

2019

HUMANITARIAN RESPONSE PLAN

JANUARY-DECEMBER 2019

APR 2019

Photo: UN agencies



SUDAN



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43.7
million

Total population
of Sudan



5.7
million*

People in need

* Based on highest sectoral figure
(FSL)



4.4
million

People targeted



1.1
billion

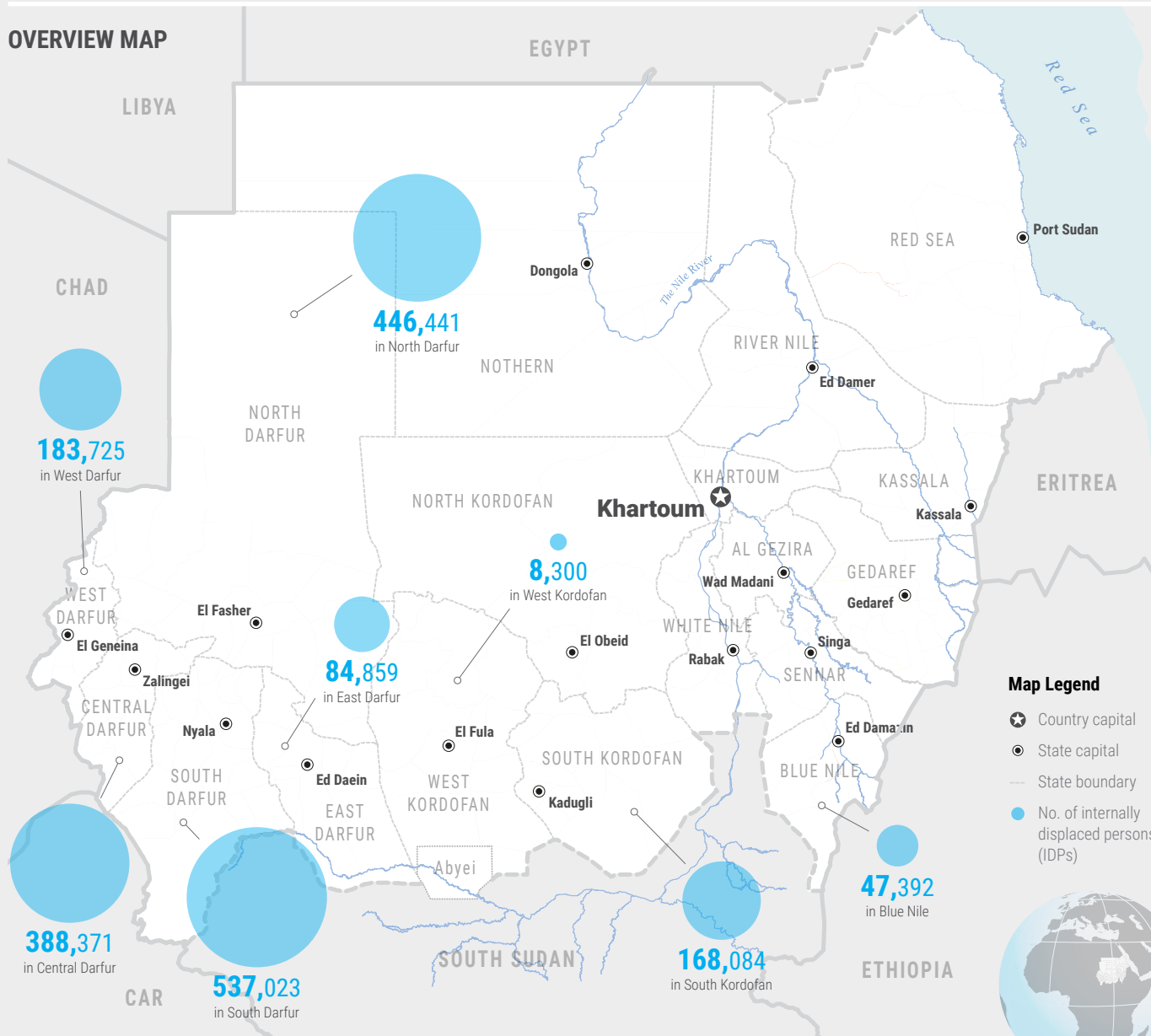
Funding requirements
(US\$)



80

No. of humanitarian
partners

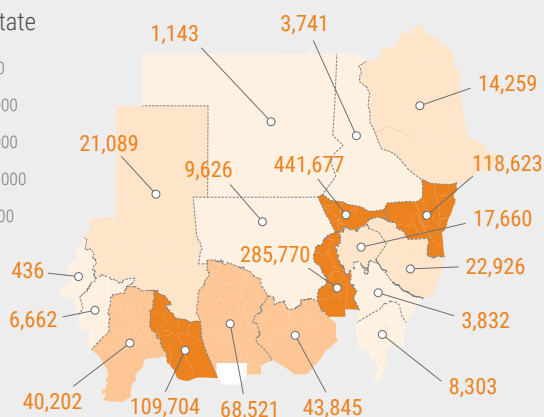
OVERVIEW MAP



NO. OF REFUGEES

by state

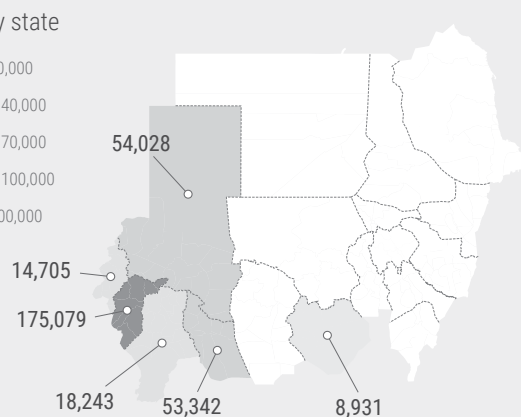
- Below 10,000
- 10,000 - 40,000
- 40,001 - 70,000
- 70,001 - 100,000
- Above 100,000



NO. OF RETURNEES

by state

- Below 10,000
- 10,000 - 40,000
- 40,001 - 70,000
- 70,001 - 100,000
- Above 100,000



FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Sudan is one of the world's largest protracted humanitarian crises; since 2018, it has been beset by an economic crisis characterised by spiraling inflation, bread, cash and fuel shortages, and a growing number of people faced with failed livelihoods, poverty and resorting to extreme coping mechanisms. This is against a backdrop of Sudan's inability to access concessional financing, including to support a series of economic reforms initiated in 2018. The Government has thus been unable to mitigate the social impact of austerity programmes, with the poor and vulnerable groups affected most.

However, as this Humanitarian Response Plan (HRP) goes to press, Sudan is in the midst of a profound political transformation following the overthrow of the regime of President Omar el Bashir. While the transition remains fragile, the stated intention of all parties is to improve the lives of Sudanese people, including protection. In this context, expectations are high for an effective improvement in the operating environment moving forward in 2019. This will be critical for ensuring timely and effective deployment and utilisation of donor resources in support of the ongoing large-scale humanitarian response.

This 2019 HRP - part of a multi-year humanitarian strategy - has been designed to prioritize life-saving response across the country, as well as to bolster essential services and livelihoods in the most severely affected areas. The HRP endeavours to support 4.4 million people, which is about half the population estimated by the international community to be in need. Assisting these people - the most vulnerable in the country - will require US\$1.1 billion. This includes requirements for the nearly 2 million people who remain displaced following years of conflict; refugees from South Sudan and other countries who

are hosted by Sudan; those who have begun to return to their places of origin; and the communities who host them. This HRP sets out a comprehensive response plan based on technical assessments of needs across the range of humanitarian sectors.

The current economic situation has also impacted a significant proportion of the population who previously did not require any assistance but now require support to prevent them sliding into a state of increased vulnerability and poverty. Recognising the fluidity of the current political and economic environment, further analysis and a mid-year revision of the HRP will be necessary to consider potential additional needs and new programming. Monitoring and analysis will be further strengthened using ongoing and planned assessments nationwide, including crop and food security assessments, the food security monitoring system and nutrition surveys, whenever possible.

To achieve all this and ensure that the most vulnerable are reached with timely assistance requires sustained and unfettered humanitarian access. We therefore call for a collective and sustained effort to establish an enabling framework for humanitarian response and to improve the operating environment, including lifting of all bureaucratic impediments and facilitating independent and impartial needs assessments.

Our commitment and collective efforts, supported by the generosity of donors, has already contributed to saving lives and prevented others from further suffering. Now, not only do we need to do more, we need to do it with a view to ensure that, in the long-term, gains made thus far are not reversed.

Gwi-yeop Son
Resident Coordinator/Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

OUTCOME

1

Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock

OUTCOME

2

Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance

OUTCOME

3

Vulnerable residents in targeted areas have improved nutrition status and increased resilience

PEOPLE IN NEED



5.7
million*

PEOPLE TARGETED



4.4
million

REQUIREMENTS (US\$)



1.1
billion

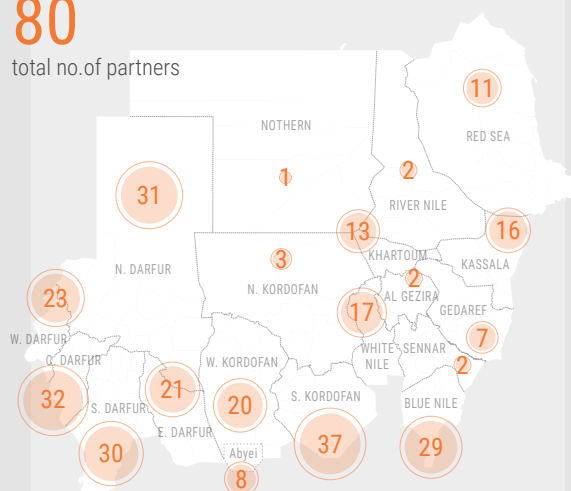
* Based on highest sectoral figure (FSL)

OPERATIONAL PRESENCE: No. of partners

per state

80

total no. of partners



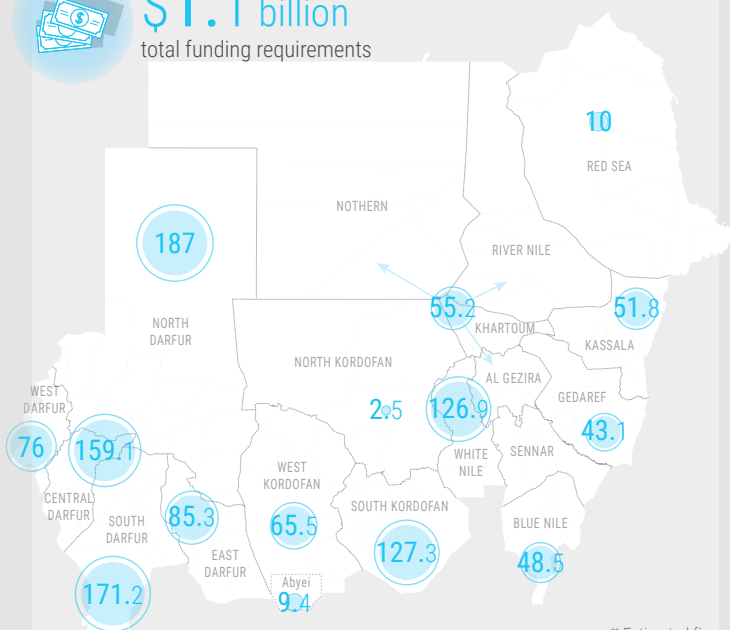
FINANCIAL REQUIREMENTS HRP 2019 (million\$)**

per state



\$1.1 billion

total funding requirements

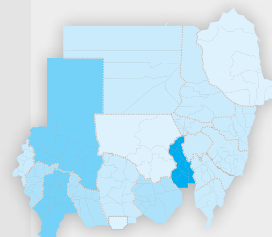


** Estimated figures

FINANCIAL BREAKDOWN

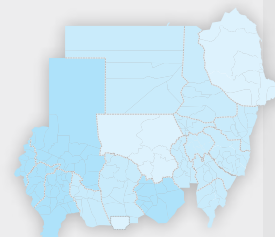
Outcome 1

\$651.6 million



Outcome 2

\$407.4 million



Outcome 3

\$91.1 million

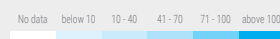


Multi-year projects

\$117.6 million



Funding request per state (million\$):



OVERVIEW OF

THE CRISIS



Sudan remains a large protracted humanitarian crisis and the severity and scale of needs remain far reaching. Although there has been an improvement of the security situation – as a result of unilateral cessations of hostilities both protracted and new displacement continues. About 1.86 million live in protracted displacement. About 27,000 people were newly displaced in areas experiencing localised armed conflict such as Jebel Marra, Blue Nile and South Kordofan – 19,000 people were mostly displaced in 2018 in Jebel Marra alone. Localized violence continues to take place due to fighting between sedentary farmers and nomadic-pastoral communities, and between nomadic communities. Protection risks and threats continue; IDPs, particularly women and girls, still face high protection risks and continue to be harassed, and occasionally killed or raped. Between December 2017 and January 2019, UNAMID documented 192 victims of sexual and gender-based violence.

The food security and nutrition situation remains fragile and many affected populations remain dependent on assistance to meet their basic food needs. According to the Government's Food Security Technical Secretariat, 5.7 million people were estimated to be in Crisis - Integrated Food Security Phase Classification (IPC) Phase 3 - or Emergency (IPC Phase 4) levels of food insecurity - ten out of 18 states have people in IPC phase 4. People in emergency and crisis levels are only able to meet minimum food needs with irreversible coping strategies that involve liquidating livelihood assets or diverting expenses from essential non-food items. Some are facing extreme food consumption gaps that could result in high levels of acute malnutrition, already above the emergency threshold especially for children under the age of 5. About 2.4 million children under age five suffer from wasting annually, out of whom close to 700,000 suffer from severe acute malnutrition (SAM). High malnutrition levels are not only limited to the conflict-affected areas; 52 per cent of acutely malnourished children live in nine states not affected by conflict including Al Gezira, Red Sea and Kassala. Further, communicable diseases remain a major cause of morbidity and mortality in Sudan and the country is prone to measles, meningitis, acute watery diarrhoea (AWD) and most recently chikungunya and dengue. The situation is aggravated by weak health infrastructures, poor infant and young child feeding practices, limited access to safe water and sanitation services, and poor hygiene conditions.

The country is also currently facing severe macro-economic challenges which are further exacerbating the situation. Austerity measures instituted in 2018 have resulted in

spiralling inflation - reaching 73 per cent in December 2018 - and consequently a spike in prices of basic commodities and medicines. Fuel and cash shortages continue across parts of the country. As a result, household purchasing power has been eroded as people are unable to meet their basic food needs and adopting negative coping strategies, such as selling productive assets or limiting amount of food consumed. According to FEWSNET, the November to February harvest is not likely to lead to an improvement as people still rely on market purchases even during the harvest period. Preparations for the November to March winter season, which is the key season for wheat production in Sudan, started earlier than normal. Farmers are raising concerns that the high costs of seeds, fertilizers, fuel, and the cash shortage will likely have an impact on normal planting. Beyond household food security, the economic crisis is also impacting other sectors, including health and nutrition, as people reduce expenditure in order to meet their basic food needs or compromise the quality of food. To supplement household income, parents may send their children to work, exposing children to risks such as child labour, unsafe migration, trafficking, recruitment and sexual exploitation. Overall, the situation remains fluid and humanitarian needs could further increase as underlying challenges are not expected to change in the immediate future.

MULTI-YEAR

HUMANITARIAN STRATEGY
OUTCOMES

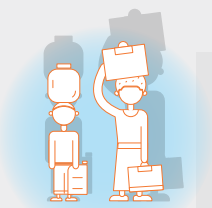
In 2019, the humanitarian response will be guided by the Multi-Year Humanitarian Strategy (MYHS) for 2017-19. This strategy recognizes that several types of interventions are required to address humanitarian needs and to support response to new crises. As set in the MYHS, the scope and priorities of the 2019 HRP are defined around saving lives, providing basic services and increasing self-reliance and improving nutrition and resilience of affected people. Therefore to address immediate needs, the 2019 HRP will target population groups and areas with highest needs and vulnerabilities as identified in the Humanitarian Needs Overview (HNO). It will also aim to strengthen the resilience of populations through contribution to durable solutions, nutrition, and livelihoods.

Prepared in consultation with the Government of Sudan and humanitarian partners, the HRP also seeks to strengthen the links between humanitarian response and the longer-

term development necessary to sustainably reduce the level of needs in Sudan. This HRP acknowledges that this can only be done through bridging short-term relief and longer-term assistance that will enable self-sufficiency and reliance that require humanitarian and development actors to work within the parameters of the New Way of Working (NWOW) and leverage their comparative advantages in line with humanitarian principles. This HRP continues to strengthen linkages with the United Nations Development Assistance Framework (UNDAF) 2018– 2021 and efforts to achieve the Sustainable Development Goals (SDGs); and aims to link to national priorities and strategies focusing on reinforcing national capacities and systems

OUTCOME

1



Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock

Partners will aim to ensure that affected people receive timely life-saving assistance; that people's coping mechanisms are strengthened through integrated community-based early recovery programming; and that emergency response preparedness of humanitarian actors is reinforced. Early warning information will enable a timely response as soon as new needs arise, and facilitate the adjustment of priorities as required.

OUTCOME

2



Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance

For communities affected by protracted displacement, partners will aim to ensure that people in need have sustainable access to essential assistance based on vulnerability targeting, including quality basic services and income and livelihood opportunities.

OUTCOME

3

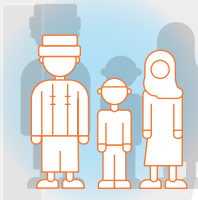


Vulnerable residents in targeted areas have improved nutrition status and increased resilience

In line with the Agenda for Humanity's commitment to work differently to end needs, partners acknowledge that there are pockets of severe vulnerability across Sudan, even in areas that are not directly affected by conflict. Humanitarian partners will work to address malnutrition through a multi-sectoral approach while also building the resilience of affected communities.

RESPONSE

STRATEGY



1. Prioritize the response to reach the most affected, including more efficient investment in preparedness actions



Humanitarian partners will ensure the most effective use of available resources and at the same time invest in emergency preparedness to prevent and mitigate the impact of new shocks and provide a timely response. Efforts will prioritize assistance to the most vulnerable, while also aiming to prevent a further deterioration. Given the localized nature of new emergencies, this HRP will be supplemented – where appropriate - with area-based preparedness and response plans that focus on areas of extensive need that require a more specific, detailed and tailored planning approach. These area-based plans will continue to be framed by the outcomes of the MYHS. This HRP will prioritize the most vulnerable people, those with acute needs and/or life-threatening situations, and localities based on operational capacity and severity of needs.

In order to ensure targeted and coordinated programming for the humanitarian response, boundaries in terms of what is considered as immediate humanitarian need were identified by the inter-sectoral group; hence related assistance targets are included in the HRP. With a view to reach the most vulnerable, the following categories will be prioritized in the response.

Localities with most severe needs will be prioritized: As per the HNO severity ranking, partners will respond to needs in priority localities where needs are most severe in Darfur, South Kordofan, Blue Nile, Red Sea, Kassala and White Nile states. Locality level severity scales will be developed at the sectoral level to allow for most appropriate response. Population groups affected by displacement will be prioritized based on their level of vulnerability, which will include newly displaced IDPs (less than two years), refugees (less than five years), and returnees (less than two years), and host communities. People with food security, nutrition and other basic needs will be prioritized with humanitarian activities to minimize morbidity and mortality. This includes multi-sector assistance to food-insecure people at crisis (IPC 3), and emergency (IPC 4) levels as well as children suffering from moderate and severe acute malnutrition. Likewise, partners will work to facilitate access to basic services in sectors such as health, protection and WASH. People with fragile livelihoods will also be targeted. Given the protracted nature of the crisis and external shocks such as floods and macro-economic challenges, peoples' livelihoods are fragile and their ability to absorb the impact of these shocks is limited. To prevent their needs from increasing further, the response will also focus on resilience building at the community level.

Sudan is susceptible to natural disasters and disease outbreaks; partners will work to maintain a constant state of readiness. Cross-sectoral preparedness will form a central component of the response plan to ensure sufficient capacity to assist affected people. Guided by the HCT Minimum Operating Standards (MOS) and the Emergency Response Framework (ERF), the Inter-Sector Group will strengthen early warning, improve contingency planning and promote a proactive approach to collective response readiness. ERP 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 adjusted as required. Where necessary and feasible, area-based preparedness and response plans that focus on areas of high risk/substantial need which require a more specific, detailed and tailored approach may be prepared. These plans will still be framed by the overall strategic outcomes of the HRP.



2. Provide collective leadership and advocacy to protect and save lives



Partners will concentrate their efforts to save the lives of affected people, ensure their safety and security, alleviate their suffering and restore their dignity – in accordance with international human rights law (IHRL) and international humanitarian law (IHL) as well as internationally recognized protection standards, such as the UN Guiding Principles on Internal Displacement. The Humanitarian Country Team (HCT) commits to keeping civilians and communities safe from risks and supporting them to recover from harm. The HCT will focus on monitoring and responding in a timely manner; advocating for durable solutions; and increasing proactive engagement and evidenced-based advocacy for all actors to uphold their responsibilities and obligations under IHL and human rights law. In line with the centrality of protection the humanitarian community commits to advocating for a protective environment, freedom of movement and humanitarian access and ensuring protection mainstreaming. Humanitarian partners will work together to implement prevention and response programs through integrated approaches that enhance the quality of care and protection of the most vulnerable.

With the downsizing of the African Union - United Nations Hybrid Operation in Darfur (UNAMID), the protection sector together with the Joint Protection Group is making efforts to ensure a complementary and coordinated approach to support vulnerable people by putting in place monitoring mechanisms that provide an understanding of gaps and immediate actions to be taken to address risks and as much as possible prevent the recurrence of violations of IHRL and IHL. This will clearly articulate and identify the complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes; identify and make use of all available tools to effectively protect those affected by humanitarian crises; take into account the role and contribution of other relevant actors, such as the government, peacekeeping and political missions and development actors, to achieve protection goals and develop durable solutions.

Photo: UN agencies



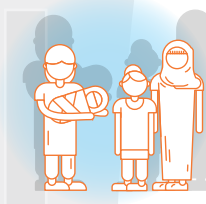


3. Put affected people at the centre of the response and increase community engagement and accountability



The humanitarian community will work to deliver humanitarian assistance in a manner that does not expose people to further harm, reduces risk exposure, and ensures the safety and dignity of individuals. To be effective, community engagement must be based on two-way dialogue and ensure that accurate and timely information is shared with affected communities and that their feedback and participation are integrated into the humanitarian response.

In 2018, agencies used an assortment of mechanisms, including individual hotlines, surveys, needs assessments, and complaint and feedback mechanisms at state levels that facilitated two-way communications between affected populations and humanitarian responders. In 2019, partners will focus on creating synergies and complementarity across existing initiatives on protection from sexual exploitation and abuse (PSEA) using community engagement mechanisms and in line with protection mainstreaming and Accountability to Affected Populations (AAP) principles. Established under the leadership of the Humanitarian Coordinator and managed by UN/NGO personnel, the Sudan Network on Protection from Sexual Exploitation and Abuse (SNPSEA) will be the primary body coordinating and harmonising efforts to prevent and tackle sexual exploitation and abuse. The PSEA Network initiated a rapid mapping of existing PSEA initiatives and issues in late 2018 and findings from this mapping will inform design and planning of relevant activities in 2019.



4. Promote gender equality and mainstreaming



To effectively mainstream and integrate gender equality and the empowerment of women in the overall response, the humanitarian country team will focus on strengthening the capacities of all stakeholders for 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 addition, all projects included in the HRP are reviewed according to the Inter-Agency Standing Committee (IASC) Gender and Age Marker and the IASC gender-based violence (GBV) guidelines in order to better track how well gender considerations have been taken into account, which will also help integrate gender elements in project design in terms of analysis, activities, participation, and benefits.

GAM Rate	Count of IASC Gender with Age Marker (GAM)
1 (M): The project does not intentionally contribute to gender equality.	1
1 (T): The project aims to principally promote gender equality without the necessary gender equality measures.	1
2 (M): The project addresses age differences but does not intentionally contribute to gender equality.	1
2 (T): The project addresses age differences and aims to promote gender equality but without the necessary gender equality measures.	6
3 (M): The project will contribute to gender equality but without full attention to age groups.	7
3 (T): The project is principally about promoting gender equality without full attention to age groups.	4
4 (M): The project will significantly contribute to gender equality, including across age groups.	152
4 (T): The project is principally about promoting gender equality, including across age groups.	15
N/A: The project does not have any contact with or direct influence on the affected population, and the programming actions are not linked.	3
Grand Total	190



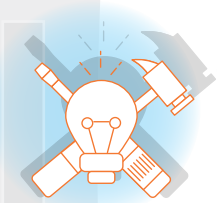
5. Where appropriate and feasible, scale up the use of cash as a modality



Recognizing that cash-based programmes improve aid efficiency by reducing operational costs, allowing vulnerable persons to satisfy their basic needs according to their needs and preferences, and supporting the recovery of local markets, partners will endeavour to expand the use of cash across the country. In 2018, a number of humanitarian actors and public-sector partners used cash as part of food security and livelihood, NFI and shelter, nutrition, and multi-sectoral interventions.

Globally, cash is recognized as an effective modality to address humanitarian needs that responds to beneficiary preferences and can support economic recovery. Market conditions in many urban and peri-urban areas of Sudan demonstrate that cash is a feasible response modality, with markets generally accessible to affected people, and that traders can expand their supply to meet increased demand. However, within the current economic context, there remain significant operational challenges for partners to deliver and scale-up cash programming, including high inflation, liquidity constraints, and limited access to financial services and technical infrastructure in remote areas. Given these macroeconomic challenges, partners will determine the most appropriate modality and delivery mechanism through joint analysis of cash feasibility at state and federal levels taking into account cultural and gender dynamics, the preferences of the affected population, the safety and security of beneficiaries, host community and staff, any potential impacts on social cohesion and the local economy, cost-efficiency and the availability of financial service providers.

The Cash Working Group (CWG) will support partners with technical guidance, and facilitate cash coordination, including joint assessments, information sharing and analysis on financial services, transfer values and coverage. To further scale up the use of cash in 2019, the CWG will develop a cash strategy, and work with key stakeholders to generate evidence and formulate key advocacy messages on the use of cash in Sudan. The CWG will work closely with sectors and partners to develop harmonized tools and approaches, including a minimum expenditure basket (MEB), and provide guidance on targeting, market analysis and post-distribution monitoring. Finally, the CWG will explore linkages with national social protection programmes to identify longer-term support and exit strategies for people in need.



6. Enhance linkages between humanitarian and development interventions to strengthen resilience and reduce needs



A key element of the MYHS is linking humanitarian and development programming by bringing collective comparative advantages together. Where opportunities exist, humanitarian and development partners will seek to ensure that short, medium and long-term programming is coherently aligned to provide more durable and sustainable assistance to vulnerable households and communities. The humanitarian community will continue to pursue synergies and linkages with existing frameworks, including the UNDAF, SDGs, Darfur Development Strategy (DDS), South Sudan Regional Refugee Response Plan (RRRP) and the Government national plans amongst others. Where feasible, this will be underpinned by joint analysis, better leadership and coordination and advocacy for predictable, flexible and longer-term financing.

PLANNING

ASSUMPTIONS



While the protracted nature of the crisis provides a relatively stable planning environment, this HRP acknowledges that people are exposed to multiple risks and vulnerabilities as the 2019 HNO demonstrates. Therefore, the following assumptions will underpin the 2019 HRP:

- » About 1.86 million people will continue to live in a situation of protracted internal displacement and new displacements. Although lower than previous years it will continue particularly in areas that still experience localised armed clashes between state and non-state armed groups. As in recent years, some returns and local integration of displaced people are expected to continue. Government initiatives to integrate and resettle IDPs are underway in areas such as North Darfur. A substantial increase in durable solutions is contingent on several factors, including expanding the provision of basic services, security, rule of law in areas of return and addressing the root causes of the conflict and sustained access to affected people. Cognizant of these challenges, the humanitarian community will continue to advocate to ensure that returns, resettlement or local integration are safe, voluntary, and dignified.
- » Sudan will remain vulnerable to natural disasters and disease outbreaks: Sudan is prone to disease epidemics, including measles, acute watery diarrhea (AWD) and most recently chikungunya and dengue fever. Substantial investment will be required in preparedness and prevention to avoid large-scale outbreaks and flood/drought - related risks.
- » Sudan will continue to host refugees and asylum seekers across all states throughout 2019. In eastern Sudan, new Eritrean and Ethiopian arrivals are anticipated, while the protracted situation for refugees and asylum-seekers is expected to continue. It is expected that the Government of Sudan will continue to maintain an open border policy, allowing safe and unrestricted access to its territory for those fleeing conflict and conflict-related food insecurity in South Sudan. Lower rates of new South Sudanese refugee arrivals are anticipated into White Nile, South Kordofan, West Kordofan, South Darfur and East Darfur States, with some onward movements into other parts of Darfur, Kordofans and Khartoum. No major return movements of South Sudanese or Eritrean refugees are anticipated in 2019. The voluntary repatriation of Chadian refugees living in Darfur will continue.
- » Household purchasing power remains weak due to macro-economic conditions: The economic crisis is likely to continue to erode household purchasing power and impact people's ability to meet their basic needs. This will likely lead to an increase in negative coping mechanisms including reducing quantity of meals, borrowing and selling assets. In addition to the direct impact on households, the economic situation is also affecting the cost of operations for humanitarian partners and could lead to an increase in requirements. Any further shocks could also lead to an increase in humanitarian needs that have not otherwise been considered in this strategy.
- » Partners reach more areas, while pockets of territory remain inaccessible and challenges remain: Humanitarian access has improved, and the expectation is that this remains the case throughout 2019. However, access to areas under the control of non-state armed groups, such as Jebel Marra remains restricted. Further, the government recently agreed to a UN proposal to deliver humanitarian assistance to areas controlled by the Sudan People's Liberation Movement – North (SPLM-N) in South Kordofan and Blue Nile. As negotiations continue, access could open up, although this HRP has not accounted for this. Humanitarian partners will adjust their planning should more areas become accessible. Programme delivery could be impacted by already existing access challenges, restrictive humanitarian space, and delays in approving needs assessments among other issues.

HUMANITARIAN

ACCESS



There have been some improvements in humanitarian access, particularly since the issuance of revised government directives on humanitarian action in December 2016. The directives aim to provide an overall policy framework facilitating humanitarian action through steps such as simplified procedures for travel permits, customs, entry visas, standards for conducting assessments, and regulating technical agreements and recruitment of national staff. In 2018, partners were able to reach affected people, and carry out interagency needs assessments in parts of Jebel Marra, Blue Nile and South Kordofan where access was restricted for several years. Travel procedures have been processed more quickly. The Government of Sudan continues to facilitate the delivery of assistance to South Sudan through the three corridors of Bentiu, Aweil, and Renk. The Government has also indicated its readiness to allow humanitarian partners to deliver assistance from within Sudan to affected people in parts of South Kordofan and Blue Nile under SPLM-N control.

Nevertheless, humanitarian partners continue to face access challenges in several areas, including but not limited to areas affected by armed clashes. There are delays in processing of technical agreements, interference in recruitment of national staff and procurement processes, prescribing types of projects to be included in technical agreements, and selection of partners. While several needs assessments were facilitated by the Government, the continued presence of security personnel impacts the independence of assessments and gathering information on protection threats and GBV. The harmonization and implementation of the directives remains challenging and varies from state to state. The bureaucracy remains heavy and complicated by different enforcing bodies; bureaucratic procedures affect the efficiency of procurement processes, needs assessments, and processing of technical agreements. Partners' access to areas and affected populations is also limited by difficult terrain, especially during the rainy season; and the presence of landmines and unexploded ordnance (UXOs) remains a challenge.

To address these challenges, humanitarian partners will engage with relevant authorities on adjustments to regulatory frameworks that facilitate humanitarian response. As the government and partners continue to put more emphasis on shifting towards development programming, timely access

to all affected people will be important. At the same time, the humanitarian community will engage with all parties to advocate for access to affected people in non-Government-controlled areas which have not been reached for several years.

The HCT Humanitarian Access Working Group (HAWG) will support these efforts by coordinating information sharing on access constraints, undertake granular access analysis and support advocacy efforts to enable partners to operate in inaccessible areas, and advise the HCT on IHL and engagement with relevant actors. Overall, it remains critical that the humanitarian community has safe and unimpeded access including easing of bureaucratic impediments to enable effective and timely delivery of assistance to affected people.

STRATEGIC

USE OF POOLED FUNDS



In 2018, the Sudan Humanitarian Fund (SHF) and the United Nations Central Emergency Response Fund (CERF) allocated US\$64 million - some 12 per cent of the total reported contributions (FTS, March 2019) - to the Sudan HRP. Of this amount, SHF allocated \$44 million (80 per cent to international NGOs, 11 per cent to national NGOs and 9 per cent to UN agencies directly) while CERF allocated \$20 million to UN agencies. In 2018, the SHF and CERF allocated funding to meet prioritized needs in six states - Central Darfur, North Darfur, South Darfur, Blue Nile, South Kordofan, and Kassala. By leveraging the comparative advantage of both funding mechanisms, these pooled funds remain critical in enabling a timely, coordinated, flexible, effective and prioritized response by humanitarian partners to sudden emergencies and protracted humanitarian needs in Sudan.

The distinct features of the SHF allocation windows allow for different type of allocations. The standard allocation aims to respond to strategic, prioritized humanitarian needs within the HRP and the MYHS. The Fund focused on NGOs as front-line responders, area-based approaches and pilot projects to strengthen a comprehensive response through three multi-year integrated multi-sector projects to support acute malnutrition interventions (Kassala State) and to strengthen access to basic services and livelihoods opportunities for protracted displacement in Krenik (West Darfur), and for returnees in Umm Dukhun (Central Darfur). The reserve allocation provided the flexibility to quickly respond to new and unforeseen humanitarian needs, including needs stemming from new displacement, significant needs in newly accessible areas, or the outbreaks of diseases. An allocation of \$2 million was key in kick-starting the response for 57,685 South Sudanese refugees living in Khartoum 'open area' settlements (Bentiu and Naivasha). Access to the Khartoum 'open areas' had been a challenge for UN and humanitarian partners since 2015. In 2018, the CERF Underfunded Emergencies (UFE) allocated funding to UN agencies to respond to the sharp increase in levels of food insecurity and high malnutrition rates - exacerbated by the economic situation. The prioritization for CERF UFE and SHF standard mid-year allocation was done simultaneously, which strengthened the programmatic, geographical and partnership complementarity.

In 2019, SHF will continue to maximize its strategic impact through a focus on area-based and integrated multi-sector approaches, complementarity and best positioned responders in line with prioritized needs identified in the 2019 HNO. The

Fund will continue to optimize the SHF allocation windows and the comparative advantage of the SHF and CERF mechanism to enable humanitarian partners to adequately respond to prioritized sudden onset and protracted humanitarian needs. Through field monitoring missions, the fund continues to systematically and regularly collect, verify and triangulate information to assess progress made against project targets outputs and activities. This is used to inform decisions and strengthen partnership and coordination. In addition, remote monitoring for inaccessible areas is also undertaken on a regular basis. In 2018, 80 per cent of the targets were achieved in monitoring, including 70 per cent of all projects. The low monitoring rate was because of some emergency reserve allocations being done in the later part of the year; however, in 2019, these projects will be monitored, including those funded in 2019.

OPERATIONAL

CAPACITY



In 2019, 80 national and international partners will implement projects in the 18 states and Abyei area with funding sought through the HRP. This includes 38 national non-governmental organizations (NNGOs), 32 international NGOs and 10 UN entities.

In 2019, the humanitarian community will promote collaboration among international, national and local organizations to further localize the response as per World Humanitarian Summit outcomes, where appropriate, and to strengthen their overall response capacity.

The operational capacity of humanitarian partners is closely linked to sustained and unfettered humanitarian access, the ability to maintain necessary staff or set up offices where the needs are largest, and sustained and predictable funding. Operational response capacity in localities controlled by non-

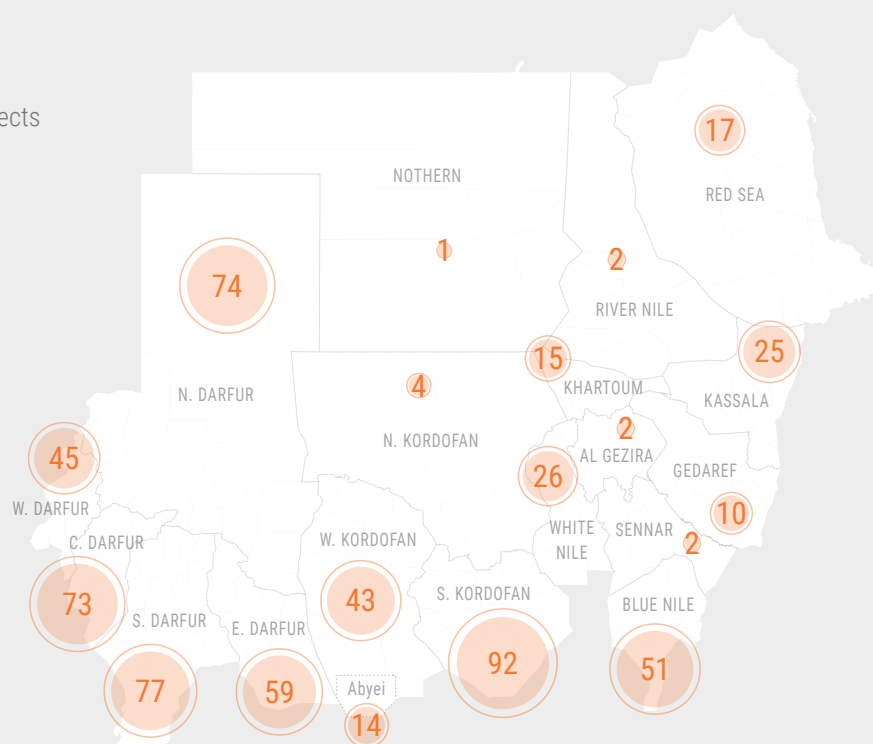
state armed groups is, however, limited due to security and access challenges. Should humanitarian access open up in these areas, partners will endeavor to scale up in these areas and reach affected people.

In addition to security and access, delivery will also be influenced by other factors, including the current economic situation which has led to increasing inflation over the past year. Cash and fuel shortages that started in 2018 will continue to affect timely and effective delivery of assistance including implementation delays and the suspension of activities in some areas and increases in operational costs due to rising transport costs and commodity prices.

NO. OF PROJECTS by state



210

total no. of projects
in Sudan



RESPONSE

MONITORING

The MYHS monitoring framework was designed to strengthen the planning, monitoring, and accountability of programming, while facilitating linkages between sectors, and synergies with development partners. The framework uses a results-based approach, which follows the same structure as the UNDAF Results Framework to strengthen complementarity with development activities. The Monitoring Framework was revised in 2018. Given that achieving the MYHS outcomes also depends on development interventions, the annual monitoring report will benefit from input from monitoring under the UNDAF provided by implementing agencies. It will also be equally important that partners commit to improving information management, reporting and data sharing including for bilaterally funded activities.

The ISCG in close collaboration with the Information Management Working Group (IMWG) will ensure monitoring of the response by collecting and analysing relevant data to facilitate planning and decision-making processes and to inform adjustments in programmes as appropriate.

In 2019, the humanitarian community intends to strengthen its monitoring efforts, including through:

Quarterly monitoring/Dashboard

Quarterly monitoring will be refined to measure the achievements of the humanitarian community at the outcome and output levels, at locality and state levels and based on the vulnerabilities identified in the HNO to reinforce and refine programming over the course of implementation. Sector Coordinators will have to work with implementing partners to upload quarterly details of activities conducted and beneficiaries reached to allow for an inter-active, real-time snapshot of achievements to date. This will enhance monitoring of ongoing response and programme adjustments as the situation changes.

Partners will use the newly rolled out 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 and the MYHS. Reporting on the objectives and indicators will be at the outcome and 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.

Periodic Monitoring Report

To enable the HCT to adequately examine whether sufficient progress is being made in reaching strategic and sector outcomes, a mid-year periodic 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.

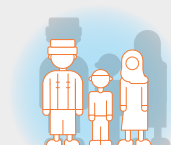
3Ws

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 tool to better reflect where organizations have response capacity as opposed to only programme activities or physical presence.



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

5.7
million*

People in need

4.4
million

People targeted

1.1
billion

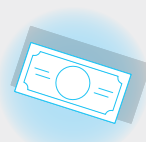
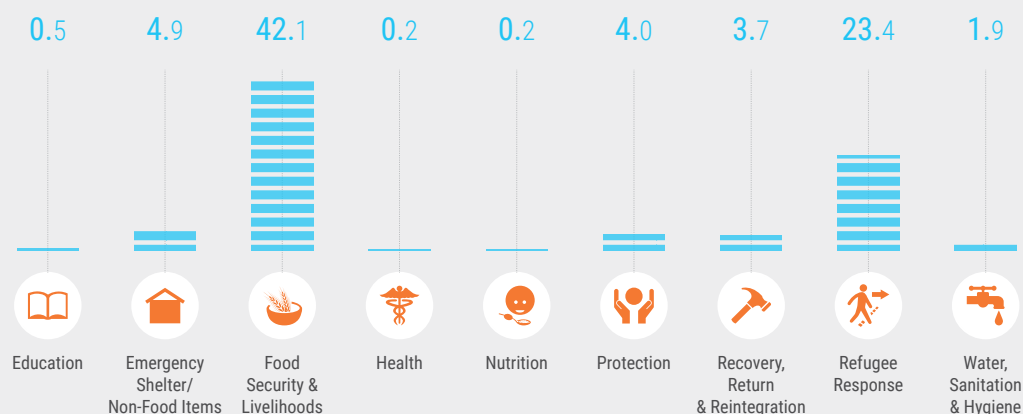
Funding requirements (US\$)

* Based on highest sectoral figure (FSL)

	TOTAL (M)	People targeted	BY STATUS (M)				BY SEX, AGE (%)			REQUIREMENTS (US\$M)		
	People in need		IDPs	Refugees	Returnees	Vulnerable residents	female	children, adult, elderly		Total for refugees	Total for sectors	Sectors' % of total
Education	1.47	0.77	0.6		0.03	0.15	50	99 1 0			47.9	4.2
ES/NFIs ¹	1.39	0.51	0.4		0.1	N/A	57	60 36 4			24.8	2.2
FSL ²	5.67	4.39	1.77		0.31	2.31	51	40 55 5			314.6	27.4
Health	3.66	2.44	1.86		0.32	0.25	51	53 42 5			70.8	6.2
LET ³											22.2	1.9
Nutrition	2.93	1.42	0.07		0.01	1.34	59	76 37 3			110.0	9.6
Protection	2.74	2.13	1.39		0.3	0.45					28.1	2.4
RRR ⁴	2.5	0.3									26.9	2.3
WASH ⁵	2.86	2.33	0.95		0.11	1.27	52	61 34 7			50.7	4.4
Common Services											13.2	1.1
Refugee Response	1.2	0.92		0.92			52	56 40 4		411.5	411.5	35.8

¹ Emergency Shelter/Non-Food Items² Food Security & Livelihoods³ Logistics & Emergency Telecommunications⁴ Recovery, Return & Reintegration⁵ Water, Sanitation & Hygiene

ESTIMATED VALUE OF CASH PROGRAMMING (\$M) by sector

80.9
total for CASH
intervention

Education

Emergency
Shelter/
Non-Food ItemsFood
Security &
Livelihoods










Health

Nutrition

Protection

Recovery,
Return
& ReintegrationRefugee
ResponseWater,
Sanitation
& Hygiene

PART II: OPERATIONAL RESPONSE PLANS

-  Education
-  Food Security & Livelihoods
-  Health
-  Logistics & Emergency Telecommunications
-  Nutrition
-  Protection
-  Recovery, Return & Reintegration
-  Shelter & Non-Food Items
-  Water, Sanitation & Hygiene
-  Refugee Response
-  Abyei Response Plan

Participating organizations & funding requirements

What if? ... we fail to respond

EDUCATION



PEOPLE IN NEED



1.47
million

PEOPLE TARGETED



0.77
million

REQUIREMENTS (US\$)



47.9
million

NO. OF PARTNERS



29

OVERVIEW/CLUSTER CONTEXT

Needs in the education sector continue to increase mainly in Jebel Marra, North Darfur and West Darfur and as more areas become accessible, the need for quality education is increasing. Children in displaced communities are adding pressure to existing education facilities which cannot accommodate new students due to limited space and resources. In Jebel Marra localities, access to education remains low and enrolment for basic education stands at 40 per cent on average. Moreover, as the economic situation impacts Sudanese people's lives and their purchasing power decreases, many more households cannot afford schooling costs. As a result, children are at risk of dropping out of school, becoming exposed to additional risks and violence and child labor.

TARGETING AND RESPONSE PRIORITIES/ BOUNDARIES

In 2019, the education sector aims to target 0.7 million people, out of which some 99 per cent are children and youth, and one per cent are education personnel. The sector used severity ranking based on vulnerability to identify needs and geographical priorities to determine targets at the locality level. Each of the vulnerability indicators has a threshold associated with the severity rankings. The indicators are: children aged between 6 and 13 years who have access to basic education or accelerated learning programmes (ALP); teacher/pupil ratio (one teacher to number of pupils); percentage of non-functional or closed schools; and percentage of children with access to teaching and learning materials.

Localities with a severity ranking of 4 and 5 are considered priority geographical areas, with a few localities ranked at 3 also included due to the vulnerability factors that are likely to affect the safe access to education for children in these locations. This methodology assisted partners to classify, for each locality, the target by type of vulnerability, age and gender allowing for the determination of the overall sector target.

The sector will target pre-school, basic and secondary school age children, from IDP (new and protracted), returnee and vulnerable residents/host communities within the prioritized localities in Darfur, Blue Nile, South and West Kordofan, White Nile and Abyei. The target also extends to support vulnerable residents in Kassala and Red Sea states as part of the multi-sectoral response to malnutrition. The sector will work closely with the Ministry of Education (MoE) and educational institutions to improve the quality of life skills training for girls and boys and young people to strengthen social integration and protection. When determining sectoral priorities and boundaries, the sector considered relevant strategies such as Government of Sudan's Five-Year Education Sector Strategy that includes both humanitarian and development aspects. Most of the activities remain the same as in 2018, however, there will be a scale-up of coverage for localities with limited or no coverage in the past years.

Among the activities prioritized in the HRP are the provision of teaching, learning and recreational materials; the construction/rehabilitation and furnishing of semi-permanent classrooms; the rehabilitation of permanent classrooms and premises,

CONTACT: Wigdan Adam, Sector Coordinator, UNICEF, Email: wsalim@unicef.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	597,515	110,767	756,800	50%	99%	1%	0%
# of People Targeted	594,689	31,940	146,809	50%	99%	1%	0%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

including green spaces; the provision of gender sensitive WASH facilities in schools/learning spaces; capacity-building for teachers and other education personnel; the mobilization and participation of communities and children in school-based activities.

The sector plans to support community engagement and interaction with schools through parent teacher association (PTA) meetings, school management committee meetings and establishment of complaint and feedback mechanisms by fostering schooling-based disaster risk reduction plans/strategies. This will support activities that contribute to child protection and gender-based violence (GBV) prevention including psychosocial support, and referral pathways; and to support school grants to cover school running costs, school feeding, nutrition awareness and establishment of referral systems on nutrition in education.

RESPONSE STRATEGY AND MODALITIES

The education sector response strategy aims to ensure that school age children affected by emergencies (including conflict and natural hazards), particularly children with disabilities, continue to get access to safe and quality formal and non-formal education with targeted interventions. The sector will follow a two-pronged approach by reaching children newly affected by emergencies and in newly accessible areas with immediate and life-saving education services, including preparedness activities, as well as strengthening preparedness of communities and institutions to mitigate and respond to future shocks and threats in protracted displacement and return areas. The two-pronged approach, and the Government of Sudan's Education Strategy, will help guide sectoral response and bridge short-term assistance with long-term development in education, particularly in areas of protracted displacement and potential return, to reduce long-term needs. Throughout the response, sector partners will pursue community engagement, AAP, gender equity and environmental preservation. More focus will be given to awareness raising activities around sexual and gender-based violence.

The sector will emphasize the following activities: the establishment of learning spaces; capacity-building of teachers and officials; provision of supplies; and promoting community and childrens' participation.

The education sector will use multi-sectorial approaches to increase the effectiveness of programming and meet multiple needs of affected populations, primarily through learning spaces that present an entry way for such response. First, the use of integrated education/child protection programming in learning spaces will ensure that children receive education assistance in a safe and protective environment that caters to psychosocial wellbeing while establishing linkages with community-based protection networks and referral pathways. Second, in collaboration with the WASH sector, the education sector will promote access to safe water, sanitation and

hygiene practices that function as preventive measures for children to avoid communicable diseases. Third, children will receive school meals which will help to keep learners in safe school spaces, and ensure they receive a minimum level of calories for growth while lifting some of the burden on families stressed with the high cost of living. Likewise, sector partners will promote school farms/gardens to contribute to the school food basket, and children's nutritional intake status. Fourth, the sector will contribute and make use of the multi-sectoral projects in response to malnutrition to reach children at pre-school with nutrition services and at the same time raising awareness of mothers and adolescent girls on feeding practices. Finally, cash transfers will be used as context allows taking into account internal and external experiences and lessons learned.



FOOD SECURITY & LIVELIHOODS



PEOPLE IN NEED



5.67
million

PEOPLE TARGETED



4.4
million

REQUIREMENTS (US\$)



314.6
million

NO. OF PARTNERS



39

OVERVIEW/CLUSTER CONTEXT

The ongoing economic crisis, along with the recent lifting of fuel and wheat subsidies, continue to contribute to the devaluation of the local currency and high rates of inflation resulting in an increase in food prices and costs of agricultural production. Although crops benefited from favourable precipitation and harvest in 2018, the high cost of production—a result of high agricultural input prices as well as shortages of fuel and cash—have affected farming production. Subsequently, during the past year, the national average price of crops and livestock on the market has increased significantly compared to historic averages.

Rising prices, compounded by limited access to livelihoods opportunities, have been identified as the main drivers of food insecurity and poor food consumption, which have led to a severe decline in the purchasing power of the most vulnerable communities, including returnees, refugees, and IDPs, as well as vulnerable host communities and residents.

food stocks, and suffers from reduced dietary diversity and high rates of malnutrition. As Sudan continues to face economic challenges, the food insecurity of IDPs, residents, and returnees is expected to worsen. With the lean season beginning in May, the food insecurity of those most vulnerable is likely to continue to deteriorate and food assistance is crucial. Similarly, timely and adequate agricultural livelihood interventions for small-scale farmers is necessary to ensure that farming households are self-reliant and resilient to seasonal food insecurity.

The sector will target girls, women, boys and men from food insecure households of the different population groups based on their specific needs and taking into account their age and gender.

Prioritization and Boundaries

In Sudan, 159 out of the 171 assessed localities by the IPC analysis of October 2018 are classified as food insecure at crisis (IPC Phase 3) and emergency levels (IPC Phase 4) and will be prioritized for intervention and targeted for assistance according to their humanitarian needs. Specific attention will be given to households with persons with specific needs, including older persons, female-headed households, single women, children under five, pregnant and lactating women and people with disabilities.

The overall sector strategy will be tailored to integrate and complement emergency response, recovery and resilience-building activities to save lives, protect and restore livelihoods and initiate longer-term solutions for all vulnerable communities and people living in protracted displacement. These

CONTACT: Pardie Karamanoukian |
Food Security and Livelihoods
Coordinator, FAO/WFP | Email:
Pardie.Karamanoukian@wfp.org |
info.sudan@gfsccluster.org

TARGETING AND RESPONSE PRIORITIES/ BOUNDARIES

Targeting

According to the latest IPC results, 5.67 million people in Sudan are classified as food insecure during the January-March period – up by 870,000 compared to 2018. Among the food insecure population, the sector partners plan to target 4.39 million of the most vulnerable people that fall under IPC Phase 3 and above. This population lacks economic access to food due to limited livelihoods and income sources, has limited availability of household

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	1,864,195	324,328	2,877,292	51%	40%	55%,	5%
# of People Targeted	1,770,985	308,112	2,311,616	51%	40%	55%,	5%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

interventions will facilitate achieving longer-term food stabilization, early recovery and create linkages to the Disaster Risk Reduction (DRR) and development programs within the UNDAF.

RESPONSE STRATEGY AND MODALITIES

Response strategy

The sector strategy follows multi-dimensional and protection mainstreaming approaches to tackle all aspects of food insecurity, including physical and economic access; availability and utilization of food; and the stability of food systems through complementary emergency life-saving and resilience building; and food, agricultural and livelihood interventions.

Under Outcome 1, the sector will address immediate life-saving humanitarian needs first, through the provision of food assistance using different modalities including in-kind, cash and voucher systems; and second, through emergency agricultural assistance including crop, livestock and veterinary inputs and extension services. Building the capacity of governmental institutions and sector partners to improve preparedness and response for new emergencies will also be prioritized by the sector.

Under Outcome 2, the sector aims to enhance the self-reliance and resilience of the most vulnerable communities to cope with current and future shocks and stresses. Small scale farmers will be targeted for improved agricultural productivity and efficiency across the food value chain. Agricultural production will be improved through the provision of climate-smart crop production, livestock and veterinary inputs and support to services. Similarly, small scale farmers will be targeted to reduce post-harvest losses food losses through improved food and crop storage and processing facilities. On and off farm livelihood assistance will be diversified, managed and coordinated to respond to food chain threats, including plant pests and diseases; and trans-boundary animal diseases. In addition, communities will be involved in building, restoring and maintaining productive assets through cash and/or food for assets schemes. Households in urban settings will be supported with labour-market information, capital and vocational training to promote income-generation, self-reliance and equitable access to resources and decision-making.

Under Outcome 3, the sector will strengthen the nutrition-sensitive food and livelihoods security of vulnerable residents and affected communities aimed at addressing the underlying food security related causes of malnutrition; and to contribute to reducing undernourishment while building the resilience of disaster and crisis-prone and affected communities through agricultural, non-agricultural livelihoods and natural resource management interventions.

Response Modalities

The sector will respond through diverse modalities and methods to the specific food security needs of the most vulnerable communities from different population groups.

Under the emergency response, people who require immediate assistance will benefit from general food distributions (GFD) and in-kind emergency agriculture assistance (crop, livestock and veterinary) and extension services. Cash and vouchers will be scaled up where and when feasible and appropriate through an evidence-based approach, including market feasibility and cost-benefit analysis of in-kind, vouchers and cash systems. This analysis 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 (Outcome 1). Displaced populations, returnees and host communities will be targeted through interventions across the food value chain, including improved production and harvest, plant and animal health, post-harvest and storage techniques and enforced market linkages. Reconstruction and rehabilitation of assets and infrastructure for agriculture and non-agricultural livelihoods will be promoted through cash-for-asset (CFA), income generating and vocational training programmes. This helps bridge seasonal undernourishment gaps, address both short-term and chronic poverty and improves communities' asset base, thus helping to build resilience and alleviate poverty in the medium and long terms. In areas with a high risk of natural disasters, such as drought and floods, sector interventions will promote DRR, including early warning systems. This will be implemented in partnership with local communities and national institutions to promote natural resource management in emergency, recovery and development contexts (Outcome 2)

Under the nutrition-sensitive and resilience-building interventions, the sector will promote restoration of livelihoods and resilience-building programming such as safety nets and social protection through in-kind and cash-based transfers to the most vulnerable residents. People will benefit from diversified and nutrition - sensitive water and energy efficient agricultural and livestock livelihoods interventions; natural resource management; and other non-agricultural livelihoods support. To improve and complement food intake and dietary diversity, households will be supported with access to cooking tools (outcome 3).



HEALTH



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



NO. OF PARTNERS



OVERVIEW/CLUSTER CONTEXT

In spite of the progress achieved on the access to health services in recent years, the humanitarian situation in Sudan continues to be complex, driven by continuous man-made and natural disasters including conflict, floods, and drought. Furthermore, increasing economic challenges negatively affect the delivery of and access to health services, especially for the most vulnerable communities, IDPs, returnees, and host communities with an increased need for humanitarian assistance, including access to affordable essential medicines. The latest Health Facility Survey (FMOH) for Sudan conducted in August 2018, shows 1,274 (22 per cent) out of 5,790 PHC facilities are not fully functional either due to staff shortages (49 per cent), poor physical infrastructure (43 per cent) or lack of medical equipment (8 per cent). More than half (51 per cent) are without water supply, and 41 per cent without latrines increasing the health threats for patients, staff and communities. Based on the January 2019 HeRAMS, of all the functional health facilities in Darfur, only 458 (49 per cent) offer the minimum basic PHC package.

In 2018, large scale epidemiological events, along with more than 180 alerts of smaller outbreaks of water and vector borne and vaccine preventable diseases in all 18 states (measles, chikungunya, AWD, malaria, dengue, dysentery, typhoid, Schistosomiasis, rubella etc) occurred. This reflects the complex vulnerabilities and insufficiently addressed underlying factors including WASH, vector control, nutrition, and the Expanded Programme on Immunization (EPI), that are challenging the health system. Measles and chikungunya outbreaks continue into 2019,

and the re-emergence of AWD controlled in 2018 remains a significant public health threat. Particular vulnerabilities of women, adolescents and children related not only to access to essential life-saving health services but also to the risk of abuse require assistance for improved access to affordable and quality reproductive, maternal, and child health (including safe delivery), and GBV-related health services, clinical management of rape and basic psycho-social services and referral.

Health outcomes and health security are determined by a multitude of factors, and an integrated, and synergistic approach with nutrition, WASH, protection, education and other sectors is essential and implemented by all health partners guided by Health in All Policies endorsed by the Government (FMOH).

TARGETING / PRIORITIZATION

The health sector plans to target 69 localities in 11 states with severity ranking 3, 4 and 5 where the highest number of people in need of humanitarian health assistance are living. The scoring of severity took into account not only health criteria (vaccination coverage, morbidity, diarrheal disease prevalence, percentage of health facilities providing PHC package, percentage of births assisted by skilled attendants, and number of outbreaks in the past three years), but also the most important determinants of health - prevalence of acute malnutrition, access to safe water and sanitation, food security, displacement, and conflict - to promote response complementarities with other sectors. The number of people in need of health assistance is estimated at 3,660,000, and the health sector

CONTACT: Arun Mallik | Health
Cluster Coordinator, WHO | Email:
mallik@who.int

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	1,864,195	324,328	253,458	51%	53%	42%	5%
# of People Targeted	1,864,195	324,328	253,458	51%	53%	42%	5%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

will target 2,441,980 people, including: 1,864,194 IDPs, 324,328 returnees and 253,458 people in host communities. Fifty-one per cent of the targeted population are females, 53 percent are under 18 years of age, and 17 percent are under 5 years of age. Men, women, girls and boys have specific health needs in terms of most common morbidities, medication formula, cultural and religious norms, and life cycle (child, pregnancy, adolescence, and elder age) that require an integrated and comprehensive health service package. As SGBV is a priority, the health sector will ensure timely and cultural - sensitive clinical and basic psychosocial management of rape survivors linking them with the protection sector for legal and other types of support. If external support is required due to scale and insufficient local capacities, support could be provided outside prioritized localities for response to outbreaks, floods, new displacement. The refugees living in Sudan will be targeted under the Refugee Coordination Forum (RCF) 2019 plan.

BOUNDARIES

Access to affordable integrated primary health and referral services for the targeted IDPs, returnees, and host communities is one of the plan's priorities. This will protect families in need engaging in negative coping mechanisms. For example, lack of access to life-saving medical care exposes vulnerable communities to abuse and exploitation. Functioning health facilities close to the displaced and returnees communities will be bolstered to improve access and utilization and provide the basis for establishment of proper stabilization centres for the inpatient treatment of severe malnutrition.

Joint response by partners to outbreaks and control of their spread is life-saving and significantly contributes to reducing avoidable mortality and illnesses especially as, in the present context, the threats are imminent amongst targeted communities. Support of the Emergency Operation Centers and coordination bodies at national and targeted states level, rapid response mechanism, revolving medical supplies, and early warning system are essential for outbreak/emergency response in targeted localities, and also contribute to the wider scope of institutionalization of an effective emergency preparedness and response capacity in the country. The humanitarian response will build on the existing health system adding new competencies and capacities.

The sector response plan is linked to the UNDAF, the SDGs, and the National Health Sector Strategic Plan. The humanitarian health partners will continue to explore and support linkages with development health interventions. Advocacy based on epidemiological and health data will be used to advocate for prioritization of areas with higher needs for the implementation of real time, community-based surveillance, scale up of community-based services, subsidised health insurance for vulnerable people, and infrastructure improvement as per the Darfur Development strategy. These interventions will be leveraged by humanitarian support while gradually reducing

the need for external support bridging the humanitarian and development gap. Continuation of activities beyond humanitarian response especially in areas of protracted internal displacement, refugees, and return, will be pursued including multi-year planning and flexible funding for the inclusion of these health facilities into the national health map and human resources plan.

RESPONSE STRATEGY AND MODALITIES

The health strategy feeds into humanitarian outcomes 1, 2, and 3 covering the coordination, preparedness, surge and response along with cross cutting protection needs. This includes timely provision of life-saving health services to people affected by disasters during and after the event, through investing in local capacity and communities to prepare for and respond to emergencies, including outbreaks; developing contingency and response plans; capacitating early warning and data analysis and Rapid Response Teams (RRTs); and deliver life-saving health services to affected people. The cluster partners' aim that 95 per cent of the alerts of outbreaks/emergencies are verified and response initiated within 72 hours from notification to protect communities from avoidable death and illnesses and prevent further spread. The sector will ensure a rapidly evolving medical stock (addressing the shortages created by economic challenges), build the capacity of frontline health staff and community health workers, rehabilitate health facilities, and provide health services through permanent and temporary health facilities and outreach services aiming at a utilization rate of 1 consultation per person per year. The basic package of health services to be implemented by health partners will include the treatment of common diseases, medicines, reproductive, maternal and child health, GBV, MISP, IMCI, EPI, infection prevention, and psychological support, complying with agreed gender and environmental markers. Improved community health status and control of outbreaks with decreased morbidity in areas of severe vulnerability due to food insecurity contribute to the reduction of acute malnutrition (Outcome 3)

Sustainable solutions for improved services such as solar -powered and environmentally friendly health facilities are promoted by health partners through linkages with ongoing developmental initiatives such as the Darfur Reconstruction Strategy. In line with the humanitarian development nexus, and MYHS, an integrated approach to prevent, respond to and control water and vector - borne and vaccine - preventable disease outbreaks will be pursued with close coordination and collaboration with the WASH, nutrition, protection and education sectors to sustainably address the main triggering and aggravating factors, along with introduction of new diagnostic technologies and mobile applications for early warning.



LOGISTICS & EMERGENCY TELECOMMUNICATIONS



ORG. TARGETED



REQUIREMENTS (US\$)



NO. OF PARTNERS



CONTACT: Pamela Onyango | Sector Coordinator, WFP | Email: Pamela.onyango@wfp.org

OVERVIEW/CLUSTER CONTEXT

Despite improvement in the context in Sudan over the past few years, the humanitarian community continues to require the support of tailored and coordinated logistics solutions when responding to emergency and protracted needs. These areas include the facilitation of common logistics services, logistics-related information management, mapping services, emergency telecommunications and supply corridors.

The Logistics and Emergency Telecommunications (LET) sector seeks to improve the predictability, timeliness and efficiency of response through the provision of common support services. LET works closely with the Humanitarian Aid Commission (HAC) which contributes to humanitarian logistics capacity through the provision of land for the warehousing of essential relief items. Likewise, the UN Humanitarian Air Service (UNHAS) provides vital air transportation service for both humanitarian and development partners countrywide, facilitating access to people in need.

RESPONSE STRATEGY AND MODALITIES

Effective and timely logistics and telecommunications are key to enabling humanitarian relief programmes that address both emergency and protracted needs of the population affected by man-made and natural disasters.

Sector activities are demand-driven and customized to meet the requirements of the humanitarian community. They aim to facilitate the delivery of timely assistance to people in need. LET sector priorities include the provision of common logistics services such as transportation and freight through UNHAS, storage and warehousing of relief commodities, fuel provision, common radio rooms, and data and telecommunication services. LET support is not intended to replace the standing capacity of organizations or the local market, but to supplement with

surge capacity where and when required. WFP will take the lead role to import, store and distribute fuel on a full cost recovery basis if fuel scarcity persists.

UNHAS will continue to provide air transportation services to the humanitarian and development community in Sudan. UNHAS provides a safe and efficient transportation option for humanitarian and development staff moving between field locations, where security and/or a lack of reliable land transport remains a challenge. UNHAS also provides partners with security and medical relocation as part of the humanitarian and development actors' protection within the challenging operational environment in Sudan.

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 access to vital telecommunications services that allow them to perform their work in challenging operational environments. This service facilitates coordination and encourages humanitarian partners to share technical infrastructure in common operational areas, where feasible. In areas where there is limited access to telecommunications infrastructure, this is particularly important in ensuring the availability of service to humanitarian partners.

The following inter-agency telecom services will be prioritized to support the life-saving activities in Sudan:

- » Installation of radio repeaters and fully manned radio rooms to increase emergency telecommunication services in all operational areas, as well as to enhance the safety and security of the humanitarian community.
- » Installation of solar panels to ensure continuing operations.
- » Provide regular maintenance/trainings to keep the inter-agency telecommunication

service fully functional. Delivery of common telecommunication services at operational hubs in Sudan is vital to ensure that the humanitarian community can continue to perform life-saving work.

The sector will provide logistical hardware, trainings and ongoing support to HAC to strengthen its logistics capacity. Building HAC's capacity, including human resources, will also contribute to enabling the sector effectively improve the predictability, timeliness and efficiency of humanitarian response.

Photo: UN agencies



NUTRITION



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



NO. OF PARTNERS



OVERVIEW/CLUSTER CONTEXT

The nutrition situation in Sudan has been characterized by persistently high levels of undernutrition since information was made available in 1987. Based on data available (S3M 2013), 38.2 per cent of children less than five years of age are stunted. The national prevalence rate of global acute malnutrition (GAM) is 16.5 per cent, which places Sudan above the emergency threshold of 15 per cent, according to the WHO criteria. There has been substantial attention to the provision of treatment services in conflict-affected states over the years. However, the majority of Sudan's acutely malnourished children (52 per cent) live in nine non-conflict affected states. Since January 2018, the inflation rate has soared, surpassing 60 per cent in June 2018 and 70 per cent in December 2018, and leading to a sharp rise in the cost of living and a precipitous drop in purchasing power. WFP data shows a large decline in the proportion of people who can afford the local basic food basket in 2018. The deteriorating macroeconomic situation in Sudan is worsening household food and nutrition insecurity for all Sudanese, particularly for the most vulnerable families and children.

MAM cases will be targeted through outpatient therapeutic and supplementary feeding programmes.

The expected inpatient SAM cases are about 50,000 for 2019, considering the capacity of the Federal Ministry of Health (FMoH) and partners, accessibility and resources availability. In addition, the sector will target 320,802 children (aged 6-23 months) who have nutritional deficiencies with micro-nutrient powders and 4.4 million children with vitamin A supplementation. Interventions contributing to the prevention of malnutrition will include blanket supplementary feeding for 70,914 children (boys and girls) and the promotion of infant feeding in emergencies for 46,153 pregnant or lactating women.

Prioritization

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 improve nutritional status prior to pregnancy. The sector will deliver these activities through community-based services. Under the Outcome 1 of the MYHS, the sector will provide life-saving nutrition interventions to those affected by new emergencies, or those living in newly accessible areas. Under Outcome 2, the sector will focus on protracted humanitarian response in Darfur, Blue and White Nile states, aiming at building resilience by adopting multi - sector integrated approaches. Under Outcome 3, the sector will focus on addressing the underlying causes of malnutrition through multi-sectoral approaches comprising health,

TARGETING AND RESPONSE PRIORITIES/ BOUNDARIES

Targeting

About 2.4 million children suffer from wasting annually, with approximately 700,000 currently suffering from severe acute malnutrition (SAM). Around 1.4 million children suffer from GAM, of whom 300,000 SAM and 1,009,687

CONTACT: Alam Fakhre Khattak |
Sector Coordinator, UNICEF | Email
faalam@unicef.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	143,292	21,825	2,765,297	51%	65%	32%	3%
# of People Targeted	70,042	10,450	1,335,100	51%	65%	32%	3%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

nutrition, WASH, food security, education and protection. This entails multi-sectoral needs assessments and integrated programming.

Boundaries

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 endeavor to operate daily services to reduce the waiting time at nutrition centers 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 areas where no center can be established or has restricted access due to safety and security-related issues.

The sector will build on successful advocacy experiences by 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. As Sudan is piloting the humanitarian development peace nexus, sector partners are contributing 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.

RESPONSE STRATEGY AND MODALITIES

The nutrition sector's response strategy covers preparedness, response, coordination and cross-cutting needs across various profiles and categories of affected people, as identified and formulated in the specific objectives. Nutrition sector partners will provide life-saving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to prevent and treat SAM and MAM in children under five years and pregnant or lactating women. Working closely with the state entities and the health sector, nutrition partners will continue to scale up services to manage SAM with medical complications. Sector partners will keep AAP central to their planning and response. The sector will invest in local capacity-building on 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 parts of the community and will seek and respond to feedback from affected populations. Sector partners will comply with the environment and gender markers set for the humanitarian response. 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.



PROTECTION



PEOPLE IN NEED



2.74
million

PEOPLE TARGETED



2.1
million

REQUIREMENTS (US\$)



28.1
million

NO. OF PARTNERS



27

OVERVIEW/CLUSTER CONTEXT

While the armed conflict between the Government of Sudan and armed groups has subsided in Darfur, South Kordofan and Blue Nile, conflict continues in the Jebel Marra area region, coupled with frequent inter-tribal conflict. This increases the risk of recruitment and use of children in armed conflict as well as dangers and injuries, sexual violence, and mental and psychosocial distress to women, men, boys and girls. Limited socio-economic opportunities and growing economic challenges have negatively impacted the resilience and self-protection capacity of affected communities, especially vulnerable IDPs and returnees. The worsening economic situation and lack of suitable livelihood opportunities for IDP, returnee and host communities, is increasing the risk of child labour in all forms, from begging in markets, to the worst forms such as trafficking, working in gold mines and domestic labour. Protracted displacement, lack of livelihood opportunities, limited capacity of social services facilities and disruption of community support systems have added to the vulnerability of the IDP, returnee and host communities. This has also undermined the capacity of community-based caregivers to cater for their children, including unaccompanied and separated children (UASC) and children with disability, under their care. This is also negatively impacting on the wellbeing of the caregivers themselves.

Adolescents and children, including those with disabilities, are particularly at risk of abuse, violence, exploitation and neglect. While GBV vastly impacts women, men, boys and girls, the lack of quality response services, especially health and social services

for child and adolescent survivors of sexual violence can exacerbate short and long-term harm. IDPs, returnees and host communities continue to face protection related risks in areas of conflict in Darfur's Jebel Marra and in South Kordofan and Blue Nile states. While the economic crisis impacts women, boys and girls in different ways, a lack of access to a variety of assets, including but not limited to financial services, legal status, and social safety nets, places women and children in unfavourable and insecure environments that expose them to violence and exploitation. Rape, physical violence, female genital mutilation (FGM), early/forced marriages, denial of economic opportunities, and verbal abuse are some of the common violations against women and girls reported. Gaps in personal hygiene kits (PHKs) further exacerbate risks for women and girls of reproductive health age. Survivors of GBV have inadequate access to services and reporting mechanisms. Specialized life-saving GBV services, such as the clinical management of rape (CMR), including tailored services for child and adolescent survivors, psychosocial support (PSS) and quality case management services, are unavailable in over 80 per cent of affected localities and where available, quality and access needs to be strengthened.

According to the Information Management System for Mine Action (IMSMA) database, there are 27.7 million square meters of land in 203 locations that remain contaminated by landmines and explosive remnants of war (ERW), putting the lives of the local community, vulnerable people, and aid workers in danger. South Kordofan is the most contaminated state in Sudan and has the highest number of landmine/ERW victims in

CONTACT: Ihsanullah Khan | Protection Sector Coordinator
UNHCR | Email: khanih@unhcr.org
Lilian Kona | Child Protection Sub Sector Coordinator, UNICEF | Email: lkona@unicef.org
Ephraim Kimani | GBV Sub Sector Coordinator, UNFPA | Email: ekimanikaranja@gmail.com
Ali Ibrahim | Mine Action Sub Sector Coordinator, UNMAS | Email: alii@unops.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	1,864,195	324,328	550,735	55%	60%	33%	7%
# of People Targeted	1,388,039	300,591	444,152	55%	60%	33%	7%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

the country. Since 2002 to date, 1,094 victims were registered in South Kordofan and Blue Nile states, and 144 out of the 203 contaminated locations in the country are registered in South Kordofan and Blue Nile. Unlike in South Kordofan and Blue Nile states, where both landmines and ERW pose threats to the local population, Darfur states are believed to contain unexploded ordnances, which pose a significant threat to both the civilian population and humanitarian aid workers. ERWs encountered in Darfur include air-delivered bombs, rockets, artillery and rifle projectiles, mortars and grenades.

There are officially over 2,136 landmine/ERW victims registered in the IMSMA database in Sudan, out of which only 833 have received some form of support. The number of actual victims, however, is expected to be higher than the registered data. South Kordofan and Blue Nile states have the highest number of casualties in the country, while Darfur has the highest number of accidents in the last three years. Limited humanitarian assistance has been provided in the above-mentioned areas and many cases of landmines and ERW victims remain unreported.

The improvement in the security situation in Darfur has resulted in the downsizing of the United Nations – African Union Mission in Darfur (UNAMID). This has impacted on UNAMID's monitoring and reporting capacity thus increasing the role of the UNCT/HCT and the protection sector to conduct monitoring and assessments of the protection situation in areas where UNAMID has withdrawn from.

TARGETING AND RESPONSE PRIORITIES/BOUNDARIES

Targeting

In 2019 the protection sector will target and provide protection support based on the severity of needs and vulnerability determined in the HNO and on multiple characteristics including age, gender, disability, displacement and other vulnerabilities such as drought, floods and disease outbreaks. Prioritization was balanced against operational realities related to access challenges and gaps in response capacity. Regular and meaningful access to affected people with a skilled, supported and supervised humanitarian workforce, is required to provide effective and quality protection interventions.

Children (boys and girls) at risk: Children represent up to 60 per cent of the displaced population and the figure is even higher among newly displaced communities; and girls are vulnerable to child marriage, exclusion from education due to domestic work, and trafficking. Adolescents are one of the groups most likely to adopt risky behaviour and coping mechanisms which includes but is not limited to: child labour, child marriage and abuse of drugs, which often puts them at greater risk of abuse and exploitation. About 700,000 boys and girls will be provided with life-saving and resilience-building protection services in 2019. The response will target UASC; children associated with armed forces and groups; child survivors of physical and sexual violence; children at risk of recruitment by armed groups;

child victims of trafficking; children providing labour; children at risk of or survivors of child marriages; children in need of civil documentation; child caregivers; and children in need of psychosocial assistance.

Women at risk: In areas affected by conflict and natural disasters, women are exposed to abuse, violence and exploitation. Women represent 25 per cent of the displaced population respectively and this is even higher in cases of new displacement. The GBV prevention and response interventions will target survivors of GBV, female heads of households, women in prison and pregnant and lactating women.

Communities exposed to landmines/ERW: Over 280,700 people are exposed to the threat of landmines/ERW in Blue Nile, South Kordofan, West Kordofan, Central Darfur, East Darfur, North Darfur, South Darfur and West Darfur. More than 2,136 victims of landmines/ERWs are registered in Sudan.

Other vulnerable people: Other vulnerable people include those with disabilities or with special needs, older people, people with serious medical conditions and people at risk of neglect.

RESPONSE STRATEGY

In 2019, the protection sector - including child protection, GBV and mine action Areas of Responsibility (AoRs) - will (i) consolidate the rapid protection response capacity of partners and communities to ensure preparedness for new displacement; (ii) ensure vulnerable people have sustainable access to community-based protection structures and social protection services, including clearing areas and roads of ERW; and (iii) ensure that the needs of children and adolescents exposed to abuse, exploitation, violence and neglect are addressed through prevention and response services.

The protection sector will provide technical advice and support to other sectors and partners on mainstreaming and integrating protection to ensure that at least 15 per cent of the budget is allocated to protection activities in all projects funded through pooled funds.

The protection sector response will be strengthened through building linkages and partnerships amongst government, NGO partners and targeted communities, and integrating protection response into the multi-sector response at all levels. The centrality of protection shall be ensured across all sectors through mainstreaming and integrating protection response as an integral part of all sector response.

The protection sector will support the HCT efforts in assessing the impact of the UNAMID drawdown in Darfur states through the collection and analysis of data on the context and trends of protection. In the locations where UNAMID has been scaling down presence, existing monitoring and reporting mechanisms for protection and response will be enhanced through engaging community-based protection mechanisms in assessing the impact of UNAMID' drawdown. Within the overall leadership



of the Deputy Humanitarian Coordinator (DHC) for Darfur and with the technical assistance of the protection sector, quarterly analysis will be shared at relevant forums and advocacy levels.

The protection sector will aim to provide timely, survivor centred, and integrated response services to survivors of GBV seeking assistance. In addition, working with other sectors and community structures, the protection sector aims to enhance prevention and mitigation of protection related risks faced by women, men, boys and girls. The child protection subsector will scale up mine risk education in known risk areas through community-based child protection networks, schools and child clubs. Advocacy efforts, with the Government and other parties to the conflict, shall be prioritized to enable release of children used by armed forces or in military detention as well as promoting the use of child detention as a last resort only.

Through the child protection response strategy, equitable access to child protection services shall be ensured through four priority interventions: (i) a minimum package of child protection services to newly displaced populations and newly accessible areas through center-based and outreach/mobile approaches; (ii) improving community-based child protection systems through supporting community structures and psychosocial support interventions; (iii) improving specialized services such as integrated case management and specialized care for child survivors of physical and sexual violence; family tracing and reunification of UASCs; safe and accessible spaces for adolescents and early identification of risk; and response and referral services; (iv) and coordination and capacity-building of humanitarian actors to support protection mainstreaming, a “do-no-harm” approach and principled response.

GBV prevention, risk mitigation and response will be enhanced, in addition to strengthening coordination and information management structures. A priority will be the provision of life-saving multi-sectoral response focusing on CMR and psychosocial support as well as the establishment of referral mechanisms. Prevention is critical and at the core of the work for GBV programming. Given the integrated approach to addressing GBV in Sudan, prevention shall be mainstreamed in all aspects of protection response across all sectoral interventions. Protection actors will work to enhance knowledge and skills among all humanitarian actors on GBV prevention and risk mitigation. 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. To address the low capacity for response, extensive capacity-building focusing on case management, psychosocial support and CMR will be rolled out for partners including the Government. GBV coordination mechanisms will be strengthened through more involvement of Government structures, especially 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. The roll-out of the guidelines for integrating GBV in humanitarian action will continue for other sectors.

To mitigate the risk of landmines and ERWs, the land release modality will be applied through technical and/or non-technical survey and clearance operations. Also, road survey, verification and clearance will be carried out to open access to basic life facilities and to pave roads for humanitarian actors. Mine risk education (MRE) will be conducted to target landmine and ERW affected communities, IDPs and returnees. Victim assistance interventions will be provided to landmine/ERW victims including psychological and socio-economic support, physical rehabilitation and provision of mobility assistive devices.

BOUNDARIES AND PRIORITIES

Under Outcome 1, the vulnerable, newly displaced or affected by disaster will receive timely protection to ensure their safety and dignity. The sector will continue to reinforce preparedness by consolidating tools and standard procedures for rapid protection assessments and response. Efforts and emphasis will be placed on preparing communities as first responders to new emergencies. In 2019, the protection sector will consolidate previously developed capacities, addressing protection gaps in targeted communities. Women’s centers and child protection networks will be supported to perform essential protection functions and to coordinate community protection engagement. These structures will enable the identification and provision of emergency protection to vulnerable people. Services include psychosocial counselling, case management and referral, family tracing, interim care and reunification for separated and UASC, support for survivors of sexual violence, and identification and marking of land and roads contaminated by landmines and ERW.

Systems of prevention and identification of children associated with armed forces and groups will be strengthened to ensure their release and sustainable reintegration. This will include regular monitoring and reporting of the six grave child rights violations through the monitoring and reporting mechanism; to establish complaint mechanisms for communities to report cases related to child rights violations; to implement standard operating procedures on release and handover of children formerly associated with armed groups; to institutionalize the gains of the Action Plan by launching a national communications campaign to prevent violations against children; and training of forces on child rights.

Within Outcome 2, the sector will strengthen the capacity of communities to protect their members and will reinforce social services to those in protracted displacement. In 2019, it will reinforce community-based structures, enhancing protection functions, including the identification and referral of vulnerable people, awareness-raising on protection risks and rights, advocacy, and conflict resolution. Partners will continue to strengthen the capacity of protection service providers and the development and rolling-out of policies and operating procedures (SOP’s), especially coordination documents such as case-management SOP’s, service mappings, safety audits, referral pathways, standardised sets of activities and data

management that will improve the quality of and access to protection services.

Government institutions that are supported by the protection sector include: family and child protection units within the police under the Justice Ministry; and the national and state councils for child welfare, and violence against women units, both under the Social Welfare Ministry. Other targeted ministries include: the Ministry of Defence, Ministry of Internal affairs, Ministry of Security and Social Development (for child protection services), FMOH, (for the protection of GBV survivors in health services) and the National Mine Action Centre (NMAC) to strengthen their capacities to manage and provide required support to landmine/ERW affected communities.

Considering that most mine action interventions depend on technical and skilled personnel, capacity-building will be continued to improve the capacity of local authorities including NMAC, and of implementing partners and community networks.

Under Outcome 3, the child protection sub-sector will work with the nutrition and health actors to integrate child protection and safeguarding principles in nutrition response, focusing on the specific needs of vulnerable children and adolescents, including child mothers between 10-18 years, children with disabilities, children in institutional care, and child heads of households. Policy guidance and capacity-building will be provided to health and nutrition workers, child mothers and social child protection service that cater for the special needs of adolescent parents and vulnerable children in their response.

MULTI-YEAR HUMANITARIAN STRATEGY AND LINK WITH DEVELOPMENT PLANNING

The sector will continue to reinforce the sustainability of community structures and services using a multi-year approach. Support provided for community-based structures in year one will focus on ensuring that community structures are in place and can perform essential protection functions. This requires assessing human and capital assets of the community and equipping relevant community segments with basic protection skills and material support. In 2019, the role of social workers will shift to monitoring and mentoring coaching community structures, and towards more advanced protection functions—such as advocacy with authorities or conflict resolution.

Social workers will continue to coach communities to improve the quality and accountability of protection services, strengthen links with government services, and networking. Community protection plans, including preparedness, will be regularly updated and monitored to strengthen community resilience and capacity to protect the vulnerable. Support for community structures will continue in 2019 to consolidate investments and ensure their durability.

Within the overall umbrella of the humanitarian-development-peace nexus and in line with the coordination review being undertaken in Sudan, the protection sector will liaise with

development interventions under the UNDAF focus areas 3 (social services), 4 (governance, rule of law and institutional capacity development), and 5 (community stabilization), with a focus on access to safety nets, paralegal aid, and community capacities.

RESPONSE MODALITIES

In 2019, the protection sector will work through community-based protection networks by enhancing protection functions, including the identification and referral of vulnerable people, awareness-raising on protection risks and rights, advocacy, and conflict resolution. Women's centers and child protection networks will be supported to perform essential protection functions and to coordinate community protection engagement. These structures will enable the identification and provision of emergency protection to vulnerable people. Systems of prevention and identification of children associated with armed forces and groups will be strengthened to ensure their release and sustainable reintegration.

Social workers will continue to coach communities to improve the quality and accountability of protection services, strengthen links with government services, and networking. Community protection plans, including preparedness, will be regularly updated and monitored to strengthen community resilience and capacity to protect the vulnerable. Support for community structures will continue in 2019 to consolidate investments and ensure their durability.





RECOVERY, RETURN & REINTEGRATION

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



NO. OF PARTNERS



OVERVIEW/CLUSTER CONTEXT

There were small pockets of new displacement in the Jebel Marra area in 2018, and a large protracted caseload in Darfur, South Kordofan and Blue Nile. The improvement in security in Darfur, influenced in part by the Government's disarmament campaigns, led to an increase of spontaneous returns as well as refugee returns from Chad. The Recovery Returns and Reintegration (RRR) sector continues to support returns and reintegration through return verification, registration, assessments of needs and provision of services in areas of return. The RRR sector strategy in 2019 remains similar to that of 2018, foreseeing that assistance focuses on return and resettlement to foster stability and allow communities to re-gain their livelihoods and move towards durable solutions.

TARGETING AND RESPONSE PRIORITIES/BOUNDARIES

Targeting and Prioritization

The RRR sector used a vulnerability analysis to prioritize 15 out of the 18 localities in Sudan that have returnees. The analysis includes criteria on conducive environments for durable solutions; the number of people returned and estimates of expected returnees; access and availability of basic services; and livelihoods opportunities and access to markets. The prioritized localities continue to be in the five return areas of Um Dukhun (Central Darfur), Dar Zaghawa (North Darfur), North Jebel Marra (Rokoro, Central Darfur), Beida (West Darfur), and return areas in Yassin (East Darfur), Shattai, Bel Seref, Derbait, Kidingeer (South Darfur), Abu Jubaiha (South Kordofan), El Dali (Sennar), Blue Nile State, El Jabalian (White Nile), Golo (Central Darfur).

Boundaries

The RRR sector ensures that partners work to integrate the humanitarian development and peace nexus into their programming, with the aim of achieving durable solutions for the displacement affected communities (DAC). Core elements of this approach were adopted during the three-year MYHS and are: strengthening capacities of local and national actors, including line ministries, communities and civil society; stronger local engagement in needs assessments and analysis; and design and implementation of aid response. Together, these will result in more context-specific and durable interventions, strengthening DAC's resilience and reducing vulnerabilities.

The RRR approach contributes to all five UNDAF outcomes to ensure that the root causes of displacement are addressed and that conditions are conducive for durable solutions. Focus will be placed on UNDAF Results Group 5, which promotes peaceful coexistence and social cohesion in areas of return and reintegration through effective conflict management mechanisms and support for peace infrastructure. The RRR sector approach is also aligned with the three Darfur development Strategy pillars that aim to achieve reconstruction, economic recovery, good governance, justice and reconciliation.

RESPONSE STRATEGY AND MODALITIES

To continue progress towards achieving durable solutions for DAC and to respond to immediate needs and reduce the underlying vulnerabilities of the estimated 2.3 million people in need in 2019, RRR partners will continue to coordinate their response by applying an area-based approach. This approach contributes to Outcomes 2 and 3 of

CONTACT: Osama Tageldin | Sector Co-Coordinator, UNDP | Email: Osama.tageldin@undp.org
 Riad Marrow | Sector Co-Coordinator, IOM | Email: rmarrow@iom.int
 Driss Moumane | Sector Co-Coordinator, CRS | Email: driss.moumane@crs.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	1,860,000	324,328	200,000	55%	65%	30%	5%
# of People Targeted	54,000	216,218	54,000	60%	69%	26%	5%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

the MYHS; addressing the immediate needs of IDP, returnee and host communities and responding to underlying vulnerabilities by contributing to the five UNDAF outcomes.

The RRR response consists of five outputs based mainly on the eight criteria and benchmarks for durable solutions set out in the IASC's Framework on Durable Solutions for IDPs and on lessons learned from the National IDP policy. The outputs bring together efforts to strengthen economic self-reliance and address food security, while improving basic infrastructure and enhancing governance functions of the local administration and provision of justice, which will facilitate durable solutions for returnees, or for those integrating in urban/peri-urban areas.

The RRR sector response modalities include general food distribution, cash/food for assets, training in post-harvest management, and care groups for mother-child health and nutrition.

Photo: UN agencies



SHELTER & NON-FOOD ITEMS



PEOPLE IN NEED

1.4
million

PEOPLE TARGETED

0.5
million

REQUIREMENTS (US\$)

24.8
million

NO. OF PARTNERS



9

OVERVIEW/CLUSTER CONTEXT

Sudan hosts a large number of affected persons, including those affected by conflict and natural disasters, with women and children estimated to make up 75 per cent of them. These populations will continue to rely on life-saving assistance to meet their immediate needs. Over the past three years, there has been a reduction in new displacement and increase in returns due to the improvement in the security situation and the disarmament campaign in Darfur. However, new displacement—due to conflict in Jebel Marra—and newly accessible populations in North, South and Central Darfur states require immediate life-saving support.

TARGETING AND RESPONSE PRIORITIES/ BOUNDARIES

Based on the needs identified at state level and previous displacement trends, an estimated 1.4 million people will require ES/NFI assistance across Sudan in 2019. Sector partners will target 500,000 people in need, including 400,000 people displaced by conflict and natural disasters, including newly and protracted (surpassing five years), and including people in need in areas that are newly accessible. These figures include the most vulnerable protracted IDPs and 100,000 returnees.

PRIORITIZATION

In 2019, the sector will prioritize the needs of all newly displaced and disaster-affected people across Darfur, in addition to meeting the needs

of affected populations in South and West Kordofan, and Blue Nile states. The sector will ensure that newly displaced persons have timely access to ES/NFIs to mitigate health and protection risks, and to improve their living conditions. Therefore it is critical that partners have access to them. The sector will address the needs of protracted IDPs and returnees identified through initial rapid multi-sector needs assessments. Partners will prioritize populations with specific protection needs, including the elderly, persons with disabilities, pregnant and lactating women, single-headed households, people in remote communities with limited access to public services, and people who have experienced multiple displacements.

There is a high concentration of protracted IDPs in Blue Nile and across Darfur states, in particular in Zalingei (Central Darfur), Ed Daein and Yassin (East Darfur), El Fasher, El Sireaf, Kabkabiya, Saraf Omra and Um Keddada (North Darfur), and lastly Bielel, Nyala, Ed El Fursan and Rahad El Berdi (South Darfur). Returnee areas such as Um Dukhun and localities within Jebel Marra in Central Darfur have witnessed organized and spontaneous returnees over the past years. Returns have also taken place in El Fasher, Kornoi and Mellit (North Darfur) and in El Geneina and Jebel Moon (West Darfur). Interventions, in South Kordofan and Blue Nile states will also be prioritized. Sector partners will also set up communal shelters at displacement sites to protect older people and pregnant and lactating women and children while they await registration and verification.

The sector will respond to the immediate shelter and NFI needs of the targeted population through the provision of emergency

CONTACT: Doa'a Abdel-Rahman
Sector Coordinator, UNHCR |Email:
abdelrdo@unhcr.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	806,494	324,000	246,018	57%	60%	36%	4%
# of People Targeted	402,966	103,991	n/a	57%	60%	36%	4%
* Children (<18 years old), adult (18-59 years), elderly (>59 years)							

For refugee response needs and requirements by sector, see refugee response chapter

shelter materials and essential household items. Partners will also undertake early recovery activities to build community resilience and prepare for/mitigate the impact of disasters, which is linked to Outcome 2 of the MYHS. Sector partners will continue to promote durable solutions and promote self-reliance through income generating and livelihood activities in line with the MYHS. Key sector activities, which will be prioritized are ensuring emergency response capacity, prepositioning of the NFI Common Pipeline and partner stocks in El Obeid, Nyala, El Fasher and El Geneina; assessment, verification and distribution of ES/NFIs; training community members in the construction of shelters; and identification and support to local production of durable shelter materials and NFIs.

RESPONSE STRATEGY AND MODALITIES

Given the protracted nature of relief and recovery operations in Sudan, the ES/NFI sector has adopted a two-pronged strategy which includes (a) the provision of emergency shelter and NFIs to populations affected by conflict and natural disasters (internally displaced people – new and protracted), host communities, returnees, and other vulnerable populations; and (b) facilitation of durable solutions in Darfur through the design and provision of environmentally friendly shelter solutions in consultation with local communities, increasing self-reliance and reducing damage to the environment.

Response Modalities

The sector will respond to the most vulnerable protracted IDPs and returnees through the provision of NFIs (including renewal), emergency shelter materials, or transitional shelters. Building on lessons learned from partners engaged in the provision of transitional shelter, the strategy will promote adherence to agreed standards and best practice by all sector partners and ensure effective links with other sectors including WASH, RRR, and protection. For 2019, the sector has prioritized the integration of cross cutting issues such as protection, gender, and environment. Where feasible, appropriate and cost-effective, partners will explore the use of cash and vouchers to facilitate access to ES/NFIs. Feasibility analysis will consider prevailing market conditions; the availability of financial services; the preferences of the affected population; the safety and security of beneficiaries, host community and staff; and potential effects on social cohesion.

For 2019, the sector will aim to integrate self-reliance and early recovery activities to engage and train IDPs and returnees in income generating livelihood activities –especially targeting vulnerable groups including women and people with special needs, e.g. the production of ES/NFI components such as stabilized soil bricks, woven grass mats, sleeping mats; and training in building and construction techniques. Furthermore, the sector will continue to prioritize fire and flood awareness in all programming.



WATER, SANITATION & HYGIENE



PEOPLE IN NEED

 **2.86**
million

PEOPLE TARGETED

 **2.33**
million

REQUIREMENTS (US\$)

 **50.7**
million

NO. OF PARTNERS

 **38**

OVERVIEW/CLUSTER CONTEXT

There are people affected by localized conflict and natural disasters, and gaps in service provision that require humanitarian WASH interventions. The overall number of people in need of WASH services in Sudan is 2.86 million – with 2.37 million people to be targeted by the sector in 2019. About 84 per cent of the required assistance is for protracted displacement (2 million people under Outcome 2), 16 per cent targets vulnerable host communities for which social services have been disrupted (370,000 people under Outcome 3) and less than 1 per cent of the required WASH assistance is for people affected by recent emergencies (5,500 people under Outcome 1) placing their health and nutritional status at risk. As per the last Multiple Indicator Cluster Survey (2014), 68 per cent and 34 per cent of the Sudanese population has access to water and sanitation services respectively.

Acknowledging that meaningful assistance requires a multi-sectoral approach and that access to WASH services contribute to improved health outcomes, WASH sector partners will continue to deliver assistance in an integrated manner with other sectors and through a holistic approach that respects humanitarian principles.

TARGETING AND RESPONSE PRIORITIES/ BOUNDARIES

Sector partners will prioritize localities with a severity ranking of 4 and 5, where the highest number of people in humanitarian WASH needs converge with those of the nutrition, health, food security and livelihoods,

education, and child protection sectors. WASH sector interventions will target 2.37 million people comprised of 40 per cent IDPs, 6 per cent returnees, and 54 per cent vulnerable residents. Most of the interventions (73 per cent) are concentrated in the five Darfur states, 11 per cent will target vulnerable residents of Kassala, Red Sea and Gedaref, and the remaining 16 per cent are intended for Blue Nile and South Kordofan states.

The WASH sector strategy is aligned with Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all), UNDAF areas of focus 2, 3 and 4, the Government of Sudan's 5-year WASH framework plan and the Darfur Development Strategy. This will be implemented through the development of water supply business plans, cash-based market interventions, integrated water resources management and ending open defecation through community approaches.

RESPONSE STRATEGY AND MODALITIES

WASH partners will implement activities designed to improve resilience and mitigate risks, such as community-based water system management and safety plans that allow the community to detect and address the contamination of potable water sources. Partners will contribute to reducing risk of water borne diseases by decreasing exposure to faecal contamination through community led hygiene and sanitation initiatives.

WASH partners will continue to implement durable solutions for improved services, and low cost infrastructure such as solar-powered and flood and drought resistant technologies.

CONTACT: Julie Pharand |WASH
Sector coordinator, UNICEF |Email:
jpharand@unicef.org

Data Categories	By Status			By Sex, Age*			
	IDPs	Returnees	Host communities	Female	Children	Adult	Elderly
# of People in Need	1,078,214	140,525	1,638,128	51%	60%	33%	7%
# of People Targeted	953,888	105,330	1,270,340	51%	60%	33%	7%

* Children (<18 years old), adult (18-59 years), elderly (>59 years)

For refugee response needs and requirements by sector, see refugee response chapter

National authorities and communities continue to be key actors in the design, implementation and monitoring of WASH infrastructure such as the operation and maintenance of WASH facilities, sanitary risk management (safe water handling, end of open defecation, handwashing, water source protection), etc. This includes capacity building of national partners and communities. The WASH sector will promote private sector initiatives and cash-based programming to expand access to WASH services and items, and water recovery fees to support the operation and maintenance of water distribution systems. To ensure that improved WASH services benefit the most vulnerable, partners work in close collaboration with other sectors to conduct assessments, inform targeting and provide services.

Photo: UN agencies



REFUGEE RESPONSE



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



NO. OF PARTNERS



OVERVIEW/CLUSTER CONTEXT

Sudan has a long history of hosting refugees and asylum seekers, currently estimated at over one million individuals, who come in search of safety from violence, persecution and other hazards in their home countries. The inter-agency refugee response in Sudan is coordinated through the inter-sectoral Refugee Consultation Forum (RCF), led by UNHCR and the Commission for Refugees (COR) and covers all interventions for refugees and asylum seekers delivered by humanitarian actors across protection, ES/NFI, health, WASH, food security and nutrition, livelihoods and education.

The South Sudanese refugee situation is the largest refugee response in Africa, and Sudan hosts the largest number of South Sudanese refugees in the region – over 850,000 as of 31 December 2018. Refugees from South Sudan account for approximately 78 per cent of all reported refugees in Sudan, with additional new arrivals each month. Arrival rates peaked at nearly 200,000 people in 2017, but slowed in 2018, with just over 33,000 people arriving. 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 in South Sudan unlikely for most refugees in the near future. It is expected that South Sudanese refugees will continue to arrive in Sudan in smaller numbers in 2019.

Inter-agency partners' capacity to respond to the needs of South Sudanese refugees continues to be stretched, exacerbated by critical funding gaps and Sudan's ongoing economic crisis, as well as fuel and cash shortages. While progress has been made to meet assistance standards and some areas, significant gaps remain, for example: a majority of children remain out of school; water availability and latrine coverage are below standards, with high rates of open defecation reported; access to health services is inconsistent across the 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 sexual and gender-based violence (SGBV) risks. Continued investment and scale-up is required to better meet the protection and basic service needs of South Sudanese refugees.

In eastern Sudan, there has also been a slower rate of new arrivals from Eritrea, with 570 people arriving per month in 2018, down from over 800 per month in 2017. They are hosted in some of the poorest regions of Sudan, face high levels of poverty, and many remain reliant on humanitarian assistance. Approximately 60 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. Socio-economic challenges and protection concerns are often cited by refugees as primary factors in their choice to move onward, including the lack of education and livelihood opportunities. There is an urgent need for more durable solutions that support greater self-reliance and enhanced protection.

In Darfur, a new influx of refugees from Central African Republic (CAR) began in March 2018, with over 4,000 people fleeing violence and seeking asylum in Sudan, who require protection and NFI support. Additionally, over 4,800 Chadian refugees returned to Chad in 2018, and the remainder are expected to return through an organized voluntary repatriation process in 2019.

TARGETING AND RESPONSE PRIORITIES

Refugees in Sudan have particular vulnerabilities. They receive international protection from the Government of Sudan, however, they do not have the same rights as Sudanese citizens, and often have specific barriers to accessing services on

CONTACT: [Miranda Gaandersel](mailto:Miranda.Gaandersel@unhcr.org)
Refugee Consultation Forum, UNHCR
IE-mail: gaanders@unhcr.org

par with nationals. As a result, refugees are largely reliant on humanitarian assistance to meet their basic needs, a situation that is compounded by limited access to livelihoods, especially for refugees living in camps. Additionally, refugees are situated in some of the most remote and economically disadvantaged areas of the country, particularly where refugees are living outside of camps.

Within this context, assistance targeting, and response priorities are firstly identified through UNHCR's annual Participatory Assessment exercise, through which refugee communities across Sudan share feedback on concerns and assistance priorities. Prioritization is further informed by regular monitoring of standards and indicators across all sectors in refugee camps and settlements, as well as inter-agency needs assessments, which include multi-sectoral assessments and technical surveys, such as the Standardized Expanded Nutrition Survey (SENS), Joint Assessment Missions (JAM), and Knowledge, Attitudes and Practices (KAP) Surveys. Based on the data from monitoring, assessments and surveys, priorities are agreed by inter-agency partners at the field level through Refugee Working Groups and nationally via the RCF.

All refugees in Sudan are targeted for international protection. This includes registration and access to documentation, which is prioritized for all refugees to mitigate protection risks and ensure access to assistance. Camp locations, such as those in White Nile, East Darfur, Kassala and Gedaref, as well as large settlements in South Darfur, West and South Kordofan are prioritized due to population density and because these refugees tend to be most dependent on humanitarian assistance. Camp and settlement contexts also require high investment in infrastructure and continued running costs for basic service systems, which usually exist in parallel to government services.

Assistance prioritization in dispersed out-of-camp locations in rural localities, such as in West Kordofan, East and North Darfur, is based on the carrying capacity of host communities, including viability of seasonal agriculture as a source of livelihoods. In urban settings, assistance is targeted based on individual vulnerability. South Sudanese refugees in Khartoum are targeted for comprehensive humanitarian assistance because they are a relatively newly accessible group with high needs.

RESPONSE STRATEGY AND MODALITIES

Response strategy

The refugee response in 2019 is multi-sectoral and aims to ensure that the protection and humanitarian assistance needs of refugees and asylum-seekers in Sudan are addressed, while promoting durable solutions through increased self-reliance, and resettlement and voluntary repatriation opportunities where possible.

OUTCOME 1 MYHS: Outcome 1 addresses the life-saving assistance and protection needs of South Sudanese refugees. The response is aligned with the 2019-2020 Regional Refugee Response Plan (RRRP) for the South Sudan situation, with multi-sectoral objectives, namely:

1. Providing protection and basic services assistance for new arrivals;
2. Addressing ongoing and unmet protection and basic services needs among the existing refugee caseload and improving service provision to meet sectoral standards; and
3. Contributing towards building self-reliance among refugees and host communities and sustainability of interventions across the response.

The response seeks to ensure that international standards of protection are met, upheld and applied. This includes a focus on improving Sudan's protection environment and support for expansion of civil, social and economic rights of South Sudanese refugees to maximize self-reliance. This also includes prevention of and response to SGBV; child protection; access to registration and documentation; provision of humanitarian assistance, including scale-up of health, nutrition and WASH services; access to education; prevention of statelessness; and enhanced resilience for refugees and host communities.

The strategy also aligns with the inter-agency response plan for an estimated 58,000 South Sudanese refugees in Khartoum's 'open areas' settlements who continue to live in dire humanitarian conditions, despite opening of access for partners granted by the Government of Sudan in December 2017. Urgent needs persist across all sectors. The response aims to build on community resilience to advance protection-oriented solutions that address key vulnerabilities, bolster self-reliance and support the wellbeing and dignity of refugees who wish to remain in Khartoum.

The 2019 response also emphasizes efforts for improved resilience, including: support for livelihoods and promotion of economic inclusion; integrating refugees into national and local systems of service provision; increased focus on sustainable energy and environment; and moving towards more durable infrastructure and sustainability of interventions. Inter-agency partners will work to strengthen community and individual endurance in order to mitigate the need for ongoing blanket assistance. This is especially relevant for Sudan, given the protracted situation that many South Sudanese refugees and their host communities are now facing in a context of chronic underfunding.

OUTCOME 2 MYHS: Outcome 2 addresses the basic needs of all other refugees and asylum seekers, including refugees from Eritrea, Ethiopia, Syria, Yemen, Chad, Somalia, CAR and others.

This includes ongoing voluntary repatriation of Chadian



refugees in West Darfur. Voluntary return is not a viable option for most refugees from other countries in Sudan, and resettlement options remain limited. For this reason, the refugee response integrates asset-building and livelihoods, to strengthen self-reliance and ensure refugees may lead dignified lives while in Sudan. Mainstreaming of protection assistance, including direct support to SGBV survivors, will be prioritized.

In eastern Sudan, the response will continue to bolster reception and protection services for new arrivals, including prepared meals and health and nutrition screenings. It will maintain basic assistance for the most vulnerable refugees in camps across Kassala and Gedaref, including food assistance through cash-based transfers (CBT) for both asylum seekers and newly recognized refugees. Protection assistance will emphasize UASC identification, family tracing and reunification and psychosocial support services, as well as improved referral pathways for direct GBV support to survivors. The response also prioritizes longer-term solutions, with a strong role for protection through self-reliance initiatives to address the unique needs of protracted caseloads. The response will include specific protection assistance victims of trafficking as well as targeted outreach to asylum seekers on onward movement risks will be pursued and integrated within livelihoods programming to support a more favourable protection environment.

The response also addresses the needs of refugees living in urban areas, especially in Khartoum, with a focus on livelihoods programming to support self-reliance, such as vocational training opportunities, CBT, micro-financing and livelihood asset protection, with efforts to create partnerships with the private sector and development actors. To safeguard basic needs support will also be expanded to ensure refugees can access national education and health systems, as well as to strengthen community-based protection networks and improve referral pathways for GBV prevention, treatment.

services. Partners will continue to work with 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 settings, community-based approaches will be 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 local services.

The response will also seek to integrate CBTs where feasible to support stabilization of existing assistance programmes and complement self-reliance initiatives. This is especially important for refugees in urban settings, 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.

Response strategy

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. In camp settings, INGO/NGO partners are relied upon to fill response gaps and ensure the quality and speedy delivery of

Sector	People in Need					People Targeted					Sector Budget Total (\$)
	# of Refugees	% Female	% Children	% Adult	% Elderly	# of Refugees	% Female	% Children	% Adult	% Elderly	
Protection	1,218,019	52%	56%	40%	4%	915,542	52%	56%	40%	4%	46,126,121
Education	360,898	50%	100%	0%	0%	140,553	50%	100%	0%	0%	38,631,476
Health	1,218,019	52%	56%	40%	4%	593,791	52%	56%	40%	4%	40,407,898
Nutrition	252,610	65%	69%	0%	0%	206,950	65%	69%	0%	0%	29,881,099
WASH	1,218,019	52%	56%	39%	4%	579,010	52%	56%	40%	4%	52,433,898
FSL	608,401	52%	56%	40%	5%	602,416	52%	56%	40%	5%	144,740,276
ES/NFI	656,593	52%	57%	39%	4%	274,013	52%	57%	39%	4%	59,239,902
Total	1,218,019					915,542					

ABYEI RESPONSE PLAN



OBJECTIVE 1

Save lives by providing timely and integrated multi-sector assistance and services to the most vulnerable population.

OBJECTIVE 2

Decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional and recovery activities.

OBJECTIVE 3

Increase resilience among communities ensuring sustainability through capacity building activities.

PEOPLE IN NEED



PEOPLE TARGETED



NO. OF PARTNERS



including UNISFA, 8 UN AFPs, 5 INGOs and 8 N/LNGOs. Some organizations, e.g. WHO, UNHCR & ICRC are supporting Abyei remotely from other states.

SUMMARY OF NEEDS

Some 182,000 people require humanitarian assistance in the disputed Abyei Area due to the presence of armed elements, continued inter-communal violence, presence of explosive remnants of war, population movement, natural disaster, poor infrastructure and the absence of public institutions and government services. This includes some 87,000 Ngok Dinka communities and returnees; about 15,000 Ngok Dinka displaced within Abyei; some 9,000 people from Unity and Warrap in Abyei; some 34,000 Misseriya in north of Abyei; and another 37,000 Misseriya seasonal migrants who are in the areas between October and May.

RESPONSE STRATEGY AND TARGETING

Humanitarian partners in Abyei will work to increase the resilience of affected agro-pastoralist and nomadic communities through tailored approaches based on people's specific needs and vulnerabilities. The response will target the entire 182,000 people in need in the Abyei Area. The main objective of humanitarian programming in the Abyei Area is to save lives through integrated multi-sectoral programmes in an approach of decreasing dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional/recovery activities and increase resilience among communities ensuring sustainability through capacity building activities. The multi-sectoral approach includes but is not limited to protection, health, nutrition, food security and livelihoods, WASH, education and shelter activities, ensuring a strong community-based and peacebuilding approach.

CONTACT: Gul Mohammad Fazli:
fazli2@un.org

KEY ACTIVITIES

- 1 Maintain humanitarian life-saving 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.
- 2 Contribute to the reduction in morbidity and mortality with increased access to quality health care interventions through PHC interventions and community case management approaches.
- 3 Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.
- 4 Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities in the Abyei Area.
- 5 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.

- 6 Establish veterinary services and revitalize the community-based animal health workers network for pastoralist nomadic populations by adopting a “follow on approach” throughout migration and increase access to appropriate animal drugs and vaccines at village level for sedentary populations.
- 7 Strengthen protection by working with all stakeholders, including local institutions and UNISFA/UN Police, to reduce protection risks, sexual and gender-based violence (SGBV) and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide women and child protection services, reduce risk of death and injury from landmines and explosive remnants of war through mine risk education, and engage with all actors to advocate for a better protective environment for civilians.
- 8 Improve communities’ resilience through livelihoods and food security activities, developing community assets, and improving technical expertise, e.g. agricultural, animal husbandry and fishery practices and community-based natural resource management.
- 9 Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and improve monitoring impediments and civil-military coordination.
- 10 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 stock in Abyei, including ES/NFI kits.
- 11 Monitor, track and profile displacement and return in Abyei and identify the most populations for assistance across all humanitarian sectors.
- 12 Strengthen conflict resolution and peace building skills of youth and women in Abyei to contribute in decisions and peaceful coexistence of their communities.



PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

Organizations	2019 Financial requirements (\$)	Organizations	2019 Financial requirements (\$)	Organizations	2019 Financial requirements (\$)
AAH	1,599,973	GAH	5,914,915	Rowad	475,857
ACT/ UMCOR	3,034,720	Gayat	150,000	SAHARI	401,988
ACT/NCA	4,363,714	GOAL	6,485,492	SAMARITAN	200,000
ADAD	896,798	HADO	450,000	SC	9,829,760
ADRA	4,344,000	HFDO	500,000	SDCO	2,359,797
Al Zubair	432,000	IAS	1,528,854	SOCVAWC	454,000
Almanar	967,370	IMC	4,000,000	SORR	2,912,160
Almasheesh	392,317	Innovative Relief	459,728	SRCS	360,000
Almassar	569,320	IOM	29,024,146	Talawiet	56,000
Alshroog	451,718	IPDO	200,000	TGH	5,287,589
Anhar	3,061	IRW	2,986,888	UNDP	23,389,000
AORD	341,174	JASMAR	1,247,445	UNFPA	23,086,762
ARC	11,158,900	KSCS	194,200	UNHCR	266,686,548
Asmaa	247,500	Kuwait Patients	1,358,739	UNICEF	134,420,513
BPWO	600,000	Labena	3,123,414	UNMAS	11,057,000
CAFOD	985,190	MC	2,830,000	UPO	4,305,000
CARE-S	11,807,000	Nada Elazhar	750,000	Vet-Care	566,050
Concern	5,335,856	NEF	777,695	VSF-G	1,831,480
COOPI	4,275,200	Network Organization	197,775	WFP	423,842,104
CRS	1,963,849	OCHA	9,500,000	WHO	40,570,779
DDRA	205,993	OVHAP	4,190,009	WR	4,982,492
Doaa Al-Afiya	160,000	OXFAM-A	5,925,000	WVI	12,695,708
DOPDI	615,000	PA	3,139,515		
DRC	600,000	Pan Care	988,622		
El Ruhama	470,000	PBA	298,264		
EMERGENCY	2,472,000	Peace Code	150,000		
FAO	24,675,435	PLAN	5,261,415		
FPDO	462,197	RCDO	528,420		
GAA	1,475,000	RI	2,303,082		

WHAT IF? ...WE FAIL TO RESPOND

FOOD SECURITY & LIVELIHOODS



The food insecurity of IDPs, residents, and returnees is likely to exacerbate further. With the lean season beginning in May, the food insecurity of those most vulnerable is likely to continue to deteriorate. Overall the situation remains fluid and humanitarian needs could further increase as underlying challenges are not expected to change in the immediate future.

HEALTH



Increase in medicines prices and challenges with availability will affect services delivery on both sides, demand and delivery of health services, combined with the underfunding of health sector.

EDUCATION



Thousands of children will be dropping out of school, becoming exposed to additional threats and violence and child labor as many families cannot afford schooling costs.

Dropping out of school will have a far reaching long term impact on the future and development of these children.

PROTECTION



To supplement household income, parents may send their children to work, exposing children to protection risks such as child labour, unsafe migration, trafficking, recruitment and sexual exploitation. Lack of funding will hamper the already limited capacity for protection.

WATER, SANITATION & HYGIENE



The risk of and exposure of vulnerable communities to water-borne diseases, including AWD and other, will increase exponentially resulting in heavy burden for health and nutrition needs and response.

PREPAREDNESS



Without timely funding, partners will be unable to preposition stocks ahead of the rainy season, affecting their ability to respond in a timely manner. With the start of the rainy season, already precarious road conditions will further deteriorate, isolating communities and hindering humanitarian assistance. UNHAS is an essential instrument in reaching affected people. Without timely and sustainable funding, this key element in Sudan's humanitarian operation will be severely disrupted.

