

HUMANITARIAN RESPONSE PLAN

SUDAN

HUMANITARIAN
PROGRAMME CYCLE

2021

ISSUED JANUARY 2021



About

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

PHOTO ON COVER

A group of women and children seat next to their shelters in a new settlement in Zamzam camp for Internally Displaced People (IDP), North Darfur.

Photo: UNAMID

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

www.hum-insight.com



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

fts.org/appeals/2021

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Foreword by the Government of Sudan

The coming year will be pivotal for Sudan and its people, as we continue to advance a political transition; work to consolidate peace; and strengthen investment in sustainable development. At the same time, ensuring life-saving and life-sustaining assistance for the most vulnerable people in the country remains critical.

The 2021 Humanitarian Response Plan was developed in collaboration with the United Nations and partner organizations to respond to the most critical humanitarian needs in Sudan. This plan, a collective effort of all humanitarian actors in the country, will complement government strategies and priorities for addressing and reducing humanitarian needs. It will help to ensure the most vulnerable people – including internally displaced persons, refugees being hosted by Sudan, host communities, and others – receive the support that they need. It provides a strong focus on addressing the needs of women, children, the disabled, and other vulnerable groups.

I commend the level of coordination and cooperation among all humanitarian partners, including government bodies, the United Nations and international and national NGOs. During 2020, our joint efforts have achieved significant impact in alleviating the suffering of more than 8 million vulnerable people in Sudan. But further efforts are needed to scale up support to ensure all those in need are assisted.

The Government of Sudan appreciates the efforts made to strengthen national capacities to address humanitarian needs in a comprehensive manner. The Government is committed to facilitating the implementation of this response plan, ensuring that all people in need receive the humanitarian

protection and relief assistance they require in a timely and efficient manner

It is imperative that we act now to save lives and alleviate the suffering of millions of the most vulnerable people across the country. I appeal to the international community to show solidarity and support for the people of Sudan.

I thank all those who contributed to the development of this plan.



Lena Elsheikh Omer Mahjoub,
Minister of Labor and Social Development
4 Feb 2021

KHOR ABECH, SOUTH DARFUR

A woman rides her donkey to the water point to collect water provided by UNAMID in the camp for internally displaced people (IDP).

Photo: UNAMID



Foreword by the Humanitarian Coordinator

After a remarkable year of political transformation and progress made in ensuring people's freedoms, the transitional period continues to open up opportunities for peace-building and international engagement in Sudan. The formalization of the peace agreement reached in Juba in August 2020 between the transitional government and the Sudan Revolutionary Front (SRF) remains a key step forward in the implementation of tasks in the transitional period. The subsequent signature of the peace agreement on 3 October was broadly welcomed and it is seen as creating momentum towards stability in the country.

Sudan's transitional government is committed to addressing the economic crisis and reforming the country's economy. Steps taken to this end include pledges of financial support; IMF's programme to support economic reforms and strengthening governance; lifting of subsidies; and negotiations to remove Sudan from the State Sponsors of Terrorism List, an impediment to securing debt relief and international finance. However, reforms and gaining access to international financing takes time, and humanitarian conditions are likely to worsen before substantive progress is made. Humanitarian needs continue to grow, driven by rising food prices, the socio-economic impact of COVID-19, record flooding in 2020, localized conflict and disease outbreaks. A total of 13.4 million people are projected to need humanitarian assistance in 2021 which represents more than a quarter of the population. This is an increase of 4.1 million from 2020 and the highest number in the past decade. Of the 13.4 million people in need, 7.6 million are women and girls. Other vulnerable groups include 2.5 million internally displaced

people and 1.1 million refugees, including the new arrivals from Ethiopia.

While significant efforts have been invested in achieving peace, the underlying conditions driving poverty and insecurity persist in communities across the southern regions and Darfur. In the wake of the reforms taking place and the uncertainties of the transitional period, new conflicts are emerging in an environment where resources and opportunities are already scarce. Inter-communal conflict is a recurring pattern which continues to displace people and claim lives. While the peace process opens opportunities for durable solutions, these are yet to be found and millions continue to live in protracted displacement inside and outside the country.

In 2020, humanitarians were able to reach more than 8.8 million people in need in Sudan. With the needs increasing, humanitarian organizations have scaled up their assistance despite operational challenges posed by COVID-19 and the economic crisis. While funding for humanitarian operations reached the highest level in 2020 since 2011, it did not meet the growth in humanitarian needs, resulting in a larger funding gap than in 2019. It is against this backdrop that this Humanitarian Response Plan has been developed. In 2021, humanitarian partners aim to support 8.9 million of the most vulnerable people, which will require \$1.9 billion in funding. Out of the total, 880 million are required for lifesaving activities, whilst 700 million for life-sustaining interventions. The remaining 320 million will be used for cross-cutting protection activities. The financial increase reflects the growing humanitarian needs, as humanitarians

can now access previously inaccessible areas under the control of Non-State Armed Groups (NSAGs) in Darfur, South Kordofan and Blue Nile states. In 2020, 650,000 people were reached for the first time in a decade in the Jebel Marra area in Darfur. In 2021, the HRP will prioritize lifesaving multi-sectoral assistance in areas with highest convergence of needs. The plan includes response readiness for recurring flooding, conflict, and disease outbreaks. Food assistance, disease prevention and emergency assistance will be scaled up to the newly displaced due to conflict or flooding. Life-sustaining services will be prioritized, such as essential health services (including vaccination and antenatal care), prevention and treatment of water-borne and vector-borne diseases and access to education, livelihoods and water and sanitation.

Despite the challenges posed by the COVID-19 containment measures introduced in March 2020, the humanitarian community succeeded to continue supporting people in need and implement life-

saving interventions also in previously inaccessible areas. In 2020, and with the generous support of the international community, 8.8 million people were reached with assistance in 170 localities. In 2021, more needs to be done to reach the most vulnerable people across the country. Our collective response will continue to prioritize the mitigation of and response to protection needs, particularly in Darfur where the United Nations–African Union Mission in Darfur (UNAMID) is drawing down. Humanitarian partners are committed to work closely with the government and the people of Sudan to ensure that our response will support building the capacity of communities to sustain durable solutions and peaceful coexistence.



Babacar Cisse,
Resident Coordinator and Humanitarian
Coordinator a.i
1 Feb 2021

GOZMINO VILLAGE, WEST DARFUR

Having attended school, children run towards a UN helicopter that has just landed on an official mission. Photo: UNAMID



Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
13.4M	8.9M	\$1.9B	84	220

Strategic Objective 1

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

SPECIFIC OBJECTIVES

- 1.1 Provide water, food and non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of life¹.
- 1.2 Reduce the number of people facing acute food insecurity and malnutrition by 20 percent and mitigate negative coping mechanisms by the end of 2021.

Strategic Objective 2

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

SPECIFIC OBJECTIVES

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

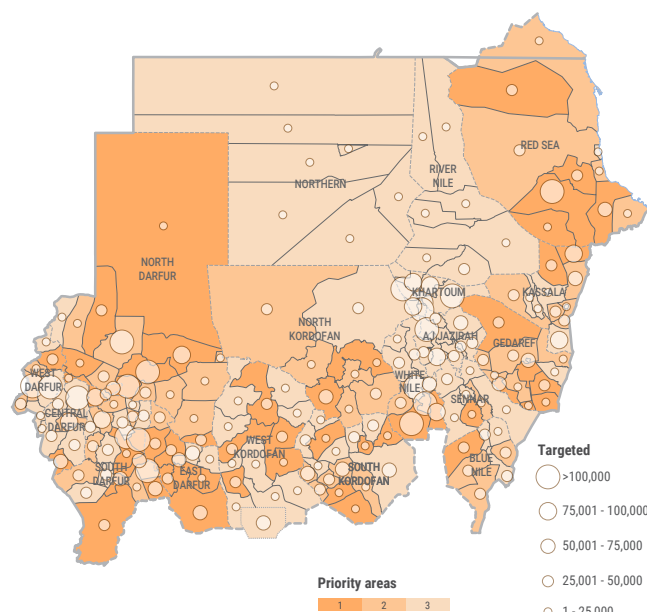
Strategic Objective 3

Mitigate protection risks and respond to protection needs through humanitarian action

SPECIFIC OBJECTIVES

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

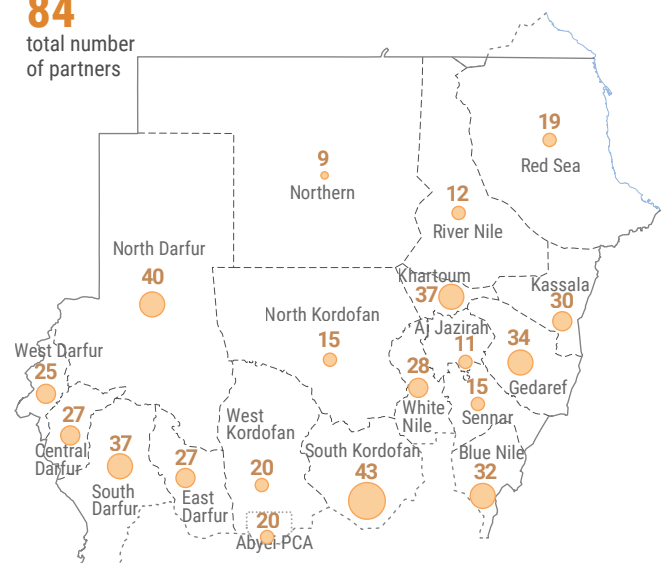
HRP Prioritization and Targeting



Operational Presence

84

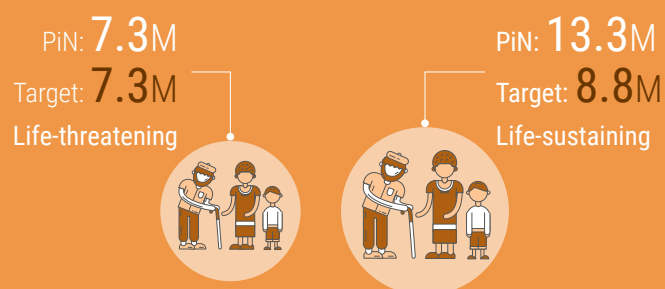
total number of partners



Key Findings



BY HUMANITARIAN CONDITION



BY POPULATION GROUPS

IN NEED

9.8M

Vulnerable residents



2.5M

Internally displaced people



1.07M

Refugees



0.17M

Returnees



TARGETED

6.3M

Vulnerable residents

1.5M

Internally displaced people

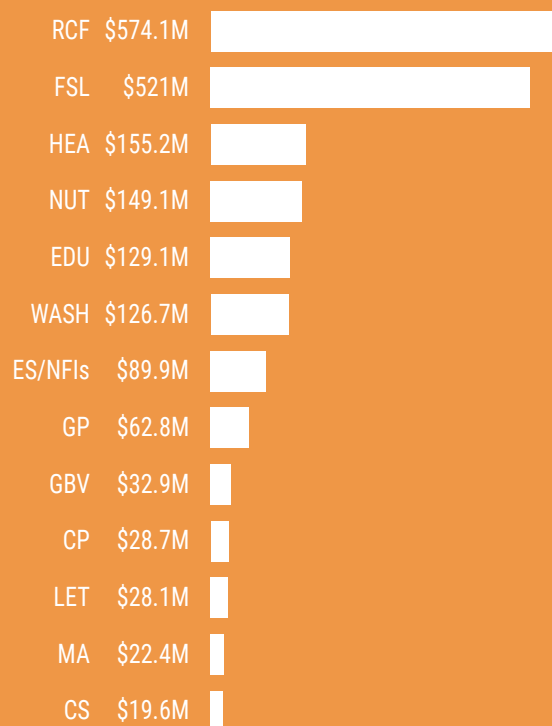
1M

Refugees

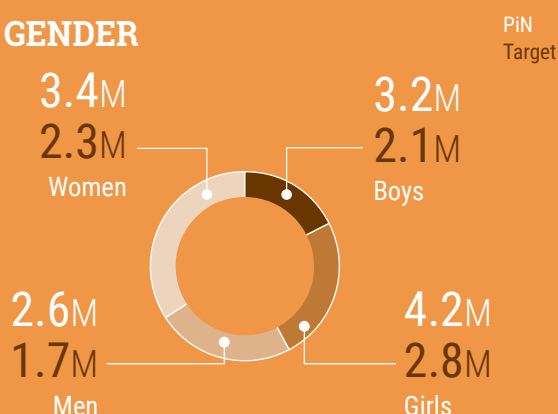
0.14M

Returnees

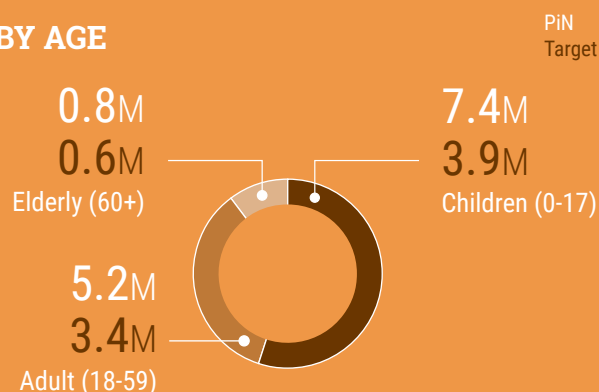
FINANCIAL REQUIREMENTS BY SECTOR



BY GENDER



BY AGE



WITH DISABILITY

IN NEED

2M

People with disabilities



TARGETED

1.3M

People with disabilities

Historic Trends

During the past five years, Sudan has seen an increase in the number of people in need of humanitarian assistance from 5.8 million people in 2016 to 13.4 million in 2021.

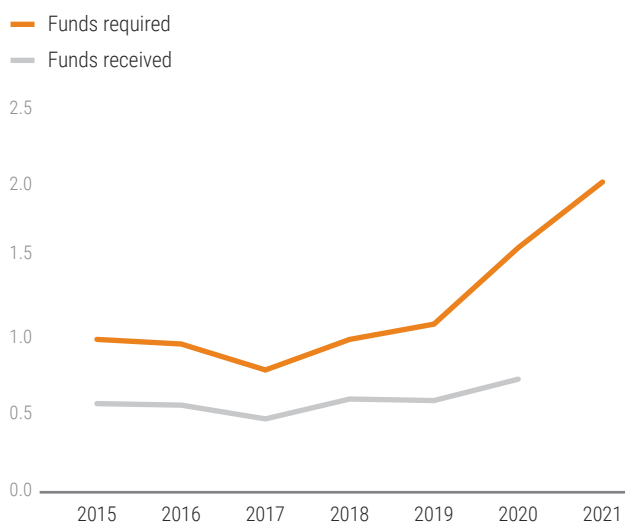
In 2020, despite the challenges posed by the COVID-19-restrictions, 8.8 million people were given humanitarian assistance. This is 94 per cent of the people estimated to be in need, in 179 of the country's 190 localities¹.

These localities were prioritized in three categories based on the level of multi-sectoral severity. This prioritization guided partners in addressing humanitarian needs from a multi-sectoral perspective. Sector partners targeted areas which were considered a high priority within their specific sectors. Localities in Darfur, South Kordofan and Blue Nile had a higher number of partners and more people were reached. The level of funding received in the last five years remained stable, between 45 and 59 per cent of the overall HRP requirements.

The number of people reached increased from

1 190 includes Abyei PCA which is neither a locality nor a State.

FINANCIAL REQUIREMENTS 2015 - 2021 (billion US\$)

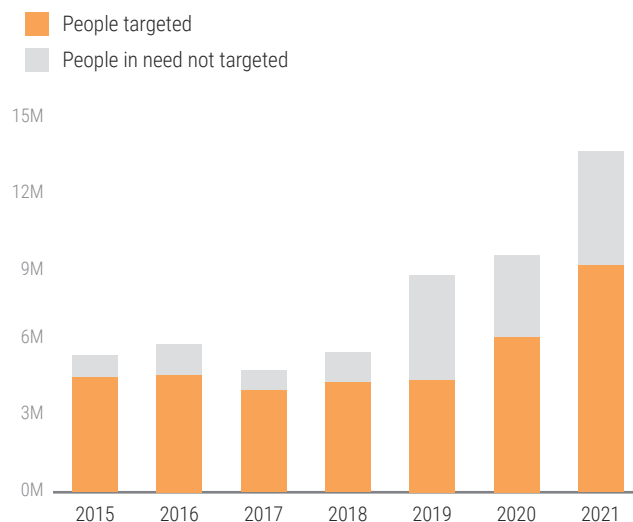


Source: Humanitarian Programme Cycle documents 2015 - 2021

2.3 million in the first quarter of 2020 (January to March) to 5.4 million between April and June. The scale up of the assistance was especially visible on the Food Security and Livelihoods (FSL) sector with partners reaching over 4.6 million people between April and June, up from 1.7 million in the first quarter of the year. The four best funded sectors – protection, Food Security and Livelihoods, education and shelter – reached high numbers of people in need both across areas of high severity in their sectors, and in areas of convergence of needs, while other key sectors, such as health and WASH, remain underfunded.

The humanitarian response increased in the eastern and central regions of Sudan. In the east, humanitarians reached 360,000 people, 35 per cent of the people targeted in the east (4.8 per cent of the total reached across the country), while over 1.6 million received assistance in the central region (22 per cent of the total response). In the first quarter of 2020, these regions had represented three and two per cent of the response, respectively. In Darfur, 4.3 million people received assistance and 1.6 million were reached in Blue Nile and the Kordofans.

NUMBER OF PEOPLE IN NEED VS TARGETED 2015 - 2021 (in millions of people)



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

Comparison of key figures from previous HRP appeals

YEAR OF APPEAL	PEOPLE IN NEED (million)	PEOPLE TARGETED (million)	REQUIREMENTS (billion US\$)	FUNDING RECEIVED (million US\$)	FUNDED (%)
2015	5.4	4.5	1	582.6	56
2016	5.8	4.6	0.97	566.4	58
2017	4.8	4.0	0.80	480.0	60
2018	5.5	4.3	1	613.5	61
2019	8.5	4.4	1.1	595.8	52
2020	9.3	6.1	1.34	762.6*	55
2021	13.4M	8.9	1.9	N/A	N/A

* non-COVID-19 funding received
as of 14th January 2021



ZALINGEI, CENTRAL DARFUR

UNAMID hand-washing facilities for COVID-19 in Al
Salam IDP camp. Photo: UNAMID

Crisis Context and Impact

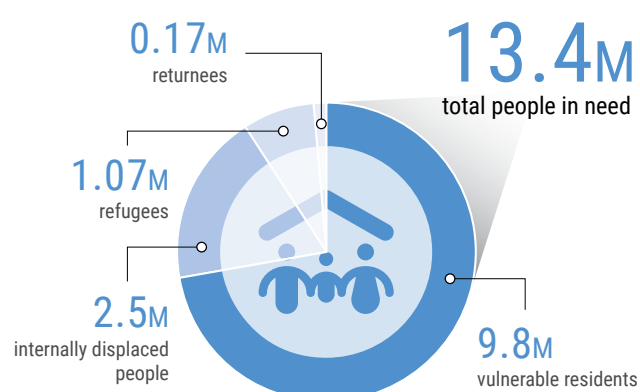
The transitional government has taken bold steps to advance Sudan's economy, stability, and peace. However, these efforts will take time and humanitarian needs continue to grow. The 2021 Humanitarian Needs Overview (HNO) identifies 13.4 million people (29 per cent of the population) in need of assistance in 2021 – of which 7.6 million are women and girls, 2.5 million are IDPs, and 1.07 million are refugees from South Sudan, Central Africa Republic (CAR), Eritrea, and Ethiopia.

Steps have been taken for Sudan to access international financing. These include the adoption of an economic reform package, Sudan's removal from the United States State sponsors of terrorism list amidst others that will bring Sudan closer to debt relief. The continuing economic crisis, exacerbated by COVID-19, high inflation and erosion of purchasing power has resulted in high levels of food insecurity, and severely curtailed livelihoods. The ability of households to meet and access basic needs and services including food has been severely affected. A decline in the economy is disrupting health services, including medicines with 15 per cent of essential drugs available in the country.

While a significant proportion of Sudan's population is struggling to meet basic needs and access services, this is further aggravated among vulnerable groups including internally displaced people (IDPs), returnees and refugees. At least 1.3 million people face emergency levels of acute food insecurity (IPC² four - emergency), while around 5.8 million people are facing crisis levels of acute food insecurity (IPC three - crisis). Another 17.4 million people are estimated to be under stress (IPC two - stressed) and any additional shock could push them to severe levels of hunger.

Recurrent shocks, such as flooding and disease outbreaks, put additional stress on the needs of the country. In 2020, unprecedented floods wreaked havoc during the rainy season affecting close to 900,000 people across the country and farmland, livestock, shelter and other infrastructure. The risk of disease outbreaks remains high, including annual cycles of cholera, malaria, dengue and chikungunya. In 2020, Sudan faced outbreaks of viral haemorrhagic fevers (VHF) and a polio outbreak which had not been experienced in ten years. Despite the significant political successes made in achieving peace in 2020, instability remains in parts of the country. Intermittent inter-communal tension and violence in parts of Darfur, eastern Sudan and the Kordofan regions heightened protection and rule of law concerns amongst the people. While there have been less new displacements over the past few years due to conflict or inter-communal violence, a majority of the 2.5 million IDPs remain displaced for over a decade. Women and girls are disproportionately affected by the impact of the humanitarian crises; existing gender inequalities are further compounded by the breakdown of protection mechanisms, destruction of essential services and economic structures.

People in need by population group



² Integrated Phase Classification – a tool that measures food security

Part 1: Strategic Response Priorities

TAWILLA, NORTH DARFUR

A woman helps her child to wash hands before eating in a food distribution centre in the Rwanda camp for internally displaced people (IDP).
Photo: UNAMID



1.1

Humanitarian Conditions and Underlying Factors

Despite a significant reduction in conflict in recent years, overall needs in Sudan have grown considerably due to a severe economic crisis. International support towards the transitional government has not yet translated into substantive financial and policy support to contribute to a progressive reversal of the situation. As a result,

humanitarian needs continue to grow, driven by unaddressed root causes of the crisis and underlying factors including food insecurity and malnutrition, flooding, weak health and sanitation systems, disease outbreaks, minimal protection services, and inter-communal violence.

Life-threatening conditions (critical physical & mental well-being issue)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
7.3M	7.3M	880M

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

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

Critical Problems Related to Life-Threatening issues

With several diseases being endemic including malaria, cholera, dengue fever and chikungunya, other diseases are also emerging. The country continues to face health and socio-economic consequences of COVID-19. Since the start of the pandemic in mid-March, over 19,000 people contracted the virus, including more than 1,300 who died from the disease. With a Case Fatality Rate (CFR) of 6.8 per cent, Sudan has one of the highest in the world. Sudan is facing its first polio outbreak in more than a decade, affecting thirteen states. The vaccine-derived polio-virus outbreak

was declared on 9 August, and as of 13 December, 48 cases have been confirmed, in addition to positive environmental samples indicating wide circulation of the virus within the country. The increasing number of outbreaks and transmissions continues to put pressure on the country’s fragile health system.

In 2020, pockets of violence in Darfur region, South Kordofan, Kassala and Red Sea states in July and August continue to cause displacements, tensions and increased humanitarian needs. More than 2.5 million people remain internally displaced.

Amongst these, over 900,000 are women and girls face protection risks, including Gender-Based Violence (GBV), harassment, rape, Female Genital Mutilation (FGM) among others.

Malnutrition is driven by an increase in food prices, high inflation, and weak health and WASH

systems. Some 570,000 children have severe acute malnutrition which, if left unaddressed, this will endanger their health, limiting physical and cognitive development, and making children more susceptible to diseases.

Life-sustaining conditions (critical living standards issues)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
13.3M	8.8M	700M

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

Critical Problems Related to Life-Sustaining issues

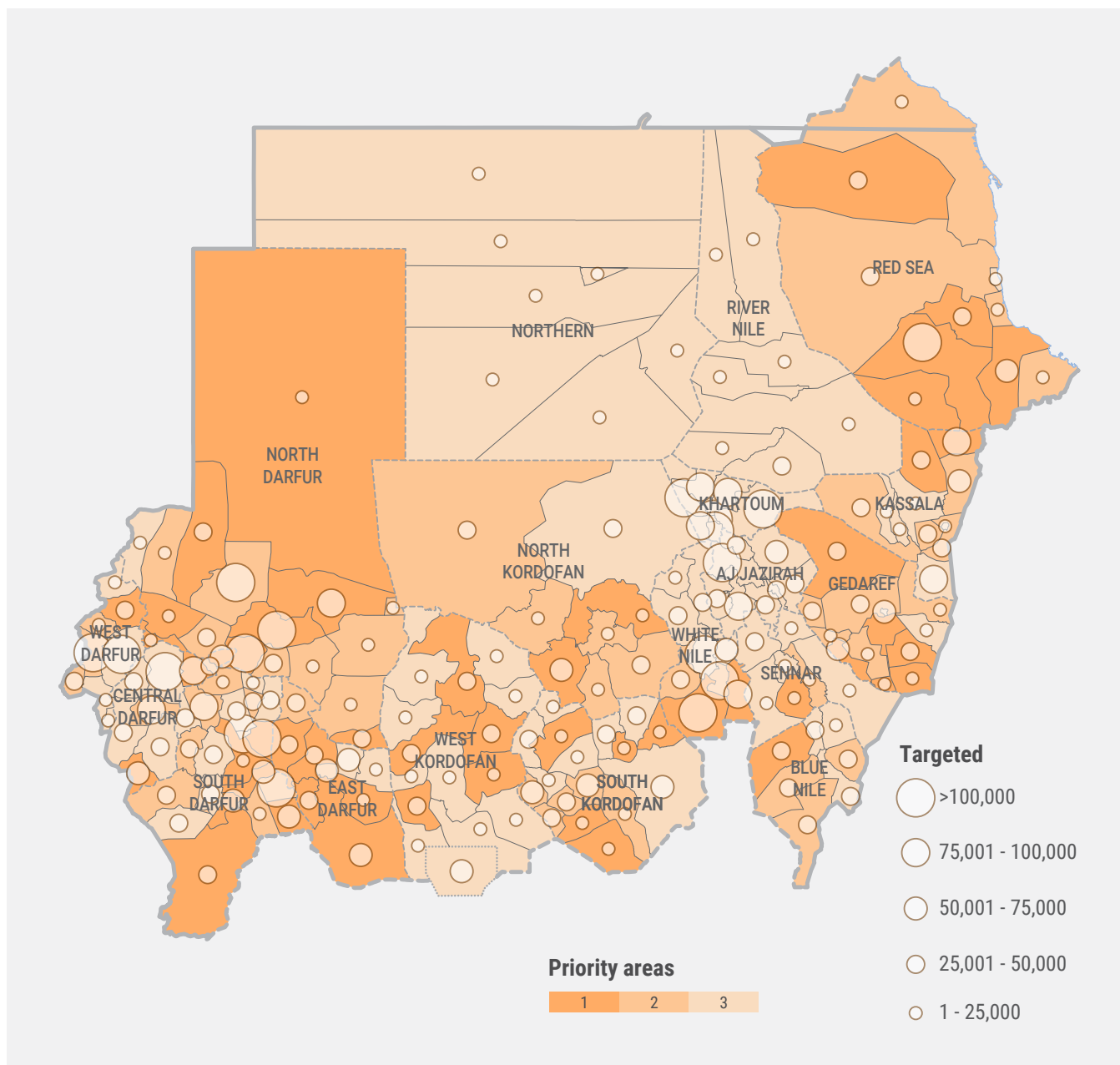
Despite the tremendous efforts being invested in peace, poverty, insecurity and localized conflict are impacting communities’ ability to engage in livelihoods, undermining opportunities to support self-reliance and exacerbating the fragility of communities across the southern regions and in Darfur. In the wake of the changes taking place and the uncertainties of the transitional period, new conflicts are emerging in an environment where resources and opportunities are already under stress. Inter-communal conflict is a recurring pattern, which continues to displace people and claim lives in some parts of the country. Recent clashes in different localities of Kassala and Red Sea states in August have driven further displacement, and caused losses of lives and damages to houses, markets and other key infrastructure.

Limited access to health, WASH, and education systems remains a challenge. In 2020, this was compounded by the COVID-19, which included closure of schools, mobility restrictions and imports, increased prices of medicines etc. Access to water remained limited, and COVID-19 emphasized WASH gaps across the country, including isolation centres and health facilities.

Hunger increased across Sudan, where an estimated 7.1 million people were expected to be severely food insecure from October to December. This figure represented an increase of four per cent compared with the same period last year. An estimated 1.3 million of the food insecure people are facing emergency levels of acute food insecurity (IPC 4). Another 17.4 million people are under stress (IPC 2), and it is likely that any additional shock could push them to severe levels of hunger.

1.2 HRP Prioritization and Targeting

Prioritization and Targeting by locality



The 2021 Sudan Humanitarian Response Plan will provide a multi-dimensional response to people in need and will ensure principled, inclusive, safe and dignified assistance to the most vulnerable people, including strengthened accountability towards affected communities. Humanitarian

mechanisms will align resilience and durable solutions to support and establish a sustainable process of recovery that will reduce humanitarian needs over time.

The 2021 Humanitarian Needs Overview (HNO)

sought improved, focused analysis of humanitarian needs covering the whole country³. The population was divided in five severity categories - minimal, stress, severe, extreme and catastrophic. Indicators of need were grouped into life-threatening and life-sustaining. The minimal severity categories of 16 million people shows the extent to which people are affected by weakened health services and the economic downturn. People in this category will not be targeted with emergency humanitarian aid, however, people in the stress category could, if hit by a shock, be pushed into higher severity categories and would then need humanitarian assistance. The needs of people in the minimal and stress categories would typically be addressed by development and resilience activities and fall outside the HRP interventions.

Lessons learnt from earlier plans were built into the 2021 HRP targeting and prioritization, including stronger data analysis and engagement with key stakeholders. In 2021, 13.4 million people need humanitarian assistance and 8.9 million people will be targeted. Out of the total, 7.3 million will be targeted with life-saving activities, 8.8 million with life-sustaining activities, and 2.3 million with protection activities.

In 2020, the first country-wide Multi-Sectoral Needs Assessment (MSNA) took place. From August to October, around 14,000 households⁴ were assessed across all 18 states. The findings from this assessment were crucial in triangulating information on sectoral needs and priorities.

These localities⁵ were prioritized into three categories, based on the level of multi-sectoral convergence of need. The prioritization will guide partners to implement the response, in line with the objectives.

A total of 51 localities are identified as priority one, the top priority. Of these, 24 are located in Darfur; 12 in the Kordofans, the rest are in central and

eastern states. A further 51 localities are identified as priority two; and 83 localities as priority three. The severity of needs was validated at both national and state levels by operational partners, through the Inter-Sectoral Coordination Group (ISCG).

Synergies will be sought between humanitarian interventions and development and peacebuilding programs. In 2020, efforts were in place to strengthen and scale up social protection mechanisms (the Ministry of Labour and Social Development's joint pilot interventions with WFP cash transfers and UNHCR's support to the National Social Protection Strategy). These efforts however, remain limited in addressing needs in a context of deteriorating living conditions.

Number of priority areas by locality

STATE	PRIORITY 1 LOCALITIES	PRIORITY 2 LOCALITIES	PRIORITY 3 LOCALITIES
Abyei PCA		1	
Aj Jazirah		2	6
Blue Nile		2	5
Central Darfur	2	4	3
East Darfur	6	1	2
Gedaref	3	2	7
Kassala	2	3	6
Khartoum	1		6
North Darfur	8	6	4
North Kordofan	1	4	3
Northern			7
Red Sea	4	1	5
River Nile		1	6
Sennar	2	1	4
South Darfur	8	11	2
South Kordofan	6	6	5
West Darfur	2	3	3
West Kordofan	5	4	5
White Nile	1	4	4
Grand Total	51	56	83

³ With the exception of the Two Areas

⁴ 13,769 households were assessed in the MSNA

⁵ Sudan's admin 2 areas are called localities - the full list is available on HDX.

1.3

Objectives and Response Approach

In 2021, the number of people in need will be the highest over the past decade. The situation is driven by an economic crisis, exacerbated by COVID-19, protracted internal displacement, unprecedented flooding in 2020 and disease outbreaks. The ability of households to meet and access basic needs and services has been severely affected, increasing their life-threatening and life-sustaining conditions across the country. This includes areas in eastern Sudan, where the likely arrival of between 100,000 to 200,000 Ethiopian refugees from Tigray region is expected. Humanitarian interventions will consider elements to increase the resilience and durability of interventions, which can contribute to minimizing further displacement.

The 2021 HRP was developed through engagement with the Inter-Sector Coordination Group (ISCG), Humanitarian Country Team (HCT), donors, INGOs, and other non-humanitarian stakeholders. In 2021, humanitarian partners will target 8.9 million people in need, prioritizing localities with the highest convergence of needs across sectors (severity four and five) as identified by the HNO.

Humanitarian partners will continue to advocate for development stakeholders to address medium and long-term development necessary to reduce chronic needs in Sudan. These include national priorities and strategies, strengthening response capacity and the national health system, provision of basic services, Disaster Risk Reduction (DRR) and the implementation of the National Protection

Strategy. The newly established Family Support Program aims to mitigate the impact of the lifting of subsidies.

Humanitarian partners will undertake interventions combining different response approaches based on the type of intervention, sector, and emergencies, while ensuring where possible multi-sectoral approaches. While most of the interventions in Sudan will remain in-kind delivery or provision of services, cash (including vouchers) will be used in Food Security and Livelihoods, Shelter and NFI, and child protection interventions mainly on life-sustaining activities. Prepositioning of key items of pre-agreed life-saving packages for initial response will be prioritized in key areas across the country to respond to sudden onsets, including conflict induced internal displacement or flooding.

Efforts will be made to strengthen information sharing mechanisms with the Sudan Meteorological Authority (SMA) predictions and the support to the Emergency Operations Centre (EOC). Pipelines stock mapping and regular stock piling will take place to ensure partners can provide timely emergency response. To support these mechanisms, the SHF's Emergency Rapid Response Mechanisms (ERRM) and Reserve for Emergencies (RfE) will be strengthened. Support to core pipelines will be increased to complement emergency interventions, enabling targeted pre-positioning and ensuring anticipatory financing and response action.

Strategic Objective 1

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

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
7.3M	57%	55%	15%

SPECIFIC OBJECTIVES

- 1.1

Provide water, food and non-food items, health, shelter and protection services within two weeks of a sudden onset emergency or displacement to prevent loss of life.
- 1.2

Reduce the number of people facing acute food insecurity and malnutrition by 20 percent and mitigate negative coping mechanisms by the end of 2021.

Rationale and intended outcome

Activities under this objective will focus on life-saving assistance to vulnerable people Including IDPs, refugees, returnees and vulnerable residents. In addressing life-threatening conditions, partners will provide emergency life-saving water, food, non-food items, health and protection assistance, and psychosocial support. With the rising levels of food insecurity due to a combination of factors including the economic crisis, and flooding, concerted efforts will be made to scale-up operations to mitigate the likelihood of people adopt negative coping mechanisms. Partners will, at the same time, work to sustain the response in those localities with ongoing activities to avoid any further deterioration.

With the rise in food insecurity, there is a likelihood that malnutrition levels will also increase. Efforts will be intensified in all targeted localities to identify and treat children and pregnant and lactating women who are suffering from a combination of illness including severe acute malnutrition.

Partners will also work to provided safe and sufficient water for drinking, domestic use, and

hygiene. In addition to nutrition interventions, direct food assistance and emergency agricultural and livestock activities will also be implemented. With the increase in disease outbreak, efforts will be made to ensure that reported alerts for potential disease outbreaks are responded to within 72 hours; and emergency shelter provided to newly displaced people.

Guided by the HCT Emergency Response Framework, humanitarian partners will work to ensure that response to sudden onset emergencies happens within two weeks, to prevent loss of lives as well as mitigating the impact of new shocks. This will include conducting rapid assessments within a timeline of 72 hours from day of alert. The ISCG will further strengthen early warning systems, improve contingency planning and promote a proactive approach to collective response readiness. In order to facilitate rapid response and adjust as required, regular reviews will be undertaken to ensure stocks are pre-positioned in sufficient quantities, in the appropriate locations and at the right time.

Strategic Objective 2

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

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
8.8M	57%	55%	15%

SPECIFIC OBJECTIVES

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

Rationale and intended outcome

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

Through the proposed activities, efforts will be made to enhance household and community resilience by providing livelihood opportunities. All efforts under this objective are aimed to avoid a further deterioration in the humanitarian situation of affected people and enable them to withstand or

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

Strategic Objective 3

Mitigate protection risks and respond to protection needs through humanitarian action

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
2.3M	57%	55%	15%

SPECIFIC OBJECTIVES

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

Rationale and intended outcome

Under this objective, partners will aim to ensure the safety and security – and restore the dignity – of affected people in an equitable manner while also enhancing the capacity of stakeholders to strengthen the protective environment. Protection partners will assist affected people through provision of legal assistance/aid, psychosocial support, emergency cash assistance to mitigate protection risks, and referral to GBV, Child Protection, or Mine Action actors. A key component of this strategic objective is to step up advocacy aimed at obtaining full respect for the rights of all individuals in accordance with international law, including international

humanitarian, human rights and refugee law. All elements of the humanitarian response will promote mainstreaming of protection in line with the centrality of protection. Updates systems will be introduced including household-level protection monitoring- to enable identification of persons with specific needs and referral to specialized service providers. This will enable evidence-based reporting on protection needs, threats and risks, and analysis of trends over time. Specific attention will also be made to people with disabilities and high-risk girls, boys, men and women and respond to their needs with appropriate programming.

Durable solutions to displacement in Sudan

Durable solutions are achieved when internally displaced persons (IDPs) no longer need assistance or protection and can enjoy their human rights without discrimination.

The goal of durable solutions is to end the needs and vulnerabilities of displacement affected communities while strengthening their capacities, skills, and increasing their resilience, so they are able to enjoy their lives like those that are not or have not been displaced. Reintegration processes can take place at the location of displacement, the place of origin or elsewhere in the country. The solutions must be feasible, sustainable, viable and enduring. Durable solutions start in the humanitarian phase but span the humanitarian – peace – development nexus and cannot yield long-term results without strong development engagement to address the socio-economic challenges.

The political transition and the Juba Peace Agreement as well as the ongoing negotiations with the two factions that did not sign the peace agreement provide an opportunity to achieve durable solutions. The civilian transitional government of Sudan takes the lead with support from the international community. In 2021, the Durable Solutions Working Group (DSWG), co-chaired by UNDP, UNHCR and the Danish Refugee Council(DRC) will continue supporting the government with area and evidence based durable solutions planning and programming as well as the development of a national strategy.

KHOR ABECH, SOUTH DARFUR

A child collects water provided by UNAMID in the camp for internally displaced people (IDP).

Photo: UNAMID



1.4

Costing Methodology

In 2021, the Sudan HRP transitioned from using project based costing to a hybrid approach to calculate its financial requirements. This hybrid approach includes a combination of activity-based costing to project registration.

This HCT endorsed process seeks to harmonize partners approaches on budgeting for humanitarian interventions, based on activities which are common within each sector. Using sector specific methodologies, in collaboration with partners, each sector has agreed on a set of activities, goods, and services packages for each sector which they will implement under the 2021 HRP. Sectors have established ranges of cost per activities, which provides them with operational flexibility in a context with high inflation and changing operational costs.

This hybrid approach intends to increase transparency on the calculation of financial requirements per sector, and it allows to link

directly the type of activity with the number of people targeted in each sector to draw an estimation of the total cost per sector. The activities are used to inform project registration, which will still allow for financial tracking under FTS.

Although all sectors and the Refugee Consultation Forum (RCF) have used the activity-based costing approach, there are some differences in methods used to estimate costs for cluster-specific activities.

For example, some sectors have estimated the cost of each activity and multiplied that by the quantity of the activity deemed necessary to respond to the needs. Other sectors, especially those where there are large variations in the cost of the activity depending on where it is done, have worked back from the submitted projects. First, they estimate the quantity of the required activity and then they calculated an average cost based on what partners organisation submit in the projects. This method also takes account of sector capacity.



1.5

Planning Assumptions, Access and Operational Capacity

Planning assumptions

As outlined in the HNO, Sudan is expected to remain in the grip of a humanitarian crisis in 2021 due to the cumulative effects of the economic crisis, food insecurity, conflict and flooding, all of which have impacted livelihoods. The current drivers of the humanitarian situation will negatively impact people's living conditions, with women, children and people with disabilities most affected. While some processes, including implementation of the Juba Peace Agreement, are expected to offer new opportunities to improve people's lives and reduce vulnerability, this may take time to materialize. This is particularly the case for improvements in the economic situation, availability of government-provided basic public services, and reducing pressures placed on communities hosting IDPs and refugees.

Food insecurity

Extreme levels of food insecurity are expected to persist. The unprecedented flooding experienced in 2020 (July to September) and limitations in accessing land by conflict affected populations have contributed to an increase in food insecurity. In rainfed agriculture areas, around 2.2 million hectares of planted areas was flooded, representing 26.8 per cent of cultivated areas in 15 states. The trends in the number of people facing high levels of acute food insecurity (IPC Phase three or above) have also been increasing - 7.1 million people (16 per cent) of the total population, in 2020, an increase from 5.8 million people (14 per cent) compared to 2019.

Disease Outbreaks

Epidemic-prone diseases, such as malaria, chikungunya, cholera, and Rift Valley Fever (RVF) are expected to persist and possibly

spread in the country. Other emerging outbreaks including COVID-19 and polio are expected to become endemic.

Durable Solutions

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

Humanitarian Access

Since taking office in 2019, the civilian transitional government has stated and shown commitment to facilitate vulnerable peoples' access to humanitarian assistance, including in areas previously not accessible to humanitarian organizations. The engagement of the government with humanitarian partners has been strengthened - regular meetings of the Humanitarian Affairs Commission (HAC) with NGO Steering Committee and UN agencies for example -, easing some bureaucratic impediments to humanitarian access. Despite the improvements, it is anticipated that humanitarian actors will continue to face obstacles to securing consistent access to people in need. There is an uneven implementation of procedures across the states, and between the Federal and State levels. Partners still report some difficulties regarding permission to move cargo between Khartoum and the States and between States; timely approval of NGOs Technical Agreements, unsystematic approaches towards travel notifications and permits.

In 2021, the humanitarian access strategy will seek continued engagement with the government,

Non-State Armed Groups (NSAGs), affected communities and other key stakeholders to create an enabling operational environment. The humanitarian community commits to working with the government to improve effectiveness and efficiency of humanitarian action by ensuring sustained access to people in need. Humanitarian partners commit to adhere to humanitarian principles to maintain the collective integrity of the humanitarian community. Humanitarian actors will also seek to strengthen evidence-based access advocacy on access and secure operational support to actors on the ground through timely systematic collection, reporting and analysis of access information to address access constraints. This will help collective problem solving for the ultimate benefit of the people in need of assistance.

The partnership with the government will further be strengthened through improved civil military coordination and capacity building such as training on relevant legal and normative frameworks to promote adherence to obligations and accountability for a safer humanitarian response. Humanitarians will work closely through the security management system to review the status of roads and security requirements to expand humanitarian movements, and when feasible to scale back the reliance on armed escorts.

Key areas of advocacy include:

- Continuing strategic and operational engagement with State and non-State armed groups at the federal and state levels.
- Continuing engagement with HAC and other governmental departments to clarify the procedures for customs clearance and tax exemption.
- Continuing engagement with the government on easing movement procedures of humanitarian personnel and supplies.
- Strengthening of the collective approach to humanitarian access through the implementation of the access strategy, and the monitoring and reporting framework to improve evidence-based advocacy.

Operational Capacity

In 2021, 44 international partners (UN and INGOs), and 40 NNGOs and more than 100 national partners will implement humanitarian programs under the HRP. NGO presence in Sudan has increased since the new government came to power, with 17 new INGOs registered in the country. Other partners and government departments will also provide humanitarian assistance. These include MSF, IFRC, Red Cross organizations and countries offering bilateral support primarily from the Gulf. These organizations will coordinate closely with humanitarian organizations delivering humanitarian assistance within the HRP. Operational capacity needs to be sustained to support the protracted needs of vulnerable people in Darfur, South Kordofan and Blue Nile.

Partners will maintain flexibility in response planning to allow a scale-up in newly accessible areas and new crisis affected areas, while maintaining preparedness for the possibility of growing numbers of spontaneous refugee and IDP returns. Operations will be sustained in refugee-hosting areas, including the Darfur, and Kordofan states, and White Nile. Out-of-camp and urban locations in the Kordofan, Blue Nile, eastern Sudan and Khartoum will be scaled up. Operations at reception points in Central and South Darfur, South and West Kordofan and Kassala will be maintained.



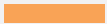



































The Emergency Operations Centre (EOC) that was established by the government for the flood response represents a potential model for future disaster management and response coordination. The EOC can be further strengthened by capacity building and maintaining government leadership in crisis response.

Partners will work to scale up response in parts of eastern and central Sudan, where the impact of the economic crisis, on top of chronic under-development, has resulted in growing humanitarian needs. Capacity will be increased for the eastern states of Red Sea, Gedaref, and Kassala and central

states of North and West Kordofan. For instance, the Northern state experienced a lack of partners to work on flood response in 2020. Maintaining the flexibility to respond to new crises due to floods, disease outbreaks, and sporadic displacement as they arise will remain a priority in 2021. OCHA will promote expansion of humanitarian response capacity through the use of pooled funds to ensure adequate country wide coverage.

The UN and partners will support, in accordance with their mandates, the National Plan for the Protection of Civilians (NPPOC) and the implementation of the Juba Peace Agreement, as well as firm up commitments made to the United Nations for the protection of civilians with the support of UNITAMS.




Partners by Location

STATE	PEOPLE TARGETED	NO. PARTNERS
South Darfur	1.26M 	37 
Khartoum	1.05M 	37 
North Darfur	0.95M 	40 
White Nile	0.73M 	28 
Central Darfur	0.60M 	27 
Aj Jazirah	0.58M 	11 
South Kordofan	0.49M 	43 
Kassala	0.44M 	30 
West Darfur	0.39M 	25 
Gedaref	0.36M 	34 
Red Sea	0.36M 	19 
East Darfur	0.35M 	27 
North Kordofan	0.32M 	15 
West Kordofan	0.30M 	20 
Sennar	0.22M 	15 
Blue Nile	0.22M 	32 
River Nile	0.11M 	12 
Northern	0.07M 	9 
Abyei PCA	0.21M 	20 

Partners by Sector

SECTOR	PEOPLE TARGETED	PARTNERS
Food Security & Livelihoods	6.29 	32 
Health	5.65 	28 
Water, Sanitation & Hygiene	4.81 	51 
Protection	2.27 	16 
Education	2.19 	23 
Nutrition	1.87 	28 
Shelter & Non-Food Items	1.20 	20 
Child Protection	1.12 	18 
Gender-Based Violence	0.97 	27 
Mine Action	0.46 	2 

Partners by Type

SECTOR	NO. PARTNERS
INGO	31 
NGO	40 
UN	13 

1.6

Accountability to Affected Populations

The 2021 HRP will strengthen accountability and community engagement approaches. Humanitarian partners will be encouraged to adopt different communication channels and modalities that are accessible and appropriate to ensure views of communities are central to their interventions. Analysis from the recent MSNA confirmed gaps on access to information due to elements on discrimination, illiteracy and lack of access to mobile phones. Humanitarian partners have in the past used varied methods to promote accountability and maintain a two-way communication with communities, but these initiatives are inconsistent and in isolation.

In 2021, inter-agency efforts will be made to pursue a coordinated approach to ensure accountability to affected people for a more effective humanitarian response in Sudan. This will be achieved by combining communication, community engagement, participation strategies, and technology. During the last quarter of 2020, a Community Engagement and Accountability (CEA) Coordination Working Group was established, which reports to the Inter-Sector Coordination

Group (ISCG). The AAP/CEA Working Group supports planning and development of a collective approach to collect, analyze, and respond to feedback and complaints on issues raised by communities. This approach will also provide operational partners and decision-makers with evidence-based data to inform humanitarian interventions, prioritizing people's views and needs.

Additionally, partners will address accountability to affected people in their programs. Anti-fraud and the provision of all humanitarian services free of charge will be emphasized by all actors at all stages of a program cycle, including people's rights and entitlements, and code of conduct expected from aid actors particularly on Prevention of Sexual Exploitation and Abuse (PSEA) issues.

A government-endorsed nation-wide hotline will be established in 2021. The hotline aims to collect data and feedback from affected people. Information will be used regularly to inform decision making on humanitarian programming and help to identify pressing issues which may represent a risk for communities.

How project will share information and collect community feedback



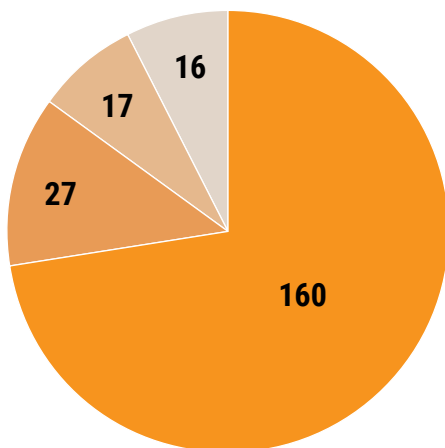
1.7

Gender, Disability and Sexual Exploitation and Abuse

Gender

Gender inequalities are persistent across Sudan. The protracted nature of the conflict, particularly in Darfur, continues to reinforce pre-existing gender inequalities, with women having lesser opportunities. Across the Darfur states, high rates of Gender-Based Violence especially sexual violence, continue to be reported. Efforts to prioritize gender across the humanitarian response are in line with the government commitment to gender equality, visible through the advancement of laws such as the Criminal Act and the National Civil Service Act.

Gender and age marker for HRP projects



160 projects will significantly contribute to gender equality, including across age groups.

27 projects are principally about promoting gender equality, including across age groups.

17 projects will contribute to gender equality but without full attention to age groups.

16 projects with other IASC GAM scores.

These laws are related to the criminalization of the Female Genital Mutilation (FGM) and the right of

abortion in the case of rape. The recent amendment is indicative of the possibility of a Sudan with more gender-equal laws and a better future for girls and women in the country.

Taking lessons from the 2020 response, in 2021 partners will make efforts to address the needs of women, girls, men and boys through strengthening capacity on preparedness, and making investments on systems and institutions which support gender inclusion. In 2021 humanitarian operational partners will continue efforts to ensure that the standards and commitments of the IASC Gender Policy are reflected in the response. Gender will be part of regular advocacy and key messages.

Disability

Lack of reliable and updated statistics on disability remains a key gap. The 2021 HNO accounts for approximately 15 per cent of the population of Sudan (as per global standards) living with a form of disability. In 2021, despite these limitations, the humanitarian community will work to address this information gap to further strengthen humanitarian planning. Additionally, humanitarian partners will consider response options that ensure inclusion of people with different types of disability in each sectoral response.

Humanitarian actors will seek to strengthen the inclusiveness of persons with disabilities, highlighting their priority needs. In 2021, humanitarian programmes will seek to address:

- The impact of social exclusion or marginalization due to disability-related discrimination;
- Obstacles to accessing humanitarian assistance (including due to lack of physical access or

information);

- Heightened risk of violence or abuse, including targeted violence against persons with disabilities.

Prevention of Sexual Exploitation and Abuse (PSEA)

In 2021, Sudan will advance a collective in-country prevention and response approach to Sexual Exploitation and Abuse (SEA), and support individual entities evaluate and enhance their PSEA programmes. The PSEA Network will establish clear linkages with sectors and actors (including affected people) to implement the Joint Framework of Action for PSEA.

Activities will include:

- To step up efforts on engagement of and support to people, the PSEA network will work closely with the AAP/CEA Working Group and actors to adapt community engagement and participation strategies, particularly when conducting SEA risk assessments and disseminating information to affected populations on PSEA and their rights.
- The PSEA network will continue its efforts to establish Inter-agency Community Based Complaints Mechanisms (IA-CBCMs) informed by affected populations needs, views and opinions. Community engagement will be ensured when conducting SEA risk assessments, disseminating information to affected people on PSEA.
- Capacity building and development of PSEA network members and focal points will continue to enable an environment that promotes the prevention of SEA and fosters a common understanding on reporting. The GBV and CP sub-sector/actors will work closely to ensure that support for victims of SEA is integrated into GBV response services and fully accessible to them.
- Advocacy at the UN/HCT for stronger management and coordination of PSEA within agencies including through: (a) Incorporating PSEA focal point roles and responsibilities into work plans and performance evaluations; (b) Establishing codes of conduct where they do not already exist; and (c) PSEA trainings for staff/ personnel on PSEA.

EL FASHER, NORTH DARFUR

A family is pictured in their shelter in a new settlement in Zamzam camp for Internally Displaced People (IDP). Photo: UNAMID



1.8

Overview of the Use of Multi-Purpose Cash

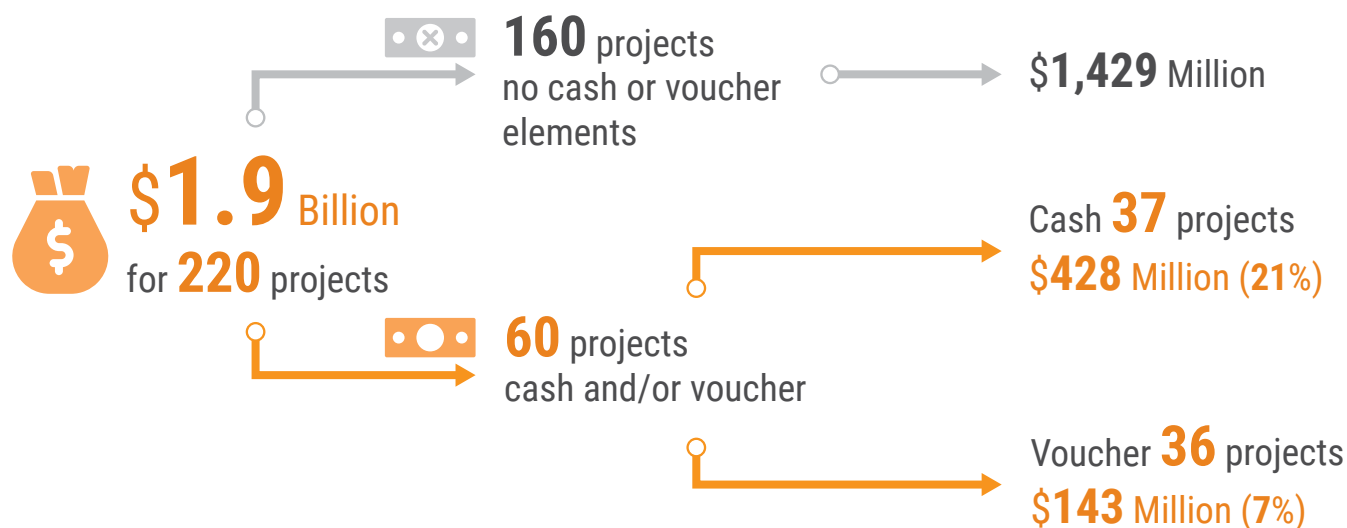
The humanitarian community remains committed to strengthening coordination and scaling up the use of cash in Sudan. Humanitarian assistance is of a multi-sectoral nature, which entails additional coordination with sectors and cash modality implementers - starting from assessments, distribution set-up and implementation.

In 2020, the Cash Working Group (CWG) made significant efforts in coordination and harmonization of interventions. This coincided with positive shifts in government legislation regarding the use of mobile money by granting access to mobile money operators (MMOs), the financial sector, in addition to banking systems, and scaling up of cash interventions. In 2020, the CWG also developed a common minimum expenditure basket (MEB), which contributed to setting a base towards a more harmonized approach in cash assistance.

In 2021, more efforts will be made in adjusting the MEB, to account for differences at locality level, and ensure it is adequate to different population groups – including IDPs and refugees. The CWG

will also increase efforts to advocate and scale up the use of MPC as a modality to respond to humanitarian needs in an environment conducive to coordination, and harmonization. Solutions for the remaining technical challenges in scaling up the use of MPCA modality include:

- Establishing a multi-sectoral market task force, enabling advantage to all agencies/sectors that utilize cash as a modality.
- Organizing data collection tools, assessments and non-food market monitoring mechanisms that can inform interventions across all partners.
- Increasing joint programming activities agencies. Developed strategies to minimize financial impact resulting in increased costs due to high inflation, which would result in under/over-estimated budgets.
- Increasing cash working group linkages with other coordination bodies.
- Incorporating external stakeholders in the coordination forum, to further enhance ownership and collaboration.



Part 2: Response Monitoring

KHOR OMER, CENTRAL DARFUR

Refugees at NFI distribution site.

Photo: UNAMID



2.1 Monitoring Approach

In 2021, the monitoring mechanisms described below will be used to provide information and analysis of the humanitarian response. Under the leadership of the ISCG and the Information Management Working Group (IMWG), efforts undertaken in 2020 to strengthen data collection, align HRP and development indicators, and undertake timely and regular reporting will continue. A nationwide assessment will be conducted which will allow for regular needs monitoring.

Response Monitoring

Sector partners will report on their humanitarian activities. This data will be available online via the InSight platform, be accessible for partners and decision makers and will provide an overview of progress towards meeting humanitarian needs in 2021.

Response monitoring will inform progress towards the specific objectives. Quarterly dashboards and monthly monitoring reports will be produced. Regular updates will be given to the ISCG and HCT to provide information on response, gaps, and discuss adjustments. Sectors will monitor quality, quantity and timeliness of the response with their partners. The Sudan Humanitarian Fund will monitor its projects in alignment with the HRP activities and indicators.

In 2021, additional efforts will be made on seeking perceptions and needs of affected people. AAP indicators have been included as part of the HRP, to which partners will report regularly. The findings will be presented to the AAP Working Group and ISCG with the aim to improve the response based on people's views.

Who does What Where (3W)

Partners will report monthly on their operational presence, contributing to programme planning, to avoid duplication and reinforce complementarity of interventions. The 3Ws will continue to be done across the whole country, including in those states with limited humanitarian presence.

Humanitarian Access Monitoring

In 2021, OCHA will continue monitoring humanitarian access across Sudan, including bureaucratic impediments. Partners will report challenges in processing Technical Agreements (TA), visas, and cargo through the Humanitarian Access monitoring tool. Quarterly reports will be shared with the Access Working Group (AWG) and the HCT to inform strategic decision-making and inform advocacy work. Information provided by partners will remain confidential.

Humanitarian Programme Cycle Timeline

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

Part 3: **Sector Response**

SWILLINGA/NORTH DARFUR

Returnees and former IDP children attending a class

Photo: UNAMID

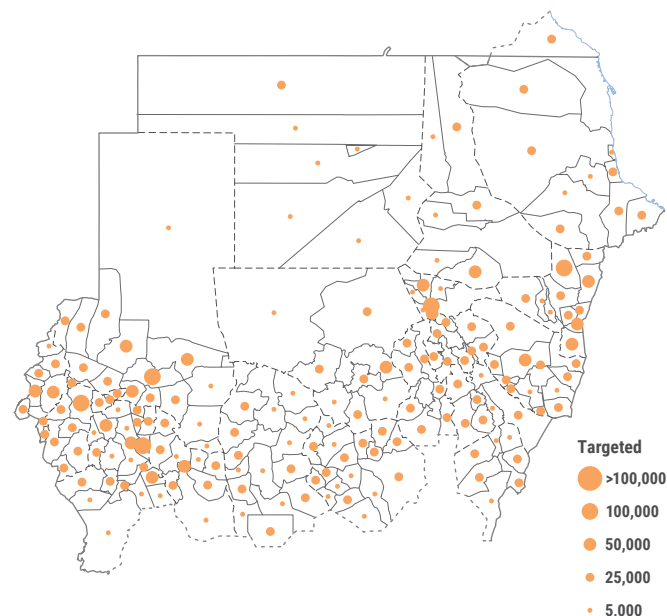


Overview of the Sector Response

SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Health	155.2M	28	28	8.1M	5.7M	
WASH	126.7M	51	55	8M	4.8M	
Food Security and Livelihoods	520.9M	32	37	7.1M	6.2M	
Nutrition	149M	28	28	3.6M	1.9M	
Education	129M	23	23	2.7M	2.2M	
Mine Action	22.4M	2	2	2.7M	0.5M	
Child Protection	28.7M	18	18	2.6M	1.1M	
General Protection	62.8M	16	17	2.5M	2.3M	
Gender-Based Violence	32.9M	27	29	2.3M	1M	
Shelter/NFIs	89.9M	20	21	2M	1.2M	
Refugee Consultation Forum	574M	38	38	1.1M	0.9M	
Coordination Services	19.6M	4	5			
Logistics	28.1M	1	1			

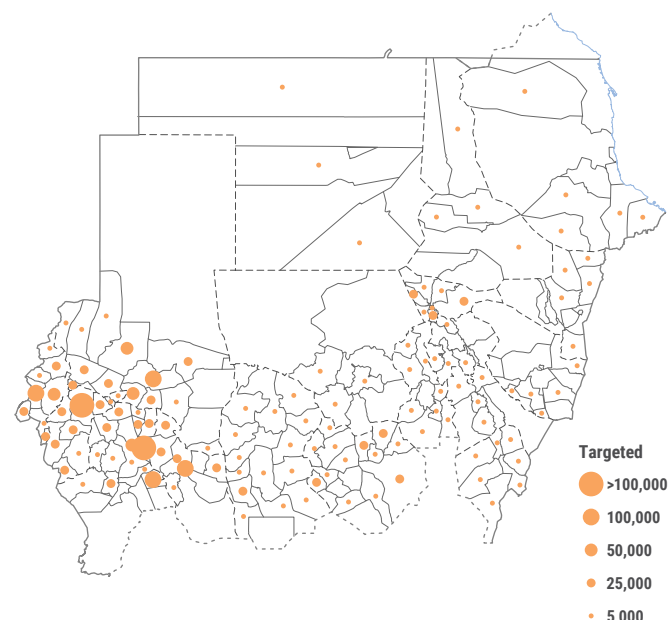
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.7M	2.2M	\$129M



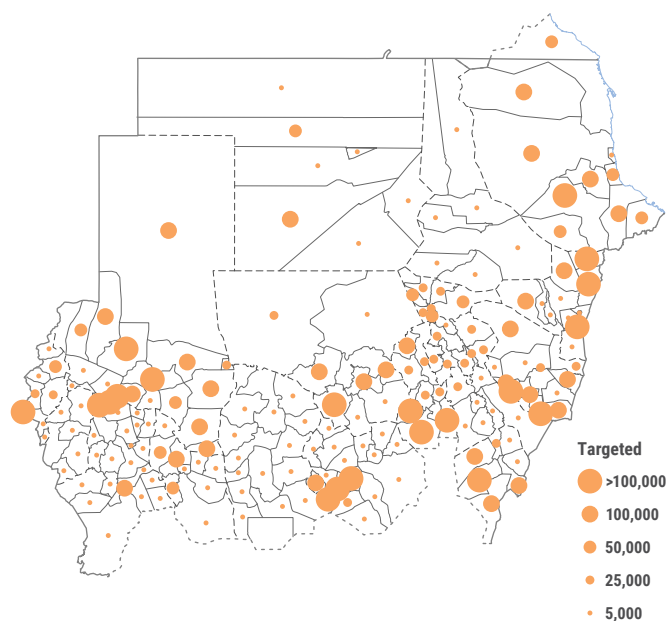
3.2 Emergency Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2M	1.2M	\$89.9M



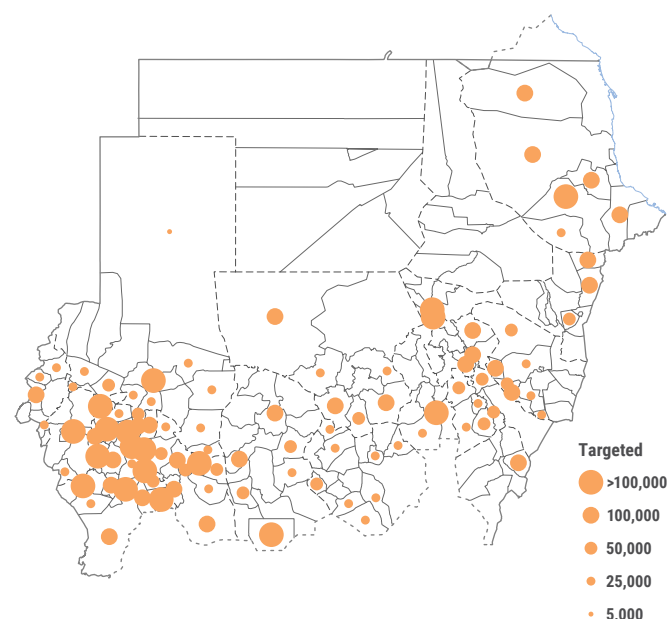
3.3 Food Security & Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.1M	6.2M	\$520.9M



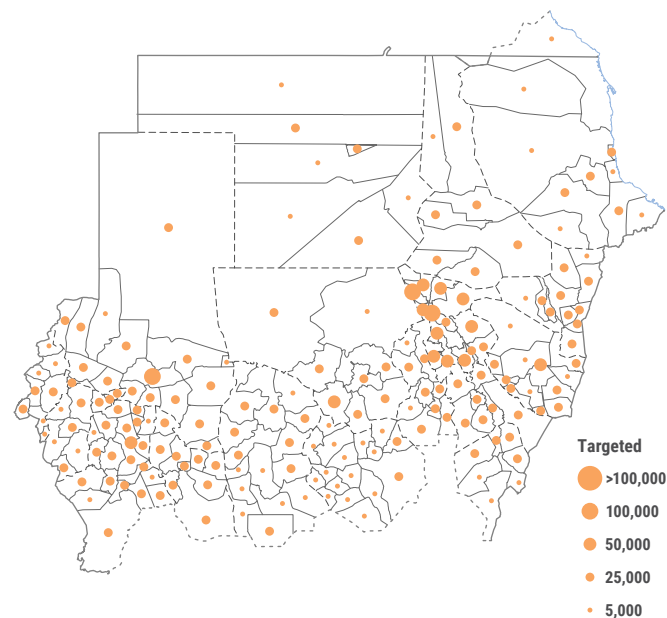
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.1M	5.7M	\$155.2M



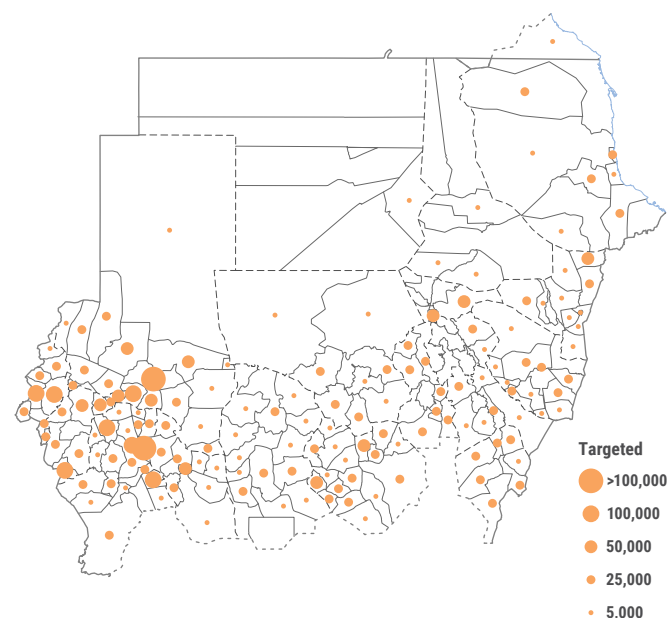
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.6M	1.9M	\$149M



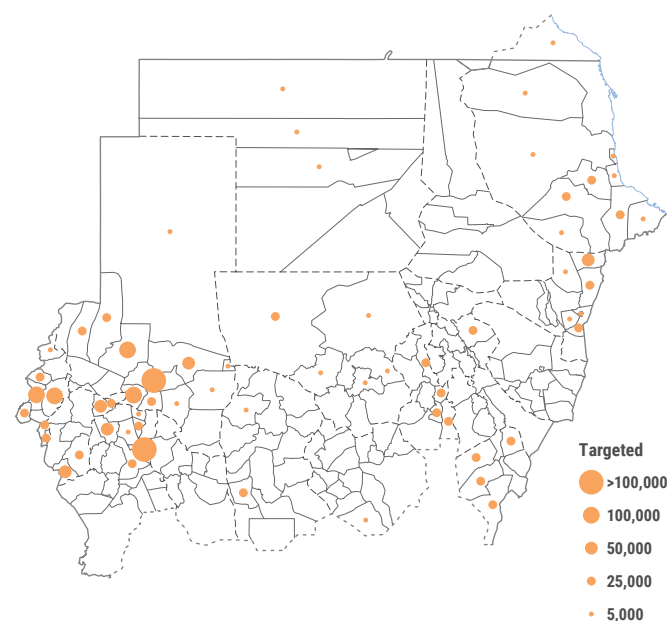
3.6.a Protection: General

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.5M	2.3M	\$62.8M



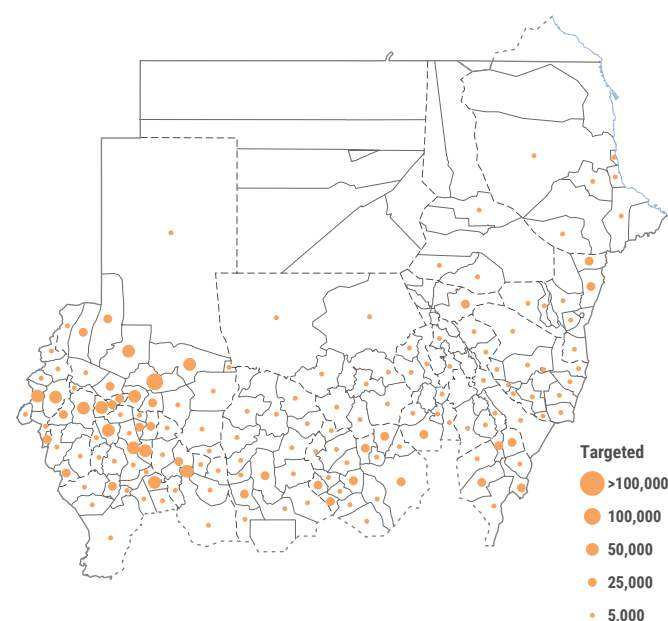
3.6.b Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.6M	1.1M	\$28.7M



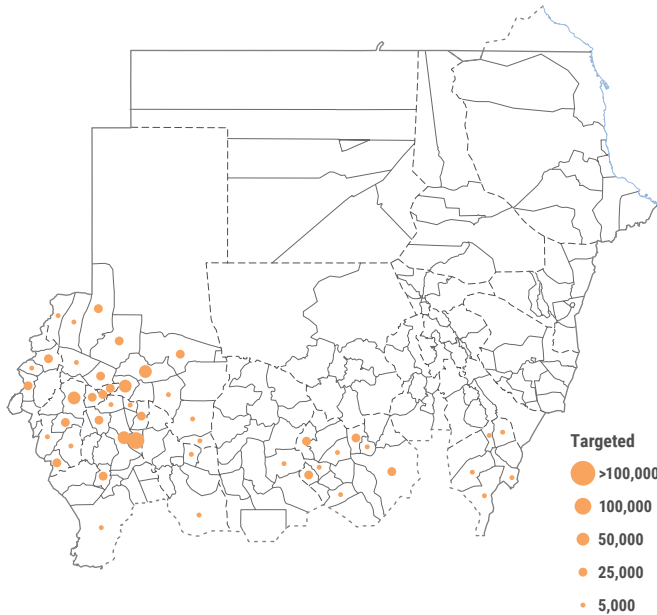
3.6.c Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.3M	0.97M	\$32.9M



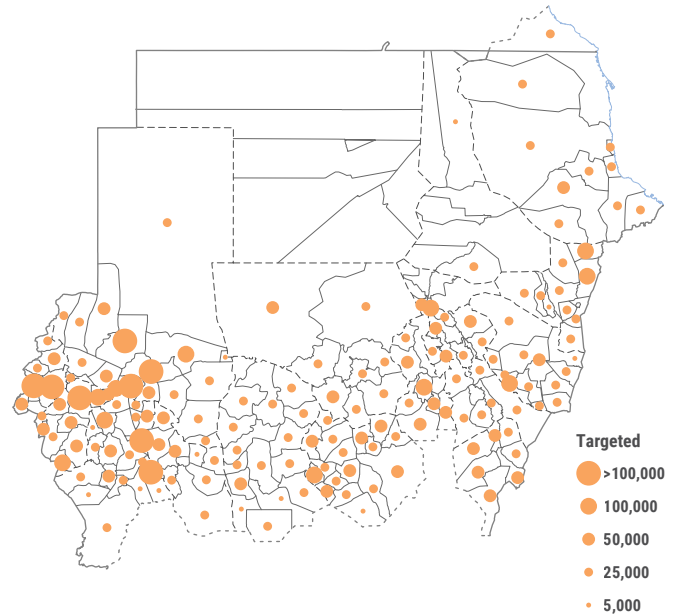
3.6.d Protection: Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.7M	0.46M	\$22.4M














3.7 Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8M	4.8M	\$126.7M



Gender and age by sector

	PEOPLE TARGETED	BY GENDER WOMEN MEN (%)	<div><div>WOMEN</div><div>MEN</div></div>	BY AGE <div><div>CHILDREN</div><div>ADULTS</div><div>ELDERS</div></div> (%)	VULNERABLE RESIDENTS	IDPs	RETURNEES	REFUGEES	
	4.81M	51 49	<div><div></div><div></div></div>	60 33 7	<div><div></div><div></div><div></div></div>	3.12M	1.54M	0.14M	-
	1.87M	51 49	<div><div></div><div></div></div>	65 32 3	<div><div></div><div></div><div></div></div>	1.71M	0.13M	0.04M	-
	2.19M	55 45	<div><div></div><div></div></div>	100 0 0	<div><div></div><div></div><div></div></div>	1.49M	0.56M	0.14M	-
	1.2M	56 44	<div><div></div><div></div></div>	32 50 18	<div><div></div><div></div><div></div></div>	0.27M	0.79M	0.14M	-
	5.65M	72 28	<div><div></div><div></div></div>	25 71 4	<div><div></div><div></div><div></div></div>	4.83M	0.68M	0.14M	-
	6.29M	51 49	<div><div></div><div></div></div>	40 50 10	<div><div></div><div></div><div></div></div>	6.29M	-	-	-
	1.12M	51 49	<div><div></div><div></div></div>	98 2 0	<div><div></div><div></div><div></div></div>	0.39M	0.58M	0.14M	-
	2.27M	50 50	<div><div></div><div></div></div>	55 37 8	<div><div></div><div></div><div></div></div>	1.13M	0.99M	0.14M	-
	0.46M	51 49	<div><div></div><div></div></div>	55 37 8	<div><div></div><div></div><div></div></div>	0.46M	-	-	-
	0.97M	80 20	<div><div></div><div></div></div>	98 2 0	<div><div></div><div></div><div></div></div>	0.33M	0.49M	0.14M	-
	1M	46 54	<div><div></div><div></div></div>	65 25 10	<div><div></div><div></div><div></div></div>	-	-	-	1M

3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.7M	2.2M	\$129M	23	23
% OF BOYS 45	% OF GIRLS 55	% WITH DISABILITY 5		

Objectives

The Education Sector has identified 2.7 million conflict and disaster-affected school-aged children in need to access quality basic and secondary school education. These include 686,928 internally displaced, 172,955 returnees, and 1,803,781 non-displaced vulnerable children. Of these, 2.2 million (1.21 million girls and 990,000 boys) will be supported through the Education sector and some 244,830 refugee children will be supported through the Refugee Coordination Forum (RCF). Due to COVID-19, schools closed in March 2020 and remained closed for an extended period, affecting approximately nine million children. It is expected that the most vulnerable children, particularly children living in areas affected by conflict, will not be able to return to school this year unless support is provided.

In 2021, the Education sector will scale up multi-sectoral response to support 2.2 million conflict and disaster-affected basic education and secondary school-aged children (ages 6-16) to resume or continue their education in a safe and protective learning environment. Displaced, and out-of-school children, children from nomadic and pastoral communities, children with disabilities, adolescent girls and children facing severe, emergency or catastrophic levels of food insecurity are most in need of support. Nomadic children as well as children with disabilities and, in some localities, girls, will be prioritized due to historically high rates of out-of-school children among these groups

Thirty-four localities across Sudan, mostly concentrated in Darfur, Kordofans, and the Eastern states, have been prioritized due to their low enrolment rates, high pupil to teacher ratios, and limited water and sanitation infrastructure in schools.

The Education Sector objectives for 2021 are:

1. Conflict and disaster-affected children have improved access to inclusive high-quality basic and secondary education

Children will be supported to regularly attend school in a conducive learning environment. Children will receive school meals, scholastic materials, school uniforms, and recreational materials for play-based learning.

Non-functional classrooms will be rehabilitated to reduce the number of students per class, improving educational quality and allowing for COVID-19 physical distancing. Schools with overflow or damaged classrooms due to flooding will be offered.

Temporary learning spaces will also be better equipped: school furniture, blackboards and floor mats will be provided. Teachers will receive supplies, incentives for volunteer teachers and in-service professional development, including training on teaching in emergencies and during COVID-19. Accelerated learning programmes and catch-up classes will be offered to children most affected by COVID-19 school closures or

out-of-school children reintegrating into the school system.

2. Learning environments are safe, protective and responsive to the needs of vulnerable children including children with disabilities.

Interventions under this objective will improve vulnerable children's safety and protection while at school. With the risk of COVID-19, there is a high need to improve water and sanitation infrastructure and water availability in schools. Approximately 30 per cent of schools in Sudan do not have latrines and fewer than 50 per cent of children have access to soap and water for hand washing at schools. Partners will establish or rehabilitate gender-segregated latrines, temporary hand washing stations with water and soap, and provide schools with COVID-19-specific cleaning kits. Partners will also train school management and Parent-Teacher Associations on the Federal Ministry of Education's COVID-19 Protocols, and copies will be made available. Child protection referral mechanisms will be put in place in schools; parents, teachers and school management will be trained on child protection measures, including provision of psychosocial support, positive discipline and parenting, and prevention of school-related Gender-Based Violence.

3. Education systems are strengthened and better linked to humanitarian coordination, improving timely, evidence-based and impactful Education in Emergencies (EiE) responses

Under this objective, partners will be able to rapidly respond to protect children and ensure their learning continuity in the event of a sudden onset emergency. Interventions under this objective will include direct support to the Federal and State Ministries of Education to strengthen the education system and to improve education planning. Specific support will be given to preparedness and learning continuity - including remote or hybrid learning programmes. The sector will support the Federal Ministry of Education to strengthen the Education Management Information System, which enables an

evidence-based Education in Emergencies response.

Response strategies and modalities

The Education sector operates through 46 partners working in 17 states. To improve efficiency, accountability, and provide evidence-based response, the Education sector has operationalized a Safe Back-to-School Working Group and a time-bound Assessment Working Group.

The Education sector will adopt a multi-sectoral approach to its response, including school feeding, support to water and sanitation infrastructure in schools, and enhancing safety and protection measures for children. Cash and in-kind modalities will be used to provide a full package of support to conflict and disaster-affected children, their families, teachers and schools to ensure quality education. Both basic and secondary school-aged children will be supported, with two-thirds of the interventions targeting basic education and one third targeting secondary schools and schoolchildren. The activities with the greatest financial investments will be school feeding, provision of scholastic materials, provision of temporary classrooms or rehabilitation of permanent classrooms, and improvements to water and sanitation infrastructure and water supply in schools. Cash modalities will be used either to households or to schools to cover direct and/or associated costs of education such as Parent-Teacher Association fees, school uniforms or school textbooks.

Cross-cutting issues

The Education sector is committed to ensuring that girls, boys, parents, teachers and school administrators are involved in planning and implementation of Education in Emergencies, and provide feedback on programming. In 2021, the sector will conduct a nation-wide Joint Education Needs Assessment (JENA), through which community members and school staff will be consulted to determine needs and priorities and to guide project planning for the second half of

the year. In the last quarter of 2020, the Education sector surveyed parents and teachers on perceptions around COVID-19 and ensured children, parents and teachers were well-informed of COVID-19 risks and appropriate risk mitigation measures.

The Education sector also monitors the humanitarian situation through several feedback mechanisms and post-distribution surveys. These enable children, parents and teachers to inform partners about their satisfaction and provide feedback on interventions.

Gender, age, disability and protection specific needs are all addressed in the Education sector strategy. In localities with a low rate of female school enrolment gender analysis will be conducted and girls will be provided with specialized support to return or remain in school. Also, inclusion of children with disabilities is an integral component of the 2021 strategy: new school infrastructure will be constructed to accommodate needs of children with disabilities, awareness campaigns on disability inclusion will be conducted, and teachers will be trained on inclusive learning environments.

NYALA, SOUTH DARFUR

Children receive classes at the school of El Sereif camp for Internally Displaced Persons (IDP).

Photo: UNAMID



3.2

Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2M	1.2M	\$89.9M	20	21
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
44	56	32	50	18

Objectives

The 2021 HNO identifies 1.9 million People in Need (PiN) of shelter solutions and Non-Food Items (NFI) assistance in some 135 localities across Sudan. These localities include protracted and newly displaced people, returnees, and vulnerable host communities. The sector will target about 1.2 million people in 47 key localities, primarily in South and West Kordofan, Blue Nile, East Sudan of Kassala, Red Sea and Darfur states. Sector partners will also target key localities which may be affected by natural hazards, mainly annual cycles of flooding.

Shelter and NFI sector partners will implement activities contributing to the following strategic objectives:

- To mitigate the impact of hazards through preparedness, targeting approximately 150,000 people.
- Provision of timely shelter solutions and NFI assistance to people affected by crisis to reduce mortality and morbidity, mitigate health threats, and improving living conditions. Under this objective, partners will target some 200,000 people.
- To support the transition to recovery by improving vulnerable people's shelter solutions. Under this objective, the sector will target some 363,000 people.

The provision of shelter and NFIs will support newly and, protracted IDPs, spontaneous returnees and other hazard affected populations to restore their dignity and reduce exposure to protection and health risks. Among all vulnerable populations, pregnant and lactating women, chronically ill people, elderly, unaccompanied minors, elderly and people with disabilities are highly vulnerable and will be considered a priority.

Response strategies and modalities

The sector will focus on preparedness at the community and household level to mitigate the impact of hazards - through the pre-positioning of NFIs, supporting vulnerable households to build safer shelter and raising awareness of the communities. Sector partners will ensure market assessments will take place and also coordination with relevant government counterparts at the national and state level to minimize risks.

The NFI Core Pipeline - managed by UNHCR on behalf of the sector - will procure and store lifesaving NFIs in strategically located warehouses as hubs for onward distribution. Blanket distribution to all newly displaced households will be based on information from the Displaced Tracking Matrix (DTM), provided by IOM, registration lists, and initial inter-agency assessment reports, while ensuring the Sector and its partners use a standardized NFIs package in line

with NFI Standard Operating Procedures (SOPs). The Sector will ensure synergy of activities and NFI distributions with WASH, Health, Education and FSL mainly.

To support the transition to recovery and support the transition from dependency to self-reliance, partners will provide income generating and livelihood activities such as stabilized soil bricks, woven grass mats, and sleeping mats. Based on findings from the 2020 MSNA, shelter needs - particularly roofing and shelters walls - remain a major gap. Improving construction methodologies will be prioritized and ensuring that de-congestion of shelters can mitigate health risks including COVID-19. Investing in shelter will support families to transition from the emergency phase to recovery and will mitigate impact of floods and other hazards in the future.

Sector partners will be supported to provide environmentally friendly, durable and locally sourced shelter solutions. The sector will advocate on Housing, Land and Property (HLP) Rights with the Protection sector and DSWG and key government entities, particularly for returnees and/or integrated IDPs, as land tenure is a major obstacle for integrated IDPs and returnees to construct shelter.

Where feasible, appropriate and cost-effective, partners will explore the provision of cash and vouchers to facilitate access to shelter and NFIs while moving away from emergency modalities. Feasibility analysis in coordination with the Cash Working Group, will consider prevailing market conditions; the availability of financial services; the preferences of the affected population; the safety and security of beneficiaries and host community.

Cross-cutting issues

Shelter and NFI activities will consider 'Do No Harm' principles based on safety, health, security, privacy and dignity of those affected. Also, the sector will work to strengthen Accountability to Affected populations by improving the information sharing mechanisms with communities, ensuring consultations throughout the program design, and establishing complaint mechanisms. Shelter and NFI activities will consider the needs of women, men, girls and boys of different ages and backgrounds in addition to Persons with Special Needs (PSN) and other vulnerable groups in line with protection criteria.

The assessment, planning and implementation of shelter and NFI activities will aim to mitigate any negative impact ensuring synergy with afforestation activities, and selecting durable shelter/NFI materials. The materials and construction methodology will be defined, selected and adopted to prevent over-exploitation, pollution and degradation of environmental conditions.

Shelter/NFI and protection responses are closely intertwined and prevail in shelter activities. Strengthening Post Distribution Monitoring for both shelter and NFI activities will be prioritized as it further improves project designs, identification of risks, review of mitigating measures in place. The Sector will work with partners to ensure interventions prioritize i) safety & security, including land tenure security and dignity; ii) meaningful access, including for women, children, persons with disabilities or other persons with special needs; iii) accountability to affected people; iv) information, consultation, participation and community empowerment.

3.3

Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
7.1M	6.2M	\$520.9M	32	37
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
49	51	40	50	10

Objectives

Food security in Sudan has deteriorated rapidly in 2020. The combination of recurrent climate shocks, conflict, economic downturn and disease outbreaks exacerbated by the consequences of the COVID-19 pandemic and floods, has driven rising food insecurity across the country. Additionally, the lockdown measures to prevent the spread of COVID-19 significantly decreased access to commodities, market function and cross-border trade. This compromised livelihoods, daily labour opportunities, reducing household purchasing power and food access of the vulnerable population.

More than 7.1 million people are severely food insecure at the peak of the lean season (October to December). The figure, the highest ever recorded in the history of the IPC analysis in the country, represents an increase of 22 per cent if compared with the same period last year. At least 1.3 million people are facing emergency levels of acute food insecurity (IPC level 4), while around 5.8million people are facing crisis levels of acute food insecurity (IPC level 3). Another 17.4million people are estimated to be under stress (IPC level 2) and any additional shock could push them to severe levels of hunger.

In 2021, the number of people in need of assistance is 7.1 million and 6.2 million people will be targeted by FSL partners. This is an increase from 4.6 million people in 2020.

The sector will focus on three objectives:

- Objective 1 - Provide timely multi-sectoral lifesaving assistance to crises affected people to reduce mortality and morbidity. Under this objective, 4.2 million people will be targeted, which represents 68 per cent of the total number of people targeted.
- Objective 2 - Improve vulnerable people's access to livelihoods and life-sustaining basic services to enhance resilience.
- Objective 3 - Mitigate protection risks and respond to protection needs through humanitarian actions.

Some 2.2 million people will be targeted under objectives 2 and 3 which represents 36 per cent of the overall target for FSL activities.

Overall, women and girls are more likely to experience a worsening of existing inequalities and disproportionate secondary impacts of floods, conflict, and restrictions compared to men and boys. This is even worse for other marginalized groups, such as persons with disabilities and those in extreme poverty. Projections indicate that the informal sector will be particularly impacted, and estimates show that women make up 50 per cent of this workforce; this will affect household income an even longer-term impact on women.

Response strategies and modalities

The FSL sector will focus on 18 states and 190 localities with high levels of food insecurity, identified through the IPC acute food insecurity analysis. The sector will give priority to the 91 localities in 12 states with the highest percentages of crisis and emergency levels of food insecurity (IPC phase three and above).

Response strategies and modalities will include in-kind, cash and vouchers to respond to the specific food security needs of IDPs, returnees and vulnerable residents. Under objective 1, partners will provide direct food and/or cash assistance, and emergency agricultural and livestock interventions to 3.1 million individuals directly impacted by shocks, conflict or natural disasters who require immediate assistance. In coordination with the CWG, cash and vouchers will be scaled-up where feasible and appropriate, through an evidence-based approach, including market feasibility and cost-benefit analysis. The response will consider prevailing market conditions, availability of financial services and food products in the markets, people's preferences, cultural and gender dynamics, accessibility, safety and security of beneficiaries.

Sector partners will also work to improve availability of, and accessibility to, sufficient quality food for individuals impacted by protracted crisis and suffering from food insecurity. FSL partners will target IDPs, returnees, and small-scale farmers who face major constraints in farming as a result of high costs of production, post-harvest losses, inadequate access to farmlands and markets, and lack of market information. Partners will aim to increase access to improved agricultural and livestock inputs; enhanced capacities on agricultural and veterinary practices; reduce post-harvest and animal losses, and support access to credit.

Under objective 2, partners will support households and communities to minimize the need to adopt negative coping strategies. Some 2.1 million people will receive livelihood assistance through capacity

building to restore agricultural and livestock production, reduce post-harvest loss through improved storage, development of food processing techniques and support to small-scale farmers. These FSL activities will be implemented in close partnership with the nutrition sector to ensure an integrated multi-sectoral response. Vocational training courses will assist farmers on income generation. Programs will also support livestock health through vaccination campaigns and support to community animal health workers, animal treatments, feed and supplements, specifically targeting herders, and support livelihood diversification (e.g., distribution of small stock).

Additionally, sector partners will provide time-critical agriculture inputs such as seeds and tools to farmers to mitigate the impact of COVID-19 containment measures on supply chains, support livelihood diversification, and home-based food production.

Under objective 3, Food Security and Livelihoods programs and interventions will contribute to safety, dignity and protection. Whilst interventions under this objective may be similar to those under objective 1, these will prioritize women, girls and boys, people with disability and elderly. While women contribute significantly to agriculture, they often have limited ownership of land or agricultural tools when food is limited. FSL will work closely with the Protection sector to identify and implement interventions under this objective.

Cross-cutting issues

FSL sector partners are committed to a 'do no harm' approach to programming. Equality, accountability to affected populations, participation and empowerment of beneficiaries are principles incorporated into all stages of food security interventions.

FSL partners working in areas recovering from conflict and displacement will advocate for and seek to build linkages with development

programs to build resilience to help minimize risk of re-occurrence of conflict, supporting safe and durable return and reintegration of IDPs and refugees and transitioning communities from humanitarian assistance to longer term recovery.

Main-streaming AAP, protection, gender and environment enhances the relevance and quality of food security programs and maximizes the impact of interventions. Identifying protection threats will enable the sector to harmonize food security activities in order to address, mitigate or reduce

these threats. Sector partners will enhance gender main-streaming in Food Security and Livelihoods interventions by paying particular attention to women's needs and how activities impact the daily work burden of women, their exposure to GBV, and their overall well-being within the family setting. Agricultural interventions will consider the use of agricultural techniques that improve soil conditions, reduce erosion, and maximize the use of water. Interventions will also seek to promote green solutions - such as solar systems for irrigation.

NYALA, SOUTH DARFUR

A child is sheltered in Kalma camp for internally displaced people (IDP).
Photo: UNAMID



3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
8.1M	5.7M	\$155.2M	28	28
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
72	28	25	71	4

Objectives

The three main strategic objectives which will guide the 2021 health response will aim to i) address protracted health needs; ii) enhance access to basic health services; iii) ensure readiness and timely response to emergencies; and iv) strengthen the capacities of health systems to increase the resilience of vulnerable groups to absorb and recover from shocks.

Strategic Objective 1

Increase equitable access to humanitarian lifesaving and life-sustaining basic health services for those residing in high-risk areas and vulnerable population groups

The worsening economy and protracted health emergencies have resulted in an increase of the number of people who do not have access to basic health services, and a decrease in the health system capacity to deliver essential healthcare to people. The COVID-19 pandemic further strained the capacity of the health care system due to nationwide lockdowns, re-allocation of health resources, and disruption of global supply chains that impacted availability of medicines and medical supplies. During 2020, the cost of healthcare increased by 90 per cent due to inflation with availability of essential medicines ranging between 15 and 50 per cent. By the 15 of December 19,548 people had contracted COVID-19 including 1,344 associated deaths. There is a high case fatality ratio

(CFR) of 6.8 per cent due to low capacity in case management, and unavailability of intensive care cadre and equipment. This is in addition to lack of training and personal protective equipment (PPE) amongst other causes.

Strategic Objective 2

Strengthen health sector capacity to prepare and deliver timely response to population affected by conflict, natural emergencies, and disease outbreaks.

Low access to safe drinking water, suboptimal vaccination coverage, and the risk of widespread seasonal flooding are existing hazards that contributed to the resurgence of vaccine preventable, water-borne, and vector borne disease outbreaks - including malaria and arthropod-borne viral diseases. By September 2020, 1.3 million cases of malaria were reported across Sudan with chronic lack of first line malaria medicines and mosquito nets. Viral hemorrhagic fever cases reached 2,863 people, affecting mainly northern and eastern states, while 458 cases of chikungunya were reported from Darfur states. A vaccine derived polio virus type 2 outbreak was declared after the positive laboratory confirmation of the circulating virus, that affected 39 children across 13 states by end of October 2020. During the first half of 2020, Penta 3 and measles vaccination coverage declined by a further 10 per cent from the previous year, leaving over 100,000 children in need for immunization campaigns.

Strategic Objective 3

Strengthen health system capacity to enhance vulnerable groups and communities (including IDPs, and people living with disability) resilience to absorb and respond to shocks.

2.5 million IDPs residing in and outside camps need sustainable access to basic health services. Attention to people living with disabilities, services for GBV survivors, and outreach services for remote communities and displaced population need to be strengthened. Investigations have shown that vulnerable groups and communities struggle to obtain access to health care. In 2020, IDPs at 16 of 35 locations (42 per cent of the total) surveyed by the IDP COVID-19 task force indicated challenges in reaching or accessing health services, mainly in East, West and South Darfur states. While data on disability in Sudan is outdated, the 2020 MSNA initial results showed that out of the first 2,508 households interviewed, 18 per cent affirmed to live with a person with disability within their household.

Response strategies and modalities

The Health sector will target 5.6 million people in need and will prioritize 107 localities across the 18 states of Sudan. These localities are determined by the severities of health needs where a significant proportion of population lacks access to basic services due to unavailability and/or poor coverage of outreach services.

The essential package of health services which partners will implement includes the treatment of non-communicable diseases, ensuring the availability of essential medicines, provision and expansion of the Minimum Initiated Service Package (MISP) for reproductive, neonatal, and child health; and strengthening the Expanded Programme on Immunization (EPI). The COVID-19 response and mitigation measures will be integrated within planned activities, with emphasis on strengthening surveillance and reporting systems, testing and laboratory capacities, infection prevention and control,

case management, and Risk Communication and Community Engagement (RCCE). Outreach services and community-based interventions will follow established guidelines to minimize risks of transmitting the infection and promote preventive measures within targeted communities.

The Health sector partners will support timely provision of life-saving health services to people affected by disasters during and after shocks, including: training and support to Rapid Response Teams (RRTs), deployment of mobile clinics and health staff to affected areas, availability of ambulances and transportation for patients, specifically to support IDPs in hard-to-reach areas due to conflict, and affected by seasonal flooding.

In 2020, flooding directly affected around 900,000 people further exacerbating the existing complex vulnerabilities such as displacement, poor access to water sources and WASH facilities, exposure to vector borne and water borne diseases, and low immunization coverage. To strengthen response capacity, the health sector will ensure that 95 per cent of the alerts of outbreaks or emergencies are verified and response initiated within 72 hours from notification. This will be done through multi-hazard preparedness and response plans, strengthening surveillance and early warning systems, expanding community-based surveillance, and data analysis. Sector partners will also support the establishment of EOCs in high-risk states for hazards, focusing on training of health staff, build the capacity of national and local health human resources and improving the public health laboratory (PHL) capacity through provision of equipment and specialized trainings. Light structural rehabilitation of health facilities and provision of medical equipment is necessary to ensure the continuity of services and strengthening community resilience.

The Health sector response will coordinate closely with other sectors to ensure addressing the inter-sectorial needs and prioritizing cross cutting vulnerabilities through joint planning and implementation, information sharing – particularly

on COVID-19 and disease outbreaks -which impact other sectors including Education, WASH, Nutrition, and Protection.

Cross-cutting issues

Despite improvements in laws and legislations addressing GBV and violence against women, gaps in service provision for GBV survivors remain. The Health sector will work closely with the GBV Area of Responsibility (AoR) partners to ensure health providers are equipped to offer survivor-centered, right-based, non-discriminatory, quality health services. Training of health staff on first line GBV management and Clinical Management of Rape (CMR) will be conducted in coordination with the Protection and GBV AoRs.

While availability of data on disability is lacking, people living with disability (PLWD) should

however have equitable un-impeded access to all available basic services, including outreach services. Partners will work to ensure their needs are prioritized.

The 2020 MSNA offered opportunities to engage directly with affected communities and integrate their accounts regarding the provided services. Additionally, the Health sector will engage with stakeholders at state level keeping closer engagement with communities during the implementation of the response to ensure their needs are reflected.

Finally, the Health sector partners will support activities addressing environmental health hazards such as solid waste disposal, management of medical waste, health promotion campaigns, water quality and food safety monitoring.

LABADO, EAST DARFUR

Women and children are at the UNAMID base to be attended by the medical personnel.

Photo: UNAMID



3.5

Logistics and Emergency Telecommunication

REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
\$28.1M	1	1
(UNHAS)		

Objectives

- People in areas identified as priority according to criticality receive timely life-saving assistance
- Provide humanitarian air services to support the humanitarian community's response, filling an identified gap in logistics capacity, provide logistical services, support coordination and Information Management (IM) by sharing IM products, communication, timeliness and efficiency of logistics response.

Response strategies and modalities

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

Sector activities are demand-driven, customized to meet the requirements of the humanitarian community and aim to facilitate the delivery of timely assistance to people in need. In 2021, LET sector priorities will 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 provide 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. Additionally, the sector will provide

on-demand logistics services which include storage and transportation on full cost recovery.

The sector will continue to share necessary logistics information and IM products such as maps on physical access constraints, maps for flood affected areas as floods are as expected to recur every year; and any other requested maps. As COVID-19 is expected to continue, the sector will support the government and humanitarian actors in transporting COVID-19 medical and non-medical supplies. The sector will provide logistics trainings which will enable the sector to effectively coordinate the predictability, timeliness and efficiency of humanitarian response.

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 staff moving between field locations, where security and/or a lack of reliable land transport remains a challenge. In line with COVID-19 protocols, UNHAS will ensure safety while providing services to humanitarian community. 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. This is particularly important in ensuring the availability of services to humanitarian partners in areas where there is limited access to telecommunications infrastructure.

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

- Perform regular maintenance of all telecommunication equipment of radio rooms in all operational areas, in addition to ensure fully manned radio rooms and backup equipment and Emergency Telecommunication Kit to allow business continuity during crisis. These will serve to enhance the safety and security of the humanitarian community.
- Ensure telecommunication infrastructure

is compliant with international security telecommunications standard, as of providing analogue access to radio network to all users. In addition, Telecommunication Security Standards (TESS) recommendations are being strongly considered and integrated within plans of expansion and levels of security communications among the radio rooms in all offices around Sudan.

- Deliver innovative solutions using renewable energy such as solar power to all radio rooms in case of power failure or lack of fuel. This solution will allow radio rooms to remain active till power source is restored.

Provide installation and maintenance of telecommunication equipment service to the humanitarian community, in addition to build capacity for all users to ensure effective communication over VHF and HF as these networks do not rely on service provider and thus can be ensured serviceable during crisis within technical team capacity.

DARFUR

In Sudan, UNHAS provides access throughout the country.

Photo: United Nations



3.6

Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
3.6M	1.9M	\$149M	28	28
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
49	51	65	32	3

Objectives

The nutrition situation in Sudan has been characterized by persistent high levels of household food insecurity and under nutrition since the first S3M survey conducted in 2013. Based on available data (S3M II 2018), 36.6 per cent of children under five are stunted. The national prevalence rate of Global Acute Malnutrition (GAM) has been recorded at 14.1 per cent, however, several states in Sudan are above the emergency threshold of 15 per cent according to the WHO criteria. Over the years, there has been substantial attention to the provision of nutrition treatment services in conflict-affected states. However, 52 per cent of Sudan's acutely malnourished children are living in nine non-conflict affected states. Therefore, response needs to be scaled-up in these areas as well. An estimated 3.6 million children are suffering from wasting annually, of whom around 330,000 have Severe Acute Malnutrition (SAM) and 1.1 million Moderate Acute Malnutrition (MAM). These children will be targeted through outpatient therapeutic and supplementary feeding programmes, respectively through over 1,600 Outpatient Therapeutic Programmes (OTPs) and 1000 Targeted Supplementary Feeding Programmes (TSFPs) nationwide. The nationwide inpatient admission target for SAM with medical complications will be 50,000 children (out of the total number of 85,631) through 144 Stabilization Centers (SCs).

The deteriorating macroeconomic situation in Sudan is exacerbating household food and nutrition insecurity for all Sudanese, particularly for the most vulnerable families and children. Sudan's food and nutritional security are eroding, deepening the crisis already affecting 14 per cent of the population. Over 574,000 children require treatment for SAM and an additional 2.2 million children need MAM treatment.

The 2021 Nutrition sector's strategy will focus on three strategic objectives:

- Strategic objective 1: sector partners will provide timely, multi-sectoral, life-saving assistance to crises affected people to reduce morbidity and mortality. This includes basic survival and immediate assistance to prevent loss of life and alleviate human suffering with a focus on protection. Partners will aim to support 500,000 people under this objective.
- Strategic objective 2: partners will focus on building communities' resilience to recurrent shocks and improving vulnerable people's access to basic services. This encompasses protection of assets, while contributing to durable solutions for IDPs, including integration and rebuilding of livelihoods and preparedness. Sector partners address chronic malnutrition (stunting), bridging the humanitarian and development gap, and aim to provide people

with equitable access to essential nutrition services based on vulnerability targeting. The lack of access to nutrition services increases people's risk of exploitation. Interventions will be scaled up to minimize distance from home to facilities. The Nutrition sector will work within existing inter-ministerial platform and cross sectoral coordination, to ensure that social protection is integrated with nutrition programming.

- Strategic objective 3: involves a multi-sectoral approach to cross-cutting issues and linkage with protection services. Women and children will have access to nutrition services while exercising prevention and mitigation of protection risks. This includes partners adopting and implementing community-based livelihoods interventions in targeted localities that contribute to lowering malnutrition levels and alleviating protection risks.

Response strategies and modalities

The sector will focus on addressing underlying causes of malnutrition through multi-sectoral approaches comprising health, nutrition, WASH, food security, education and protection. This entails multi-sector needs assessments and integrated programming. Sector partners will support the provision of nutrition-specific services through existing structures, in conjunction with maternal and child health services. The sector will deliver these activities through community-based services.

The Nutrition sector response strategy will take a people - centred approach with the most vulnerable people at its core. Vulnerable host residents, IDPs, and returnees at risk will be specifically targeted through a humanitarian response focused on access to nutrition services. The Nutrition sector will ensure equitable access to essential assistance based on vulnerability, targeting the highest severity of needs. Partners will scale-up essential nutrition services in Red Sea and other localities in Eastern Sudan. 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. Partners will conduct SMART surveys to strengthen monitoring mainly in White Nile, Blue Nile, South Darfur.

In 2021, the expected inpatient admission target for SAM with complications will be 50,000 people, considering the capacity of the Federal and State Ministries of Health, health partners, accessibility and resources available. The sector also will target 430,000 children (aged 6-23 months) who have nutritional deficiencies with nutritional supplements, and around 7.5 million children with vitamin A supplements. Interventions contributing to the prevention of malnutrition will include blanket supplementary feeding for boys and girls and the promotion of infant feeding in emergencies for one million pregnant and lactating women (PLW). Interventions contributing to the prevention of malnutrition will include blanket supplementary feeding for around 85,323 people including children (boys and girls) and PLW and the promotion of infant feeding for approximately one million PLW including those in emergency settings.

Cross-cutting issues

Partners will invest in capacity building of local partners on key components of nutrition response, assessment, and analysis; work to raise awareness on specific nutrition requirements of different segments of the community and incorporate their feedback. A participatory, people-centred approach will be applied to improve understanding of affected people's key issues and promote a timely and focused response.

Attention will be paid to gender, protection, disability main-streaming and environmental risks. Women's empowerment will be promoted; partners will be encouraged to engage female workers in nutrition interventions, thereby supporting poverty reduction and convey appropriate infant and young counselling messages through women engagement.

Access to quality nutrition services is compromised especially in emergencies; women and young children are at risk and often need referral to mental health and psychosocial support services. The nutrition sector will liaise with protection sector specifically concerning protection coordination for GBV and child protection services within 71 localities. Women and children with disabilities as well as elderly will be assured equitable access to services. Nutrition services will screen users for

protection issues and refer as appropriate in close coordination with GBV and protection partners.

Where environmental issues are concerned the Nutrition sector will orient partners on environmental standards including standards for appropriate waste management and disposal methods which prevent water contamination and reduce disease vectors.

LABADO, EAST DARFUR

Community volunteers measure a child with malnutrition in a food distribution center in the Rwanda camp for internally displaced people (IDP). Photo: UNAMID



3.7 a.

General Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.5M	2.3M	\$62.8M	16	17
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
50	50	55	37	8

Objectives

The Protection sector will focus on three main objectives, which aim to address life-saving and life-sustaining protection needs among crisis-affected families, while also enhancing the capacity of stakeholders to strengthen the protective environment:

Objective 1

Provide protection services to vulnerable crisis-affected people, including those with special needs. Vulnerable people in Sudan - such as women, youth, elderly, persons with disabilities and chronic illnesses, and crisis affected people - suffer disproportionately from various protection risks and face a range of challenges in accessing protection services. Legal assistance is severely limited, which negatively impacts the ability to obtain civil documents, secure release from arbitrary detention, resolve HLP disputes, and seek justice in GBV cases. Often, vulnerable crisis-affected people do not have adequate information about their rights, legal resources, or protection services in their communities. Those dealing with trauma or distress – related to inter-communal conflicts, natural disasters, family deaths, injuries, displacement and family separation – have few options for psycho-social support. Moreover, the dire economic situation, exacerbated by COVID-19 restrictions, has led to loss of livelihood opportunities, thereby heightening resort to negative coping strategies.

Objective 2

Strengthen community-based protection mechanisms to prevent and respond to protection risks, and to address protection needs where feasible. Community-based support structures in crisis-affected areas have eroded over time, while residents of such areas have received dwindling humanitarian assistance and limited support from the government. There is significant interest and potential amongst communities to be agents in their own protection. Concurrently, localized disputes – between farmers and herders, IDPs and host communities, and IDP-returnees and non-displaced – have often escalated into violence. With limited police presence, and formal justice systems to resolve disputes often unavailable, community-based dispute resolution mechanisms are needed. Years of conflict and decades of neglect have also left communities with limited communal infrastructure and facilities. Protection partners' small to medium scale community support projects contributing to peaceful co-existence will remain a priority. With UNAMID's imminent draw down from Darfur, protection of civilians in hotspots requires renewed urgency.

Objective 3

Contribute to a favourable protection environment through engagement of and support to authorities and humanitarian partners. In June 2020, the government issued a National Plan for Protection of Civilians (NPPOC), opening opportunities for the Protection sector to work with partners,

the UNCT, HCT and UNITAMS to support this strategy. The Protection sector will work to strengthen the capacity of the Government on Protection.

Response strategies and modalities

In 2021 the Protection sector will target 2.27 million people in need of protection assistance – including 990,235 IDPs, 144,891 returnees and 1,133,054 vulnerable residents - in 157 localities across 18 states. Partners will prioritize locations with high severity of protection needs affected by conflict, large IDP and IDP-returnee populations, limited access to government services, and other protection hazards. Protection needs are most severe in localities of Darfur, South Kordofan and Blue Nile, and increasing in parts of eastern Sudan. Protection partners will prioritize assistance to individuals who meet vulnerability criteria linked to age, gender, and disability.

The Protection sector will introduce new systems and tools for protection monitoring -including household-level protection monitoring- to enable identification of persons with specific needs and referral to specialized service providers. This will be complemented with community-level protection monitoring tools - key informant interviews and focus group discussions- that will enable evidence-based reporting on protection needs, threats and risks, and analysis of trends over time. With UNAMID's drawdown, protection monitoring and reporting will be scaled-up to geographically target protection hotspots, UNAMID Team Sites subject to closure and newly accessible areas in Jebel Marra. This will be complemented with return monitoring to ensure that returns adhere to principles of voluntariness, safety and sustainability. Similar targeted protection monitoring efforts will be undertaken in South Kordofan, Blue Nile and states in eastern Sudan.

Protection partners will assist people through provision of legal assistance/aid, psychosocial support, emergency cash assistance to mitigate protection risks, and referral to GBV, Child

Protection, or Mine Action actors. Community-based protection will remain a key element of the sector's response including establishing and support to community-based protection networks (CBPNs), community-based dispute resolution mechanisms youth networks and women's protection networks, in IDP camps/sites and return areas. Community support projects – community-driven, small to medium size infrastructure initiatives – will serve to foster social cohesion between IDPs, returnee and host communities. Protection Information Management (PIM) systems will be reinforced, and the protection sector will continue to support the work of the HCT Protection Task Force (PTF), including implementation of the HCT Protection Strategy, and protection advocacy efforts.

Cross-cutting issues: app, protection, gender and environment

Protection sector partners will involve different segments of the crisis-affected population in the decision-making processes, including in participatory assessments, project design, implementation, monitoring, and evaluation. Partners will be encouraged to establish robust M&E systems to assess the quality of assistance and supported to establish complaint and feedback mechanisms.

Regular protection monitoring will ensure that the needs of crisis-affected populations drive protection response planning. Moreover, community support projects will be based on priorities set by communities themselves. Establishment and support of community-based protection and dispute resolution structures will empower communities and contribute to protection and inclusion. Community-based dispute resolution programming will also contribute to the reduction of conflict over access to natural resources. Women's Protection Teams will ensure that their voices and capacities drive the community-level 'Women, Peace & Security agenda.

The sector response will promote protection, safety and dignity of crisis-affected people, and assistance

will be delivered equitably to women, girls, men and boys. Age, gender and disability inclusive data collection and analysis will facilitate tailored assistance to those in need. The sector will also support humanitarian actors in protection mainstreaming, through capacity building opportunities, dissemination of sector-specific protection mainstreaming guidance, and technical review of

pooled funded projects. Beyond mainstreaming, the Protection sector will strive to ensure synergies with the ES / NFI sector, particularly on HLP rights. Engagement with the CWG will ensure that emergency cash assistance delivered by protection partners is complimentary to that of other sectors, and considers protection-specific eligibility criteria.

EL FASHER, NORTH DARFUR

Jazira Ahmad Mohamad is a Community Policing Volunteer working since 2008 in the Zamzam camp for Internally Displaced People (IDP). Photo: UNAMID



3.7 b.

Child Protection

CHILDREN IN NEED	CHILDREN TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF ROJECTS
2.6M	1.1M	\$28.7M	18	18
% OF BOYS	% OF GIRLS	% WITH DISABILITY		
49	51	10		

Objectives

The physical safety and psycho-social well-being of girls and boys affected by emergencies remains compromised due to exposure to violence, disruption of social support systems, increasing poverty and the lack of access to quality social services. Child Protection (CP) partners will support 1,791,784 girls and boys (51 per cent girls and 49 per cent boys) in critical need of care and protection, including children with disabilities. Partners will prioritize children facing severe protection concerns and imminent threats, particularly children experiencing or at high risk of violence, abuse, exploitation, neglect, including family separation, child labour, severe psychosocial distress, physical and sexual violence, child trafficking, and early marriage.

Partners will aim to achieve the following activities:

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

To achieve objectives in 2021, the CP area of responsibility (AoR) and partners will build on previous investments to scale-up services in areas

such as those in recent displacement, returns, in severe poverty and economic hardship and limited or no access to services. The CP AoR will promote area-based approaches to ensure modalities remain flexible and adaptable to local contexts, operational environments, and evolving needs. This entails greater investment in local and national actors. Thus, the CP AoR will continue advocating direct access by national actors to a wider range of humanitarian funding and strengthen their capacity.

Response strategies and modalities

The CP AoR will enhance the protection of girls and boys by following the Child Protection Minimum Standards (CPMS). At the national level, the CP AoR will coordinate the production of awareness and behavior change through community messaging, including mass media, to promote family unity and family-based care for all children and discourage harmful traditional practices. The CP AoR will advocate with duty bearers to ensure birth registration and introduce juvenile justice considerations for children in contact with the law, including the release of detained children as well as those associated with armed conflict. Monitoring of grave child rights violations to promote accountability will also be supported.

At the community level, CP partners will strengthen and expand child protection committees and networks to facilitate more sustainable, community-led CP risk mitigation and response

measures. In conflict-affected areas of Jebel Marra, Blue Nile, and South Kordofan, CP AoR partners will integrate peacebuilding activities. Group activities to reinforce children's well-being will also be supported at community and family-levels, ensuring COVID-19 safety protocols are followed. Family counselling and parenting sessions will be facilitated to promote positive care-giving and supportive home environments. The CP AoR and Ministries of Health and Social Development recently developed protocols for safe reopening of child friendly spaces (CFSs) to which CP partners will provide structured psychosocial activities. Sector partners will turn 20 per cent of the current facilities into multiple-purpose centres, providing comprehensive gender-sensitive, age-appropriate education, psychosocial support. Life skills and vocational training will be delivered through both permanent facilities and mobile teams for adolescent girls and boys.

CP actors will provide COVID-19 sensitive remote and face-to-face specialized case management services, focusing on psychosocial support for children in extremely vulnerable situations. To ensure quality, the CP AoR will strengthen the implementation of case management Standard Operating Procedures (SOP), roll out the information management platform (CPIMS+/PRIMERO), and identify capacity building needs of caseworkers. Needs will be addressed through face-to-face and remote training, coaching, and mentoring. Children's and families' access to social protection programs will be enhanced through referrals to ZAKAT Chamber, Health Insurance and Education grants. Capacity strengthening will include scaling-up the Child and Adolescent Survivor Initiative (CASI) for sexual violence risk mitigation and improved support to child survivors of sexual abuse.

For a multi-sectoral response, the CP AoR will collaborate with the CWG, FSL as well as economic empowerment actors on joint assessments and responses, including cash-based assistance to extremely vulnerable families where possible. The CP AoR will facilitate workshops with other sectors

on child protection integration for a more holistic, protection-centred response.

Evidence generation and documentation, advocacy, situation and response monitoring and linkages with development programs will underpin the CP AoR operational delivery to leverage resource acquisition, advocacy, and impact. Existing reporting mechanisms will be enhanced, and monthly and quarterly analyses will be shared at relevant forums and advocacy levels. The analysis of protection trends will feed into awareness raising and advocacy activities.

Cross-cutting issues

CP AoR partners will ensure transparent, inclusive, and frequent communication with communities on available services by using multiple community engagement and sensitization approaches, including communication through radio, child helpline, and peer to peer groups. Various disabilities will be considered when developing materials and methods to ensure information is accessible.

CP actors will promote the safe, ethical, and meaningful participation of girls and boys along with their caregivers throughout the program cycle. To understand girls' and boys' specific needs and barriers to accessing humanitarian services, children will have multiple opportunities to participate in the design and monitoring of activities. The CP AoR will use the Child Protection Competency Framework as a guide for recruitment and capacity building. Partners' technical and organizational capacity will be assessed and supported, including ensuring child safeguarding and PSEA policies and procedures as well as child-friendly feedback and reporting mechanisms are in place.

The CP AoR will introduce practical steps, including training and awareness raising, to address discrimination and reach the most vulnerable children. Partners will be guided on prioritization of services for particularly vulnerable groups and individuals. The CP AoR will also compile protection risks associated with inter- or

intra-community tensions due to distribution of services, discrimination, social norms affecting girls and boys, and stigma associated with various vulnerabilities. Partners will collaboratively define inter-agency risk mitigation measures for each identified risk.

Partners will be supported with the development of a standardized framework for assessing Availability, Accessibility, Acceptability and Quality (AAAQ) of services to ensure gender-related risks and barriers are considered when designing and implementing services, particularly those affecting adolescent girls.

Partners will also invest in women leadership, by recruiting and mentoring female staff and ensuring safe ways of participating in the workforce.

To ensure interventions do not create further harm to the environment, partners will be encouraged to use locally available and environment-friendly materials for the construction and maintenance of the CFS's and multi-purpose centres. This includes the use of solar power, rainwater harvesting, and reusable sanitary pads. Tree planting in and around the centres will be encouraged.

AL SALAM, SOUTH DARFUR

A child from Finga, near Korma, is pictured in a classroom of the primary. Photo: UNAMID



3.7 c.

Gender-Based Violence

PEOPLE IN NEED	TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.3M	0.97M	\$32.9M	27	29
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
20	80	98	2	0

Objectives

Gender Based Violence (GBV) continues to be a major concern in Sudan. Some 2.3 million people need GBV prevention, risk mitigation and response interventions. Women and girls suffer the most due to insecurity, violations of basic human rights, low economic status, lack of livelihood opportunities, and lack of community awareness on women's rights.

In conflict affected states, about 55 per cent of IDPs are women and girls, with 27 per cent of these women below the age of 18. Presence of armed men, communal conflicts, tribal tensions and attacks on farms expose them to protection risks, such as threats, harassment, physical and sexual violence as they engage in daily activities. Women and girls account for over 90 per cent of GBV survivors, with few cases of sexual violence against men and boys reported.

COVID-19 has exacerbated key risk factors for GBV in Sudan. During the lockdown, there was a marked increase in reports of multiple forms of violence against women and girls, fueled by survivors confined with perpetrators. Despite in 2020 a GBV hotline was established, women and girls in many affected areas lack access to mobile phones or internet.

The GBV partners will target 890,000 people in 100 localities with information, capacity strengthening and access to multi-sectoral services for GBV survivors and those at risk of GBV, particularly

women and girls, female headed households, child survivors of GBV, and persons with disabilities through health, psychosocial, legal, safety and security interventions.

The GBV Sub Sector objectives for 2021 are:

- Objective 1
Strengthen provision of life-saving quality GBV services for GBV survivors, and vulnerable women and girls. Partners will focus on provision of life-saving services to vulnerable women and girls including GBV survivors (Case management, PSS, referrals etc.), strengthening of referral pathways, trainings of front-line GBV service providers, sensitization sessions, public awareness raising campaigns, and distribution of dignity kits.
- Objective 2
Enhance strategies for community resilience through empowerment of women and girls and strengthen community-based interventions. Interventions include rehabilitation and support the running of women centres, supporting community-based protection networks, training of women & girls on vocational skills and supporting them with start-up capital for IGAs as well as training community-based staff members.
- Objective 3
Promote GBV risk mitigation across the humanitarian response. The main activity will be training on GBV main-streaming for non-GBV actors, coupled with support to other stakeholder and humanitarian sectors to

strengthen GBV capacities, and advocate for GBV risks mitigation.

Response strategies and modalities

The GBV sub sector will ensure a holistic and coordinated approach. Where possible, the response will integrate sexual and reproductive health programming. GBV does not envisage the use of cash as a modality of programming, however, interventions aimed at women economic empowerment may utilize cash or in-kind support depending on partners' approach. Interventions will follow COVID-19 prevention and mitigation measures.

In 2021, response strategies will focus on:

Strengthening care for survivors and individuals vulnerable to violence through comprehensive GBV service provision including GBV case management, other Mental Health and Psychosocial Support Services (MHPSS), Clinical Management of Rape (CMR) services and referral pathways. Targeted sensitizations on GBV and referral mechanisms will be rolled out. Emergency materials, including provision of dignity kits, will also be prioritized especially in response to the aftermath of shocks and displacements.

Increased focus on community engagement for GBV prevention, mitigation and response by seeking sustainable community solutions to address stigma. Information campaigns - including use of media (Television and Radio), posters, billboards and community campaigns- will be used for awareness raising on GBV and available survivor-support services. Partners will also focus on support to community-based protection networks as first line responders and building linkages between vulnerable community members and available services.

Capacity building, including training and on the job coaching, focusing on case management, care for child survivors, MHPSS and management

of women safe spaces for case workers and social workers. Community-based volunteers, paralegals, community-based protection network members, police, and Family and Child Protection Unit (FCPU) will receive legal training on GBV. According to MSNA data, 87 per cent of households prefer reporting GBV cases to the police, while 24 per cent prefer to report to leaders, four per cent to social workers, and only one per cent to health staff, community midwives, teachers or NGO staff. These findings will inform the engagement with different GBV actors especially on capacity building, sensitization and awareness within the community. Partners will also focus on establishing or reactivating women centres, which act as a safe space for women and girls to meet, build safety networks, and access information. At these centres, partners will implement vocational/skills training and life skills training contributing to women's empowerment.

Engagement with Government

As part of building sustainability, GBV partners will engage with government institutions through advocacy, sensitization on GBV as well as continued strengthening of government coordination mechanisms through the Unit for Combating Violence Against Women (CVAW). The GBV AoR will work closely with the GoS in implementation of different mechanisms aimed at protecting vulnerable population from GBV, including the Framework of Cooperation (FoC) on Conflict Related Sexual Violence, the National Action Plan for UNSCR1325 and the Protection of Civilians (PoC) strategy.

Cross-cutting issues

Partners will strengthen its accountability to affected population (AAP) through the implementation of safety audits, Focus Group Discussions (FGDs) on GBV, consultation and dissemination of the GBV SOPs, and referral mechanisms. Community consultations will be held with communities to ensure GBV survivors and those at risk are not exposed to additional harm,

and communities' views are included. Indicators on the quality of interventions will be included in the annual 'Voices assessment'. The GBV AoR will also maintain a strategic collaboration with the PSEA network to provide technical support and ensure SEA survivors have access to GBV response services in referral mechanisms.

With deteriorating economic conditions cited as one of the key risk factors - especially for vulnerable women & girls – GBV partners will explore collaboration with the FSL sector on risk mitigation of livelihood activities, such as making of fuel-efficient stoves. During dignity kits distributions, women and girls will be sensitized on environmentally friendly sanitary wear disposal.

Through the women and girl's empowerment programmes, partners will explore the production of reusable sanitary pads as a replacement to disposable ones.

Partners will continue to mainstream gender in response, particularly in assessments and analysis. Gender and age will be considered during the program design and implementation, and gender and age disaggregated data will be collected and analyzed. Partners will endeavour to continue understanding the effects of GBV on girls, boys, women and men with the understanding that all members of the community are affected differently and therefore responses will be tailored accordingly.

EL FASHER, NORTH DARFUR

A woman carries blankets in a new settlement in Zamzam camp for Internally Displaced People (IDP). Photo: UNAMID



3.7 d.

Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
2.7M	1.07M	\$22.4M	2	2
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
49	51	55	37	8

Objective

Mine Action AoR response will be focusing on three main objectives:

- **Raising awareness among people at risk to mitigate the threat of explosive ordnances:** Partners will implement activities to facilitate the adoption of risk-avoiding behaviors among the vulnerable population including refugees, IDPs, and returnees through direct and indirect measures to prevent deadly accidents of explosive ordnance. Provision of mine risk education to populations living in proximity to the threat of explosives and humanitarian workers will help reduce risk of death and injury from hazardous landmines and unexploded ordnance.
- **Release lands previously contaminated or suspected to be contaminated with the explosive ordnance for productive use:** Land release interventions will include survey activities which enable definition and understanding of the scale and magnitude of the explosive hazard threat to better prioritize mine action activities. Clearance operations include removal of Landmines and Explosive Remnants of War (ERW) which contribute to protection of local communities by ensuring improved access to basic services; restoring livelihood capacities and safe access of the humanitarian actors to enable the delivery of life-saving aid.
- **Enhance capacity of the national authority to manage a prioritized principled and efficient mine action programme including improvement of life conditions of explosive**

accident survivors: The national authorities including the National Mine Action Center (NMAC) will be supported to manage and prioritize mine action activities in the country. The NMAC is the government body responsible of managing and coordinating mine action in Sudan. NMAC requires technical, advisory and financial support to run the programme.

In addition, the life conditions of explosive accidents survivors will be improved and their socio-economic re-integration into the community will be promoted. Equal participation of landmine/ Explosive Remnants of War (ERW) accidents survivors in the communities will be achieved through provision of medical care, prosthetics and assistive devices, psychological counselling, and income generation kits.

These objectives will contribute to regain access to land free from the presence and impact of explosive ordnance; individuals and communities will enjoy safe and conducive environment for peace and development; and survivor's needs are met aiming to integrate them into the society.

RESPONSE STRATEGIES AND MODALITIES

In close coordination and partnership with different Mine Action (MA) stakeholders, including government counterparts, NGOs and affected communities, MA AoR aims to support sustainable peace and development through the mitigation of the threat posed by explosive hazards. In Sudan, 8 out of 18 states remain affected by landmines

and/or ERW devices. South Kordofan and Blue Nile states remain two of the most landmine contaminated states, while Darfur states still are heavily affected. Approximately, more than 2.7 million people (51 per cent are females and 49 per cent are male) living in or moving through areas affected by landmines or ERW, are in need for humanitarian assistance which could be hindered or limited because of the presence of landmines/ERW. Mine Action AoR will target 40 per cent of the affected populations (approximately 1.07 million people). Sudan has a commitment to meet their obligations under the Anti-Personnel Mine Ban Convention (APMBC) Article 5 which requires Sudan to remove all known anti-personnel mines by April 2023.

By the end of 2021, more than eight million square meters of contaminated land will be released. Also, about 100 kilometres of roads will be verified and released to facilitate movement for local populations, IDPs, returnees, vulnerable people, and humanitarian actors. A total of 350,000 vulnerable people in the country will acquire knowledge of explosive hazards and learn safe behaviour through mine risk education activities; 205 Landmine/ERW survivors and persons with disabilities will be equipped with necessary tools and skills for socioeconomic reintegration through direct physical, psychological and socio-economic support. MA partners will adapt community-based programming including community-based risk education through ensuring community participation and inclusion in the program design.

Enhancing national capacities to deliver effective interventions will be main-streamed along mine action operations. Mine action management is the Government of Sudan's responsibility through NMAC, the government manages and coordinates mine action programs in consultation, coordination and with support from UNMAS. Government and NGOs capacities require continuous enhancement considering changes in personnel due to instability of the economic situation. In 2021, capacity of about 200 people from NMAC and implementing partners will be strengthened through different trainings.

Cross-cutting issues

The MA AoR ensures equal participation, consultation, and inclusion of affected populations in the planning and implementation of mine action programs. The AoR ensures that knowledge of risks related to explosive ordnance among women, girls, boys, and men from diverse groups is incorporated into risk reduction efforts, including clearance and risk education. It also facilitates and supports multi-sectoral assistance to victims of explosive ordnance that is responsive to the needs of women, girls, men and boys from diverse groups, and advocate for the main-streaming of gender and diversity considerations in national mine action policies, institutions, and programs. Mine Action ensures that its interventions include a "do no harm" principle.

3.8

Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF PROJECTS
8M	4.76M	\$126.7M	51	55
% OF MEN	% OF WOMEN	% OF CHILDREN	% OF ADULTS	% OF ELDERLY
49	51	60	33	7

Objectives

The Water, Sanitation, and Hygiene (WASH) sector will support conflict-affected people, people at risk of epidemics and floods, and other vulnerable residents to maintain and gain access to WASH services. Out of the eight million people in need, sector partners will target 4.76 million people with the highest severity of needs.

Sector partners will continue to provide WASH services to at least 1.5 million IDPs in the Darfur, the Kordofans, and Blue Nile states. Additionally, partners will target 2.77 million vulnerable residents prioritized based on the highest severity of needs related to WASH borne epidemics, floods, food insecurity, under nutrition, COVID-19, and access to WASH services. Sector partners will also reach out to the returnee populations in the Darfur and the Kordofan States. The following objectives will guide the WASH strategy:

Objective 1

1.2 million crisis-affected population will have access to basic water services. Under this objective, interventions will ensure drinking water from an improved source with a collection time of not more than 30 minutes for a round-trip, including queuing. People targeted with basic water services will benefit from new installations and maintenance, operations, and rehabilitation of existing hand-pumps, water yards, water treatment plants, protected wells, and hafirs.

Objective 2

The 1.75 million crisis-affected population will have access to adequate, protected, and gender-sensitive sanitation services.

Interventions will ensure the installation, rehabilitation, and use of ventilated improved pit latrine (VIP), pit latrine with slab, composting toilets, and flush/pour pit latrines where possible. Household latrines (basic), latrines shared between two households (limited), communal latrines, and institutional latrines. When possible, WASH partners will construct the latrines with community support.

Objective 3

The 4.7 million crisis-affected populations will have access to hygiene promotion services, water quality, and environmental health interventions.

The targeted population will receive hygiene promotion messages, focusing on hand-washing with soap through household visits, campaigns, and media coverage. Sector partners will provide half of the overall targeted population with soap and jerry cans. Hand-washing facilities will be setup for priority communities.

Women and girls who are part of the newly displaced population will receive personal hygiene materials, such as reusable sanitary pads and menstrual hygiene supplies. Severely Acute Malnutrition (SAM) affected children along with their households will be reached with WASH

supplies such as soap, jerry cans, buckets, Point of Use Water Treatment (PoUWT) materials for household use like aqua tabs and PUR along with appropriate hygiene promotion messages in OTPs and SCs. Three million people, preferably located in the epidemics and flood-prone areas, will be reached with PoUWT and water treatment at the source, followed by water quality monitoring.

RESPONSE STRATEGIES AND MODALITIES

Sector partners will integrate all three components of WASH to deliver a complete response in IDP camps and settlements, including newly displaced population locations. Specific WASH interventions will be implemented for those affected by under nutrition, risk of epidemics, and floods. This will contribute to curbing morbidity and mortality amongst the targeted population.

In consultation and collaboration with the Nutrition sector, WASH partners will intervene in the OTPs and SCs to reduce diarrhoeal diseases as safe WASH alone can prevent long-term morbidity and several child deaths from under nutrition⁶⁷.

Together with the Health sector, WASH partners will implement lifesaving interventions, such as outbreak control of cholera, typhoid, hepatitis E, COVID-19 in communities. Thirty-seven per cent⁸ of the health facilities do not have sanitation facilities. Sector partners will provide technical support and carry out interventions in health facilities prioritizing cholera treatment centres and COVID-19 isolation centres.

The population at risk of WASH-related diseases in risk-prone areas will access chlorinated water and soap. Vector control is vital to address disease outbreaks.

There are an estimated nine million school-going children in Sudan, with 48 per cent being girls⁹. Five million children have no sanitation, and more than 70 per cent do not have access to hygiene services¹⁰. Together with the Education sector, WASH partners will implement activities in schools such as raising awareness of hygiene and hand-washing practices to protect children in locations where risks of epidemics is high.

Sector partners will build the capacity of community governance structures like WASH committees, train and equip committees/communities to continue to operate and maintain WASH infrastructure, conduct water chlorination, and monitor chlorine levels.

WASH partners will also plan trainings and workshops to strengthen multi-sectoral approaches such as WASH in Health Facilities (WinHF), WASH in Schools (WinS), and WASH/GBV. Partners will also preposition supplies for disasters like floods, epidemics, and other conflict-related displacements. Cash transfer modalities will be explored and piloted to cut logistical costs of transporting supplies.

Cross-cutting issues

WASH partners will consider girls' and women's security and safety. Their engagement will be critical while identifying water points and new water sources to save them from travelling too far to fetch water. Sector partners will ensure that communal and institutional latrines are gender-segregated, safe with latches on the doors, and easy to access. WASH partners will link women and girls to income-generating women's groups to receive training on making sanitary pads and soap, and will install and construct suitable facilities for elderly and disabled population.

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

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

8 State of the World's sanitation, UNICEF and WHO report 2020

9 Education sector data

10 Progress on drinking water and sanitation and hygiene in school – focus on COVID19 by WHO and UNICEF 2020 global report

WASH partners will consult and engage the affected population in assessments, designs, implementation, monitoring, and inclusion of women and girls. Efforts will be made to strengthen feedback mechanisms and post-distribution surveys.

Partners will follow environment preservation approaches under the umbrella of Integrated Water Resources Management (IWRM) by

contextualizing projects to environmental realities of implemented areas. Key actions will include assessing projects for potential adverse environmental impact, mitigating negative impact by modifying the project design or compensating for adverse consequences, enhancing environmental benefits by introducing technologies, such as solar pumps and lights.

FOROBARANGA, WEST DARFUR

A child queues to be provided with water at a water point run by a group of young farmers. Photo: UNAMID



Part 4:

Complimentary Response Plans

LABADO/EAST DARFUR

Children benefit from e-learning a rural school in Labado.

Photo: UNICEF



4.1

Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF ROJECTS
1.1M	0.97M	\$574M	38	38

Objectives

Sudan has a long history of hosting refugees and asylum-seekers, who are seeking safety from violence, persecution, and other hazards in their countries of origin. The refugee population is currently estimated at approximately 1.16 million individuals, many refugees face protracted displacement while new arrivals continue to enter Sudan from the neighbouring countries. Sudden Ethiopia influx might add 100,000 more in 2021. Refugees are highly vulnerable and need multi-sectoral interventions to address their vulnerabilities. Around 52 per cent of the registered households are female-headed, and one per cent are child-headed.

The 2021 Sudan Country Refugee Response Plan (CRP) will also aim at supporting the Government of Sudan implementation of its 2019 Global Refugee Forum (GRF) pledges which provides a solid base and strategic direction in refugee solutions. The following objectives are pursued:

Strengthen the protection environment for refugees

All interventions will seek to ensure that international standards of protection are upheld for all refugees. Partners will improve Sudan's protection environment by expanding civil, social, and economic rights to refugees, including through increased self-reliance opportunities for solutions. Advocacy to improve refugees' freedom of movement and access to labour markets, land and assets will be pursued, notably through partners' work to strengthen public service systems. Protection assistance, including registration, documentation, birth registration and reception services underpin refugees' access to asylum, lifesaving assistance, social inclusion,

and address statelessness issues. Partners will focus on awareness and sensitization initiatives on basic rights with local authorities, host communities and service providers and will seek to reduce tension and promote social cohesion. This includes interventions on the nexus between asylum and migration and establishment of protection sensitive entry procedures, thus aiming to ensure persons of concerns access to procedural steps are respected and services provided.

Enable access to timely protection and life-saving assistance

Interventions under this objective will foster multi-sectoral life-saving assistance to reduce mortality and morbidity, targeting new arrivals as well as camp-based populations. It is expected that in 2021, close to 100,000 refugees will arrive from neighboring countries. This includes refugees from the Central African Republic (CAR), Eritrea, Ethiopia, and South Sudan, who often arrive in critical condition and need urgent life-saving assistance.

Over 30 per cent of refugees are living in camps where they rely on assistance provided through humanitarian partners. Although progress has been made to achieve minimum assistance standards in camps, gaps remain across sectors. Most refugee children remain out of school; water availability and latrine coverage are below standard, with high rates of open defecation reported; access to health services is inconsistent, with supply gaps in basic medicines and lack of staff; there is 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 remain. This is compounded by limited access to income opportunities and prevalence of child

labour, early marriage, as well as heightened risks of SGBV. The response will work proactively to identify individuals with disabilities, respond to their specific needs and ensure that day-to-day care is made available to them.

Provide equitable access to basic services for refugees and strengthening opportunities for resilience and self-reliance

Voluntary return is not a viable option for most refugees in Sudan, and resettlement /alternative pathways options remain extremely limited. In line with Sudan pledges at the GRF, UNHCR with its partners will support the government in strengthening socio-economic inclusion and resilience. Partners will support the integration of refugees into national systems - such as education and health, as well as focus on increasing refugees' self-reliance through widening employment opportunities. This will be done alongside the non HRP development projects to refugee-hosting areas. Considering protracted nature of displacement, as well as the challenges refugees and the host communities face in a rapidly deteriorating economic situation, it is important to ensure timely implementation of development programs in refugee response.

Refugees have a diverse background coming from the CAR, Chad, the Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Somalia, South Sudan, Syria, and Yemen. When designing the activities, their specific needs and priorities will be considered.

The largest population that Sudan hosts is South Sudanese refugees with over 729,530 individuals reported across the country as of September 2020. Sudan shares a 2,000 km border with South Sudan and at least 14 entry points exist through which refugees from South Sudan can cross into Sudan.

Eastern Sudan hosts one of the most long-standing protracted refugee situations in the world, with the first influx of Eritrean refugees arriving over 50 years ago. Chronic underfunding has left refugees living in camps in East Sudan with poor

access to infrastructure and services, with WASH, health, and education facilities in urgent need of rehabilitation and expansion. An estimated 50 per cent of the new arrivals in Eastern Sudan move onwards and become vulnerable to criminal networks involved in human smuggling and trafficking of people. Along these migratory routes, refugees and asylum-seekers, and particularly unaccompanied and separated children (UASC), are at risk of various forms of exploitation that can result in human rights violations, including SGBV. Moreover, onward movement also puts refugees at further risk of refoulement. Significant resource and funds will be allocated to address protection and basic needs of Ethiopian refugee influx in the East Sudan. Humanitarian agencies will be addressing emergency needs, and where possible streamline services into national systems. When responding to refugees, programmes will also focus on provisions of services to host communities as a burden sharing.

Continuous influxes of CAR refugees into South and Central Darfur require an urgent multi-sectoral response in both states to meet life-saving needs of new arrivals. There are currently over 25,000 CAR refugees in South and Central Darfur who are living in extremely remote and under-served parts of both states. In addition, there are around 3,500 Chadian refugees living in camps in Central Darfur awaiting to return to Chad when the situation is safe and conducive. They continue to need live-saving multi-sectoral support to have a dignified life while in exile.

In search of livelihood opportunities, over 300,000 refugees from different countries are living around Khartoum. Syrian and Yemeni refugees, are considered "brothers and sisters" by the Government of Sudan and are not required to register with COR, however protection space has been shrinking and require urgent intervention. As of September 2020, there are an estimated 1,892 Yemenis and 93,497 Syrians living predominantly in the Khartoum area and identified as in need of individual protection services and assistance.

Response strategies and modalities

The 2021 Refugee Response Strategy under the HRP is aligned with the 2021 Sudan CRP, a comprehensive multi-sectoral inter-agency plan to address the needs of 968,488 refugees living across 58 localities in Sudan. This plan is based on the findings of UNHCR's annual Participatory Assessment, inter-agency assessments including the MSNA, and refugee-hosting locality surveys and field reports. It is aligned with the regional refugee response to the South Sudanese crisis and is integrated in the humanitarian response in Sudan. It also includes the inter-agency refugee emergency response plan for the refugee influx from Ethiopia, published at the end of November 2020.

The prioritization of refugee locations is led by the RCF in collaboration with Commission for Refugees (COR) and partners. The refugee target of 968,488 people is based on identified severity levels of refugees living in camps, camp-like settlements, reception points, Khartoum "Open Areas", urban areas and remote rural settlements as well as 100,000 expected arrivals from Ethiopia by the end of 2021. In these areas, needs and reliance on humanitarian assistance are high and a sustained need for parallel service systems is required. Localities with less severities or no response capacities have been de-prioritized. All prioritized localities in the 2021 Refugee Response Plan are targeted with a multi-sectoral response based on assessed needs.

The response strategy aims to ensure that the protection and humanitarian needs of refugees and asylum-seekers are addressed, while solutions are sought through increased self-reliance, resettlement, and voluntary repatriation opportunities. The strategy will seek to strengthen linkages with development actors in 2021. In addition, it includes COVID-19 preparedness and response capacity of partners' response to the pandemic in close partnership with the Ministry of Health and WHO. Moreover, the refugee response will also include a general contingency planning and preparedness for influxes or uptake in voluntary repatriation should sudden changes in

peace processes occur. Over the next year, the RCF aims to strengthen coordination and harmonize technical standards and strategic approaches with HRP sectors.

In camps and settlements, partners will continue to provide household level assistance in protection, Shelter/NFI, Energy & Environment, Food Security and Livelihoods, Health & Nutrition as well as WASH with the objective to reach continuous minimum service standards. Localized coordination mechanisms – the Refugee Working Groups-, led by COR and UNHCR at state level will ensure that gaps are filled and that refugees receive uninterrupted support. All partners who deliver assistance to refugees are required to closely work with the COR and relevant line ministries to ensure that interventions are aligned with national plans and policies.

In camp, settlements and out-of-camp settings, partners will prioritize community-based approaches that include host communities. With reference to the pledges made by the Sudanese government during the GRF in 2019 as well as the Comprehensive Refugee Response Framework (CRRF), out-of-camp assistance aims to strengthen public services to support refugee integration into existing national systems. Through this approach host communities will benefit and prolonged parallel systems can be avoided. Further, partners will focus on community-based assistance, especially for health, WASH, education and protection, including SBGV and child protection services, through the introduction and strengthening of basic infrastructure and improved access to local services for refugees. Streamlining intervention on improving AAP, CBP, CFM and PSEA will run across all sectors.

The response will increase the use of MPC interventions to increase social protection and complement the assistance in basic services. Programs will assess market conditions and price changes to make sure that price uncertainty due to inflation are considered. MPC interventions will be prioritized in urban areas where refugees are living

in poor areas and struggle to meet their basic needs. Further, sector specific cash programs like cash for shelter will be prioritized. RCF will work with the CWG to ensure approaches are harmonized.

The refugee response will also cover the Ethiopia situation. The recent fighting in the Tigray region has led to displacement across the border into East Sudan. As of 19 December, 51,969 refugees crossed the border seeking protection (as of 22 November). By then, through the Refugee Working Group (RWG) in East Sudan, co-led by UNHCR and COR, inter-agency partners had brought together available resources to support the Sudanese government in its response, ramping up humanitarian assistance at the borders as the needs continued to grow. To meet their urgent needs the RCF launched an appeal in November 2020 to cover an initial period of eight months from November 2020 until June 2021 with a multi-sectoral response, considering a worst-case scenario planning for 200,000 people in need, and a likely scenario for 100,000 people. This appeal is integrated in the CRP 2021 and the HRP 2021.

Within this context and building on the efforts already done, the inter-agency strategy will focus on supporting the Government of Sudan in coping with the emergency by providing refugee protection services such as registration, de-congesting border points, providing multi-sector life-saving humanitarian assistance at the border crossings and settlements, as well as identifying refugees with special needs to offer them specialized services.

Cross-cutting issues

The RCF, co-led by UNHCR and COR, is the country level refugee coordination mechanism. As part of its strategy, the RCF promotes the inclusion of cross-cutting issues such as AAP, protection, gender, and environment in the refugee response. The UN and NGO partners all bring individual expertise to support the response. The coordination of the refugee response is aligned with the HRP sectors while highlighting the distinct situation of refugees and their specific needs. Coordination with

the authorities continues to take place at federal and state levels, with extensive support from COR. Government line ministries also engage in the Technical Advisory Groups (TAGs) coordination mechanisms predominantly at state level.

The Refugee Response Strategy is based on needs in the field and through consultation with all stakeholders including government authorities, UN and NGO partners, and refugees. Partners are committed to engaging refugees in program design and implementation, creating accessible communication channels for feedback and increased transparency with all stakeholders on planned activities. The RCF is planning to strengthen AAP in 2021 by increasing partners knowledge and implementing standardized AAP processes. The response will follow an Age, Gender and Diversity approach by using participatory methodologies to promote the role of women, men, girls, and boys of all ages and backgrounds as agents of change in their families and communities. Specialized mechanisms to further PSEA will need to be strengthened in 2021, notably the response to complaints.

The RCF aims to mainstream protection throughout the planning and delivery of assistance to refugees. Through community-based protection approaches that put refugees at the center of decision-making, partners will promote community engagement throughout the Refugee Response. The annual Participatory Assessment process promotes such participation through structured dialogue with different refugee groups.

Partners will include environmental consideration throughout the refugee response. Particular emphasis will be placed on fuel efficiency and alternative fuel sources. To enhance sustainability of service provision particularly in the WASH, Health and Energy sectors, partners will invest in sustainable energy sources particularly solar energy and energy efficient stoves. This will reduce dependency on an unreliable supply of fuel and address protection risks linked to lack of lightening and firewood collection in camps and settlements.

4.2

Abyei Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
0.21M	0.21M	Covered by Sudan and South Sudan HRPs	20

Summary of Needs

In 2021, some 210,000 people will require humanitarian assistance in the disputed Abyei Area, an increase of four per cent compared to 2020. Humanitarian partners identified 111,000 vulnerable people from the Ngok Dinka communities, 9,000 people displaced from neighbouring states in South Sudan, 39,000 people from the Misseriya community, 6,500 mainly Nuer and Dinka Twic, 39,000 seasonal Misseriya migrants, and 5,500 Falata nomads who are expected to leave Abyei by June 2021.

Humanitarian and recovery needs are significant, due to occasional violent conflict with temporary displacement, inter-communal tensions, and limited support from local institutions. The situation is characterized by widespread poverty; food insecurity; malnutrition; limited livelihoods; a poor health services support system; increased malaria rates; and high protection risks - including sexual and Gender-Based Violence (SGBV), child protection, and presence of explosive remnants of war. The absence of formal institutions to enforce the rule of law, address violations of human rights, and displacement are additional concerns for the targeted population.

In 2020, the outbreak of conflict in Kolom village in January, which resulted in the displacement of some 4,000 people to Abyei town, further increased humanitarian needs. COVID-19 added an additional burden, as the pandemic heavily impacted existing humanitarian operations in the area, as well as peace and stability, and resilience-building activities. Insufficient community-based surveillance and behavioural communication also affects the ability to monitor the health situation. People's living conditions are also impacted by

very limited government-led services and lack of access to basic public health, WASH, education and protection services, including SGBV and child protection.

Consideration of the migrating and sedentary livestock population, the main economic source for both Misseriya and Ngok Dinka, is also a priority. This includes the provision of animal health services, such as vaccination and treatment for a million of cattle, over a million of goats and sheep, and thousands of donkeys and chickens.

Flooding in 2019 affected the majority of the population whereas in 2020 the area was hit by drought, highlighting the high dependency on climate-sensitive natural resources production, particularly rain-fed subsistence agriculture. Humanitarian and recovery agencies are working to reinvigorate economic activities to ramp up local income generating opportunities in order to improve livelihoods. Such interventions are likely to contribute to increased resilience among communities, and at the same time, decrease the dependency on aid from the international community in the long run.

Strategic Objectives

- Provide timely multi-sectoral lifesaving assistance to crisis-affected people and most vulnerable population.
- Mitigate protection risks and respond to protection needs through humanitarian action.
- Improve vulnerable people's access to livelihoods and life-sustaining basic services.
- Promote peaceful coexistence, stability and resilience among communities, ensuring further sustainability through capacity building and community empowerment.

Response

- Maintain humanitarian lifesaving services and increase their sustainability by adopting participatory approaches aiming at building community-based management capacity, including joint/community peace committees, community animal health workers, youth and women unions and peace clubs.
- Improve access to humanitarian corridors through advocacy with authorities at national and sub-national levels and improve monitoring impediments and civil-military coordination (CMCoord).
- Contribute to the reduction in morbidity and mortality with increased access to quality health care and nutrition interventions, strengthening community case management approaches and community-based surveillance. This includes prepositioned-stocks for malaria and acute watery diarrhea and increased support for measles vaccination programmes .
- Improve access to safe drinking water and adequate hygiene and sanitation with particular focus on areas of displacement, return and host communities.
- Reduce the risk of malnutrition in children under five, and pregnant and lactating women through treatment of severe and moderate acute malnutrition and support to infant and young child feeding at primary and community level.
- Strengthen protection by working with all stakeholders, including local institutions and civil society in close collaboration with the United Nations Interim Security Force for Abyei (UNISFA)/United Nations Police, to reduce protection risks i.e. SGBV and implement comprehensive protection responses with a focus on women, youth and people with specific vulnerabilities.
- Provide women and child protection services, reduce risk of death and injury from landmines and Explosive Remnants War (ERW) through survey and clearance activities and mine risk education, and engage with all actors to advocate for a better protective environment for civilians.
- Provide access to primary education and training, establishment of learning spaces, rehabilitation of schools, school meals, and incentives to increase enrolment and retention of girls in school.
- Provide and support veterinary health, treatment services and infrastructures - in coordination with the local institutions, while revitalizing the community-based animal health workers network for pastoral nomadic populations by adopting a “follow-on approach” throughout migratory routes and concerned areas, and increased sustainable access to animal care for sedentary populations.
- Improve communities’ resilience and access to livelihood opportunities and provide food security interventions, developing community assets, and improving technical expertise. This includes data and information generation on agriculture/crops production and fishery practices, vocational training and community-based natural resource management, including multi-purposes water facility.
- Maintain readiness and update the Abyei inter-agency contingency plan and sector specific emergency preparedness plans to respond to emergencies quickly by securing support from Governments of Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stocks in Abyei, Agok and Diffra towns, including ES/NFI kits.
- Monitor population movement, displacement and return of displaced persons in line with relevant laws/guidelines, in Abyei and identify the most vulnerable populations in need of assistance across all humanitarian sectors.
- Strengthen peacebuilding skills of, youth, women, men, and community-based structures in Abyei to contribute to decision-making and peaceful coexistence of their communities as well as taking special consideration of children.
- Provide climate change information and establish an effective flood-related early warning mechanism within the context of the

current Disaster Risk Reduction institutions to hazards, vulnerability and capacity in the Abyei Area.

- Include social behaviour change and communication as cross-cutting issues that cover WASH, health and nutrition interventions. This support ongoing services during emergency preparedness and response to ensure improved reach, outbreak mitigation and coverage.

Number of Partners in Abyei: 20 Partners

- 7 UN AFPs in Abyei town (OCHA, RCO, WFP, FAO, IOM, UNICEF, UNMAS) are operating
- in Abyei Box, implementing activities, either through direct implementation or NGOs and contractors.
- 6 INGOs (GOAL, SCI, MSF, ADRA, Samaritan's Purse, BGRRF,) in Agok town are largely operating in southern and central Abyei.
- 1 INGO (Concordis International) in Abyei town is operating across Abyei.
- 4 N/L NGOs (AIRS, ACAD, Inspired Children, SSRC) in Agok are operating in southern and central Abyei.
- 2 N NGOs (GAH, Elgoni) in Diffra are operating in northern Abyei.
- WHO and UNHCR are supporting Abyei remotely from South Sudan.

ABYEI TOWN

Woman from Abyei town operating a water pump. Photo: IRIN



Part 5:

Annexes

SHADDAD IDP CAMP/NORTH DARFUR

Nadal Adam Ahmed (5 years) and Mihrab Babikir Ibrahim (4) at home. They don't go to the school because, according to them, they are still too young. Photo: UNAMID



5.1

Participating Organizations

ORGANIZATION	PROJECTS	REQUIREMENTS (US\$)
ACT Alliance / Norwegian Church Aid	2	4,465,000
Action Against Hunger	1	1,500,000
Addition for Disaster assistance and Development	3	787,500
Adventist Development and Relief Agency	2	6,884,500
Al Twaki Development Organization	3	819,999
Almanar Voluntary Organization	3	6,405,860
Almasheesh for Peace and Development Organization	1	243,200
Almassar Charity organization for Nomad's Development and Environmental Conservation	2	1,355,998
Al-Mutawinat Group	1	850,000
Alsalam Organization for Rehabilitation and Development	2	3,071,118
Alshrooq Organisation for Social and Cultural Development	4	1,916,000
American Refugee Committee (Alight)	4	15,685,199
Business and Professional Women Organization	2	2,073,507
CARE International	5	10,754,000
Catholic Agency for Overseas Development	5	2,628,000
Catholic Relief Services	3	8,249,452
Concern Worldwide	4	13,860,850
Cooperazione Internazionale - COOPI	3	5,138,910
Danish Refugee Council	2	46,608,533
Deutsche Welthungerhilfe e.V. (German Agro Action)	2	9,428,391
Elemar Charitable Development Organization	1	1,059,500
EMERGENCY - Life Support for Civilian War Victims ONG Onlus	1	3,717,017
Food & Agriculture Organization of the United Nations	2	55,000,000
Gayat for Peace and Development	1	473,900
Global Aid Hand	4	19,822,382
Global organization for the family and child welfare	2	1,107,655
GOAL	3	7,531,132

ORGANIZATION	PROJECTS	REQUIREMENTS (US\$)
Great Family Organization	5	2,903,400
Hope and Friendship for Development Organization	4	5,149,500
Human Appeal UK	2	738,600
Humanity for Development and Prosperity Organization	6	4,086,245
International Aid Services	1	2,400,158
International Medical Corps UK	1	12,318,114
International Organization for Migration	8	49,492,280
Islamic Relief Worldwide	2	6,821,963
Jabal Marra Charity Organization for Rural Development	2	4,021,602
JASMAR Human Security Organization	4	3,282,322
Kabakabiya Smallholders Charitable Society	1	941,507
Kuwait Patients Helping Fund	2	5,500,000
Maarif Organization for Humanitarian Aid and Development	1	751,000
MEDAIR	3	3,341,352
Mercy Corps	1	2,590,000
Nada Elazhar for Disaster Prevention and Sustainable Development	2	1,355,685
National Initiative for Development Organization	1	300,000
National Organization for the Humanitarian Service	1	173,400
National Planning Organization	3	2,315,391
Norwegian Refugee Council	7	53,471,298
Office for the Coordination of Humanitarian Affairs	1	9,303,656
Peace Bridge Association	1	401,788
Peoples' Organization for Development and Rehabilitation	2	1,023,044
Plan International	6	15,975,687
Practical Action (formerly Intermediate Technology Development Group)	2	3,590,824
Première Urgence Internationale	1	1,500,000
Relief International	5	11,675,455
Riaheen El Salam for Maternity and Childhood	2	1,623,900
RIFGAH Organization for Orphans Sponsorship	1	10,000
Rural Community Development Organization - Sudan	1	473,106
Rural Women Development Fund	1	3,575,035

ORGANIZATION	PROJECTS	REQUIREMENTS (US\$)
Sadagaat Charity Organization	1	670,000
Samaritan Aid Organization	1	100,000
Save the Children	7	41,553,287
SOS Sahel Sudan	1	900,000
Stichting ZOA	2	2,092,130
Sudanese Coalition for Education for All	1	545,050
Sudanese Hilef for Peace and Development Organization	2	2,464,350
Sudanese Organization for Relief and Recovery (formerly Sudanese Organization for Rehabilitation and Construction)	4	3,750,000
Sustainable Action Group	2	353,000
Turath Organization for Human Development	1	275,625
UN Women	1	528,580
United Nations Children's Fund	6	221,156,321
United Nations Department of Safety and Security	1	2,000,000
United Nations Development Programme	4	72,964,000
United Nations High Commissioner for Refugees	3	310,366,319
United Nations Mine Action Service	1	22,135,750
United Nations Office for Project Services	2	8,788,696
United Nations Population Fund	3	44,124,000
United Peace Organization	5	8,092,000
Vétérinaires sans Frontières (Germany)	4	15,625,939
Voluntary Corps Organization for Development	1	345,513
World Food Programme	5	609,658,637
World Health Organization	4	81,389,829
World Relief	4	11,931,566
World Vision International	7	35,064,373
Zulfa Development and Peace Organization	1	396,000

5.2

Planning Figures by Sector and by Geography

STATES	Localities
Priority 1	
Central Darfur	Shamal Jabal Marrah
	Um Dukhun
East Darfur	Abu Jabrah
	Abu Karinka
	Adila
	Al Firdous
	Assalaya
	Bahr Al Arab
Gedaref	Al Butanah
	Al Galabat Al Gharbyah - Kassab
	Galabat Ash-Shargiah
Kassala	Reifi Hamashkureib
	Reifi Shamal Ad Delta
Khartoum	Jebel Awlia
North Darfur	Al Lait
	Al Malha
	As Serief
	Kebkabiya
	Melit
	Saraf Omra
	Tawila
	Um Baru
North Kordofan	Soudari
Red Sea	Haya
	Jubayt Elma'aadin
	Sinkat
	Tawkar
Sennar	Abu Hujar
	Sharg Sennar
South Darfur	Al Radoum
	As Salam - SD
	As Sunta
	Beliel
	Damso
	Kateila
	Shattaya
	Tulus
South Kordofan	Abu Jubayhah
	Al Leri
	Ar Rashad
	At Tadamon - SK

	Habila - SK
	Talawdi
West Darfur	Habila - WD
	Jebel Moon
West Kordofan	Abyei
	Al Idia
	Al Lagowa
	An Nuhud
	As Sunut
White Nile	As Salam / Ar Rawat
Priority 2	
Abyei PCA	Abyei PCA area
Aj Jazirah	Al Qurashi
	Sharg Aj Jazirah
Blue Nile	Ar Rusayris
	Wad Al Mahi
Central Darfur	Azum
	Mukjar
	Wadi Salih
	Wasat Jabal Marrah
East Darfur	Shia'ria
Gedaref	Al Fao
	Wasat Al Gedaref
Kassala	Reifi Gharb Kassala
	Reifi Telkok
	Reifi Wad Elhilaiw
North Darfur	Al Waha
	At Tina
	Dar As Salam
	Kelemendo
	Kernoi
	Um Kadadah
North Kordofan	Ar Rahad
	Bara
	Gharb Bara
	Um Rawaba
Red Sea	Al Ganab
River Nile	Shendi
Sennar	As Suki
South Darfur	Al Wihda
	Buram
	Ed Al Fursan
	Gereida

	Kas
	Kubum
	Mershing
	Nitega
	Nyala Shimal
	Rehaid Albirdi
	Sharg Aj Jabal
South Kordofan	Al Buram
	Al Quoz
	Ar Reif Ash Shargi
	Ghadeer
	Heiban
	Um Durein
West Darfur	Ag Geneina
	Kulbus
	Sirba
West Kordofan	Al Dibab
	Al Khiwai
	Babanusa
	Wad Bandah
White Nile	Ad Diwaim
	Guli
	Kosti
	Tendalti
Priority 3	
Aj Jazirah	Al Hasahisa
	Al Kamlin
	Al Manaqil
	Janub Aj Jazirah
	Medani Al Kubra
	Um Algura
Blue Nile	Al Kurmuk
	At Tadamon - BN
	Baw
	Ed Damazine
	Geisan
Central Darfur	Bendasi
	Gharb Jabal Marrah
	Zalingi
East Darfur	Ad Du'ayn
	Yassin
Gedaref	Al Fashaga
	Al Mafaza



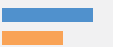
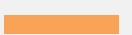


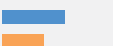



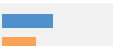



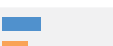


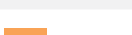
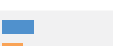
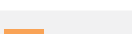
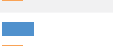
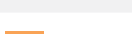
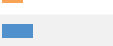
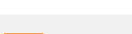
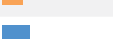
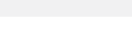
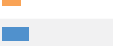
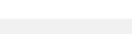
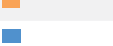
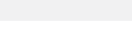
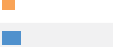
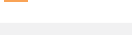
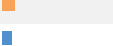
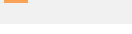

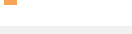
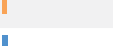
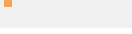
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	Ar Rahad		Um Dam Haj Ahmed		Sinja
	Basundah	Northern	Ad Dabbah	South Darfur	Nyala Janoub
	Gala'a Al Nahal		Al Burgaig		Um Dafoug
	Madeinat Al Gedaref		Al Golid	South Kordofan	Abassiya
Kassala	Halfa Aj Jadeedah		Delgo		Abu Kershola
	Madeinat Kassala		Dongola		Delami
	Reifi Aroma		Halfa		Dilling
	Reifi Kassla		Merwoe		Kadugli
	Reifi Khashm Elgirba	Red Sea	Agig	West Darfur	Beida
	Reifi Nahr Atbara		Dordieb		Foro Baranga
Khartoum	Bahri		Hala'ib		Kereneik
	Karrari		Port Sudan	West Kordofan	Abu Zabad
	Khartoum		Sawakin		Al Meiram
	Sharg An Neel	River Nile	Abu Hamad		As Salam - WK
	Um Bada		Ad Damar		Ghubaish
	Um Durman		Al Buhaira		Keilak
North Darfur	Al Fasher		Al Matama	White Nile	Aj Jabalain
	Al Koma		Atbara		Al Gitaina
	At Tawisha		Barbar		Rabak
	Kutum	Sennar	Ad Dali		Um Rimta
North Kordofan	Gebrat Al Sheikh		Ad Dinder		

ARKAWIT, RED SEA

Three Beja women returned to their homes after a meeting on maternal and child health. Photo: OCHA



Key figures by geography

STATE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
South Darfur	1.91M	1.26M		275.6M 	37	86
Khartoum	1.60M	1.05M		230.2M 	37	69
North Darfur	1.44M	0.95M		207.8M 	40	96
White Nile	1.10M	0.73M		159.2M 	28	58
Central Darfur	0.91M	0.60M		131.9M 	27	68
Aj Jazirah	0.88M	0.58M		127.3M 	11	19
South Kordofan	0.74M	0.49M		106.3M 	43	109
Kassala	0.67M	0.44M		96.2M 	30	68
West Darfur	0.59M	0.39M		85.8M 	25	56
Gedaref	0.55M	0.36M		79.1M 	34	69
Red Sea	0.55M	0.36M		78.7M 	19	37
East Darfur	0.54M	0.35M		77.3M 	27	74
North Kordofan	0.48M	0.32M		69.6M 	15	31
West Kordofan	0.46M	0.30M		66.3M 	20	50
Sennar	0.33M	0.22M		47.6M 	15	28
Blue Nile	0.33M	0.22M		47.3M 	32	75
River Nile	0.17M	0.11M		24.4M 	12	18
Northern	0.11M	0.07M		15.8M 	9	13
Abyei PCA	0.09M	0.06M		13.6M 	10	21

Gender and age by sector

STATE	PEOPLE TARGETED	BY GENDER WOMEN MEN (%)	<div> <div>WOMEN</div> <div>MEN</div> </div>	BY AGE CHILDREN ADULTS ELDERLY (%)	<div> <div></div> <div></div> </div>	WITH DISABILITY
South Darfur	1.26M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Khartoum	1.05M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
North Darfur	0.95M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
White Nile	0.73M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Central Darfur	0.60M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
South Kordofan	0.58M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Aj Jazirah	0.49M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Kassala	0.44M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
West Darfur	0.39M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Red Sea	0.36M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
East Darfur	0.36M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Gedaref	0.35M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
West Kordofan	0.32M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
North Kordofan	0.30M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Blue Nile	0.22M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Sennar	0.22M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
River Nile	0.11M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Northern	0.07M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%
Abyei PCA	0.06M	57 43	<div><div></div><div></div></div>	55 39 6	<div><div></div><div></div></div>	15%

5.3

Results/Monitoring Framework

Creating the sector response framework

Sectors defined some 200 activities, established costs for each activities and set targets at the locality level.

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

Humanitarian organisations submitted more the 300 projects, selecting the sector activities they wished to do. These organisations put targets for the activities - stating, for example, how many wells they were going to dig in a particular locality.

All activities targets are at the locality level.

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

Monitoring the response

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

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

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

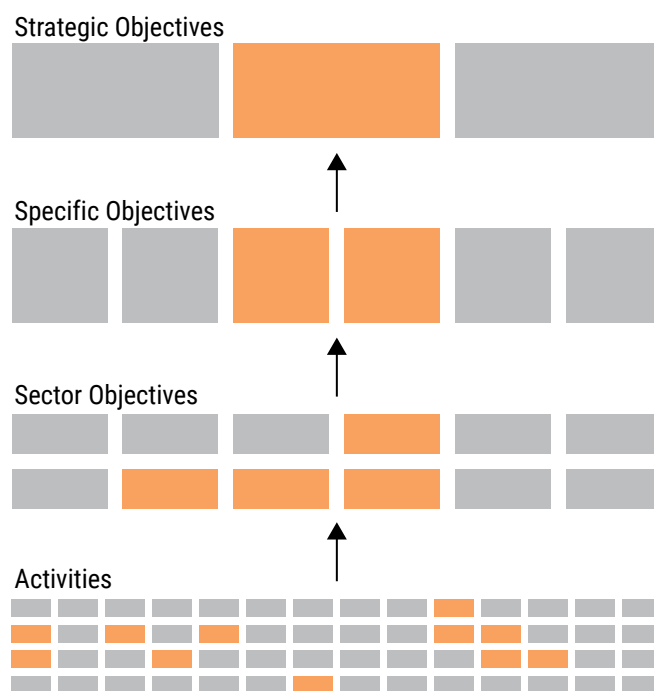
The sectors have access to a shared folder where

all the 'incoming' spreadsheets from reporting organisations can be accessed.

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

Measuring the response

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



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

The extent to which the objectives are achieved (sector, specific and strategic) is informed by the activity indicators and cross-checked by other indicators selected by the ISCG.

5.4

What if we fail to respond?

People in need are deprived of dignified life and human rights



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

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



- **5.65 million** people will have little to no access to essential life-saving health services, causing deaths from preventable diseases.
- Growing shelter and WASH needs if left unaddressed would add an additional strain on the already weak health system, while COVID-19 exacerbates the situation.
- **Eight million** people will not have access to basic water, sanitation and hygiene services, increasing the spread of disease outbreaks and other health problems.

Millions of people are at risk of extreme hunger



- The situation of millions of Sudanese is already difficult with hyperinflation and increasing food prices. Without life-saving assistance, rates of malnutrition could soar and growing numbers of people would not be able to meet their minimum food needs. With the lifting of food subsidies, the increasing prices of food commodities and the depreciating Sudanese pound, there is a risk of high levels of food insecurity if people in a vulnerable position are left without nutrition and livelihoods assistance.
- Without humanitarian assistance, **7.1 million** people will not have enough food which would have serious implications on their physical and mental well-being. Over **one million** children and nursing mothers will not receive the nutrition assistance they need to live healthy and productive lives. A total of **570,000** children continue to suffer from severe acute malnutrition (SAM), putting them at risk of death.


Conflict increases as resources and livelihoods get scarcer



- Conflict and violence can increase due to scarce or no livelihoods. Refugees including more than **50,000** new arrivals in 2020 will not be assisted, which could result in increased conflict over scarce resources between refugees and host communities. **1.07 million** refugees living in Sudan will not have access to basic services or livelihood opportunities leaving them at risk of protection concerns.

5.5


How to Contribute



CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN (HRP)

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

www.humanitarianresponse.info/en/operations/sudan



DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

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

www.unocha.org/cerf/our-donors/how-donate




DONATING THROUGH THE SUDAN HUMANITARIAN FUND

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

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

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

chfsudan@un.org



IN-KIND RELIEF AID

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

logik@un.org



REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS

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

5.6

Acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality	MMOs	Mobile Money Operators
AAP	Accountability to Affected Population	MPC	Multi-Purpose Cash
AoR	Area of Responsibility	MSNA	Multi-Sectoral Needs Assessment
AWG	Access Working Group	NFI	Non-Food Item
CAR	Central Africa Republic	NMAC	National Mine Action Center
CAR	Central African Republic	NPPOC	National Plan for the Protection of Civilians
CASI	Child and Adolescent Survivor Initiative	NSAG	Non-State Armed Group
CBPN	Community-Based Protection Network	OCHA	Office for the Coordination of Humanitarian Affairs
CEA	Community Engagement And Accountability	OTP	Outpatient Therapeutic Programme
CFR	Case Fatality Rate	PHL	Public Health Laboratory
CFS	Child Friendly Space	PIM	Protection Information Management
CMCoord	Civil-Military Coordination	PiN	People In Need
CMR	Clinical Management of Rape	PLW	Pregnant And Lactating Women
COR	Commission for Refugees	PLWD	People Living With Disability
CP	Child Protection	PoC	Protection of Civilians
CPMS	Child Protection Minimum Standards	PoUWT	Point of Use Water Treatment
CRP	Country Refugee Response Plan	PPE	personal protective equipment
CRRF	Comprehensive Refugee Response Framework	PSEA	Prevention of Sexual Exploitation and Abuse
CVAW	Combating Violence Against Women	PSN	Persons with Special Needs
CWG	Cash Working Group	PTF	Protection Task Force
DRC	Democratic Republic of Congo	RCCE	Risk Communication and Community Engagement
DRR	Disaster Risk Reduction	RCF	Refugee Consultation Forum
DSWG	Durable Solutions Working Group	RfE	Reserve for Emergencies
DTM	Displaced Tracking Matrix	RVF	Rift Valley Fever
EiE	Education in Emergencies	RWG	Refugee Working Group
EOC	Emergency Operations Centre	SAM	Severe Acute Malnutrition
EPI	Expanded Programme on Immunization	SC	Stabilization Centre
ERRM	Emergency Rapid Response Mechanisms	SGBV	Sexual And Gender-Based Violence
ERW	Explosive Remnants of War	SMA	Sudan Meteorological Authority
FCPU	Family and Child Protection Unit	SOP	Standard Operating Procedure
FGD	Focus Group Discussion	SRF	Sudan Revolutionary Front
FGM	Female Genital Mutilation	TA	Technical Agreements
FoC	Framework of Cooperation	TAG	Technical Advisory Group
FSL	Food Security and Livelihoods	TESS	Telecommunication Security Standards
FTS	Financial Tracking System	TSFP	Targeted Supplementary Feeding Programme
GAM	Global Acute Malnutrition	UASC	Unaccompanied And Separated Children
GBV	Gender-Based Violence	UNAMID	United Nation African Hybrid Mission in Darfur
GRF	Global Refugee Forum	UNCT	United Nations Country Team
HAC	Humanitarian Affairs Commission	UNDS	United Nations Security Department
HCT	Humanitarian Country Team	UNFPA	United Nations Population Fund
HLP	Housing, Land and Property	UNHCR	United Nations High Commissioner for Refugees
HNO	Humanitarian Needs Overview	UNICEF	United Nations Children's Fund
IDP	Internally Displaced People	UNISFA	United Nations Interim Security Force for Abyei
IM	Information Management	UNITAMS	United Nations Integrated Transition Assistance Mission in Sudan
IOM	International Organization for Migration	UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
ISCG	Inter-Sector Coordination Group	VHF	Viral Haemorrhagic Fevers
IWRM	Integrated Water Resources Management	VIP	Ventilated Improved Pit Latrine
JENA	Joint Education Needs Assessment	WASH	Water, Sanitation, and Hygiene
JIAF	Joint Inter-Analysis Framework	WFP	World Food Program
LET	Logistics and Emergency Telecommunication	WHO	World Health organization
MA	Mine Action	WinHF	WASH in Health Facility
MAM	Moderate Acute Malnutrition	WinS	WASH in Schools
MEB	Minimum Expenditure Basket		
MHPSS	Mental Health and Psychosocial Support Service		
MISP	Minimum Initiated Service Package		

**HUMANITARIAN
RESPONSE PLAN**
SUDAN

ISSUED JANUARY 2021