL Cluster will ensure full community participation and engagement to promote AAP, including the inclusion of people with disabilities and taking into consideration equal gender representation. This will be done by consulting with communities and humanitarian responders to identify any obstacles to implementation of the feedback. FSL cluster will ensure through partner community feedback systems, voice recorders, complaint/information desks, feedback boxes, committee meetings, and site management meetings are employed. The cluster's three objectives are centered on the needs, rights, and voices of women, with around 50 per cent of people receiving assistance being women or girls. Emphasis will be put on empowering women and promoting women-friendly livelihood projects to improve community and household resilience.

Effective targeting is central to ensuring the most vulnerable people are not left behind. This will require addressing protection-related concerns experienced by the marginalized.

Targeting will be informed by context, conflict sensitivity, and protection risk analysis to reduce risks and uphold the "do no harm" concept. The cluster works through partners to make sure the most marginalized and vulnerable populations have access to aid without escalating tensions between various social and racial groups by undertaking community-based vulnerability targeting and conflict sensitive assessments. Delivery modalities are chosen according to analyses of local contexts in consultation with beneficiaries. FSL partners will monitor their programmes by collecting disaggregated data by age, gender, and location, and submit their response to the FSL Cluster on a quarterly basis.

The FSL objectives and cross-cutting thematic areas will be monitored in 2023. The FSL Cluster will carry out assessments in conflict-affected areas. Regular field missions will be carried out by the FSL Cluster to closely examine the state of food security and livelihoods. The FSL Cluster will keep track of people's food consumption score (FCS), food expenditure share (FES), livelihood coping strategy (basic needs) (LCS), and food prices for individuals who fall into the severe and moderate food insecurity categories. Partners will monitor price data and households' sources of income. The FSL Cluster will collect quality response data from partners to monitor the number of people assisted

against the cluster's HRP target for 2023. The data will be used for activity progress monitoring, indicating gaps in response across each of the cluster objectives and coordination of humanitarian efforts among cluster partners. Dashboards, partner presence maps, and other information products will be produced on a quarterly basis and will be available publicly on the FSL Cluster website.

RESILIENCE INVESTMENTS

The FSL Cluster in Sudan's Resilience activity, which has a specific objective in the HRP [SO3 - Improve communities' capacity to sustain households' resilience through the rehabilitation/ building of productive infrastructure as well as training services], aims to build the resilience of households and communities to insecurity and conflict, and economic and climatic shocks. In addition, the FSL Cluster aims to strengthen cluster planning, programming, implementation, and coordination mechanisms to ensure efficient utilization of resources and a more cost-effective impact on longer-term household and community resilience.

The FSL Cluster has identified a group of activities under FSL SO3 to contribute to resilience, including vocational training, income-generating activities, and rehabilitation interventions. In parallel to the US\$ 437 million core life-saving funding requested, FSL Cluster is making a US\$ 65 million appeal in order to carry out resilience-building activities to address the needs of 130,000 vulnerable people in Sudan.



3.3 Health

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS | |
|----------------|------------------|---------------------|--------------------|--------------------|-------------------------|
| 10.1M | 5.3M | \$141.6M | 30 | 35 | |
| % OF MEN 28 | % OF WOMEN 58 | % OF BOYS 7 | % GIRLS 7 | % ELDERLY 4 | % WITH DISABILITY 15 |

OBJECTIVES

The Health Cluster response and activities during the 2023 will be guided by objectives that will aim to address the protracted health needs and enhance access to basic health services, readiness and timely response.

The Health Cluster will target 53 million people in areas of the highest identified needs out of a total of 10.1 million people in need identified in the Humanitarian needs overview (HNO).

- **Strategic Objective 1:** Support essential public health functions with a focus on strong primary health care.

Sudan's deteriorating economy and protracted health crisis have increased the number of people without access to basic health services and weakened the health system's ability to provide the population with the basic health care they need. People living in host communities, IDP camps, and refugee camps still rely on humanitarian agencies to provide basic medical services and support with needed medical supplies. Providing basic health services to affected populations is essential to addressing high maternal and child mortality. Furthermore, improving declining immunization coverage in conflict areas is critical to preventing recurrence and reducing the impact of vaccine-preventable outbreaks such as measles.

Ensuring the availability of essential medicines is prioritized.

- **Strategic Objective 2:** Strengthen emergency preparedness, response, and all-hazards emergency risk management.

Health cluster will prioritize addressing health emergencies and providing timely response. Low access to safe drinking water, suboptimal vaccination coverage, inter-communal conflict, and lack of infrastructure to mitigate the effects of seasonal floods, are existing hazards contributing to the resurgence of vaccine preventable, water-borne, and vector-borne disease outbreaks. This includes malaria and arthropod-borne viral diseases.

The deteriorating food security situation across the country is impacting the nutritional status of the population, especially for refugees in IDP camps who are displaced due to conflict. The Health Cluster, in coordination and cooperation with actors and agencies across the greater horn of Africa region, will continue the response addressing the health consequences of dry spells and seasonal droughts affecting Sudan and the region.

The weak water infrastructure and recurrent floods increase the risk of water-borne disease and necessitate robust water quality monitoring programs specifically in crowded urban areas, IDP and refugee

camps and gatherings. The Health Cluster will continue inter-cluster response through joint planning with the WASH, nutrition, and food security clusters.

- **Strategic Objective 3:** Address the needs of vulnerable groups who are disproportionately affected by health emergencies.

Until further data is available, the WHO global figure on prevalence of disability (15 per cent) will be utilized by health cluster partners in their project planning. Women and children are disproportionately affected by the cyclical hazards affecting the country. Clinical Management of Rape (CMR) services coverage is less than 20 per cent and it is estimated that 3.7 million children under 15 years need to be vaccinated against measles. In addition, around 700,000 children missed their routine immunization with the PENTA 3 vaccine. Such low vaccination coverage is a high risk for major outbreaks of vaccine-preventable diseases and necessitate a system broad approach to enhance the coverage, strengthen surveillance system, and prepare for early action and response.

RESPONSE STRATEGIES AND MODALITIES

The Health Cluster will target 5.2 million people in need and will prioritize 91 localities across the 18 states of Sudan. These localities are determined by the 2023 HNO severity of health needs of four and five where a significant proportion of population lacks access to basic services due to unavailability and poor coverage of outreach services.

About 61 per cent of health activities will contribute to life-saving activities in response to acute emergencies, 15 per cent will address protection issues, and 12 per cent of the activities will contribute to improved livelihood.

Supporting primary health services will be prioritized by health partners. Primary health services include the treatment of non-communicable diseases, ensuring the availability of essential medicines, provision and expansion of Minimum Initial Service Package (MISP)

for Reproductive Health (RH) to support reproductive, neonatal, and child health; and strengthening the Expanded program of immunization (EPI).

During and after emergencies, the Health Cluster will support the timely provision of life-saving health services to people affected by disasters, including training and supporting Rapid Response Teams (RRTs), deploying mobile clinics and health staff to affected areas, and ensuring the availability of ambulances and transportation for patients, particularly displaced population in hard-to-reach areas (conflict affected, newly accessible, and areas affected by seasonal rains).

To improve response capacity, the Health Cluster will ensure that 95 per cent of outbreak or emergency alerts are verified, and responses are initiated within 72 hours of notification, in order to protect communities and prevent further spread. This will be accomplished by updating annual multi-hazard preparedness and response plans, strengthening surveillance and early warning systems, expanding community-based surveillance, data analysis, and establishing emergency operation centers in high-hazard states. The Health Cluster will focus on health staff training. Training will include "cross training," to build the capacity of national and local health human resources, specifically female midwives and community health workers, in areas deprived of regular access to health facilities. Further efforts will be dedicated to improving public health laboratory capacities across the country through the provision of equipment and specialized training.

Light structural rehabilitation of health facilities and the provision of medical equipment are required to ensure service continuity while also strengthening community resilience.

The Health Cluster response will be closely coordinated with other clusters to ensure that inter-cluster needs are addressed and cross-cutting vulnerabilities are prioritized. This will be done through joint multi-hazard planning. Effective inter-cluster information sharing,

will be enhanced particularly on cross-cutting health issues such as disease outbreaks, complicated severe acute malnutrition, and issues that have direct impact on other clusters such as education, WASH, nutrition, and protection.

CROSS-CUTTING ISSUES

Despite advancements in laws and legislation addressing GBV and violence against children, service provision for GBV survivors is lacking at the community and facility levels. The Health Cluster will collaborate closely with GBV AoR actors to ensure that health providers are equipped to provide survivor-centered, right-based, non-discriminatory, high-quality health care. In collaboration with the protection and GBV AoR, health staff will be trained on first-line GBV management and CMR.

The health cluster will promote delivering mental health services, in cooperation development initiatives targeting conflict affected areas. Further, periodic monitoring reports and figures will be disaggregated by age, gender, and disability to highlight any persistent gaps and equity issues in the response.

The Health Cluster primary accountability is to strengthen the participation of affected populations in need assessments, feedback mechanisms, and involvement from communities and other stakeholders throughout the program cycles.

The health cluster will support activities addressing environmental health hazards such as solid waste disposal, management of medical waste, health

promotion campaigns, water quality and food safety monitoring.

RESILIENCE INVESTMENTS

Resilience activities included in the HRP projects will enhance the ability of the health system, community or society exposed to health hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. Preparedness for anticipated health hazards should enable early action and lessen the impact of the emergency. To achieve the outcomes, the Health Cluster will monitor the response during protracted emergencies through the Protracted Emergencies Framework (PEF) that focuses primarily on maintaining and managing response activities during protracted emergencies to ensure access to high priority health services, based on a primary health care PHC approach, while building on existing health systems and supporting local capacities where appropriate. Thus, laying a foundation for future health system recovery and resilience in service delivery.

The Health Cluster is appealing for US\$10,000, in addition to the core humanitarian funding request of US\$141,566,910, to advance the health resilience agenda and ensure sustainability of results of core humanitarian action. These activities are mainly focusing on prestocking of medical supplies, supporting health staff incentives, and rehabilitating damaged health facilities. Such activities are designed to be a catalyst for further engagement with development actors to ensure achieving the long-term expected outcome.

3.4 Logistics and Emergency Telecommunication



FUNDING REQUIREMENTS (US\$)

\$28.9M

NUMBER OF PARTNERS

1

NUMBER OF PROJECTS

1

OBJECTIVES

Sudan's country-level Logistics Cluster aims to ensure that timely, coherent, and effective logistics support for humanitarian operations is in place. WFP, as the lead agency of the Logistics Cluster, is accountable for working in partnership with humanitarian stakeholders to deliver humanitarian response based on identified operational gaps. In addition, based on the needs identified and expressed by the humanitarian community, the Logistics Cluster will continue to assume a coordination and information management role while attempting to facilitate common services, where required, to maximise the use of available resources in-country, provide support and advocacy when appropriate, and establish a coordinated operational approach.

WFP will also continue to run the United Nations Humanitarian Air Service (UNHAS) to enable humanitarian workers to reach and respond to needs through the implementation and monitoring of projects. UNHAS will provide safe, efficient and cost-effective inter-agency transport to UN agencies, non-governmental organisations (NGOs) and other stakeholders.

RESPONSE STRATEGIES AND MODALITIES

Following consultations and assessments, the Logistics Cluster was activated in Sudan in May 2020 in the context of the COVID-19 pandemic to enhance inter-agency coordination. Since then, the Logistics Cluster has provided coordination support and logistics information sharing within and between humanitarian partners.

In 2023, the Logistics Cluster will continue to providing coordination and information sharing platforms to ensure that service delivery is aligned with the HRP objectives. It will also aim to boost the mutualization of services and avoid duplication of efforts. The Logistics Cluster will collaborate with the inter-cluster and access coordination mechanisms, among others, and will share technical expertise and experience in humanitarian logistics.

The cluster will also ensure that advocacy is taking place when partners might face common logistics challenges and address them with stakeholders who can address these issues. It will continue to share logistics information, Information Management (IM) products such as maps on physical access constraints, and points of entry.

The Logistics Cluster will continue to provide technical support, logistics guidance and advice on best practice to the humanitarian community.

As part of its objectives, the Logistics Cluster will conduct a cluster assessment and strategy revision/definition to understand and outline exit strategies and identify possible gaps and bottlenecks that could appear and hamper partners' operations. The key findings and recommendations will also provide a rationale to define the most appropriate coordination mechanism for the logistics among the humanitarian implementing partners.

The logistics Cluster, as a unique coordination forum for logistics in Sudan, will also work on the decentralisation of its coordination support in other states affected by crises and support preparedness activities including training and capacity reinforcement.

Even though logistics services such as transportation and storage are generally available to partners through private cluster and service provision, difficulties are reported for the last miles deliveries in some remote places as well as storage availability in other places mainly linked to accessibility and security.

The Logistics Cluster could support to implementing partners with temporary storage solutions in emergencies, given the necessary financial resources.

CROSS-CUTTING ISSUES

The Logistics Cluster is not involved in recruiting or directly contracting staff and logistics service providers. WFP, as the cluster lead agency, contracts logistics providers and recruits staff that will support the implementation of the cluster strategy, under the overall guidelines and adheres to the UN Protocol on allegation of SEA.

The cluster lead agency is committed to addressing protection, GBV, and diversity when implementing its activities, including providing physical safety in and around sites for women and raising awareness among its staff and third-party service providers on protection, GBV, and diversity concerns amongst others.

WEST DARFUR

UNHAS Air Logistics support
helicopter. Photo: WFP



3.5 Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|----------------|-----------------|---------------------|--------------------|--------------------|
| 4M | 2.2M | \$191M | 33 | 38 |
| % OF MEN | % OF WOMEN | % OF BOYS | % OF GIRLS | % WITH DISABILITY |
| 0 | 23.6 | 37.5 | 39 | 11 |

76.4% of the beneficiaries are under-five children and 23.6% are PLWs.

OBJECTIVES

The malnutrition situation in Sudan remains dire. At the start of 2023, child stunting and wasting rates are among the world's highest. The prevalence of Global Acute Malnutrition (GAM) stands at 13.6 per cent. In around 40 per cent of localities⁵ GAM rates exceed the 15 per cent emergency threshold (as identified by WHO).

Malnutrition in Sudan is caused by multiple and complex factors⁶. The four cluster objectives, interventions, and targets, which are guided by the envisaged response capacity and funding requirements, are summarized below.

- **Strategic Objective 1:** Scale up access to quality integrated lifesaving nutrition preventive and protection minimum package services to contribute to preventing malnutrition, reducing morbidity and mortality among children under-two in crisis affected and vulnerable populations.

The cluster is targeting over 2 million⁷ children, which represent 68-90 per cent of 3.2 million under-two

children, with a minimum intervention package⁸. Part of the intervention packages is dietary diversification⁹. A UNICEF report estimates that below 40 per cent¹⁰ of under-five children in Sudan are estimated to live in severe food insecurity conditions with just over 25 per cent of children under-two years meeting diet diversification requirements, making diet diversification a critical intervention gap in Sudan.

- **Strategic Objective 2:** Improve access to quality lifesaving nutrition services to treat severe and moderate acute malnutrition among under-fives, pregnant and lactating women focusing among the youngest, poorest and with increased mortality risk.

Over 3 million children under-five years of age are suffering from wasting; over 611,000 children have Severe Acute Malnutrition (SAM) and 2.4 million have Moderate Acute Malnutrition (MAM). Acute malnutrition among PLW is very high with over 936,000 cases requiring treatment. The Nutrition Cluster is targeting about 2.2 million acutely malnourished

⁵ Sudan has 190 localities.

⁶ Please refer to HNO 2023 Nutrition Cluster for details.

⁷ 51% boys and 49% girls

⁸ Include IYCF counselling, training of nutrition providers on complementary food, supportive supervision, cooking demonstrations and home gardening Iron and folic acid for PLWs, vitamin A deficiency affecting about 58% of the children, multiple micronutrient powder (MNP) in areas where MQ-LNS/FBPM will not be implemented and iodine

⁹ Include: Access to nutritious food such as (Medium Quantity Lipid based Nutrient Supplements) in food insecure especially in IPC-4 localities, localities with high level of malnutrition.

¹⁰ UNICEF: Child Food Poverty. A nutrition crisis in Early Childhood.

children under-five years, and PLW (representing about 55 per cent of the total people in need)¹¹.

- **Strategic Objective 3:** Contribute to the reduction of malnutrition and increase resilience among girls, boys and PLW in prioritized localities through preventive multi-cluster responses.

The Nutrition Cluster aims to improve the nutritional situation and prevent episodes of malnutrition through building resilience, sustained livelihood and basic social services. While the respective clusters will implement the multi-cluster nutrition-sensitive interventions, the Nutrition Cluster will focus on specific preventive nutrition interventions, including food-based prevention of malnutrition targeting 255,640 PLW (representing 27 per cent of 936,000 PLWs in need).

- **Strategic Objective 4:** Improve understanding of the nutrition situation in prioritized localities with critical levels of acute malnutrition through evidence generating assessments and inter-cluster analysis to guide planning and decision making.

The Nutrition Cluster will strengthen monitoring and conduct nutrition analysis of the existing nutrition information, triangulating with other clusters to guide early warning and early actions before the situation deteriorates. It will also conduct nutrition assessments based on SMART surveys methodology in 40 localities with very high (20 per cent and above) to catastrophic (30 per cent and above) levels of acute malnutrition as well as the Special Spatial Survey Method (S3M), Multiple Indicator Cluster Survey (MICS) or Integrated Phase Classification for Acute Malnutrition IPC-AMN).

The total cluster activity-based funding requirement for implementation of core humanitarian nutrition responses is US\$ 190.9M. The cluster core HRP funding requirement has increased by 19.4 per cent in 2023 compared to 2022, partly due to an increase in activity unit costs by over 25 per cent for most of

the interventions and treatment coverage for children with SAM and MAM.

RESPONSE STRATEGIES AND MODALITIES

To reach the targets and scale up response, the Nutrition Cluster will implement an integrated response with the health, WASH, and education clusters at the service delivery levels. These include delivering nutrition services through existing health facilities and mobile teams, use of the simplified protocol to treat SAM and MAM cases under special circumstances, and explore the use of rapid response mechanisms in the onset emergencies. In terms of targeting strategy and prioritization, the cluster will target the youngest (under-twos), the poorest, and children with the highest mortality risk. Second, provision of life-saving preventive and protection nutrition minimum package (objective 1). Third, treatment of SAM with medical complications, who have the highest risk of mortality (9 out of 10 could die if not treated). Priority will also be given for the treatment of SAM without medical complications among under-five years children, whose the mortality risk is 11 times higher than their well-nourished peers. Fourth, treatment/supplementation of MAM among children aged under five years, whose mortality risk is about four times compared to their well-nourished peers.

Given that the causes of malnutrition are multi-cluster, the Nutrition Cluster secured commitments of all the clusters i.e. health, WASH, FSL, education, and child protection to the integrated multi-cluster minimum package¹².

The cluster will deploy several nutrition specific response strategies that include: First, scaling up the minimum preventive and protection life-saving intervention package for the prevention of malnutrition (Objective 1). Second, scale up treatment of under-five years with SAM with medical complications, to reach about 70 per cent of 91,730 in need. The cluster aims to scale up treatment of SAM without medical complications targeting to reach 83 per cent of over 55,000 children in need, progressively reaching 76 per cent during the first half year and up to 90

¹¹ Target varies across different interventions reaching up to 90% of SAM without medical complications during the second half of the year and about 85% for vitamin A and deworming.

¹² Agreed list of activities that respective cluster partners will be requested to choose from.

percent during the second half. Scaling up treatment of moderate malnourished children under-five years, targeting to reach 55 per cent of the estimated 2.2 million in need.

Geographical coverage for treatment of SAM will be increased from 1,838 to at least 4,500 Outpatient Therapeutic Feeding Programme (OTP) sites in 2023 and beyond. Stabilization Centre (SC) will be scaled up from 155 to 165¹³. Efforts will be made to ensure continuum of care for severe and moderate acute malnutrition using simplified protocol. Third, use of cash assistance to support poorest families mainly PLWs to access and utilize nutrition services. Fourth, strengthening referrals for children suffering from SAM with medical complications through provision of transportation costs to and from the SC.

CROSS-CUTTING ISSUES

Gender Based Violence (GBV), disability and lack of accountability to affected population (AAP) can have a detrimental effect on nutritional status of children under-five years and PLWs as well as impacting their mental and psychosocial wellbeing. Persons with disabilities are at a heightened risk of malnutrition and face barriers to accessing nutrition interventions. The Nutrition Cluster has devised a few strategies to integrate previous considerations into the nutrition programming. First, in order to harmonize and standardize implementation of cross-cutting issues, the Nutrition Cluster has developed a minimum package to guide partners to mainstream these cross-clusteral protection aspects into nutrition interventions. Second, all Nutrition Cluster partners have been oriented on the minimum package. Third, all nutrition cluster partners have been requested to mainstream the recommended cross-cutting responses and indicators above in their HRP projects that will be submitted in the OCHA- Humanitarian Programme Cycle (HPC) tool. Fourth, inclusion of accountability of affected populations, GBV and disability inclusion will be one of the criteria for scoring partners on the 2023 HRP projects.

Partners will improve their knowledge and awareness on accountability to affected populations, GBV and disability through capacity-building and referral pathways, which will be organized in collaboration with respective clusters. Interventions will include training of nutrition staff on GBV and PSEA, including mandatory signing of code of conduct, provision of key messages on GBV services availability. Accountability for affected populations, interventions will include provision of information on available nutrition services and establishment of accessible feedback and complaints mechanisms in all partner-supported nutrition sites. With respect to disability, partners will be trained on accessibility of all nutrition interventions and identifying specific nutrition needs of persons with disabilities.

A participatory community-centered engagement will help identify cross-cutting issues, reach consensus on proposed solutions adapted to context and jointly monitored/reviewed by communities and services providers.

RESILIENCE INVESTMENTS

Life-saving activities contributing to nutrition resilience (tagged with R) in nutrition cluster partners 2023 HRP projects have been part of the nutrition cluster HRP for the past several years. SO3 of the Nutrition Cluster focuses on resilience with about 68.6 per cent of the nutrition cluster's 70 life-saving response activities contributing to nutrition resilience. It is important to note that the 'core humanitarian activities' cannot be implemented in isolation of the lifesaving nutrition activities contributing to resilience since they complement each other. These life-saving activities contributing to resilience are critical in humanitarian nutrition responses, because they target PLWs and children below two years who have the highest nutritional needs and deficiencies that expose them to heightened morbidity and mortality risks than any other age groups.

About US\$ 370 million is required to support implementation and scale up of life-saving preventive

¹³ 10 new SC need to be supported by all stakeholders.

and treatment nutrition responses in 2023, targeting about 55 percent of the total acute malnutrition PIN of the Nutrition Cluster. About 52 per cent (US\$ 190.9 million) is earmarked to support core humanitarian nutrition responses while approximately 48 per cent of the total budget (US\$ 179.1 million) is needed to support lifesaving preventive nutrition interventions contributing to resilience targeting to reach 5.9 million children out of over 8.9 million people in need. The nutrition activities contributing to resilience will be reflected in the cluster activities and indicators, however, their respective budgets have not been reflected in the overall Cluster HRP budget. The tagging of activities contributing to resilience is intended to allow all donors - both humanitarian and development- to equally fund them. Leaving out

activities contributing to resilience unfunded will compromise the overall nutrition responses especially for those that need it most- the children below two years, and PLW.

Key transformative impact: Unlike the previous years, the 2023 HRP process was discussed and agreed with partners to implement life-saving preventive and protection resilience minimum package prioritizing children under-five and under-two years as well as PLW. If these interventions are adequately funded and implemented at scale envisioned, they will contribute to reducing the acute malnutrition caseload, mortality and morbidity among children under-five years and overall humanitarian funding over the years.

AL OBEID/NORTH KORDOFAN

Women wait to see a healthcare professional with their children in a nutrition centre. Photo: WFP



3.6.1 General Protection



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|----------------|------------------|---------------------|--------------------|-------------------------|
| 4.1M | 2.5M | \$55.8M | 32 | 34 |
| % OF MEN 50 | % OF WOMEN 50 | % OF CHILDREN 55 | % OF ELDERLY 8 | % WITH DISABILITY 15 |

OBJECTIVES

The protection of internally displaced persons, returnees and vulnerable Sudanese is challenged, in Sudan, by conflict, political instability, economic degradation and climate change. The Protection Cluster plans to reach 2,5 million in 76 localities, targeting 1,650,651 internally displaced persons (IDPs). While 51 per cent are female and 49 per cent are male, out of the total number 55 per cent are children, 37 per cent are adult, 8 per cent are elderly. The Cluster requires US\$ 55,800,673 to target these persons in need. 83 per cent of these persons in need reside in Darfur and the Cluster plans to target 2,066,115 of them. Localities with severity ratings of four and five will be prioritized and in localities with severity ranking three, the Cluster will target 55 per cent of the population. The Protection Cluster will target 100 per cent of persons in need within the 16 localities rated Severity 4 and 5 in Sudan.

Disaggregated data on age and gender breakdown of the IDPs differs from locality to locality will be provided separately through the system.

The findings of Sudan's Humanitarian Needs Overview indicate that IDPs and returnees are in need of legal assistance, civil documentation, Mental Health and Psychosocial Support (MHPSS), redress for their housing, land and property rights, protective accompaniment especially for women and girls, and multi-purpose cash assistance. The communities

also need support for community support projects and community-based protection networks/structures to identify and resolve protection issues. IDP sites need dedicated community facilities. To respond to these needs in 2023, the Protection Cluster plans the following objectives:

- **Strategic Objective 1:** Address immediate and acute protection risks and needs of vulnerable IDPs, IDP and vulnerable crisis-affected host communities by providing equitable and timely lifesaving services.
- **Strategic Objective 2:** Strengthen the protection environment through robust protection monitoring and analysis, identification of protection risks, human rights violations, gaps in available service provision and advocacy.
- **Strategic Objective 3:** Strengthen community-based protection mechanisms to address protection needs, enhance preparedness and early warning capacities and prevent or mitigate protection risks.
- Contribute to the implementation of resilience solutions to reduce drivers of needs.

RESPONSE STRATEGIES AND MODALITIES

The Protection Cluster's response will provide timely life-saving services to address and mitigate protection risks as well as empower IDPs, IDP returnees and other vulnerable Sudanese to claim and exercise their rights. The response will be anchored in a community-

based and human rights approach. The Cluster will build rapport with IDP and IDP returnee communities to enable them to identify and respond to their own protection needs through the establishment and support of Community-Based Protection Networks/structures (CBPNs) and the implementation of community support projects. Through these CBPN and other key informants, the Cluster will engage in protection monitoring to identify protection risks, human rights violations, and gaps in available service provision. The Cluster will use these CBPNs and protection monitoring to identify persons with specific needs and protection risks of different groups, such as women of various ages, children, persons with disabilities, the elderly, and youth. Together these protection monitoring outputs will provide the foundation for the Protection Cluster's advocacy at the locality, state and national levels. To further strengthen the protection environment, the Cluster will engage in capacity development on protection themes to government officials, humanitarian staff and community representatives. Partners will also engage IDPs and IDP returnees through awareness-raising and community outreach activities conducted on general protection issues, their rights and services.

Under Strategic Objective-1 and Cluster Objective 1, the Protection Cluster will respond to acute and immediate protection risks and needs of vulnerable persons such as women, children, people with disabilities, the elderly and those with medical issues, through the provision of legal assistance, cash assistance, and referral to specialized services and mental health and psychosocial support services provided to adults. Under this objective the Cluster aims to reach 669,512 people in need. These responses will also improve people's access to rights and services and work in tandem with child protection, mine action and GBV sub-clusters ensuring complementarity.

In line with a human rights approach, emphasis will be put on housing, land and property issues under both SO2 and 4, which will include technical assistance on HLP, and improved security of tenure for IDPs and IDP returnees. The Cluster will also look to improve

the living situation of IDPs in sites. This response will include community-based protection responses as well as site management briefings for government and partners and the establishment or support of dedicated community facilities at the site level.

The Protection Cluster requires 55,800,673 in 2023 to implement this response and target 2.5 million persons of concern. Out of the total requirement, US\$ 39,012,103 (70 per cent) cover life-saving activities while US\$ 16,788,570 (30 per cent) resilience activities. The Protection Cluster uses unit-based costing methods to determine the financial requirements in 2023.

CROSS-CUTTING ISSUES

Building upon the community-based approach, the Protection Cluster will ensure its AAP by maintaining frequent and inclusive two-way communication with communities using various forms of engagement such as protection monitoring, various feedback mechanisms, open communication through helplines and relationships with community-based structures and referral systems. The Protection Cluster will ensure that a large spectrum of people of concern are able to express their needs during various phases of the project cycle, such as youth, the elderly, women of diverse ages, girls, boys and persons with disabilities. A gender and age lens including collection and analysis of sex and age disaggregated data will help tailor assistance to those most in need.

In support of the localization agenda, the Protection Cluster will enhance the capacities of local organizations representative of diverse ages and gender to plan, secure and implement funding for protection. The Protection Cluster will play a pivotal role in supporting humanitarian actors in mainstreaming protection within other cluster responses and promoting a human rights approach to humanitarian action. Furthermore, the Cluster will also support other inter-agency initiatives such as the Durable Solutions Working Group, development, and peace actors on ensuring protection mainstreaming and promoting a rights-based approach to their work.

RESILIENCE INVESTMENTS

In order to meet the objectives, the Cluster is targeting 75 hotspot localities that are experiencing recurrent incidents of inter-communal violence and factional fighting as well as localities that have the presence of armed elements, UXOs and landmines. These factors create an environment with a greater potential for violence and conflict. While in this context, some of the planned life-saving activities may also contribute to the resilience of affected communities and reduce humanitarian needs over time, if these areas are not adversely affected by recurrent conflict and violence. This includes providing of legal assistance, support to and establishment of community-based structures, implementation of community support projects, provision of technical assistance on HLP, capacity-

development, awareness raising and community outreach activities. Protection monitoring will be structured in a way that will help to identify protection risks and issues that are obstacles to resilience. Activities solely within the resilience portfolio are HLP related and will be carried out mostly in Darfur with a financial ask of US\$ 10,000,000. Partners will provide eviction interventions in West Darfur targeting 4,800 IDPs and improving tenure security by assisting IDPs and IDP returnees with technical support to solve land disputes and prevent disputes before they happen by working with communities to clarify the demarcation of land. The sustainability of these activities will significantly contribute to the implementation of resilience solutions and reduce drivers of needs.

MUKJAR/CENTRAL DARFUR

SHF and sectors monitoring mission to SHF drought response. Photo: UN



3.6.2 Child Protection



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|----------------|-----------------|---------------------|--------------------|--------------------|
| 3.8M | 2.0M | \$54.1M | 41 | 47 |
| % OF GIRLS | | % OF BOYS | | % WITH DISABILITY |
| 51 | | 41 | | 15 |

OBJECTIVES

Girls and boys of all age groups continue to face multiple protection concerns and child rights violations on a regular basis. Civil unrest, inter-tribal conflict, continuous displacement, devaluation of money, deepening poverty, dry spells, exposure to violence, flood, and the persistent lack of access to services and even the most basic necessities are heavily impacting the lives and well-being of children. Grave child rights violations remain a critical concern.

The Child Protection Area of Responsibility (CP AoR), together with its partners, commits to strengthen its coordinated and rights-based approach, prioritize localization and to promote social cohesion in the 2023 Humanitarian Response Strategies and the results framework. Resilience focused strategies/ approach will strengthen the child protection response strategy and its interventions.

The Child Protection AoR plans to reach 1.9 million people (1.3 million IDPs, 205,634 non-IDPs/ vulnerable residents, and 393,788 returnees) in 128 localities in 2023.

The 2023 Child Protection AoR objectives are:

- Strategic Objective 1:** Acutely vulnerable children and their caregivers' needs are addressed through specialized child protection interventions including multi-cluster case management services.

- Strategic Objective 2:** Child protection risk factors are addressed and protective factors that bolster the well-being of children, families, and communities are promoted through primary and secondary prevention approaches.
- Strategic Objective 3:** Improved well-being, resilience, and protective environment of girls and boys through the provision of psychosocial support, life skills, parenting skills, and advocacy, in addition to mobilization of communities and duty bearers across the socio-ecological model.

Capitalizing on the achievements of previous years, the CP AoR will maintain its regular coverage to areas of severe needs, characterized by protracted displacement, and the presence of overburdened communities.

Child Protection humanitarian response activities are mostly driven by skilled personnel such as service-oriented activities rather than simple provision of supplies. Compared to many other humanitarian interventions and due to the nature of the interventions, child protection interventions are human resource heavy, requiring a variety of technical expertise to deliver qualitative services.

The CP AoR requires US\$ 63.9 million to reach 1.9 million children (56 per cent of the overall CP PiN) for the "prevention of and response to abuse, neglect, exploitation and violence against children" as well

as for the improvement of well-being, resilience, and a protective environment of girls and boys through provision of psychosocial support, life skills, parenting skills, primary and secondary prevention by promoting community ownership and behavioral change, and advocacy, in addition to mobilization of communities and duty bearers.

- 85 per cent of the budget (US\$ 54 million) is earmarked to support core humanitarian responses.
- 15 per cent of the budget (US\$ 9.9 million) is needed to support lifesaving preventive child protection interventions contributing to resilience.

RESPONSE STRATEGIES AND MODALITIES

In 2023, the Child Protection Area of Responsibility (AoR) will maintain a community-based approach in its interventions and will continue to tailor response to the evolving situation and the emerging needs. This will be through strengthening community-based child protection networks, localization and rapid deployment of CP resources addressing urgent protection needs, and providing initial measures, in line with Child Protection minimum assistance package while ensuring the adequate protection response and mitigation of protection risks.

As a part of overall cluster strategy, partners will support the building of community resilience to increase the physical and psychological well-being of children and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation and abuse of children through resilience building prevention program including awareness raising activities.

Child Protection partners will prioritize the preventive programmes that targets the most vulnerable girls and boys who are experiencing or at the risk of suffering violence, abuse, exploitation, neglect, including family separation, child labour, severe psychosocial distress, physical and sexual violence and early marriage by addressing the underlying causes.

The Child Protection AoR will integrate the following priorities:

1. Providing a minimum assistance package of child protection services to newly displaced populations through center-based and outreach/mobile approaches to bring services closer and faster to those in need. This package includes information on the prevention of family separation and psychosocial distress; mental health and psychosocial support interventions for children and caregivers; and detection and timely support to children at risk and survivors of violence, exploitation, neglect and abuse.
2. Improving the quality of community-based child protection interventions and specialized child protection services, such as case management and referrals, including for, but not limited to, children living in the most severe localities, IDP sites and newly displaced populations.
3. Systematizing efforts to build a sustainable community-based child protection workforce ensuring the ratio of professional social workers across Sudan by strengthening and broadening existing child protection committees and networks to facilitate more sustainable, community-led CP risk mitigation and response measures.
4. Supporting multi-cluster and integrated responses contributing to child protection outcomes by enhancing referral pathways and networks through a multi-cluster approach, based on gender and age specific multi-cluster minimum package.

Additionally, in support of the localization agenda, the CP AoR will facilitate capacity-sharing and exchange with local and national organizations that will result in strengthening of institutional, operational, and technical capacities. This will enable in local actors increasingly secure flexible and dedicated funding for child protection, strengthening nexus approach and increase their participation, representation and leadership in humanitarian coordination structures.

National level coordination will support subnational capacity and partners to ensure harmonization and joint approaches across different locations and

programs. It will also build on linkages with resilience-based programming.

CROSS-CUTTING ISSUES

The CP AoR will mainstream in its response, the inclusion of specific population groups that are particularly exposed to protection risks due to age, gender, disability, displacement, and other socio-economic conditions.

Partners will ensure the inclusion of zero tolerance policy against all forms of abuse and exploitation against girls, boys, women and men and continue to monitor all related partners and stakeholders to ensure adherence to the Child Safeguarding Policy and Code of Conduct. Feedback mechanisms involving different age and gender groups (boys, girls, women, men and children with disability) will be put in place and community engagement will be encouraged to enable free expression of their views, suggestions, opinions, complaints and feedback, to ensure ownership by and increased accountability to the target beneficiaries and communities.

Child protection partners will be trained to include high standards of safeguarding and PSEA, during the design and implementation of interventions. Child protection actors will ensure their staff, partners, beneficiaries and communities are aware of the safeguarding and PSEA policies, minimum codes of behaviour, and the requirement to uphold high standards of professional behaviour. The inter-agency assessment on partners capacity to respond to GBV and SEA cases will be used as a reference check while selecting partners.

Child Protection AoR will track and monitor the number of children with disability (CWD) benefitting from child protection services (inclusion of indicator in 5ws) and encourage partners to include the activities and the environment that accommodates these children.

Implementing partners will continue to be encouraged to use locally available, environmentally free materials, such as solar energy, rainwater harvesting and tree planting in and around child friendly/ multi-purpose centers.

RESILIENCE INVESTMENT

The current child protection landscape and protracted effects of crises have cumulatively eroded the resilience capacity of children and their communities; put strain on family coping mechanisms and community safety nets; and have left a legacy of psychological distress. The CP AoR requires US\$ 9.9 million (15 per cent of the overall budget, US\$ 63.9 million) to support the cluster objective contributing to resilience: "Improved well-being, resilience, and protective environment of girls and boys through the provision of psychosocial support, life skills, parenting skills, and advocacy, in addition to mobilization of communities and duty bearers across the socio-ecological model life-saving preventive child protection interventions contributing to resilience".

The resilience budget will enable the partners to support the building of community resilience to increase the physical and psychological well-being of children and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation and abuse of children through resilience-building prevention program including awareness-raising activities. Awareness activities will focus at fostering the psychological construct of resilience in children to promote wellness and will aim at lowering rates of depression, criminal activities, abuse, early marriage, and suicide, along with other outcomes among children and youths. As social cohesion is the prerequisite to achieving resilience among the communities, CP AoR will embed social cohesion-focused activities like fair representation of community members from diversified groups, supporting existing community-driven initiatives and reactivating community-based child protection networks.

Providing specialized protection services, such as case management to children with specific protection needs, including through strengthening national child protection systems and community-based mechanisms, continuous engagement, long-term partnership, promoting participation and representation and capacity sharing and exchange with local and national Sudanese NGOs

particularly women led/rights organizations and other marginalized entities are essential factors for ensuring sustained service delivery to provide positive change in the lives of girls, boys, women, and men in need, contributing to resilience which can only be achieved through sustained funding.

Child Protection activities contributing to resilience are tagged with “R”, however, their respective budgets have not been reflected in the overall Cluster HRP budget.

Therefore, the tagging of such activities as contributing to resilience should result in the prioritizing of the funding for core humanitarian response activities and leaving or ignoring resilience. This will compromise the overall humanitarian response as building resilience in humanitarian setting is a methodology for ensuring the quality of programmes – aimed at meeting humanitarian needs while reducing dependence on external assistance.

GEREIDA/SOUTH DARFUR

During HPDO protection intervention in Dika IDP camp for school aged children in Gereida by constructing child friendly space CFS. Photo: UN





3.6.3 Gender-Based Violence

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS | |
|----------------|------------------|---------------------|--------------------|--------------------|-------------------------|
| 3.1M | 1.2M | \$34.7M | 49 | 56 | |
| % OF MEN 5 | % OF WOMEN 95 | % OF BOYS 10 | % GIRLS 90 | % ELDERLY 5 | % WITH DISABILITY 15 |

OBJECTIVES

Women, girls, and the vulnerable population face an ever-increasing risk of Gender-Based Violence (GBV) in Sudan, driven by conflicts, ongoing instability, and the deepening political and economic crisis, including currency devaluation and rising food prices. 3.1 million people, out of whom 92.9 per cent are women and girls, are in need. GBV AoR will target 190 localities in 18 states. In conflict-affected states, in particular the Darfur, Blue Nile, and Kordofan states, the presence of armed groups, communal conflicts, and tribal tensions heighten risks.

The MSNA 2022 shows that almost 80 per cent have heard about cases of violence against women or girls. More than 35 per cent of women and girls felt unsafe 6 months prior to the data collection, and about 51 per cent of refugee households are female-headed as well. Specialized lifesaving GBV services are unavailable in over 61 per cent of the localities in Sudan¹⁴.

According to the findings from the first nationwide, qualitative assessment of GBV conducted in Sudan, “the Voices from Sudan”¹⁵, women working in the informal clusters, women in camp settings who fetch water or firewood, domestic workers, and people with disabilities, are reported to be particularly vulnerable to sexual violence. Vulnerable men and boys are also affected, though the number of cases reported is limited.

Survivors and their families are blamed for the violence, which results in underreporting. They are very vulnerable to repeated violence, particularly forced marriage, and sexual and verbal abuse.

The GBV Sub-Cluster aims to prevent GBV and promote positive coping mechanisms, including seeking protection, health, and legal services, and family and community support. GBV Sub-Cluster partners will target 411,414 service providers and community members in 190 localities with information, capacity strengthening, and access to multi-cluster services for GBV survivors and those at risk of GBV, particularly women and girls, persons with disabilities, IDPs, returnees, and refugees.

The GBV Sub-Cluster objectives for 2022 are:

- Strategic Objective 1:** Provide life-saving specialized quality GBV services, including clinical management of rape, case management, and psychosocial support, and reinforce referral pathways (with a focus on women and girls with disabilities and adolescent girls).
- Strategic Objective 2:** Enhance strategies for community resilience through the empowerment of women and girls and strengthen community-based interventions.
- Strategic Objective 3:** Promote GBV risk mitigation into all aspects of the humanitarian response.

¹⁴ Sudan GBV Sub-Cluster Service Mapping 2022

¹⁵ Voices from Sudan, UNFPA/Combating Violence Against Women Unit, 2021

<https://sudan.unfpa.org/en/publications/voices-sudan-2020-qualitative-assessment-gender-based-violence-sudan>

RESPONSE STRATEGIES AND MODALITIES

The life-saving GBV response requirement is US\$ 34.7 million and the strategies and modalities are as follows:

Strategic Objective 1: Provide life-saving specialized quality GBV services.

- Ensure priority access for GBV survivors to quality essential services: This includes health care, psychosocial support, legal assistance, Cash and Voucher Assistance (CVA) and longer-term mental health and livelihood support. Access to information and services will be enhanced by GBV helpline as well as targeted community-based interventions. Capacity-building for quality service provision will be strengthened, targeting social workers on case management, doctors and medical assistants on clinical management of rape (CMR). Other key actors, such as police and Family Child Protection Unit (FCPU), Community-based volunteers, paralegals, community-based protection network members will also be trained.
- Prepositioning and distribution of essential supplies: This includes dignity kits, female hygiene items for GBV survivors and women and girls at risk, as well as rape treatment kits to be distributed to health facilities for the provision of CMR.
- Strengthening Justice and Legal Mechanism: Informal mechanisms of dispute resolution are commonly used. They are reported to perpetrate injustice against women. The current legal framework is not sufficient in addressing GBV issues. To address this issue, capacity of justice and legal clusters will be strengthened.
- Strengthening evidence-based programming by ethical data collection and information management. This includes GBV assessments as well as other qualitative surveys such as 'Voices from Sudan'.

Strategic Objective 2: Enhance strategies for community resilience through the empowerment of

women and girls and strengthen community-based interventions.

- Focus on community engagement for GBV prevention, risk mitigation and response through seeking community solutions to address issues of stigma and negative social norms. This includes support to community-based protection networks as first line responders and links between vulnerable community members and available services.
- Expanding safe spaces, such as Women Centers for women and girls to meet, build safety networks, and have access to information and services.
- Marginalized and at-risk groups are incorporated in GBV prevention and response: this includes women without male guardians such as widows, divorcees, and young girls between the age of puberty and marriage; and people with disabilities, especially intellectual disabilities.

Strategic Objective 3: Promote GBV risk mitigation into all aspects of the humanitarian response.

- The key focus will be training on GBV mainstreaming for non-GBV actors, coupled with support to other stakeholder and humanitarian clusters to strengthen GBV capacities and advocate for GBV risk mitigation. The GBV Sub-Cluster aims to ensure a holistic and coordinated multi-cluster approach, in particular, integration with Sexual and Reproductive Health and Protection/Child protection programming.

CROSS-CUTTING ISSUES

GBV is a cross-cutting issue and should be integrated into all aspects of humanitarian response. GBV AoR partners will continue to focus on mainstreaming GBV to better understand GBV risks in intervention by different clusters. This includes not only the Protection Cluster and Child Protection Sub-Cluster, but also FSL, Nutrition, WASH and Health Clusters since women, girls and the vulnerable population are exposed to risks in daily activities, such as fetching water and firewood, and accessing humanitarian aid.

Gender and age disaggregated data will be collected and analyzed to inform targeted interventions. This will enable marginalized and at-risk groups to be incorporated in GBV prevention and response, such as women without male guardians (widows, divorcees, and young girls between puberty and marriage) and people with disabilities.

The GBV Sub-Cluster will also strengthen AAP by safety audits, focused group discussions on GBV, consultation, and dissemination of the GBV SOPs as well as referral mechanisms. The GBV Sub-Cluster will also continue to maintain a strategic collaboration with the PSEA network to provide technical support as needed and ensure SEA survivors have access to GBV response services through the relevant referral mechanisms.

RESILIENCE INVESTMENTS

In the current context, there is an increased importance of solidifying the gains made during the transition years and continuing driving the gender equality agenda to address the root causes of GBV and promote resilience. According to the findings from “The Voices from Sudan”, GBV survivors and their families are often blamed for the violence they experience, which results in underreporting, and can be trapped in a chain of negative coping mechanisms. They are very vulnerable to repeated violence particularly forced marriage, sexual and verbal abuse. Women and girls try to protect themselves from violence in ways that may limit their freedoms and opportunities, including going out in public in groups.

Recent research has demonstrated that independent women’s groups are the single most important factor in addressing violence against women and girls¹⁶. A large body of evidence has established that gender equality programming that ensures equitable access to services, empowerment of women and girls and sensitization of men and boys—including for men and boys to take on non-traditional gender roles—results in significant, concrete benefits for the entire community, including community resilience¹⁷.

Strategic Objective 4: Promoting resilience by strengthening local and community-based systems that prevent and mitigate GBV.

The resilience component for the GBV Sub-Cluster requires US\$ 13.36 million, and the strategies and modalities are as follows:

To enhance resilience and promote empowerment and substantial engagement of women and girls in decision-making processes, the GBV Sub-Cluster will focus on institutional and technical capacity-building, the capacity of local women-led organizations, as well as conduct peace-responsive activities with meaningful participation of women and girls.

GBV partners will conduct inclusive community dialogues towards eliminating discriminatory social and gender norms, stereotypes and practices which are the root causes of GBV, including promoting positive masculinity, as well as GBV and harmful practices that affect girls and women.

Partners will build the knowledge and capacity of women and girls to establish and participate in community-led early warning systems and strengthening preparedness which aims to reduce the vulnerability, risks, and increasing resilience. This will be further enhanced by awareness creation and social mobilization aiming at galvanizing the communities to strengthen early warning and preparedness.

As a part of building resilience and sustainability, GBV partners will support the national frameworks, including the Framework of Cooperation (FoC) on Conflict Related Sexual Violence and the National Protection of Civilians (POC) strategy. The GBV Sub-Cluster also will work across the Humanitarian-Development-Peace Nexus, to promote linkages with peacebuilding and development interventions and will have a special focus on localization, including support to women-led organizations and capacity- building of local partners.

¹⁶ *Preventing Conflict, Restoring Justice, Securing Peace: A Global Study on the Implementation of United Nations Security Council Resolution 1325*. UN Women. 2015.

¹⁷ *Ibid.*

3.6.4 Mine Action



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS | |
|------------------|--------------------|---------------------|--------------------|--------------------|------------------------|
| 2.1M | 1.5M | \$7.8M | 7 | 8 | |
| % OF MEN 27.3 | % OF WOMEN 27.9 | % OF BOYS 21.5 | % OF GIRLS 20.6 | % ELDERLY 2.7 | % WITH DISABILITY 2 |

OBJECTIVES

Mine contamination remains one of the key concerns with an estimated 2 million men, women, and children, including IDPs, returnees, refugees, and vulnerable host communities affected by the presence of Explosive Ordnance (EO) in Sudan. The Mine Action Cluster is targeting about 1.4 million people (70 per cent of the people in need) through the 2023 HRP in South Kordofan, West Kordofan, Blue Nile and Darfur States. About US\$ 10 million is required to respond to the needs of the people affected by EO and to achieve the objectives set for 2023.

Mine Action (MA) response will be guided by three main objectives allowing people and communities to enjoy a safe and conducive environment for peace and development in areas contaminated by EO:

- Strategic Objective 1:** Ensure people at risk know how to mitigate the threat of EO and light weapons through the provision of Explosive Ordnance Risk Education (EORE) promoting safety among affected communities.

At-risk populations from refugee, IDP, and returnee communities as well as humanitarian workers, will benefit from the EORE and awareness-raising activities

in recognizing, avoiding, and reporting hazards to minimize the threat of EO accidents.

- Strategic Objective 2:** Ensure the United Nations and the local population are able to safely use areas previously contaminated with EO.

Release lands previously suspected or contaminated with EO through survey and clearance activities for safe access to residential land, agriculture land, infrastructure, and roads. Clearance operations will contribute to protection of local communities, IDPs, refugees and returnees by ensuring improved access to basic services and restoring livelihood capacities as well as safe access for the humanitarian actors to enable the delivery of life-saving aid.

- Strategic Objective 3:** Support the capacity of the Sudan federal mine action authorities to provide prioritized principled and efficient Mine Action programme to improve the living conditions of explosive accidents survivors and promote their socio-economic reintegration into their societies.

The national authorities, including the National Mine Action Center (NMAC), which is the government body responsible for managing and coordinating MA in Sudan, will be supported to effectively manage and

prioritize MA activities. NMAC requires technical, advisory and financial support to run the programme. This objective will also contribute to improving the life conditions of explosive accidents survivors and promoting their socio-economic reintegration into their societies through identification of victims, data collection and provision of information on victims, establishing referral pathway for victims, promoting EO victims' rights and access to services, community engagement, mainstreaming victim assistance in the relevant services (medical care, rehabilitation, psychosocial support, education, social protection, and livelihood support), provision of medical care, prosthetics and assistive devices, psychological counseling, and income generation kits.

RESPONSE STRATEGIES AND MODALITIES

The long history of conflict in Sudan affected many areas with EO including land mines and Explosive Remnants of War (ERW). South Kordofan, West Kordofan, Blue Nile and Darfur states are among the heavily contaminated states. Approximately 2.07 million people living or moving through EO affected areas are in need of improved and safe life conditions including humanitarian assistance which could be hindered or limited by the presence of landmines/ERW. Sudan has a commitment under the Anti-Personnel Mine Ban Convention (APMBC) Article 5, which requires Sudan to remove all known anti-personnel mines by April 2023. However, Sudan has applied to extend the deadline.

In close coordination and partnership with different MA stakeholders, including government counterparts, NGOs and affected communities, MA aims to support sustainable peace and development through the mitigation of the threat posed by explosive hazards.

To respond to the EO problem, contaminated lands will be released for humanitarian purposes and productive use. Land release operations will be implemented following prioritisation criteria set up in consultation with the affected communities, and mine action stakeholders to support access for humanitarian

assistance. The village-by-village survey/assessment approach will be followed.

EORE will be promoted through different interventions including direct EORE, community-based approach, radio broadcasting, public information campaigns and distribution of awareness materials.

EO victims will be supported through strengthening and expanding the existing local capacities to coordinate physical, psycho-social, and economic rehabilitation and reintegration of mine/ERW accidents. Victim assistance will be enhanced in other MA activities. A swift referral pathway will be promoted and equal access to government institutions including medical care, rehabilitation, psychosocial support, education, social protection, and livelihood support.

Building the capacity of relevant national actors will be done to ensure quality delivery of MA interventions through direct training to the MA workers, supporting the quality assurance efforts, and providing the technical expertise to NMAC in different areas.

CROSS-CUTTING ISSUES

MA ensures equal participation, consultation, and inclusion of affected populations in the planning and implementation of mine action programs. MA ensures that knowledge of risks related to explosive ordnances among women, girls, boys, and men from diverse groups is incorporated into risk reduction efforts, including clearance and risk education. It also facilitates and supports multi-cluster assistance to victims of EO that is responsive to the needs of women, girls, men and boys from diverse groups, and advocates for the mainstreaming of gender and diversity considerations in national mine action policies, institutions, and programs. Additionally, the Mine Action is committed to and follows the International Mine Action Standards (IMAS) for environmental protection, to avoid contamination of soil or waterways as a result of its interventions. As such, Mine Action ensures that its interventions include a "do no harm" principle.

RESILIENCE INVESTMENTS

Through EORE sessions , MA teaches EO affected populations to protect themselves from being injured or killed by the EOs, to live and practice their daily livelihood in the presence of the hazards, and to survive if they fall in a hazardous area until they get the required assistance. Through land release activities MA enables access to the humanitarian actors to provide the required support to the people in humanitarian shocks. Moreover, through land release

activities and road assessment or road clearance affected populations including host communities, IDPs, returnees and refugees will be safely stabilized in their residence, homelands, or their daily movement and as they access the basic services and livelihood activities. In cases of EO accidents, immediate psychosocial support will be provided to the victims and their families to allow them to mentally cope with the situation.

MUKJAR/CENTRAL DARFUR

Animal vaccination campaign. Photo: OCHA



3.7 Shelter and Non-Food Items



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|----------------|------------------|---------------------|--------------------|-------------------------|
| 3M | 1.4M | \$86.8M | 18 | 18 |
| % OF MEN 48 | % OF WOMEN 52 | % OF CHILDREN 55 | % OF GIRLS 8 | % WITH DISABILITY 15 |

OBJECTIVES

Shelter and settlement vulnerability in Sudan continues to rise as widespread conflict and natural disasters cause devastation to infrastructure, housing and household assets. Local resilience capacities are being overstretched as the political crisis drives economic and social marginalization. Households and communities that were previously able to leverage their own coping strategies to safeguard their lives and assets, are now increasingly finding that the type, scale and frequency of the hazards they are being exposed to pose a severe threat to their safety and wellbeing. At the same time, institutional resources to support safe and adequate housing are declining because of global financial constraints.

It is therefore not a surprise that 2023 HNO identifies 2.9 million people in need of shelter and NFI assistance, a 7% increase compared to the previous year. Due to limited resources, cluster partners will target 1.4 million IDPs, returnees and vulnerable residents and prioritize 85 localities across 13 states in Sudan where the highest severity of needs have been recorded. These are conflict-affected areas across Darfur and Kordofan regions and in Blue Nile, as well as other areas historically subject to recurrent flooding.

Cluster partners will focus on providing stabilizing life-saving assistance to newly affected communities and will aim to support returnees and those living in protracted displacement with more sustainable, emergency-recovery type of interventions, through the following two objectives:

- Strategic Objective 1:** Provide timely NFI assistance to crisis-affected populations.
- Strategic Objective 2:** Enable crisis-affected populations to access adequate¹⁸ shelter solutions that provide protection, safety, security, and space to live in a dignified manner.

As needs and affected populations increase, while possibilities for solutions shrink in conjunction with diminishing resources, emergency response will remain critical in 2023. However, a sole focus on immediate, life-saving activities that do not see past the short-term, threatens to degrade the situation even further, particularly in the context of restricted development funding and lack of public investment. It is crucial to break the cycle of recurrent emergency repose and invest into more permanent housing, public facilities and infrastructure. This will not only make communities more resilient to both man-made and natural disasters but also save resources in the long-run.

¹⁸ The concept of "adequacy" means that housing is more than four walls and a roof. It underlines the importance of including a settlement lens, cultural identity, and the availability of services in a shelter response.

2018 Sphere Handbook, Essential concepts in shelter and settlement.

RESPONSE STRATEGIES AND MODALITIES

With long-lasting insecurity and seasonal flooding both driving displacement and constraining access, emergency response and preparedness will continue to be central in 2023. The common pipeline will remain a critical resource as the cluster leverages multiple international and local framework agreements to ensure uninterrupted supply of ES/NFI kits while at the same time maintaining quality standards and best value for money. Stocks will be prepositioned through a country-wide network of 16 strategically located warehouses across targeted states. The cluster will continue to heavily rely on multiple rapid response mechanisms and country-based pooled funds as it remains less than 10% funded year in and year out.

In areas with functional markets, cluster partners will prioritize cash for shelter activities to ensure an agile response and realize savings by eliminating complex logistics out of the equation. Since cash for shelter allows affected households to tailor assistance to their specific needs and housing/damage types, cluster partners will leverage this unique quality of Cash Based Interventions (CBI) to boost emergency recovery efforts and provide more sustainable shelter solutions. While shelter CBI will be complemented with technical support and training, cluster partners will also use standalone training and community sensitization to generate high impact gains with very low resources. This entails developing local capacities to reduce shelter-related risks by raising awareness and developing skills in joint analysis, learning and decision-making at community level.

To reach unprecedented numbers of people in need, partners will apply the cluster prioritization strategy, which reserves the full minimum package and blanket coverage only for the newly displaced. In all other instances, e.g., for those affected whose houses/infrastructure were only partially damaged and not destroyed, or for those living in protracted displacement, the cluster will provide targeted assistance and apply prioritization criteria to select only the most vulnerable families. These point-based interventions have limited impact on the community as a whole, therefore, more donor support is needed to enable area-based response and bring

all clusters together under the umbrella of spatial planning with the aim of ensuring a coordinated inter-cluster response.

It is important to note that emergency assistance is usually the only type of assistance cluster partners can afford. Durable shelter and settlement interventions are 10 times more expensive, yet they are critical for addressing GBV risks, accessibility constraints, and other protection issues as well as decreasing the overall vulnerability of the most exposed groups.

CROSS-CUTTING ISSUES

Age, gender and diversity considerations will guide shelter and settlement design to ensure women and girls are better protected, as well to ensure those with reduced mobility and other physical and mental impairments are participating in community life and are not excluded from humanitarian assistance. Furthermore, cluster partners will aim to involve affected populations in all stages of the program cycle through workshops, co-creation sessions and two-way feedback mechanisms. Cluster targeting criteria which prioritize women and children at risk, elderly, those with physical and mental disabilities, chronically ill and those ostracized from the community, will allow for equitable and transparent utilization of very limited resources.

To maximize resources, cluster partners will leverage capacities of affected populations and rely heavily on community-based shelter construction. Community level shelter committees and construction groups will be established to facilitate decision-making, implementation and monitoring, support to vulnerable families. In turn this will develop local capacity, promote ownership and increase self-reliance as well as potentially create future livelihood opportunities as affected populations gain new skills. Cluster partners will support access to livelihoods in more explicit ways as well, through cash for work schemes both in terms of construction labor or transportation of items/materials for persons with specific needs as well as for material production (production of soil stabilized bricks, woven grass mats, etc.). Cluster partners will also aim to offset the negative impact on the environment by focusing on renewable materials

(such as earth, fast-growing wood and grass) as well as by advocating for more permanent shelter solutions with longer life span that requires less repairs and do not generate as much waste as emergency shelter typologies.

The Shelter and NFI cluster will work closely with the Protection Cluster on Housing Land and Property (HLP) matters in order to identify areas conducive to more sustainable shelter and settlement interventions as well as to avoid inadvertently exposing affected communities to risks or unknowingly giving legitimacy to land grabbing and occupation. Finally, a coordinated inter-cluster response will ensure crosscutting issues are addressed so that negative coping mechanisms such as child labor (construction), sale of humanitarian aid to compensate for the lack of basic services, etc., are eliminated.

Financial requirement for providing emergency, life-saving assistance to newly affected populations (1.4 million people) amounts to US\$ 86,829,080.

RESILIENCE INVESTMENTS

With inter-communal conflict on the rise, political turmoil and the negative impact of the economic crisis, the needs and affected population will continue to increase, while at the same time, institutional resources to support safe and adequate housing continue to decline. As the Shelter and NFI cluster struggles to keep up with both the rate and scale of new displacement in the context of chronically low funding, and the succession of crises has led the humanitarian response to focus on immediate and life-saving needs almost exclusively. This band-aid type of approach coupled with limited development funding to offset the deepening socio-economic vulnerability or address the root causes of the crisis, threatens to degrade the situation even further through an unsustainable response. It is therefore crucial to break the continuous cycle of recurrent emergency response,

as the need for more durable, longer-term and more sustainable solutions becomes ever more pressing.

With majority of the population residing in inadequate settlements and substandard shelters (makeshift, emergency or collective) for prolonged periods of time, more support is needed to mitigate protection risks, and impacts of exposure to elements, disease vectors and pests. Addressing overcrowding, lack of security, privacy and lighting, poor drainage and waste management, lack of pedestrian and vehicular access is costly. However, it is critical to mitigate the risks of domestic violence, sexual assault, harassment, sexual exploitation, and other forms of GBV. These issues cannot be addressed with emergency type of assistance.

Therefore, where HLP rights and conflict sensitivity considerations allow, operational and donor support is expected to move from relief to recovery and from emergency to more transitional/durable shelter solutions that permit an incremental upgrade approach. The concept of shelter adequacy draws attention to the inextricable nature of shelter and settlements. Yet settlement planning, site development interventions and investments into public facilities are often disregarded due to high associated costs. Providing more permanent shelters without addressing the poor settlement situation will only perpetuate the problem indefinitely. Furthermore, introducing and developing a component of Disaster Risk Reduction (DRR), through basic infrastructure rehabilitation, is vital to strengthen civil resilience capacities and decrease the overall vulnerabilities of the most exposed communities.

Financial requirement for resilience related activities, i.e., durable shelter assistance and settlement planning/development activities for the most vulnerable and exposed communities (100,000 people) amounts to US\$ 21,126,200.

3.8 Water, Sanitation and Hygiene



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS |
|-----------------|-------------------|---------------------|--------------------|--------------------------|
| 11M | 4.8M | \$129M | 51 | 62 |
| % OF MEN | % OF WOMEN | % OF BOYS | % OF GIRLS | % WITH DISABILITY |
| 19.6 | 20.4 | 29.4 | 30.6 | 15 |

OBJECTIVES

The Water, Sanitation, and Hygiene (WASH) situation is deteriorating due to several factors related to worsening economic crises, conflicts, disease outbreaks, climate shocks such as floods, and political instability. There are hardly any new projects to increase WASH coverage, and more than a quarter of existing water facilities are either time-worn or not-functional. Operational costs for functioning water facilities have risen five fold. Insufficient revenue generation, poor budget allocation, and limited external investment have affected WASH activities. Most affected are the IDPs, returnees, and other vulnerable population groups battling food insecurity and extreme poverty, who cannot afford WASH services and practices. These affected population groups are also threatened by WASH-related epidemics, SAM, COVID-19, and conflict over water resources. Women and girls often face great challenges in accessing WASH services to meet their needs.

As per the 2023 HNO, 10.9 million Sudanese people need WASH assistance, of which WASH Cluster partners will focus on increasing access for 4.8 million of those most in need under the following objectives.

- 1. Strategic Objective 1:** 4.5 million people affected by the crisis have access to gender and climate change-sensitive basic water services.

Out of 5.6 million people identified in need of assistance, 4.5 million IDPs, returnees, and other vulnerable populations will be targeted for basic WASH assistance. The highest priority will be given to the 2.3 million people who rely on surface and other improvised water sources. Moreover, water disinfection at the source and household level, operation and maintenance, and water trucking services will support the remaining populations.

- 2. Strategic Objective 2:** 1.66 million people affected by the crisis have access to adequate gender-sensitive sanitation services.

Out of the 10.6 million people identified in need of assistance, 1.66 million people will be targeted with access to limited sanitation. The highest priority will be for the 1.2 million people (72 per cent) who defecate in the open.

- 3. Strategic Objective 3:** 4.8 million people affected by crisis have access to gender-sensitive hygiene services including, risk communication and community engagement (RCCE), menstrual hygiene management (MHM), vector control, and waste management.

Out of the 10.9 million people identified in need of assistance, partners will target 4.8 million people with hygiene promotion interventions using risk communication and community engagement

strategies focusing on handwashing with soap. Girls and women of reproductive age will be reached with menstrual hygiene management. Vector control and solid waste management will be part of the public health response.

RESPONSE STRATEGIES AND MODALITIES

WASH Cluster partners will ensure the availability and continuity of WASH services to a population who cannot afford WASH services and rely on humanitarian support. At the same time, partners will focus on the people with the highest severities of need in all three WASH components. Therefore, an integrated response of all three components of WASH will be preferred as the most effective approach for the most vulnerable, including newly displaced people.

WASH will remain an integral part of preparedness and response for disease outbreaks and epidemics (cholera, AWD, Hepatitis E, vector-borne diseases, COVID-19, etc.) and will continue coordinating with FMOH and the Health Cluster. WASH response will be supported in nutrition facilities (OTPs and SCs) and communities hosting a high number of SAM cases. In addition, a minimum response package of WASH kits and hygiene promotion activities will be implemented in localities where multi-cluster vulnerabilities (nutrition, health, WASH, and FSL) converge. During emergencies, hygiene promotion activities will reach schools and child-friendly spaces, including the distribution of hygiene materials and installing latrines. WASH partners will prioritize water supply to protect children in high-risk areas. Moreover, menstrual hygiene products will be distributed to women of reproductive age during emergencies.

Supply prepositioning will be prioritized as part of cluster preparedness in response to disasters like floods, epidemics, and other conflict-related displacements. In addition, lessons from cash transfer modalities will help to improve WASH intervention efficiency and effectiveness and reduce the logistical costs of supply transportation and distribution in collaboration with other clusters.

WASH partners will seek social mobilization approaches to mobilize targeted communities to

construct latrines as much as possible. In addition, social mobilization approaches will be used in hygiene promotion interventions focusing on providing handwashing facilities with soap and water, hygiene risk communication, and community engagement activities.

Community capacity to operate, maintain and manage WASH facilities will be strengthened through forming and training of WASH committees and providing related equipment. WASH Cluster partners' capacity will be enhanced to focus on WASH humanitarian response, coordination, Humanitarian Development Nexus (HDP), resilience, gender equality, WASH in Health Facilities (WinHF), WASH in schools (WinS), and WASH/GBV through formal or on-the-job training and information sharing modalities. Around 20 per cent of the cluster budget will be spared for humanitarian resilience activities like community engagement, capacity-building and durable solutions. Maintaining active and effective cluster coordination with a focus on harmonized planning, implementation, and monitoring will also be prioritized.

CROSS-CUTTING ISSUES

While providing WASH services and facilities, the WASH Cluster and partners will apply protection mainstreaming principles, safety, security and dignity, equitable access, accountability through community-based feedback mechanisms, information sharing, consultation, participation, and community empowerment of all its beneficiaries, especially women and girls. Cluster partners will ensure that the communal and institutional latrines are gender-segregated, safe with latches on the doors, well-lit, and are in easy-to-access secured places. WASH partners will link women and girls to income-generating women's groups to receive training on making sanitary pads and soap. Inclusion of women and girls will be ensured while assessing, planning, implementing, and monitoring of the WASH facilities. Their equal participation will be sought in the capacity-building exercise where possible.

WASH partners will install and construct user-friendly WASH facilities to meet the needs of the disabled population. In communal set ups, one out five stances

will be installed for the disabled and elderly people. Design of the latrines will have proper slopes, doors, handles as per the recommended design. While fetching water the disabled population will be given priority. Hygiene needs will be checked and addressed. The cluster will also encourage their participation in WASH committees and training where possible. A feedback mechanism will be encouraged.

WASH partners will uphold the five minimum commitments for the safety and dignity of affected people, such as consulting or engaging the affected population in assessments, designs, implementation, monitoring, and inclusion of women and girls across response. Efforts will be made to strengthen feedback mechanisms and post-distribution surveys to enable understanding of coping strategies and power dynamics that affect people of concern.

WASH Cluster partners will follow climate action mitigation and adaptation approaches under the umbrella of Integrated Water Resources Management (IWRM) by contextualizing projects to the local environment. Key actions will be assessing projects for potential adverse climate and environmental impact, mitigating negative impact by modifying the project design, or compensating for adverse consequences. Enhancing climate action and environmental benefits by introducing climate -friendly technologies with a focus on maintaining solar technology, artificial recharge systems, avoidance of pumping and aquifer depletion, and tree planting around water sources will be complemented with capacity-building of communities and field-level service providers.

RESILIENCE INVESTMENTS

WASH partners will implement WASH projects to make communities and affected population groups more resilient to the recurrent threat of outbreaks, diarrheal

diseases, natural disasters like floods and drought, and conflicts.

Durable solutions which will make communities more resilient will be explored. WASH response will have a good portion of activities that will contribute to core life saving and resilience purposes, such as installation and rehabilitation of handpumps, water yards, and digging of wells. More sustainable solutions like Community-Led Total Sanitation (CLTS) will be used in a protracted situation over installing and rehabilitating emergency latrines. Technically sound and durable latrine designs will be prioritized over simple emergency latrines in flood plains. Efforts will be made to teach children in schools hygiene lessons and form hygiene or WASH clubs.

The WASH Cluster resilience approach will focus on ensuring WASH services and community empowerment packages meet suitability, cost-effectiveness, and sustainability criteria. WASH committees will be trained to caretake and operate communal WASH facilities like hand pumps. Where possible, a governance mechanism will be introduced to maintain the facilities. Capacities will also be built to take up affordable services maintenance, sanitation marketing, and soap-making, focusing on women, girls, and young people. Cash transfer/voucher modalities will be implemented to improve community resilience.

To make the affected community more resilient, partners will emphasize community empowerment where women, girls, and young people are enhanced enablers. WASH partners will influence, monitor, and report on women's community groups' accessing and participating in income-generating activities.

70 per cent of the WASH 2023 HRP projects have humanitarian resilience portions. As a result, US\$ 28.5 million will go to resilience activities and about US\$ 129 million to core humanitarian response.

Part 4:

Complimentary Response Plan

ABYEI PCA

Displaced people in Kolom, Abyei.
Photo: OCHA



4.1 Refugee Response Plan

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS | NUMBER OF PROJECTS | |
|----------------|-----------------|---------------------|--------------------|--------------------|-------------------|
| 0.93M | 0.87M | \$475M | 37 | 37 | |
| % OF MEN | % OF WOMEN | % OF BOYS | % OF GIRLS | % ELDERLY | % WITH DISABILITY |
| 53 | 47 | 23 | 20 | 5 | 15 |

OBJECTIVES

With almost 1 million refugees, Sudan hosts the second highest number of refugees in Africa and the country has provided protection for refugees and asylum-seekers from South Sudan, Eritrea, Ethiopia, Central African Republic (CAR), Chad, Syria, Yemen, and other countries (such as Somalia and Democratic Republic of Congo (DRC)) since 1965. While some refugees, such as Ethiopians fleeing the conflict in Tigray, have arrived over the last years, others, such as Eritreans, fled their country decades ago. Additionally, Sudan is one of the main hosting countries for South Sudanese refugees, with currently over 800,000 persons in the country. Khartoum and White Nile State together continue to host more than half of all refugees in Sudan. Refugees remain highly vulnerable and need multisectoral interventions to address their increasing vulnerabilities. Around 51 per cent of the registered households are female-headed, and 1 per cent are child-headed.

While there are currently over 1 million refugees estimated to be living in Sudan, verification processes are ongoing. A slight reduction is expected over the coming years depending on the level of new arrivals and the ongoing verification exercise. The Refugee Chapter in the HRP is a summary of the 2023 Sudan Country Refugee Response Plan. The HRP Refugee Chapter brings together partners and estimates a

financial requirement of \$475 million to respond to the needs of 865,000 target refugees in Sudan, out of an estimated 926,000 people in need (PiN). The following objectives guide the response in 2023.

- Strategic Objective 1:** Strengthen the protection environment for refugees.

The Refugee Response aims for refugees, asylum-seekers, and stateless persons in Sudan to enjoy their rights in line with national, regional, and international pledges, standards, and fair protection procedures. The 2023 Refugee Response seeks to ensure that international protection standards are met, upheld, and applied for all refugees and asylum-seekers in Sudan. The Refugee Consultation Forum (RCF) welcomes the continuous open-door policy of the Government of Sudan (GoS) providing refugees with access to territory while maintaining the civilian character of refugee sites in Sudan.

To strengthen the protection environment for refugees in Sudan, partners will pursue advocacy and programs that target barriers to socio-economic inclusion. Protection assistance will include registration and civil documentation, improved access to formal labor markets and public services, coupled with advocacy for enhanced freedom of movement.

2. Strategic Objective 2: Enable access to timely protection and lifesaving assistance.

Interventions under this objective will foster multi-sectoral lifesaving assistance to reduce mortality and morbidity, targeting new arrivals as well as camp-based populations. The unpredictable situation in countries neighboring Sudan, especially South Sudan, Ethiopia, Eritrea, Chad, and the Central African Republic, requires humanitarian actors to maintain a high level of preparedness to readily assist newly arriving refugees and asylum-seekers at border points and later in refugee sites with lifesaving services.

To best enable access to timely protection and lifesaving assistance, the Refugee Response will prioritize multisectoral lifesaving assistance in refugee camps, camp-like settlements and reception points. Although refugees are receiving protection and basic assistance in camps, gaps remain. The high dependency on the services provided at refugee sites compounded by the lack of public services requires a continuation of assistance until durable solutions can be found. Provision of shelter and core relief items, access to water, sanitation, and food assistance through in-kind or cash-based interventions will thereby be essential in securing access to lifesaving aid. Education in emergencies and health and nutrition services are further and equally required.

3. Strategic Objective 3: Provide equitable access to basic services for refugees and strengthen opportunities for resilience and self-reliance.

To strengthen resilience and livelihood opportunities, this objective aims for refugees and asylum-seekers to progressively achieve self-reliance through gradually increased socioeconomic inclusion and access to multi-sectoral services to meet their needs and improve their wellbeing. Moreover, it strives to ensure that refugees and asylum-seekers benefit from improved conditions in areas of potential local integration and an increasingly enabling environment for solutions across the humanitarian-development-peace nexus.

Voluntary return remains elusive for most refugees in Sudan due to continued instability in their countries of origin. Also, despite increased efforts, resettlement options remain extremely limited. The extended period that refugees have been living in Sudan requires a gradual move from camp and camp-like situations to durable solutions. In line with the Global Compact for Refugees and pledges of the GoS at the Global Refugee Forum in 2019, the Refugee Response supports processes to include refugees in public services systems, especially health, nutrition, and education. Further, despite the bleak economic outlook, income-generating activities and capacity-development interventions are aiming at increased self-reliance and resilience.

RESPONSE STRATEGIES AND MODALITIES

The 2023 Refugee Response Strategy under the HRP is aligned with the 2023 Sudan Country Refugee Response Plan (CRRP), a comprehensive multi-sectoral inter-agency plan to address the needs of 865,000 refugees living across 59 localities in Sudan. This plan is based on the findings of UNHCR's annual Participatory Assessment, inter-agency assessments including the Multi-Sectoral Needs Assessment (MSNA), the Basic Needs and Vulnerability Assessment (BANVA) and localized surveys and field reports. It is also aligned with the regional refugee response to the South Sudanese crisis and is integrated in the humanitarian response in Sudan.

The prioritization of refugee locations is led by the RCF in collaboration with the Commission for Refugees (COR) and partners. The refugee target is based on identified severity levels of refugees living in camps, camp-like settlements, reception points, the Khartoum "Open Areas", urban areas and remote rural settlements. In these areas, needs, vulnerabilities and reliance on humanitarian assistance are high and a sustained need for parallel service systems and assistance is required. Localities with less severities or areas without response capacities have been deprioritized. All prioritized localities in the 2023 Refugee Response are targeted with a multi-sectoral response based on assessed needs. In camps and settlements, partners will continue to provide household level assistance in Protection, Shelter & NFIs, Energy & Environment, Food

Security and Livelihoods, Health & Nutrition as well as WASH with the objective to reach continuous minimum service standards. Assistance will be delivered in line with protection-centered beneficiary identification approaches, ensuring consideration for vulnerability criteria in targeting strategies. Localized coordination mechanisms – the Refugee Working Groups – led by the COR and UNHCR at state level will ensure that gaps are filled and that refugees receive uninterrupted support. All partners who deliver assistance to refugees are required to closely work with the COR and relevant line ministries to ensure that interventions are aligned with national plans and policies.

Sudan continues to explore durable solutions for displaced populations. This is evidenced by the GoS continued commitments on several fronts including the implementation of the Juba Peace Agreement (JPA), the nine pledges made during the Global Refugee Forum (GRF) in 2019, the Sustainable Development Agenda, and its chairmanship of Intergovernmental Authority on Development (IGAD) under which the Governments of Sudan and South Sudan are currently leading a comprehensive solutions initiative for displaced populations including refugees, IDPs, returnees and host communities. Noteworthy, the pledges made at the GRF reflect a commitment to an approach aligned with UNHCR’s Comprehensive Refugee Response Framework (CRRF) through mainstreaming refugee health and education services into national systems and supporting self-reliance, access to employment and freedom of movement. Through this approach host communities will also benefit, and partners will focus on community-based assistance, especially for Health, WASH, Education, and Protection, including GBV and Child Protection services.

The response will prioritize enhanced protection environments for refugees as fundamental in accessing basic rights and services. Protection monitoring will thereby be strengthened to proactively identify individuals with specific needs, respond to their individual protection needs and ensure that day-to-day or regular care is made available to them through an effective case management system. Furthermore, community-based structures and networks will

be enhanced through capacity building to support community-based solutions and to foster regular communication between humanitarian actors and targeted refugees and host communities.

The response will also increase the use of multipurpose cash (MPC) interventions to increase social protection and complement the assistance in basic services. Programs will carefully assess market conditions and price changes to make sure that price uncertainty due to increasing inflation levels are considered. MPC interventions will be prioritized in urban areas where refugees are living in poor areas and struggle to meet their basic needs. Further, sector specific cash programs like cash for shelter will be prioritized where feasible. RCF will work with the CWG to ensure approaches are harmonized.

CROSS-CUTTING ISSUES

The Refugee Consultation Forum (RCF), co-led by UNHCR and the Commission for Refugees (COR), is the country-level refugee coordination mechanism established in accordance with UNHCR’s Refugee Coordination Model. The coordination of the refugee response is aligned with the HRP sectors in standards and approaches while highlighting the distinct situation of refugees and their specific needs having fled to a different country. Coordination with the authorities continues to take place at federal and state levels, with extensive support from the COR.

The RCF promotes the inclusion of cross-cutting issues such as Accountability to Affected People (AAP), protection, gender, age, and environment in the refugee response and aligns itself with the Sudan AAP and Community Engagement Working Group and PSEA Task Force. Awareness raising targeting stakeholders, including refugee communities, will underpin knowledge of PSEA among all stakeholder groups, as well as understanding of rights, reporting channels and feedback mechanisms.

The Refugee Response Strategy has been prepared based on observed needs in the field and through consultation with all stakeholders including government authorities, UN and NGO partners, and refugees. Partners are committed to engaging

refugees in program design and implementation, creating accessible communication channels for feedback and increased transparency with all stakeholders on planned activities. To ensure an effective response to refugees in Sudan the response plans will follow an Age, Gender, and Diversity (AGD) approach by using participatory methodologies to promote the role of women, men, girls, and boys of all ages and backgrounds as agents of change in their families and communities. Specialized mechanisms to further Protection from Sexual Exploitation and Abuse (PSEA) will need to be strengthened in 2023, notably the response to complaints. The community complaints and feedback call center established in 2022 will play a leading role in expanding beneficiary access to accountable and transparent reporting mechanisms.

The RCF aims to mainstream protection throughout the planning and delivery of assistance to refugees. Through community-based protection approaches that put refugees at the center of decision-making, partners will promote community engagement throughout the Refugee Response. Women and youth engagement will be promoted by establishing and supporting peer groups and community-based committees, providing pathways for meaningful participation in decision-making processes. The annual Participatory Assessment process further promotes such participation through structured dialogue with different refugee groups. In parallel, the RCF will continue to collaborate with the PSEA Network to enhance prevention and response capacities, including by ensuring partner access to harmonized information materials, awareness sessions and trainings.

Partners will include environmental consideration throughout the Refugee Response by looking at the environmental impact of the response, especially refugee camps, and proposing mitigation measures. Climate and environment considerations are mainstreamed throughout the refugee response to prevent negative impact on the environment. The sector also promotes positive protection outcomes by mitigating protection risks faced by refugees travelling long distances to fetch firewood, particularly exposing women and girls. In 2023, the Refugee

Response will intensify its engagement with host communities recognizing the deterioration of living conditions among Sudanese and the need for conflict sensitive planning.

RESILIENCE INVESTMENTS: CONTRIBUTIONS TO REDUCING HUMANITARIAN NEEDS OVERTIME

The RCF partners are aiming to strengthen the resilience of refugees facing a deteriorating situation in Sudan and ensure greater sustainability of results of the humanitarian response. Partners appealing for additional \$81M to support resilience interventions and find solutions to reduce future lifesaving needs by improving refugees' ability to cope with future shocks. Self-reliance and resilience activities are aimed at equipping and preparing refugees to respond to the protection risks they face and to take advantage of opportunities leading to durable solutions. Within the scope of the Refugee Response, self-reliance and resilience activities will be pursued in all sectors alongside core life-saving interventions.

Under these initiatives, RCF partners will work to strengthen capacities of refugee communities and households to absorb shocks and fortify self-reliance, contributing to reduced vulnerabilities. Interventions will on the one hand seek to improve access to basic rights and services while in parallel promote pathways for socio-economic inclusion. With livelihoods forming a fundamental aspect to resilience, efforts will be placed on facilitating entry points into labor markets for refugees, with advocacy and capacity building to enhance awareness of refugees' rights targeting duty bearers that act as gatekeepers. The response will in tandem build skillsets and provide productive assets to refugees, ensuring inclusion of women, youth, and persons with specific needs.

In refugee camps and settlements, resilience will be promoted through improved settlement living conditions, positive energy and environment outcomes, and sustainable access to services. Strong energy and environment program components are notably encouraged, recognized for the capacity to act as catalysts for social cohesion between refugee and host communities by reducing competition over scarce local resources.

Multi-sectoral programming will be closely linked to needs identified and defined by affected populations, integrating gender and age sensitive approaches secured through structured community engagement and participation. To better support Sudanese communities in the context of the deteriorating economic situation and living conditions, the Refugee Response will strengthen engagement with host communities and extend access to services holistically where possible to strengthen resilience across populations.

Underpinning long-term resilience building trajectories, partners will continue to advocate for and support

integration of refugees into national systems in line with GoS' nine pledges made at the Global Refugee Forum in 2019. Combined with focus on improved freedom of movement and access to formal labor markets, improved socio-economic inclusion for refugees and asylum seekers offer opportunities of benefit also to local communities. Refugee Response partners will continue to search for avenues of engagement with development actors as key stakeholders in overcoming the persistence of protracted displacement challenges, and to access pathways for durable solutions.

TALKOK/KASSALA

Small holder farmer tilling their land to grow food. Photo: WFP



4.2 Abyei Response Plan

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | NUMBER OF PARTNERS |
|----------------|-----------------|---------------------------------------|--------------------|
| 0.25M | 0.24M | Covered by Sudan and South Sudan HRPs | 19 |

CONTEXT OVERVIEW

The Abyei Administrative Area remains a disputed territory between Sudan and South Sudan. Despite efforts by the international community, the area's political future and final status remain unresolved. The joint administration envisaged in the 2011 agreement has yet to be established. The authorities in Juba and Khartoum have appointed separate administrations to cover the area. The two administrations, however, are unable to provide basic services to the communities.

The Abyei Administrative Area faces significant humanitarian challenges, including frequent and unpredictable violent outbreaks, armed elements, natural disasters and population displacements. The economic difficulties and high inflation rates in Sudan and South Sudan have further exacerbated the situation. The UN and the international community remain the main providers of life-saving and basic social services in the area. Physical access and bureaucratic impediments remain as challenges for the delivery of aid assistance. Limited human, technical and financial resources affect the implementation capacity. The provision of humanitarian assistance between the northern and southern parts of the Abyei Administrative Area remains unequal. Vulnerable people, especially those in the northern part, have not received consistent life-saving assistance. Recovery support, including mid- and long-term economic opportunities, is also scarce.

Conflict and climate change affected the lives of people in the Abyei Administrative Area in 2022. The region experienced conflict-related violence, unprecedented floods and an unidentified cattle disease.

SUMMARY OF NEEDS

In 2023, an estimated 250,000 people will require humanitarian assistance in the Abyei Administrative Area – a 4 per cent increase from 2022. Humanitarian partners have identified 140,000 people in need from the host community, 83,000 IDPs and 480 returnees. More than 120,000 people will be vulnerable because of conflict, loss of livelihood, assets and properties and consecutive rounds of displacement. According to the 2023 South Sudan HNO, some 188,000 people in the southern parts of the Abyei Administrative Area will likely experience severe food insecurity (IPC Phase 4) at the peak of the 2023 lean season from April to July.

The absence of a local economy, access to services and livelihoods will deepen poverty in many villages and lead to increased food insecurity, worsening an already alarming humanitarian situation. During the dry season, the massive seasonal movement of the Misseriya herders in search of green pastures in the fertile valleys of the Kiir and Nyamora rivers will heighten inter-ethnic tensions. Lack of education facilities and high dropout rate remain as challenges to education and child protection. Out-of-school children are more likely to be forced into child labour and early

marriage, further exposing them to higher risk of abuse and gender-based violence cases.

RESPONSE

The main objective of humanitarian programming in the Abyei Administrative Area is to address and alleviate human suffering and to decrease dependency on humanitarian assistance among the displaced people, returnees, seasonal migrants and local communities. A more comprehensive humanitarian response includes health, nutrition, WASH, agriculture and livestock for food security and livelihoods, protection and education activities.

Floods and drought are the main hazards in the Abyei Administrative Area. Heavy rain and floods affect both the humanitarian situation and the ability of the partners to respond. Floods and drought depend on the fluctuating rainfall during the rainy season from May to October. Establishing an effective flood-related early warning mechanism will mitigate the impact of floods. The response plan will consider conflict sensitivity, the effect of natural disasters, drought and flooding and the importance of livestock for livelihoods. The migrating and sedentary livestock population is the communities' main income source. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income-generating opportunities to improve livelihoods. The response includes providing animal health services, such as vaccination and treatment for thousands of livestock, to support local livelihoods.

STRATEGIC OBJECTIVES

- Provide timely multi-sectoral life-saving assistance to the crisis-affected and the most vulnerable people.
- Improve vulnerable communities' access to life-sustaining basic services and livelihoods.
- Strengthen emergency preparedness across all sectors through contingency planning, advocacy for resources, access analysis and confronting logistical challenges.

- Promote peaceful coexistence, stability and resilience among communities, while ensuring protection and gender mainstreaming and environmental sustainability through institutional capacity-building and community empowerment.
- Facilitate a seamless humanitarian response covering the entire Abyei Administrative Area through sustained engagement with the Governments of Sudan and South Sudan to ease the delivery of humanitarian cargo flights into the Abyei Administrative Area, while engaging with the local authorities and actors to improve access and ensure safety in hard-to-reach areas.

RESPONSE ACTIVITIES

The humanitarian partners in the Abyei Administrative Area from Sudan and South Sudan will continue to work closely for peace and resilience for the affected agro-pastoralist, nomadic communities, returnees and displaced people. Approaches will be tailored to their specific humanitarian needs and vulnerabilities. Assistance originating from South Sudan and Sudan will cover the entire Abyei Administrative Area.

The response will provide life-saving humanitarian services and increase sustainability by adopting participatory approaches to building community-based conflict management capacities. The response aims to promote synergy among humanitarian assistance, development and peacebuilding through complementarity among the humanitarian response, the UN joint programme and United Nations Interim Security Force for Abyei (UNISFA) projects.

By monitoring population movement, displacement and returns in line with relevant laws and guidelines, and identifying people with specific needs, partners will be able to target the most vulnerable people in need of assistance across all humanitarian sectors.

To ensure efficient and timely responses to the people in need across all the Abyei Administrative Area, humanitarian partners will utilize contingency plans and assessments and pre-position items and supplies before the rainy season. Partners will engage with the local administrative authorities, traditional leaders and

local non-state armed actors to ensure the safety and security of humanitarian teams in the deep field.

The response will promote peaceful coexistence between host communities, displaced people, returnees and refugees. Activities to strengthen peacebuilding skills include peace dialogue, on land allocation and tribal conflict, ensuring access to participation in local decision-making processes, awareness-raising and conflict sensitivity training. Partners will support initiatives to create conditions conducive to displaced people and returnees' (re) integration.

The response will improve community resilience by providing sustainable and market-oriented food security and livelihood opportunities, including capacity-building and technical capacity development of farmers. This includes generating data and information on rainfall patterns, crops, livestock, fishery, beekeeping and community-based natural resource management, such as community-led ownership and management of multi-purpose solar-powered water facilities. Partners will provide formal and non-formal education, business-oriented training and vocational skill development for young adults and persons with specific needs, creating micro-income generation opportunities and livelihoods by market needs for sustainable recovery.

The partners will contribute to reduce morbidity and mortality by providing integrated primary health care and nutrition services and support and improving quality of care in health facilities. Partners will provide SAM/MAM treatment to reduce malnutrition risk in children under age 5 and PLW. Supplementary feeding programmes will support infant and young child feeding at the primary and community levels. Food distribution programmes will continue. In-kind and cash-based interventions will be provided to the displaced people and vulnerable host communities as part of emergency response.

Improved access to safe drinking water, adequate hygiene and sanitation practices will prevent and mitigate disease outbreaks. Partners will focus on

areas of displacement, return, host communities and migration corridors to minimize conflict over shared resources.

Partners will continue to provide timely and targeted life-saving S/NFI support to the affected people. Distribution of life-saving NFI kits will continue to take place as identified in the needs assessments, through in-kind and cash modalities depending on the functionality of the market at the time of response.

Protection of women and girls will be addressed by establishing SGBV case management services, developing protection referral pathway, increasing SGBV/PSEA key messaging to the IDPs and host communities and building the capacity of local government, community leaders and partners on protection and access to justice.

Children will be provided access to primary education and training through the establishment of learning spaces and temporary learning spaces in areas with many displaced people, school rehabilitation, teacher training, school meals, adequate WASH services in schools and incentives to increase enrolment and retention of girls in school. Partners will reinforce gender equality and promote peaceful resolution of conflict through peace club activities in schools. Livestock and herders will be supported through the provision and support of veterinary health services delivery, including massive vaccination, treatment and infrastructures, while enhancing the capacity of the Community-based Animal Health Workers network in servicing pastoral nomadic populations throughout the migratory routes and sedentary communities.

Supporting access to justice and strong institutions, the Abyei Administrative Area's rule of law and the traditional justice systems will be strengthened through tailored legal training for traditional and court leaders. This includes streamlining the equal implementation of the customary law across the Abyei Administrative Area through capacity-building, improvement of court procedures, revision of harmful customs and establishment of local customary law courts.

PARTNERS IN ABYEI (includes implementing partners)

- Six UN agency focal points in Abyei town (FAO, IOM, OCHA, UNHCR, WFP and UNMAS) are operating in the Abyei Administrative Area, directly implementing activities or through NGOs and contractors.
- Four international NGOs (GOAL, Samaritan's Purse, Save the Children International and Médecins Sans Frontières) in Agok town operate primarily in southern and central Abyei.
- One international NGO (Concordis International) in Abyei town operates across Abyei.
- Ten national NGOs (Abyei Community Action for Development, African Christian Ecumenical Alliance, Ayok-Diil Community Association, Abyei Information Radio Services, Bishop Gassis Relief and Rescue Foundation, Community Empowerment Network, Film Aid South Sudan, Hold the Child, Integrated Humanitarian Aid and South Sudan Red Cross) in Agok are operating in southern and central Abyei.
- Two national NGOs (Elgoni and GAH) in Diffra operate in northern Abyei.
- UNICEF, UNFPA, WHO and UNHCR support the Abyei Administrative Area remotely from Sudan and South Sudan.

4.3

Breaking the cycle of protracted crises in Sudan: A humanitarian resilience approach towards a reduction of humanitarian needs over time

SPECIFIC OBJECTIVES

4.1 Prioritize reaching the most vulnerable to save lives in the short-term and build resilience in the longer term.

4.2 Promote resilience and social cohesion of communities, including durable solutions for IDPs.

As the humanitarian crisis and response in Darfur enters its 20th year, cyclical food insecurity and nutrition crises continue to hit Sudan on a yearly basis, along with ongoing conflicts in South Kordofan, Darfur and Blue Nile that have impacted the lives of millions of children and their families and taken the lives of thousands more. Amidst unfinished peace processes and a turbulent path towards transition to democratic governance, the number of people in need of humanitarian assistance has reached its highest level, at 15.8 million people.

The 2023 HRP was designed in the backdrop of a worsening humanitarian situation in Sudan, which is further compounded by several global and regional risks, including the impact of the triple planetary crisis of climate, environment, and biodiversity loss and more frequent and intense extreme weather events, such as droughts and floods, accelerated desertification, regional geopolitical dynamics, and unfinished peace agreements.

With continued fragility, violence, and armed conflict in Sudan, the impact of global and regional social economic shocks and stresses, and the nexus between peace and climate change, humanitarian needs and a dependency on humanitarian action will continue to increase. It is therefore paramount for the humanitarian community to outline a more comprehensive plan, with a resilience lens, to ensure

that lives are not only saved today but also that these investments to reach people and communities most in need are better able to cope with future shocks and stresses, with the aim to bring humanitarian needs down year on year.

WHY A NEW APPROACH IN SUDAN IN 2023?

The HRP 2023 resilience component serves multiple self-reinforcing purposes:

1. First, it is a transitional appeal, providing a planning bridge into 2024 to enable humanitarian partners, development partners, UN agencies and NGOs to outline a common vision to reach the people most in need, while building resilience and reducing the need for humanitarian response - leveraging the support of different actors in an environment of increased needs and limited financial aid budgets globally.
2. Second, the resilience component serves as an advocacy tool for understanding the multidimensional conditions of the most vulnerable people in Sudan and the need to ensure that different funding streams build synergies that can collectively contribute to strengthening people's resilience.
3. Third, the 2023 resilience component provides an opportunity to focus on core, priority humanitarian

response needs while also ensuring that the ways in which we work are efficient, effective and aligned to global commitments in the Grand Bargain.

Fundamentally, the resilience component provides both a vision as well as the planning structure for the HCT and other donor and technical partners to make the right sequenced investments for better-quality humanitarian response in Sudan.

THE RESILIENCE APPROACH TO ENSURE SUSTAINABILITY OF HUMANITARIAN INTERVENTIONS IN SUDAN

In Sudan a new approach is needed to break the cycle of humanitarian need and ensure greater sustainability of support to the millions of vulnerable people, including women and young people, many of whom have spent their whole lives in conflict displacement.

The Sudan HRP is a needs-based strategy focused on saving lives and alleviating human suffering. A robust and transparent prioritization of resources to reach those who are furthest behind and are most vulnerable remains the cornerstone of the HRP process in Sudan.

Bringing the humanitarian needs curve down depends on a variety of political and conjectural factors which are not under the control of the humanitarian community alone. Addressing the root causes of crises requires political solutions and a renewal of the social contract between the state and its people, through the respect of human rights, protection, and universal access to basic social services.

Closer collaboration between the HCT, the wider development community and UNITAMS can also contribute to the strengthening protection activities and human rights monitoring across the country, as well as support the enabling environment for the delivery of humanitarian aid in Sudan, in line with humanitarian principles.

As such, the dual nature of the 2023 HRP focuses both on the immediate core humanitarian needs as well as the necessary complementary investments that will move vulnerable groups away from a status of

humanitarian vulnerability. The resilience component of the HRP, as a bridge to the new 2024-2025 Interim Cooperation Framework, provides an opportunity for the humanitarian community, to contribute to prioritized and coordinated collective outcomes according to mandates and comparative advantages. It also aims to embed considerations over prevention and peacebuilding at the core of the provision of basic social services, so that humanitarian investments are not only conflict-sensitive as a minimum standard, but also whenever feasible, aim to proactively contribute to sustaining peace, in line with humanitarian principles.

To outline such a new vision of humanitarian effectiveness in Sudan and contribute to break the recurrent cycles of crises, the HRP this year, while remaining focused on addressing the core needs of the most vulnerable people, aims to enable greater sustainability of humanitarian response by supporting lifesaving and life-sustaining activities for humanitarian resilience.

This approach, which builds on the experience accumulated in Sudan and elsewhere on the humanitarian, development, and peace nexus, is in line with the Action plan for Sudan from the Joint Steering Committee on Humanitarian and Development Collaboration and ultimately aims to achieve better results for people in need.

The Resilience component of the 2023 HRP in Sudan aims, inter alia, to:

- Provide food security support to improve communities' capacity to sustain households' resilience through the rehabilitation and building of productive infrastructure as well as training services
- Strengthen preparedness for response and early action to health crises and enhance the ability of the health systems and communities exposed to health hazards to resist, absorb, accommodate, and recover from the effects of a hazard, including through the preservation and restoration of its essential basic structures and functions.

- Reduce future lifesaving needs by supporting self-reliance and improving refugees' ability to cope with shocks and stresses, as well as supporting durable solutions for IDPs.
- Promote women's empowerment and substantial engagement of women and girls in decision making processes through capacity building of institutional and technical capacity of local women-led organizations, as well as conduct peace-responsive activities with meaningful participation of women and girls. Address social norms that are among the root causes of gender-based violence, including through inclusive dialogues towards eliminating discriminatory social and gender norms, stereotypes and practices.
- Build of community resilience to increase the physical and psychological well-being of children and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation, and abuse of children through resilience building prevention program including awareness raising activities.
- Reduce malnutrition and increase resilience among girls, boys and PLW in prioritized localities through preventive multi-sectoral responses, supported by innovative activities that are both life-saving and preventative in nature and implementing evidence generating assessments.
- Support emergency education and a resilient education system which can withstand humanitarian shocks and has the capacity to facilitate the return to formal education for a significant proportion of Sudan's 7 million children who are currently out of school. Resilient education system is also adapted to provide a protective environment for children in a context of conflict and fragility, including by supporting infrastructural upgrades such as use of solar

power, and establishment of solar-powered e-learning centers equipped with e-learning devices in crisis contexts.

- Train WASH committees to caretake and operate communal WASH facilities like handpumps; establish governance mechanism to maintain the facilities and bring communities together to foster peace and enable self-reliance. Build capacities for localized community-owned maintenance solutions, sanitation marketing, and soap making, focusing on women, girls, and young people.

A BLUEPRINT FOR INVESTMENTS TO REDUCE HUMANITARIAN NEEDS OVERTIME

The 2023 HRP outlines a new component of complementary humanitarian activities for resilience providing an investment blueprint for financial partners and donors to start reducing the curve of recurrent humanitarian needs overtime.

The resilience aims to directly support the 15.8 million people targeted by the HRP, with key interventions that aim to avoid that extremely vulnerable women and men further slide into a state of acute humanitarian need.

The 2023 resilience component constitutes a total funding appeal of \$438,722,267 These requirements were identified by the clusters through a rigorous prioritization exercise, focusing on the same caseload of people in need and people targeted as the core humanitarian needs.

It enables a move from a more passive conflict-sensitive humanitarian programming approach to a new generation of humanitarian programming that, where appropriate and in line with humanitarian principles, positively contributes to sustaining peace, as an important consideration of regular existing humanitarian activities across the country.

Part 5: **Annexes**

CENTRAL DARFUR

Badria Hassan Umar at her market stall selling mangos. Photo: WFP



5.1 Participating Organizations

| ORGANIZATION | PROJECTS | REQUIREMENTS (US\$) |
|--|----------|---------------------|
| ACT Alliance / Norwegian Church Aid | 1 | 305,119 |
| Action Against Hunger | 1 | 7,782,001 |
| Adventist Development and Relief Agency | 5 | 12,868,100 |
| African Relief Committee | 3 | 1,996,000 |
| Agency for Technical Cooperation and Development | 2 | 1,749,518 |
| Alliance for International Medical Action | 2 | 4,000,000 |
| Almanar Voluntary Organization | 4 | 17,122,406 |
| Almasheesh for Peace and Development Organization | 2 | 1,950,000 |
| Almassar Charity organization for Nomad's Development and Environmental Conservation | 1 | 1,792,280 |
| Al-Mutawinat Group | 2 | 1,145,130 |
| Alsalam Organization for Rehabilitation and Development | 2 | 3,779,801 |
| Alshrooq Organisation for Social and Cultural Development | 2 | 3,648,350 |
| American Refugee Committee (Alight) | 6 | 23,500,839 |
| Anhar for Peace, Development and Humanitarian Work Organization | 1 | 1,258,500 |
| Business and Professional Women Organization | 4 | 1,692,410 |
| CARE International | 5 | 17,884,999 |
| Catholic Agency for Overseas Development | 3 | 9,798,102 |
| Catholic Relief Services | 3 | 6,364,506 |
| Child Development Foundation | 2 | 2,090,000 |
| Child Rights Watch | 1 | 430,000 |
| Collaborative for peace in Sudan | 1 | 220,301 |
| Concern Worldwide | 4 | 14,771,000 |
| Cooperazione Internazionale - COOPI | 2 | 9,965,000 |
| Danish Refugee Council | 2 | 5,200,000 |
| Darfur Organization for Peace and Development Initiative | 1 | 245,000 |
| Deutsche Welthungerhilfe e.V. (German Agro Action) | 2 | 1,600,000 |
| Developmental Aid organization | 1 | 270,000 |
| Egossa Charity Organization for Rural Development | 3 | 881,410 |
| EMERGENCY - Life Support for Civilian War Victims ONG Onlus | 1 | 3,705,000 |
| Environmental Initiative Organization for Sustainable Development | 1 | 1,417,398 |

| ORGANIZATION | PROJECTS | REQUIREMENTS (US\$) |
|--|-----------------|----------------------------|
| Food & Agriculture Organization of the United Nations | 1 | 85,710,000 |
| Friends of peace & Development Organization | 6 | 3,137,154 |
| Gayat for Peace and Development | 3 | 1,018,900 |
| Global Aid Hand | 4 | 7,716,471 |
| GOAL | 3 | 8,188,990 |
| Great Family Organization | 3 | 2,013,309 |
| Healthcare Foundation Organization | 2 | 690,000 |
| Hope and Friendship for Development Organization | 3 | 4,200,000 |
| Human Appeal UK | 3 | 1,838,956 |
| Humanity for Development and Prosperity Organization | 5 | 3,145,150 |
| International Aid Services | 3 | 9,872,955 |
| International Development Agency | 1 | 202,000 |
| International Medical Corps US | 1 | 13,460,640 |
| International Organization for Migration | 10 | 77,179,005 |
| International Rescue Committee | 5 | 9,704,045 |
| Islamic Relief Worldwide | 5 | 9,481,761 |
| JASMAR Human Security Organization | 5 | 4,921,517 |
| Kuwait Patients Helping Fund | 3 | 12,760,000 |
| MEDAIR | 1 | 750,000 |
| Medical Teams International | 2 | 7,885,965 |
| Mercy Corps Scotland | 2 | 6,000,000 |
| Mubadiroon Organization for Prevention of Disaster and War Impacts | 1 | 350,000 |
| Nada Elazhar for Disaster Prevention and Sustainable Development | 3 | 2,500,000 |
| National Organization for Sustainable Rural Development | 1 | 100,000 |
| National Planning Organization | 3 | 1,957,000 |
| National Units for Mine Action and Development | 2 | 900,000 |
| Near East Foundation | 1 | 1,000,000 |
| Network of Paralegals | 3 | 567,000 |
| Nonviolent Peaceforce | 1 | 958,355 |
| Norwegian Refugee Council | 6 | 27,434,424 |
| Office for the Coordination of Humanitarian Affairs | 1 | 11,000,000 |
| Peace Bridge Association | 1 | 300,086 |
| Plan International | 7 | 17,264,514 |
| Practical Action | 4 | 7,386,554 |
| Première Urgence Internationale | 3 | 3,761,247 |
| Qatar Charity | 1 | 775,500 |

| ORGANIZATION | PROJECTS | REQUIREMENTS (US\$) |
|--|-----------------|----------------------------|
| Relief and Mediation Corps | 1 | 1,920,000 |
| Relief International | 4 | 12,777,383 |
| Rural Community Development Organization - Sudan | 1 | 440,000 |
| Rural Development Organization | 1 | 166,800 |
| SAHARI Organization for Development | 2 | 1,338,057 |
| Samaritan Aid Organization | 2 | 800,000 |
| Save the Children | 8 | 56,089,666 |
| Solidarites-France | 1 | 1,000,000 |
| Sudanese Red Crescent | 1 | 292,400 |
| Sudan Social Development Organization | 3 | 869,316 |
| Triangle Génération Humanitaire | 1 | 6,105,785 |
| Trust for Peace and Development Organization | 2 | 705,778 |
| United Nations Children's Fund | 6 | 227,481,326 |
| United Nations Development Programme | 2 | 12,710,000 |
| United Nations High Commissioner for Refugees | 3 | 291,544,209 |
| United Nations Mine Action Service | 1 | 7,800,000 |
| United Nations Population Fund | 3 | 67,226,259 |
| United Peace Organization | 6 | 12,000,000 |
| Vétérinaires sans Frontières - Germany | 4 | 7,431,315 |
| Windle Trust International | 1 | 200,000 |
| World Food Programme | 5 | 714,051,782 |
| World Health Organization | 4 | 96,745,569 |
| World Relief | 5 | 21,932,217 |
| World Vision International | 7 | 28,697,488 |
| Zulfa Development and Peace Organization | 4 | 3,384,256 |

5.2 Planning Figures by Sector and by Geography

Key figures by geography

| STATE | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | NUMBER OF PROJECTS |
|----------------|-------------------|--------------------|---------------------|---------------------|-------------------------|-----------------------|
| Khartoum | 2.12M | 1.37M | | 231.20M | | 65 |
| South Darfur | 1.60M | 1.22M | | 165.80M | | 98 |
| North Darfur | 1.49M | 1.20M | | 174.90M | | 100 |
| Aj Jazirah | 1.07M | 0.55M | | 49.30M | | 25 |
| Central Darfur | 1.04M | 0.73M | | 104.90M | | 70 |
| South Kordofan | 0.95M | 0.80M | | 103.30M | | 123 |
| White Nile | 0.93M | 0.83M | | 170.40M | | 51 |
| Kassala | 0.92M | 0.92M | | 131.40M | | 56 |
| West Darfur | 0.90M | 1.03M | | 118.90M | | 79 |
| Gedaref | 0.77M | 0.68M | | 92.00M | | 72 |
| North Kordofan | 0.73M | 0.64M | | 58.40M | | 44 |
| East Darfur | 0.61M | 0.52M | | 92.50M | | 74 |
| West Kordofan | 0.61M | 0.49M | | 79.20M | | 56 |
| Blue Nile | 0.56M | 0.56M | | 66.70M | | 100 |
| Sennar | 0.50M | 0.41M | | 37.40M | | 26 |
| Red Sea | 0.44M | 0.38M | | 47.80M | | 37 |
| River Nile | 0.28M | 0.09M | | 10.40M | | 25 |
| Northern | 0.15M | 0.05M | | 6.60M | | 14 |
| Abyei PCA | 0.09M | 0.09M | | 6.40M | | 18 |

| STATES | LOCALITIES | | | | |
|----------------|-----------------------|----------------|--------------------|----------------|---------------------------------|
| | Priority 1 | | | | |
| Abyei PCA | Abyei PCA area | North Kordofan | Um Dam Haj Ahmed | South Darfur | Nitega |
| Blue Nile | Al Kurmuk | Red Sea | Al Ganab | | Nyala Janoub |
| | Ar Rusayris | | Haya | | Rehaid Albirdi |
| | Baw | | Jubayt Elma'aadin | | Shattaya |
| | Geisan | | Tawkar | | Tulus |
| Central Darfur | Gharb Jabal Marrah | South Darfur | Al Radoum | South Kordofan | Al Leri |
| North Darfur | Kebkabiya | | As Salam - SD | | Al Quoz |
| | Tawila | | Gereida | | At Tadamon - SK |
| South Darfur | Sharg Aj Jabal | | Mershing | West Darfur | Beida |
| | Um Dafoug | | Nyala Shimal | | Foro Baranga |
| South Kordofan | Abu Kershola | South Kordofan | Abassiya | | Habila - WD |
| | Al Buram | | Abu Jubayhah | | Kulbus |
| | Ghadeer | | Ar Rashad | West Kordofan | Abu Zabad |
| | Kadugli | | Ar Reif Ash Shargi | | Abyei |
| | Talawdi | | Delami | | Al Dibab |
| West Darfur | Ag Geneina | | Dilling | | Al Idia |
| | Jebel Moon | | Habila - SK | | Al Khiwai |
| | Kereneik | | Heiban | | Al Meiram |
| | Priority 2 | | Um Durein | | As Salam - WK |
| Aj Jazirah | Al Manaqil | West Darfur | Sirba | | Babanusa |
| | Al Qurashi | West Kordofan | Al Lagowa | | Ghubaish |
| Blue Nile | Wad Al Mahi | | An Nuhud | | Priority 4 |
| Central Darfur | Bendasi | | As Sunut | Aj Jazirah | Al Kamlin |
| | Shamal Jabal Marrah | | Keilak | | Medani Al Kubra |
| | Um Dukhun | | Wad Bandah | | Sharg Aj Jazirah |
| | Wasat Jabal Marrah | | Priority 3 | | Um Algura |
| | Zalingi | Blue Nile | At Tadamon - BN | Gedaref | Al Butanah |
| East Darfur | Abu Jabrah | | Ed Damazine | | Al Fao |
| | Abu Karinka | Central Darfur | Azum | | Al Galabat Al Gharbyah - Kassab |
| | Ad Du'ayn | | Mukjar | | Al Mafaza |
| | Al Firdous | | Wadi Salih | | Al Qureisha |
| | Assalaya | East Darfur | Adila | | Ar Rahad |
| | Bahr Al Arab | | Shia'ria | | Gala'a Al Nahal |
| | Yassin | Gedaref | Al Fashaga | | Madeinat Al Gedaref |
| Gedaref | Galabat Ash-Shargiah | | Basundah | | Wasat Al Gedaref |
| Kassala | Reifi Aroma | Kassala | Reifi Wad Elhilaiw | Kassala | Halfa Aj Jadeedah |
| | Reifi Hamashkureib | North Darfur | At Tina | | Madeinat Kassala |
| | Reifi Shamal Ad Delta | | Kelemando | | Reifi Gharb Kassala |
| | Reifi Telkok | | Melit | | Reifi Kassla |
| North Darfur | Al Fasher | | Um Baru | | Reifi Khashm Elgirba |
| | Al Lait | South Darfur | Al Wihda | | Reifi Nahr Atbara |
| | Al Malha | | As Sunta | Khartoum | Bahri |
| | Al Waha | | Beliel | | Jebel Awlia |
| | As Serief | | Buram | | Karrari |
| | Dar As Salam | | Damso | | Sharg An Neel |
| | Kutum | | Ed Al Fursan | | Um Bada |
| | Saraf Omra | | Kas | North Darfur | Al Koma |
| | | | Kateila | | At Tawisha |
| | | | Kubum | | Kerno |

| | | | | | |
|----------------|------------------|------------|------------------------|------------|------------|
| North Darfur | Um Kadadah | Sennar | Abu Hujar | Khartoum | Um Durman |
| North Kordofan | Ar Rahad | | Ad Dali | Northern | Al Golid |
| | Bara | | Ad Dinder | | Delgo |
| | Gebrat Al Sheikh | | Sennar | | Halfa |
| | Gharb Bara | | Sharg Sennar | | Merwoe |
| | Sheikan | | Sinja | River Nile | Ad Damar |
| | Soudari | White Nile | Ad Diwaim | | Al Buhaira |
| | Um Rawaba | | Aj Jabalain | | Al Matama |
| Northern | Ad Dabbah | | Al Gitaina | | Atbara |
| | Al Burgaig | | As Salam / Ar Rawat | | Shendi |
| | Dongola | | Guli | Sennar | As Suki |
| Red Sea | Agig | | Kosti | | |
| | Dordieb | | Rabak | | |
| | Hala'ib | | Tendalti | | |
| | Port Sudan | | Um Rimta | | |
| | Sawakin | | Not prioritized | | |
| | Sinkat | Aj Jazirah | Al Hasahisa | | |
| River Nile | Abu Hamad | | Janub Aj Jazirah | | |
| | Barbar | Khartoum | Khartoum | | |

5.3 Results/Monitoring Framework

Creating the sector response framework

Sectors defined some 222 activities, established costs for each activities and set targets at the locality level.

The activities are designed by the sectors to respond to the needs identified in the HNO.

Humanitarian organisations submitted 232 projects, selecting the sector activities they wished to do. These organisations put targets for the activities stating, for example, how many wells they were going to dig in a particular locality.

All activities targets are at the locality level.

The combination of the sector activities and the extent to which the humanitarian organisations will do these activities forms the basis of the sector response framework.

Monitoring the response

Humanitarian organisations can download an Excel spreadsheet which contains the sector targets for each activity.

Using the spreadsheet, humanitarian organisations can report the activities they've completed. They can do this at any time by providing the name of their organisation, the reporting period (the start and end date which indicate the time taken to do the activities) and numbers which show how much or how many of each indicators they've completed.

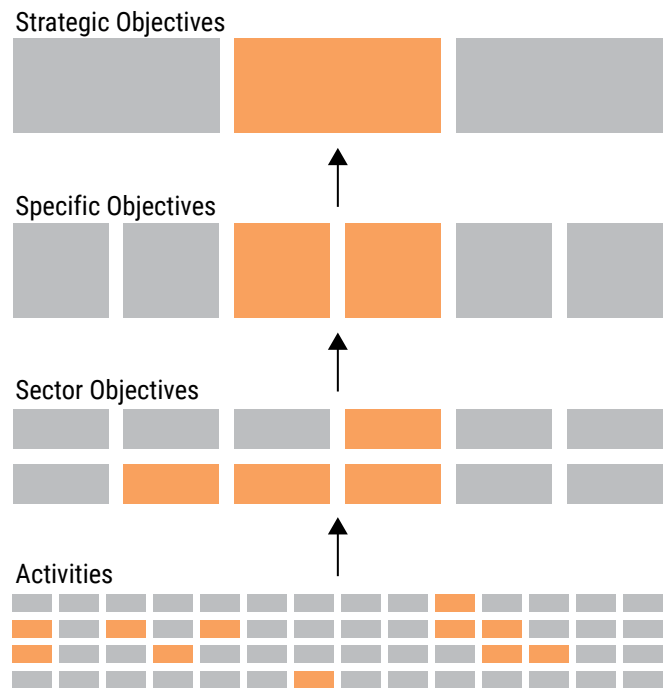
These spreadsheets are sent to OCHA where at the end of each month they are merged and sent to the sector coordinators for validation.

The sectors have access to a shared folder where all the 'incoming' spreadsheets from reporting organisations can be accessed.

The merged data will provide the sectors with the details they need to see the progress towards their activity targets. They can see gaps and overlaps in the response.

Measuring the response

Activities form the base of the response and these are linked to sector objectives which link to the specific objectives which link to the strategic objectives.



By completing activities, humanitarian organisations help achieve the three strategic objectives.

The extent to which the objectives are achieved (sector, specific and strategic) is informed by the activity indicators and crosschecked by other indicators selected by the ICCG.

5.4

What if We Fail to Respond?

People in need are deprived of dignified life and human rights



- **11 million** people will not receive lifesaving humanitarian assistance and live a dignified life. They will be deprived of basic services such as health, sanitation and education.
- **1.4 million** vulnerable people will not have proper shelter, exposing them to protection risks and vector-borne diseases. Women and girls will be disproportionately affected and continue to face the risk of Gender-Based Violence

Conflict increases as resources and livelihoods get scarcer



- Conflict and violence may increase due to scarce or no livelihoods. Refugees including **48,406** new arrivals in 2022 (as of 30 September) will not be assisted, which could result in increased conflict over scarce resources between refugees and host communities. **1.14 million** refugees living in Sudan will not have access to basic services or livelihood opportunities leaving them at risk of protection concerns.
- Over **2.5 million** IDPs, returnees and local population across Sudan will suffer from lack of protection services.

Millions of people are at risk of extreme hunger



- Without life-saving assistance, rates of malnutrition and associated mortality could soar, and growing numbers of people would not be able to meet their minimum food and nutritional needs. The economic crisis exacerbates this situation due to the high price of basic commodities and low purchasing power for millions of vulnerable Sudanese families.
- Without humanitarian assistance, **8.2 million** people will not have enough food which would have serious implications on their physical and mental well-being. Over **2.2 million** acutely malnourished children under-five (about **456,000** of them with severe conditions) and pregnant and lactating women will not receive the nutrition assistance they need to live healthy and productive lives

Disease outbreaks can spread uncontrollably and result in deaths that would be preventable



- **5.3 million** people including **32,000** pregnant women will have little to no access to essential medicines and life-saving health services causing high mortality from maternity illnesses and childhood.
- **700,000** children would likely drop out the vaccination program before completing their doses putting them at risk of contracting a vaccine preventable disease and increasing the risk of preventable disease outbreak. Currently, **3.7 million** under 15 years are in need of measles vaccination to control the current circulation of the virus and potential outbreaks. Growing, food insecurity, shelter and WASH needs if left unaddressed would add an additional strain on the already weak health system.
- **4.8 million** people will not have access to basic water, sanitation and hygiene services, increasing the spread of water-related disease outbreaks and other health problems.

5.5

How to Contribute**CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN (HRP)**

To see Sudan's Humanitarian Needs Overview, Humanitarian Response Plan and monitoring reports, and donate directly to organisations participating to the plan, please visit:

www.humanitarianresponse.info/en/operations/sudan

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for lifesaving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/ourdonors/howdonate

DONATING THROUGH THE SUDAN HUMANITARIAN FUND

The Sudan Humanitarian Fund (SHF) is a country based pooled fund (CBPF). CBPFs are multidonor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

www.unocha.org/whatwedo/humanitarianfinancing/countrybasedpooledfunds

For information on how to make a contribution, please contact:

chfsudan@un.org

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure that the aid materials which are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

**REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS**

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

5.6 Acronyms

| | | | | | |
|----------------|--|----------------|--|-----------------|---|
| AAP | Accountability to Affected Populations | IPC | Integrated Food Security Phase Classification | UNISFA | United Nations Interim Security Force for Abyei |
| AoR | Area of Responsibility | IASC | Inter-Agency Standing Committee | UNFPA | United Nations Population Fund |
| AGD | Age, Gender and Diversity | IGAD | Intergovernmental Authority on Development | UNHCR | United Nations Refugee Agency |
| APMBC | Anti-Personnel Mine Ban Convention | IDPs | Internally Displaced Persons | UNICEF | United Nations Children's Fund |
| ACAD | Abyei Community Action for Development | IYCF | Infant and Child Feeding Practices Activities | WG | Working Group |
| ADCA | Ayok-Dill community association (ADCA) | IMAS | International Mine Action Standards | WFP | World Food Program |
| ACEA | African Christian Ecumenical Alliance | IMWG | Information Management Working Group | WASH | Water, Sanitation and Hygiene |
| AWG | Access Working Group | INGOs | International Non-Governmental Organisations | WHO | World Health Organization |
| BGRRF | Bishop Gassis Relief and Rescue Foundation | IPC-AMN | Integrated Food Security Phase Classification Acute Malnutrition | ES/NFI | Emergency Shelter/ Non-Food Items. |
| BANVA | Basic Needs and Vulnerability Assessment | IWRM | Integrated Water Resources Management | CBI | Cash-Based Intervention |
| CMCoord | Civil-Military Coordination | IOM | International Organization for Migration | DRR | Disaster Risk Reduction |
| CBCPMs | Community-Based Child Protection Mechanisms | IPC | Integrated Food Security Phase Classification | AWD | Acute Watery Diarrhoea |
| CRRF | Comprehensive Refugee Response Framework | IYCF | Infant and Young Child Feeding | UXOs | Unexploded Ordnance |
| CAR | Central African Republic | JENA | Joint Education Needs Assessment | UNMAS | United Nations Mine Action Service |
| CDAC | Communication with Disaster Affected Communities | JPA | Juba Peace Agreement | AOR | Area of Responsibility |
| CMR | Clinical Management of Rape | MPCA | Multi-Purpose Cash Assistance | BAI | Bureaucratic and administrative impediments |
| CP | Child Protection | MSF | Médecins Sans Frontières/ /Doctors Without Borders | CBT | Cash-based transfer |
| CPIMS | Child Protection Information Management System | MAM | Moderate Acute Malnutrition | CVA | Cash and Voucher Assistance |
| CAAFAG | Children Associated with Armed Forces and Armed Groups | MHPSS | Mental Health and Psychosocial Support | CWD | Children with disability |
| CASS | Child and Adolescent Safe Spaces | MICS | Multi-Indicator Cluster Survey | CBCFM | Community-Based Complaint Feedback Mechanisms |
| CEN | Community Empowerment Network | MEB | Minimum Expenditure Basket | CEA | CEA Community Engagement |
| CBPNs | Community-Based Protection Networks | MSNA | Multi-Sector Needs Assessment | CLTS | Community Led Total Sanitation |
| CFSA | Comprehensive Food Security Assessment | MISP | Minimum Initial Service Package | CFSVA | Comprehensive Food Security and Vulnerability Analysis |
| CMR | Clinical Management of Rape | MUAC | Mid-Upper Arm Circumference | DRC | Democratic Republic of Congo |
| COR | Commissioner for Refugees | MA | Mine Action | EO | Explosive Ordnance |
| CRP | Country Response Plan | NFI | Non-Food Item | FES | Food expenditure share |
| CPAoR | Child Protection Area of Responsibility | NNGOs | National Non-Governmental Organisations | FPMA | Food Price Monitoring and Analysis |
| CWG | Cash Working Group | NGO | Non-Governmental Organization | FSTS | Food Security Technical Secretariat |
| CVA | Cash and Voucher Assistance | NSAGs | Non-state armed groups | GRF | Global Refugee Forum |
| DRC | Danish Refugee Council | NMAC | National Mine Action Center | ICCG | Inter-Cluster Coordination Group |
| DTM | Displacement Tracking Matrix | OCHA | Office for Coordination Humanitarian Affairs | IFRC | International Federation of the Red Cross and Red Crescent Societies |
| EORE | Explosive Ordnance Risk Education | OTPs | Outpatient Therapeutic Programmes | IOM | International Organization for Migration |
| ERRM | Emergency Rapid Response Mechanisms | PSEA | Prevention of Sexual Exploitation and Abuse | MEB | Minimum Expenditure Baskets |
| EWEA | Early Warning and Early Action | POC | Protection of Civilians | LCS | Livelihood Coping Strategy |
| ERW | Explosive Remnants of War | PHC | Primary Health Care | MNP | Multiple Micronutrient Powder |
| FAO | Food and Agriculture Organization | PLW | Pregnant and Lactating Women | MCDAs | Military-Civil Defence Assets |
| FCPU | Family Child Police Unit | RRTs | Rapid Response Teams | MISP | Minimum Initial Service Package |
| FTS | Financial Tracking Services | PIN | People in Need | MARA | Water, Sanitation and Hygiene |
| FoC | Framework of Cooperation | RRF | Rapid Response Fund | | Monitoring, analysis and reporting arrangements |
| FMOH | Federal Ministry of Health | RCCE | Risk Communication and Community Engagement | MPC | Multipurpose Cash |
| FSL | Food Security and Livelihoods | REF | Refugees | NPPoC | National Plan for Protection of Civilians |
| FSMS | Food Security Monitoring System | RfE | Reserve for Emergencies | NSC | National Steering Committee |
| EPI | Expanded programme on immunization | RET | Returnees | PMR | Periodic Monitoring Response |
| GAM | Global Acute Malnutrition | RCF | Refugee Consultation Forum | PEF | Protracted Emergencies Framework |
| GBV | Gender-Based Violence | RH | Reproductive Health | S3M | Special Spatial Survey Method |
| GoS | Government of Sudan | S/NFI | Shelter and Non-Food Item | TNs | TNs Travel Notifications |
| GAH | Global Aid Hand | S3M | Simple Spatial Surveying Method | TAs | Technical Agreements |
| HAC | Humanitarian Aid Commission | SAM | Severe Acute Malnutrition | UNITAMS | United Nations Integrated Transition Assistance Mission in Sudan |
| HCT | Humanitarian Country Team | SSRC | South Sudan Red Cross. | UNHAS | UN Humanitarian Aid Service |
| HF | Health Facilities | SEA | Sexual Exploitation and Abuse | WinHF | WASH in Health Facilities |
| HLP | Housing, Land and Property | SDN | Sudan | WinHF | WASH in schools |
| HNO | Humanitarian Needs Overview | SCI | Save the Children International | WPHF | Women's Peace and Humanitarian Fund |
| HPC | Humanitarian Programme Cycle | SC | Stabilization Centers | FEWS NET | Famine Early Warning Systems Network |
| HRP | Humanitarian Response Plan | SGBV | Sexual and Gender-based Violence | IOM DTM | International Organization for Migration Displacement Tracking Matrix |
| HCO | Hold the Child Organization | SOP | Standard Operational Procedures | | |
| | | UNSCR | United Nations Security Council Resolution | | |

**HUMANITARIAN
RESPONSE PLAN**
SUDAN