

# HUMANITARIAN RESPONSE PLAN

## SUDAN

HUMANITARIAN  
PROGRAMME CYCLE  
**2020**  
ISSUED JANUARY 2020



# About

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

*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.*

## PHOTO ON COVER

*Children play in a community center recently constructed by UNAMID engineers in a camp for internally displaced people (IDP) in Khor Abeche, South Darfur*

*Photo: UN agencies*

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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.

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## 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/en/operations/sudan](http://www.humanitarianresponse.info/en/operations/sudan)



Humanitarian InSight supports decision-makers 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.hpc.tools/plan/870](http://www.hpc.tools/plan/870)



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.unocha.org](http://fts.unocha.org)

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A woman in Mellit, North Darfur, makes a shelter after her house collapsed

Photo: UN agencies

# Foreword by the Humanitarian Coordinator

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This is a year of transformation for Sudan, offering hope and optimism to millions of people. Their determination, resilience and sacrifice ushered in a new chapter in the country after eight months of protests. Now, this optimism must be sustained and translated into actions that will support aspirations of the people of Sudan.

The transitional government, formed in September 2019, is pursuing a new social contract with the people, prioritizing peace and economic reform. The 2020 national budget has doubled funding for the health and education sectors and aims to prepare for an eventual lifting of subsidies to further invest in basic social services. However, these reforms will take time and the situation will likely worsen in the short term especially for the most vulnerable.

Across Sudan, about 9.3 million people require humanitarian support in 2020. Because of the fragile economy, more people are unable to meet their basic needs, as high inflation continues to erode households' purchasing power. An average local food basket takes up at least 75 per cent of household income. Families cannot afford a nutritious meal - let alone other essential needs such as medical care, water, and education. With fewer resources, people adopt negative coping mechanisms, exposing them to more protection risks—particularly gender-based violence and increasing school dropout and child labour. The economic crisis has overwhelmed already-weak public services, further deepening humanitarian need in the central and eastern parts of Sudan,

where humanitarian partners have a limited presence.

At the same time, years of conflict have impacted millions of people. Some 1.9 million people remain displaced and face protection risks and threats even as they attempt to rebuild their livelihoods or return to their homes. Disease outbreaks, malnutrition, food insecurity, and climatic shocks, continue to affect the lives and livelihoods of many Sudanese. Moreover, the country hosts over a million refugees, providing safety and services, with communities sharing their meagre resources.

Alongside ongoing peace negotiations, the government have signaled their commitment to facilitating humanitarian access by allowing humanitarians to deliver assistance to areas that are not under their control. The humanitarian community are prepared to deliver assistance to those who have not been reached with assistance for years.

It is against this backdrop that humanitarians have developed the 2020 Humanitarian Response Plan (HRP). Through this HRP, partners intend to support 6.1 million of the most vulnerable people, which will require US\$1.4 billion. This includes assistance to sustain ongoing programming and concurrently scale up in other geographic areas to prevent more people from slipping into humanitarian need. To complement activities under this HRP and respond to the needs of people not covered by this HRP, efforts to strengthen and expand social protection programming are ongoing.

In 2020 and beyond, the humanitarian community in Sudan will focus on adapting to the rapidly evolving environment to be more accountable to affected people, including through: 1) enhanced evidence-based programming based on reliable and accurate data and information; 2) pave the way for greater efficiency by establishing systems that will allow for activity based costing in 2021; and 3) effective humanitarian response to save more lives with early action and improve preparedness while aligning humanitarian resilience with social protection programmes.

Over nearly two decades, the generosity of the international community has supported a robust humanitarian response and saved lives. In 2019, we reached least 4.4 million people with assistance. This year, more needs to be done, and earlier in the year, to reach the most vulnerable people.

However, humanitarian response alone is not enough to reduce needs, vulnerability and risks; longer-term action is also urgently needed. We are committed to working closely with the Government and the people of Sudan to create a strong foundation for Sudan that realizes the hope and aspirations of the Sudanese people.

**Gwi-yeop Son**

Resident and Humanitarian Coordinator

Part 1

# Response Plan Overview



*Woman and children in Wadi El Ku, one of the largest seasonal water courses in North Darfur*

*Photo: UN agencies*

# HRP AT A GLANCE



## Strategic Objective

1

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

## Strategic Objective

2

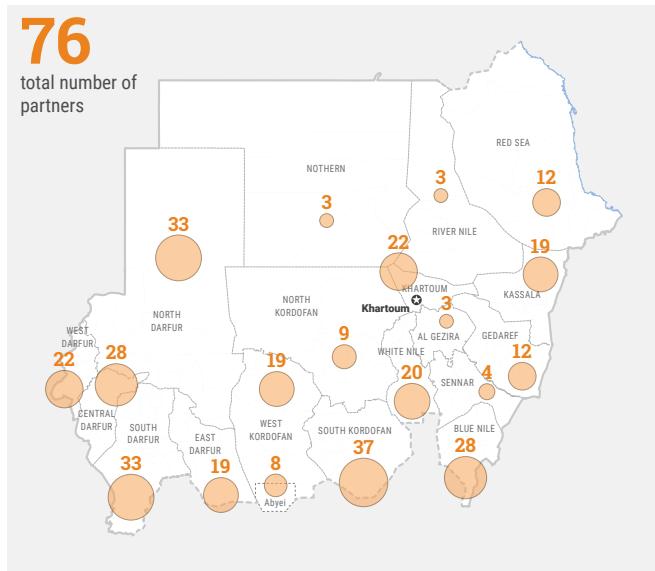
Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services

## Strategic Objective

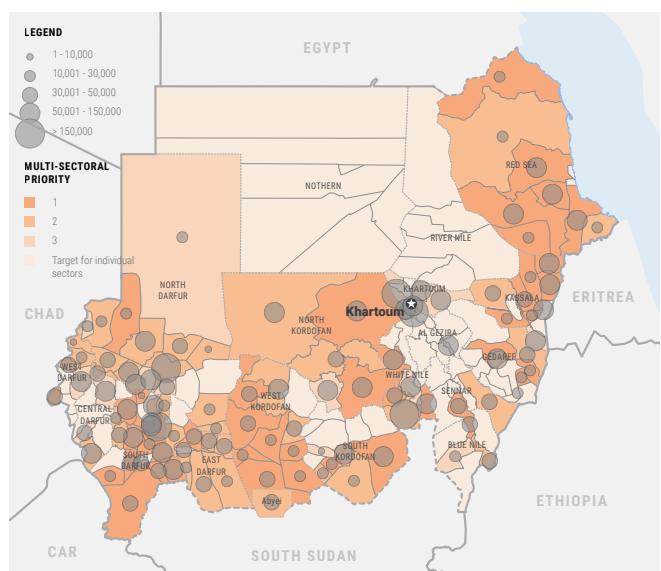
3

Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action

## Operational Presence: Number of Partners by state



## HRP Prioritization and Targeting



## SECTOR / MULTI-SECTOR RESPONSE

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS
Common Services	\$13.50 M
Education	\$69.31 M
Emergency Shelter / Non-Food Items	\$29.02 M
Food Security and Livelihoods	\$339.67 M
Health	\$119.30 M
Logistics and Emergency Telecommunications	\$25.92 M
Nutrition	\$152.63 M
Protection	\$17.51 M
Protection: Child Protection	\$18.67 M
Protection: Gender-based Violence	\$21.60 M
Protection: Mine Action	\$12.92 M
Refugee Response	\$476.86 M
Water, Sanitation and Hygiene	\$71.73 M

# HRP Key Figures

## By Humanitarian Consequence

CONSEQUENCE	PEOPLE IN NEED	PEOPLE TARGETED
Physical and mental wellbeing	7.8 M	4.4 M
Living standards	8.4 M	5.0 M

## By Population Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced persons	1.8 M	1.6 M
Returnees	0.3 M	0.2 M
Refugees	1.1 M	0.9 M
Vulnerable residents	6.1 M	3.4 M

## By Gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	% PiN
Boys	2.4 M	1.6 M	26%
Girls	2.9 M	1.9 M	32%
Men	1.6 M	1.1 M	17%
Women	1.9 M	1.2 M	20%

## With Disability

	PEOPLE IN NEED	PEOPLE TARGETED	% PiN
Persons with disabilities	1.4 M	0.9 M	15%

## By Age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	% PiN
Children (0 - 17)	5.3 M	3.5 M	58%
Adults (18 - 59)	3.5 M	2.3 M	37%
Elders (60+)	0.5 M	0.3 M	5%

## Financial Requirements by Sector and Multi-Sector

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Common Services	\$13.50 M
Education	\$69.31 M
Emergency Shelter / Non-Food Items	\$29.02 M
Food Security and Livelihoods	\$339.67 M
Health	\$119.30 M
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Nutrition	\$152.63 M
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Water, Sanitation and Hygiene	\$71.73 M

# Historic Trends

## Humanitarian Response (2015 - 2020)

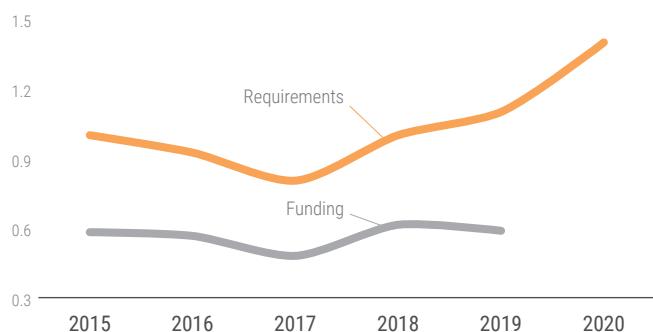
*In millions of people*



During the past five years, Sudan has seen an overall increase in the number of people in need of humanitarian assistance from 5.4 million people in 2015 to 9.3 million in 2020. In 2019, 4.3 million people were reached with some kind of assistance, against a target of 4.4 million people. The number of people reached was 51 per cent of the 8.5 million of people estimated to be in need. The level of funding

## Financial Requirements (2015 - 2020)

*In billions of US\$*



received since 2016 has remained stable, between 45 and 58 per cent of the overall HRP requirements. Between 2016 and 2018, the number of people reached in relation to the overall number of people in need remained steady with an annual average of 4.1 million people reached.

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	5.4 M	<b>4.5 M</b>	<b>1 B</b>	582.6 M	56%
2016	5.8 M	<b>4.6 M</b>	<b>0.925 B</b>	566.4 M	58%
2017	4.8 M	<b>4.0 M</b>	<b>0.804 B</b>	480 M	60%
2018	5.5 M	<b>4.3 M</b>	<b>1 B</b>	613.5 M	61%
2019	8.5 M	<b>4.4 M</b>	<b>1.1 B</b>	595.8 M	52%
2020	9.3 M	<b>6.1 M</b>	<b>1.4 B</b>	N/A	N/A



## Context of the Crisis

After months of civil protest, President Omar Al Bashir was removed from power on 11 April 2019, and a Transitional Military Council (TMC) was established. Following this, civil protests continued calling for the establishment of a civilian government, a further break from the previous regime and peace. In September, a Transitional Government was formed, with peace and reforming the economy as top priorities.

The civil protests were largely driven by a failing economy that continues to impact all aspects of life in the country. Sudan is in debt distress, with external debt of about \$50 billion. Until arrears are cleared, and Sudan is removed from the United States "State sponsors of terrorism" list, the country has limited access to debt relief and international financing support through the International Monetary Fund (IMF) and the World Bank. In 2019, Sudan was projected to experience negative GDP growth of over 2 per cent for the second year in a row. Unemployment stood at 18 per cent in 2018, and it is higher for young people: 130,000 young people enter the labour market each year, but there are only 30,000 jobs available. Addressing Sudan's economy will require the Government to adopt extensive macro-economic reforms, including adjusting spending patterns, which in itself could push people into further distress and suffering if there are no offsetting actions.

The economic crisis, including high inflation and rising prices for essential items such as food, medicine and other commodities, has led to a significant increase in food insecurity and other needs. In 2020, some 6.2 million people need emergency food assistance, this is also exacerbating already high levels of malnutrition.

Sudan still has one of the lowest human development levels, ranking 168 out of 189 countries and territories on UNDP's Human Development Index. Years of little to no investment in basic services has stretched the capacity of existing infrastructure and basic services. Health systems are at risk of collapsing, water and sanitation coverage remains poor, and the education system is unequipped to accommodate existing, let alone increasing needs. In rural areas, the delivery of basic services is even lower. The effects of climate change have also weakened an already stretched system. Parts of the country continue to face natural disasters including cyclical flooding, drought, and desertification. In addition, acute and chronic food insecurity continues to threaten people's lives and livelihoods, and is mainly driven by prolonged conflict, environmental deterioration, natural disasters such as drought and floods and more recently the economic crisis.

Nearly 2 million people remain internally displaced, following decades of conflict. The majority are living in camps and settlements where conditions remain dire, and the root causes that led to their displacement remain unaddressed. While greater stability and a low level of conflict in the last few years have contributed to some increase in returns, many of these are seasonal, as people return to farm. In addition, Sudan is both a temporary and long-term host country to an extensive population of refugees, asylum seekers and migrants, including unaccompanied and separated children. Over 1.1 million refugees are estimated to be living in Sudan and have come in search of safety from violence, persecution and other hazards in their home countries.

Part 2

## Strategic Response Priorities



*Two women make the fence of a shelter in the Alabassi camp for Internally Displaced People (IDP), in Mellit, North Darfur*

*Photo: UN agencies*

2.1

# Humanitarian Consequences Prioritized for Response

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## Critical Problems Related to Physical and Mental Wellbeing

Protracted and new displacement continues due to decades of conflict and natural disasters. Over 1.8 million internally displaced persons (IDPs) - the majority living in camps - are unable to meet their basic needs and remain reliant on humanitarian assistance. Many IDPs, particularly women and girls, face high protection risks including gender-based violence (GBV), harassment, rape, female genital mutilation (FGM) among others. While at a smaller scale in recent years, new displacement does remain a concern, especially in parts of Jebel Marra (Darfur), South Kordofan and Blue Nile.

Refugees living in Sudan remain largely dependent on humanitarian assistance and have limited access to livelihood opportunities. Refugee protection gaps and vulnerability to discrimination continue to undermine their physical and mental wellbeing. Over 90 per cent of refugees in Sudan are reliant on food assistance, with limited dietary diversity, rations gaps and lack of sufficient income to meet their needs. This has also contributed to 'critical' and 'serious' malnutrition levels across most camps and larger refugee settlements.

The economic crisis has exacerbated long-standing vulnerabilities due to years of conflict. 6.2 million people are estimated to be

severely food insecure and in need of food assistance. Some of the highest prevalence of food insecurity is in the conflict-affected states of South Kordofan, and Central, North, South, and West Darfur.

Sudan continues to face persistently high-levels of acute malnutrition and stunting. If left unaddressed, this will endanger people's health, limiting physical and cognitive development, and making children more susceptible to disease. Rising food prices, and poor water and sanitation systems and health services, continue to drive malnutrition across the country. Approximately 2.7 million children suffer from malnutrition including 522,084 children under age 5 that are severely malnourished.

Disease outbreaks continue to affect millions of people and stretch health and water, sanitation and hygiene (WASH) systems, exacerbated by the economic crisis. In 2019 alone, Sudan faced concurrent outbreaks of cholera, chikungunya, dysentery, dengue, malaria, measles, diphtheria and rift valley fever affecting 10 states. Flooding which affected over 400,000 people in 16 states, contributed to water contamination and compounded the spread of disease.

## Critical Problems Related to Living Standards and Resilience

Equitable and sustained access to quality basic social services remains a key challenge, especially for health, education, water and sanitation. Limited investment, underdevelopment, the economic crisis and decades of conflict have resulted in weak education, health and WASH infrastructures across the country, with huge disparities between rural and urban areas, and this has been further exacerbated by the economic crisis. Refugees, internally displaced people, returnees, nomadic populations, conflict- and natural disaster-affected populations, female-headed households, and people living with disabilities are particularly vulnerable. Refugees face additional hurdles accessing basic social services when they are charged higher services fees in public facilities especially where they are not fully integrated into national or local service systems.

Food security continued to decline in 2019, driven by the collapsing economy as well as natural shocks. The Integrated Food Security

Phase Classification (IPC) estimates that 5.8 million people - 14 per cent of the total population (excluding West Darfur) are experiencing crisis or worse levels of food insecurity (IPC Phase 3 and above). Despite a good harvest mid-year, the economic crisis has kept food costs high.



*An inmate of Shala Federal Prison in El Fasher, North Darfur, is assisted by a doctor during a two-day medical check-up campaign*

*Photo: UN agencies*

## Critical Problems Related to Protection

Civilians have suffered from years of conflict, exposing them to protection threats including gender-based violence, targeted attacks, and violations of basic human rights. Freedom of movement, especially in conflict-affected areas such as Darfur, remains restricted. This greatly impacts communities' ability to engage in livelihoods, undermining opportunities to support self-reliance and durable solutions to displacement. It also restricts people's access to basic services. More importantly, the causes of the conflict particularly in Darfur remain unresolved. Long-standing grievances between communities continue to give rise to clashes which are aggravated by the involvement of heavily armed tribal militias and the proliferation of small arms and light weapons.

Political instability in 2019 had a particular impact on children and adolescents, who were affected by the closure of schools. Sexual

violence particularly affects women and girls in displaced persons' camps and in rural communities, where they are often preyed upon by armed men, especially when they engage in livelihood activities like collecting water or firewood or working in fields.

The large refugee population also continues to face specific protection risks and vulnerabilities while in asylum. Refugees' basic rights persist, including access to registration, documentation, freedom of movement, basic services and the labour market. Some progress has been made since 2018 on policies related to access to work permits and public education for refugees. However, these policies are applied inconsistently at local levels, and refugees still face discrimination when accessing public services.

## 2.2

# Strategic Objectives

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Humanitarian needs in Sudan are substantial and continue to grow. In 2020, some 9.3 million people – 23 per cent of the population – will need humanitarian assistance. Years of conflict and protracted displacement, environmental degradation, a lack of basic services and - most of all during the past year - the deteriorating economic situation, have all had profound consequences on people's immediate physical and mental wellbeing and condition; their living standards including access to services; their ability to live with dignity; and their long-term resilience.

This 2020 Humanitarian Response Plan (HRP) has been developed based on inter-sector analysis of the varying humanitarian needs in Sudan. In 2020, the humanitarian community will target 6.1 million people, focusing on those living in 120 localities<sup>1</sup> with the highest convergence of inter-sectoral needs as identified by the Humanitarian Needs Overview (HNO). This analysis has further identified these localities as being in three levels of priority, based on the severity of needs. Corresponding with the growing level of needs, this represents a significant increase from the 4.4 million people targeted in 2019. However, the response will remain prioritized, focusing on roughly two-thirds of the total people in need.

Some 42 per cent of people targeted for response are in the five Darfur states. A further 20 per cent are in Blue Nile, South Kordofan, North Kordofan and West Kordofan states. Some 18 per cent are located in the four eastern states. Some 20 per cent are located in the central states, including Khartoum.

Humanitarian response will continue to place a primary focus on life-saving activities in areas with the most severe humanitarian needs. However, through this plan, the humanitarian community is also advocating for improving access to basic services, supporting

the restoration of livelihoods, and promoting durable solutions to displacement to lessen reliance on humanitarian assistance. Partners will further seek to strengthen collaboration between the humanitarian response and the longer-term development necessary to sustainably reduce the level of needs in Sudan, in line with humanitarian principles. In this regard, this HRP links with the United Nations Vision 2019-2022; and ongoing efforts to achieve the Sustainable Development Goals (SDGs). It also aims to link to national priorities and strategies focusing on reinforcing national capacities and systems. While the humanitarian community will continue to advocate for scaled-up development investment and activities, such resources are likely to remain limited during 2020.

To support people who are not covered by the humanitarian community through this HRP, the UN and partners in consultation with the Government are developing an integrated framework for social protection what will prioritize a set of social safety net interventions to assist them. This is also expected to mitigate the impact of planned subsidy reforms in 2020. The response under social protection programmes is envisaged to target i) vulnerable people in need of humanitarian assistance not targeted under the HRP to ensure they do not fall further into poverty; ii) borderline vulnerable persons who are above the HRP thresholds to prevent them from falling below humanitarian thresholds in response to shocks; iii) vulnerable people who may receive assistance under the HRP to complement life-saving interventions to build their resilience, and support them having a dignified life beyond survival.

While the response will consider the needs of all vulnerable people, the conditions and needs of specific groups will also be considered. These include IDPs; IDP and refugee returnees; people living as

### **Under the HRP, partners will focus on three strategic objectives:**

SO #	STRATEGIC OBJECTIVE	PEOPLE IN NEED	PEOPLE TARGETED
<b>SO 1</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	6.5 million	<b>4.4 million</b>
<b>SO 2</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	8.6 million	<b>5.0 million</b>
<b>SO 3</b>	Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action	2.9 million	<b>1.1 million</b>

refugees in Sudan; host community members; and other vulnerable people not directly affected by displacement.

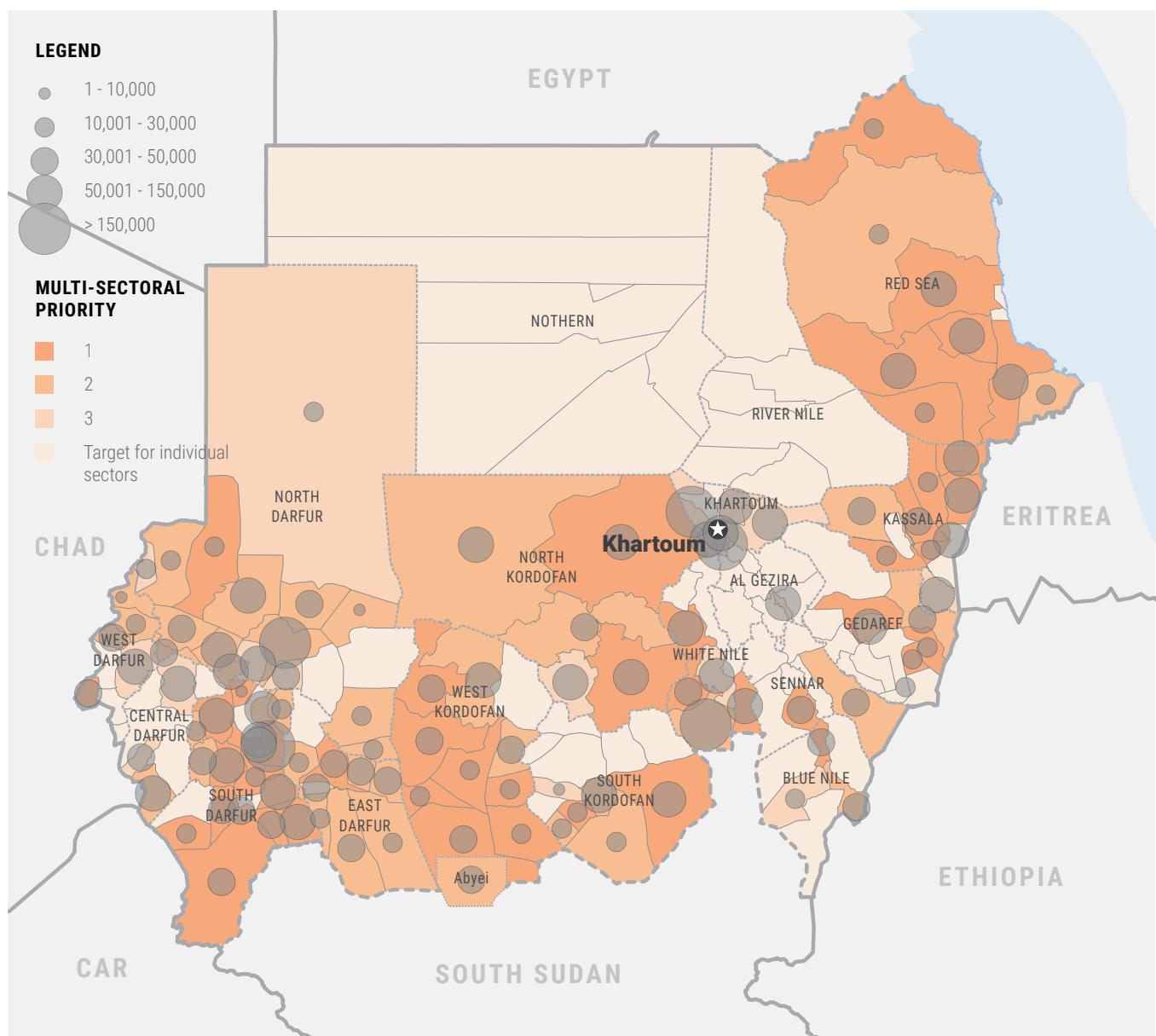
Under this plan, partners have strengthened inter-sectoral analysis, delivery and monitoring of response. This HRP also seeks to focus on strengthening accountability to affected populations during 2020, by developing and putting in place a strong multi-sector approach

to ensure that all stages of the programme cycle are informed by the needs and views of those people receiving assistance. This plan will also seek to leverage recent improvements in humanitarian access – while continuing to advocate for further progress – to deliver assistance more efficiently.

2.3

# HRP Prioritization and Targeting

## Prioritization and Targeting by locality



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.

The analysis of the 2020 HNO was based on enhanced global guidance, which sought improved, focused analysis of severity of humanitarian needs. The analysis was centred on understanding the needs of people categorized under humanitarian consequences (the impact of a shock), ranked on a 1 to 5 severity of need scale (minimal, stress, severe, extreme and catastrophic). The lessons learnt and experiences of the 2019 HNO process were built into the methodology. The analysis of severity around the impact of shocks places people in need at the centre of the analysis instead of looking at people's severity of need through the lens of individual sectors. The severity of needs was validated at both national and state levels by operational partners, through the Inter-Sectoral Coordination Group (ISCG). The findings are in line with the social protection analysis that is underway to support the strengthening of social protection across Sudan, a validation of the analysis, despite identified data and information gaps. Plans are being put in place, to address identified data and information challenges to enable a sharper improved analysis in the next HNO analysis.

The 2020 HRP assesses the severity of needs across Sudan by sector and location, identifying those localities with the most acute needs (severity level 4 and 5) for each sector. The analysis further identifies those localities facing the highest convergence of sectoral needs with a direct impact on mortality and morbidity in the immediate term – specifically those localities with acute needs across food security, nutrition, health and water and sanitation.

Based on this, 120 localities were prioritized into three categories, based on the level of multi-sectoral severity. 54 localities are identified as Priority 1. Of these, 17 localities are located in Darfur; 17 are

located in Blue Nile and the Kordofans; 16 are located in the eastern states; and four are located in the refugee-hosting state of White Nile. A further 53 localities are identified as Priority 2; and 13 localities as Priority 3. Of the 120 priority localities, 47 host refugees, representing over 80 per cent of the prioritized refugee-hosting localities.

For the 2020 HRP, humanitarian partners will aim to address the needs of the vulnerable population by focusing on responding in a multi-sectoral manner. This multi-sectoral approach seeks to address the consequences of shocks holistically, ensuring a more efficient and effective response across sectors. For instance, complementary WASH and health activities will help to ensure that fewer people get sick, reducing pressure on health facilities and increasing the spending power of vulnerable populations. Complementary Food Security and Livelihoods (FSL), Nutrition, Protection and Education services support children to stay in school, where they get food while learning in a safe protective environment. Protection will be at the centre of the response throughout, as will gender-sensitive programming.

This prioritization will act as a guide for partners on where to start multi-sectoral response, in line with the objective set out in the 2020 HRP. In addition, refugee multi-sectoral response prioritization will be guided by refugee severity ranking – see Refugee Response section for more details.

Localities beyond those prioritized according to acute inter-sectoral needs are not excluded from response. Individual sectors will continue to undertake activities in those localities, but they will not be prioritized for multi-sectoral response efforts.

#### MULTI-SECTORAL PRIORITY 1

STATE	NUMBER OF LOCALITIES
Blue Nile	1
East Darfur	2
Gedaref	3
Kassala	6
North Darfur	1
North Kordofan	4
Red Sea	6
Sennar	1
South Darfur	13
South Kordofan	3
West Darfur	1
West Kordofan	9
White Nile	4

Total of 13 states      54 localities

#### MULTI-SECTORAL PRIORITY 2

STATE	NUMBER OF LOCALITIES
Abyei	1
Al Gezira	1
Blue Nile	1
Central Darfur	2
East Darfur	5
Gedaref	2
Kassala	2
Khartoum	5
North Darfur	11
North Kordofan	3
Red Sea	2
Sennar	1
South Darfur	5
South Kordofan	5
West Darfur	3
West Kordofan	3
White Nile	1

Total of 16 states      53 localities

#### MULTI-SECTORAL PRIORITY 3

STATE	NUMBER OF LOCALITIES
Blue Nile	1
Central Darfur	3
East Darfur	1
Kassala	1
Khartoum	1
North Darfur	4
South Kordofan	1
West Darfur	1

Total of 8 states      13 localities

#### TARGET FOR INDIVIDUAL SECTOR

STATE	NUMBER OF LOCALITIES
Al Gezira	7
Blue Nile	4
Central Darfur	4
East Darfur	1
Gedaref	7
Kassala	2
Khartoum	1
North Darfur	2
North Kordofan	1
Northern	7
Red Sea	2
River Nile	7
Sennar	5
South Darfur	3
South Kordofan	8
West Darfur	3
West Kordofan	2
White Nile	4

Total of 18 states      70 localities

2.4

# Strategic Response Priorities

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## Strategic Objective 1:

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

SO #	STRATEGIC OBJECTIVE
<b>SO 1.1</b>	Provide immediate water, food, non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of lives and alleviate suffering
<b>SO 1.2</b>	Reduce high levels of acute food insecurity and malnutrition and mitigate the likelihood that risky negative coping mechanisms are adopted

Efforts under this objective will focus on life-saving assistance to vulnerable people with acute needs, and those in life-threatening situations. This includes IDPs, refugees, returnees and vulnerable residents. They will be assisted with emergency life-saving water, food, non-food items, health and protection assistance, and psychosocial support. Given the growing levels of food insecurity due to the economic crisis, particular efforts will be made to scale-up operations to address food insecurity and avert extreme hunger, as well as to mitigate the likelihood that people adopt negative coping mechanisms. At the same time, partners will work to sustain response in areas with ongoing activities, to avoid deterioration of the humanitarian situation.

Partners will intensify efforts across the country to identify, and treat children and pregnant and lactating women, who are suffering from a combination of illness and severe acute malnutrition (SAM); to provide safe and sufficient water for drinking, domestic use, and hygiene; to provide direct food assistance and emergency agricultural

and livestock interventions; to ensure that 95 per cent of disease outbreaks are responded to within 72 hours; and provide emergency shelter to newly displaced people.

Humanitarian partners will also invest in readiness to help prevent and mitigate the impact of new shocks including floods, disease outbreaks, severe malnutrition, food insecurity and displacement. Guided by the Humanitarian Country Team (HCT) Emergency Response Framework, partners will work to ensure that response to sudden onset emergencies happens within two weeks, to prevent loss of lives. The ISCG will further strengthen early warning systems, improve contingency planning and promote a proactive approach to collective response readiness. Reviews will be undertaken to ensure stocks are pre-positioned in sufficient quantity and in the right locations and at the right time in order to facilitate rapid response and to make adjustments as required. Where necessary and feasible, area-based preparedness and response plans that focus on areas of high-risk or substantial need may be prepared.

## Strategic Objective 2:

Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services

SO #	STRATEGIC OBJECTIVE
<b>SO 2.1</b>	Increase resilience through enhanced livelihood opportunities for the most vulnerable people including social cohesion support
<b>SO 2.2</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter

Under this objective, humanitarian partners will work to improve the living conditions of affected people through the provision of equitable basic services including education, health, water sanitation and protection services. Efforts will be made to enhance household and community resilience through the provision of livelihood opportunities. This will help to avoid a further deterioration in the humanitarian situation of affected people and enable them to withstand or recover from shocks, and at the same time minimize negative coping mechanisms. Activities under this objective will also aim to foster social cohesion, which can in turn contribute to addressing protection challenges, especially within mixed settings. In out-of-camp and urban refugee locations, investments in local infrastructure will improve the absorption capacity of services in host communities to absorb refugees, and targeted protection-based

interventions will be used to support refugees' equitable access to public services, where available.

More specifically, partners will work to provide essential health-care packages; improve accessibility to nutritious food; provide children and adolescents with quality basic education; provide access to safe water and sanitation; and support households in protecting or creating assets. Protection services will be strengthened to enhance safety and minimize threats and risks faced by communities.

As reflected above, synergies will be sought with planned social protection and development programmes, to leverage the comparative advantage of different actors to address multi-dimensional vulnerabilities.

The Government of Sudan and the international community are working together to jointly support durable solutions for IDPs. This will be guided by the Durable Solutions Strategy being put in place by the Durable Solutions Working Group. The strategy will be a blue print to guide the planning and implementation of durable solutions (DS) for IDPs, returning Sudanese refugees and host communities in Sudan. The Strategy will align closely with other country processes such as, inter alia, the United Nations Development Assistance Framework (UNDAF), the Humanitarian Response Plan (HRP) the Peace-building Fund (PBF) and the Darfur Development Strategy (DDS).

## Strategic Objective 3:

**Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action**

SO #	STRATEGIC OBJECTIVE
<b>SO 3.1</b>	Ensure equitable access of persons of concern to essential services, and access of humanitarian actors to those in need
<b>SO 3.2</b>	Promote the protection, safety and dignity of affected people, through community-based and individually targeted multi-sector interventions

Under this objective, partners will aim to ensure the safety and security and restore the dignity of affected people in an equitable manner. A key component of this strategic objective is to step up advocacy aimed at obtaining full respect for the rights of all individuals in accordance with international law, including international humanitarian, human rights and refugee law. All elements of the humanitarian response will promote mainstreaming of protection in line with the centrality of protection. Emphasis will be placed on prioritizing the integration of protection in programming and preventing or responding to specific protection risks.

Partners will prioritize key interventions, including: providing access to specialized GBV services for survivors; enhancing measures to mitigate the risk of GBV; protection services, including for those with special needs; strengthening community-based systems to prevent

protection risks; strengthening conflict resolution and peace-building skills; undertaking advocacy initiatives to draw attention to protection issues; expanding structured and specialized child protection services for girls and boys at risk of violence, abuse, exploitation and neglect; and scale-up access to registration, documentation and reception services for refugees to bolster their access to their basic rights, services and assistance.

Further, a robust protection monitoring mechanism will be maintained in coordination with key stakeholders, including UNAMID, the State Liaison Functions (SLF), and Government. Partners will also pay specific attention to people with disabilities and high-risk girls, boys, men and women and respond to their needs with appropriate programming.

## 2.5

# Consolidated Overview on the Use of Multi-Purpose Cash

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Despite concerted efforts to promote the use of cash in humanitarian response, the environment for cash remains challenging:

- Cash shortages: Cash and fuel shortages have resulted in implementation delays, underspending on grants, increased operational costs and the reduction or partial suspension of activities. Cash distributions require large amounts of physical cash and financial institutions have been largely unable to meet partners' requirements.
- Political acceptance and administrative bottlenecks: Partners faced difficulties<sup>2</sup> obtaining approvals for technical agreements for cash programmes, affecting the timing and sequencing of activities, including seasonal assistance.
- Financial and telecommunications infrastructure: The limited availability and operational reach of service providers in remote areas, including banks and telecommunications companies, has impacted the delivery of cash assistance. This has been compounded by restrictions on the use of mobile devices for data collection, e-vouchers and mobile payments. While there were efforts to roll out point-of-sale devices for some programmes, and to bring bank agents to remote IDP and refugee camps for cash distributions, common solutions have not been available to partners.
- Harmonization of tools and technical standards: Across the states, partners have continued to face differences in access conditions and receptiveness to the use of cash. Delivery

mechanisms and financial service providers varied by partner, and humanitarian actors lack common data management systems and beneficiary data protection policies. Transfer values have also not been harmonized, and the duration of assistance has tended to vary by partner and sector objectives.

Given these challenges, the Cash Working Group (CWG) - under the leadership of the ISCG - will work to support improved cash coordination and a less-fragmented approach to cash. Meanwhile, partners will scale-up cash programming where feasible and appropriate. While economic constraints are likely to persist during 2020, partners will also work with the Government to reduce administrative barriers to cash assistance.

Work is also underway to develop a common minimum expenditure basket (MEB), with the participation of agencies, technical sectors, the Government and NGO partners. The establishment of an MEB is an important step towards greater harmonization, coordination and expansion of multi-purpose cash, which can be aligned with national poverty thresholds in the medium-term. Discussions are underway on standardizing market price and post-distribution monitoring data collection tools and methodologies, joint mapping of financial service providers, and strengthening of feedback and complaint mechanisms. The HCT will also continue to advocate with key stakeholders on the benefits of cash and its ability to effectively respond to humanitarian and development needs. The CWG will continue to work with partners to ensure strengthened reporting on cash activities.

## 2.6

# Humanitarian Access & Operational Capacity

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## Humanitarian Access

Since its formation in August 2019, the Transitional Government of Sudan has committed to facilitating humanitarian organizations' ability to reach people in need. Several barriers have been reduced, though further progress will be needed.

- The requirement for humanitarian workers to obtain travel permits for movement to conflict-affected areas was abolished. Humanitarian movements throughout the country still require a notification of travel to be processed, though this process has also been simplified and streamlined. Partners have reported a reduction in delays.
- The requirement for the Humanitarian Aid Commission (HAC) to be involved in the recruitment of national staff by international NGOs has been removed. The Government has also committed to easing customs clearance for NGOs to import humanitarian materials, and licensing of NGO vehicles.
- Several NGOs that were expelled in 2009 have also been allowed to return and re-register in Sudan, and their return will increase the humanitarian community's overall capacity in the medium / long term.

There has also been some improvement in the ability of humanitarians to access areas controlled by non-state armed groups. The Government has indicated that organizations can coordinate directly with non-state armed groups (NSAGs) directly. In the cessation of hostilities agreement signed in Juba on 21 October 2019, the parties agreed to negotiate ways to deliver assistance through cross-line and cross-border operations. During the last quarter of 2019, humanitarian partners secured initial access to areas controlled by NSAGs which had not been accessed in several years, such as Kauda (South Kordofan); Feina (East Jebel Marra, South Darfur); and Boulay

and Aja (Central Darfur's North Jebel Marra locality). In 2020, partners will maintain updated multi-sector contingency plans to quickly scale-up response in areas that become newly accessible. Partners will also continue to engage all relevant actors to secure access to more locations.

The humanitarian community will continue to strengthen coordination on other issues relating to the operating environment, and to ensure a coherent approach to HCT advocacy for humanitarian access. Key areas of advocacy in 2020 will include among others: the removal of all permits for internal travel; streamlined approvals for NGO technical agreements and the adoption of a multi-year technical agreement system; the ability to conduct independent assessments of humanitarian needs of all people, including refugees; including UNHCR and organizations supporting refugees under the same regulations as other humanitarian organizations. To support these efforts, the humanitarian community will prioritize the collection of evidence and analysis through monitoring and reporting.

Humanitarian organizations also continue to face operational challenges relating to poor road infrastructure, particularly during the rainy season. This makes delivery of supplies impossible or highly difficult during large portions of the year. For this reason, timely processing of technical agreements for NGOs, and timely provision of resources by donors to allow for prepositioning will be critical.

Humanitarian actors also continue to face operational challenges linked to the economic crisis. These include fuel shortages, which can constrain movement; cash shortages, which can delay payment for supplies and partners and limit the ability to deliver cash-based assistance; and high inflation, which limits the ability to negotiate long term contracts with suppliers.

# Operational Capacity

76 humanitarian partners have included projects in the 2020 response plan, including 32 national NGOs, 33 international NGOs, and 11 UN entities, across 18 states. These organizations will also coordinate closely with other humanitarian organizations that are delivering humanitarian assistance outside of the response plan – including MSF and Red Cross organizations.

During 2020, humanitarian partners will expand their geographic reach to address needs across Sudan, while sustaining critical, ongoing response. In Darfur, South Kordofan and Blue Nile, operational capacity will need to be sustained to support the protracted needs of people made vulnerable by years of conflict, and to avoid a further deterioration due to the economic crisis. Plans will also be maintained to allow a scale-up in newly-accessible areas as feasible. As described above, partners will also maintain flexibility and planning for scaling up response if and when new areas under the control of non-state armed groups becomes accessible. Partners will also maintain preparedness for the possibility of growing numbers of spontaneous returns by refugees and IDPs. Operations will be sustained in refugee-hosting areas, including Darfur, South and West Kordofan, and White Nile, scaled up in out-of-camp and urban locations in the Kordofans, eastern Sudan and Khartoum and a new emergency operation will be started in Central and South Darfur to meet the needs of new refugees.

Partners will work to scale up response in parts of eastern and central Sudan, where the impact of the economic crisis, on top of chronic under-development, has resulted in growing humanitarian needs. Capacity will be increased in particular for the eastern states of Red Sea, Gedaref, and Kassala and central states of North and West Kordofan. The response will also maintain the flexibility to respond to new crises - floods, disease outbreaks, and sporadic displacement - as they arise.

The response will also seek to strengthen partnerships between international humanitarian actors and Sudanese NGOs. The Sudan Humanitarian Fund (SHF), for example, will pursue partnership approaches that leverage the effective field presence of partners, while gradually building national partners' capacity. At the same time, ongoing dynamics around the administrative status of national NGOs with links to the previous government will likely constrain the scope for expanding such partnerships.

## Partners by Sector

SECTOR	PARTNERS
Common Services	2
Education	25
ES/NFIs	10
FSL	43
Health	25
LET	2
Nutrition	28
Protection	13
Protection: Child Protection	15
Protection: GBV	9
Protection: Mine Action	4
Refugee Response	33
Water, Sanitation and Hygiene	40

## Partners by Type

TYPE	PARTNERS
INGO	33
NGO	32
UN	11
<b>TOTAL</b>	<b>76</b>



For the latest operational updates, visit:

[reliefweb.int/country/sdn](https://reliefweb.int/country/sdn)

## Response reach under 2019 HRP

SECTOR	REQUIREMENTS	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED
Common Services	<b>\$13 M</b>			
Education	<b>\$48 M</b>	1.5 M	0.77 M	0.76 M
Emergency Shelter / Non-Food Items	<b>\$25 M</b>	1.4 M	0.51 M	0.11 M
Food Security and Livelihoods	<b>\$314 M</b>	5.7 M	4.39 M	4.3 M
Health	<b>\$71 M</b>	3.7 M	2.44 M	1.6 M
Logistics and Emergency Telecom.	<b>\$22 M</b>			
Nutrition	<b>\$110 M</b>	2.9 M	1.42 M	0.39 M
Protection: Child Protection	<b>\$18.1 M</b>	2.7 M	0.7 M	0.19 M
Protection: Gender Based Violence	<b>\$10.4 M</b>	1.4 M	0.4 M	0.02 M
Recovery, Return and Reintegration	<b>\$27 M</b>	2.5 M	0.3 M	
Refugee Response	<b>\$411 M</b>	1.2 M	0.92 M	0.44 M
Water, Sanitation and Hygiene	<b>\$51 M</b>	2.9 M	2.33 M	1.48 M

Part 3

## Monitoring and Accountability



*A displaced woman grinds cereal provided by the World Food Programme (WFP) inside the UNAMID base in Khor Abeche, South Darfur*

*Photo: UN agencies*

## 3.1

# Monitoring

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The humanitarian community is committed to improving data collection and providing robust analysis of the humanitarian situation. Indicators will be established to measure progress, inform decision-making and ensure timely adjustments to humanitarian operations. The data collection and analysis will integrate gender, disability, age and protection perspectives.

The HRP monitoring will be led by the ISCG and the Information Management Working Group (IMWG). Working together with sector coordinators and other partners, the IMWG will develop and implement ways to collect and share data that will form the basis for analysis on a quarterly basis. This will contribute to addressing some of the data and analysis challenges faced during the production of the HNO. In parallel, project-level monitoring will also compliment this, focusing on projects funded by the SHF and Central Emergency Response Fund (CERF) as an integral part of the funds' accountability frameworks.

**Humanitarian InSight Platform:** Data and information gathered as part of the monitoring process will be presented to national and local authorities and made available via the Humanitarian InSight web site on a quarterly basis. Humanitarian InSight is an online platform for decision-makers at all levels (global, country-level strategic and operational) to easily access key information that provides an overall assessment of progress against targets and requirements. Humanitarian InSight brings together all data from the Humanitarian Programme Cycle (HPC) database to provide global, country, cluster and project-level information on needs, plans, monitoring and funding.

Sector coordinators will work with implementing partners to upload quarterly details of activities conducted and beneficiaries reached to allow for an interactive, real-time snapshot of achievements to date. This will enhance monitoring of ongoing response and programme adjustments as the situation changes. Partners will use HPC tools which include a response planning and monitoring module, that will enable partners to submit data on people reached with assistance and to measure progress against objectives and activity indicators of the HRP. Reporting on the objectives and indicators will be at the

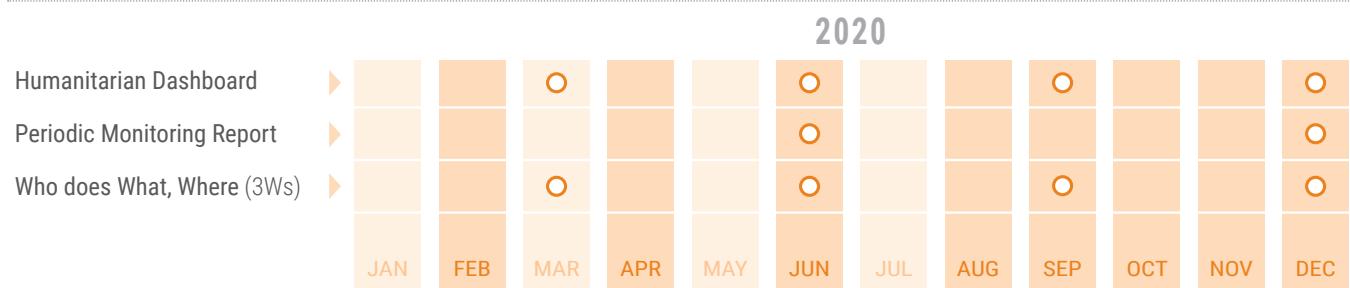
output levels and done by collecting key figures in the Response Planning Module (RPM) and other information management tools and products. A quarterly dashboard to show progress will be produced – at national and state level. Response monitoring and reporting will continue to be a standing agenda item at ISCG meetings to ensure adjustments and course corrections can be made.

**Periodic Monitoring Report:** To enable the HCT to adequately examine whether sufficient progress is being made in reaching strategic and sector objectives, a mid-year monitoring report will be produced and used as an evidence base for making decisions about the direction of the response and to correct course as needed. Acknowledging that needs and gaps identified over time may require changes in planning assumptions, targets, and financial requirements, the ISCG and IMWG may issue analytical reports and dashboards focusing on key issues or themes to support effective prioritization and strategic decision-making.

**Field-based monitoring:** Field-based monitoring will be enhanced to assess the quality of the response, timeliness of delivery, access to services and the perspective of affected people, taking diversity into account. OCHA and sector coordinators at national and sub-national level will undertake field visits - including joint visits where possible - to seek feedback, support implementation of programmes, identify bottlenecks in delivery and explore how to address them in order to improve programming

**3Ws:** The "Who does What Where" tool provides an understanding of partner presence and operational response and contributes to programme planning to avoid duplication and reinforce complementarity of different funding streams and programmes. Efforts are underway to further improve the accuracy of the 3Ws to better reflect where organizations have response capacity as opposed to only programme activities or physical presence. Coverage of the 3Ws will also be expanded to cover the whole country.

## Monitoring Products Timeline



## 3.2

# Accountability to Affected Communities

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Humanitarian agencies enhance the effectiveness of their work by systematically engaging aid recipients in the decisions that affect their lives. Humanitarian partners in Sudan have various approaches to community engagement, focused on people who directly benefit from their activities. In 2020, the humanitarian community will focus on the establishment of a collective accountability approach that has a broader focus on integrating the participation, feedback and perceptions of people into each phase of the programme cycle. Such a collective approach will help to identify where gaps exist and guide re-prioritization.



To better understand the value of various mechanisms, partners were asked how they would share information and collect community feedback and use it to improve their activities. The three preferred mechanisms are "Suggestion box", followed by different modalities of face-to-face discussions: group consultations with aid workers, community leaders with aid workers, and with individuals (in other venues/locations) through aid workers.

In 2019, the Prevention of Sexual Exploitation and Abuse (PSEA) network also conducted a mapping to assess partners' efforts against six core areas of policy, coordination, prevention, advocacy, complaints, and investigation. The findings showed that 94 per cent of the respondents have PSEA policies in place, while 86 per cent have accountability frameworks in place. These mechanisms need to be further operationalized with written guidance on the provision of survivor assistance, and establishment of GBV referral pathways.

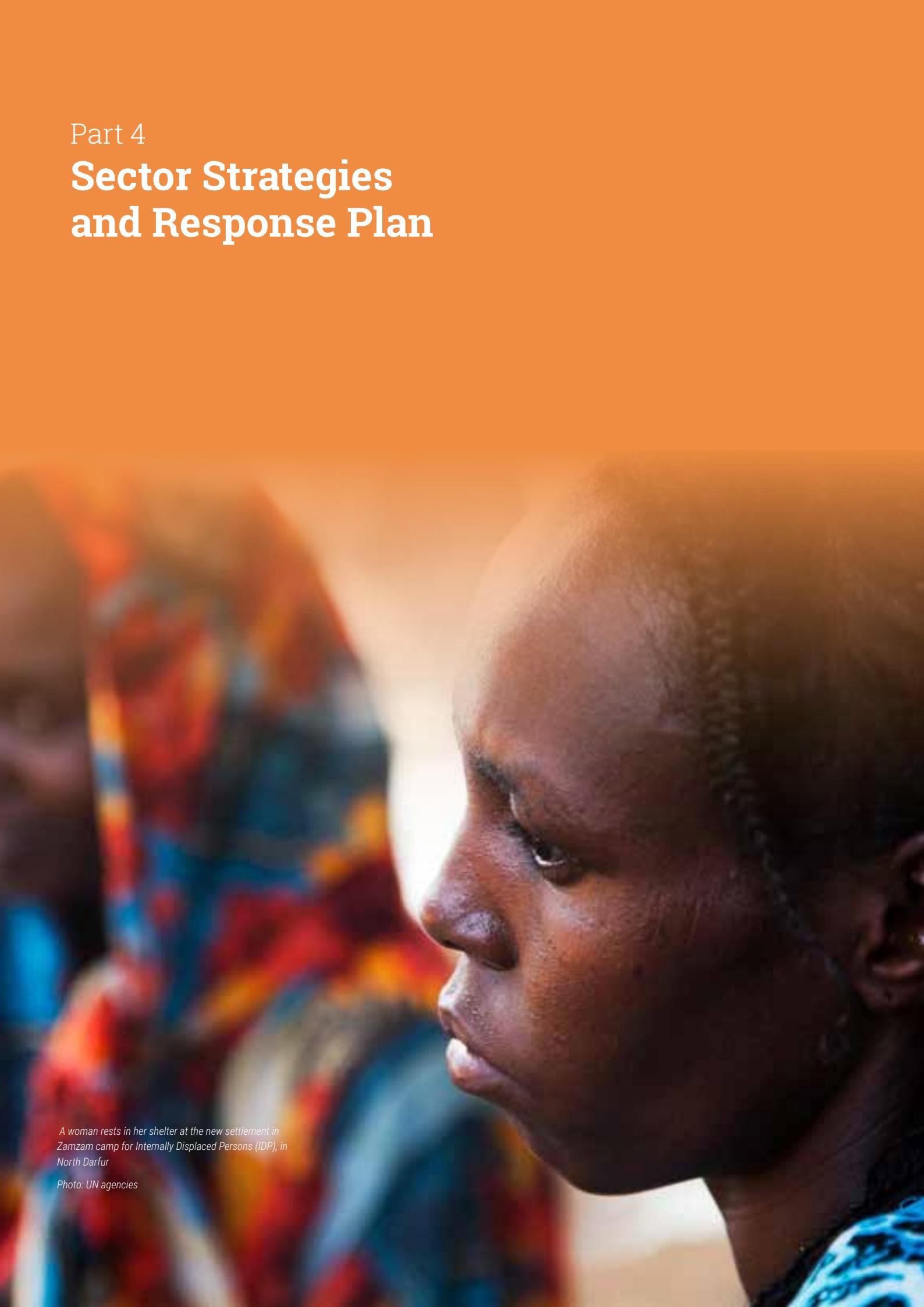
In addition, the SHF has provided guidance on accountability to affected populations (AAP) and communication with communities (CWC) and requires all project proposals and reporting to integrate AAP. Tools such as suggestion boxes, as well as community committees, have been implemented. UNOPS is leading an inter-agency task force to propose a hotline system that would ultimately connect people to government social safety net services, and humanitarians will closely engage with this task force to ensure such a system can align with humanitarian needs and feedback mechanisms.

**Way forward in 2020:** To support a collective accountability approach in 2020, an AAP working group will be established as part of the ISCG. This working group will map and continue to monitor mechanisms and programming already in place; and champion effective practices and mechanisms for AAP that would work across the humanitarian system. Progress will also be monitored at the sector level and shared for inter-sector discussion. The overall goal is to ensure accountable overall implementation that is coordinated and informed by community participation and feedback systems and is monitored and adjusted as needed. This, in turn will allow for a more flexible humanitarian response that can course-correct.

Within this framework, the humanitarian community will work to coordinate perception surveys to inform planning and response; work directly with the SHF to strengthen AAP within pooled fund projects and the overall response; and work with the Sudan PSEA network to ensure information feeds back to where it can be appropriately

addressed, compliment advocacy and messaging, support increasing knowledge of standards of conduct and safeguarding; and ensure that sexual abuse and exploitation systems are in place for prevention and reporting.

**Gender:** Deep-rooted gender inequality, anchored in cultural norms, persists throughout parts of Sudan and requires the humanitarian system to consider the specific needs of women, men, boys and girls in any intervention. The humanitarian community will aim to mitigate gender protection risks, particularly GBV and to effectively mainstream and integrate gender equality and the empowerment of women in the overall response. Partners will focus on strengthening the capacities of all stakeholders to undertake gender analysis and collection of sex and age disaggregated data; empowerment, participation, and engagement of women; protection of the most vulnerable and promoting access to basic services for women, girls and unaccompanied children. In 2020, humanitarian partners will continue to use the Gender and Age Marker (GAM) to examine levels of accountability, protection and addresses the concept of "leaving no one behind".

A close-up, profile photograph of a woman's face. She has dark skin and is looking slightly downwards and to her left. Her hair is pulled back. In the background, another person wearing a colorful, patterned headwrap is visible, though blurred.

Part 4

## Sector Strategies and Response Plan

*A woman rests in her shelter at the new settlement in Zamzam camp for Internally Displaced Persons (IDP), in North Darfur*

*Photo: UN agencies*

4.1

# Overview of Sectoral Response

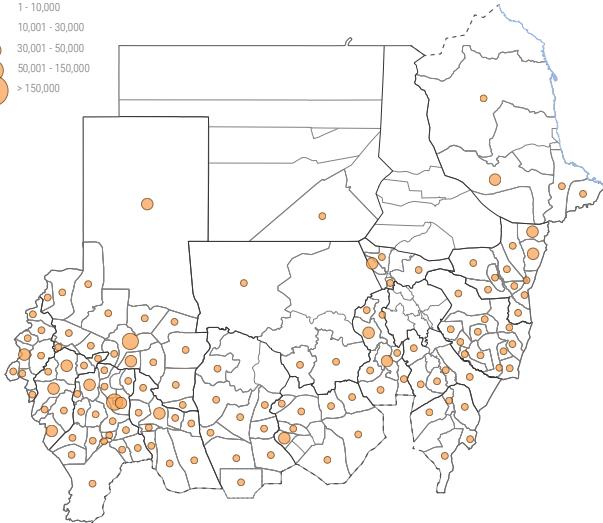
SECTOR	REQUIREMENTS	OPER. PARTNERS	NUMBER PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED
Common Services	<b>\$13.50 M</b>	2	3		
Education	<b>\$69.31 M</b>	25	33	1.46 M	 <b>0.74 M</b>
Emergency Shelter / Non-Food Items	<b>\$29.02 M</b>	10	12	1.23 M	 <b>0.53 M</b>
Food Security and Livelihoods	<b>\$339.67 M</b>	43	54	6.19 M	 <b>4.68 M</b>
Health	<b>\$119.30 M</b>	25	32	8.62 M	 <b>5.03 M</b>
Logistics and Emergency Telecom.	<b>\$25.92 M</b>	2	2		
Nutrition	<b>\$152.63 M</b>	28	32	3.3 M	 <b>1.59 M</b>
Protection	<b>\$17.51 M</b>	13	12	1.76 M	 <b>0.61 M</b>
Protection: Child Protection	<b>\$18.67 M</b>	15	16	1.84 M	 <b>0.74 M</b>
Protection: Gender-based Violence	<b>\$21.60 M</b>	9	9	1.77 M	 <b>0.65 M</b>
Protection: Mine Action	<b>\$12.92 M</b>	4	4	1.84 M	 <b>0.30 M</b>
Refugee Response	<b>\$476.86 M</b>	34	33	1.14 M	 <b>0.91 M</b>
Water, Sanitation and Hygiene	<b>\$71.73 M</b>	40	48	7.61 M	 <b>3.21 M</b>

#### 4.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>1.46M</b>	<b>0.74M</b>	<b>\$69.3M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

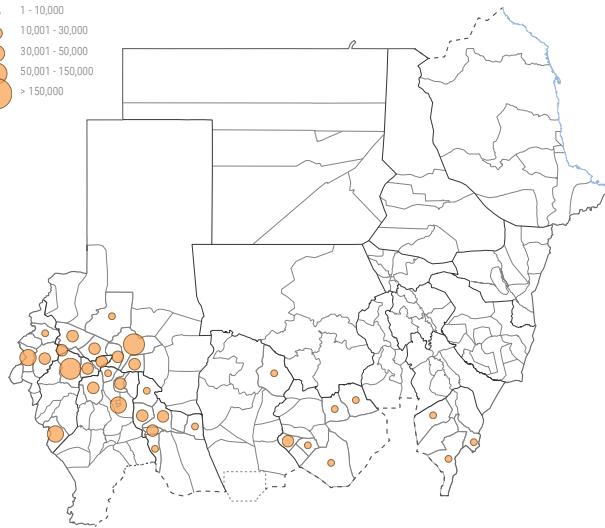


#### 4.3 Emergency Shelter/Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>1.23M</b>	<b>0.53M</b>	<b>\$29M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

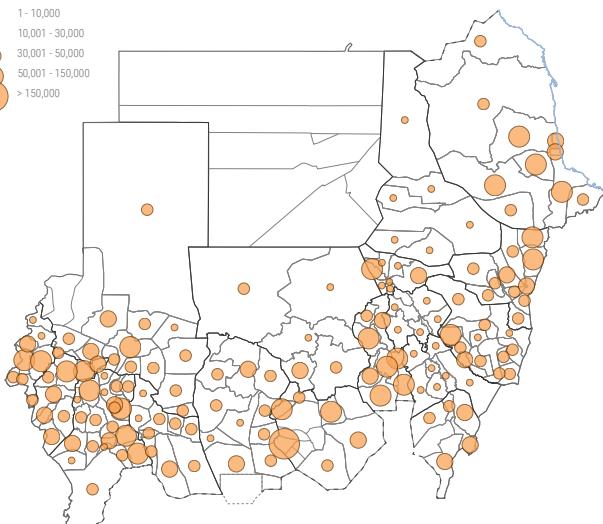


#### 4.4 Food Security & Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>6.19M</b>	<b>4.68M</b>	<b>\$339.7M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

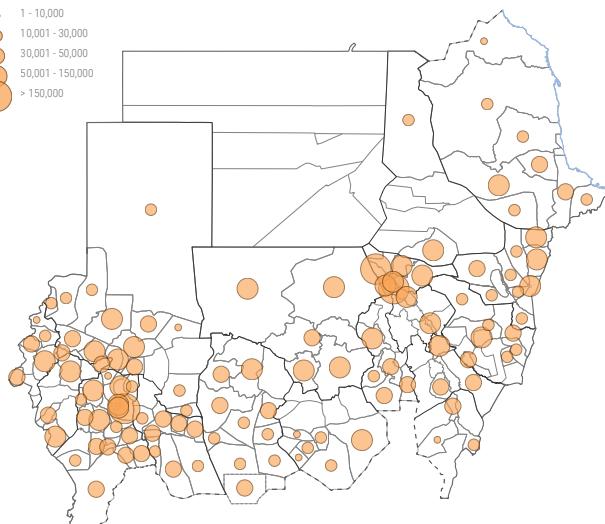


#### 4.5 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>8.62M</b>	<b>5.03M</b>	<b>\$119.3M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

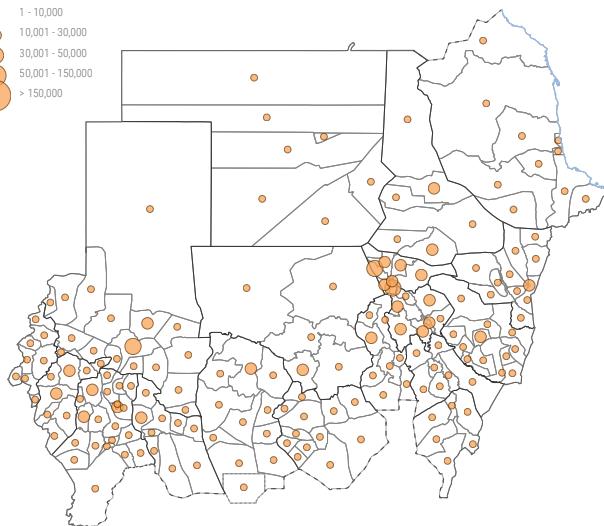


#### 4.7 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>3.30M</b>	<b>1.59M</b>	<b>\$152.6M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

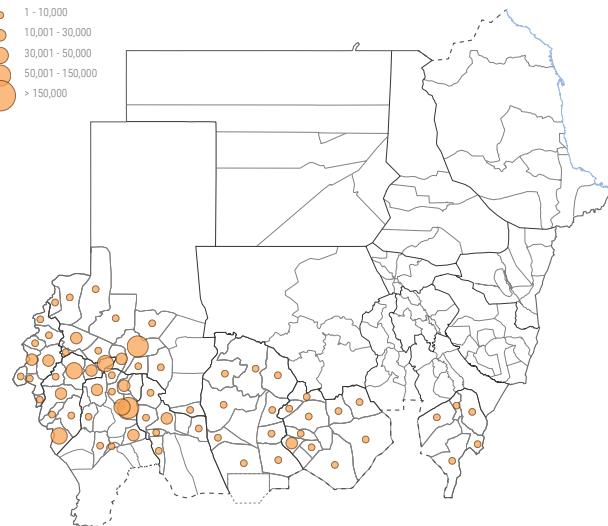


#### 4.8 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>1.76M</b>	<b>0.61M</b>	<b>\$17.5M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

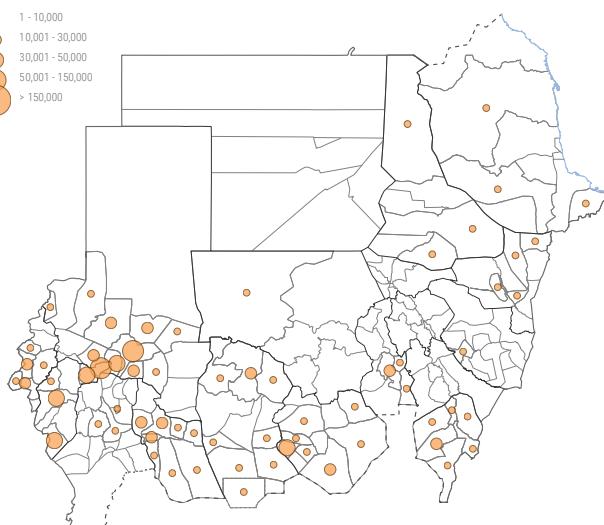


#### 4.9 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>1.84M</b>	<b>0.74M</b>	<b>\$18.7M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000

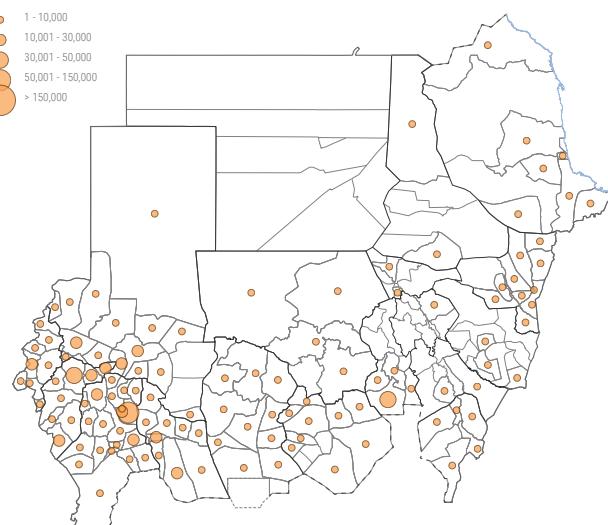


#### 4.10 Protection: Gender Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
<b>1.77M</b>	<b>0.65M</b>	<b>\$21.6M</b>

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000



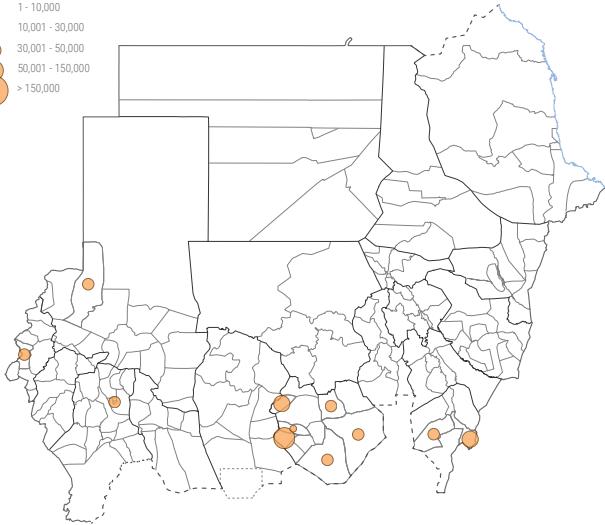
#### 4.11 Protection: Mine Action

PEOPLE IN NEED    PEOPLE TARGETED    REQUIREMENTS

**1.84M**    **0.30M**    **\$12.9M**

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000



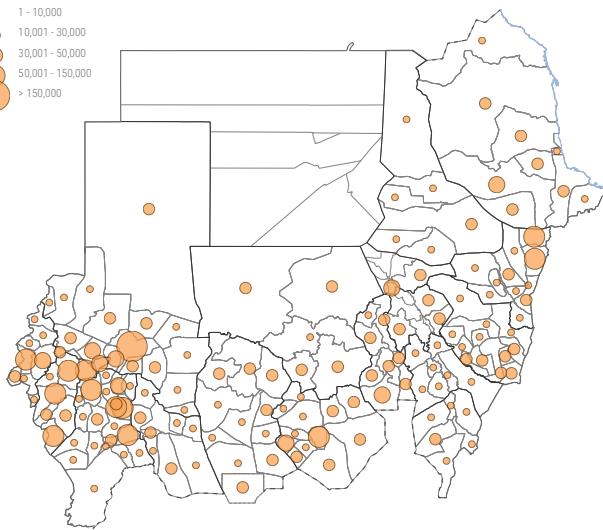
#### 4.12 Water, Sanitation & Hygiene

PEOPLE IN NEED    PEOPLE TARGETED    REQUIREMENTS

**7.61M**    **3.21M**    **\$71.7M**

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000



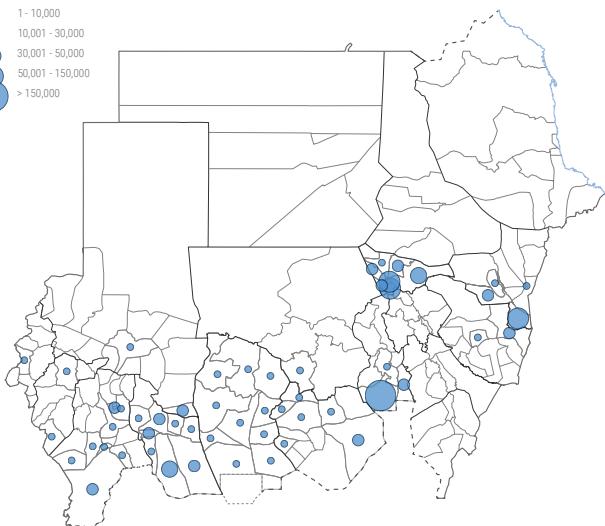
#### 5 Refugee Response

PEOPLE IN NEED    PEOPLE TARGETED    REQUIREMENTS

**1.14M**    **0.91M**    **\$476.9M**

## LEGEND

- 1 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 150,000
- > 150,000





4.2

# Education

PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.46M</b>	<b>0.74M</b>	<b>\$69.3M</b>	<b>25</b>	<b>33</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
15	15	34	36	-

## Objectives

Education needs continue to increase, particularly in the Jebel Marra area of Central/South Darfur, in North Darfur, and in West Darfur. As new conflict-affected areas become accessible - including South Kordofan, West Kordofan, and Blue Nile states - the possibility of addressing the demand for education will increase. Children of displaced communities are adding pressure to existing education facilities, which struggle to accommodate new students due to limited space and resources. In Jebel Marra localities, access to education remains low, with an average enrolment for basic education of 40 per cent. The economic crisis has impacted people's purchasing power, causing schooling costs to become unaffordable for many households. As a result, children are in risk of dropping out of school, increasing their exposure to additional risks, violence and child labour.

The Education Sector response strategy aims to ensure that school-aged children – and particularly those with disabilities – who are affected by emergencies receive safe access to high-quality education (whether formal or non-formal) through targeted interventions. The 2020 HNO has identified 1.5 million people with education needs. Of these, the sector will target 730,000 people, of whom around 80 per cent are children between 4 and 17 years old and 20 per cent are adults including, education personnel and community members.

Education Sector partners will aim to:

1. Provide inclusive, basic formal and informal education to conflict- and disaster-affected children and adolescents.
2. Improve the quality of education to ensure continuity of relevant education services for children and adolescents in emergencies.
3. Ensure schools and learning environments are protective and responsive to the needs of conflict-affected children and adolescents.

## Response Strategies and Modalities

The sector will follow a two-pronged approach by reaching children recently affected by emergencies, and those in newly accessible areas, with immediate education services, including preparedness

activities. The sector will also strengthen preparedness of communities and institutions to mitigate and respond to future shocks and threats in areas of protracted displacement and returns. This two-pronged approach – along with the Government of Sudan's Education Strategy<sup>3</sup> – will help guide the sectoral response and bridge short-term assistance and longer-term development assistance, particularly areas of protracted displacement and returns, to reduce long-term vulnerabilities. More focus will also be given to awareness-raising activities on sexual and gender-based violence.

The sector used severity rankings based on vulnerability to identify needs and geographical priorities to determine targets at a locality level. Priority will therefore be given to children in communities with catastrophic and extreme needs (severity levels 4 and 5) and communities with high vulnerabilities which affect access to education for children, such as conflict, disasters, poverty and disabilities. The sector will target pre-school, basic and secondary-school age children, among IDPs, returnees, host communities and other vulnerable residents, within the prioritized localities in the Darfur states, Blue Nile, South Kordofan, West Kordofan, White Nile and Abyei. Additionally, as part of multi-sectoral response approaches to malnutrition, education partners will support vulnerable residents in Kassala and Red Sea states.

Humanitarian partners will work closely with the Ministry of Education (MoE) and educational institutions to provide skills-based education<sup>4</sup> for girls and boys to strengthen their psychosocial and interpersonal skills. This can help them make informed decisions, communicate more effectively, and develop coping and self-management skills that may help them lead healthy and productive lives. Such training will supplement formal schooling of emergency-affected children and youth, with subjects relevant to their protection, wellbeing and psychosocial needs.

In 2020, the Education Sector will scale up protection activities, including efforts to address violence in schools through child rights clubs, establishment of referral systems, and monitoring of attacks on schools. As a pilot, "girls education movement" activities will be

introduced in the curriculum for children and adolescents especially those attending the accelerated learning programs and programs for children from nomadic and farming families. This strategy is aimed at giving girls that have been deprived of basic education - and especially victims of child marriage or those engaged in the labour force - a chance to receive an education. It is hoped that this approach will encourage the enrolment of girls from nomadic and farming families. Further to this approach, the sector will work with protection and WASH partners to include making sanitary materials in the life skills curriculum.

Where possible, sector partners will help community schools access school grants. In locations where classroom construction and learning materials can be locally accessed, education partners will be encouraged to use cash assistance, such as cash or vouchers for scholastic materials, in order to empower Parent Teacher Associations (PTA) and community members.

The Education Sector will use multi-sectoral approaches to increase the effectiveness of programming, using learning spaces as an entry point to meet multiple needs. First, the use of integrated education and child protection programming in learning spaces will ensure that children receive education assistance in a safe and protective environment that fosters good psychosocial wellbeing, while establishing linkages with community-based protection networks and referral pathways. Second, in collaboration with WASH partners, the Education Sector will promote access to safe water, sanitation and hygiene practices that help children avoid communicable diseases. Third, children will receive school meals, which will help to keep them in school, ensure they receive a minimum calorie intake, and reduce the financial burden on families. Likewise, sector partners will promote school farms and gardens to contribute to school food baskets, so as to improve children's nutrition status and boost their participation and ownership. The sector will contribute to, and make use of, multi-sectoral projects to reach children at pre-school with nutrition services and to raise awareness among mothers and adolescent girls on healthy feeding practices. The sector will provide assistance through cash-based modalities, depending on the context and market, including for learning materials.

The education sector will ensure that all school construction is in line with accessibility standards for persons with disabilities. The sector will seek to ensure that by the end of 2020, at least 60 per cent of school structures have facilities that are accessible to children with physical disability, (up from current estimates of less than 20 per cent).

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The Education Sector will strive to ensure that protection and education solutions include the expressed priorities, needs and views

of the affected population, particularly children. Education partners will be encouraged to conduct regular consultations with high-risk groups, including women, girls and children with disabilities. The Education Sector will work with the Ministry of Education (MoE) to utilize Education Management Information System (EMIS) data and undertake nation-wide education assessments on a bi-annual basis to determine the impact of the crisis on schools across the country.

As part of ensuring the meaningful participation and empowerment of children and adolescents - as well as parents and teachers - the sector plans to support community engagement and interaction with schools through capacity-building, support for income-generating activities, and monthly meetings with parent teacher associations (PTA) and school management committees. The sector partners will support schools to establish children's clubs and peer-to-peer support groups. These groups will inform the establishment of complaint and feedback mechanisms; school-based disaster risk reduction plans; and other mechanisms to improve access and accountability.

The Education Sector will work with the Child Protection and GBV sub-sectors to support their respective activities, including psychosocial support and referral pathways. The sector will also work with the FSL and Nutrition sectors. The sector will work with other education programs including the Global Partnership for Education. National social-protection mechanisms will be leveraged so that children affected by emergencies receive school grants to cover school running costs, school feeding, nutrition awareness and referral systems.

To support capacity-building, teachers, learners and parents will receive training on topics such as protection, human rights, sexual and gender-based violence and non-discrimination approaches to access humanitarian aid. In addition, the Education Sector will work with the MoE and schools to roll out a teacher's code of conduct and child safe guarding policies.

The Education Sector will also prioritize the provision of teaching, learning and recreational materials; construction, rehabilitation, and furnishing of semi-permanent classrooms; and rehabilitation of permanent classrooms and premises. For all construction activities, partners will be encouraged to use environmentally-friendly materials, including solar panels for lighting. Sector partners will also be encouraged to plant trees in and around the school, and to work with parents and children to develop innovative ways of managing plastic waste.

4.3

# Emergency Shelter/Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.23M</b>	<b>0.53M</b>	<b>\$29M</b>	<b>10</b>	<b>12</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
16	20	27	33	2

## Objectives

While new displacement has reduced in recent years, people have continued to be displaced due to localized armed clashes and inter-communal violence, as well as hazards such as floods and disease outbreaks in both conflict-affected and non-conflict-affected states.

The 2020 HNO identifies 1.2 million people in need of Emergency Shelter and Non-Food Items (ES/NFI) assistance in Sudan, including protracted and newly displaced people, returnees, and vulnerable host communities. The sector will target about 534,000 people, primarily located in 36 key localities in Darfur, the Kordofans and Blue Nile. Shelter and NFI sector partners will implement activities contributing to the following objectives:

1. Provision of timely shelter solutions and NFI assistance to people affected by crisis to reduce mortality and morbidity, mitigate health threats, and improve living conditions. Partners will ensure that emergency response capacity is maintained through procurement and pre-positioning of key NFI kits in strategic locations. This will support front line responders in hot-spots receiving IDPs, and in newly accessed locations and communities affected by floods. Under this objective, the sector will target some 195,000 people.
2. Support resilience of returnees and integration of IDPs through early recovery activities. Partners will continue ongoing activities that support durable solutions and support the transition from dependency to self-reliance. This includes income-generating and livelihood activities, including training on basic construction, skills, production of domestic items and construction of fuel-efficient stoves. Under this objective, the sector will target approximately 404,000 people.

The provision of shelter and NFI materials will help IDPs restore their dignity and reduce exposure to protection and health risks. Returnees will also benefit from initial support upon arrival to areas of origin with assets. Among all vulnerable populations, children, elderly and people with disabilities are highly vulnerable without shelter to protect them from the elements and avoid exposing them to further risks. Pregnant

and lactating women, chronically ill people, elderly, unaccompanied minors, and physically disabled people are particularly vulnerable amongst both IDPs and returnees. To ensure the rights of these particular groups are ensured, protection activities will mainstream across interventions.

## Response Strategies and Modalities

The ES/NFI Sector will respond to new emergencies such as newly displaced people, newly accessed people, and spontaneous returnees. The Sector will also coordinate with relevant government counterparts on the Flood Response Task Force and other sectors on flood affected populations as the provider of last resort. The NFI Core Pipeline, managed by UNHCR on behalf of the Sector, will procure and store NFIs in strategically located warehouses in Nyala, El Fashir, El Geneina, El Obied, Khartoum and Kassala, which serve as hubs for further distribution. Blanket distribution to all newly displaced households is based on the Displaced Tracking Matrix (DTM) provided by IOM, registration list and initial assessment reports, while ensuring the Sector and its partners use a standardized NFIs package for all states. The minimum NFI basic kit consists of plastic sheets, blankets, sleeping mats, kitchen sets, twenty-litre jerry cans per household. Larger households (greater than 5 people) are provided additional items to meet their needs, in line with ES/NFI Standard Operating Procedure (SOP). Coordination with key sectors such as WASH, and FSL that distribute other NFIs will be prioritized.

The Sector will aim to integrate self-reliance and early recovery activities to engage and train IDPs and returnees in income-generating livelihood activities. These include the production of stabilized soil bricks, woven grass mats, and sleeping mats; and training in building and construction techniques. Sector partners will be encouraged and supported to provide environmentally friendly, durable and locally sourced shelter solutions that provide physical protection from the elements. Building on lessons learned from partners engaged in the provision of transitional shelter, this will promote adherence to agreed standards and best practices by all sector partners, and ensure effective links with other sectors including WASH, Education,

and Protection to ensure the presence of basic services. The Shelter and NFI sector will advocate to draw attention to shelter issues such as housing, land and property rights, particularly for returnees and/or integrated IDPs. The Sector will also continue to create fire and flood awareness across all programming.

Where feasible, appropriate and cost-effective, partners will explore the provision of cash and vouchers to facilitate access to shelter. Feasibility analysis will consider prevailing market conditions; the availability of financial services; the preferences of the affected population; the safety and security of beneficiaries and host community; and collateral effects on social cohesion. Sector partners will be encouraged and supported to provide environmentally-friendly, durable and locally sourced shelter solutions that provide physical protection from the elements.

The Sector will prioritize incorporating awareness programs on disaster risk reduction and enhancing the response through effective coordination, timely information sharing and capacity-building of partners, in line with the HRP, the Emergency Response Framework, and the Durable Solutions Strategy.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

Within the ES/NFI Sector, protection, gender and accountability to affected populations are closely linked, as they link with the principle of "do no harm". The particular needs of such individuals will be reflected in shelter assessments, programme design, implementation and monitoring and evaluation. In these areas, the sector will ensure the following elements are taken into account: (1) safety, security (including land tenure security), and dignity; (2) equitable access; (3) accountability through community-based feedback mechanisms, with information collected based on on-site and post-distribution monitoring that will feed into the sector's program cycle; and (4) sharing information, consultation, participation and community empowerment. The sector will work with partners to strengthen the implementation of the prevention of sexual exploitation and abuse through awareness-raising for both partners and suppliers.

4.4

# Food Security & Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>6.19M</b>	<b>4.68M</b>	<b>\$339.7M</b>	<b>43</b>	<b>54</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
27	28	20	20	2
% OF ELDERLY WOMEN (+60 YEARS)				3

## Objectives

The 2020 HNO identifies 6.2 million people<sup>5</sup> in need of food and livelihoods assistance, an increase from 5.7 million people in 2019. The Food Security and Livelihoods (FSL) Sector will target 4.7 million people, an increase from 4.4 million people in 2019 focusing on three objectives:

1. Ensure timely delivery of food assistance to affected people during and in the aftermath of shock.
2. Enhance resilience of vulnerable people impacted by protracted crisis who suffer from food insecurity through provision of sufficient, quality and nutritious food.
3. Improve availability of, and accessibility to, sufficient quality food for individuals impacted by protracted crisis and suffering from food insecurity.

The overall sector response will focus on 17 states and 161 localities with high levels of food insecurity, identified through the IPC acute food insecurity analysis. When and if required, the sector will give priority to the 91 localities in 13 states<sup>6</sup> with the highest percentages<sup>7</sup> of crisis and emergency levels of food insecurity (IPC phase 3 and above).

FSL partners will ensure that people affected by man-made and natural disasters receive timely and adequate assistance during and in the aftermath of a shock. Under this objective, the sector will target communities affected by or at high risk of natural or man-made disasters, that require timely emergency food and livelihoods assistance. This includes IDPs, returnees, and vulnerable residents who face high levels of food insecurity because of limited availability of nutritious food.

Sector partners will also work to improve availability of, and accessibility to, sufficient quality food for individuals impacted by protracted crisis and suffering from food insecurity. Under this objective, partners will target IDPs, returnees, and small-scale farmers who face major constraints in farming as a result of high costs of production, post-harvest losses, inadequate access to farmlands

and markets, and lack of market information. Response under this objective will aim to increase access to improved agricultural and livestock inputs; enhanced capacities on good agricultural and veterinary practices and services; reduced post-harvest and animal losses; and access to credit.

Sector partners will also seek to improve the resilience of the most vulnerable communities, to adopt fewer negative coping strategies such as selling of productive assets. The sector will focus its response on the people most vulnerable to food insecurity, addressing constraints in inadequate consumption of diversified nutritious food, and limited and unstable livelihoods and productive capacities. Emergency food and livelihood assistance will ensure that basic needs are met for all 1.13 million girls, women, boys and men who fall under IPC phase 4 (emergency level). Additional initiatives aimed at building self-reliance and resilience will target an additional 3.55 million girls, women, boys and men - about 70 per cent of those falling under IPC phase 3 (crisis level).

## Response Strategies and Modalities

Response strategies and modalities will include in-kind, cash and vouchers to respond to the specific food security needs of IDPs, hosting and returning population groups. Under the first objective, partners will provide direct food and/or cash assistance, and emergency agricultural and livestock interventions to 1.13 million individuals directly impacted by shocks, conflict or natural disasters who require immediate assistance to ensure access to food. This will respond to the needs of approximately 58 per cent of households from host communities, and 90 per cent of IDPs, who are not able to afford the local food basket. Cash and vouchers will be scaled up where feasible and appropriate, through an evidence-based approach, including market feasibility and cost-benefit analysis of in-kind, vouchers and cash systems. The response will consider prevailing market conditions, availability of financial services and food products in the markets; the preferences of the affected population; cultural and gender dynamics; accessibility, safety and security of beneficiaries, residents and staff; and potential effects on social cohesion.



Under the second objective, partners will aim to help communities avoid adopting negative coping strategies by bridging seasonal undernourishment gaps, improving communities' asset bases, and thus helping to build resilience in the medium and long-term. Some 3.55 million people will receive food or cash for building, restoring and maintaining community assets during the lean season from May to September; inputs and capacity-building for improving agricultural and livestock production, storage, and processing for small-scale farmers; livestock vaccination campaigns for herders; and small business support and vocational training on agriculture and other livelihoods skills for young men and women to promote income generation. In addition, the sector will assist communities prone to natural disasters and with high malnutrition rates, by promoting energy and water-sensitive agriculture and livestock; natural resource management-based livelihoods inputs; and capacity-building. These activities will be implemented in close partnership with the nutrition sector and its partners, to ensure proper targeting, and a multi-sectoral, complimentary response.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The Sector will work to deliver principled humanitarian assistance following the principle of "do no harm", reducing risk exposure and ensuring the safety and dignity of individuals. Analysis of the local security environment - including in relation to ownership patterns, recent history of looting or raiding, husbandry practices and the need to access services or markets - is necessary to identify high-risk practices and activities.

Similarly, the sector will enhance gender mainstreaming in food security and livelihoods interventions. Agricultural interventions will focus on ensuring zero impact on the environment, while at the same time promoting environmentally-friendly water and energy initiatives.

4.5

# Health



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>8.62M</b>	<b>5.03M</b>	<b>\$119.3M</b>	<b>25</b>	<b>32</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
12	17	26	37	3
% OF ELDERLY WOMEN (+60 YEARS)				5

## Objectives

Out of 8.6 million people in need, the Health Sector will target 5 million people. The Health Sector will implement the 2020 health response plan guided by three main objectives:

1. Strengthen Health Sector capacity to prepare and deliver timely response to populations affected by conflict, natural emergencies, and disease outbreaks.
2. Increase equitable access to humanitarian life-saving and life-sustaining health services for those most vulnerable and in need.
3. Strengthen health system capacity to support continuity of care, reinforce community resilience, and enhance risk mitigation measures.

Under the first sector objective, partners will work to strengthen Health Sector capacity to prepare and deliver timely response to populations affected by conflict, natural emergencies, and disease outbreaks: Provision of timely lifesaving activities will be prioritized; the suboptimal coverage of immunization, low access to safe water sources, and seasonal flooding are hazards contributing to the resurgence of vaccine preventable, water-borne, and vector-borne disease outbreaks. During 2019, some 430,000 people were affected by the seasonal floods. The lack of vector control programmes, and lack of optimal access to WASH services contributed to the appearance of several outbreaks - cholera, dengue, chikungunya, and rift valley fevers - in months after the flooding. The overall vaccination coverage including the diphtheria-tetanus-pertussis (DTP3) vaccine remains around 60 per cent, exposing children under 5 years of age to vaccine preventable diseases. Communities affected by conflict and newly accessible areas under peace agreements, and to which partners have intermittent access due to ongoing security and safety challenges - mainly South Kordofan, Blue Nile, and Central Darfur - still lack basic and life-saving health services. Additionally, nomadic populations (about 10 per cent of the population in Sudan) are particularly hard to reach with immunization coverage and health services.

Secondly, the Health Sector will aim to increase equitable access to humanitarian life-saving and life-sustaining health services for those most vulnerable and in need. The protracted nature of the crisis and decades of economic instability have resulted in a fragile health system with low capacity to deliver basic medical services. In 2019, availability of essential medicines declined to reach only 43 per cent across surveyed health facilities with an increased cost of 60 per cent. Additionally, lack of funding translates into lack of medical supplies and medicines in health facilities and lack of support of health staff. The full essential healthcare package including maternal, reproductive, and child health services is available only in 30 per cent of primary healthcare centers and only about 24 per cent of health centres in Darfur offer CMR services. In addition, 1.9 million IDPs residing in and outside camps are in need to sustainable access to basic health services. Attention to people living with disabilities, mental health services – particularly for GBV survivors-, and outreach services for remote communities and displaced populations will be further strengthened. Ensuring holistic health coverage across Sudan based on needs and updated assessments is essential to address any emergencies and lessen the impact of seasonal hazards and disease outbreaks.

The Health Sector will also strengthen health system capacity to support continuity of care, strengthen community resilience, and enhance risk mitigation measures. The low capacity of the health system and health response mechanisms in 2019 resulted in compromised capacity to pre-empt hazards and launch timely emergency response. The current disease surveillance system covers 27.8 per cent of designated health facilities across the country, and up to 40 per cent in areas of emergencies; this coverage is disproportional with gaps that can delay early detection of outbreaks. Health staff continuously need training and re-training to address the inability of health authorities to retain health staff and maintain national and local resources. Supporting programmes that aim to ensure mitigating the effects of emergencies and sustainable responses will strengthen health sector capacities to predict, prepare,

and respond to emergencies in a timely manner. Furthermore, life-threatening neglected tropical diseases such as schistosomiasis and leishmaniosis are highly prevalent in Sudan. Prevention and treatment of such diseases should be part of the integrated healthcare services.

#### **Response Strategies and Modalities**

The Health Sector will target 5 million people and will prioritize 112 localities across the 18 states. These localities are determined based on a multi-sectoral approach above to ensure addressing the needs of people with multiple vulnerabilities and complementarity of services provided across sectors.

The essential package of health services to be implemented by health partners will include the treatment of non-communicable diseases, ensuring the availability of essential medicines, provision and expansion of Minimum Initial Service Package (MISP) for reproductive health (RH) to support reproductive, maternal neonatal, and child health; strengthening Expanded Program of Immunization (EPI), infection prevention, and mental-psychosocial support. Equitable coverage and access to services will focus on the most vulnerable populations, such as women, children, the elderly, and people with disabilities.

In addition, enrolling people in need of health assistance in the national health insurance system - when possible - can contribute to higher coverage and access to services, and essential medical treatments. The Health Sector will support timely provision of life-saving 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 IDPs, and those in hard to reach areas (conflict-affected, nomads, and areas affected by seasonal rains).

Large scale epidemiological events and disease outbreaks during 2019 reflected the complex vulnerabilities and the insufficient lack of capacity to address underlying factors including water and sanitation conditions, vector control, preparedness for emergencies, and the EPI, that are challenging the health system due to poor access to water sources and WASH facilities, absence of an effective vector control programme, and low immunization coverage. To strengthen response capacity, the Health Sector will ensure that 95 per cent of the alerts of outbreaks or emergencies are verified and response initiated within 72 hours of notification to protect communities and prevent further spread. This would be accomplished by strengthening preparedness and response plans; strengthening surveillance and

early warning systems; expanding community-based surveillance; data analysis; and establishing emergency operation centers in high-risk states for hazards focusing on training of health staff including "cross training" to build the capacity of national and local health human resources; and improving the public health laboratory (PHL) capacity through provision of equipment and specialized trainings. Light structural rehabilitation of health facilities and provision of medical equipment is necessary to ensure the continuity of services as well as strengthening community resilience.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The efforts of the Health Sector are challenged by irregular access to communities, and remote management of health programmes from Khartoum to field locations, placing further distance between decision-making centers and beneficiaries. In the absence of systematic approach to community engagement in Sudan, a concerted effort will be made to integrate it throughout the humanitarian programme cycle; this will also help to strengthen accountability and coordination with the federal and state ministries.

Attention to GBV survivors remains essential under the Health Sector strategy, including ensuring safe access to health facilities, and ensuring that health providers are equipped to offer survivor-centered, rights-based, quality health services. Training of health staff on first line GBV management and CMR and referrals will be conducted in coordination with the protection and GBV area of responsibility (AoR). Additionally, as part of ensuring health services are responsive to women's needs, interventions will ensure to provide and increase access to reproductive health services of the Minimum Initial Service Package (MISP for RH) including CMR services as part of the essential health package. Reporting on attacks against healthcare facilities and staff will continue in an effort to highlight the protection challenges faced by sector partners and health workers in Sudan. The sector will engage with partners so effective community-based complaints mechanisms, including victim assistance are integrated across health programs. Furthermore, information on violence, IDP movements, and GBV incidents will be shared among sectors to ensure timely response.

The Health Sector will support activities addressing environmental health hazards such as solid waste disposal, management of medical waste, health promotion campaigns, and supporting health authorities to strengthen health security by implementing the 2005 International Health Regulations (IHR), including points of entry such as border crossings.

## 4.6

# LET



FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
\$25.9M	2 + 100 (supported)	2

### Objectives

The Logistics and Emergency Telecommunications (LET) Sector seeks to improve the predictability, timeliness and efficiency of response through the provision of common support services. The LET sector will plan interventions to:

1. Ensure affected people receive timely lifesaving assistance.
2. Facilitate transportation of NFIs to support interventions.
3. Provide humanitarian air services (UNHAS) to support transportation of humanitarian actors to the field areas to respond to the needs; transportation of light cargo for programs. As capacity allows, LET will also fill in identified gaps in logistics capacity, and communication logistics to ensure timeliness and efficiency of humanitarian response.

### Response Strategies and Modalities

Effective and timely logistics and telecommunications are key to enabling humanitarian programmes addressing both emergency and protracted needs of the population affected by both man-made and natural disasters. Sector activities will be demand-driven and customized to meet the requirements of the humanitarian community. The strategy includes the provision of common logistics services, including transportation and freight through UNHAS, storage and warehousing of humanitarian supplies, fuel provision, common radio rooms and data and telecommunication services. LET support does not intend to replace the standing capacity of organizations or the local market, but to supplement surge capacity where and when required.

UNHAS will continue to provide air transportation services to the humanitarian and development community in Sudan, mainly to staff

moving between field locations where security and lack of safe and reliable land transport remains a challenge. UNHAS will also undertake security evacuation and medical relocation.

Additionally, the UN and partners' existing security telecommunications infrastructure in Sudan is part of the LET's activities and is covered by an inter-agency security telecommunications service, which functions as a coordination mechanism. The goal is to ensure that partners have coordinated and shared access to vital telecommunications services allowing them to perform their work in challenging operational environments. This is particularly important in areas such as Central Darfur and West Kordofan where access to telecommunications infrastructure is very limited. Inter-agency telecommunication services will be prioritized to support lifesaving activities in Sudan. This will be achieved mainly through

- Regular maintenance of all telecommunication equipment of radio rooms, which will contribute to ensuring the safety and security of the humanitarian partners in both field offices and in convoys.
- Ensuring telecommunications security standards (TESS) recommendations are addressed by providing analog access to the digital radio backbone as the transition to full digital radio system is completed. Additionally, the LET Sector will work to include solar power system to all radio rooms when there is lack of power or lack of fuel. This solution will allow radio rooms for instance to remain active until the power supply is restored. Finally, the sector will provide logistics trainings which will enable the sector to effectively coordinate the predictability, timeliness and efficiency of humanitarian response.

4.7

# Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>3.30M</b>	<b>1.59M</b>	<b>\$152.6M</b>	<b>28</b>	<b>32</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
12	12	37	39	-

## Objectives

The nutrition situation in Sudan remains a major problem; national prevalence of global acute malnutrition (GAM) is 14.1 per cent. More than 66 localities in nine states are above the emergency threshold of 15 per cent, according to the WHO thresholds. The persistent food insecurity is a key driver of malnutrition among children under 5 years and women. The other drivers of malnutrition are multi-factorial including; conflict, displacement, poverty, poor WASH, limited access to health services, unsafe practices due to illiteracy, and poor dietary diversity. This is further exacerbated by annual flooding and disease outbreaks.

About 2.7 million children suffer from wasting annually, with approximately 522,000 currently suffering from severe acute malnutrition (SAM). Around 2.1 million children suffer from moderate acute malnutrition (MAM), of whom 300,000 SAM and 986,000 MAM will be targeted through outpatient therapeutic and supplementary feeding programmes.

The nutrition response will be guided by two main objectives:

1. Provide affected people with the highest levels of undernutrition with curative nutrition services.
2. Strengthen and provide preventative nutrition services to the most vulnerable groups.

The overall goal is to increase equitable access of nutrition services and provide timely nutrition assistance for acutely malnourished children (boys and girls 6-59 months of age) and pregnant and lactating women (PLW) among emergency-affected and highly vulnerable communities. More specifically, nutrition partners will provide affected people with the highest levels of undernutrition with curative nutrition services and strengthen and provide preventative nutrition services to the most vulnerable groups. Through these objectives, the Nutrition Sector aims to target around 1.58 million people with multi-sectoral nutrition-sensitive intervention.

Partners will target 43,000 children aged 6-23 months for in-patient SAM case management and 83,561 children (aged 6-23 months) with

food-based prevention programmes. Another 17,363 children will be reached with blanket supplementary feeding; 46,153 with promotion of infant feeding in emergencies; and approximately 900,000 mothers and caretakers of children under 2 years will receive Infant and Young Child Feeding (IYCF) counselling. The sector will support 83,000 PLW through the food-based preventative programmes; while a further 188,207 children (6-59 months) will receive multiple micronutrient powders (MNP) for home fortification use. The Sector will ensure equitable access to nutrition services; besides, efforts will be exerted in alleviating the risk of micro-nutrient deficiency in women and children through vitamin A supplementation targeting 6.5 million children (6-59 months) and iron and folic acid supplementation targeting around 1.6 million pregnant women. Sector targets were set taking into account the capacity of the Federal Ministry of Health (FMoH), State Ministry of Health and partners, accessibility and resources.

## Response Strategies and Modalities

The nutrition response is guided by HRP strategic objectives; under the strategic objective I, sector partners will provide life-saving nutrition interventions to those affected by new emergencies, or those living in newly accessible areas and areas with a high level of acute undernutrition. Under strategic objective II the sector will focus on protracted humanitarian response in Darfur, Blue Nile, and White Nile states, aiming at building resilience by adopting integrated nutrition specific approaches addressing chronic food and nutrition insecurity at the household level and prevention of undernutrition. Under strategic objective III, the Sector will focus on addressing the underlying causes of malnutrition through multi-sectoral approaches comprising of health, nutrition, WASH, food security, and education, while keeping protection at the core of programming.

Sector partners will support the provision of nutrition-specific services through existing structures, including the health system (joint delivery with maternal and child health services) and the education system, to reach young women and adolescents. Operation modalities includes establishing mobile clinics, fixed nutrition sites and outreach clinics to



treat and prevent undernourished children and women. Given the high burden of chronic malnutrition and demands for urgent public health response, the Sector response includes approaches that address chronic malnutrition (stunting) informed by a joint vulnerability analysis of WASH, health, food insecurity and education sectors. This coverage on localities with high burden of undernutrition with focus on addressing the underlying causes.

Working closely with the SMoH and the health sector, nutrition partners will continue to scale-up services to manage SAM with medical complications in hard-to-reach and newly accessible areas. PLWs and caregivers of children suffering from acute malnutrition will be targeted for Infant and Young Child Nutrition (IYCN) counselling through mother support groups. The Sector will deliver these activities through community-based services. The sector aims to achieve a minimum coverage of 50 per cent in rural and 70 per cent in urban and camp settings as per the sphere standards for nutrition.

The Sector will build on successful advocacy and implementation experiences 57 nutrition partners, to carry out joint planning with the Federal Government and development partners and to identify opportunities for the continuation of services beyond humanitarian response, thus bridging the humanitarian-development divide and contribute to the Scaling Up Nutrition Movement. The sector will also advocate for more flexible humanitarian financing, including longer-term and multi-year allocations for nutritional interventions as part of linkages with development interventions.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

Sector partners will invest in local capacity-building regarding the key components of nutrition response, assessment, analysis and utilization. Partners will work with affected people to sensitize them about specific nutrition requirements of different segments of the community and will seek and respond to feedback from affected people. Sector partners will comply with the environment and gender markers set for the humanitarian response.

The Nutrition Sector will ensure that protection is central to the design, implementation and monitoring of all nutrition activities. Nutrition centers will be set up close to the community to ensure easy and convenient access. Partners will endeavour to operate daily services to reduce the waiting time at nutrition centres and priority care will be provided to facilitate access to services for people with disabilities. Mobile outreach will facilitate the availability of nutrition services in hard-to-reach areas or has restricted access due safety and security-related issues.

4.8

# Protection



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.76M</b>	<b>0.61M</b>	<b>\$17.5M</b>	<b>13</b>	<b>12</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
<b>27</b>	<b>28</b>	<b>20</b>	<b>20</b>	<b>2</b>
% OF ELDERLY WOMEN (+60 YEARS)				<b>3</b>

## Objectives

An estimated 1.8 million people need humanitarian protection in 2020 in Sudan due to conflict, natural hazards, armed tribal clashes, internal and external displacement, disease outbreaks, severe economic hardships, poor quality and access to services, and the absence of rule of law. These factors limited socioeconomic opportunities and protection, adding to a growing number of challenges - negatively impacting the resilience and self-protection capacity of affected communities. As the protection environment is weak and further weakened in situations of conflict and protracted displacement, all vulnerable groups require protection and assistance to enable them to avoid undue physical and mental harm, fully enable them to participate in society, and access basic social services and equal protection.

The sector response will be guided by two objectives:

1. Providing protection services to affected people including those with special needs.
2. Strengthening community-based Protection systems to prevent and mitigate protection risks.

## Response Strategies and Modalities

In 2020 the Protection Sector will target and provide protection services based on the severity of needs and vulnerability determined in the HNO and on multiple parameters including age, gender, disability, displacement and coping abilities of individuals. The protection risks and needs of persons requiring protection interventions (unaccompanied and separated children (UASC), survivors of sexual gender-based violence (SGBV), women-headed households, elderly, persons with disabilities, persons with serious medical conditions and minority or excluded groups) will be addressed through their identification during protection monitoring, information exchange, coordination within and with other sectors, systematic referral, delivery of quality services and assistance, and strengthening community-based protection.

In addition, the Sector will strengthen the capacity of humanitarian actors and duty bearers at national, state and community levels to

monitor, assess, analyze, prevent and address protection risks and needs. Furthermore, through a collective effort, the Protection Sector will scale-up monitoring and systematic data collection for analysis and evidence-based interventions.

In order to achieve maximum results, protection partners will aim to increase capacity through building linkages and partnerships with government, non-government partners and targeted communities, ensuring centrality of protection and integrating protection response into the multi-sector intervention at all levels. Partners will work to strengthen the protection environment through awareness-raising; community support initiatives to foster social cohesion and community participation; and coordination with relevant stakeholders in monitoring, evidence-based intervention, reporting as well as advocacy and capacity-building of government authorities. This approach will help all stakeholders avoid duplication of work and target the service and delivery of assistance to those who are most vulnerable in a coordinated manner.

In the locations where UNAMID has been scaling down its presence, existing monitoring and reporting mechanisms for protection and response will be enhanced through increased presence and collaboration with the State Liaison Functions (SLFs) and agencies; engaging community-based protection mechanisms in assessments; and mitigation of the impact of the UNAMID drawdown.

The protection of IDPs and the search of durable solutions for them remain first and foremost the responsibility of the Government of Sudan and partners will advocate and support the strengthening of the legal and policy framework applicable to the protection of IDPs through capacity-building, and policy advice, at the federal and state levels. At the policy level, the protection sector will work with social protection stakeholders, primarily the Ministry of Security and Social Development (MSSD) and Ministries of Social Welfare at the State level, to promote the integration of vulnerable IDPs in the social protection systems and remove legal/administrative discriminatory barriers to their access to essential services.

To support durable solutions in areas of return, local integration or relocation, the sector will support the peaceful coexistence projects

(PCP) and initiatives that address root causes of protection problems. Through capacity-building and coaching initiatives, community mechanisms will be reinforced to ensure application of age and gender disaggregation and inclusion of minority/excluded groups in decision-making processes relating to their protection. These mechanisms will be used to monitor the protection of the communities, women, girls, and vulnerable people, and develop an appropriate response plan for protection concerns.

In 2020, the Protection Sector will have the following overall response priorities:

- Provide quality and integrated protection services (including through case management and referral mechanisms), particularly to persons with specific protection needs. This will be enhanced with engagement of relevant government entities and service providers to promote the inclusion of displaced persons and returnees into social protection systems by the Government.
- Strengthen community-based protection systems to protect the most vulnerable people at the community level.
- Promote the inclusion and participation of communities of concern, particularly women, youth and minorities in all aspects of humanitarian response programming.
- Conduct protection needs assessments and monitoring to better identify needs and inform a strategic response. This will further be strengthened by improving systematic information collection and regularly updating the Protection Information Management System.
- Strengthen conflict resolution and peace-building skills of youth and women in Darfur, Kordofan and Blue Nile areas to contribute in decisions and peaceful coexistence of their communities.
- Advocacy initiatives within the humanitarian community and with other stakeholders, notably government authorities and other entities to draw attention to protection issues, inform the response and enhance the protective environment.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

Different segments of affected people will be engaged in all decisions and actions that have a direct impact on their wellbeing. The Protection Sector will support humanitarian actors to mainstream protection throughout all activities and to coordinate specialized protection services for affected populations.

In line with the IASC plan for accelerating PSEA, the Protection Sector will build on previous years to establish a robust PSEA response across activities. This includes strengthening the culture of accountability across the operation through the integration of 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 SEA risk assessment and development and implementation of PSEA action plans in response areas; and collaboration with operational partners to establish or strengthen 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 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. The overall efforts of the sector will contribute to the creation of peaceful coexistence and environment and reduction of conflict over access to natural resources.

4.9

# Protection - Child Protection



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.84M</b>	<b>0.74M</b>	<b>\$18.7M</b>	<b>15</b>	<b>16</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
10	10	39	41	-

## Objectives

The physical safety and psychosocial wellbeing of girls and boys affected by emergencies in Sudan remains compromised due to exposure to violence, disruption of social support systems, increasing poverty and the lack of access to quality social services. Family separation, child labour, severe psychosocial distress, physical and sexual violence, child trafficking and child marriage are the main concerns requiring immediate response. Child Protection (CP) partners will aim to support over 738,000 children in need of care and protection, out of which approximately 51 per cent are female. Depending on the levels of funding, CP partners capacity, and access challenges, the partners will prioritize children facing catastrophic, extreme and severe protection concerns and children who are at high risk of violence, abuse and exploitation.

The Child Protection Area of Responsibility (CPAoR) will aim to:

1. Improve access to comprehensive case management services for vulnerable girls and boys with protection concerns including unaccompanied and separated children.
2. Strengthen the capacity and resilience of children and communities to prevent and respond to violence through community-based mechanisms, coordination and evidence-based response.
3. Provide structured and specialized child protection services for girls and boys at risk of violence, abuse, exploitation and neglect in targeted locations.

## Response Strategies and Modalities

In 2020, the CPAoR will build on the efforts of previous years to increase equitable access to quality child protection services, including for children with disabilities through two main intervention priorities: i) improving the quality of community-based child protection systems; and ii) expanding access to and quality of child protection specialized services.

Interventions will target at-risk groups such as unaccompanied or separated children and children living on the streets, adolescent

girls and boys, persons with disabilities, and child victims of trafficking. Outreach capacity (through community volunteers, peer to peer youth groups) will be integrated in these interventions, to maximize coverage, ensure information on available services within communities, reduce exposure to risks, strengthen referrals, and build relations with beneficiaries for needs identification.

The CPAoR will maintain and aims to expand its current coverage of services to areas of higher severity of needs characterized by emerging protection concerns such as new displacement, areas of return, and access to those overburdened with severe poverty and economic hardship, while continuing to provide integrated protection services, through community-based child protection systems and safe spaces. Types of services will include but are not limited to:

1. Provision of psychosocial support services through centre based and family-based approaches, as well as support through case management and referral to specialized services.
2. Targeted cash-based assistance.
3. Legal assistance support to get birth certificates and other civil documents, targeted technical support to restore or strengthen the functionality of community and national systems and structures.
4. Community-based initiatives to foster social cohesion and community participation and inclusion.
5. Family tracing and reunification of UASC including child victims of trafficking and children released from armed groups and armed forces.

Regular and equitable access to affected persons, combined with an increasingly skilled, supported and supervised humanitarian workforce is required to provide effective and quality protection interventions. As such, an investment in capacity-building of local child protection actors remains critical and the CPAoR will employ a more systematic approach to enhance learning, focusing on promotion of principled partnerships and institutional capacity development using not only training but coaching and mentoring for sustained

*A 5 years old child in his shelter in the camp for Internally Displaced Persons (IDP) in Labado village, East Darfur*

*Photo: UN agencies*



learning, monitoring of quality of programming will also be core in the capacity development strategy. Where possible, the CPAoR will work towards improving the evidence base of child protection issues to inform programming and advocacy and will promote adherence to the revised minimum standards of Child Protection in Humanitarian Action (CPMS).

Where appropriate and feasible, partners will continue to provide cash-based assistance to extremely vulnerable children and their families, widening access to services and building their resilience. This will include using cash for case management such as UASC placed in foster care families, cash for psychosocial support, reintegration and urgent medical assistance, life-saving support etc. In 2020, the CPAoR will enhance linkages with and access to social protection programmes for children and their caregivers, this will include conducting referrals to access zakat, health insurance and education grants. This initiative is already being piloted by some sector partners; Global Aid Hand (GAH), Save the Children and UNICEF.

Child protection partners will closely engage with the education sector partners to deliver multi-sectoral and comprehensive response to the needs of vulnerable children, especially in relation to addressing child marriages, violence in schools and monitoring of grave child rights violations. The CPAoR will also conduct joint assessments and advocacy with the FSL sector on prevention of child labour especially within the agricultural sector.

During 2019, Sudan implemented a global pilot project on strengthening access and quality of services for child and adolescent survivors of sexual violence. Quick gains from this project included improved coordination between child protection and GBV partners; better understanding of the needs of child and adolescent survivors

of sexual violence; increased capacity of child protection actors on caring for child survivors of sexual violence; and an improved survivor centered approach while working with child and adolescent survivors. In 2020, the CPAoR will work with the GBVAoR and education partners to scale-up this approach to the five other states of South Kordofan, Central Darfur, South Darfur, West Darfur and White Nile, specifically to enhance GBV risk mitigation through capacity-building on GBV guidelines and adaptation of multi-sectoral safety assessment tools.

Based on the political environment in Sudan as well as the ongoing peace talks, it is likely that there will be significant openness in addressing aforementioned child protection sensitive issues. At the same time, the UNAMID draw down will leave a financial and human resource gaps in relation to MRM-CAAC programming. In this regard, partners anticipate the need for disarmament, demobilization and reintegration programs including targeted and sustainable community-based reintegration of children associated with armed forces and armed groups as well as children affected by conflict in general and their communities. The CPAoR will therefore prioritize monitoring of grave child rights violations, capacity development for providers of services and community-based child protection mechanisms.

In 2020, the CPAoR will develop case management standard operating procedures and roll out an information management platform (PRIMERO), which will be used to strengthen case management as well as management of information on monitoring and reporting of grave child rights violations. As part of strengthening analysis and accountability, other existing reporting mechanisms will be enhanced, and a monthly and quarterly analysis will be shared at relevant forums and advocacy levels. The analysis of protection trends will be used to inform prevention activities which will increase awareness of threats and protective factors among boys, girls and caregivers and mitigate

the risks of such incidents including GBV. Advocacy with relevant authorities for the release of children used by armed groups or forces and children held in military detention will be a priority, as well as advocating for the use of detention only as a measure of last resort.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

CPAoR partners will continue to facilitate participation and engagement of affected communities including training and messaging throughout the programme cycle. This includes during child protection needs assessments where girls and boys will be specifically consulted to understand their specific needs and barriers to accessing humanitarian services during response planning. This will provide girls and boys with an opportunity to participate in the designing of programmes and monitoring.

While carrying out community-based protection services, partners will pay particular attention to targeting and selection of beneficiaries to avoid discrimination. Partners will ensure transparent, inclusive and adequate communication with communities on available services by using various community engagement and sensitization approaches including communication through radio, child help lines, peer to peer groups among others. Communities and duty bearers will be consulted in the planning, the selection of services, and in the feedback after service provision. Partners will also be guided on how to ensure programming is tailored to respond to specific vulnerable groups children with disabilities, adolescent boys and girls, children without adult care, children in institutions - including those in Khalwa's - the elderly, and children and adults with specific needs, ensuring programming is tailored to respond to these needs.

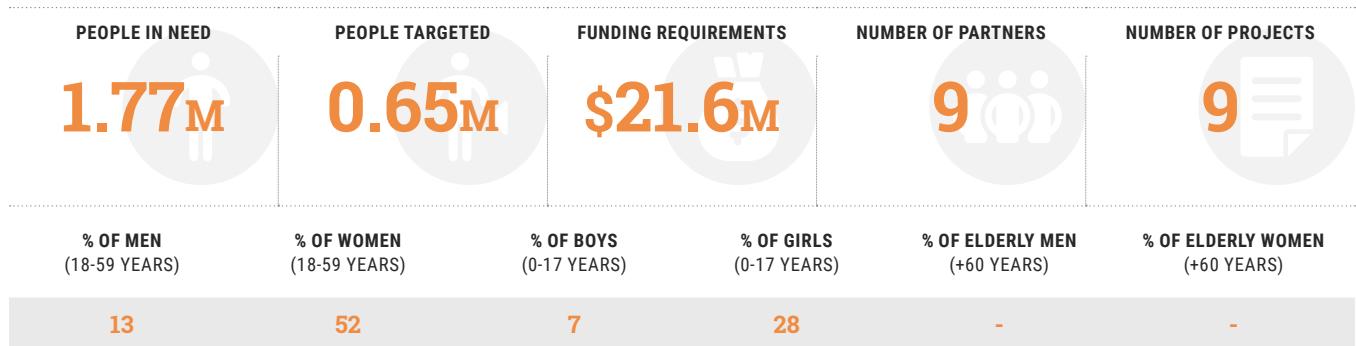
In ensuring that the assistance does not pose further shocks to the environment, partners will be encouraged to use locally available and environmentally friendly materials for the construction and maintenance of the centres, including use of solar for electricity, rain water harvesting and teaching girls how to make reusable sanitary pads and proper disposal of waste. Tree planting in and around the centres will be encouraged and use of biogas - using manure - for cooking will also be piloted within some centres.

Child Protection services and response interventions will be based on a quality and integrated approach including coordination and capacity-building with humanitarian actors to support protection mainstreaming, GBV risk mitigation and a do-no-harm approach. Additionally, partners will build on and integrate wherever possible, feedback mechanisms to strengthen accountability and support the inter-agency coordination mechanism for PSEA to respond to relevant complaints, sensitize its members on PSEA, systematically sign a Code of Conduct and are trained to provide orientation on the GBV referrals. The CPAoR will continue working closely with partners to ensure child safeguarding, monitor beneficiaries' feedback, share information and conduct community consultations, ensuring adequate AAP. Child protection training for partners will often include sessions on AAP, PSEA and child protection response.

4.10



# Protection - Gender-based Violence



## Objectives

About 1.8 million people are in need of GBV prevention, mitigation and response. Women and girls suffer disproportionately from GBV, poverty and violations of basic rights due to insecurity, low economic status and lack of livelihood opportunities, and lack of community awareness on women's rights due to cultural and societal norms. According to available information on reported GBV cases in Sudan, women and girls account for over 90 per cent of survivors, and although grossly under-reported, cases of sexual violence against men and boys do occur. FGM remains prevalent in Sudan, affecting 87 per cent of women aged 15-49 years old, and 32 per cent of girls aged 0-14 years old.

To address the identified needs, the GBVAoR will focus on three objectives:

1. Ensuring survivors have access to quality specialized GBV services. This will include psychosocial support, case management, strengthening of the quality of service provision and monitoring through capacity building of providers. "Do no harm" and survivor-centred approaches will be prioritized through updated safe and dignified referral systems, mapping of available services and the promotion of the GBV standard operating procedures.
2. Enhancing measures to mitigate the risk of GBV through integration and mainstreaming.
3. Promoting community resilience on GBV prevention and response by strengthening community structures and behaviour change through improvement of behavioural change strategies to prevent GBV. This will be reinforced by strengthening community structures i.e. women centers and community-based protection networks as well as conducting in-depth GBV assessments including knowledge, attitudes and practices (KAP) surveys.

These objectives will contribute to the provision of lifesaving assistance to survivors of GBV and those at risk while building community resilience to deal with GBV and strengthening the

protective environment of communities. At the locality level, response will be prioritized in line with the severity of needs and vulnerability determined in the HNO and on multiple characteristics including age, gender, disability, displacement and other risks such as conflict, drought, floods and disease outbreaks.

## Response Strategies and Modalities

The Transitional Government period has led to positive change in the protection environment in the country and has translated into a reduction in political sensitivity surrounding GBV. This has created space for open dialogue and programming for partners. To build on this momentum in 2020 the GBVAoR will aim to scale-up GBV prevention, mitigation and response, focusing on ensuring quality GBV prevention, mitigation and response across targeted localities. The key priority will remain the provision of life-saving multi-sectoral response focusing on case management of rape (CMR), psychosocial support, and the establishment of referral mechanisms - currently missing in over 90 per cent of the target localities. GBV activities will be prioritized based on locality severity of needs, availability of resources and partners' capacity:

- Strengthening care for survivors and individuals vulnerable to violence through establishing and strengthening referral mechanisms to ensure survivors access available services.
- Capacity-building focused on mental health and psychosocial services (MHPSS), individual case management, care for child survivors, psychosocial support, emergency health and clinical management of rape, management of women safe spaces; trainings on GBV core concepts will be rolled out for partners targeting case workers, social workers, medical staff, regular police and FCPU police. Community protection networks will serve as link between vulnerable community members and women's centers.
- Establishing and reactivating women centers which act as safe spaces for women and girls to enable them to meet safely and discuss topics of their interest, and to build safety networks

- and have access to information and services. Empowerment programmes such as life skills training and some livelihood activities will be implemented to enhance resilience.
- Scaling up awareness activities around GBV will aim at mobilizing communities, including youth and men, to prevent and respond to GBV in a safe and timely manner, to seek sustainable solutions, and to address issues of stigma.

Partners will work on social mobilization against GBV including harmful traditional practices such as FGM and child marriage. Additionally, risk mitigation mechanisms such as safety audits, services mapping and other assessments will be carried out continuously to inform programming. Community structures i.e. women's centers, and community-based protection networks, will be supported and expanded as the first line of GBV prevention and response at the localities. Government authorities will be engaged through advocacy, capacity-building and sensitization on GBV so as to provide a protective environment.

Dignity kits will be distributed targeting the most vulnerable women and girls, contributing to psychosocial and physical wellbeing of the beneficiaries. These will support in addressing mobility and hygiene, contribute to the protection of women and girls, and will also allow families to save money on these items. Additional programming aimed at women's economic empowerment may also utilize cash or in-kind support dependent on the model adopted by the different partners. However, the AoR does not envisage much use of cash as a modality of programming since the majority of programming is aimed at service delivery, awareness creation, capacity building and systems strengthening.

GBV partners will also continue working closely with UNAMID through the Jebel Marra Task Force, the state liaison functions (SLF) and other UN mechanisms to adopt strengthened measures to address the root causes of GBV. The roll-out of the guidelines for integrating GBV in humanitarian action will continue for other sectors to strengthen GBV prevention, risk mitigation and response. With deteriorating economic conditions cited as one of the risk factors especially for vulnerable women and girls, the AoR will enhance collaboration with the FSL sector on livelihood beneficiaries targeting as well as on risk mitigating livelihood activities such as making of fuel-efficient stoves. Programmes on male involvement as change makers on GBV will also be rolled out.

The GBV AoR will aim to strengthen coordination through more involvement of Government structures and strengthening the Unit for Combating Violence against Women and Children (CVAW). Improvement in data collection and information management will also be enhanced for more evidence-based response. This includes the piloting of the gender-based violence information management system (GBVIMS) as well as KAP surveys on GBV in different localities. Advocacy efforts will be scaled up to support the opening up of GBV programming space so that more partners can embrace GBV interventions as well as opening up space for dialogue on the issue within the communities.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The sector will strengthen its response to ensure protection mainstreaming by focusing on effective participation of targeted communities across gender, age and vulnerabilities to ensure GBV survivors and those at risk are not exposed to additional harm. Accountability to affected population is core in the AoR response and will be strengthened through continuous consultation with the affected population on response modalities as well as their satisfaction with services provided. GBV referral mechanisms will also be enhanced to respond to survivors of PSEA who need assistance.

Partners will continue to mainstream gender in response especially in assessments, analysis and participation. Gender and age will be considered during the development of programmes through collection of age disaggregated data to design response with an understanding of the distinct needs of men, women, boys and girls of all age groups. The AoR will endeavour to continue understanding the effects of GBV on girls, boys, women and men with the understanding that all members of the community are affected differently and thus the responses need to be tailored differently. The promotion of fuel-efficient stoves will contribute to improved livelihood of vulnerable households while reducing environmental impact as fewer trees are cut for cooking fuel. In addition, during disposable dignity kits distribution, women and girls will be sensitized on environmentally friendly ways of disposing used sanitary wear.

4.11

# Protection - Mine Action



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.84M</b>	<b>0.30M</b>	<b>\$12.9M</b>	<b>4</b>	<b>4</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
20	25	25	30	-

## Objectives

Mine Action response will be guided by two main objectives:

1. Reduce risks of explosive ordnance accidents. Partners will implement activities to facilitate the adoption of risk-reducing behaviours and land release activities to affected communities while enabling humanitarian aid delivery.
2. Improve life conditions of explosive accidents survivors and promote their socio-economic re-integration into the community. Equal participation of landmine/ERW accidents survivors in the communities will be achieved through provision of medical care, prosthetics and assistive devices, psychological counselling, and income generation kits.

These objectives will contribute to regaining access to land free from explosive ordnance; individuals and communities will enjoy safe and conducive environment for peace and development; and survivor's needs are met aiming to integrate them into the society. Land release interventions will include survey activities which enable definition and understanding of the scale and magnitude of the explosive hazard threats in order to better prioritize mine action activities. Clearance operations include removal of landmines and explosive remnants of war (ERW) which contribute to protection of local communities by ensuring improved access to basic services; restoring livelihood capacities, as well as safe access for humanitarian actors to enable the delivery of life-saving aid. Additionally, provision of mine risk education to populations living in proximity to the threat of explosives and to humanitarian workers will help reduce risk of death and injury from hazardous landmines and unexploded ordnance as a result of acquiring necessary knowledge and behavioural changes.

## Response Strategies and Modalities

In close partnership with different stakeholders including the Government, Mine Action AOR partners will aim to support sustainable peace and development through the mitigation of the threat posed by explosive hazards and facilitating the provision of humanitarian assistance and recovery from conflict. In Sudan, eight out of 18 states

remain affected by landmines and/or ERW devices. While three states were cleared of mine contamination in 2019, South Kordofan and Blue Nile states remain two of the most landmine contaminated states, but Darfur states are also still heavily affected by ERW.

Approximately 3.6 million vulnerable people including IDPs and refugees on the move are exposed to landmines or ERW contamination, putting them at risk of injury or death. Additionally, more than 3 million people living in or moving through areas affected by landmines or ERW, need humanitarian assistance which could be hindered or limited by the presence of landmines/ERW.

By the end of 2020, more than 10 million square meters of contaminated land will be released for use. Also, about 100 km of roads will be verified or cleared to save lives and facilitate movement for local populations and humanitarian actors. A total of 300,000 vulnerable people will acquire knowledge of explosive hazards and learn safe behaviour through mine risk education activities; 250 landmine/ERW survivors and persons with disabilities will be equipped with necessary tools and skills for socioeconomic reintegration through direct physical, psychological and socioeconomic support. Mine Action partners will adapt community-based programming including risk education as well as community capacity building.

In South Kordofan and Blue Nile, ongoing peace talks may result in increased access. Based on information available, these areas are contaminated with ERW in areas where fighting took place in the past. In the event that peace negotiations succeed, mine action partners will be ready to deploy teams to work in these areas, with the objective to identify, demarcate, and clear mines in these areas. Additionally, partners will work on risk education in communities around these areas to mitigate risks of ERWs.

Additionally, enhancing national capacities to deliver effective interventions will be mainstreamed along mine action operations. Mine action management is the responsibility of the Government of Sudan. Through the National Mine Action Center (NMAC), the Government of Sudan is managing and coordinating mine action programmes in consultation, coordination and support from



UNMAS. In 2020, the capacity of about 250 people from NMAC and implementing partners will be strengthened through different trainings.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The Mine Action Area of Responsibility ensures equal participation, consultation and inclusion of affected populations in the planning and implementation of mine action programmes, ensuring that the different exposure to and 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 also facilitates and supports multi-sectoral assistance to victims of explosive ordnance that is responsive to the needs of women, girls, men and boys from diverse groups, and advocate for the mainstreaming of gender and diversity considerations in national mine action policies, institutions and programs. Mine Action ensures that its interventions include "do no harm" approaches, and avoid increasing the long-term vulnerability of affected communities.

4.12

# WASH



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>7.61M</b>	<b>3.21M</b>	<b>\$71.7M</b>	<b>40</b>	<b>48</b>
% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)
16	17	29	31	3
% OF ELDERLY WOMEN (+60 YEARS)				4

## Objectives

The Water, Sanitation and Hygiene (WASH) Sector will support the most vulnerable populations to maintain and gain access to WASH services which will also contribute to the SDG 6 target for Sudan. Out of the 7.6 million people in need, WASH partners will target 3.16 million people in need of access to basic WASH services. The WASH sector will be guided by the objectives below:

1. Provide and enable affected peoples' access to basic<sup>8</sup> water services. In 2020, 80 per cent of the 1.7 million people targeted for basic water services will benefit from operation, maintenance, and rehabilitation of handpumps, water yards, protected wells, and hafirs; 10 per cent of the target population will gain access through provision of new hand pumps, and another 10 per cent will benefit from the provision of new water yards. Identification of new water points will consider engagement of girls and women for site identification so that they do not have to travel far to unsecured places to fetch water.
2. Provide and enable affected people access to limited<sup>9</sup> sanitation services. Approximately 39 per cent of the Sudanese population have limited access to sanitation<sup>10</sup>, 23 per cent of those have severe needs. Partners will target 1 million people by rehabilitating 30 per cent of the existing damaged sanitation services (latrines) in target locations; another 50 per cent will gain access through new constructed latrines, and additional 10 per cent of the targeted population will gain access through the installation of new latrines and another 10 per cent will be served through the rehabilitation of existing communal latrines. WASH partners will ensure that the communal latrines are gender segregated and are guided by sphere standards.
3. Provide and enable affected people access to hygiene services. Under this objective, 3.16 million affected people will receive hygiene promotion messages through household visits, campaigns, and media coverage. Out of these, approximately 1.58 million of the most vulnerable population will benefit from the provision of soap and water containers (ibrig) for

hand washing. Girls and women of menstrual age who are in the initial stages of emergency will be provided with menstrual hygiene supplies. Women who are in a protracted situation will be introduced to women's groups, led by the protection sector, to receive training on how to access menstrual health management (MHM) supplies and soap. Solid waste and hygiene campaigns will be conducted, promoting ownership within communities. Communities will be trained on correct disposal techniques by the government and/or WASH Sector partners.

4. Provide acutely malnourished children access to minimum WASH for Nutrition package: Safe drinking water, proper sanitation and hygiene can prevent undernutrition and stunting in children<sup>11</sup> by preventing the development of environmental enteropathy and diarrhoeal diseases. Reductions in diarrhoeal disease alone through safe WASH, can prevent long-term morbidity and several child deaths a year caused by undernutrition<sup>12</sup>. About 300,000 severely malnourished children will be supported with minimum WASH package. WASH Sector partners will also conduct hygiene sessions in health and nutrition facilities where children are treated. Children and their families will receive Hygiene or WASH kits after getting discharged from nutrition facilities.
5. Provide outbreak affected and 'at-risk' populations access to minimum WASH for Health package Provision of WASH services are key for both the prevention and response to disease outbreaks. In risk prone areas, significant efforts need to be made to ensure adequate water supply and disinfection, water quality monitoring, hygiene promotion, sanitation and safe excreta disposal at household and community levels as well as in cholera treatment facilities. WASH sector partners will target 2 million people who are in high-risk areas of acute watery diarrhoea (AWD)/cholera. Vector control is vital to address the prevailing situation of malaria and ongoing outbreaks of chikungunya, dengue, and rift valley fever (RVF). WASH sector partners will support the health sector response to these outbreaks by providing technical assistance, through

the reduction of mosquito breeding sites, occasional provision of tools and machines needed for spraying and disseminating related messages in their hygiene promotion activities in risk-prone localities.

### **Response Strategies and Modalities**

Sector response will focus increasing affected people's access to water and sanitation, including washing facilities that are culturally and gender appropriate, and secure. Sector partners will reach localities with a severity ranking of 4 and 5, where there is the highest number of people in need of WASH converge with nutrition, health, food security, and livelihoods needs. Approximately 2.2 million people in these localities will be served with different sets of WASH activities, and integrated WASH where possible. South, North, and Central Darfur states have 42 per cent of the total targeted population for all three components of WASH. South Kordofan, White Nile and Kassala have 18 per cent of targeted people. North Kordofan, Red Sea, West Kordofan and Gedaref have 17 per cent of the targeted people. West and East Darfur, Sennar, River Nile, Blue Nile and Abyei have 13 per cent of the targeted people. Al Gezira state has 10 per cent of the total hygiene targets.

The conflict-affected population in IDP settlements including camps, will be supported through maintenance and selective rehabilitation of water and sanitation facilities. WASH Sector partners will target about half the IDP population and returnees in all Darfur states and South Kordofan. Provision of new WASH facilities will be after a thorough exploration, and only if there are no repairable or and not-rehabilitative facilities.

Vulnerable populations will be targeted to increase access to shared sanitation services. Basic individual sanitation will be demand driven, based on participation and on the contribution of the community. WASH sector will continue to support community-based approaches like community-led total sanitation (CLTS) and community approaches to total sanitation (CATS). Technical designs for construction of

latrines will differ in flood plain areas where raised latrines will be preferred to avoid contamination of water sources and the spread of diseases.

Across all the WASH components, training and workshops will be planned by sector partners in consultation with the sector coordinators to strengthen integrated and coordinated response, especially for disease outbreaks, high severe acute malnutrition (SAM) and global acute malnutrition (GAM), protection, WASH in schools, water quality treatment, testing, and monitoring.

### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

To ensure WASH response has a positive impact on public health, partners will work to ensure that the safety and dignity needs of affected population are understood and considered throughout an inclusive and consultative process. Five minimum commitments for the safety and dignity of the affected people will be upheld to ensure that the distinct needs of the affected population are addressed. These commitments aim at improving the quality and efficiency of the WASH response programmes in every context and at ensuring that critical issues such as gender, GBV, child protection, disability, and age are taken into consideration by all partners.

WASH Sector partners will adopt environmental approaches throughout their response by i) contextualizing projects to environmental realities of areas they are implemented; ii) assessing projects for potential adverse environmental impact; iii) mitigating impact by modifying the project design (such as using less timber), or compensating for adverse consequences (such as supporting wood lots to bring timber supply back into balance); iv) enhancing environmental benefits in the project - for example, by extending the mitigation measures to bring net positive benefits, by increasing work on wood lots, or the introduction of environmental technologies. Lastly, training on the use of non-conventional energy like solar pumps and lights will be promoted.

# Refugee Response Plan



*South Sudanese refugees in South Kordofan*

*Photo: UN agencies*

# Refugees



PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENTS	NUMBER OF PARTNERS	NUMBER OF PROJECTS
<b>1.14M</b>	<b>0.91M</b>	<b>\$476.9M</b>	<b>34</b>	<b>33</b>

Percentage of people with disabilities: 1.03% of registered refugees

% OF MEN (18-59 YEARS)	% OF WOMEN (18-59 YEARS)	% OF BOYS (0-17 YEARS)	% OF GIRLS (0-17 YEARS)	% OF ELDERLY MEN (+60 YEARS)	% OF ELDERLY WOMEN (+60 YEARS)
<b>22</b>	<b>24</b>	<b>25</b>	<b>24</b>	<b>3</b>	<b>3</b>

## Objectives

Sudan has a long history of hosting refugees and asylum seekers, currently estimated at over 1.1 million individuals<sup>13</sup> who have arrived in search of safety from violence, persecution and other hazards in their countries of origin. Refugees in Sudan are in need of multi-sectoral interventions to address their vulnerabilities and assistance needs while in asylum, and to maintain and fulfil their rights as refugees under the 1951 Refugee Convention.

The 2020 Sudan refugee response aims to ensure that refugees are supported to live safe and dignified lives while in Sudan, including through the provision of timely protection and lifesaving assistance, equitable access to improved basic services, and opportunities to build self-reliance. The refugee response will focus on three main objectives:

1. Strengthen the protection environment for refugees.
2. Enable access to timely protection and lifesaving assistance.
3. Provide equitable access to basic services for refugees and strengthening opportunities for resilience and self-reliance.

Strengthen the protection environment for refugees: All refugee response is linked to international protection principles, including the provision of life-saving assistance. The 2020 response seeks to ensure that international standards of protection are met, upheld and applied for all refugees in Sudan. This includes a focus on improving Sudan's protection environment and support for expansion of civil, social and economic rights of refugees to maximize their self-reliance and increase opportunities for solutions. Efforts to improve refugees' access to freedom of movement, labour markets, land and assets all supports these aims, as does partners' work to strengthen public service systems to enhance refugees' access to basic services in out-of-camp and urban locations. Timely delivery of protection assistance, including access to registration, documentation and reception services will bolster refugees' access to their basic rights, including access to lifesaving assistance.

Enable access to timely protection and lifesaving assistance: Interventions will ensure the timely provision of multi-sectoral lifesaving assistance to reduce mortality and morbidity will target refugees from the Central African Republic (CAR), South Sudan, new arrivals, and camp-based populations.

Since July 2019, a surge in CAR new arrivals to South and Central Darfur states has been observed, with over 11,000 new arrivals reported in a 4-month period between July and October. Reports indicate that the situation in CAR remains volatile and conflict in areas near the border continues to escalate, and an additional 2,000 - 4,000 arrivals are anticipated by the end of 2020. Refugees from South Sudan account for approximately 78 per cent of all reported refugees in Sudan. It is expected that South Sudanese refugees will continue to arrive in Sudan in smaller numbers in 2020, with an estimated 20,000 new arrivals anticipated. While the Revitalized Agreement for the Resolution of the Conflict in South Sudan (R-ARCSS) was signed in September 2018, its full implementation will take time and ongoing violations to the agreement are reported, making sustainable return to their areas of origin unlikely for most refugees in the near future. In eastern Sudan, there has been a slower rate of new arrivals from Eritrea, with 570 people arriving on average per month in 2019, down from over 800 per month in 2017. They are hosted in some of the poorest areas of Kassala and Gedaref states, face high levels of poverty, and many continue to rely on timely humanitarian assistance.

While progress has been made to meet assistance standards in some areas, significant gaps remain. The majority of children remain out-of-school; water availability and latrine coverage are below standard, with high rates of open defecation reported; access to health services is inconsistent across response, with supply gaps in basic medicines; high food insecurity, with most refugees unable to afford the local food basket or purchase firewood; and critical malnutrition rates in many camps and settlements. These issues are compounded by limited access to livelihoods and household income, with knock-on effects including increased tensions with host communities, prevalence of

child labour, early marriage and other child protection issues, and SGBV risks.

Partners will work to improve access to registration and documentation and adequate reception services; child protection; prevention of and response to SGBV; provision of humanitarian assistance, including scale-up of health, nutrition, WASH services, and access to food, NFI and shelter assistance; access to education and livelihoods; prevention of statelessness; and support for host communities.

Provide equitable access to basic services for refugees and strengthening opportunities for resilience and self-reliance: Voluntary return is not a viable option for most refugees in Sudan, and resettlement options remain limited. For this reason, the 2020 Refugee Response will integrate asset-building and livelihoods, to strengthen self-reliance and ensure that all refugees targeted under the response plan may lead dignified lives while in Sudan. The response will also prioritize longer-term solutions, with a strong role for protection through self-reliance initiatives to address the unique needs of refugees living outside of camps and for protracted caseloads.

The Refugee Response emphasizes efforts for improved resilience, including: support for livelihoods and promotion of economic inclusion; integrating refugees into national and local systems for basic service provision; increased focus on sustainable energy and environment; and moving towards more durable infrastructure and sustainability of interventions. This is especially relevant for Sudan, given the protracted situation that many refugees and their host communities are now facing in a context of economic situation and compounded by chronic underfunding.

Humanitarian assistance for refugees living outside of camps and in urban areas will focus on enhancing access to quality public services, particularly health, nutrition, water and education services. This will require investments in local infrastructure and public service systems to improve capacity to absorb the service needs of both refugee and host populations. Community support projects will also enhance social and economic integration and livelihoods of both refugees and host communities alike. This creates a win-win for refugees and local communities and offers a more sustainable model for long-term asylum. The response also focuses on livelihoods programming to support self-reliance, such as vocational training opportunities, CBT, micro-financing and livelihood asset protection, especially in urban areas like Khartoum.

Approximately 40 per cent of newly-arrived asylum-seekers in eastern Sudan migrate onward within two months of arrival. Along these migratory routes, refugees and asylum-seekers can be exposed to various forms of exploitation that can result in human rights violations. Socioeconomic challenges and protection concerns are often cited as primary factors in their choice to move onward, including the lack of education and livelihood opportunities. There is an urgent need for solutions that support greater self-reliance and enhanced protection, and to address the protection and service gaps that drive refugees and asylum-seekers to risk their lives by moving onwards. The

response will also include specific protection assistance to victims of trafficking, as well as targeted outreach to asylum seekers on onward movement risks integrated within livelihoods programming to support a more favourable protection environment. Protection assistance will also emphasize access to timely registration and documentation services, UASC identification, family tracing and reunification and psychosocial support services, as well as improved referral pathways for support to GBV survivors.

### **Response Strategies and Modalities**

The 2020 Refugee Response Strategy under the HRP is aligned with the 2020 Sudan Refugee Response Plan (RRP), a comprehensive multi-sectoral inter-agency plan to address the needs of 904,951 refugees living across 57 localities in Sudan. The refugee target is aligned to the number of registered refugees in-country and those projected to be in need of registration by the end of 2020.

The prioritization of refugee locations is led by the Refugee Consultation Forum (RCF) in collaboration with Commission for Refugees (COR) and inter-agency partners. All refugee locations covered under the 2020 Refugee Response Plan are targeted for multi-sectoral response aligned to the needs of refugee populations living in those locations. Localities hosting refugee camps and collective out-of-camp settlements are prioritized due to refugees' reliance on humanitarian assistance in these locations and the need to sustain parallel service systems. Localities hosting new influxes of refugees are also prioritized for multi-sector response to ensure the emergency and lifesaving assistance needs of newly arrived refugees are met in a timely way. Multi-sectoral refugee severity ranking data is used to identify key gaps and response priorities in specific refugee locations within a hosting locality. For more information on prioritized refugee locations, see 2020 RRP document.

The response strategy aligns with the key priorities and solutions raised by targeted refugee populations through UNHCR's annual Participatory Assessment exercise, as well as the outcomes of inter-agency needs assessments in specific refugee locations, which include multi-sectoral assessments and technical surveys, such as the Standardized Expanded Nutrition Survey (SENS), joint assessment missions (JAM), and KAP surveys. The response strategy aims to ensure that the protection and humanitarian needs of refugees and asylum-seekers are addressed, while promoting solutions through increased self-reliance, and resettlement and voluntary repatriation opportunities where possible.

In camps, individual and household-level assistance will continue to be provided to address ongoing needs in protection, ES/NFI, energy, food security, nutrition, health, WASH and livelihoods. INGO/NGO partners are relied upon to fill response gaps and ensure the quality and speedy delivery of services. Partners will continue to work with the Commission for Refugees (COR) and relevant line ministries where possible to ensure sustainability of interventions. This also includes greater participation by refugees in camp management, shelter and latrine construction, protection and security functions within their communities, community mobilization and service delivery.

In out-of-camp and urban settings, community-based approaches are the preferred modality. While Sudan is not officially implementing the Comprehensive Refugee Response Framework (CRRF), the out-of-camp assistance model in Sudan follows the same approach, with an aim towards improved humanitarian-development “nexus” approaches to supporting national service providers and host communities to meet the additional demand on services in refugee hosting areas. The approach avoids setting up new parallel services, and instead prioritizes enhanced access to public services where possible. This includes a focus on community-based assistance, especially for health, WASH, education and protection, through the introduction of basic infrastructure and improved access to local services for refugees.

The response will also seek to integrate cash-based interventions (CBIs) across all locations where feasible to support stabilization of existing assistance programmes and complement self-reliance initiatives. This is especially important for refugees in urban areas, where they often form part of the “urban poor” and struggle to meet their basic needs. This leaves them at heightened risk of harassment, exploitation and abuse, with women and children being particularly at-risk.

The inter-agency refugee response in Sudan is coordinated through the RCF, co-led by UNHCR and COR and covers all interventions for refugees and asylum seekers delivered by humanitarian actors.

#### **Cross Cutting Issues: AAP, Protection Mainstreaming, Gender Mainstreaming, Environment**

The Refugee Response strategy seeks to strengthen AAP by emphasizing the development and implementation of effective and quality programming that enhances access to protection while also recognizing the dignity, capacity, and abilities of refugees in Sudan. The aim is to establish a culture of accountability across the refugee response by integrating AAP best practice, including prevention of sexual exploitation and abuse (PSEA), across refugee sectoral responses. This includes the adoption of age, gender and diversity policies to ensure that all refugees enjoy their rights and can

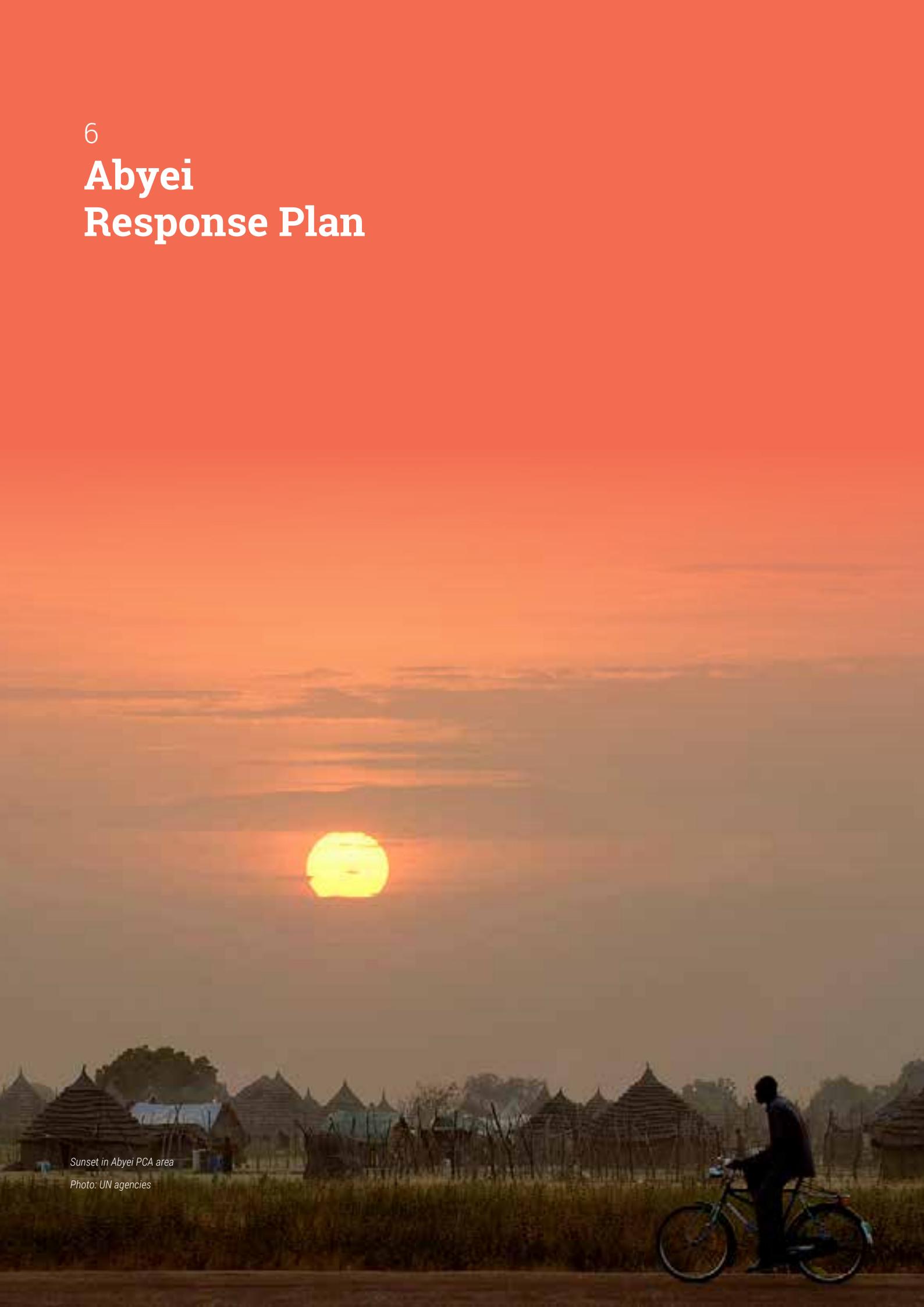
participate fully in decisions that affect them, their family members and communities.

The RCF aims to mainstream refugee protection throughout the planning and delivery of assistance to refugees. A key component of this is the expanded use of community-based protection approaches, which integrates community engagement in all aspects of protection and sector work, with a greater emphasis on ensuring that refugees are at the centre of decisions that affect their lives. The annual participatory assessment process promotes participation through structured dialogue on the specific protection risks and assistance issues that different groups face, identify underlying causes, understand refugees' capacities, and hear their proposed solutions.

Inter-agency partners implementing the refugee response in Sudan are required to apply the age and gender disaggregated approach to all aspects of their planned responses to ensure that refugees can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families, and communities. This includes efforts to ensure that women and girls can participate equally and meaningfully in all decision-making, community management and leadership structures; and that women and girls have equitable access to refugee assistance, services and economic opportunities, as well as to comprehensive SGBV prevention and response services.

Environmental considerations are considered across sectoral interventions for refugees. Examples include mitigating forest degradation risk near camps and larger out-of-camp settlements by working to improve access to energy initiatives, while investing in forestry and sustainable management programmes that benefit both refugees and host communities; and the establishment of resource management committees with equal participation of refugee and host communities to support water supply and land resource management to the benefit of all who rely on these natural resources.

# Abyei Response Plan



Sunset in Abyei PCA area

Photo: UN agencies

# Abyei



## Summary of needs

In 2020, some 202,000 people will require humanitarian assistance in the disputed Abyei Area. Their needs are mainly due to issues affecting their mental and physical wellbeing, living standards, high malnutrition rates, increased malaria rates, and high protection risks mainly in SGBV, child protection, and presence of ERWs. People living in Abyei are impacted by the presence of armed elements, inter-communal tensions, and long-term and sudden displacement. In 2019, floods temporarily displaced some 40,000 people. No government services and lack of access to basic public health and WASH services are also undermining people's living conditions. In addition, there is a need to reinvigorate economic activities to ramp up local employment opportunities and increase access to livelihoods. Such interventions could contribute to increase resilience among communities but at the same time would also decrease dependency on aid from the international community in the long run.

The number of people in need in 2020 increased by 10 per cent compared to 2019. The most vulnerable people identified by the aid community in Abyei include 107,000 people from the Ngok Dinka communities, 9,000 people displaced from neighbouring states in South Sudan, 37,000 people from the Misseriya community, 6,000 mainly Nuer and Dinka Twic, 38,000 seasonal Misseriya migrants, and 5,000 Falata nomads who are expected to leave Abyei June 2020. The

main reason of this increase is the arrival of other South Sudanese and more Falata nomads in Abyei.

## Strategic Objectives

- Save lives by providing timely and integrated multi-sectoral assistance and services to the most vulnerable population.
- Promote resilience and peaceful coexistence among communities ensuring sustainability through capacity building/strengthening.
- Reduce dependency on humanitarian assistance by reinvigorating livelihood and economic activities among displaced people, returnees, seasonal migrants and host communities.

## Response

- Maintain humanitarian lifesaving services and increase their sustainability by adopting participatory approaches and building community-based management capacity, e.g. water management committees, youth and women unions and peace clubs.
- Strengthen protection by working with all stakeholders, including local institutions and UNISFA/United Nations Police, to reduce protection risks, SGBV and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide women and child protection services, reduce risk of

POPULATION GROUPS	PLANNING FIGURES
Ngok Dinka communities, returnees and displaced within Abyei	107,000
Misseriya seasonal migrants (Oct 2019 – Jun 2020)	38,000
Misseriya in North of Abyei	37,000
Displaced people from South Sudan (6,000 in South and 3,000 in North)	9,000
Other South Sudanese live in Abyei (Nuer and Dinka Twic)	6,000
Falata nomads (Oct 2019 – Jun 2020)	5,000
<b>TOTAL</b>	<b>202,000</b>

death and injury from landmines and explosive remnants of war through survey and clearance activities and mine risk education, and engage with all actors to advocate for a better protective environment for civilians.

- Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and improve monitoring impediments and civil-military coordination.
- Contribute to the reduction in morbidity and mortality with increased access to quality health care interventions through primary health care interventions, health system strengthening and community case management approaches.
- Reduce the risk of malnutrition in children under 5 years and PLW through treatment of severe and moderate acute malnutrition.
- Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities.
- Provide access to primary education and training, including support to all students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school.
- Provide and support veterinary services while revitalizing the community-based animal health workers network for pastoralist nomadic populations by adopting a “follow on approach” throughout migration and increased sustainable access to appropriate animal care, including drugs, vaccines and treatment, at village level for sedentary populations.
- Improve communities’ resilience through livelihoods and food security activities, developing community assets (food for assets), and improving technical expertise, for example, on agricultural/crops production, animal husbandry and fishery practices, vocational training and community-based natural resource management, including water facility.

- Maintain readiness and update the Abyei inter-agency contingency plan and sector specific emergency preparedness plans to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stocks in Abyei, Agok and Diffra towns, including ES/NFI kits.
- Monitor population movement, including displacement and return, in Abyei and identify the most vulnerable populations in need of assistance across all humanitarian sectors.
- Strengthen peace-building skills of children, youth, women, men, and community-based structures in Abyei to contribute to decision-making and peaceful coexistence of their communities.

#### **Number of Partners in Abyei: 24**

- 8 UN AFPs in Abyei town (OCHA, RCO, WFP, FAO, IOM-S, IOM-SS, UNICEF, UNMAS) are operating in Abyei Box, implementing activities, mainly through NGOs and contractors.
- 6 INGOs (GOAL, SCI, MSF, ADRA, Samaritan’s Purse, BGRRF) in Agok town are largely operating in southern and central Abyei.
- 6 N/L NGOs (AIRS, ACAD, RCDI HOPE, APHRO, ADA, Inspired Children) in Agok are operating in southern and central Abyei.
- 2 N NGOs (GAH, Elgoni), and IOM & FAO in Diffra town are operating in northern Abyei.
- WHO and UNHCR are supporting Abyei remotely from South Sudan.

# What if the HRP is not funded?

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**6.1 million** people will not receive much needed life-saving humanitarian assistance across eleven sectors and sub-sectors. Tens of thousands of people could die from preventable diseases, face lifelong setbacks due to malnutrition, and millions of people will stretch their households to the breaking point to cope with food-insecurity. Recurrent shocks of disease, floods, and other predictable events will continue to devastate communities, increasing the number of people requiring humanitarian assistance. Peoples rights, safety, and personal integrity will continue to be threatened, whether they are living in IDP camps facing daily risk of gender-based violence, suffering the displacement and fear associated with tribal violence in Darfur, or are children threatened with early marriage. Newly accessed areas will not receive humanitarian assistance including shelter or household supplies, leaving them vulnerable to poor living conditions and health risks.

- **5 million** people will have little to no access to timely essential life-saving health services, which may lead to disease outbreaks and deaths from preventable diseases
- **4.7 million** people will not have enough food to eat affecting their physical and mental wellbeing and impacting their health and nutrition status. Available resources will be diverted to purchase food, impacting access to other services like health, WASH and education. The number of children out-of-school will increase, exposing the children to protection risks.

- **3.2 million** people will not have access to basic water, sanitation and hygiene services, increasing their risk to water borne diseases and other health problems, increasing the pressure on already stretched health facilities.
- **1.6 million** children and nursing mothers will not receive the nutrition assistance they need to live healthy and productive lives. Of this caseload, **300,000** children will have severe acute malnutrition (SAM) putting them at risk of death.
- **2.7 million** people will not have access to livelihood opportunities, putting them at risk of engaging in negative coping practices
- **905,000 refugees** living in Sudan will not have access to basic services or livelihood opportunities leaving them at risk of protection concerns.
- **630,000** people affected by GBV will not have access to services such as psychosocial support, case management and referrals; **735,000** children (of whom **51 per cent** are girls) will be left vulnerable to risks of violence, abuse and exploitation; over **3 million** people will live in areas contaminated by landmines and/or ERWs risking lives and hindering the movement of local populations and humanitarian actors.

## Part 7

# Annexes



*A farmer collects the remains of the harvest in her land at the outskirts of Madjoub village, North Darfur*

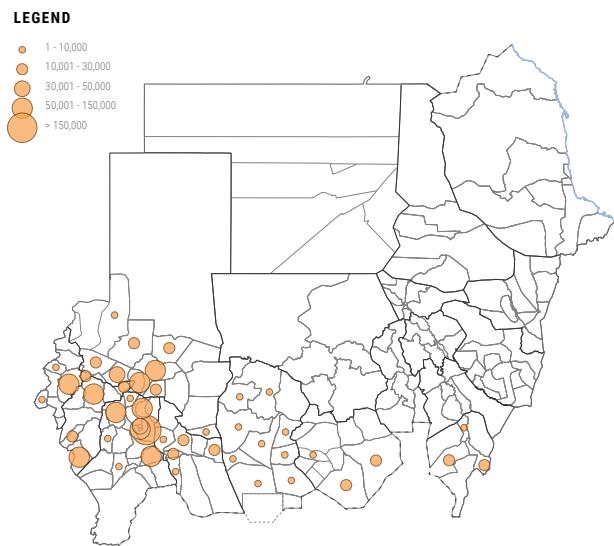
*Photo: UN agencies*

7.1

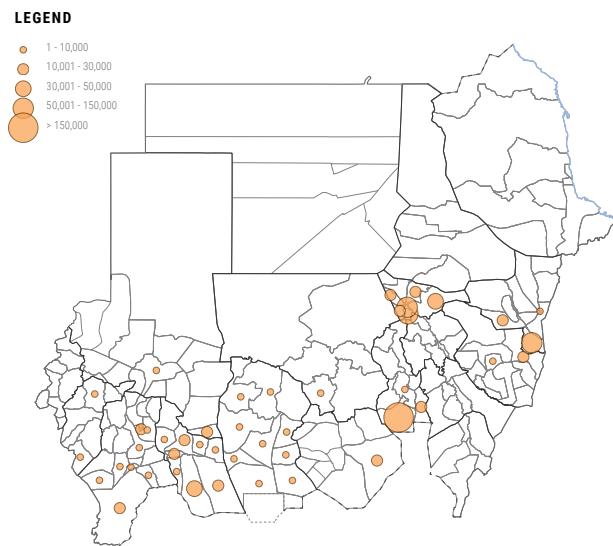
# Target by Vulnerable Group

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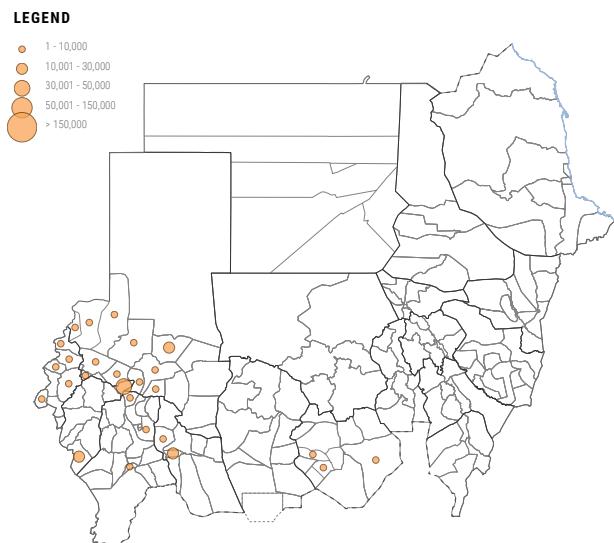
## IDPs



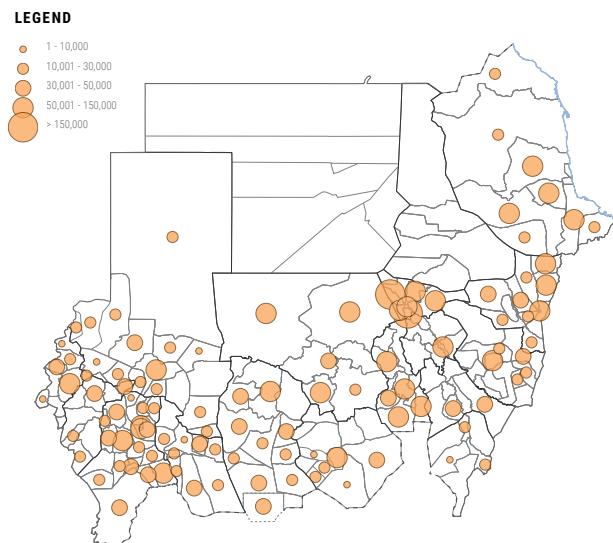
## Refugees



## Returnees



## Vulnerable Residents



## 7.2

# Costing Methodology

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The financial requirements for this HRP are based on project submissions by UN, international NGOs and national NGOs. Following the submission of projects by partners, Sector Coordinators together with review committees where possible vetted the projects and finally OCHA undertook a quality check to ensure alignment with the strategic objectives.

76 partners submitted a total of 212 projects both sectoral and multi-sectoral, with a total financial requirement of USD\$1.4 billion - summation of the individual projects. The project cost estimation differs under each sector; some sectors such as Child Protection have standardized unit costs which partners were required to use. However, for other sectors, it was based on other elements including

costs of interventions undertaken in 2019 adjusted for inflation - which has been increasing since 2018 and scaling up operations to meet increasing needs.

Going forward, in 2020, the humanitarian community intends to explore unit-based costing or a hybrid approach that includes a mix of unit and project costing. So far, out of seven active sectors (education, food security and livelihoods, health, logistics, nutrition protection, WASH) and one refugee consultative forum, only the protection sector has generated unit costs for sector activities. This will help improve transparency in relation to financial requirements and further enhance strategic planning and prioritization.

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS
Common Services	\$13.50 M
Education	\$69.31 M
Emergency Shelter / Non-Food Items	\$29.02 M
Food Security and Livelihoods	\$339.67 M
Health	\$119.30 M
Logistics and Emergency Telecommunications	\$25.92 M
Nutrition	\$152.63 M
Protection	\$17.51 M
Protection: Child Protection	\$18.67 M
Protection: Gender-based Violence	\$21.60 M
Protection: Mine Action	\$12.92 M
Refugee Response	\$476.86 M
Water, Sanitation and Hygiene	\$71.73 M

## 7.3

# Sector Target Calculation Methodologies

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SECTOR	TARGET METHODOLOGY
Education	50 per cent of PiN in localities 3, 4 and 5
Emergency Shelter and Non-Food Items	60 per cent of the localities with average ranking of 4 and 5
Health	PIN in localities of cross sectoral severities 4 and 5 + additional 8 localities of high severity in health + PiN in localities with refugee severity 4 and 5
Food Security and Livelihoods	States with no IPC Phase 4 population or where operations are not currently active, 5 per cent of IPC Phase 3 population was included in the target (including River Nile, Khartoum, Northern, Al Gezira and Sennar).
Protection: General	35 per cent of PiN of all localities
Protection: Child Protection	40 per cent of PiN in localities 3, 4 and 5
Protection: GBV	20 per cent of severity 3, 40 per cent of severity 4, 50 per cent of severity 5
Protection: Mine Action	Mapping of areas of intervention as well as estimation from the achieved targets of the previous projects
Water, Sanitation and Hygiene	<p><b>Water and Hygiene</b></p> <ul style="list-style-type: none"> <li>• Catastrophic (5): 60 per cent of population of need.</li> <li>• Extreme (4): 50 per cent of population of need.</li> <li>• Severe (3): 40-20 per cent of population of need.</li> </ul> <p><b>Sanitation</b></p> <ul style="list-style-type: none"> <li>• Catastrophic (5): 30 per cent of population of need.</li> <li>• Extreme (4): 25 per cent of population of need.</li> <li>• Severe (3): 20-10 per cent of population of need</li> </ul> <ul style="list-style-type: none"> <li>• Prioritization of refugee locations focused on areas with a severity ranking of levels 3-5. Refugee camps and large collective out-of-camp settlements as well as localities hosting new influxes of refugees were prioritized.</li> </ul>
Refugee Response	<ul style="list-style-type: none"> <li>• Additional prioritization was done to focus only on locations where there was an established active refugee response/or capacity of partners to initiate a new response as needed.</li> </ul>

7.4

# Sector Monitoring Indicator & Targets

## Education



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	650,000	350,000
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	650,000	350,000
<b>Sector Objective:</b>	Conflict and disaster affected children and adolescents have access to inclusive quality basic education including life skills and psychosocial wellbeing opportunities within a safe learning environment	650,000	350,000
<b>Indicator:</b>	# of school aged boys and girls accessing safe learning spaces	650,000	350,000
<b>STRATEGIC OBJECTIVE 3:</b>	Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action	100,000	40,000
<b>Specific Objective 3.2:</b>	Promote the protection, safety and dignity of affected people, through community-based and individually targeted multi-sector interventions	100,000	40,000
<b>Sector Objective:</b>	Schools and learning environments are protective and responsive to the needs of conflict affected children, youth and adolescents	100,000	40,000
<b>Indicator:</b>	Number of children and teachers with uninterrupted schooling due to attacks on education, occupation – as shelters and temporary closure	100,000	40,000

## Emergency Shelter/Non-Food Items



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	513,349	194,844
<b>Specific Objective 1.1:</b>	Provide immediate water, food, non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of lives and alleviate suffering	513,349	194,844
<b>Sector Objective:</b>	Effected people received timely lifesaving assistance	513,349	194,844
<b>Indicator:</b>	Number of newly displaced received lifesaving emergency shelter for protection from the elements and safety.	359,344	64,922
<b>Indicator:</b>	Number of newly displaced received lifesaving non-food items	154,005	129,922

## Food Security & Livelihoods



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	4,227,445	3,469,424
<b>Specific Objective 1.2:</b>	Reduce high levels of acute food insecurity and malnutrition and mitigate the likelihood that risky negative coping mechanisms	4,227,445	3,469,424
<b>Sector Objective:</b>	Ensure disaster (man-made/natural) affected individuals receive timely and required assistance during and in the aftermath of a shock (conflict, floods, drought) based on assessments	4,227,445	3,469,424
<b>Indicator:</b>	# of individuals benefiting from adequate and timely food assistance through in-kind, voucher or cash (disaggregated by gender, age and disability)	2,397,174	2,081,332
<b>Indicator:</b>	# of individuals benefiting from life-saving emergency agriculture and livestock/veterinary inputs and kits (disaggregated by gender and age)	1,830,271	1,388,092
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	2,021,389	1,350,518
<b>Specific Objective 2.1:</b>	Increase resilience through enhanced livelihood opportunities for the most vulnerable people including social cohesion support	2,021,389	1,350,518
<b>Sector Objective:</b>	Improve availability and accessibility to sufficient, quality and nutritious food to individuals impacted by protracted crisis who suffer from food insecurity levels for enhanced resilience	2,021,389	1,350,518
<b>Indicator:</b>	# of individuals benefiting from improved agricultural and non-agricultural services for enhance resilience (disaggregated by gender and age)	2,021,389	1,350,518

## Health



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	0.95	
<b>Specific Objective 1.1:</b>	Provide immediate water, food, non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of lives and alleviate suffering	0.95	
<b>Sector Objective:</b>	Strengthen health sector capacity to prepare and deliver timely response to affected population by conflict, natural emergencies, and disease outbreaks.	0.95	
<b>Indicator:</b>	Percentage of disease alerts investigated within 72 hours of identification	0.95	
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	8,623,761	5,034,220
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	8,623,761	5,034,220
<b>Sector Objective:</b>	Increase equitable access to humanitarian life-saving and life-sustaining health services for those most vulnerable and in need.	8,623,761	5,034,220
<b>Indicator:</b>	Number of consultations per person in need	8,623,761	5,034,220

## Logistics & Emergency Telecommunications



IN NEED      TARGETED

<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	
<b>Specific Objective 1.1:</b>	Provide immediate water, food, non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of lives and alleviate suffering	
<b>Sector Objective:</b>	Affected people receive timely lifesaving assistance	
<b>Indicator:</b>	Amount of light humanitarian cargo transported by UNHAS per month	300MT
<b>Indicator:</b>	Number of passengers transported per month	1,800

## Nutrition



IN NEED      TARGETED

<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	17,836
<b>Specific Objective 1.2:</b>	Reduce high levels of acute food insecurity and malnutrition and mitigate the likelihood that risky negative coping mechanisms	17,836
<b>Sector Objective:</b>	Affected people with highest level of undernutrition receive timely lifesaving assistance	17,836
<b>Indicator:</b>	Number of girls, boys 6-59 months, affected by severe acute malnutrition (SAM) admitted to treatment	17,836
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	1,149,101
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	1,149,101
<b>Sector Objective:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	1,149,101
<b>Indicator:</b>	# of mothers/caretakers of girls and boys 6-59 months who received infant and young child feeding (IYCF) counseling services	774,919
<b>Indicator:</b>	Number girls, boys 6-59 months and PLW affected by moderate acute malnutrition (MAM) admitted for treatment	374,182

## Protection



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 3:</b>	Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action	1,755,046	614,266
<b>Specific Objective 3.1:</b>	Ensure equitable access of persons of concern to essential services, and access of humanitarian actors to those in need	1,755,046	614,266
<b>Sector Objective:</b>	Provide specific protection services, including to persons with specific needs with particular attention to persons with disabilities	1,228,532	438,761
<b>Indicator:</b>	# of persons with disabilities who receive services for their specific needs	1,228,532	438,761
<b>Sector Objective:</b>	Strengthen Community-based Protection (CBP) systems for increasing the community capacity and ensuring protection of the most vulnerable people at the community level	526,514	175,505
<b>Indicator:</b>	# persons reached through community-based protection services	526,514	175,505

## Protection - Child Protection



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 3:</b>	Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action	850,000	380,000
<b>Specific Objective 3.2:</b>	Promote the protection, safety and dignity of affected people, through community-based and individually targeted multi-sector interventions	850,000	380,000
<b>Sector Objective:</b>	Enhance access to comprehensive case management services for vulnerable girls and boys with protection concerns including unaccompanied and separated children	850,000	380,000
<b>Indicator:</b>	# of identified unaccompanied and separated children (UASC) placed in a caregiving environment, or reunited with their family within 6 months of registration	100,000	30,000
<b>Indicator:</b>	Number of children and adolescents provided with specialized care and protection services based on their needs	750,000	350,000

## Protection - Gender Based Violence



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 3:</b>	Promote the protection, safety and dignity of affected people, through community-based and individually targeted multi-sector interventions	1,772,050	789,150
<b>Specific Objective 3.2:</b>	Survivors have access to quality specialised GBV services and measures are in place to prevent and mitigate risks of GBV	1,772,050	789,150
<b>Sector Objective:</b>	# of women & girls accessing women centers	141,000	
<b>Indicator:</b>	# of women, men, girls and boys reached by GBV services and activities	1,772,050	648,150

## Protection - Mine Action



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 1:</b>	Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	1,841,470	150,000
<b>Specific Objective 1.1:</b>	Provide immediate water, food, non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of lives and alleviate suffering	1,841,470	150,000
<b>Sector Objective:</b>	Enhance the safety of communities affected by explosive ordnance while enabling humanitarian aids delivery	1,841,470	150,000
<b>Indicator:</b>	# km of land released	1,841,470	150,000
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	1,000	250
<b>Specific Objective 2.1:</b>	Increase resilience through enhanced livelihood opportunities for the most vulnerable people including social cohesion support	1,000	250
<b>Sector Objective:</b>	Improve life condition of explosive accidents survivors and promote their socio-economic re-integration into their societies	1,000	250
<b>Indicator:</b>	# of victims [data disaggregated by sex and age] provided with direct assistance	1,000	250

## Refugee Response



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	1,146,233	905,316
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	1,146,233	905,316
<b>Sector Objective:</b>	Refugees are supported to live safe and dignified lives while in asylum in Sudan, including through the provision of timely protection and lifesaving assistance, equitable access to improved basic services, and opportunities to build self-reliance	1,146,233	905,316
<b>Indicator:</b>	# refugees biometrically registered by end of 2020	1,146,233	905,316

## Recovery, Return & Reintegration



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	338,136	101,441
<b>Specific Objective 2.1:</b>	Increase resilience through enhanced livelihood opportunities for the most vulnerable people including social cohesion support	338,136	101,441
<b>Sector Objective:</b>	People in need have enhanced access to finance and income options and livelihood opportunities	338,136	101,441
<b>Indicator:</b>	# of returnee households whose livelihood assets have been improved. (through supporting existing coping strategies and with support in livestock inputs/services, trainings, and kits)	338,136	101,441
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	338,136	101,441
<b>Sector Objective:</b>	People in need have sustainable access to quality basic services.	338,136	101,441
<b>Indicator:</b>	# of targeted returnees with improved access to basic services, facilities and/or communal assets in prioritized return areas.	338,136	101,441

## Water, Sanitation & Hygiene



		IN NEED	TARGETED
<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services	8,998,081	2,835,156
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter	8,998,081	2,835,156
<b>Sector Objective:</b>	Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment ( affected = affected by conflict, disease outbreaks, acute malnutrition, floods and GBV)	5,180,463	1,130,943
<b>Indicator:</b>	Number of girls, boys, women and men having access to limited, secured and gender appropriate sanitation services	5,180,463	1,130,943
<b>Sector Objective:</b>	Affected populations have timely access to safe and sufficient quantity of water for drinking, domestic use and hygiene (SPHERE) ( affected = affected by conflict, disease outbreaks, acute malnutrition, floods and GBV)	3,817,618	1,704,213
<b>Indicator:</b>	Number of girls, boys, women and men having access to basic water services.	3,817,618	1,704,213



## Common Services

IN NEED

TARGETED

<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter
<b>Sector Objective:</b>	An effective, innovative humanitarian financing system that meets the needs of crisis-affected people
<b>Indicator:</b>	Reserve for Emergency Allocation from allocation launch till HC approval is completed in a timely manner
<b>Sector Objective:</b>	More credible, comprehensive and evidence-based situational analysis
<b>Indicator:</b>	Information package for Mobility Tracking information is up-to-date and available online in a timely manner" every 3 months
<b>Indicator:</b>	Percentage of core humanitarian datasets publicly available

## Cross-cutting Indicators

### Accountability to Affected Populations

<b>STRATEGIC OBJECTIVE 2:</b>	Contribute to building resilience to recurrent shocks and improving vulnerable people's access to basic services
<b>Specific Objective 2.2:</b>	Support vulnerable people's access to quality basic services including education, water, health and shelter
<b>Sector Objective:</b>	More credible, comprehensive and evidence-based situational analysis
<b>Indicator:</b>	Percentage of beneficiaries reporting that humanitarian assistance is delivered in safe, accessible, accountable, and participatory manner.

7.5

# Participating Organizations

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ORGANIZATION	NO. OF PROJECTS	FUNDING (US\$)
ACT Alliance / Norwegian Church Aid	2	3,090,780
Action Against Hunger	2	1,669,999
Addition for Disaster assistance and Development	3	1,016,760
Adventist Development and Relief Agency	2	5,045,000
Almanar Voluntary Organization	4	3,684,230
Almasheesh for Peace and Development Organization	1	188,000
Almassar Charity organization for Nomad's Development and Environmental Conservation	5	1,444,131
Al-Mutawinat Group	1	150,000
Alsalam Organization for Rehabilitation and Development	1	801,412
Alshrooq Organisation for Social and Cultural Development	3	917,198
American Refugee Committee (Alight)	5	12,452,424
Business and Professional Women Organization	2	605,000
CARE International Switzerland in Sudan	3	11,135,000
Catholic Agency for Overseas Development	4	1,850,000
Catholic Relief Services	7	8,456,755
Child Development Foundation	1	1,000,000
Concern Worldwide	3	4,025,000
Cooperation for Development Organization	1	520,581
Cooperazione Internazionale - COOPI	5	5,377,000
CRS and Private Foundations	1	1,000,000
Danish Refugee Council	1	1,500,000
Deutsche Welthungerhilfe e.V. (German Agro Action)	1	2,532,630
El Ruhama Organization for Development and Humanitarian Aid	1	150,000
EMERGENCY - Life Support for Civilian War Victims ONG Onlus	1	2,167,985

ORGANIZATION	NO. OF PROJECTS	FUNDING (US\$)
Food & Agriculture Organization of the United Nations	4	35,518,991
FPDO	2	698,207
Gayat for Peace and Development	1	150,000
Global Aid Hand	8	11,700,702
GOAL	3	10,009,120
Great Family Organization	2	700,000
Hope and Friendship for Development Organization	4	1,340,000
Hopeful Touch	1	100,000
International Aid Services	1	2,215,218
International Medical Corps	1	12,000,000
International Organization for Migration	10	29,559,895
International Rescue Committee	1	11,100,000
Islamic Relief Worldwide	4	3,476,033
Japan International Volunteer Center	3	70,000
JASMAR Human Security Organization	4	1,656,650
Kabakabiya Smallholders Charitable Society	1	259,982
Kuwait Patients Helping Fund	2	2,008,000
Mercy Corps Scotland	3	3,500,500
Nada Elazhar for Disaster Prevention and Sustainable Development	1	1,000,000
National Units for Mine Action and Development	1	841,051
Near East Foundation	4	7,072,830
Office for the Coordination of Humanitarian Affairs	1	9,500,000
Organization for Voluntary Humanitarian Assistance Programme	5	2,529,098
OXFAM America	2	5,735,000
Peace Bridge Association	3	872,233
Peace Organization for Rural Development	1	525,000
Plan International	3	2,017,000
Plan Sudan	2	4,584,900
Practical Action (formerly Intermediate Technology Development Group)	2	5,459,515
Relief International	2	6,000,000
SAHARI Organization for Development	1	841,806

ORGANIZATION	NO. OF PROJECTS	FUNDING (US\$)
Samaritan Aid Organization	2	225,000
Save the Children	7	20,051,509
SOS Sahel Sudan	1	400,000
Sudanese Organization for Relief and Recovery (formerly Sudanese Organization for Rehabilitation and Construction)	5	1,974,600
Sustainable Action Group	3	634,500
Triangle Génération Humanitaire	4	5,344,777
United Mission on Relief and Development	2	1,425,228
United Nations Children's Fund	8	170,912,749
United Nations Development Programme	1	22,189,000
United Nations High Commissioner for Refugees	3	248,459,060
United Nations Industrial Development Organization	1	500,000
United Nations Mine Action Service	1	10,675,000
United Nations Population Fund	3	53,233,993
United Peace Organization	6	2,928,480
Vet-Care Organization	1	1,300,851
Vétérinaires sans Frontières (Germany)	3	3,200,000
World Food Programme	5	484,734,673
World Health Organization	4	66,537,700
World Relief	2	5,124,567
World Vision International	7	24,442,862
Zulfa Development and Peace Organization	2	915,037
World Vision International	7	24,442,862
Zulfa Development and Peace Organization	2	915,037

## 7.6

# How to Contribute

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## 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](http://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](http://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](http://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](mailto: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](mailto: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](mailto:fts@un.org) or through the online contribution report form at <http://fts.unocha.org>

## 7.7

# Acronyms

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<b>AAP</b>	Accountability to Affected Populations
<b>AoR</b>	Area of Responsibility
<b>AWD</b>	Acute Watery Diarrhoea
<b>CERF</b>	Central Emergency Response Fund
<b>CMR</b>	Clinical Management of Rape
<b>COR</b>	Commission for Refugees
<b>CP</b>	Child Protection
<b>CPAoR</b>	Child Protection Area of Responsibility
<b>CPMS</b>	Minimum Standards of Child Protection in Humanitarian Action
<b>CWC</b>	Communication with communities
<b>EMIS</b>	Education Management Information System
<b>EPI</b>	Expanded Program of Immunization
<b>FCPU</b>	Family and Child Protection Unit
<b>FGM</b>	Female Genital Mutilation
<b>FMoH</b>	Federal Ministry of Health
<b>GAM</b>	Gender and Age Marker
<b>GAM</b>	Global Acute Malnutrition
<b>GBV</b>	Gender-Based Violence
<b>HCT</b>	Humanitarian Country Team
<b>HNO</b>	Humanitarian Needs Overview
<b>HPC</b>	Humanitarian Programme Cycle
<b>HRP</b>	Humanitarian Response Plan
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDPs</b>	Internally Displaced Persons
<b>IMF</b>	International Monetary Fund
<b>IMWG</b>	Information Management Working Group
<b>IPC</b>	Integrated Food Security Phase Classification
<b>ISCG</b>	Inter-Sector Coordination Group
<b>IVCN</b>	Infant and Young Child Nutrition
<b>KAP</b>	Knowledge, Attitudes and Practices

<b>LET</b>	Logistics and Emergency Telecommunications
<b>MAM</b>	Moderate Acute Malnutrition
<b>MEB</b>	Minimum Expenditure Basket
<b>MHM</b>	Menstrual Health Management
<b>MISP</b>	Minimum Initial Service Package
<b>MoE</b>	Ministry of Education
<b>MSSD</b>	Ministry of Security and Social Development
<b>NFI</b>	Non-Food Items
<b>NMAC</b>	National Mine Action Centre
<b>NSAGs</b>	Non-State Armed Groups
<b>PiN</b>	People in Need
<b>PLW</b>	Pregnant and Lactating Women
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>R-ARCSS</b>	Revitalized Agreement on the Resolution of the Conflict in South Sudan
<b>RCF</b>	Refugee Consultation Forum
<b>RPM</b>	Response Planning Module
<b>RRT</b>	Rapid Response Team
<b>RVF</b>	Rift Valley Fever
<b>S3M</b>	Simple, Spatial, Survey Method
<b>SAM</b>	Severe Acute Malnutrition
<b>SDGs</b>	Sustainable Development Goals
<b>SENS</b>	Standardized Expanded Nutrition Survey
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SHF</b>	Sudan Humanitarian Fund
<b>SLF</b>	State Liaison Function
<b>TMC</b>	Transitional Military Council
<b>UNAMID</b>	United Nations - African Union Mission in Darfur
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>VIP</b>	Ventilated Improved Pit
<b>WASH</b>	Water, Sanitation and Hygiene

## 7.8

# End Notes

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<sup>1</sup> Sudan has 190 localities.

<sup>2</sup> It is worth noting that administrative procedures and associated limitations on humanitarian access impact all humanitarian activities in Sudan. This paper recognizes efforts and progress made to date on improving humanitarian access by the Access Working Group and the Procedures Monitoring Committee.

<sup>3</sup> [https://www.globalpartnership.org/library?field\\_country\\_target\\_id\[273\]=273&key-document=1](https://www.globalpartnership.org/library?field_country_target_id[273]=273&key-document=1).

<sup>4</sup> Is a combination of learning experiences that aim to develop not only knowledge and attitudes, but also skills (i.e., life skills) that are needed to make decisions and take positive actions to change behaviours and environments.

<sup>5</sup> 5.8 million based on IPC June-August analysis – excluding West Darfur State and 0.4 million based on IPC January-March projection for West Darfur State.

<sup>6</sup> Al Gezira, Blue Nile, Central Darfur, East Darfur, Gedaref, Kassala, North Darfur, Red Sea, South Darfur, South Kordofan, West Darfur, West Kordofan, White Nile.

<sup>7</sup> More than 15% of population in locality falling under IPC phase 3 and above.

<sup>8</sup> Basic water services are drinking water from an improved source with collection time not more than 30 minutes for a roundtrip including queuing, where improved is piped water into dwelling, piped water to yard/plot, public tap or standpipe, tube well or borehole, protected dug well, protected spring, protected rainwater.

<sup>9</sup> Limited sanitation services are shared between two or more households with flush toilets, piped sewer system, septic tank, flush/pour flush to pit latrine, ventilated improved pit latrine (VIP), pit latrine with slab, composting toilet.

<sup>10</sup> Simple, Spatial, Survey Method (S3M) for Sudan 2018-2019.

<sup>11</sup> Dangour, A., et al. (2013). Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutrition status of children.

<sup>12</sup> Prüss-Üstün, A., et al. (2008). Safer Water, Better Health: Costs, Benefits and Sustainability to Interventions to Protect and Promote Health. Retrieved from WHO website.

<sup>13</sup> Population estimates for South Sudanese refugees are being reviewed with the Government of Sudan based on ongoing registration and verification processes in some States. The RCF does not anticipate this to change the number of refugees targeted for assistance under the refugee response, as targets are based on refugee registration progress and projections aligned to verified figures.

**HUMANITARIAN  
RESPONSE PLAN  
SUDAN**

ISSUED JANUARY 2020