HUMANITARIAN RESPONSE PLAN
SUDAN

HUMANITARIAN PROGRAMME CYCLE 2022
ISSUED DECEMBER 2021

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
A child from Kuma Gradayat, North Darfur. Photo: UN

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Get the latest updates

OCHA

OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system
www.unocha.org/sudan
twitter:@UNOCHA_Sudan

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.
www.humanitarianresponse.info/sudan

Humanitarian InSight

Humanitarian InSight supports decisionmakers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.
www.huminsight.com

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
fts.org/appeals/2021

Table of Contents

05 **Foreword by the Humanitarian Coordinator**

06 **Response Plan Overview**

07 **Key Findings**

08 Historic Trends
10 Crisis Context and Impact

11 **Part 1: Strategic Response Priorities**

12 1.1 Humanitarian Conditions and Underlying Factors
14 1.2 HRP Prioritization and Targeting
16 1.3 Objectives and Response Approach
21 1.4 Costing Methodology
22 1.5 Planning Assumptions, Access and Operational Capacity
25 1.6 Accountability to Affected Populations
26 1.7 Gender Equality & Women Empowerment
27 1.8 Disability
28 1.9 Sexual Exploitation and Abuse
29 1.10 Consolidated overview of the use of Multi-Purpose Cash Assistance (MPCA)

31 **Part 2: Response Monitoring**

32 2.1 Monitoring Approach

33 **Part 3: Sector Response**

34 Overview of the Sector Response
38 3.1 Education
40 3.2 Emergency Shelter and Non-Food Items
42 3.3 Food Security and Livelihoods
45 3.4 Health
48 3.5 Logistics and Emergency Telecommunication
49 3.6 Nutrition
52 3.7.1 General Protection
55 3.7.2 Child Protection
58 3.7.3 Gender-Based Violence
61 3.7.4 Mine Action
63 3.8 Water, Sanitation and Hygiene

67 **Part 4: Complimentary Response Plan**

68 4.1 Refugee Response Plan
72 4.2 Abyei Response Plan

75 **Part 5: Annexes**

76 5.1 Participating Orgainzations
79 5.2 Planning Figures by Sector and by Geography
82 5.3 Results/Monitoring Framework
83 5.4 What if We Fail to Respond?
84 5.5 How to Contribute
85 5.6 Acronyms

NORTH DARFUR
Internally displaced child from Um Baru town.
Photo: UN

Foreword by the Humanitarian Coordinator

In 2021, efforts to advance the political transition and peace process in Sudan continued despite considerable challenges. Progress was made in getting international debt relief, reforming the economy and achieving macroeconomic stability, taking measures to implement the Juba Peace Agreement and catering for the needs of the most vulnerable people. Although a series of urgent and bold reforms were undertaken, it will take time before ordinary Sudanese start feeling the day to day impacts of the changes.

At the time of writing, Sudan has just undergone a major political crisis following the military takeover on 25 October, dismissal and further reinstallation of the civilian Prime Minister. While the full impact of these changes are not yet known, the humanitarian community is committed to continue providing much-needed support to the most vulnerable populations.

In the meantime, humanitarian needs continue to grow as the economic crisis and food insecurity continue to affect millions of people. About 14.3 million people - almost one in every three persons - across the country are estimated to need humanitarian assistance in 2022. This is about 0.8 million people more than 2021, 9.1 million of the 14.3 million people, will need emergency assistance for life-threatening needs related to critical physical and mental well-being.

In 2021, humanitarian partners assisted more than 7.4 million people in need , despite low funding. About 5 million people received food and livelihoods assistance, 2.4 million people were able to access health services, and 1.4 million people were reached with WASH services. However, it was not the full assistance package or range of service provided in many instances as agencies had to reduce or curtail the scope of response due to a lack of funding.

The 2022 HRP will seek to provide 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 vulnerable Sudanese. This plan, a collective effort of all humanitarian actors and stakeholders in the country, will complement government strategies and priorities to reduce humanitarian needs and advance towards sustainable development. The plan will address the specific needs of women, children, the disabled, and other vulnerable groups.

In 2022, humanitarian partners aim to provide humanitarian assistance and support to 10.9 million of the most vulnerable people at the cost of $1.9 billion. The HRP will prioritize life-saving multi-sectoral assistance to the most vulnerable people. The plan 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 vectorborne diseases, access to education, livelihoods, water and sanitation. Thanks to this prioritisation and a clear focus on multi-sector assistance, the total financial requirement remains at the same level as last year despite an increase in both people in need and people targeted (1 million and 2 million respectively).

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

Khardiata Lo N'Diaye
Deputy Special Representative of the Secretary-General
Resident and Humanitarian Coordinator
19 December 2021

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
14.3M	10.9M	$1.9B	79	232

Strategic Objective 1

Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity

SPECIFIC OBJECTIVES

1.1 Provide water, food and non-food items, health, shelter and protection services within two weeks 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 20 per cent and mitigate negative coping mechanisms by the end of 2021.

Strategic Objective 2

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

SPECIFIC OBJECTIVES

2.1 Facilitate access to livelihood opportunities for the most vulnerable people including social cohesion support.

2.2 Provide safe, equitable and dignified access to critical basic services including education, water, health and shelter in priority areas.

Strategic Objective 3

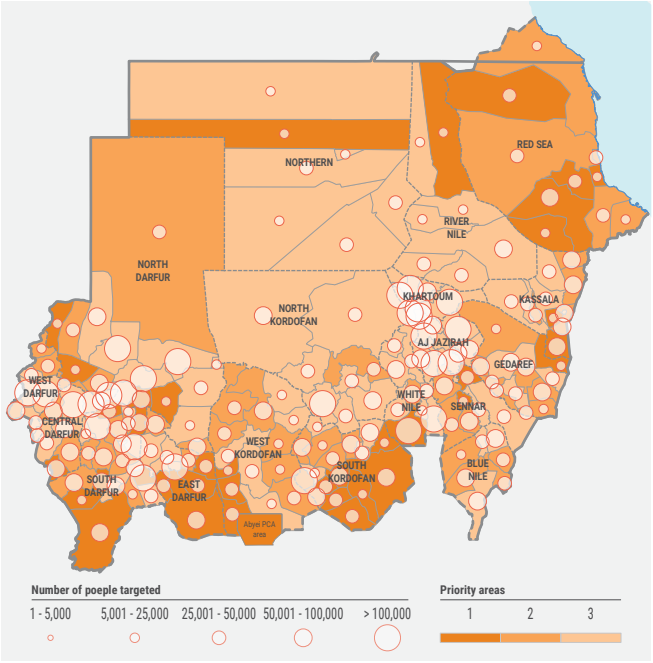
Mitigate protection risks and respond to protection needs through humanitarian action

SPECIFIC OBJECTIVES

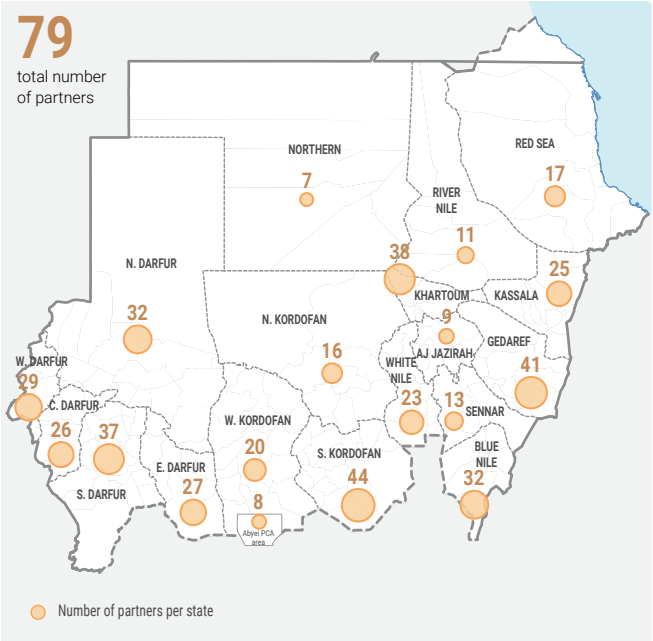
3.1 Ensure equitable access to essential services, and access of humanitarian actors to those in need.

3.2 Promote the protection, safety and dignity of affected people through community-based and individually targeted multi-sector interventions.

HRP Prioritization and Targeting

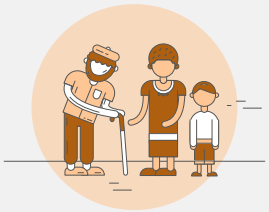


Operational Presence



Key Findings

14.3M
Total people in Need



10.9M
Total people Targeted

BY HUMANITARIAN CONDITION

PiN: 9.1M
Target: 9.1M
Life-threatening

PiN: 14M
Target: 10.7M
Life-sustaining

BY POPULATION GROUPS

IN NEED		TARGETED
9.3M Vulnerable residents		7.1M Vulnerable residents
2.9M Internally displaced people		2.2M Internally displaced people
1.2M Refugees		0.9M Refugees
0.9M Returnees		0.7M Returnees

WITH DISABILITY

2.1M
People with disabilities

1.3M
People with disabilities

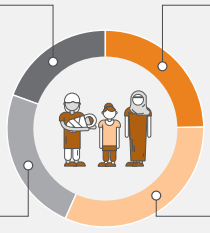
FINANCIAL REQUIREMENTS BY SECTOR

BY GENDER

PiN
Target

2.7M
2.1M
Men

3.6M
2.7M
Women



3.4M
2.6M
Boys

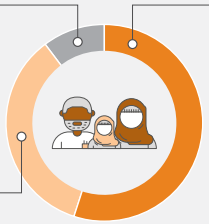
4.6M
3.5M
Girls

BY AGE

PiN
Target

0.86M
0.6M
Elderly (60+)

7.8M
6M
Children (0-17)



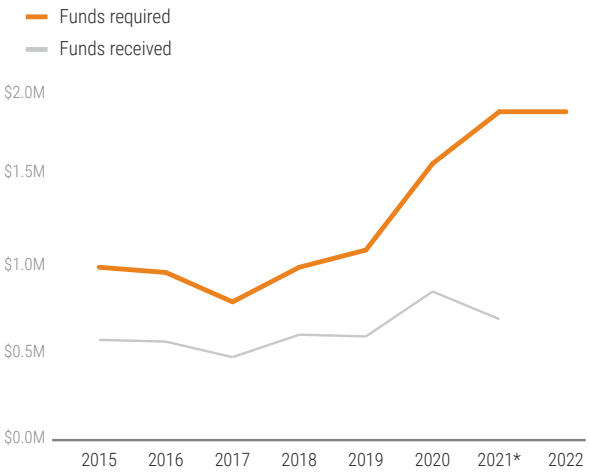
5.6M
4.3M
Adult (18-59)

Historic Trends

Since January 2018, Sudan has faced a double crisis of recession and high inflation. The inflation rate reached 388 per cent in August 2021. This high inflation has an impact on the increase of the number of food insecure people in Sudan, limiting people's purchasing capacity and raising prices of basic goods. In June 2021, Sudan reached the Heavily Indebted Poor Countries (HIPC) decision point, an important milestone that would enable Sudan to clear nearly all of its estimated $50 billion in external debt. However, an improvement of people's well-being will most likely take longer. Between 2018 and 2021, the number of acute food insecure people (IPC Phase 3 or above) has increased, a trend that will continue in 2022 with a record 10.9[1] million people in need of food assistance.

Conflict is expected to continue driving displacement, with a likelihood to increase in areas that were previously stable. Tensions remain high with clashes over land, minerals, water and livestock. There are 3.1 million people displaced across Sudan. While the number of returnees is likely to remain limited, it is projected that as the conflict in neighboring Ethiopia continues, the number of refugee arrivals may increase in 2022.The planning figure is 100,000 Ethiopian refugees. Cyclical flooding will remain, although its impact will not likely be seen at the level of 2020, where around 900,000 people were affected. Issues linked to insufficient prevention and mitigation measures–including poor drainage systems–and reduced development programming, will likely continue to exacerbate its impact. These elements will remain in 2022, and it is projected that more than 350,000 people could be affected by flooding. Multiple disease outbreaks–including dengue fever, chikungunya, malaria and COVID-19–remain on the rise. The recurrence of disease outbreaks will likely remain unchanged, whilst the health infrastructure will feel the strain from the burden of COVID-19.

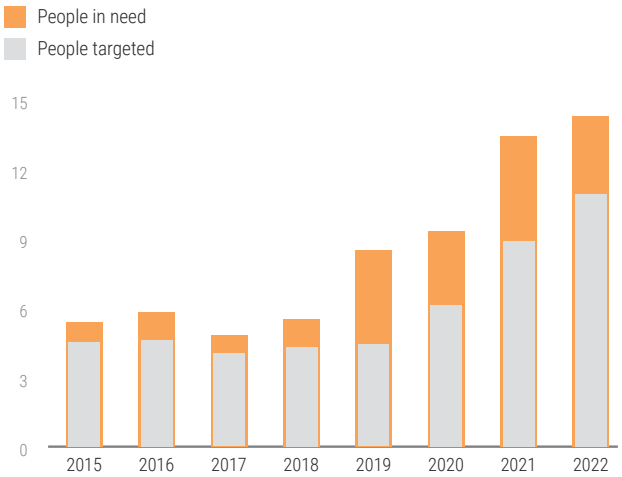
FINANCIAL REQUIREMENTS 2015 - 2022
(billion US$)



* 2021 data as of 12 December 2021

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

NUMBER OF PEOPLE IN NEED VS TARGETED 2015 - 2022
(in millions of people)



Source: Humanitarian Programme cycle documents 2015 2021

1 Includes refugees.

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	N/A	N/A

** as of 12 December 2021*

JABAL MARRA/CENTRAL DARFUR
Children and women in their home village, Boori.
Photo: UN

Crisis Context and Impact

During the second year of transition, the Government of Sudan continued its effort towards establishing peace in the country, reforming the economy, and achieving macroeconomic stability. The 2022 Humanitarian Needs Overview (HNO) identifies 14.3 million people in need of humanitarian assistance–of whom 8.1 million are women and girls, 2.86 million are IDPs, and 1.16 million are refugees and asylum seekers from South Sudan, Central Africa Republic (CAR), Eritrea, and Ethiopia. While this is about 0.8 million people more than 2021, the increase is lower than in previous years. The severity of need however increased.

In 2021, efforts to advance the political transition and peace process in Sudan continued despite considerable challenges.The economic hardship and the slow pace of the reforms resulted in growing frustration among the population leading to occasional public protests. Accountability for the violent events related to the 2019 revolution and for the subsequent violent crackdown on protestors remained a key demand of protestors. In line with the Juba Peace Agreement (JPA) requirements, Prime Minister Abdalla Hamdok reshuffled the Transitional Government in early 2021. The expanded Transitional Government subsequently outlined five priority areas related to socioe-conomic issues, peace, security, international relations and democratic transition.

Throughout the year, political tensions escalated between the civilian and military components of Sudan's transitional authorities, culminating in a military coup d'état on 25 October, after an attempted failed coup on 21 September. The armed forces detained Prime Minister Hamdouk and a number of civilian officials and political leaders. Amongst other measures, the Commander of the Armed Forces, Lt. Gen. Burhan announced a state of emergency. Campaigns of civil disobedience and widespread protests rejected the military takeover and called for the establishment of a civilian-led democratic government. On 21 November, a political agreement was signed between Lieutenant General Al-Burhan and the Prime Minister stipulating, inter alia, that the 2019 Constitutional Document would continue to form the basis for the transitional period.

The economic crisis, including high inflation, resulted in elevated levels of food insecurity. At the same time, hundreds of thousands of displaced people in Darfur and other parts of the country remain in protracted displacement, requiring humanitarian assistance, including protection. Over the past year, parts of the country–including Darfur and the Kordofans–witnessed increased insecurity and localized violence. Since the beginning of the year, over 365,000 people have been displaced, many of whom were already displaced as a result of the crisis in Darfur in 2003-2004 and in South Kordofan from 2011 and onwards. Floods and disease outbreaks strained the limited ability of the state institutions to provide basic services. Also, close to 1 million returnees with limited access to basic services, and 9.3 million vulnerable residents need humanitarian assistance. In 2021, food insecurity continued to increase in areas not traditionally targeted for humanitarian assistance. As a result of conflict and factional fighting in 2021, thousands of IDPs, returnees, and resident communities were displaced in Central Darfur, North Darfur, South Darfur, and West Darfur, Blue Nile, and South Kordofan states. Families are struggling to meet their basic needs. According to health cluster partners, the current level of health personnel staffing is able to cater for 17 per cent of Sudan's 47.9 million population. The COVID-19 epidemic in its second year, continues to put a strain on the ailing healthcare system. Sudan has lost almost two-thirds of the local production capacity of essential medicines, increasing the need for imports. Despite the increase in imported medicines in 2021 compared to 2020, availability remains a critical gap.

Part 1:
Strategic Response Priorities

SHANGIL TOBAYA/NORTH DARFUR
A woman, with empty jerry cans, leaves a water point in Nifasha camp for Internally Displaced Persons (IDP). Photo: UN

1.1 Humanitarian Conditions and Underlying Factors

Although improvements were made at the macro-level, overall humanitarian needs in Sudan continue to grow. This is driven by unaddressed root causes of need including the economic situation, food insecurity, flooding, disease outbreaks, and conflict. Critical reforms include exchange rate liberalization, the sharp reduction and elimination of fuel subsidies, social protection through an expansive cash transfer programme, public financial management, anti-corruption, and tax reform. These are yet to translate into substantive support to contribute to a progressive improvement of the situation.

Life-threatening Conditions

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
9.1M	9.1M	$806.6M

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 considered to drive 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

In 2022, 9.1 million people are estimated to be affected by life-threatening conditions, an increase of a quarter compared to 7.3 million people in the same category in 2021. Food insecurity remains high, due to increased and protracted displacement, economic decline, floods, and high food process. The number of acutely food insecure people reached 9.8 million in June-September 2021. This has been exacerbated by the impacts of the COVID-19 pandemic. Since the first COVID-19 case was reported in Sudan in March 2020, 43,489 confirmed cases of COVID-19 with 3,164 deaths were reported across the country as of October 2021. Floods, disease outbreaks, and conflict negatively impact people's access to basic services—including health, wash, nutrition. Gender-Based Violence (GBV) remains a grave concern. The deteriorating situation in Sudan has increased violence, especially forced marriage. Female Genital Mutilation (FGM) also has increased. In 2022, it is estimated that over 1.5 million women will not have access to life-saving reproductive services. Health systems have weakened further, limiting the surveillance system capacity for early warning and capacity to respond to disease outbreaks. These include dengue and malaria, of which by mid-October 2021, there were 1.56 million cases. Malaria burden constitutes 13 per cent of the outpatient consultations and 1 per cent reported deaths in health facilities. Levels of malnutrition both stunting (36 per

cent) and acute malnutrition (13.6 per cent) remained very high and high respectively; posing increased risks of morbidity and mortality among children under-five.

Between January and October 2021, about 30,000 people were affected by conflict, and 1,000 people died as a result of localized conflict. The majority of these incidents took place in West, South, North, and Central Darfur; also in South Kordofan and Blue Nile states, although to a lesser extent. Overall, almost 3 million people are displaced in Sudan.

Concerning refugees, approximately 137,191 children under-five and pregnant women are in urgent need of nutrition interventions all over Sudan. Out of these, approximately 92 per cent are children under-five. For refugees living in camps in east Sudan, the latest Standard Expanded Nutrition (SENS) survey indicated a Global Acute Malnutrition (GAM) rate of 13 per cent in the Shagarab camps–where approximately 56,300 people live and over 11 per cent for all other camps. Stunting prevalence is critical in Shagarab camps at 53 percent and Abuda, Um Gargour, and Fau 5 at 45 per cent. The SENS survey also indicates high rates of anaemia (>40 per cent) among children under five years and for refugee women aged 15-49 years who recently arrived in eastern Sudan.

Life-sustaining Conditions

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
14M	10.7M	$968.2M

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, health care, education and protection amongst others. These are measured by accessibility, availability, quality, utilization and awareness of/to these essential goods and services.

Critical Problems Related to Life-sustaining Conditions

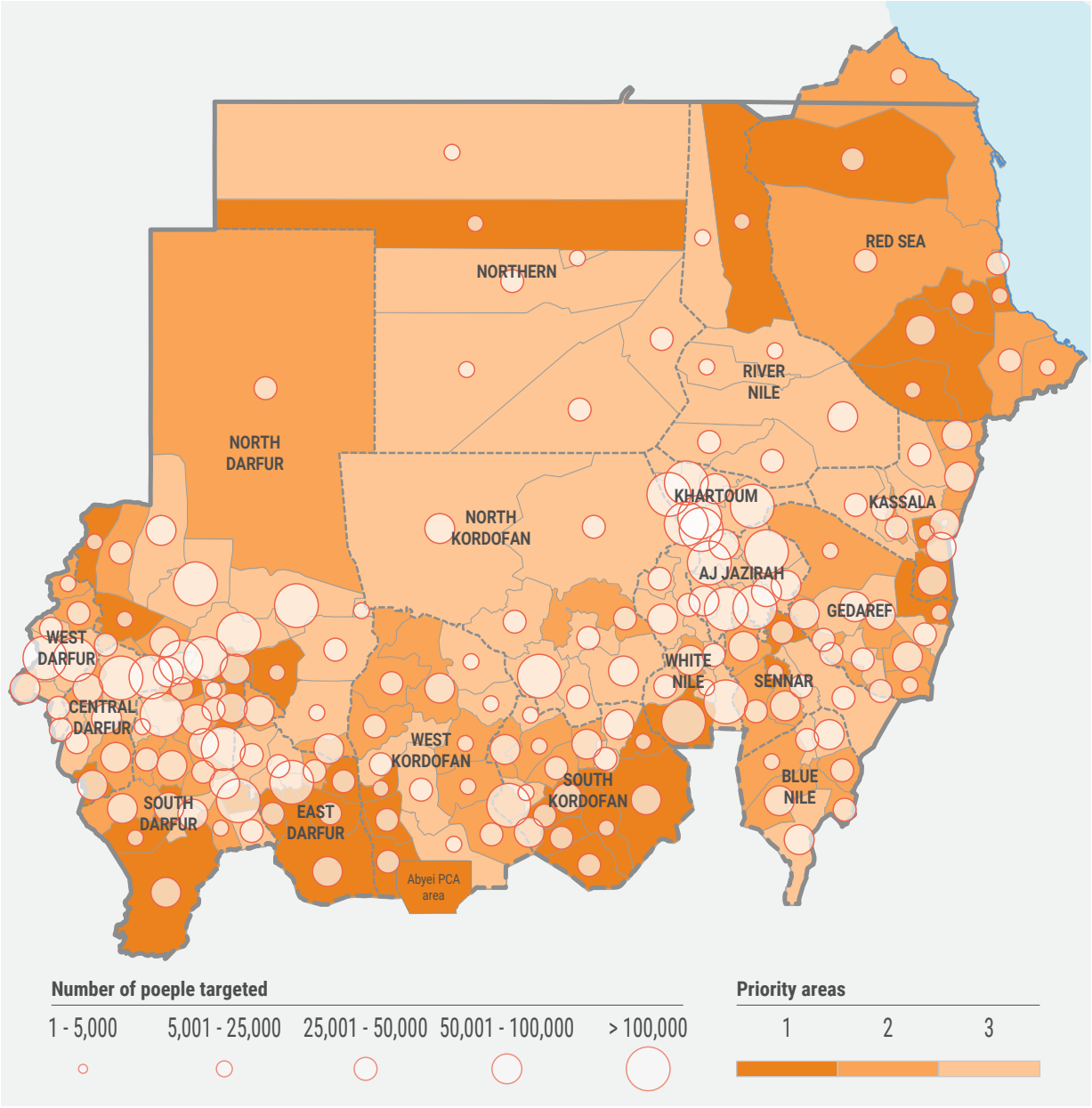
Despite efforts invested to achieve peace, poverty, insecurity and localized conflict impact communities' ability to engage in livelihoods, undermining opportunities to support self-reliance and exacerbating the fragility of communities across southern Sudan and Darfur. New and repeated conflicts emerge in an environment where resources and opportunities are already under stress. Inter-communal conflict is a recurring phenomenon, which continues to displace people and claim lives in some parts of the country. Clashes in Darfur and Kordofan states drove further displacement. They caused losses of lives and damages to houses, markets, and other public buildings. Limited access to health, and education systems remains a challenge. Access to water remains limited, where 85 per cent of people in 109 localities–out of 190–drink from surface water and unprotected water sources.

Similarly, geographical coverage of curative nutrition services remains low, with 33 per cent of the health facilities providing management of severe acute malnutrition services.

Food insecurity increased across Sudan, where 10.9 million people (including 1.1 million refugees) are estimated to require urgent humanitarian response to reduce food consumption gaps, restore and protect livelihoods. This represents a 34 per cent increase compared to the beginning of 2021. An estimated 2.7 million food insecure people face emergency levels of acute food insecurity–Integrated Phase Classification (IPC 4). Additionally, 16.5 million people are under stress (IPC 2). It is likely that any additional shock could push them to crisis levels. In addition to seasonality, intercommunal conflict and expected displacements may impact several areas and cause a deterioration in food security.

1.2 HRP Prioritization and Targeting

Prioritization and Targeting by Locality



The 2022 Sudan Humanitarian Response plan is based on rigorous prioritization to ensure an inclusive and dignified humanitarian response to the most vulnerable 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, not by HRP interventions.

The 2021 Multi-Sector Needs Assessment (MSNA), was one of the primary multi-sectoral sources for the HNO. It assessed 19,019 households in 18 states in Sudan. It was used to triangulate information on cluster needs and priorities. Other primary data collection assessments that informed the HNO include the Basic Needs and Vulnerability Assessment (BANVA), Joint Education Needs Assessment (JENA), IPC, Comprehensive Food Security Assessment (CSFA) and the IOM Displacement Tracking Matrix (DTM) amongst others.

Localities across Sudan (except for the Two Areas) were prioritized into three priorities based on the level of multi-sectoral convergence of needs. The prioritization will guide partners to implement humanitarian response.

The 2022 HRP identifies a total of 39 localities as priority one. Prioritisation was done based on the highest convergence of needs across all sectors (see the 2022 HNO for more detail). Of these, 15 are located in Darfur and 10 in the Kordofans. A further 57 localities are identified as priority two, and the remaining 94 localities as priority three. Both the priority classification and the severity of needs were validated by operational partners through the InterSector Coordination Group (ISCG).

NUMBER OF PRIORITY AREAS BY STATE

STATE	PRIORITY 1 LOCALITIES	PRIORITY 2 LOCALITIES	PRIORITY 3 LOCALITIES
Abyei PCA	1		
Aj Jazirah			8
Blue Nile		4	3
Central Darfur	1	3	5
East Darfur	4	2	3
Gedaref	1	7	4
Kassala	2	4	5
Khartoum			7
North Darfur	4	5	8
North Kordofan		1	7
Northern	1		6
Red Sea	5	5	
River Nile	1		6
Sennar	2	3	2
South Darfur	6	7	8
South Kordofan	7	6	4
West Darfur		3	5
West Kordofan	3	6	5
White Nile	1	1	7
Grand Total	**39**	**57**	**93**

1.3 Objectives and Response Approach

In 2022, approximately 31 per cent of the population will need humanitarian assistance. Compared to 2021, there are more people in life-threatening and life-sustaining groups and their severity of need is worse. Humanitarian interventions will consider elements to increase the resilience and durability of interventions.

The 2022 response approach will focus on:

- **Multi-sectoral response** approaches where sectors aim to respond in prioritized areas in a way that the different sector response efforts leverage on each other, and in so doing, achieve higher impact.
- **Linkages and collaboration** with development-peace interventions, as well as durable solutions will be improved.
- **Centrality of protection** to ensure affected people have equal access to humanitarian interventions in a safe and dignified manner
- **Flexible and agile** mechanisms, to ensure the response adapts to the changing needs and context. Regular situational awareness, monitoring of needs and response will be the backbone of the agility
- **Integrating cross-cutting themes** throughout the response including assessing needs, planning, and monitoring the response.

The 2022 HRP has been developed through engagement with the Inter-Sector Coordination Group (ISCG), Humanitarian Country Team (HCT), the government, donors, INGOs, and other stakeholders. In 2022, humanitarian partners will target 10.9 million people, prioritizing localities with the highest convergence of needs across clusters (severity four and five) identified by the HNO.

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, 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 SHF's 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 pre-positioning and ensuring anticipatory financing and response action.

Strategic Objective 1

Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
9.1M	57%	55%	15%

SPECIFIC OBJECTIVES

1.1 Provide water, food and non-food items, health, nutrition, shelter, and protection services within a week of a suddenonset emergency or displacement to prevent loss of life.

1.2 Mitigate harmful coping mechanisms and prevent the number of people facing acute food insecurity and malnutrition from increasing by the end of 2022.

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 water, food, non-food items, health, nutrition and protection 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 localities with ongoing activities to avoid any further deterioration.

Efforts will be intensified in targeted localities to identify and treat children and pregnant and lactating women suffering from a combination of illnesses, including severe and moderate acute malnutrition. Partners will also work to provide safe and sufficient water for drinking, domestic use, and hygiene. In addition to nutrition interventions, food assistance and emergency agricultural and livestock activities will also be implemented. Rapid response mechanisms will be strengthened to ensure aid is delivered within a week of a sudden emergency (displacement, floods, etc.) in line with the 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, composed of WASH, Health, GBV, S/NFI, and food will be delivered to people under life-threatening conditions. The ISCG will further strengthen contingency planning, stock mapping, monitoring of sudden onset displacement, and promotion of collective response readiness.

Strategic Objective 2

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

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
10.7M	57%	55%	15%

SPECIFIC OBJECTIVES

2.1	Facilitate access to livelihood and asset creation opportunities for the most vulnerable people, including social cohesion support.
2.2	Provide safe, equitable, and dignified access to critical basic services, including education, water, health, and shelter in priority areas.

Rationale and Intended Outcome

Under this objective, humanitarian partners will provide gender-sensitive essential services, including health-care packages, access to nutritious food as well as cash, quality basic education, safe water and sanitation. Interventions will also be directed to support households to protect or create assets for vulnerable populations including smallholder farmers. 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 contribute to addressing protection challenges and promoting 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

Strategic Objective 3

Mitigate protection risks and respond to protection needs through humanitarian action

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

SPECIFIC OBJECTIVES

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

Rationale and Intended Outcome

This objective is a commitment to the principle of the centrality of protection. This commitment by partners to place protection at the centre of the response ensures that affected people have equal access to humanitarian interventions in a safe and dignified manner. Protection of all persons affected and at-risk informs humanitarian decision-making and response, is central to preparedness efforts and will continue throughout the humanitarian programme cycle. Put into practice, mitigating protection risks and responding to protection needs requires identifying who is at risk and understanding the specific vulnerabilities that underlie these risks.

Responding to the key protection needs of affected people remains a priority for the humanitarian community and is strengthened through leadership, coordination, advocacy, capacity-building, monitoring, and programming across all clusters. The Humanitarian Coordinator (HC) provides direction across the response on protection priorities and will engage in high-level advocacy. With protection as a central element, the Humanitarian Country Team (HCT) has set common objectives and priorities for the overall humanitarian response and drives the implementation of the HCT Protection Strategy. The Protection Cluster will provide capacity-building expertise and support to humanitarian and external partners on protection principles and mainstreaming. It will also monitor changes in protection risks and offer continued, in-depth, and integrated analyses of the protection situation through its Protection of Civilians advocacy briefing notes. These assessments contribute to timely and informed decision-making by the HC and HCT. Finally, Protection partners continue to provide specialized services, such as legal assistance/aid, psychosocial support, emergency cash assistance to mitigate protection risks, and referral to Gender-Based Violence (GBV), Child Protection, or Mine Action actors. Taken together, these actions will enable affected persons to equitably receive essential services in a protective environment that ensures and respects their safety, dignity, and rights.

Humanitarian action that can contribute to durable solutions

In 2021 collective efforts towards durable solutions in Sudan were undertaken. In the framework of the regional Intergovernmental Authority on Development (IGAD), the transitional civilian government made substantial progress towards developing a draft national durable solutions strategy for IDPs, refugees and returnees. Simultaneously, donor engagement towards durable solutions increased, and an interest in the humanitarian-development-peace nexus was witnessed. There was also growing recognition of the need to address root causes of conflict.

The 2021 HRP included a Durable Solutions Marker; out of the total number of HRP projects, 56 per cent of projects were self-identified as building blocks for durable solutions. Where applied, many of these projects supported planning work for solutions focused on reducing sector-specific vulnerabilities of displaced communities. Many of these projects were multi-sector in nature, while some also applied an area-based approach. Overall, it emphasized that humanitarian response can contribute to durable solutions and reduce aid dependencies and improve self-reliance in the medium term. The 2022 HRP includes the Durable Solutions Marker to enable assess how humanitarian projects continue building blocks towards mediumlong term solutions.

While aimed primarily at addressing humanitarian vulnerabilities, the 2022 HRP will also aim to contribute towards achieving durable solutions for IDPs, refugees, returnees and host communities. Achieving durable solutions is a long-term process that is achieved when displaced populations no longer have specific assistance and protection needs compared to non-displaced populations and no longer face discrimination due to their displacement. To gradually reduce the needs and vulnerabilities of displaced populations and other affected communities and prevent conflict, area-based sectoral humanitarian programming will aim to integrate protection and durable solutions strategies which address the root causes of conflict. These can include improving long-term safety and security of displaced populations; promoting and supporting enhanced delivery of basic services through local authorities and community structures; improving access to employment and livelihoods; and supporting access to durable shelters and housing including access to conflict-free land and properties.

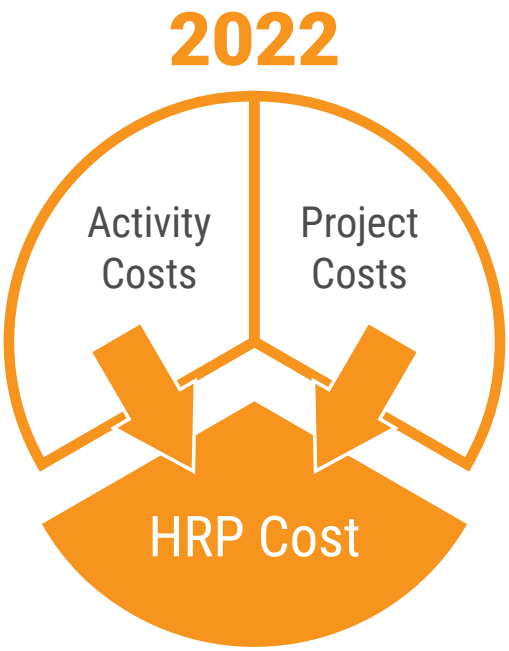
Humanitarian partners will continue to support durable solutions, including participation in the National Durable Solutions Working Group co-chaired by UNHCR, UNDP and the Danish Refugee Council (DRC).

1.4 Costing Methodology

The Sudan HRP will use the hybrid approach for a second year, where project costs and activity costs are used to calculate the financial requirements.

This HCT-endorsed process seeks to harmonize partners' approaches on budgeting for humanitarian interventions based on activities that are common 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 2022 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.

Although all clusters and the Refugee Consultation Forum (RCF) have used the activity-based costing approach, some differences in methods are used to estimate 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, especially those clusters with significant variations in the cost of the activity, have worked back from the cost of submitted projects. First, they estimate the required activity quantity and then calculate an average cost per activity and per unit based on what partner organisations submit in their projects.



1.5 Planning Assumptions, Access and Operational Capacity

Planning Assumptions

Humanitarian needs in Sudan are likely to continue in 2022 due to unaddressed drivers of need. Sudan has been in economic recession since 2018. This has contributed to some of the humanitarian needs. Although a series of urgent and bold economic reforms were undertaken, it will take time before ordinary Sudanese start feeling the day-to-day positive impacts of the changes. Acute food insecurity is likely to persist as the economy is not expected to drastically improve in the near future and inflation remains high, disproportionately affecting the purchasing power of the most vulnerable people. People continue to be directly and indirectly affected by conflict. Tensions remain high with clashes over land and livestock. This is likely to persist in 2022 as the root causes have not been resolved. Natural hazards, including floods, will continue to impact people given inadequate prevention and mitigation measures, and reduced development programming. Limited capacity to handle disease outbreaks is likely to remain in 2022. The health infrastructure is likely to continue feeling the strain from responding to COVID-19, impacting on the ability to respond to other diseases.

Food Insecurity

Extreme levels of food insecurity are expected to persist in 2022. The socio-political instability and economic crisis, coupled with conflict over scarce natural resources particularly land and water, have exacerbated humanitarian needs and deepened poverty in many parts of the country. A combination of these shocks have contributed to an increase in food insecurity across the country. In this respect, 10.9 million people (including 1 million refugees) face a crisis or worse levels of acute food insecurity requiring an urgent humanitarian response to save lives (IPC Phase 3 and above), reduce food consumption gaps, restore and protect livelihoods. This scenario represents a 34 per cent increase compared to the beginning of 2021, although the total population in crisis and emergency levels of food insecurity (IPC 3 and 4) has remained similar (21 percent). Despite possible good harvest, food prices are expected to remain high due to high cost of agricultural inputs.

Health

Epidemic-prone diseases, such as malaria, Hepatitis E, cholera, and Rift Valley Fever (RVF) persist. Other emerging outbreaks, including COVID-19 and polio, are likely to become endemic. The strain put on health services due to COVID-19 and the current economic situation has limited the availability of health services and professionals to cope with the country's current needs. In 2021, people have continued to resort to private health centers due to challenges in public health systems, and this is likely to continue. The limited availability of health services affects provision of nutrition services leading to increased morbidity and mortality associated with acute malnutrition among children under five.

Durable Solutions

In the short-term, displacement will remain both a driver and a result of vulnerability. Displaced persons seeking solutions are likely to continue having immediate, temporary humanitarian needs, such as shelter and food, that will need to be addressed to support longer-term processes of achieving durable solutions.

Humanitarian Access

In 2021, the Civilian Transitional Government showed commitment to facilitating vulnerable peoples' access to humanitarian assistance, and significant improvements were made in areas that had been

previously inaccessible or with sporadic access. Bilateral engagement between the Humanitarian Aid Commission (HAC) and humanitarian partners continued, enabling access improvements. Additionally, advocacy efforts by the HCT have focused on simplifying processes on Technical Agreements, travel permits, travel notifications, visa approvals, and humanitarian cargo release. Partners have also engaged at technical and strategic levels with line ministries and security bodies to advocate for timely and unhindered humanitarian access across Sudan.

For the second consecutive year, engagement with government stakeholders at both federal and state levels facilitated the implementation of a country-wide Multi-sector Needs Assessment (MSNA), which was key to developing the 2022 HNO.

Despite improvements, the situation in Sudan remains fluid. Since August 2021, although no official changes in the access framework had been announced by the federal HAC there have been additional procedural requirements reported in several parts of the country concerning humanitarian operations. Tensions in eastern Sudan, which led to confrontations between the Beja, Beni Amer and Nuba, led to a blockade which increased challenges on already lengthy customs clearance processes. After intensive negotiations between representatives of Sovereignty Council and the Beja Congress, resumption of the port took place as of late November, and humanitarian goods were allowed to move.

In 2021, significant improvements in humanitarian access were made to reach vulnerable people living in areas controlled by non-government actors. This included scaled up response and several inter-agency missions to Kauda (South Kordofan), and Jebel Marra (Central and South Darfur). In 2022, the humanitarian access strategy will continue prioritizing engagement with government, Non-State Armed Groups (NSAGs), affected communities, and other key stakeholders to create an enabling operational environment and ensure sustained operations during periods of civil unrest. As part of this engagement, CMCoord efforts will be further strengthened through the operationalization of CMCoord forums at the federal and state level, which will enable coordinated and principled approaches to engagement with security forces to enable humanitarian access and, where appropriate and possible, to scale back reliance on armed escorts.

In 2022, key areas of advocacy include:

- Strategic and operational engagement with State and non-State armed groups.
- Continued engagement with HAC and other governmental departments to ease customs clearance and tax exemption.
- Continued engagement with the government on reviewing the current access framework.
- Strengthened of the collective approach to monitoring and reporting frameworks to improve evidencebased advocacy.

Operational Capacity

In 2022, 79 partners (11 UN, 40 INGOs, 27 NNGOs and 1 RC) will implement humanitarian programmes in the 18 states and Abyei area through the HRP. Other partners and government departments will also provide humanitarian assistance. In addition, MSF, IFRC, Red Cross organizations, and countries offering bilateral support will enggage.

The humanitarian community will promote collaboration among international, national, and local organizations to further localize 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 the Darfur, Kordofan states, White Nile, and eastern Sudan. Moreover, interventions at reception points in Central and South Darfur, South 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

After the military coup of 25 October, the decision by some donors to pause certain modalities–such as cash transfers or technical assistance to government –could have an impact on the implementation of some humanitarian programs. Organization's capacity to respond may be limited by the availability of funding and the capacity to use alternative response modalities. This may include–but is not limited to–Gender Based Violence, nutrition, health and education programs.

OCHA will continue to promote the expansion of humanitarian response capacity using pooled funds to ensure adequate countrywide coverage. In 2022, additional efforts will be made to preposition stocks to enable provide timely response. as COVID-19 remains a risk, humanitarian partners will continue observing WHO guidance and measures to limit the spread of COVID-19 amongst communities.

PARTNERS BY LOCATION

STATE	PEOPLE TARGETED	NO. PARTNERS
South Darfur	2.20M	37
North Darfur	1.12M	32
Khartoum	0.86M	38
East Darfur	0.83M	27
West Darfur	0.70M	29
Central Darfur	0.70M	26
White Nile	0.63M	23
Red Sea	0.53M	17
South Kordofan	0.52M	44
Kassala	0.44M	25
Gedaref	0.43M	41
Aj Jazirah	0.41M	9
West Kordofan	0.38M	20
North Kordofan	0.36M	16
Blue Nile	0.28M	32
Abyei PCA	0.24M	23
Sennar	0.23M	13
River Nile	0.10M	11
Northern	0.08M	7

PARTNERS BY SECTOR

SECTOR	PEOPLE TARGETED	PARTNERS
Food Security & Livelihoods	8.4	28
Health	6.5	31
Water, Sanitation & Hygiene	4.8	50
Protection	2.5	25
Child Protection	2.3	25
Education	2.3	25
Nutrition	2.0	31
Mine Action	2.0	4
Shelter & Non-food Items	1.3	19
Gender-Based Violence	1.2	31

PARTNERS BY TYPE

SECTOR	NO. PARTNERS
INGO	40
NGO	27
UN	11
RC	1

1.6 Accountability to Affected Populations

In 2021, 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 work supported by CDAC Network and Translators Without Borders-and rumor tracking on COVID-19 led by InterNews.

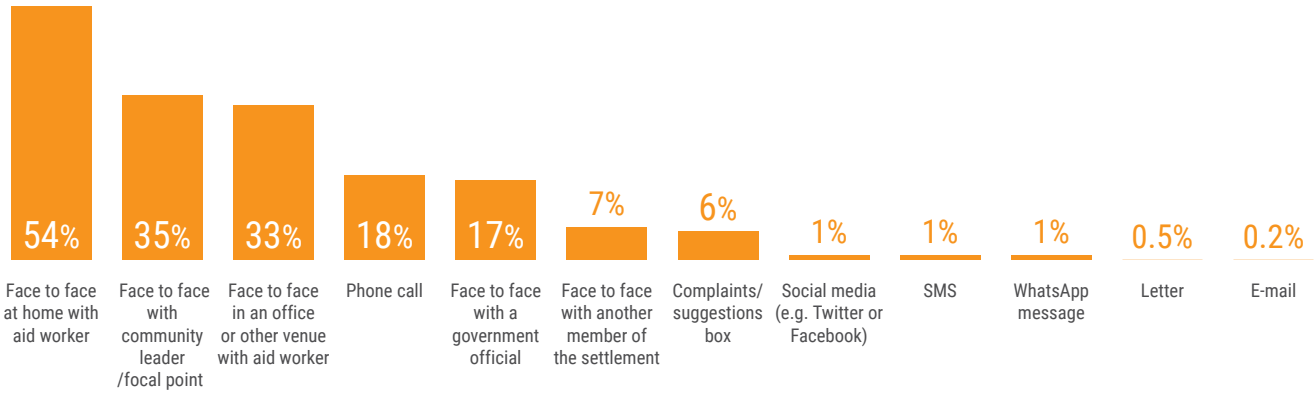
Although progress has been made, additional efforts on complaint-handling capacities and general information provision on accountability to affected people need to continue. This includes ensuring the availability of information-sharing mechanisms and engagement with communities, but engagement with female-headed households and other vulnerable groups, including those who may face discrimination, are illiterate and disabled.

In 2022, in line with the IASC 2017 commitments to Accountability to Affected People, the focus of the AAP Working Group in Sudan will center on the IASC commitment, to improve 'information, feedback, and action' in the collective humanitarian response in Sudan, as a primary objective. It will continue to promote commitments on leadership and results measurement. The AAP WG will aim to promote:

- Coordinated and collective mechanisms and materials for information about aid and basic services and provided feedback and complaints, in line with their preferences as possible.
- Consolidated reporting of complaints and responsible follow-up actions.
- Campaigns to raise awareness of crisis-affected people about anti-corruption standards.

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 responses.

How project will share information and collect community feedback



Source: MSNA 2021

1.7 Gender Equality & Women Empowerment

In 2021, the Transitional Government of Sudan ratified the Convention on all forms of Discrimination Against Women (CDAW). This was a reflection of Sudan's commitment to advance efforts to achieve gender equality. To that end, deliberate and concerted efforts will be made to strengthen assessment, implementation, monitoring, and evaluation of how the humanitarian response will address the needs of men/women/boys/girls. Humanitarian response in Sudan triggered by sudden onsets such as conflict, floods, disease outbreaks but also due to economic instability, and migration patterns should address the differential needs of the different groups, particularly women and girls who are disproportionately affected by shocks. Underlying gender dynamics, which are often compounded by poverty, ethnicity, and other factors, creates additional vulnerabilities among women and girls.

Gender analysis particularly Sex and Age Disaggregated Data (SADD) on the needs of men, women, boys, and girls, although existent, must be strengthened to enable decision-making on tailored responses across the humanitarian response in Sudan. Led by UN Women and in collaboration with the UNCT Gender Thematic Group (GTG), a humanitarian gender strategy will be developed to contribute to a gendered or streamlined approach to implementing the HRP. The gender strategy will prioritize capacity development of stakeholders on gender equality and women empowerment, the development of context-specific assessment, monitoring and evaluation tools to identify differential needs of men/women/boys/girls, tailor genderresponsive projects, promote equal access to services and/or facilitate access for women/girls-at-risk, document the impact of interventions for different groups, and amplify 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. The 2022 HNO accounts for approximately 15 per cent of the population of Sudan (as per global standards) living with a form of disability. Additionally, 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 organizations that have expertise on issues related to disability. Within any crisis-affected community, children and adults with disabilities are among the most marginalized, yet they often are excluded from humanitarian assistance. In 2022, the humanitarian community will work to address this information gap to better understand the challenges people with disabilities face in humanitarian crises to better tailor humanitarian programmes to meet their needs, ensuring that humanitarian action is more equitable and inclusive of people with disabilities.

Humanitarian actors will seek to strengthen the inclusiveness of persons with disabilities, highlighting their priority needs. In 2022, humanitarian programmes will seek to address:

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

NORTH DARFUR
A disabled child is accommodated in a wheelchair given during the hand–over ceremony in which items were donated to the disabled community in Abu Shouk camp for internally displaced people. Photo: UN

1.9 Sexual Exploitation and Abuse

In 2021, Sudan made advances to strengthen collective approaches to advance prevention and responses to Sexual Exploitation and Abuse (SEA). Particular efforts were made in sudden onset emergencies in West Darfur and Gedaref, where SEA assessments were undertaken to identify risks and challenges to which populations at risk–particularly women and girls as well as young boys–were exposed and what mechanisms and capacities were in place to respond to violations. In addition to key challenges, the Prevention of Sexual Exploitation and Abuse (PSEA) network undertook awareness campaigns–including radio broadcast, community discussions with community leaders, humanitarian staff, and helpline operators-to boost awareness raising SEA.

Gender and Age Marker (GAM) for HRP Projects

Although progress has been made, challenges remain, including the need to have dedicated funding particularly to support survivors' support systems and information sharing mechanisms to ensure appropriate responses required to accelerate immediate assistance to SEA survivors.

In 2022, the main priorities will include:

- Strengthening awareness raising among humanitarian workers and affected people on the UN zero-tolerance policy to SEA and the PSEA six principles of the IASC[2].
- Strengthening and scaling up the reporting and complaint mechanisms by establishing several channels that are safe and accessible to all (considering the affected people needs and preferences)
- Promotion of survivor-centered-approach and ensuring effective, appropriate and timely intervention.
- The PSEA network will continue its efforts to establish Inter-agency Community Based Complaints Mechanisms (IA-CBCMs) informed by affected people's needs, views and opinions. Community engagement will be ensured when conducting SEA risk assessments, disseminating information to affected people on PSEA.
- Continue incorporating PSEA focal point roles and responsibilities into work plans and performance evaluations; establish codes of conduct where they do not already exist; and PSEA training for staff/personnel.
- Continue coordination of conducting comprehensive risk assessments across Sudan.

Consideration on hiring policies to minimize SEA risk, including hiring women to engage with women in areas / programs where this would strengthen results and facilitate engagement with communities.

2 "Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.

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

Multipurpose cash assistance (MPCA) in Sudan will aim to support the most vulnerable households and individuals through unconditional and unrestricted cash, allowing them to cover a wide range of basic needs.

The humanitarian community remains committed to strengthening coordination and scaling up cash-based interventions in Sudan. Humanitarian assistance in a multi-cluster form entails coordination with clusters and Cash and Voucher Assistance (CVA) actors.

Cash and Vouchers Assistance remains challenging in Sudan. Despite some progress in 2021, there are challenges which remain such as insecurity, limited Financial Service Providers (FSPs), capacities of actors and FSPs, and cultural barriers in electronic payments. These result in limited mechanism options to reach isolated and hard to reach communities. For example, mobile money is essential in providing CVA to rural and/or displaced populations, but Mobile Network Operators' (MNO's) financial services are still nascent in the country.

Currently, the Sudan financial framework does not provide adequate solutions to meet donor requirements on transparency and accountability fully. However, the financial and technology sector in Sudan is evolving, with three MNOs having received their license to develop mobile money services in 2020.

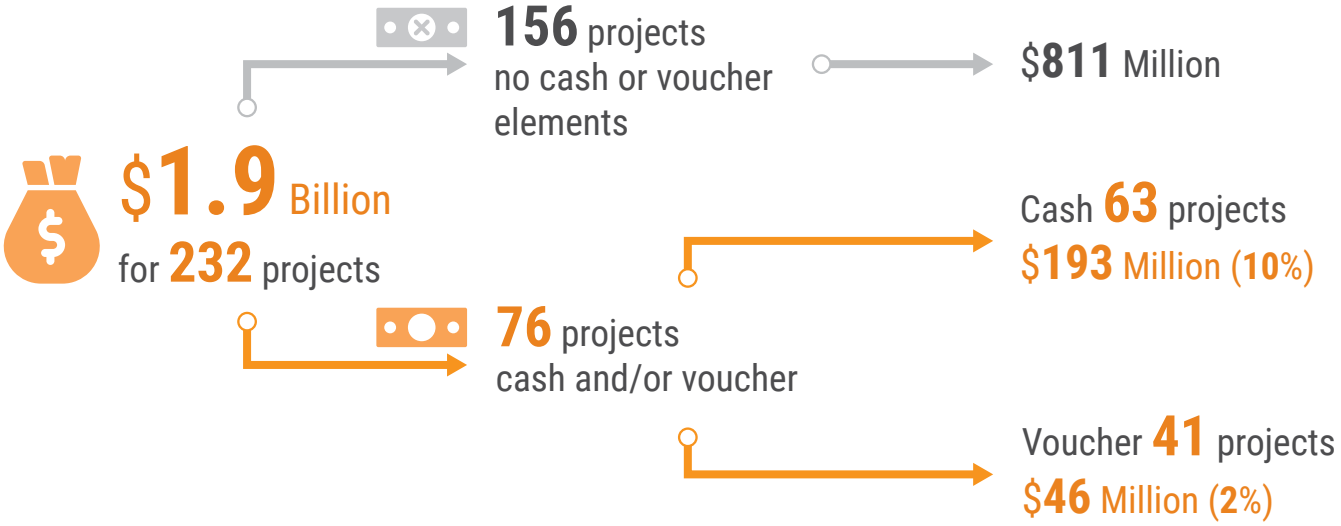
Reforms undertaken by the government open the door to a more efficient banking system that remains the most reliable option for cash delivery, despite limited bank inclusion on services in areas hosting the most vulnerable groups. Coordination of humanitarian cash actors is critical to support the development of such services and progressively share common platforms to deliver cash at a significant scale.

In 2021, the scale-up of the Sudan Family Support Program led by the Sudanese government should favour a more enabling ecosystem for large scale cash assistance. Overall, 10 partners (UN and NGOs) implemented multipurpose cash interventions in Sudan, targeting approximately 118,363 beneficiaries.

In 2022, coordination will continue to be the priority of the national CWG. As recommended by the ISCG, a regular update of the MEB should be undertaken to ensure addresses inflation and is adapted to changing needs. Also, the CWG will aim to ensure an improved quality of MPCA programming through:

- Increasing CVA technical capacity
- Monitoring appropriateness of cash in a context of high price volatility
- Enhancing CWG linkages with other coordination bodies, including but not limited to: clusters, cross-cutting working groups, Refugee Consultation Forum (RCF) and Refugee Working Groups, etc
- Strengthening engagement with government entities to establish or improve the linkages between humanitarian response and the social protection system
- Exploring opportunities to share common platforms and systems, including delivery mechanisms and digitization of processes
- Enhancing community participation in the design of cash programming and exploring the potential of existing Complaints and Feedback Mechanisms (CFM) (i.e., collaboration with the AAP/CEA WG)

The CASH Working Group recommends monitoring of MPCA assistance is done as a stand alone process, reporting directly to the CWG through the 4ws. Cash and voucher interventions specifically targeting sectoral interventions shall be done through each cluster.



Part 2:
Response Monitoring

NORTH DARFUR
Children in Abu Shouk camp for Internally Displaced Persons (IDP). Photo: UN

2.1 Monitoring Approach

Response Monitoring

In 2022, humanitarian partners will monitor the response implemented under this HRP to ensure it remains timely, efficient, fit-for-purpose, and at the required scale. The implementation of the HRP will be monitored under the leadership of the Inter Sector Coordination Group (ISCG). The Information Management Working group (IMWG), Access Working Group (AWG), and other technical working groups will continue to provide support.

Monitoring will include:

- Regular updates on the HRP progress will be given to the ISCG and Humanitarian Country Team (HCT) and other stakeholders.
- Cluster response monitoring will be undertaken 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 indicators to OCHA through the quarterly 4ws.
- In 2022, along with response monitoring, the needs of affected people will also be tracked to ensure the response meets their needs. 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 ISCG to improve the response.

Periodic Response Monitoring, humanitarian dashboards, funding overviews, and operational presence maps will be available regularly. Primary data will be publicly available online on the InSight Platform, and it will be accessible for partners and decision-makers. The Sudan Humanitarian Fund (SHF) will monitor its projects in alignment with HRP activities and indicators.

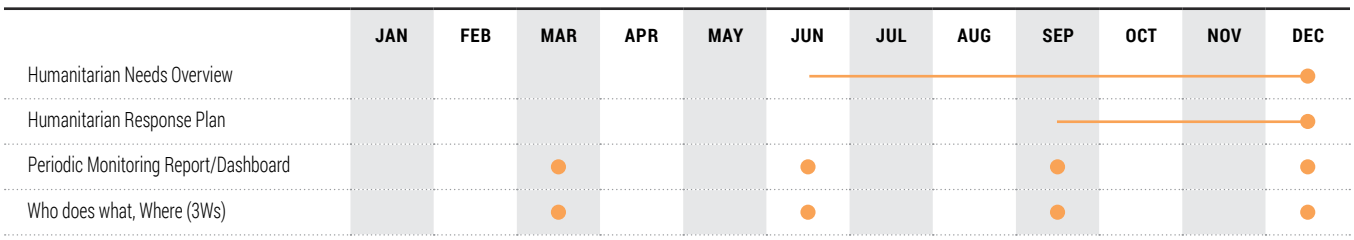
Monitoring of Needs

Monitoring of humanitarian needs in Sudan will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy. A nationwide assessment will be conducted, multiple sources of data (IPC, Comprehensive Food Security Assessment (CSFA), Food Security Monitoring System (FSMS); Monthly Market Monitoring, FEWSNET and FSTS Outlook and Bulletins, Food Price Monitoring and Analysis (FPMA),IOM Displacement Tracking Matrix (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 2022, 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



Part 3:
Sector Response

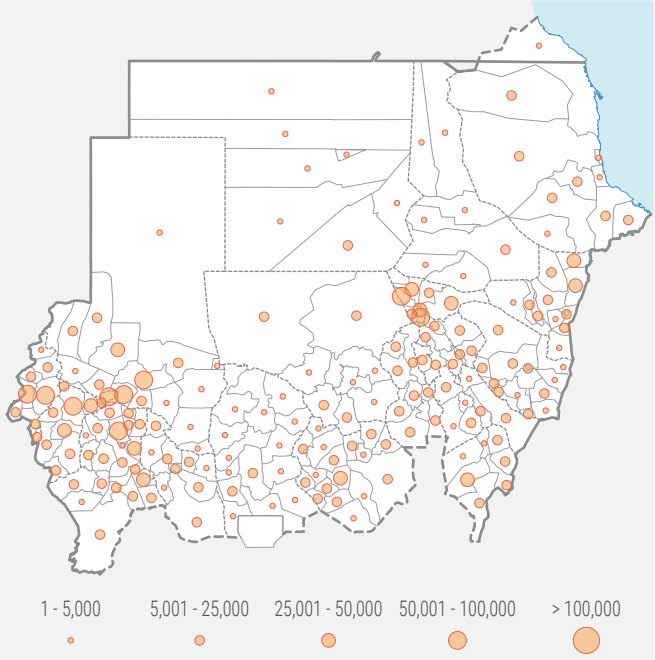
NORTH DARFUR
Women gathered at the Women's Centre in the Abu Shouk camp for internally displaced people (IDP).
Photo: Organization/Photographer

Overview of the Sector Response

SECTOR	FINANCIAL REQUIREMENTS (US$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGETED
WASH	111.93M	50	61	12.08M	4.81M	
Food Security & Livelihoods	708.26M	28	34	10.89M	8.44M	
Health	141.10M	31	36	10.36M	6.50M	
Protection	58.74M	25	32	4.51M	2.48M	
Nutrition	159.95M	31	35	3.93M	2.04M	
Education	102.46M	25	25	3.23M	2.28M	
Child Protection	54.68M	25	25	3.16M	2.30M	
Shelter & NFIs	83.73M	19	25	2.72M	1.34M	
Gender-Based Violence	40M	31	40	2.72M	1.16M	
Protection Mine Action	8.50M	4	4	2.53M	2.02M	
Refugees Consultation Forum	425M	40	40	1.16M	1.16M	
Coordination	12.75M	2	3			
Logistics & Emergency Telecoms	29.60M	1	1			

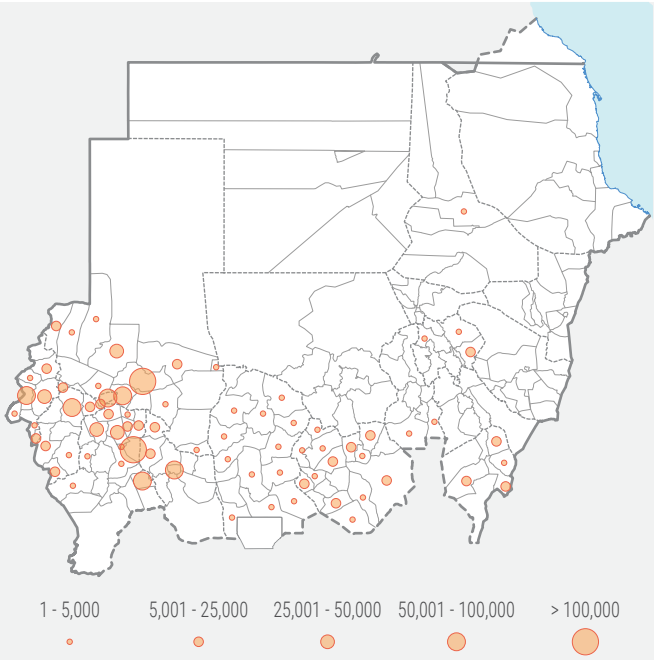
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
3.2M	2.3M	$102.5M



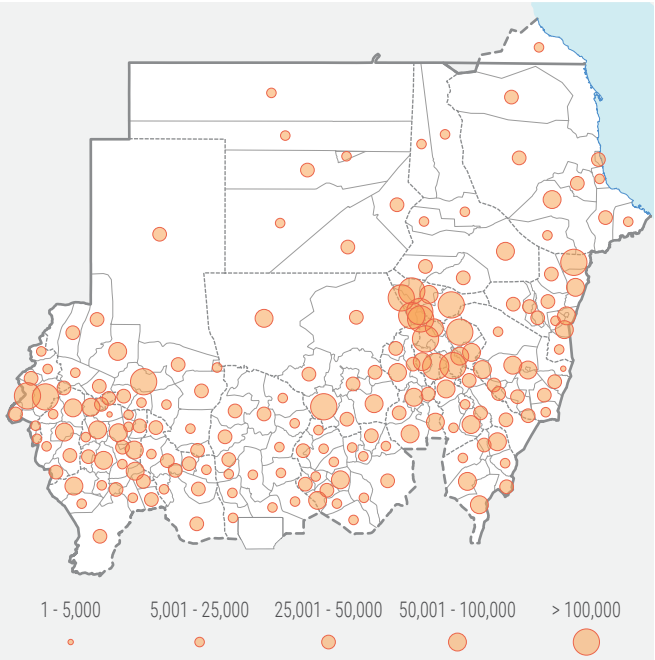
3.2 Emergency Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.7M	1.3M	$83.7M



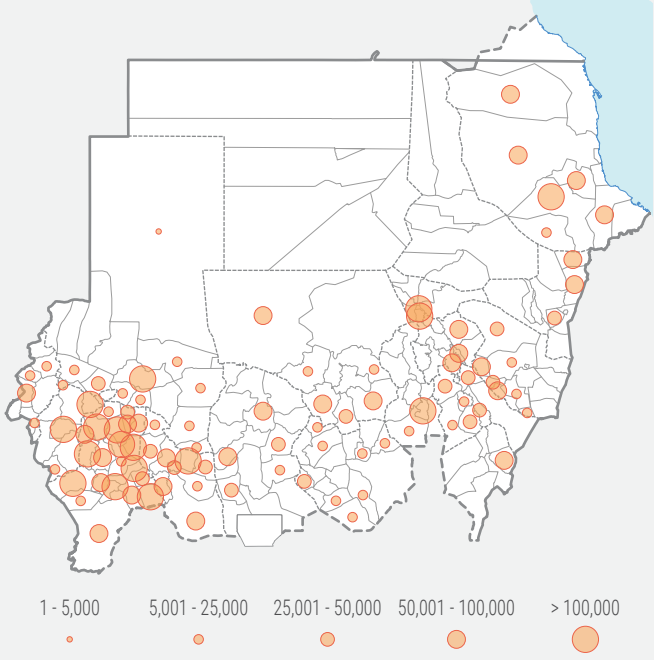
3.3 Food Security & Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
10.9M	8.4M	$708.3M



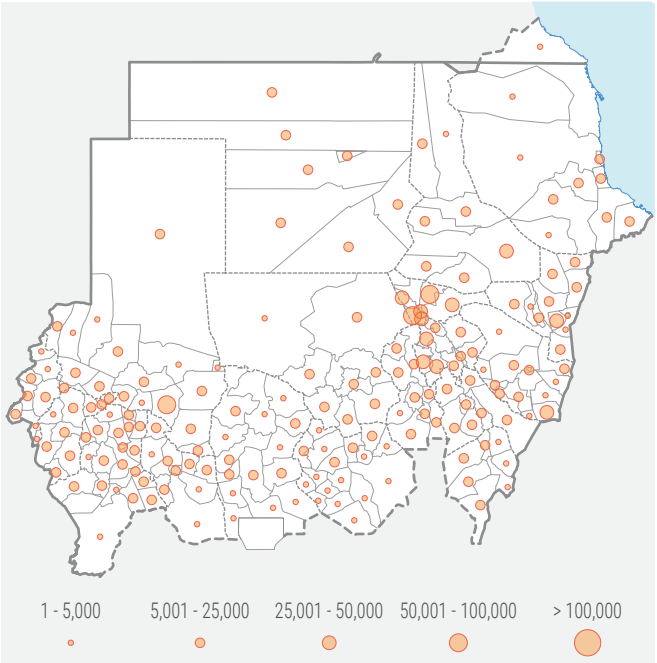
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
10.4M	6.5M	$141.1M



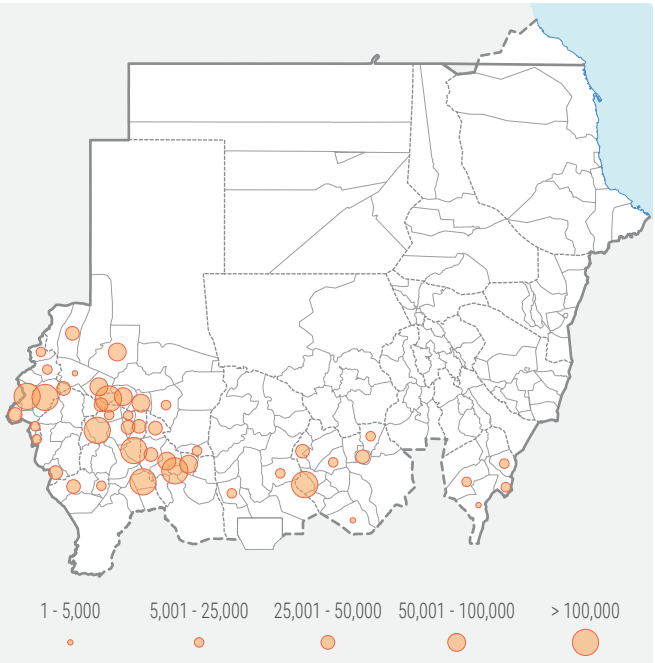
3.6 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4M	2M	$160M



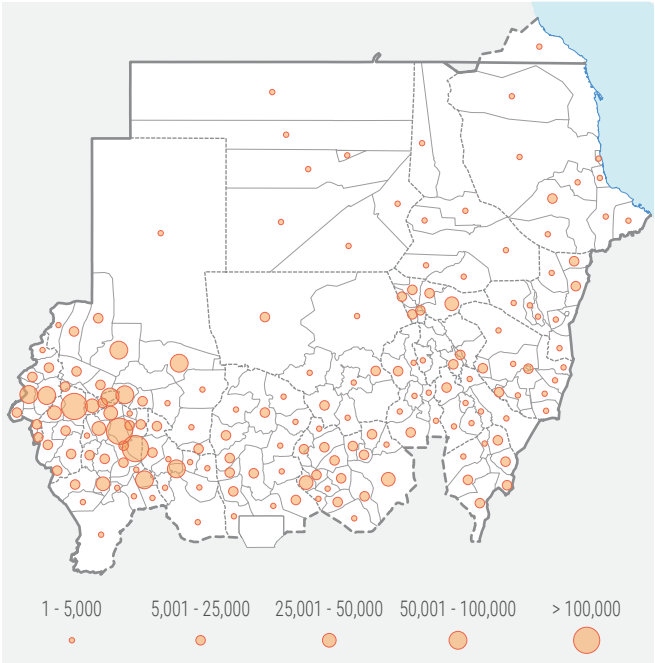
3.7.1 Protection: General

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4.5M	2.5M	$58.7M



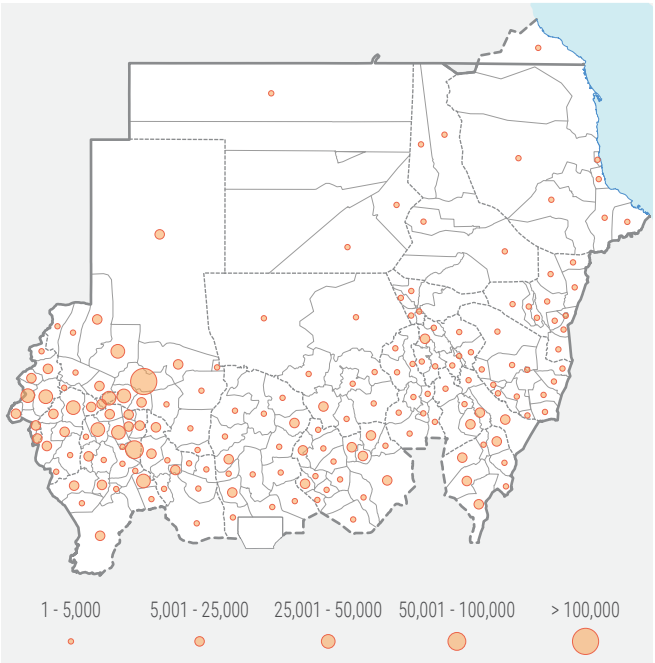
3.7.2 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
3.2M	2.3M	$54.7M



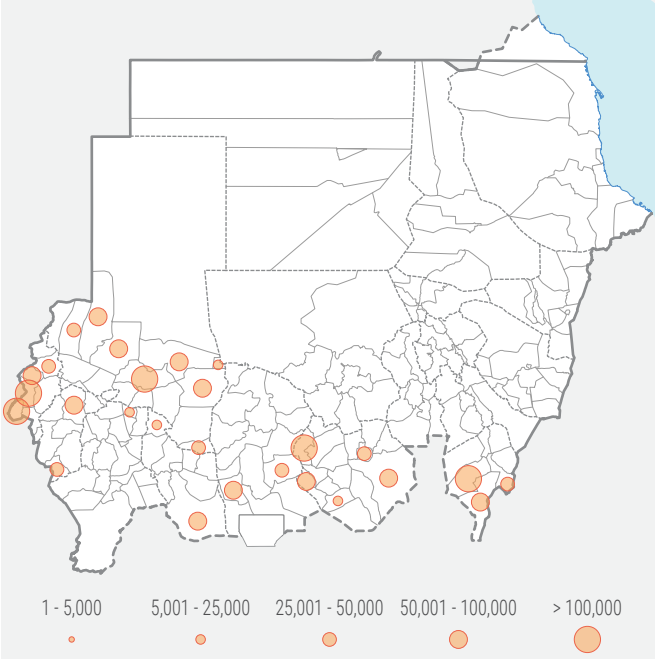
3.7.3 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.7M	1.2M	$40M



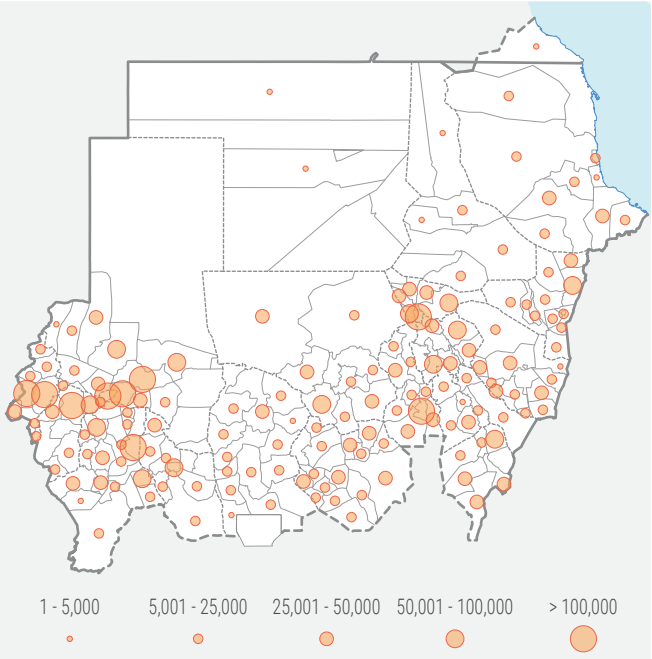
3.7.4 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.5M	2M	$8.5M



3.8 Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
12.1M	4.8M	$111.9M



Gender and age by sector

SECTOR	PEOPLE TARGETED	BY GENDER WOMEN | MEN (%) (WOMEN / MEN)	BY AGE (CHILDREN | ADULTS | ELDERS (%))	VULNERABLE RESIDENTS	IDPs	RETURNEES	REFUGEES
WSH	4.81M	51 | 49	60 | 33 | 7	3.36M	1.08M	0.38M	
NUT	2.04M	51 | 49	65 | 32 | 3	1.84M	0.15M	0.05M	
EDU	2.28M	55 | 45	100 | 0 | 0	1.65M	0.46M	0.17M	0.20M
S/NFIs	1.34M	56 | 44	32 | 50 | 18	0.19M	0.90M	0.25M	
HEA	6.50M	72 | 28	25 | 71 | 4	4.83M	0.68M	0.14M	
FSL	8.44M	51 | 49	40 | 50 | 10	6.89M	1.18M	0.37M	
CP	2.30M	51 | 49	98 | 2 | 0	0.62M	1.21M	0.47M	
GP	2.48M	50 | 50	55 | 37 | 8	0.84M	1.23M	0.41M	
MA	2.02M	51 | 49	55 | 37 | 8				
GBV	1.16M	80 | 20	98 | 2 | 0	0.44M	0.58M	0.15M	
RCF	1.16M	46 | 54	65 | 25 | 10				1M

3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
3M	2.3M	$102.5M	25	25

% OF BOYS	% OF GIRLS	% WITH DISABILITY
45	55	15

Objectives

The Education Cluster has identified 3 million conflict, disaster-affected, and vulnerable school-aged children (ages 6-18) needing support to access or remain in quality formal education. These include 616,600 internally displaced children, 223,673 children who were refugees and have now returned to Sudan, and 2.1 non-displaced vulnerable children. Of these children, the Education Cluster aims to support 2.27 million (1.25 million girls and 1.05 million boys). The geographic areas most in need of targeted education support are in the Darfur, Kordofan, and North-East regions. In 2022, the Education Cluster will improve linkages between the humanitarian and development education interventions, ensuring a sustainable approach to education that will further progress the Sustainable Development Goals and lead to improved learning outcomes across Sudan.

The Education Cluster objectives for 2022 are:

1. **Conflict, disaster-affected, and otherwise vulnerable children have improved access to inclusive high-quality formal education through multi-year programming.**

Children will receive school meals, educational materials, school uniforms, and recreational materials for play-based learning. Non-functional classrooms will be rehabilitated, and new classrooms will be constructed to reduce the number of students per class, improving educational quality. Teachers will receive supplies and in-service professional development, including training on teaching in emergencies. Accelerated learning programmes and catch-up classes will be offered to children most affected by COVID-19 school closures or out-of-school children reintegrating into the school system.

2. **Learning environments are safe, protective, and responsive to the needs of vulnerable children, including children with disabilities, and contribute to long-term resilience.**

Interventions under this objective will improve learning environments and ensure vulnerable children's safety and protection while at school. There is a high need to improve water and sanitation infrastructure and water availability in schools. Approximately 30 per cent of schools in Sudan do not have latrines, the average user to latrine ratio is 132 people to 1 latrine[3], and 46 per cent of schools have no access to clean water for drinking or handwashing. Partners will establish or rehabilitate gender-segregated latrines, temporary hand washing stations with water and soap, and provide schools with cleaning kits. Child protection referral mechanisms will be put in place in schools. Parents, teachers and school management will be trained on child protection measures, including the provision of psychosocial

3 Sphere standard is 20 people (sex disaggregated) per latrine.

support, positive discipline and parenting, and prevention of school-related Gender-Based Violence.

3. **Education systems are strengthened and better linked to humanitarian and development coordination, improving timely, evidence-based, and impactful multi-year education programming.**

Under this objective, partners will be able to rapidly respond to protect children and ensure their learning continuity in a sudden-onset emergency while also investing in the longer-term education needs of children, including supporting improved learning outcomes. Interventions under this objective will include direct support to the Federal and State Ministries of Education to strengthen the education system and improve education planning. Specific support will be given to preparedness and learning continuity, including remote or hybrid learning programmes. The cluster will support the Federal Ministry of Education to strengthen the Education Management Information System, enabling an evidence-based education response.

Response Strategies and Modalities

A total of 23 partners working in 17 states are part of the Education cluster. Through a multi-cluster approach to its response, education partners implement school feeding, support water and sanitation infrastructure in schools, and enhance safety and protection measures for children at school. Cash and in-kind modalities will be used to provide a full package of support to conflict and disaster-affected and vulnerable children, their families, teachers, and schools to ensure access to education. The activities with the greatest financial investments will be school feeding, provision of scholastic materials, provision of temporary classrooms or rehabilitation of permanent classrooms, and improvements to schools' water and sanitation infrastructure and water supply. As the associated costs of education such as Parent-Teacher Association fees, school uniforms, and school textbooks are a primary barrier to children attending school, cash modalities will be used either for households or schools to cover these costs.

Cross-cutting Issues

Education partners are committed to ensuring that girls, boys, children with disabilities, parents, teachers, and school administrators are involved in planning and implementation of the Education programme and provide feedback. In 2021, the Education Cluster conducted a nation-wide Joint Education Needs Assessment (JENA). Community members and school staff were consulted to determine needs and priorities and guide project planning for 2022.

Several feedback mechanisms and post-distribution surveys contribute to monitoring education needs. These enable children, parents, and teachers to inform partners about their satisfaction and provide feedback on interventions. Gender, age, disability, and protection specific needs are all addressed in the Education strategy. In localities with a low rate of female school enrolment, an additional gender analysis will be conducted, and girls will be provided with specialized support to return to or remain in school. Additionally, the inclusion of children with disabilities is an integral component of the 2022 strategy. New school infrastructure will be constructed 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 will be supported through a specialized working group.

3.2 Emergency Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.7M	1.3M	$83.7M	19	25

% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% ELDERLY	% WITH DISABILITY
49	51	29	29	8	15

Objectives

The 2022 HNO identifies 2.4 million IDPs, returnees, and vulnerable residents as having shelter and NFI needs, driven by conflict-related, natural disasters, and economic factors, further exacerbated by the still looming threat of COVID-19. The cluster will target 1.3 million people with the most severe needs (56 per cent of the PiN) in 77 localities across the Darfurs, Kordofans, Blue Nile, and flood-affected states, by delivering timely emergency assistance to newly displaced as well as addressing mid to longer-term needs of returnees and communities living in protracted displacement, through the following two objectives:

1. **Provide life-saving NFI assistance to crisis-affected populations**
1. **Enable crisis-affected populations to access adequate4 shelter solutions that provide protection, safety, security, and space to live in a dignified manner**

Immediate emergency response will continue to be critical in light of the deteriorating security situation and recurrent flooding events driving displacement. It will require country-wide prepositioning of the contingency of non-food items and emergency shelter kits.

Where conducive conditions exist, the partners will aim to secure more permanent shelter solutions for returnees and communities living in protracted displacement. This solution will take into consideration the substantial prevalence of emergency/ makeshift shelter typologies and overall poor shelter conditions where as much as 68 per cent of affected households report living in damaged accommodations. Protracted caseload assistance will also include targeted replenishment of household items necessary to support daily domestic activities.

Shelter and settlements are inextricably linked, which becomes increasingly important in protracted displacement. Therefore, partners will focus on small-scale settlement development and maintenance activities to improve accessibility, access to essential services, and increase resilience to hazards. The displaced and surrounding hosting populations will benefit from this approach, decreasing the strain on already limited resources as well as supporting peaceful coexistence and contributing to overall peacebuilding efforts.

Response Strategies and Modalities

Given the rise in conflict and seasonal flooding patterns, the predominant focus will remain on emergency response and preparedness. Through the pipeline, the cluster will ensure procurement of tailored NFI and emergency shelter kits by relying

4 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.

on multiple local and international framework agreements that guarantee the best value for money and mitigate market constraints related to the quality and availability of necessary items. Contingency stocks will be prepositioned throughout a network of 14 strategically located warehouses in nine different states. This will mitigate supply chain issues and long lead times resulting from impeded accessibility due to insecurity and poor infrastructure, lengthy customs clearance procedures, and potential port closures. Given the number of contextual complexities and competing needs, preparedness efforts will further be strengthened through localized action of cluster partners as well as reliance on cash-based delivery methods where markets permit.

The cluster will ensure targeted replenishment of essential household items and enable shelter repairs and maintenance to improve communities' resilience to extreme weather conditions and natural hazards. Where feasible and adequate, operational and donor support is expected to move from relief to recovery and from emergency to transitional and more durable shelter solutions that permit incremental self-improvement. The cluster strategy will aim for an area-based response and interlinkages with WASH, health, education, livelihoods, GBV, etc. Small-scale settlement interventions will aim to decrease congestion, reduce the risk of hazards, and improve accessibility, safety, and access to essential services.

To maximize resources, the overall response through in-kind or cash-based assistance will draw on affected populations' strengths and capacities and rely heavily on community-based shelter construction informed by building back safer practices. Targeting will be based on technical aspects, such as shelter typologies and conditions as well as level of access to essential household items, but also on family composition and specific needs, with priority given to these key vulnerable groups: women and children (especially pregnant and lactating women, female and child-headed households as well as unaccompanied minors), older persons (especially those who are single or with children in care or unable to care for self), persons with physical and mental disabilities as well as those with severe medical conditions and persons at risk or survivors of SGBV.

Cross-cutting Issues

The Shelter and NFI Cluster will aim to ensure representation from all ages, gender, and diverse groups of affected populations in planning and designing shelter and settlement interventions. Shelter assistance relies heavily on community-based construction, which promotes ownership and self-reliance. Furthermore, partners will contribute to the creation of income generating activities through cash for work schemes, and production of soil stabilized bricks, woven grass mats, etc. Additional measures such as cash grants for the labor component or community-based (volunteer) structures will be put in place to reach persons with disabilities, the elderly, and others that are unable to construct their shelters or come to distribution sites to collect assistance.

"Do no harm" principle will guide shelter and settlements programming and interventions. The cluster will aim to support safe and easy access to shelters and essential services considering the specific needs of all vulnerable groups. Households and community-level disaster risk reduction interventions will be implemented to strengthen the resilience of at-risk populations further. Adequate safety at night will be ensured by providing solar lamps, and gender-specific considerations will guide shelter design to strengthen the protection of women and girls. Special attention will be given to housing, land, and property (HLP) issues as competition for land and natural resources remain critical drivers of conflict and impediments to durable solutions. Framing shelter assistance through the HLP lens is important to avoid inadvertently exposing beneficiaries to risk or unknowingly giving legitimacy to land grabbing and occupation. Partners will also aim to understand, prevent, and mitigate adverse environmental impacts by selecting sustainable construction materials to prevent over-exploitation, pollution, and degradation of the natural environment. Efforts on strengthening coordinated and integrated inter-sectoral responses will be made to ensure cross-cutting issues are addressed.

3.3 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
10.9M*	8.4M	$708.3M	28	34

% OF MEN	% OF WOMEN	% OF CHILDREN	% WITH DISABILITY
49	51	40	15

*9.8M, 1.1M refugees

Objectives

In 2022, food insecurity is likely to remain high, accompanied by increased and protracted displacement, economic decline and high unemployment. Based on the latest IPC projection for July-September 2021[5], a record 9.8M people are facing crisis or worse levels of acute food insecurity, representing a 34 per cent increase compared to the need at the beginning of 2021.

Out of the 9.8 M people in need, the FSL Cluster will target 8.4million, focusing on:

- Provision of life-saving emergency food assistance to 5.4million people and improvement of the food security status; and
- Livelihood and rehabilitation support to 3 million people, focusing on supporting self-reliance capacity of the affected households by protecting and building productive assets and restoring or creating income-generating opportunities.

Target geographic areas include places where there is the highest percentage of populations in IPC Phase 3 (Crisis) or worse, including West Darfur (30 percent), North Darfur (29 per cent), and East Darfur State (28 per cent). Five localities fall under IPC Phase 4; Ag Geneina - West Darfur; Halaib and Jubayt El Maaadin - Red Sea; Al Buram and Heiban - South Kordofan. Interventions in these areas will target populations affected by conflict, and natural disasters, returnees, and people facing multiple shocks.

The FSL objectives for 2022 are to:

1. **Improve the food security status of assessed food insecure people through life-saving and life-sustaining food assistance.**
2. **Support self-reliance of affected households by protecting and building productive assets and restoring or creating income-generating opportunities to save and sustain lives.**
3. **Improve communities' capacity to sustain households' livelihoods through the rehabilitation/ building of productive infrastructure as well as supporting services.**

Response Strategies and Modalities

Key assistance modalities will include unconditional/ conditional in-kind food, cash, and vouchers to flexibly respond to vulnerable people's specific food security and nutrition needs. Target population include IDPs, hosting and returning population groups. The immediate, life saving assistance will be complemented by emergency agricultural and livestock interventions, vocational training and rehabilitation activities in order to increase the self-reliance and resilience capacity of the affected population.

5 https://fscluster.org/sudan/document/sudan-ipc-2021-acute-food-insecurity

With around 9.8 million people in need, FSL partners will target 8.7 million people, whom of 5.7 million will be supported with food assistance interventions and 3 million with livelihoods assistance under three major groups:

1. Communities affected or residing in high-risk areas, prone to natural or man-made disasters.
2. Vulnerable people from the host, internally displaced, returnee, and refugee communities facing high levels of food insecurity due to limited accessibility and availability of adequate, sufficient, and nutritious food.
3. Small-scale farmers facing significant constraints to farming because of high costs of production, post-harvest losses, access to farmlands, markets, and information.

Partners will provide food and/or cash assistance to 5.7 million individuals directly impacted by shocks, conflict, or natural disasters who require immediate life-saving aid to ensure access to food. Cash and vouchers will be scaled up where feasible, through an evidence-based approach, including market feasibility and cost-benefit analysis of in-kind vouchers and cash systems, in coordination with the Cash Working Group (CWG). The response will consider prevailing market conditions, availability of financial services and food products in the markets, people's preferences, cultural and gender dynamics, accessibility, safety, and security. Partners will also work closely to improve the availability and accessibility to sufficient quality food for individuals impacted by protracted crisis and suffering from food insecurity.

Additionally, FSL partners will aim to assist around 3 million vulnerable people with livelihoods to strengthen resilience and minimize negative coping strategies. The focus will be to bridge seasonal undernourishment gaps, improve communities' asset bases, and help build resilience. Interventions under this objective will include capacity-building for improving agricultural and livestock production, storage, and processing for small-scale farmers, livestock vaccination campaigns for herders, vocational training on agriculture to promote income generation. FSL partners will target all vulnerable groups, including small-scale farmers. Response under this objective will increase access to improved agricultural and livestock inputs; enhance capacities on good agricultural and veterinary practices; reduce post-harvest and animal losses, and improve access to credit.

Under the third objective, food security and livelihood programs and interventions will provide safety, dignity, and protection for the overall community to decrease protection risks. Interventions will primarily target the most vulnerable people, which will include women, girls, boys, people with disability disabilities, and older people.

Cross-cutting Issues

The FSL Cluster ensures mainstreaming of cross-cutting issues in its interventions, including protection, AAP, gender, and environment. FSL Cluster partners will aim to avoid, minimize or reduce any unintended negative consequences or impact of their assistance or interventions and are committed to a 'do no harm' approach. Equality, participation, for example, through community consultations and complaint and feedback mechanism (CFM), and empowerment of beneficiaries will be incorporated into all stages of implementing any food security activity.

Linkages with durable solutions and income diversification will be considered. This will support rebuilding people's lives while connecting them with medium and long term programmes focused on recovery. Given the economy's contraction, it will be necessary for development actors to increase cash/food-for-work type of opportunities to create short-term employment while meeting the humanitarian imperatives.

The FSL Cluster will continue to advocate for proactive emergency preparedness through pre-emptive anticipatory actions and Early Warning and Early Action (EWEA). The FSL Cluster will strengthen the national capacity in proactive emergency preparedness by working closely with the Food Security Technical Secretariat (FSTS), the Ministry of Labor and Social Development (MoLSD), and other key stakeholders.

Targeting of beneficiaries will be informed also taking into account conflict sensitivity and protection risk analysis to mitigate risks and ensure the 'do no harm' principle. By conducting community-based vulnerability targeting and conducting conflict sensitive assessments, the cluster seeks to ensure the most marginalized and vulnerable groups have access to assistance and that assistance does not exacerbate tensions between different social and ethnic groups.

AL FASHER/NORTH DARFUR
A miller selects the grain to obtain flour with his automatic mill in Al Moashi market. Photo: UN

3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
10.4M*	6.5M	$141.1M	31	36

% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ELDERLY	% WITH DISABILITY
35	65	15	4	15

9.2M, 1.2M refugees

Objectives

During 2022, the health needs are expected to remain high due to inflation, the economic crisis, poor investment in infrastructure, localised conflicts, and a potential new refugee influx. The country will continue to experience disease outbreaks of endemic, water-borne, and vector-borne diseases like hemorrhagic fevers and malaria. Vaccine-preventable diseases can recur due to low immunity among children and shortages in immunization coverage in several areas. Seasonal rains and floods are still the main hazards that will increase the likelihood of disease outbreaks. This all can be exacerbated by the continuous shortages in essential medical supplies and medicines.

High mortality figures due to COVID-19 are still reported, with a chronic lack of health care management. Low rates of COVID-19 vaccination amongst the population is still hindering effective coverage to lessen the resulting morbidity and mortality among the elderly and vulnerable groups.

The Health Cluster response and activities during 2022 will be guided by three main objectives:

1. **Support essential public health functions with a focus on strong primary health care.**

The worsening economy of Sudan and protracted health emergencies increased the number of people who ca not access basic health services and decreased the health system capacity to deliver the required healthcare. The number of people residing in areas deprived of health services has doubled, reaching 1.7 million people compared to 800,000 in 2020. This is mainly due to the reduced number of health staff, lack of funding, and increased economic hardship. In addition, the brain drain and migration of skilled health workers affect the health system's capacity. Health partners will focus on strengthening essential public health services to ensure basic access is available. During 2021, the cost of medicines has increased by approximately 1,000 per cent due to the ongoing inflation and reduced number of local pharmaceutical manufacturers. People residing in IDP and refugee camps with their host communities are still reliant on humanitarian actors to provide basic health services and support their communities with the needed medical supplies.

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

Under this objective, addressing health emergencies and providing timely responses will be prioritized. This will include interventions to address low access to safe drinking water, suboptimal vaccination coverage, and strengthen health facilities' capacity to mitigate the effects of seasonal flooding to prevent water-borne, and vector-borne disease outbreaks, including malaria and arthropod-borne viral diseases.

By mid-October 2021, 1.6 million malaria cases were reported across Sudan, increasing by 25 per cent compared to the previous year. Weak water infrastructure and recurrent floods increase the likelihood of water-borne diseases. This requires robust water quality monitoring programs, specifically in crowded urban areas, IDP, and refugee camps and gatherings. In 2021, Hepatitis E was reported across the country, mainly affecting refugee camps in the eastern and southern parts of the country, which is a strong indicator of suboptimal water quality being consumed by the concerned population. The Health Cluster will continue inter-sectoral response through joint planning with the WASH Cluster and updating the Health Cluster's multi-hazard country preparedness plan.

3. Address the needs of vulnerable groups who are disproportionally affected by health emergencies.

Three million IDPs residing in and outside camps rely on services provided by humanitarian actors and need sustainable access to basic health services. Further, 939,000 returnees lack sustainable services to enable a long-term integration. Until further data is available, the WHO global figure on the prevalence of disability (15 per cent) will be utilized by health cluster partners in their planning.

Women and children are disproportionally affected by hazards affecting the country. It is estimated that 1.5 million women lack access to reproductive health (RH) services and GBV case management and support. In 2021, the number of children dropping out from the expanded programme on immunization EPI has increased by 8 per cent, with coverage of measles vaccine dropped to a critical 67 per cent with over a thousand suspected cases and 18 deaths reported across the country by mid-October 2021. Such low vaccination coverage is a high risk for significant outbreaks of vaccine-preventable diseases. It necessitates a system-wide approach to enhance the coverage, strengthen the surveillance system, and prepare for early action and response.

Response Strategies and Modalities

Health cluster partners will target 6.5 million people in need and will prioritize 106 localities across the 18 states of Sudan. These localities are determined by the HNO's highest severity of needs 4 and 5, where a significant proportion of the population lacks access to basic services due to unavailability and poor coverage of outreach services.

Response strategies will prioritise treatment of non-communicable diseases, the availability of essential medicines, and the provision and expansion of Minimum Initial Service Package (MISP) for RH to support reproductive, neonatal, and child health, and the strengthening of the expanded program of immunization EPI. The COVID-19 response and mitigation measures will continue to be integrated within the planned activities, emphasizing strengthening surveillance and reporting systems, testing and laboratory capacities, infection prevention and control, case management, and risk communication and community engagement (RCCE).

Partners will support the timely provision of life-saving health services to people affected by disasters during and after the event, including training and supporting Rapid Response Teams (RRTs), deployment of mobile clinics and health staff to affected areas, and ensuring the availability of ambulances and transportation for patients, specifically for the displaced population, hard to reach areas.

The Health Cluster will ensure that 95 per cent of the alerts of outbreaks or emergencies are verified and response initiated within 72 hours from notification to protect communities and prevent further spread through updating the annual multi-hazard preparedness and response plans. The cluster will strengthen and expand community-based surveillance, data analysis and establish emergency operation centers in high-risk states for hazards. Training of health staff, including "cross-training" to build the capacity of national and local health staff, will also be a priority. Light structural rehabilitation of health facilities and provision of medical equipment is necessary to ensure the continuity of services.

Cross-cutting Issues

For 2022, the Health Cluster has developed a dedicated "protection risk analysis and mitigation measures guidance" to guide health providers and assist them in mainstreaming protection activities and mitigating the negative impact of emergencies on vulnerable groups and beneficiaries.

Despite improvements in laws and legislation addressing GBV and violence against children, the service provision for GBV survivors is still lagging and not fully addressed in communities and health facilities. The Health Cluster will work closely with the GBV AoR actors to ensure that health providers are equipped to offer survivor-centered, right-based, non-discriminatory, quality health services. Training of health staff on first-line GBV management and CMR will be conducted in coordination with the protection and GBV AoR.

While the availability of data on disability is lacking, people living with disability (PLWD) should have equitable unimpeded access to all available basic services, including outreach services. The Health Cluster will continue to monitor and report on services targeting people living with disabilities and promote their needs. Further, periodic monitoring reports and figures will be disaggregated by age, gender, and disability to highlight any persistent gaps and issues facing equity in the response. Additionally, health partners will undertake activities addressing environmental health hazards such as solid waste disposal, medical waste management, health promotion campaigns, water quality, and food safety monitoring.

SHANGIL TOBAYA/NORTH DARFUR
A doctor checks the eyes of a boy during a free medical consultation. Photo: UN

3.5 Logistics and Emergency Telecommunication

FUNDING REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
$29.6M	1	1

Objectives

The objective of Sudan's country-level Logistics Cluster is to ensure that timely, coherent, and effective logistics support to 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 operational gaps. Based on the needs identified and expressed by the humanitarian community, the cluster will assume a coordination and information management role while attempting to facilitate common services where required to maximize the use of available resources in-country, provide support and advocacy when appropriate, and establish a coordinated operational approach.

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. In 2021, the Logistics cluster provided coordination support and logistics information sharing within and between humanitarian partners.

In 2022, the Logistics Cluster will continue to provide 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 have the ability to address these issues. It will continue to share logistics information, IM products such as maps on physical access constraints, and points of entry. The Logistics Cluster will also provide technical, logistic guidance, best practices, and advice to the humanitarian community.

As part of its strategy, the cluster will conduct a Gaps and Needs Analysis (GNA) to understand and outline exit strategies. In addition, to identify possible gaps, bottlenecks that could hamper partners' operations, the key findings and recommendations coming from the GNA will also provide a rationale to define the most appropriate coordination mechanism.

Cross-cutting Issues

The Logistics Cluster is not involved in recruiting nor contracting directly staff and logistics service providers. The WFP–as Cluster Lead Agency–is contracting logistics providers and recruiting staff that will support the implementation of the cluster strategy. The cluster lead agency is committed to addressing protection, gender-based violence, and diversity when implementing its activities, including providing physical safety in and around sites for women and raise awareness among its staff and third-party service provider on protection, gender-based violence, and diversity concerns amongst others.

3.6 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
4M*	2M	$160M	31	35

% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY
0	23.4	37.5	39	15

*3.9M, 137K refugees

Objectives

In 2022, the nutrition situation in Sudan is projected to remain at elevated high levels of Global Acute Malnutrition (GAM) of 13.6 percent. The situation is most critical in 64 localities[6] with global acute malnutrition prevalence above the WHO emergency level classification of 15 per cent and above and nine localities with GAM prevalence above 30 per cent, classifying the situation as catastrophic. However, the projected worsening of the specific drivers of malnutrition, including food insecurity, deterioration in the provision of Health and WASH services, economic inflation, and suboptimal caring and feeding practices for under-five children, are likely to contribute to the decline of the nutrition situation. Based on this, the Nutrition Cluster strategy will focus on the following objectives:

1. **Scale-up access to quality integrated life-saving treatment and preventive nutrition services to reduce morbidity and mortality among children under-fives in crisis-affected and vulnerable populations.**

Aligned with the HRP strategic objective 1, interventions under this objective will be directed to save lives of severe and moderately malnourished children whose risk of mortality is 12 and 4 times higher, respectively, compared to their well-nourished peers.

Nutrition partners will target 1.7 million acutely malnourished children under-five, pregnant and lactating women, representing 44 per cent of the total people in need. Several interventions will be implemented to achieve this objective. First, treatment of SAM cases in over 2,000 outpatient therapeutic feeding programme (OTP) targeting 320,864 SAM cases representing 58 per cent of the 557,055 of those in need. Second, treatment of SAM with medical complications targeted to reach 49,020, about 53 per cent of those in need in 155 Stabilization Centers (SC). Third, treatment of moderate malnourished children under-five (MAM) in 1700 TSFP sites, targeting to reach 1,017 million people, about 46 per cent of the 2.2 million in need. Finally, treatment of acutely malnourished Pregnant and Lactating Women (PLWs) in 1700 TSFP sites targeting to reach 405,600, representing 45 per cent of the 905,000 in need. In addition to treatment, capacity building on CMAM, including the provision of supplies, will be scaled up and improved. Nutrition partners will complement FMoH capacity in providing nutrition services by targeting priority areas based on capacity, availability of services, and ressources.

2. **Contribute to the reduction of malnutrition among girls, boys, and PLW in prioritized localities through preventive multi-sector responses.**

In line with strategic objective 2 of the HRP, interventions under this objective will aim to improve the nutritional situation and prevent vulnerable

6 33.7% of the 190.

people from episodes of malnutrition. Partners will implement preventive interventions, including: Food-Based Prevention of Malnutrition targeting 295,235 people, which represents 29 per cent out of the 1,01 million under-two children in need in prioritized localities. Additionally, 214,113 PLWs will be targeted, which represent 24 per cent of the total number of people in need. Nutrition partners will also implement emergency blanket supplementary feeding for targeting 114,825 children under five, which represents about 19 per cent of those in need, and 89,821 PLWs accounting for 28 per cent of those in need in prioritized localities. Partners will also implement several infant and child feeding practices activities (IYCF) targeting 495,781, representing 26 per cent of 1.8 million in need, and implementation of vitamin A supplementation targeting 90 per cent of the children under five.

3. **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.**

In alignment with strategic objectives 1 and 2 of the HRP, nutrition partners will conduct nutrition analysis of the existing information triangulating with other clusters as well as conducting assessments that include SMART surveys methodology in 9 localities with very high (20 per cent and above) to catastrophic levels of acute malnutrition (30 per cent and above) as well as the S3M, MIC or IPC-AMN.

A total of US$ 150.9 million be required to support the implementation and scale-up of life-saving and preventive nutrition responses in 2022, targeting to reach about 44 per cent of the total acute malnutrition PIN for the Nutrition Cluster.

Response Strategies and Modalities

To reach the estimated targets and planned response scale up, the Nutrition Cluster will deploy integrated responses modalities jointly with the Health Cluster at primary and secondary levels. These include delivering nutrition services through existing health facilities, mobile and outreach teams, and satellite sites. Satellite and mobile teams will be used to target IDPs, people with disabilities, populations in hard-to-reach areas. To increase treatment coverage, transport cost assistance will be provided to families of severely malnourished children under-five with medical complications to and from the Stabilization Centre. The cluster will also explore rapid response mechanisms for timely delivery of nutrition responses in sudden onset emergencies.

Nutrition partners will ensure equitable access to essential assistance based on vulnerability, targeting the highest severity of needs. Based on the HNO analysis, the causes of malnutrition are multi-sectoral and therefore call for the implementation of integrated multi-sector response strategies that will complement the nutrition-specific response strategies. Nutrition, Health, WASH, and FSL have agreed to implement a minimum integrated and layered multi-sectoral response package[7] in 83 localities with multi-sector vulnerabilities with a severity scale of 3 to 5 targeting 47 per cent and 44 per cent of SAM and MAM 2022 HRP target, respectively. Some of these interventions will include the provision of WASH kits to SAM cases, screening, and referral of malnourished children from PHC services to nutrition services providers, enrolment of households with malnourished children into food assistance, and livelihood projects, etc. These minimum packages are intended to contribute to addressing the immediate and underlying causes of undernutrition.

Additionally, specific nutrition response strategies include:

- Scaling up treatment and geographical coverage of severe and moderate acute malnutrition for most vulnerable groups in vulnerable residents, IDP, returnees, and persons with disabilities.
- Scaling up the continuum of care by providing complementarity of OTP and TSFP services from the current 68 per cent[8] of the OTP sites in 2021 to 85 per cent in 2022.
- Strengthening referrals for children suffering from SAM with medical complications through

7 Multi-sectoral minimum integrated response package.

8 1,179 health facilities with OTP and TSFP and plan is to reach 1700 by end of 2022.

providing transportation costs to and from the SC.
- Supporting and scaling up early detection and referrals of acutely malnourished children and growth faltering through the provision of family/ Mother MUAC to mothers in the communities where OTP/TSFP responses are being implemented.
- Nutrition system capacity strengthening (capacity and infrastructure) will facilitate the provision of quality and people-centred life-saving nutrition responses.
- Advocating for designing and implementing emergency, humanitarian, and peacebuilding nexus.

Cross-cutting Issues

The cluster will integrate awareness and education on GBV issues, AAP, and disability. It will raise awareness on how these conditions contribute to the deterioration of the nutritional status and impact the mental and psychosocial well-being of under-five children and PLWs. The Nutrition Cluster has devised the following strategies to ensure it is integrated into nutrition programming. First, the Nutrition Cluster has developed minimum package and related indicators to guide partners, including women, lead organizations to mainstream into nutrition interventions. Second, all cluster partners are familiar with the minimum package. Third, all nutrition cluster partners demonstrated mainstreaming of cross-cutting responses and indicators HRP projects. Finally, AAP, GBV, and disability inclusion have been included as one of the scoring criteria in nutrition projects in the HRP.

Partners will improve site-level services providers' knowledge and awareness on AAP, GBV, and disability through capacity building and referral pathways organized in collaboration with the respective AoRs. Some of the interventions will include training of nutrition staff on GBV and PSEA, providing information on available nutrition services, and establishing accessible feedback and complaints mechanisms in nutrition sites. Partners will be trained on the accessibility of all nutrition interventions to disabled people and identifying specific nutrition needs of persons with disabilities.

3.7.1 General Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
4.5M*	2.5M	$58.7M	25	32

% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ELDERLY	% WITH DISABILITY
50	50	55	8	15

3.3M, 1.2M refugees

Objectives

New and protracted displacement, lack of basic services, and the deteriorating economic situation have all had profound consequences on conflict-affected persons' immediate physical and mental well-being, living standards, and long-term resilience. Vulnerable groups- such as women, children, elderly, persons with disabilities, and chronic illnesses- face a range of challenges unique to their individual circumstances, compounded by their displacement where familial/community support networks are not functioning or are overstretched. These and other groups of people suffer disproportionately from various protection risks, including violence, sexual and other forms of exploitation and abuse, and human-rights violations.

Rule of law, access to justice, and government provided social protection remain weak in conflict-affected areas of Darfur, South and West Kordofan, and the Blue Nile, including the two areas controlled by non-state actors. Natural disasters, including disease outbreaks and scarcity of resources, have further impacted public service delivery and heightened the socio-economic vulnerability of displaced families.

The 2022 HNO identifies 4.5 million IDPs, returnees, and vulnerable residents in need of protection. This includes 1.5 million IDPs, 390,000 returnees, and 1.5 million vulnerable Sudanese. The Protection Cluster will target 2.5 million people for assistance.

To meet the needs of the targeted population, the Protection cluster will focus its intervention around the following objectives:

4. **Provide protection services to vulnerable crisis-affected people, particularly those with special needs.**
5. **Strengthen community-based protection mechanisms to prevent and mitigate protection risks and to address protection needs where feasible.**
6. **Contribute to a favorable protection environment through the engagement of and support to authorities, humanitarian, and peacebuilding partners.**

To achieve its objectives, protection partners will provide protection services based on the severity of needs and vulnerability determined in the HNO/HRP and on multiple parameters, including age, gender, disability of individuals. In line with established objectives, the Protection cluster will address the immediate protection needs of highly vulnerable people by identifying, assisting, and referring them to service providers, including legal assistance,

cash-based intervention, and follow up with relevant authorities and communities for implementation of community support projects.

Response Strategies and Modalities

The Protection cluster will employ several response strategies and modalities to fulfill its objectives. Protection cluster partners will strengthen the capacity of humanitarian actors and duty bearers at national, state, and community levels to monitor, assess, analyze, and mitigate protection risks. To achieve maximum results, partners will increase capacity through building linkages and partnerships with all stakeholders, ensuring the centrality of protection and integrating protection response into the multi-cluster intervention at all levels. Through a collective effort and in line with the UN Protection of Civilians (POC) strategy, systematic data collection, analysis, evidence-based interventions, and the issuance of POC advocacy briefs will be scaled up. The protection environment will be strengthened through awareness-raising and community support initiatives to promote social cohesion and community participation, coordination with relevant stakeholders in monitoring, evidence-based intervention, reporting and advocacy, and capacity-building of authorities. This approach will help all stakeholders avoid duplication of work and provide protection interventions in a coordinated manner.

In hotspot localities of Darfur, South and West Kordofan, and Blue Nile States, existing monitoring and reporting mechanisms for protection and response will be enhanced. These mechanisms will be achieved through protection monitoring, protection by presence and community consultations in close collaboration with other stakeholders, engaging community-based protection mechanisms in assessments and mitigation of existing protection risk.

Partners will support the implementation of the Transitional GoS National Plan for Protection of Civilians through capacity-building, and technical support, at federal and state levels. At the policy level, the cluster will work with the MoSD and Ministries of Social Welfare at the State level to promote the integration of vulnerable IDPs in the social protection programs and remove legal/administrative barriers. The cluster will also support the federal and state-level POC Committees, Ministry of Social Welfare, National/State Council of Child Welfare and the Violence Against Women Units in developing and disseminating protection-related operational plans, guidance and policies, specifically through the provision of expertise, training, coaching and other forms of appropriate support.

Finally, Protection partners will support the implementation of durable solutions strategy and peaceful coexistence initiatives that will address root causes of protection problems and strengthen the rule of law. Through capacity-building initiatives, community mechanisms will be reinforced to ensure the application of Age, Gender, and Diversity Mainstreaming (AGDM) and inclusion of minorities in decision-making processes relating to their protection. These mechanisms will monitor the protection of the communities, women, girls, and other vulnerable people and develop an appropriate protection action plan for protection concerns.

Cross-cutting Issues

The Protection cluster ensures that in all undertakings, primary consideration will be given to our accountability to affected populations to identify, understand and support their protection measures. Different segments of affected people will be meaningfully engaged in all decisions and actions that directly impact their well-being. The Protection Cluster will play a pivotal role in supporting humanitarian actors to mainstream protection throughout all clusters and coordinating specialized protection services for affected populations.

Partners will build from its work in previous years to establish a robust preventive protection from sexual exploitation and abuse (PSEA) response across the humanitarian response. This includes strengthening the culture of accountability across the operations by

integrating PSEA actions within protection functions and broader Accountability to Affected Populations (AAP) strategy. This will be achieved through regular PSEA training for humanitarian workers, regular Sexual Exploitation and Abuse (SEA) risk assessment and development and implementation of PSEA action plan in response areas, and collaboration with operational partners to establish inter-agency and community-based complaint mechanisms accessible to affected populations in all priority response locations.

All elements of the humanitarian response will promote the protection, safety, and dignity of affected people in an impartial, neutral, and independent manner and will be provided equitably to women, girls, men, and boys, wherever they are through a strong community engagement. A gender and age lens, including collection and analysis of sex- and age-disaggregated data, will help tailor assistance to those most in need. Finally, the Protection Cluster will promote and facilitate a rights-based approach to the sustainable use and management of natural resources, climate change, and, in particular, innovative renewable energy.

ZALINGEI/CENTRAL DARFUR
Children in Zugo Damra Basic School, located some 15 kilometers north of Zalingei. Photo: UN

3.7.2 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
3.2M	1.9M	$54.7M	25	25

% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY
2	5	47	46	15

Objectives

Children's safety, survival, and well-being are threatened by localized clashes[9]. Floods, disease outbreaks, grinding poverty, and repeated forced displacement are inflicting high levels of life-altering traumatic injuries and stress, exposing children and adolescents to the risk of violence, abuse, exploitation, and neglect. This has also cumulatively eroded the resilience and capacity to cope with recurrent shocks, contributing to the disruption of social support systems. The Child Protection Area of Responsibility (CP AoR) is committed to ensuring a well-coordinated, effective, and rights-based response.

The Child Protection AoR response in 2022 plans to reach 2.3 million people (1.2M IDPs, 617,828 non-IDPs / vulnerable residents, and 465,488 returnees) in 171 localities. Partners will prioritize children facing severe protection concerns and imminent threats, particularly children experiencing or at high risk of violence, abuse, exploitation, neglect, including family separation, child labor, severe psychosocial distress, physical and sexual violence, child trafficking, and early marriage.

The 2022 Child Protection strategy objectives are:

1. **Improved protective environments for girls and boys through advocacy and mobilization of caregivers, communities, local service providers, and duty bearers**
2. **Improved well-being, capacity, and resilience of girls and boys, age-and gender-appropriate community-based protection services.**
3. **Quality, specialized child protection services are available and accessible to the most vulnerable and at-risk girls and boys**

The CP AoR and partners will build on previous investments by scaling up services to additional areas with the severest needs, including areas with recent displacement, returns, severe poverty and economic hardship, and limited or no access to services. The CP AoR will address the acute protection needs of children and their families facing life-threatening risks of abuse, violence, exploitation, injury, and severe distress. Partners will enhance monitoring and analysis systems to identify and address protection risks, human rights violations, gaps in available services, considering different levels of risk and capacity due to age, gender and disability. Partners will also support survivors of serious rights violations (detention, survivors of violence, exploitation, and abuse) to have timely access to life-saving protection services, including referral to community-level or specialized services (i.e., psychosocial support services, medical care, legal counseling).

The CP AoR requires $49.7 million to respond to the immediate child protection needs, including case management, family tracing, and reunification for unaccompanied asylum-seeking children (UASC). The

9 Between farmers and herders, IDPs and host communities, and IDP returnees and non-displaced-continue to escalate into violence and larger conflict.

AoR will also focus on mental health and psychosocial support, rehabilitation and reintegration programming for children formerly associated with armed forces and groups, and other children at risk of recruitment.

Child protection services are human resource heavy and labour intensive/dependent on caseworkers. Hence programmatic personnel costs are substantial compared to material costs. The activities that involve construction costs include safe spaces for children and adolescents (CFS/ CASS), interim care centres for UASC/CAAFAG, and resource-heavy programmes like the integration of former CAAFAG, case management, including family reunification of UASC.

Response Strategies and Modalities

The CP AoR will enhance the protection of girls and boys by following the Child Protection Minimum Standards (CPMS) Socio-Ecological Approach.

At the national level, the CP AoR will produce coordinated, consistent awareness and behavior change community messaging, including through mass media, to promote family unity and family-based care for all children and to discourage harmful practices. The CP AoR will advocate with duty bearers to ensure birth registration and introduce juvenile justice considerations for children in contact with the law. It will also aim to prevent and respond to grave violations of children's rights through advocacy and referrals for services-such as medical and rehabilitation-for injured children and community reintegration services for children formerly associated with armed forces. Monitoring of grave child rights violations to promote accountability will also be supported.

CP partners will strengthen and broaden child protection committees and networks at the community level to facilitate more sustainable, community-led CP risk mitigation and response measures. Group activities to reinforce children's well-being will also be supported at community-and family levels, ensuring COVID-19 safety protocols are followed. Partners will scale up Mental Health and Psychosocial Support (MHPSS) delivery to children with severe signs of distress, support caregivers and parents developing standardized tools for comprehensive MHPSS, and enhance the capacity of different stakeholders. Approximately 40 per cent of current Child Friendly Spaces where structured Psychological Social Support services are provided will be upgraded into multiple-purpose centers, providing comprehensive gender-sensitive, age-appropriate education, psychosocial support, and life skills and vocational training. In addition, mobile teams led by community-based child protection mechanisms (CBCPMs), youth, community volunteers will be deployed to support targeted awareness-raising activities with a wide range of prevention messages on child protection risks through peer-to-peer activities and safe child participation initiatives.

Similarly, partners will focus on developing capacities of community volunteers on case management, CBCPM to prevent and mitigate child protection risks, and the social service workforce in both IDP camps/ sites and host communities. Strengthening the overall protective environment for children and adolescents (boys and girls) and facilitating the change of social norms that condone violence, abuse, and exploitation will also be a key focus.

Joint programmes with education, GBV and general protection will be undertaken to mitigate and respond to crucial child protection risks. Operational coordination and joint capacity strengthening initiatives with child protection and GBV partners will be reinforced to address increasing cases of child survivors of GBV. Education and child protection partners will continue to improve children's psychosocial well-being and implement capacity strengthening activities for teachers and school social workers. The CP AoR will collaborate with cash, Food Security and Livelihoods (FSL), and economic empowerment actors on the response. In 2022, the CP AoR partners will aim to scale up the use of cash-based modalities, specifically in reintegrating children formerly associated with armed groups.

Cutting across national, individual, familial, and community levels, CP partners will focus on providing case management, including family tracing and reunification. For those facing high levels of

protection risks, CP actors will provide alternative care by trained case/social workers, including survivors of violence, exploitation, and abuse, with increased support to case management volunteers for a wider reach. The CP AoR will continue to enhance referral pathways and networks through a multi-cluster approach, particularly by strengthening web-based referral pathways and coordination with GBV and child protection caseworkers and other actors for more holistic care. To ensure quality, the CP AoR will strengthen the implementation of case management Standard Operating Procedures, roll out the information management platform (CPIMS+/ PRIMERO), and identify capacity building needs of caseworkers, addressing needs through face-to-face and remote training, coaching, and mentoring. Children's and families' access to social protection programs will be enhanced through referrals to Zakat Chamber, Health Insurance, and education grants. Capacity strengthening will include scaling up the Child and Adolescent Survivor Initiative for sexual violence risk mitigation and improved support to child survivors of sexual abuse.

Cross-cutting Issues

CP AoR partners will ensure transparent, inclusive, and frequent communication with communities on available services using multiple community engagement and sensitization approaches, including communication through radios, child helpline, and peer-to-peer groups.

CP actors will promote the safe, ethical, and meaningful participation of girls and boys along with their caregivers throughout all stages of the program cycle. To understand girls' and boys' specific needs and barriers to accessing humanitarian services, children will have multiple opportunities to participate in the designing and monitoring activities. Quality CP interventions also require appropriate staff selection and capacity. The CP AoR will use the Child Protection Competency Framework as a guide for recruitment and capacity building.

Strengthening child safeguarding measures and mandatory training on PSEA and code of conduct will ensure that all interventions are safe for children. In line with the Integrated Education Child Protection Response Framework, the Child Protection AoR will work with the Education Cluster to provide MHPSS in schools and referral pathways to specialized child protection services. This strategy will include strengthening the capacity of teachers to ensure safe environments in schools. The Child Protection AoR will support static and mobile responses to deliver child protection services and multicluster approaches to expand the reach of services in low-resourced areas. An increased focus on the inclusion of children with disabilities will be ensured in all programming, in collaboration with the relevant actors.

The CP AoR will undertake training and share regular messaging to address discrimination to reach the most vulnerable children. Partners will be guided on ensuring the prioritization of services to particularly vulnerable groups and individuals. The CP AoR will also compile protection risks associated with particular interventions identified by partners, such as inter- or intra-community tensions due to distribution of services, discrimination or perceptions of discrimination, social norms affecting girls and boys, and stigma associated with various vulnerabilities.

Partners will be supported with developing a standardized framework for assessing the Availability, Accessibility, Acceptability, and Quality (AAAQ) of services to ensure gender-related risks and barriers analysis are considered when designing and implementing services, particularly those affecting adolescents and girls. Safety audits will also be conducted to inform risk mitigation efforts as well as advocacy across all clusters. Partners will also invest in women as leaders by recruiting and mentoring female staff and ensuring safe participation in the workforce.

To ensure assistance does not pose further shocks to the environment, partners will be encouraged to use locally available and environment-friendly materials, including solar for electricity, rainwater harvesting, and teaching girls how to make reusable sanitary pads. Tree planting in and around the centers will be encouraged.

3.7.3 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.7M	1.2M	$40M	31	40

Objectives

Women, girls and the vulnerable population face an ever increasing risk of Gender-Based Violence (GBV) in Sudan, driven by the combination of conflicts, ongoing instability, and the deepening political and economic crisis (including currency devaluation and rising food prices). 2.9 million people (of 92.8 per cent are women and girls) are in need of GBV prevention, risk mitigation and response interventions, and the 190 localities in 18 states are targeted. In conflict affected states, in particular, Darfur states, presence of armed men, communal conflicts and tribal tensions heighten risks. According to the findings from first nation-wide, qualitative assessment of GBV conducted in Sudan, "the Voices from Sudan", Women working in informal sectors, women in camp settings who fetch water or firewood, domestic workers, and people with disabilities are reported to be particularly vulnerable to sexual violence . Domestic violence is reported to be very common, especially physical violence. While women and girls account for over 90 percent of survivors from reported cases, there are also cases of sexual violence against men and boys reported. The political crisis has exacerbated key risk factors for GBV in Sudan. Though a GBV hotline was established, women and girls in many affected areas lack access to mobile phones or the internet to access remote services. Women and girls cope and try to protect themselves from violence often by negative coping mechanisms. Due to the strong stigma, many violence cases are unreported. 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 etc. The findings from "the Voices of Sudan" assessment outline that due to stigma, violence is under reported and remains challenging. Sexual violence is rarely reported unless it results in pregnancy.

The GBV Sub-Cluster aims to prevent GBV and promote positive coping mechanisms including seeking protection, health, and legal services, family and community support, as well as addressing root causes of GBV by awareness raising to address GBV within their communities. GBV Sub-Sector partners will target 366,370 service providers and community members in 190 localities, with information, capacity strengthening and access to multi-sectoral services for GBV survivors and those at risk of GBV, particularly women and girls, persons with disabilities, IDPs, returnees and refugees through engaging health, psychosocial, legal, safety and security actors.

The GBV Sub-Cluster objectives for 2022 are:

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).**

This will focus on the provision of life-saving services (case management, PSS, referrals etc.), strengthening of referral pathways, training of front-line GBV service providers, sensitization sessions, public awareness raising campaigns, and distribution of dignity kits.

2. **Enhance strategies for community resilience through the empowerment of women and girls and strengthen community-based interventions.**

Partners focus on rehabilitating and supporting women centres, supporting community-based protection networks, training of women and girls on vocational skills and supporting them with start-up capital for IGAs, and training community-based staff members.

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.

Response Strategies and Modalities

The GBV Sub-Cluster aims to ensure a holistic and coordinated multi-cluster approach, in particular, integration with sexual and reproductive health and child protection programming.

The key priorities are as follows:

- Ensure priority access for GBV survivors to quality essential services: This includes healthcare, psychosocial support, legal assistance, 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 FCPU, Community based volunteers, paralegals, communitybased 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.
- Focus on community engagement for GBV prevention, mitigation and response through seeking sustainable community solutions to address issues of stigma and negative social norms. This includes support to communitybased protection networks as first line responders and links between vulnerable community members and available services. Also, media campaigns will be used for awareness raising on GBV and available survivorsupport services.
- Expanding safe spaces, such as women centers for women and girls to meet, build safety networks, and have access to information and services. Resilience of beneficiaries will be strengthened by promoting vocational/skills training and support for IGAs and life skills training, in particular at Women Centers.
- 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, the national law that combats GBV and aims to protect it from all forms of GBV is in process of development.
- Strengthening evidencebased programming by ethical data collection and information management. This includes GBV assessments as well as other qualitative surveys such as 'Voices from Sudan'.

As part of building sustainability, GBV partners will support the national frameworks, including the Framework of Cooperation (FoC) on Conflict Related Sexual Violence, the National Action Plan for UNSCR1325, and the National Protection of Civilians (POC) strategy. The GBV AoR also will work to promote linkages with development interventions, and will have a special focus on localization and strengthening national systems, including support to womenled organizations and capacity building of local partners.

Cross-cutting Issues

Gender-Based Violence is a cross-cutting issue and therefore 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, 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, for informing targeted interventions.

This will enable marginalized and at-risk groups to be incorporated in GBV prevention and response, such as women without male guardians (widowers, divorcees, and young girls between the age of puberty and marriage) and people with disabilities.

The GBV Sub-Cluster will also strengthen AAP by safety audits, FGDs 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 in the referral mechanisms.

AL FASHER/NORTH DARFUR
A significant number of IDPs turned up to attend a theatrical event in Al Salam IDP camp outside Al Fasher to raise awareness about gender-based violence (GBV). Photo: UN

3.7.4 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.5M	2M	$8.5M	4	4

% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% ELDERLY	% WITH DISABILITY
30	15	35	20	10	10

Objectives

Mine Action AoR response will be guided by three main objectives contributing to individuals and communities in South Kordofan, Blue Nile, and the Darfur States achieving a safe and conducive environment for peace and development in areas contaminated by Explosive Ordnance:

1. **Ensure people at risk recognize how to mitigate the threat of explosive ordnance through the provision of Explosive Ordnance Risk Education (EORE) to raise awareness and promote safety among affected communities.**

At-risk populations from refugees, IDPs, returnees, and humanitarian workers will benefit from EORE and awareness-raising activities in recognizing, avoiding, and reporting hazards that will minimize the threat of explosive ordnance accidents.

2. **Ensure the safe use of areas previously contaminated with explosive ordnance.**

Release lands previously suspected or contaminated with explosive ordnance through survey and clearance activities for safe access to residential land, agricultural land, infrastructure, and roads. Clearance operations will contribute to the protection of local communities, IDPs, refugees, and returnees by ensuring improved access to basic services, restoring livelihood capacities, and safe access of people to life-saving aid.

3. **Support the capacity of the Sudan federal mine action authorities to provide prioritized, principled and efficient mine action programmes to improve the living conditions of explosive accidents survivors and promote their socioe-conomic reintegration into societies.**

The federal authorities, including the National Mine Action Center (NMAC), the government body responsible for managing and coordinating mine action in Sudan, will be supported to manage and prioritize mine action activities effectively. NMAC requires technical, advisory, and financial support to run the programme. This objective will also improve the life condition of explosive accidents survivors and promote their socio-economic reintegration into their societies through the provision of medical care, prosthetics and assistive devices, psychological counseling, and income generation kits. Referral mechanism, data collection, and reporting will further improve the victim assistance response.

Response Strategies and Modalities

A long history of conflict has resulted in eight states out of 18 being affected by the presence of explosive ordnance. South Kordofan, Blue Nile, and Darfur states are among the heavily contaminated states. Approximately 2.5 million people living or

moving through explosive ordnance affected areas need improved and safe living conditions, including humanitarian assistance, which could be hindered or limited because of the presence of landmines/ ERW. Mine Action AoR will target 80 per cent of the affected populations (approximately 2 million people). Sudan commits to meet its obligations under the AntiPersonnel Mine Ban Convention (APMBC) Article 5, which requires Sudan to remove all known anti-personnel mines by April 2023.

In close coordination and partnership with different mine action (MA) stakeholders, including government counterparts, NGOs, and affected communities, MA AoR aims to support sustainable peace and development by mitigating the threat posed by explosive hazards. By the end of 2022, the Mine Action Sub-Cluster should be able to achieve the below:

- 3.2 million square meters of contaminated areas will be released for productive use;
- 372 kilometers of roads will be verified and released to facilitate safe movement for local populations, IDPs, returnees, vulnerable people, and humanitarian actors;
- More than 400,000 at-risk populations will receive risk education, acquire an adequate understanding of explosive hazards, and learn safe behavior that will further promote their safety and well-being. Community-based programming will be adopted for better outreach and sustainability of the risk education messages.
- 95 mine action survivors and persons with disabilities will receive a comprehensive victim assistance package that will equip them with the necessary tools and skills for socio-economic reintegration.
- 400 individuals from governmental counterparts and NGOs will benefit from capacity building to deliver effective mine action interventions.

After the Juba Peace Agreement and efforts to restore peace, humanitarian access to the areas under the control of non-state armed groups (NSAGs) groups is improving. An extensive landmine and/or ERW contamination is expected, necessitating urgent risk education survey and clearance to facilitate further humanitarian action.

Cross-cutting Issues

The MA AoR ensures equal participation, consultation, and inclusion of affected populations in the planning and implementation of mine action programs. The MA AoR also ensures that knowledge of risks related to explosive ordnance among women, girls, boys, and men from diverse groups is incorporated into risk reduction efforts, including clearance and risk education. It facilitates and supports multi-cluster assistance to victims of explosive ordnance 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. Finally, the Mine Action AoR is committed and follows the International Mine Action Standards for environmental protection to avoid contamination of soil or waterways as a result of its interventions. As such, the MA AoR ensures that its interventions respect and integrate the “do no harm” principle of protection mainstreaming.

3.8 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
12.1M*	4.8M	$112M	50	61

% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY
19.6	20.4	29.4	30.6	15

*11M, 1.1M refugees

Objectives

The Water, Sanitation, and Hygiene (WASH) situation has deteriorated due to a worsening economic crisis, non-functional or aging WASH infrastructure, decreased/insufficient revenue collections, poor budget allocation, and increased operation maintenance costs attributed to an increase in fuel prices in 2021. IDPs, returnees, and vulnerable residents are the crisis-affected populations at significant risk of epidemics, food insecurity, malnutrition, COVID-19 pandemic, floods, and new resource-related conflict.

Out of the 11.1 million people who fall under this category, WASH Cluster plans to target 4.8 million people under the highest severity of needs with the following objectives.

1. **1.87 million crisis-affected people will access basic water services.**

Twenty-seven percent of the Sudan population (around 11 million people) do not have basic domestic water. About 25 percent of the water sources are not functioning in Sudan (MSNA 2021). Twenty-five percent of the population reports water quantity is not sufficient to meet their basic needs; 50 percent of the people reported that it takes more than 50 minutes to fetch water. Additionally, 54 percent of the schools and half of the health facilities do not have basic water services. Under this objective, interventions will ensure drinking water from an improved source with a collection time of not more than 30 minutes roundtrip, including queuing. Furthermore, people targeted with basic water services will benefit from new installations and rehabilitation of existing handpumps, water yards, water treatment plants, protected wells, hafirs, and maintenance and operations in locations where the community cannot afford to repair these. In addition, around 2 million people will also be targeted with water treatment at the source and household level for areas affected by floods and epidemics.

2. **1.79 million crisis-affected populations will access adequate, protected, and gender-sensitive sanitation services.**

Seventy percent of the population (around 28 million people) do not have access to basic sanitation. Out of them, 33 percent practice open defecation, 30 percent use unimproved sanitation facilities, and seven percent have access to limited sanitation facilities. In addition, 49 percent of the existing schools do not have improved sanitation facilities. Interventions under this objective will ensure the installation, rehabilitation, and use of ventilated improved pit latrine (VIP), pit latrine with slab, composting toilets, and flush/pour pit latrines where possible. Household latrines (basic), latrines shared between two households(limited), communal latrines, and institutional latrines. WASH partners will construct the latrines with community support as much as possible.

3. 4.71 million crisis-affected populations will have access to hygiene promotion and other environmental health interventions.

Only 14.26 per cent of the households have access to a handwashing facility with soap and water. The targeted population will benefit from hygiene promotion messages, focusing on handwashing practices through household visits, campaigns, and media coverage. An effort will be made to enable households and communal setups to have mobile or fixed handwashing facilities with soap and water. At least half of the targeted population will be reached with items essential to practicing hygiene. Women and girls who are part of the newly displaced population will receive reusable sanitary pads or culturally appropriate menstrual hygiene supplies. Severely Acute Malnutrition (SAM) affected children and their households will be reached with the WASH kits along with proper hygiene promotion messages in the oral therapeutic programs (OTPs) and stabilization centers (SCs). Environmental health interventions, such as solid waste management and vector control to be implemented in risk-prone areas.

Response Strategies and Modalities

WASH partners will integrate all three components of WASH to deliver a complete response in IDP camps and settlements and areas of new displacement and will ensure continuity of WASH services to vulnerable people. To guide the response, the WASH Cluster will strengthen evidence-based response, strengthen monitoring, and emphasize prepositioning while advocating for investments, and work with stakeholders to promote durable solutions. Nutrition, Health, WASH, and FSL clusters have agreed to implement a minimum response package[10] in 83 localities where multisector vulnerabilities converge on a severity scale of 3 to 5. The WASH Cluster is targeting 3.14 million people. WASH partners will intervene in the OTPs and SCs with appropriate hygiene messages and WASH kits. Together with Health, WASH partners will intervene in areas with risk of epidemics, typhoid, hepatitis E, COVID-19, and other vector control diseases. Cluster partners will provide technical support and implement interventions in health facilities prioritizing cholera treatment centers and COVID-19 isolation centers upon specific demands and investigations. Vector control is vital to address malaria's prevailing situation and ongoing outbreaks of chikungunya, dengue, and rift valley fever (RVF). In consultation and collaboration with the Education Cluster, WASH partners, during an emergency, will reach out with priority interventions in schools such as spreading hygiene awareness and handwashing with soap to protect children in locations where risks of epidemics and ongoing COVID 19 is high.

The WASH Cluster will build the capacity of the community to operate and maintain WASH facilities by strengthening and forming, training and equipping new WASH committees. WASH partners will also plan training and workshops to enhance multisector approaches such as WASH in Health Facilities (WinHF), WASH in schools (WinS), and WASH/GBV. Cluster partners will also preposition supplies for disasters like floods, epidemics, and other conflictrelated displacements. In addition, cash transfer modalities will be explored and piloted to cut logistical costs of transporting supplies in collaboration with other clusters.

Cross-cutting Issues

While providing WASH services and facilities, WASH partners will consider girls' and women's security and safety. Their engagement will be critical to identify water points and new water sources to save them from traveling too far to unsecured places to fetch water. WASH partners will ensure that the communal and institutional latrines are gender-segregated, safe with latches on the doors, and easily accessible secured places. WASH partners will link women and girls to income-generating women's groups to receive training on making sanitary pads and soap. WASH partners will install and construct suitable facilities to suit the aged and disabled population.

WASH partners will uphold the five minimum commitments: consulting or engaging the affected population in assessments, design, implementation, monitoring, and inclusion of women and girls. Efforts

10 *Multi-sectoral minimum integrated response package*

will be made to strengthen feedback mechanisms and post-distribution surveys.

Partners will follow environment preservation approaches under the umbrella of Integrated Water Resources Management (IWRM) by contextualizing projects to the environmental realities of implemented areas. Key actions will be assessing projects for potential adverse environmental impact, mitigating negative impact by modifying the project design or compensating for adverse consequences, enhancing environmental benefits by introducing environmental technologies and training on them— for example, using and maintaining solar pumps and solar lights.

AL FASHER/NORTH DARFUR
A man uses the Water Roller in his house in Abu Shouk camp for internal displaced peopl (IDP). Photo: UN

Part 4:

Complimentary Response Plan

ABYEI PCA
A group of children pose for a picture in Abyei town.
Photo: UN

4.1 Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS	NUMBER OF ROJECTS
1.16M	0.92M	$425M	40	40

Objectives

Sudan has a long history of hosting refugees and asylum-seekers who arrived over the past years in search of safety from violence, persecution and other hazards in their countries of origin. Refugee Affairs in Sudan are governed by the Government of Sudan (GoS) according to its Asylum (Organization) Act from 2014. By the end of 2021, it is estimated that the total refugee population in Sudan will reach 1.16 million persons; 53 per cent being women, and 43 per cent girls and boys under 18 years. Around 52 per cent of the registered households are female-headed, and 1 per cent are child-headed. Approximately 36 per cent of the refugee population are school-age children. From January to September 2021, around 90,000 refugees continued to arrive in Sudan from neighboring countries (mainly Eritrea, Ethiopia and South Sudan). Most refugees and asylum-seekers are highly vulnerable and need multi-sectoral interventions to address their protection and basic assistance needs and benefit from their rights as refugees and asylum seekers as set out in the 1951 Refugee Convention.

The Refugee Response in Sudan has three strategic objectives that are guided by regional and global policies, as well as the nine pledges made by the GoS at the 2019 Global Refugee Forum; the ongoing Solutions Initiative promoting comprehensive solutions for refugees, IDPs, returnees, and host communities between the Governments of Sudan and South Sudan under the auspices of the Intergovernmental Authority on Development (IGAD); and the need to provide protection and life-saving assistance to refugees and asylum-seekers who arrive in Sudan due to conflicts, sometimes combined with natural disasters, such as severe flooding and food insecurity.

1. Strengthen the protection environment for refugees

The 2022 Refugee Response seeks to ensure that international standards of protection are met, upheld, and applied for all refugees and asylum-seekers in Sudan. To strengthen the protection environment for refugees and their local integration in Sudan, enhanced efforts will be made to advocate with GoS to amend the current policy and legislative framework as necessary, in particular to promote an out-of-camp policy. Currently, the GoS's encampment approach imposes movement restrictions on refugees outside of their designated areas of residence. Such advocacy will also encompass recommendations on legislative and administrative steps to be taken by GoS to ensure that refugees can fully enjoy the rights enshrined in the Asylum (Organization) Act 2014 and other relevant laws. Priority will also be given to enhancing individual registration and documentation of all refugees and asylum-seekers across the country. This is of crucial importance for newly arrived refugees to prevent their refoulement and other protection risks and ensure that they are systematically given access to the national asylum procedure upon arrival in Sudan. This is accompanied by sensitization, orientation and counseling on legislative rights. Awareness and sensitization initiatives with local authorities, host communities, and service providers on fundamental refugee rights, as well as obligations will reduce social tension and promote social cohesion.

2. Enable access to timely protection and life-saving assistance

33 per cent of the refugees in Sudan are living in official camps, with more numbers staying in camp-like settlements, often for a protracted period. The response will focus on multi-sector life-saving assistance to reduce the suffering and target refugees in camps, camp-like settlements or reception points, and advocacy for suitable locations to host refugees. In 2022, it is expected that refugees will continue to arrive from neighboring countries, including South Sudan, Ethiopia, Eritrea and the Central African Republic and the Refugee Response needs to maintain sufficient preparedness capacities to respond to sudden large-scale influxes. Refugees often arrive in critical conditions and require urgent life-saving assistance. Although refugees are receiving protection and basic assistance in camps, they remain highly dependent on the aid, while gaps in services remain across all sectors including provision of adequate shelter and core relief items, access to water and sanitation, and food assistance. The provision of education in emergency settings and health and nutrition services are equally required. Host communities are also included in the interventions to ensure peaceful coexistence, for example by enhancing existing services and upgrading infrastructure. Protection monitoring will be strengthened to proactively identify and respond to individuals with specific needs and ensure that regular care is made available to them through an effective case management system. Community-based structures and networks will be enhanced through capacity building to support communities in finding solutions.

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

Most refugees in Sudan have no immediate prospect for or intention of a voluntary return due to continued instability in their countries of origin, and third-country resettlement options remain extremely limited. Cognizant of the challenging economic situation in Sudan, the Refugee Response aims to increase access to basic services and promote self-reliance through income-generating opportunities and capacity development. The interventions are guided by the GoS's nine pledges at the Global Refugee Forum in 2019 and the SDG framework. In the spirit of the SDG commitment "leave no-one behind" the Refugee Response advocates for and facilitates the inclusion of refugees, stateless persons and those at risk of statelessness in national systems, with a focus on education, primary health care, nutrition, social protection, access to safe potable water, access to work, civil documentation and legal identity. Linking this work with development projects is especially relevant for Sudan, given the protracted situation that many refugees and their host communities face and in the context of a deteriorating economic situation and chronic underfunding.

The Refugee Response considers the specific needs and priorities of each refugee population group. The largest population hosted in Sudan are South Sudanese refugees, expected to amount to approx. 800,000 individuals by end of 2022. The GoS maintains an open border policy, allowing safe and unrestricted access to its territory for those fleeing conflict, conflict-induced food insecurity, and natural disasters like the flooding in South Sudan. In the first 9 months of 2021, over 67,000 South Sudanese refugees had arrived in Sudan, making it the largest influx of South Sudanese refugees since 2017.

Eastern Sudan hosts over 125,000 Eritrean refugees living in camps. Over the last four years, on average more than 6,000 Eritreans have fled to Sudan each year, with an estimated 50 per cent of the new arrivals in Eastern Sudan moving onwards and becoming vulnerable to criminal networks involved in human smuggling and trafficking of people. Along these routes, refugees and asylum-seekers, particularly unaccompanied and separated children, are at a high risk of exposure to various forms of exploitation, abuse, and other protection risks resulting in human rights violations, including GBV. Moreover, the onward movement also puts them at further risk of arbitrary arrest, detention, refoulement and death.

Since November 2020, some 58,000 Ethiopian individuals have fled the conflict in Ethiopia.Most of them have been accommodated in three settlements, two

in Gedaref and one in Blue Nile State with significant numbers still living in border reception points pending relocation. The situation in Ethiopia remains highly volatile, and the risk of an additional influx remains a distinct possibility requiring contingency planning and preparedness actions.

Over 27,000 refugees from the Central African Republic live in Sudan, mainly in South and Central Darfur, where they stay in highly remote and underserved areas of both States. In addition, around 3,500 Chadian refugees continue to live in camps in Central Darfur, most of whom are hoping to voluntarily return to Chad when the situation is safe and conducive.

There are an estimated 93,000 Syrian and 2,000 Yemini refugees living predominantly in Khartoum. Syrian and Yemeni refugees are considered "brothers and sisters" by the Government of Sudan and are not required to register with COR. However, protection space has been shrinking and requires urgent intervention as recent political changes have created legal uncertainty regarding their status and rights in Sudan.

Response Strategies and Modalities

The 2022 Refugee Response Strategy under the HRP is aligned with the 2022 Sudan Country Refugee Response Plan (CRP), a comprehensive multi-sector inter-agency plan to address the needs of 924,939 refugees living across 51 localities in Sudan. In developing this plan, the Basic Needs and Vulnerability Assessment (BANVA), UNHCR's annual Participatory Assessment, sector assessments, and field reports were used to identify needs and vulnerabilities. The Refugee Response in Sudan is aligned with the Regional Refugee Response Plan (RRRP) to the South Sudanese crisis and integrated into the humanitarian response in Sudan.

The Refugee Consultation Forum (RCF) collaborated with the Commissioner for Refugees (COR), and actors of the Refugee Response to prioritize locations for assistance in the framework of the Refugee Response. High priority areas include reception centers at border points , camps and camp-like settlements where refugees are highly reliant on humanitarian assistance, the Khartoum "Open Areas," and remote rural settlements with little service provision. Localities that host small numbers of refugees and without any active refugee response have been deprioritized. A multi-sector response targets all prioritized localities in the 2022 CRP based on assessed needs. Actors of the Refugee Response are ready to expand their activities in case of additional refugee influxes into Sudan.

The response strategy aims to ensure that refugees and asylum-seekers' protection and humanitarian needs are addressed, while promoting or facilitating solutions through increased self-reliance, third country resettlement, complementary legal pathways, and voluntary repatriation opportunities where possible. It considers the continued impact of COVID-19 in Sudan and plans for a close partnership with line ministries, such as Health and Education. Since the situations in Ethiopia, South Sudan, and other neighboring countries remain unpredictable, the Refugee Response includes regularly updated contingency planning and preparedness for sudden influxes or other changes in the operational context. All partners who deliver protection and assistance to refugees must closely work with the COR and relevant line ministries to ensure that interventions are aligned with national plans and policies.

In camps and camp-like settlements, the response will focus on providing protection and basic services and assistance. Operational coordination is provided through state-level Refugee Working Groups, led by COR and UNHCR, with other refugee working groups. These platforms coordinate the camp-level response and respond to gaps to ensure that refugees receive uninterrupted services.

In the context of the nine pledges made by the GoS during the Global Refugee Forum in 2019 and the Comprehensive Refugee Response Framework (CRRF), of which Sudan is not part, but follows its approach, out-of-camp assistance aims to strengthen public services to support the integration of refugees into the existing national systems. Through this approach host communities that access these services will

also benefit, and the creation of parallel systems will be avoided or minimized. Furthermore, partners will focus on community-based assistance, especially for health, WASH, Food Security and Livelihoods, Education, and Protection, including GBV and Child Protection services, by developing and strengthening basic infrastructure and enhancing local services for refugees.

The Refugee Response will increase the use of Multi-purpose Cash Assistance (MPCA) and other sector specific cash-based modalities, such as cash for work and cash for shelter. MPCA supports access to basic services and strengthens the capacity of families to care for their children and other family members with specific needs. Regular or periodic market assessments will capture price changes and adjust assistance levels to economic indicators. MPCA interventions are prioritized for refugees in urban areas who have no or limited access to social safety nets and struggle to meet their basic needs. The RCF will work with the Cash Working Group to ensure approaches are harmonized among partners.

Cross-cutting Issues

The Refugee Consultation Forum (RCF), co-led by UNHCR and COR, is the country-level refugee coordination mechanism that brings together national and international non-governmental organizations and UN agencies. As part of its strategy, the RCF promotes the inclusion of cross-cutting issues such as Accountability to Affected Populations (AAP), protection, gender, and environment in the Refugee Response. The coordination of the Refugee Response is aligned with the HRP clusters, while highlighting the distinct situation of refugees and their specific needs. Coordination with the authorities continues to occur at federal and state levels, with extensive support from COR. Efforts are underway to strengthen the coordination between the refugee coordination and the IASC mechanism.

Conflict and forced displacement affect individuals differently, depending on their age, gender, disability, and other diversity characteristics. To ensure an effective response to refugees in Sudan, the Refugee Response will follow UNHCR's Age, Gender and Diversity (AGD) policy, which seeks to ensure that all refugees fully participate in decisions that affect them and enjoy their rights on an equal footing with others. The Refugee Response will target youth with multi-sector assistance to ensure their needs are covered.

AAP will be further strengthened in 2022 by creating accessible and effective twoway communication mechanisms for complaints and feedback, and increased transparency with all stakeholders on planned activities. All partners engaging in the Refugee Response are committed to ensuring that their planned interventions are based on beneficiaries' needs, preferences, and priorities. This is reflected in the program design and implementation. The RCF will work closely with the Sudan Accountability to Affected People and Community Engagement Working Group and PSEA Task Force and working groups, thereby linking its actions to the PSEA Joint Framework of Action (JFA).

Protection will be mainstreamed throughout the planning and delivery of services 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. The annual Participatory Assessment process promotes participation through a structured dialogue with different groups and profiles to address their specific protection and assistance issues.

Through the Energy and Environment sector of the CRP, the Refugee Response will include environmental considerations and targeted programming that promotes alternative energy sources and increases fuel efficiency. Environmental degradation through deforestation, particularly around camps, is well documented. The response will increase plant coverage through afforestation and aims to reduce the dependency on firewood and, therefore, mitigate GBV risks that originate from women and girls collecting firewood outside the camps and settlements. Furthermore, increased lighting in settlements will address related protection risks.

4.2
Abyei Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	NUMBER OF PARTNERS
0.24M	0.24M	Covered by Sudan and South Sudan HRPs	23

Summary of Needs

The Abyei area remains a disputed territory between Sudan and South Sudan. Despite efforts pursued by the international community, the complex issue of the political future and final status of the area remains unresolved. The joint administration envisaged for in the 2011 agreement has not been 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 area continues to face significant humanitarian challenges. Frequent and unpredictable outbreaks of violence, the presence of armed elements and population displacements are the causes of these challenges. The economic difficulties and high rate of inflation in Sudan and South Sudan have also impacted the situation in the area. The UN and international community remain the main providers of life-saving and basic social services in the area. Physical and political access challenges remain for delivery of aid assistance in the area. Implementation capacity coupled with human, technical and financial resources are limited for Abyei. The provision of humanitarian assistance between the northern and southern parts of Abyei remains unequal. Vulnerable people, especially those in the northern part have not received life-saving assistance. Recovery support, including mid and long-term economic opportunities are also scarce. The COVID-19 pandemic has added a further burden, significantly impacting existing humanitarian operations, particularly due to movements of staff and impediments due to travel restrictions–including quarantines–to travel outside the duty station.

In 2022, the humanitarian partners from Sudan and South Sudan will work closely to continue increasing peace and resilience for the affected agro-pastoralist, nomadic communities, returnees and displaced people through tailored approaches based on their specific humanitarian needs and vulnerabilities. Assistance will originate from South Sudan and Sudan to cover the entire Abyei area. Around 240,000 people will require humanitarian assistance in the area, an increase of 9 per cent compared to 2021. The increase is due to return of the Abyei communities and settlement of other minorities (unregistered refugees) from South Sudan mainly in northern parts of Abyie. Humanitarian partners identified 120,500 vulnerable people from the Ngok Dinka communities, 28,000 people displaced from neighbouring states in South Sudan, 43,000 people from the Misseriya community, , 42,500 seasonal Misseriya migrants, and 6,000 Falata nomads who are expected to leave Abyei by June 2022 to western Kordofan and eastern Darfur states.

The main objective of humanitarian programming in the Abyei area is to address and alleviate human suffering and decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and local communities. The wider humanitarian response in the area includes health, nutrition, WASH, agriculture and livestock for food security and livelihoods, protection and education activities, ensuring a balanced and strong communitybased approach and reintegration.

The inter-communal conflict sensitivity will also be taken into consideration in the response plan. Natural disasters triggered by climate change are included in the response plan. Floods and drought are the main hazards in the area, and both are dependent on the fluctuating amount of rainfall during the rainy season (May-October). Considering the migrating and sedentary livestock population, the main economic source for Misseriya and Ngok Dinka, is also a priority. This includes the provision of animal health services, such as vaccination and treatment for 900,000 cattle, over a million of goats and sheep, and thousands of donkeys and chickens. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income generating opportunities to improve livelihoods.

Strategic Objectives

- Provide timely multi-sectoral life-saving assistance to crisis-affected and the most vulnerable people.
- Improve vulnerable communities' access to life-sustaining basic services and livelihoods.
- Mitigate protection risks and respond to protection needs through advocacy and humanitarian action.
- Promote peaceful coexistence, stability and resilience among communities, while ensuring gender mainstreaming and environmental sustainability through institutional capacity building and community empowerment.

Response

- Provide humanitarian life-saving services and increase their sustainability by adopting participatory approaches aiming at building communitybased conflict management capacities.
- Contribute to reduce morbidity and mortality with increased access to quality health care and nutrition interventions, strengthening community case management approaches and community-based surveillance.
- Reduce the risk of malnutrition in children under five, and pregnant and lactating women through treatment of severe and moderate acute malnutrition; support the infant and young child feeding at primary and community level through Basic Supplementary Feeding Programme (BSFP) and Targeted Supplementary Programme (BSFP).
- Improve access to safe drinking water and adequate hygiene and sanitation practices with focus on areas of displacement, return, host communities and migration corridors to reduce conflict over shared resources.
- Provide women and children protection services, reduce risk of death and injury from landmines and Explosive Remnants War (ERW) through survey, clearance and Explosive Ordnance Risk Education (EORE) activities.
- Provide access to primary education and training, establishment of learning spaces, rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school . Agencies and NGOS will work in synergy, adopting a holistic approach for improved outcomes.
- Include social behavior change and communication as cross-cutting issues that cover WASH, health and nutrition interventions. This support ongoing services during emergency preparedness and response to ensure improved reach, outbreak mitigation and coverage.
- Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and enhance civil-military coordination.
- Maintain readiness to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan.
- Strengthen protection by working with all stakeholders, including local institutions and civil society in close collaboration with UNISFA to reduce protection risks i.e., SGBV and implement comprehensive protection responses with a focus on women, youth and people with specific vulnerabilities.
- Provide climate change information and establish an effective flood-related early warning mechanism within the context of the current local Disaster Risk Reduction institutions to hazards, vulnerability and capacity in Abyei area.
- Provide and support to non-formal education, business-oriented trainings and vocational skill

development to growth and young adult for micro income generation opportunities in accordance with market needs for sustainable recovery.

- Provide and support veterinary health services delivery including massive vaccination, treatment, and infrastructures, while enhancing the capacity of Community-based Animal Health Workers network in servicing pastoral nomadic population throughout migratory routes and sedentary communities.
- Improve communities' resilience while providing sustainable and market-oriented food security and livelihoods opportunities for community assets, managerial and technical capacity development.
- Strengthen peacebuilding skills among representatives of the civil society, including youth, women, men and community-based entities in contributing to decision-making and coexistence for communities.
- Strengthen rule of law and the traditional justice systems in Abyei area though provisions of tailored legal trainings for traditional and court leaders. This includes streamlining of equal implementation of the costumery law across Abyei through capacity building and improvement of court procedures, revision of harmful costumes and establishment of local customary law courts.
- Promote media engagement by harnessing the power of radio to inform the population on the changing humanitarian situation, reflect on progress of assistance provision, educate and raise awareness across several key interest areas, and collect feedback to enable improved service provision and programmatic output.

Partners in Abyei

- Six UN AFPs in Abyei town (FAO, IOM, OCHA, RCO, WFP and UNMAS) are operating in Abyei area, implementing activities, either through direct implementation or NGOs and contractors.
- Four INGOs (GOAL, Samaritan's Purse, SCI and MSF) in Agok town are largely operating in southern and central Abyei.
- One INGO (Concordis International) in Abyei town is operating across Abyei.
- Ten NNGOs (ACAD, ACEA, ADCA, AIRS, BGRRF, CEN, FASS, HCO, IHA and SSRC) in Agok are operating in southern and central Abyei.
- Two N NGOs (Elgoni and GAH) in Diffra are operating in northern Abyei.
- UNICEF, UNFPA, WHO and UNHCR are supporting Abyei remotely from Sudan and South Sudan.

Part 5:

Annexes

CENTRAL DARFUR
A market for livestock in Golo area. Photo: UN

5.1
Participating Orgainzations

ORGANIZATION	PROJECTS	REQUIREMENTS (US$)
ACT Alliance / Norwegian Church Aid	1	2,100,000
Action Against Hunger	1	9,082,883
Addition for Disaster assistance and Development	3	787,500
Adventist Development and Relief Agency	5	16,472,140
Agency for Technical Cooperation and Development	6	8,571,706
Alliance for International Medical Action	1	2,000,000
Almanar Voluntary Organization	3	5,215,532
Almasheesh for Peace and Development Organization	1	510,000
Almassar Charity organization for Nomad's Development and Environmental Conservation	2	610,000
Al-Mutawinat Group	2	2,164,110
Alsalam Organization for Rehabilitation and Development	1	4,424,207
Alshrooq Organisation for Social and Cultural Development	1	2,491,380
Alswaid Alkhadra Organization	1	250,000
American Refugee Committee (Alight)	5	23,866,235
Auttash Organization for Peace and Development	1	350,000
Business and Professional Women Organization	3	1,183,700
CARE International	5	12,830,705
Catholic Agency for Overseas Development	2	2,831,242
Charitable Foundation "Humanitarian Aid and Development Center"	7	12,372,077
Concern Worldwide	4	16,855,930
Cooperazione Internazionale COOPI	2	8,300,000
Danish Refugee Council	2	8,700,000
Darfur Organization for Peace and Development Initiative	2	758,600
Deutsche Welthungerhilfe e.V. (German Agro Action)	2	6,075,562
EMERGENCY Life Support for Civilian War Victims ONG Onlus	1	2,800,000
Food & Agriculture Organization of the United Nations	2	51,445,000

ORGANIZATION	PROJECTS	REQUIREMENTS (US$)
FPDO	3	2,046,181
Global Aid Hand	3	15,332,305
GOAL	3	8,406,606
Great Family Organization	2	837,000
Hope and Friendship for Development Organization	4	4,670,000
Human Appeal UK	3	1,576,823
Humanity for Development and Prosperity Organization	6	4,219,896
International Aid Services	1	3,086,987
International Medical Corps	1	11,500,000
International Organization for Migration	9	63,881,436
International Rescue Committee	5	9,319,123
Islamic Relief Worldwide	4	8,777,620
Japan International Volunteer Center	1	336,000
JASMAR Human Security Organization	5	2,004,172
Joint Aid Management International	1	254,300
Kuwait Patients Helping Fund	3	10,860,000
MEDAIR	4	4,975,150
Medical Teams International	1	3,536,052
Mercy Corps	5	14,360,000
Nada Elazhar for Disaster Prevention and Sustainable Development	3	2,427,526
National Planning Organization	5	4,358,000
Nonviolent Peaceforce	1	1,500,000
Norwegian Refugee Council	4	22,900,000
Office for the Coordination of Humanitarian Affairs	1	10,600,000
Peace Organization for Rural Development	1	600,000
Plan International	7	18,333,208
Première Urgence Internationale	3	6,900,000
Qatar Charity	1	518,200
Relief and Mediation Corps	2	5,340,000
Relief International	4	8,106,683
Renas for Peace and Development Organization	2	1,756,233

ORGANIZATION	PROJECTS	REQUIREMENTS (US$)
Rural Community Development Organization	1	432,179
Rwafid for Peace and Social Development Organization	1	6,600
Samaritan's Purse	4	2,050,000
Save the Children	8	55,508,577
Solidarites-France	1	1,500,000
SOS Sahel Sudan	1	1,057,000
Sudanese Coalition for Education for All	1	483,522
Sudanese Red Crescent	1	564,550
Triangle Génération Humanitaire	1	4,410,000
UN Resident Coordinator's Office	1	200,000
United Nations Children's Fund	6	210,340,612
United Nations Development Programme	5	60,666,600
United Nations High Commissioner for Refugees	3	348,894,359
United Nations Mine Action Service	1	8,500,000
United Nations Population Fund	2	37,005,773
United Peace Organization	5	12,843,500
Vétérinaires sans Frontières (Germany)	3	10,650,000
World Food Programme	5	682,847,216
World Health Organization	4	87,654,107
World Relief	5	13,804,143
World Vision International	7	41,402,668
ZOA	3	12,971,913

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
North Darfur	1.91M	1.12M		224.90M	32	91
Khartoum	1.89M	0.86M		57.20M	38	87
South Darfur	1.70M	1.70M		232.50M	37	91
Central Darfur	1.02M	0.70M		144.10M	26	66
West Darfur	0.93M	0.70M		123.90M	29	69
South Kordofan	0.90M	0.52M		271.70M	44	106
Aj Jazirah	0.86M	0.41M		24.60M	9	19
Kassala	0.70M	0.44M		96.00M	25	65
White Nile	0.69M	0.63M		67.00M	23	54
Gedaref	0.63M	0.43M		106.90M	41	91
East Darfur	0.61M	0.61M		156.50M	27	78
North Kordofan	0.51M	0.36M		54.40M	16	33
West Kordofan	0.47M	0.38M		106.30M	20	50
Blue Nile	0.44M	0.28M		137.90M	32	94
Red Sea	0.36M	0.36M		59.50M	17	37
Sennar	0.32M	0.23M		29.70M	13	30
River Nile	0.18M	0.10M		19.10M	11	20
Northern	0.10M	0.08M		16.80M	7	15
Abyei PCA	0.04M	0.04M		8.20M	8	18

STATES	Localities
Priority 1	
Abyei PCA	Abyei PCA area
Central Darfur	Um Dukhun
East Darfur	Abu Jabrah
	Adila
	Al Firdous
	Bahr Al Arab
Gedaref	Al Fashaga
Kassala	Reifi Gharb Kassala
	Reifi Wad Elhilaiw
North Darfur	As Serief
	At Tina
	Dar As Salam
	Kelemando
Northern	Delgo
Red Sea	Dordieb
	Haya
	Jubayt Elma'aadin
	Sawakin
	Sinkat
River Nile	Abu Hamad
Sennar	Sharg Sennar
	Sinja
South Darfur	Al Radoum
	Gereida
	Kateila
	Nitega
	Sharg Aj Jabal
	Um Dafoug
South Kordofan	Abu Jubayhah
	Al Leri
	At Tadamon SK
	Ghadeer
	Heiban
	Talawdi
	Um Durein
West Kordofan	Abyei
	Al Meiram
	Babanusa
White Nile	As Salam / Ar Rawat
Priority 2	
Blue Nile	At Tadamon BN
	Baw
	Geisan
	Wad Al Mahi
Central Darfur	Azum
	Mukjar
	Wasat Jabal Marrah
East Darfur	Abu Karinka
	Shia'ria
Gedaref	Al Butanah
	Al Fao
	Al Galabat Al Gharbyah
	Kassab
	Al Mafaza
	Ar Rahad
	Basundah
	Galabat Ash-Shargiah
Kassala	Halfa Aj Jadeedah
	Reifi Hamashkureib
	Reifi Kassla
	Reifi Telkok
North Darfur	Al Lait
	Al Malha
	Kebkabiya
	Kernoi
	Saraf Omra
North Kordofan	Bara
Red Sea	Agig
	Al Ganab
	Hala'ib
	Port Sudan
	Tawkar
Sennar	Abu Hujar
	Ad Dali
	Sennar
South Darfur	As Salam SD
	Buram
	Ed Al Fursan
	Kubum
	Mershing
	Nyala Shimal
	Rehaid Albirdi
South Kordofan	Abu Kershola
	Al Buram
	Delami
	Dilling
	Habila SK
	Kadugli
West Darfur	Beida
	Jebel Moon
	Kulbus
West Kordofan	Al Lagowa
	An Nuhud
	As Sunut
	Ghubaish
	Keilak
	Wad Bandah
White Nile	Guli
Priority 3	
Aj Jazirah	Al Hasahisa
	Al Kamlin
	Al Manaqil
	Al Qurashi
	Janub Aj Jazirah
	Medani Al Kubra
	Sharg Aj Jazirah
	Um Algura
Blue Nile	Al Kurmuk
	Ar Rusayris
	Ed Damazine
Central Darfur	Bendasi
	Gharb Jabal Marrah
	Shamal Jabal Marrah
	Wadi Salih
	Zalingi
East Darfur	Ad Du'ayn
	Assalaya
	Yassin
Gedaref	Al Qureisha
	Gala'a Al Nahal
	Madeinat Al Gedaref
	Wasat Al Gedaref
Kassala	Madeinat Kassala
	Reifi Aroma
	Reifi Khashm Elgirba
	Reifi Nahr Atbara
	Reifi Shamal Ad Delta
Khartoum	Bahri
	Jebel Awlia
	Karrari
	Khartoum
	Sharg An Neel
	Um Bada
	Um Durman
North Darfur	Al Fasher
	Al Koma
	At Tawisha
	Kutum
	Melit
	Tawila
	Um Baru
	Um Kadadah
North Kordofan	Ar Rahad
	Gebrat Al Sheikh

	Gharb Bara
	Sheikan
	Soudari
	Um Dam Haj Ahmed
	Um Rawaba
Northern	Ad Dabbah
	Al Burgaig
	Al Golid
	Dongola
	Halfa
	Merwoe
River Nile	Ad Damar
	Al Buhaira
	Al Matama
	Atbara
	Barbar
	Shendi
Sennar	Ad Dinder
	As Suki
South Darfur	Al Wihda
	As Sunta
	Beliel
	Damso
	Kas
	Nyala Janoub
	Shattaya
	Tulus
South Kordofan	Abassiya
	Al Quoz
	Ar Rashad
	Ar Reif Ash Shargi
West Darfur	Ag Geneina
	Foro Baranga
	Habila WD
	Kereneik
	Sirba
West Kordofan	Abu Zabad
	Al Dibab
	Al Idia
	Al Khiwai
	As Salam-WK
White Nile	Ad Diwaim
	Aj Jabalain
	Al Gitaina
	Kosti
	Rabak
	Tendalti
	Um Rimta
North Darfur	Al Waha

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.

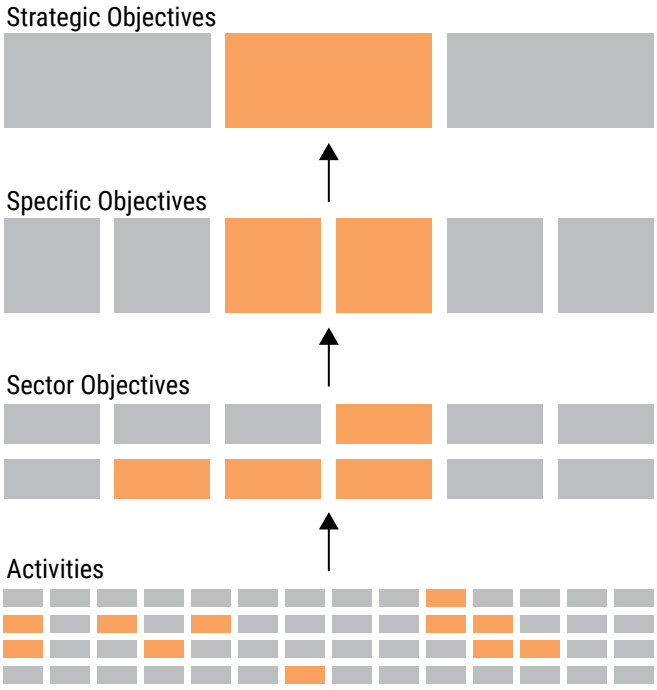
These spreadsheets are sent to OCHA where at the end of each month they are merged and sent to the sector coordinators for validation.

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 cross-checked by other indicators selected by the ISCG.

5.4
What if We Fail to Respond?

People in need are deprived of dignified life and human rights

- **9 .1** million people will not receive much needed life-saving humanitarian assistance and live a dignified life. They will be deprived of basic services such as health, sanitation and education.
- **1.34** million vulnerable people will not have proper shelter, exposing them to protection risks and vector-borne diseases. Women and girls are disproportionately affected and continue to face the risk of Gender-Based Violence.

Conflict increases as resources and livelihoods get scarcer

- Conflict and violence can increase due to scarce or no livelihoods. Refugees including **97,241** new arrivals in 2021 (as of 31 October) will not be assisted, which could result in increased conflict over scarce resources between refugees and host communities. **1.2** million refugees living in Sudan will not have access to basic services or livelihood opportunities leaving them at risk of protection concerns.
- Over **4.5** million IDPs, returnees and local population in **64** hotspot localities of Darfur, Kordofan and Blue Nile States will suffer from lack of protection services.

Millions of people are at risk of extreme hunger

- The situation of millions of Sudanese is already difficult with the economic recession and reduced purchasing power. 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.
- Without humanitarian assistance, **8.4** million people will not have enough food which would have serious implications on their physical and mental well-being. Over **3.0** million acutely malnourished children under-five and over **900,000** pregnant and lactating women will not receive the nutrition assistance they need to live healthy and productive lives.
- If we don't provide humanitarian assistance, the risk of mortality among children in Sudan with Severe Acute Malnutrition (SAM) is 11 times higher and that of Moderate Acute Malnutrition (MAM) is 4 times higher compared to their well-nourished peers.

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

- **6.4** million people including 1.5 million women will have little to no access to essential life-saving health services causing high mortality from preventable diseases, childhood, and maternity illnesses.
- **800,000** children dropping out the vaccination program before completing their doses are at risk of contracting a vaccine preventable disease with high risk of a resulting outbreak. Growing shelter and WASH needs if left unaddressed would add an additional strain on the already weak health system, while COVID-19 continues to exacerbate the health needs of vulnerable population.
- **4.81** 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 life-saving 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/our-donors/how-donate

DONATING THROUGH THE SUDAN HUMANITARIAN FUND

The Sudan Humanitarian Fund (SHF) is a country-based pooled fund (CBPF). CBPFs are multi-donor 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/what-we-do/humanitarian-financing/country-based-pooled-funds

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

AAAQ	Availability, Accessibility, Acceptability, and Quality
AAP	Accountability to Affected Populations
ACAD	Abyei Community Action for Development
ACEA	African Christian Ecumenical Alliance
ADCA	Ayok-Dill community Association
AFP	Agencies, Funds and Programmes
AGD	Age, Gender and Diversity
AGDM	Age, Gender, and Diversity Mainstreaming
AIRS	Abyei Information and Radio Services
AoR	Area of Responsibility
APMBC	Anti-Personnel Mine Ban Convention
AWG	Access Working Group
BANVA	Basic Needs and Vulnerability Assessment
BGRRF	Bishop Gassis Relief and Rescue Foundation
BSFP	Basic Supplementary Feeding Programme
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAR	Central African Republic
CASS	Child and Adolescent Safe Spaces
CBCPMs	Community-Based Child Protection Mechanisms
CBPNs	Community-Based Protection Networks
CDAC	Communication with Disaster Affected Communities
CDAW	Discrimination Against Women
CEN	Community Empowerment Network
CFSA	Comprehensive Food Security Assessment
CMAM	Community-based Management of Acute Malnutrition
CMCoord	Civil-Military Coordination
CMR	Clinical Management of Rape
COR	Commissioner for Refugees
CP	Child Protection
CPAoR	Child Protection Area of Responsibility
CPIMS	Child Protection Information Management System
CRP	Country Response Plan
CRRF	Comprehensive Refugee Response Framework
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
DRC	Danish Refugee Council
DTM	Displacement Tracking Matrix
EORE	Explosive Ordnance Risk Education
EPI	Expanded programme on immunization
ERRM	Emergency Rapid Response Mechanisms
ERW	Explosive Remnants of War
EWEA	Early Warning and Early Action
FAO	Food and Agriculture Organization
FCPU	Family Child Police Unit
FDG	Focus Group Disucssion
FEWSNET	Famine Early Warning Systems Network
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FoC	Framework of Cooperation
FSL	Food Security and Livelihoods
FSMS	Food Security Monitoring System
FSPs	Financial Service Providers
FTS	Financial Tracking Services
GAH	Global Aid Hand
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GNA	Gaps and Needs Analysis
GoS	Government of Sudan
GTG	Gender Thematic Group
HAC	Humanitarian Aid Commission
HCO	Hold the Child Organization
HCT	Humanitarian Country Team
HF	Health Facilities
HIPC	Highly Indebted Poor Countries
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IA-CBCMs	Inter-agency Community Based Complaints Mechanisms
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
IGAD	Intergovernmental Authority on Development
IGAD	Intergovernmental Authority on Development
IHA	International Humanitarian Aid
IMAS	International Mine Action Standards
IMWG	Information Management Working Group
INGOs	International Non-Governmental Organisations
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IPC-AMN	Integrated Food Security Phase Classification Acute Malnutrition
ISCG	Inter-Sectoral Coordination Group
IWRM	Integrated Water Resources Management
IYCF	Infant and Young Child Feeding
JENA	Joint Education Needs Assessment
JFA	Joint Framework of Action
JPA	Juba Peace Agreement
MA	Mine Action
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support
MIC	Multiple Indicator Cluster
MICS	Multi-Indicator Cluster Survey
MISP	Minimum Initial Service Package
MNO's	Mobile Network Operators'
MoLSD	Ministry of Labor and Social Development
MoSD	Ministry of Social Development
MPCA	Multi-Purpose Cash Assistance
MSF	Médecins Sans Frontières/ /Doctors Without Borders
MSNA	Multi-Sector Needs Assessment
MUAC	Mid-Upper Arm Circumference
NAP	National Action Plan
NFI	Non-Food Item
NGO	Non-Governmental Organization
NMAC	National Mine Action Center
NNGOs	National Non-Governmental Organisations
NSAGs	Non-State Armed Groups
OCHA	Office for the Coordination of Humanitarian Affairs
OTPs	Outpatient Therapeutic Programmes
PHC	Primary Health Care
PiN	People in Need
PLW	Pregnant and Lactating Women
PLWD	People Living with Disability
POC	Protection of Civilians
PRIMERO	Primero Child Protection Information Management System
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support Services
RCCE	Risk Communication and Community Engagement
RCF	Refugee Consultation Forum
RCO	Resident Coordinator Office
ReF	Reserve for Emergencies
REF	Refugees
RET	Returnees
RH	Reproductive Health
RRF	Rapid Response Fund
RRRP	Regional Refugee Response Plan
RRTs	Rapid Response Teams
RVF	Rift Valley Fever
S/NFI	Shelter and Non-Food Item
S3M	Simple Spatial Surveying Method
SADD	Sex and Age Disaggregated Data
SAM	Severe Acute Malnutrition
SC	Stabilization Centers
SCI	Save the Children International
SDG	Sudanese Pound
SDN	Sudan
SEA	Sexual Exploitation and Abuse
SENS	Standardised Expanded Nutrition Survey
SGBV	Sexual and Gender-based Violence
SOP	Standard Operational Procedures
SSRC	South Sudan Red Cross.
TSFP	Targeted Supplementary Feeding Programme
UASC	Unaccompanied Asylum-Seeking Children
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNISFA	United Nations Interim Security Force for Abyei
UNSCR	United Nations Security Council Resolution
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WG	Working Group
WHO	World Health Organization

HUMANITARIAN RESPONSE PLAN
SUDAN