

REVISED HUMANITARIAN RESPONSE PLAN SUDAN

HUMANITARIAN
PROGRAMME CYCLE

2023

REVISION ISSUED ON 17 MAY 2023



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Revised Humanitarian Response Plan presents coordinated, strategic response efforts and associated costs to meet the acute needs of people affected by the crisis in Sudan.

PHOTO ON COVER

A school, which was used as a gathering point for internally displaced people, was burnt down during fighting in West Darfur.

Photo: Save the Children

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Summary

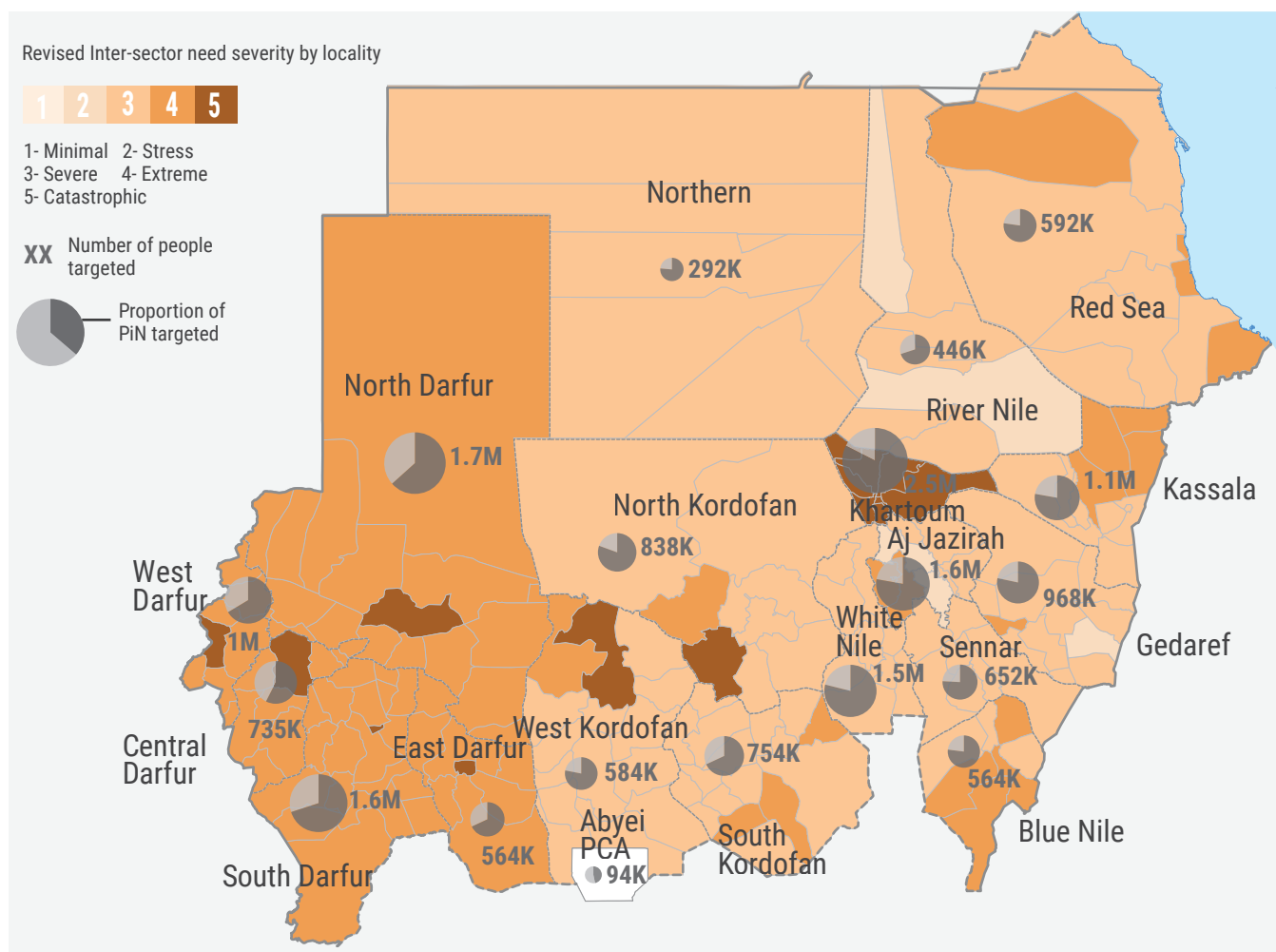
This document revises the 2023 Humanitarian Response Plan (HRP) for Sudan, launched in December 2022, due to the escalating violence across the country since 15 April 2023. Fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has caused tremendous human suffering and exacerbated significant pre-existing humanitarian needs amongst the civilian population in Sudan, also affecting urban areas previously not or only marginally covered by the HRP.

The revised HRP updates the response strategy in the initial 2023 HRP, specifically regarding the scale-up

of life-saving multisectoral assistance and protection services in line with HRP Strategic Objectives (SO) 1 and 2, including related to implementation approaches and costs. Programming related to SO 3 of the HRP (access to livelihood and basic services) will be paused and, depending on contextual developments, successively re-established within the scope initially foreseen in the HRP. Similarly, SO 4 will be resumed once the situation allows in the mid-term.

The revised HRP covers the period until 31 December 2023. Further updates may be required based on contextual developments.

Number of People in Need and Targeted at State Level



Key figures



24.7M

People in Need

+57% increase



18.1M

People Targeted

+44% increase



2.6B

Required

+47% increase

STRATEGIC OBJECTIVES

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

1

Mitigate protection risks and respond to protection needs through humanitarian action

2

SECTOR	FINANCIAL REQUIREMENTS (US\$MILLION)	PEOPLE IN NEED (MILLION)	PEOPLE TARGETED (MILLION)	IN NEED TARGETED	CHANGE IN FINANCIAL REQUIREMENTS (%)	CHANGE IN PEOPLE IN NEED (%)	CHANGE IN PEOPLE TARGETED (%)
Food Security and Livelihoods	581.2M	19.9M	15.0M	<div><div></div></div>	33%	64%	83%
Refugee Response	492.2M	1.1M	1.1M	<div><div></div></div>	4%	18%	26%
Nutrition	350.1M	4.6M	2.5M	<div><div></div></div>	83%	15%	13%
WASH	230.9M	14.9M	6.1M	<div><div></div></div>	79%	36%	27%
Shelter/NFI	212.4M	5.7M	1.9M	<div><div></div></div>	145%	93%	34%
Health	178.6M	11.0M	7.6M	<div><div></div></div>	26%	8%	43%
Education	131.0M	8.6M	4.3M	<div><div></div></div>	46%	131%	87%
Logistics	118.4M	NA	NA		309%	NA	NA
Child Protection	81.0M	4.3M	2.0M	<div><div></div></div>	50%	13%	2%
General Protection	74.9M	5.4M	3.6M	<div><div></div></div>	34%	31%	NA
Gender-based Violence	62.8M	4.2M	1.3M	<div><div></div></div>	81%	36%	4%
Coordination & Common Services	28.9M	NA	NA		87%	NA	NA
Mine Action	16.5M	10.0M	7.5M	<div><div></div></div>	110%	382%	402%
Emergency Telecommunication	6.3M	NA	NA		NA	NA	NA

Part 1:

Context and Humanitarian Needs

The situation in Sudan has significantly worsened since the last update on humanitarian needs was released in November 2022¹. Starting on 15 April 2023, fighting between the SAF and the RSF has killed hundreds of people, forced more than 218,000 to flee across borders and displaced over 730,000 people inside the country in the first four weeks of the conflict.

Sudan's growing humanitarian crisis is set against the backdrop of a protracted economic crisis and pre-existing conflicts in some parts of the country, with an estimated third of the population already in need of humanitarian assistance. In addition to large-scale displacement, the conflict has shattered access to food, water, cash, fuel, health care and other basic services for millions of people. High insecurity and looting of humanitarian assets and offices has compromised humanitarian access to key locations.

Sudan is now facing violent urban warfare and civil unrest, a surge in criminality and communication breakdowns. The country is also grappling with severe water shortages caused by blackouts, fuel scarcity and lack of supplies. Fewer than 20 per cent of health facilities in Khartoum remain fully functional and 60 per cent are not operating, severely limiting access to urgent medical services for millions of people. These challenges are compounded by soaring prices for food, fuel, and other essential goods, as well as recurring disease outbreaks, pre-existing malnutrition, and acute food insecurity. In many locations with ongoing fighting, people are unable to leave their homes and seek assistance as transportation options extremely limited and expensive.

The number of people in need (PiN) of humanitarian assistance has increased from 15.8 million, estimated

in November 2022, to 24.7 million in May 2023, representing a 57 per cent increase.²

Ongoing fighting

Clashes between SAF and RSF have been ongoing since 15 April, particularly in and around residential areas in Khartoum. As of 13 May, the Federal Ministry of Health reports that at least 700 people have been killed and over 5,200 injured since the onset of the fighting. The number of casualties is likely to be higher, as many individuals were reportedly unable to reach hospitals due to movement constraints.³

Approximately two-thirds of clashes between the SAF and RSF during the first weeks of fighting were in cities with populations exceeding 100,000⁴. Neighbourhoods, critical buildings and essential infrastructure in Khartoum, have experienced devastating consequences, including the airport, presidential palace, ministries of defence, energy, education and health, and several hospitals. Fighting outside Khartoum has centred on urban areas along major roadways, including the east-west corridors from Kassala to West Darfur.

Several cities have faced heavy bombardments and clashes, and associated unexploded ordnance, causing hundreds of civilian deaths and casualties, as well as damage to critical water, health care and power infrastructure. The fighting has also reached West Darfur, South Darfur, North Darfur, South Kordofan, North Kordofan, Blue Nile, Kassala and the Red Sea. Since 24 April, hostilities between SAF and RSF have ignited intercommunal violence in West Darfur, particularly in the state capital of Ag Geneina, resulting in numerous casualties and displacements, and widespread looting.

The indiscriminate attacks on civilian infrastructure and the looting of homes are clear violations of International Humanitarian Law (IHL). Such acts undermine the principle of discrimination, which requires parties to a conflict to distinguish between combatants and civilians, and the principle of proportionality, which requires parties to refrain from attacks that may cause excessive harm to civilians. The widespread nature of these attacks and the resulting harm inflicted on civilians are a cause for grave concern.

Violations of IHL and International Human Rights Law are driving the humanitarian crisis. Complex and interconnected protection issues in this protracted crisis are worsening in the current context of limited access to humanitarian services, rights, justice, and accountability. Civilians in parts of the country remain exposed to ongoing and new hostilities, resulting in civilian casualties and forced displacements as people seek safety. Reinforcing IHL is essential to ensure that all parties to the conflict prioritize the protection of civilians and take measures to avoid or minimize harm during hostilities.

On 11 May 2023, SAF and RSF representatives signed a Declaration of Commitment to protect civilians and guarantee the safe passage of humanitarian aid in the country, in Jeddah, Saudi Arabia. The Declaration aims to secure a commitment to protect civilians in Sudan, emphasizing adherence to international humanitarian and human rights law. The agreement focuses on enabling safe humanitarian assistance, restoring essential services, withdrawing armed forces from medical facilities and ensuring dignified burial practices. Despite the Declaration, reports of attacks continue and, on 12 May, violence further escalated in Ag Geneina.

Displacement

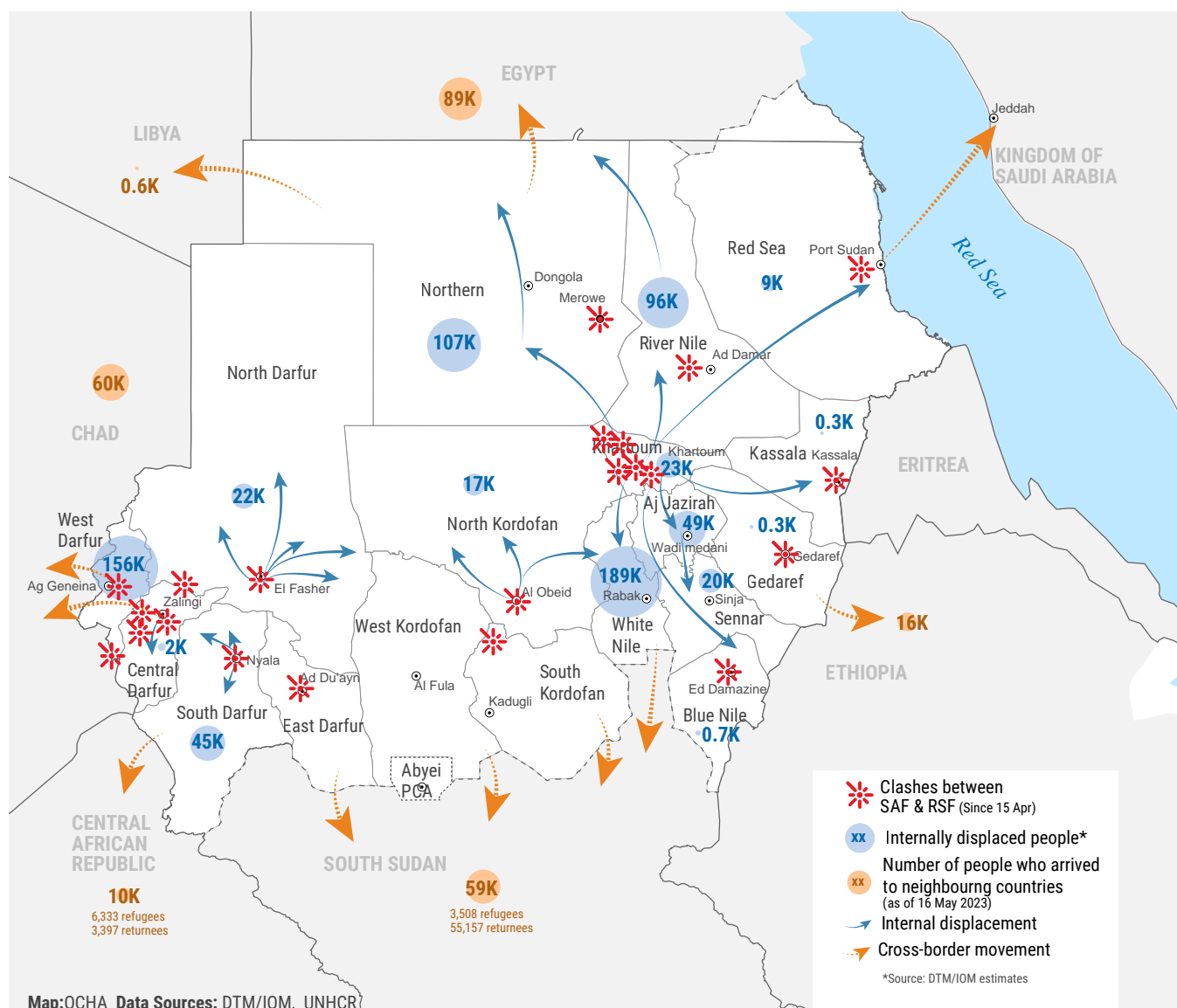
Widespread displacement has been reported across several states in the country. A recent outbreak of inter-communal conflict between the Masalit and Arabs in West Darfur has further exacerbated the crisis. Since 15 April, over 950,000 people have been displaced within Sudan or to neighboring countries. This number is projected to increase in the coming weeks.

An estimated 736,200 people have been displaced within Sudan, of which 368,000 are children.⁵ Approximately 68 per cent of the internally displaced population is from Khartoum state, with some fleeing to neighboring states and others seeking refuge within the state.⁶ The highest numbers of internally displaced people are in West Darfur, White Nile and Northern states. These new displacements are in addition to the almost 3.8 million Internally Displaced Persons (IDPs)⁷, primarily concentrated in Darfur, prior to the new fighting.

An estimated 220,000 people have fled into neighbouring countries – notably to Egypt, South Sudan, Chad, Ethiopia, and the Central African Republic.⁸ Those crossing borders include Sudanese refugees and refugees of other nationalities hosted by Sudan, including an estimated 82,000 children.

Before the current wave of fighting, Sudan hosted 1.14 million refugees⁹ from South Sudan, Chad, Central African Republic, Ethiopia, the Syrian Arab Republic, Eritrea, and other nationalities. The UN Refugee Agency (UNHCR) estimates that more than one million refugees in Sudan require humanitarian assistance.

Displacement flows



Critical Needs and Response Challenges

In a region already significantly affected by conflict, insecurity, displacement and high levels of humanitarian needs, civilians have been caught in the cross-fire of ongoing violence and face targeted attacks, including reported cases of sexual and gender-based violence. The sudden armed conflict has resulted in the killing and injury of civilians, as well as emotional and psychological distress for the affected people. The ongoing violence is also hindering families from organizing dignified burials.

Vulnerable population groups are increasingly exposed to protection risks with immediate as well as longer-term harm to their physical and mental wellbeing. This

includes an increased number of women, girls and at-risk groups¹⁰, who are exposed to risks of gender-based violence (GBV) and sexual exploitation and abuse (SEA). The deteriorating security situation is also limiting access to lifesaving GBV services, including GBV case management, clinical management of rape (CMR), psychosocial support and referrals. Safe spaces for women and girls, including to access life-saving services and obtain referrals, also limit options for support.

Ongoing violence has caused extensive damage to infrastructure, leading to water shortages, blackouts, communication disruptions and incidents of looting.

Large sections of the capital, including factories, banks, shops and markets, have been looted, damaged, or targeted by rocket attacks. The central bank was set ablaze, and local commercial banks closed and ATMs not functioning, leaving people without access to cash and financial assets. Internet connectivity has been severely disrupted, operating at only 4 per cent capacity¹¹.

Humanitarian programmes have been severely impacted by attacks and looting of humanitarian premises, which has included the killing and injury of humanitarian staff, alongside the destruction of infrastructure. Evacuations and relocations of humanitarian workers were carried out from key locations across Sudan, including Khartoum and Darfur, and some humanitarian programmes were temporarily suspended.

The fighting has affected numerous hospitals,¹² further compromising Sudan's already fragile health sector. Since the start of the conflict, the World Health Organization (WHO) has verified 30 attacks on healthcare facilities,¹³ resulting in eight people killed and another 18 injured. A maternity hospital was attacked in Khartoum on 4 May.¹⁴ Power shortages, limited medical supplies, and infrastructure damage are severely hampering the delivery of essential healthcare. Critical medical supplies, including for managing pregnancy complications, are running dangerously low.¹⁵ In Khartoum alone, life-saving reproductive health for an estimated 219,000 pregnant women is threatened. Urgent assistance is required to restore critical emergency care, maternity support and paediatric treatment in North and South Darfur.

The health crisis is exacerbated by Sudan's already high morbidity and mortality rates from vaccine-preventable communicable diseases and high levels of dengue in Khartoum in 2023. The national vaccination programme has been disrupted amidst an ongoing polio outbreak reported across the country before the crisis. Several cold chain facilities have been looted, damaged or destroyed, including the loss of over 600,000 vaccines intended for children.¹⁶ The bulk of the country's vaccines stored in Khartoum's main cold

chain facility remain at high risk of loss/damage due to unstable power supply and insecurity. The central medical store warehouse, which has several million dollars' worth of medicines and medical supplies, is under the full control of one party to the conflict.¹⁷

The nutrition crisis in Sudan is dire, with United Nations Children's Fund (UNICEF) reporting the highest rate of child malnutrition globally. Approximately 3 million children under age 5 are affected by malnutrition, including over 610,000 suffering from severe acute malnutrition. The suspension of aid has disrupted treatment programmes for 50,000 children suffering severe acute malnutrition, putting their lives at risk.¹⁸ In addition, a factory that was producing vital supplies for the treatment of malnourished children in Sudan has been burnt down, destroying supplies to treat 14,500 children.¹⁹ The factory produced 60 per cent of ready-to-use therapeutic food used by UNICEF to treat children with severe acute malnutrition, as well as ready-to-use supplementary food provided by World Food Program (WFP) for children with moderate acute malnutrition.

Food production, supply chain disruptions, fuel shortages, inflation and currency depreciation have led to shortages and price hikes, making essential goods unaffordable for many. Imported staples such as wheat flour, oil and tomato paste are scarce. WFP expects the number of acutely food insecure to increase to 19.1 million people in the next 3-6 months, if the conflict persists.²⁰ The highest food insecurity levels are expected in West Darfur, West Kordofan, Blue Nile, Red Sea and North Darfur.

The destruction of critical infrastructure, including water systems and communications networks, is having devastating impacts across Sudan. Water shortages have been reported across Khartoum state, as urban water treatment plants remain non-functional.²¹ Water authorities are unable to repair damaged infrastructure due to access and security obstacles. As a result, more than a million people rely on unsafe drinking water from the River Nile, increasing the risk of water-borne disease and the need to undertake

awareness raising around water quality and water safety practices.²²

Education has been severely affected, with schools and educational institutions remaining closed in conflict-affected areas, namely Khartoum, Aj Jazirah, South Darfur, West Darfur and West Kordofan. With approximately 6.9 million children not attending school

before the conflict²³, the learning crisis has deepened with higher levels of risk of physical and mental threats, including recruitment into armed groups. As of 11 May, schools and educational institutions have started to reopen in areas not affected by hostilities, preparing for the final academic year examinations.²⁴

WEST DARFUR

A displaced mother shows the bullets found at the gathering point for internally displaced people where she lived that was burnt down due to the fighting in West Darfur on 27 April 2023.

Photo: Save the Children



Part 2:

Updated Response Strategy

Scope of Revision

This revised HRP updates the response strategy laid out in the initial HRP, launched in December 2022, with a focus on scaling up life-saving multisectoral assistance and protection services under HRP Strategic Objectives (SO) 1 and 2, including related implementation approaches and costs. Activities programmed under SO 3 (access to livelihoods and basic services) will be temporarily paused and successively resumed, depending on contextual developments and the humanitarian community's ability to operate within the intended scope of these activities. Strategic dialogue and initiatives related to resilience solutions (SO 4) will also be paused and resumed once the situation, access and resources allow.

In line with these parameters, the number of people to receive assistance throughout the rest of 2023 has increased by 44 per cent, from 12.5 million to 18.1 million. This significant increase in coverage requires US\$817 million in immediate additional funding, bringing total requirements under the revised 2023 HRP to \$2.56 billion.

Planning Assumptions

Planning was informed by updated needs analysis, including a 57 per cent upward revision in the number of people estimated to be in need, from 15.8 million to 24.7 million, as well as a significant deterioration in humanitarian conditions. Planning further assumes that fighting in several parts of the country will continue, pending a political solution to the crisis, which will continue to limit the population's access to critical services and assistance. Further displacement proportional to the level and length of the hostilities is expected. Specifically, increases in the number of food insecure people during the remainder of 2023 have been factored into planning, considering sharply

reduced access to livelihoods and purchasing power as well as expected disruptions to the ongoing planting season. Riverine and flash floods are recurrent natural disasters in Sudan, typically between June to September, and may further aggravate needs.

These assumptions and related planning figures are preliminary; they will need to be updated as the situation evolves and the humanitarian community obtains further access to, and information on, humanitarian conditions of the population in affected areas.

Strategic approaches and commitments as defined in the initial HRP remain in place and will continue to guide the implementation of humanitarian assistance across all parts of Sudan, including:

- strengthened accountability to affected populations, including through reinforced complaint and feedback mechanisms (initial 2023 HRP section 1.6);
- supporting gender equality and women empowerment as a central dimension of humanitarian response (section 1.7);
- ensuring response programming is based on differential analysis of needs and vulnerabilities across dimensions of age, sex and disability (section 1.8); and
- enforcing strict adherence to Prevention of Sexual Exploitation and Abuse policies within humanitarian operations (section 1.9).

This revised HRP will be implemented in close coordination with other plans, such as the emergency appeal by the International Federation of the Red Cross and Red Crescent Societies²⁵ as well as the Regional Refugee Plan, coordinated by UNHCR.²⁶

STRATEGIC OBJECTIVES

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

1

Mitigate protection risks and respond to protection needs through humanitarian action

2

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

3

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

4

Response Priorities

- Under the revised 2023 HRP, life-saving programming under SO 1 and 2 will be expanded in areas which have seen a substantial deterioration in need severity across Clusters, particularly in locations where people are now estimated to live in 'extreme' or 'catastrophic' humanitarian conditions. This includes several densely populated urban areas where fighting has been concentrated²⁷, such as Khartoum, Khartoum North and Omdurman (Khartoum State), Merowe (Northern State), Al Obeid (North Kordofan), Nyala (South Darfur), Al Fasher (North Darfur), Ag Geneina (West Darfur) and Zalingi (Central Darfur).
 - targeted protection services, including assistance to GBV survivors and those at risk of GBV, unaccompanied and separated minors, and displaced people;
 - providing or enabling critical public services, including the provision of safe water and emergency repairs to water networks.
- The response will also be expanded in areas receiving significant inflows of people fleeing violence, primarily in localities in White Nile, West, South and North Darfur, North Kordofan, Northern and Aj Jazirah States. Many of these areas host protracted displaced populations, with current waves of IDP arrivals further straining limited basic services, overburdening existing health facilities and exacerbating humanitarian conditions. The ongoing planting season, which started in May, is expected to be affected by the ongoing conflict, rendering further increases in food insecurity likely.
- Humanitarian assistance in areas of arrival will focus on meeting basic survival needs of (newly) displaced people and vulnerable host communities, including through:**
- temporary shelter and non-food items such as mattresses, blankets, cooking fuel as well as hygiene supplies;
 - specialized services such as case management and individual protection assistance (in-kind and

Activities to be rapidly expanded in affected urban settings include:

- protection assistance for civilians who continue to be exposed to indiscriminate violence, explosive weapons, and other violations of IHL and IHRL such as rape, non-judiciary killings, arbitrary detention and torture;
- life-saving medical care and support to health facilities, including trauma care, the provision of essential medical supplies, support to cold chain management and vaccine delivery;
- mental health and psychosocial support, specifically for children and caregivers;

cash) for GBV survivors and unaccompanied and separated children, among others;

- critical services, including water provision, health and nutrition services, and emergency education;
- food assistance will be scaled up across all settings to mitigate the sharp price increases for food items and households' reduced purchasing power, and to prevent at-risk populations from tipping into critical levels of food insecurity.

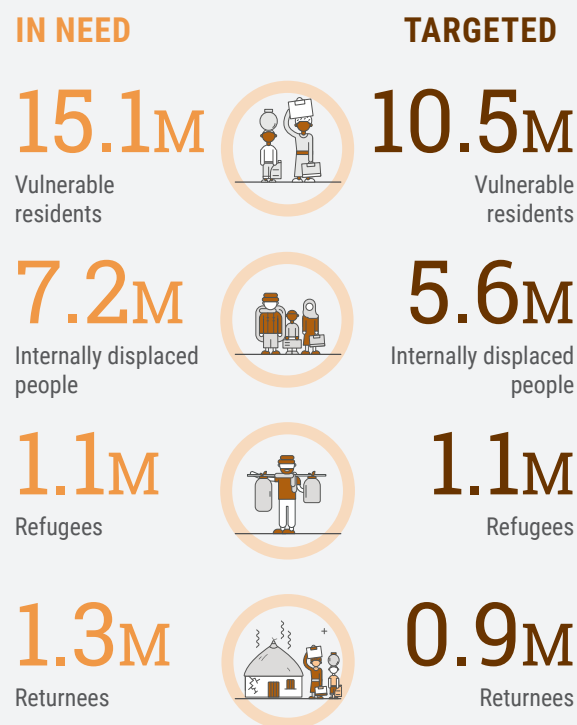
Consequently, the five States with the largest *proportional* increases in the number of people to be assisted across sectors are Northern State (360 per cent target increase), River Nile (259 per cent), Al Jazirah (147 per cent target), White Nile (106 per cent) and Khartoum (65 per cent).

Operational Scale-Up and Response Modalities

Under the 2023 HRP, some 92 humanitarian organizations coordinated activities, liaising with additional international partners, national non-governmental organizations (NGOs) and civil society actors. As of mid-May, the following priorities are being pursued to rapidly scale up humanitarian operations in areas with the most pressing humanitarian needs:

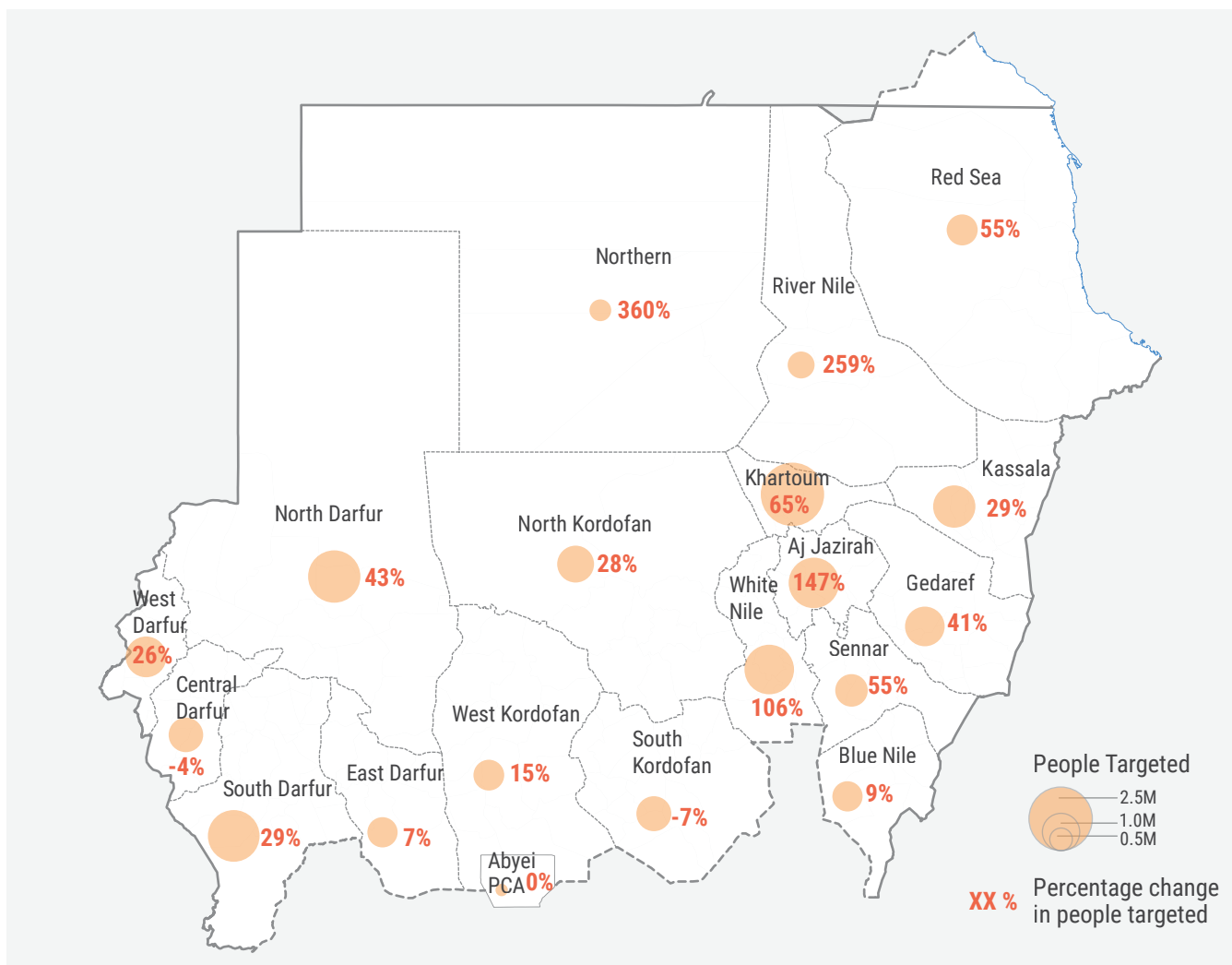
- Advocacy:** obtaining and ensuring sustained commitments from the parties to the conflict for the protection of civilians and civilian infrastructure and the safe movement of relief items and humanitarian infrastructure personnel will continue to be critical; these efforts will be supported through enhanced civil-military coordination and access negotiation capacity;
- Strengthened field hubs:** moving staff and supplies into hubs which are as close as possible to people in need inside Sudan, including Wad Medani, Gedaref, Kadugli, Wadi Halfa and Dongola, with response delivery coordinated by strengthened Area Humanitarian Country Teams;
- Logistics scale-up:** tailoring the humanitarian operation and logistical access routes, particularly for Darfur, including air bridges and cross-border modalities, pending consent;

PEOPLE IN NEED / TARGETED BY POPULATION GROUP



- Working through local actors:** civil society actors have delivered assistance and supported communities since the conflict broke out, leveraging strong community-level presence and acceptance. Technical Unions (for example doctors, water engineers, telecommunication specialists) are well established and support the maintenance and functioning of critical local services such as hospitals and water treatment plants. In addition, neighbourhood volunteer groups often support with coordinating access to services and assistance. HRP partners will therefore further strengthen operational coordination with appropriate local partners to implement response activities in line with humanitarian principles, including through possible funding support from the Sudan Humanitarian Fund via intermediary International non-governmental organizations (INGOs).

HRP Target Increases by State



Enabling Factors

Implementation of these operational priorities will depend on several critical enabling factors, including:

- Assured access and safety of operations:** Commitments from parties to the conflict for the protection of civilians and civilian infrastructure, and the safe movement of relief items and humanitarian personnel, as expressed in Jeddah on 11 May 2023.²⁸
- Easing of bureaucratic impediments:** Receiving guarantees from the authorities on expediting the delivery of life-saving activities will contribute to reset, and to rapidly scale up assistance during the current emergency.
- Coordination and risk management:** Within the humanitarian community, strengthened humani-
 - tarian communication, efficient coordination and security risk management will be critical. Sharp price increases, coupled with the reduced availability of cash and basic goods pose significant operational challenges. Adjusted approaches to manage current cash liquidity and transfer challenges which are affecting payments to staff, logistics, etc. will also require coordination and collaboration.
- Financial and logistical resources:** The scale-up of humanitarian operations will require significant financial and human resources in order to put in place the required logistics (air, boat and road), security and operational modalities. Immediate funding is required to quickly scale up operations and ensure ongoing delivery of essential humanitarian assistance and protection.

Considerations for Cash Programming

The humanitarian response in Sudan has been actively addressing the needs of the affected population. Before the recent conflict, Cash and Voucher Assistance (CVA) accounted for approximately 20 per cent of the overall response effort, effectively implemented across 14 states in Sudan. The feasibility of using cash as a form of assistance had been well established, supported by an updated Minimum Expenditure Basket (MEB) and well mapped delivery mechanisms.

Since the conflict broke out, local markets and availability of funds have been significantly affected. The closure of the Central Bank has put immense pressure on the local currency, resulting in a scarcity of liquidity. According to a rapid market access survey conducted by Mercy Corps in May 2023 across Sudan, including Khartoum, various impacts on markets have been observed based on area stability and proximity to the capital. While markets are generally open, some neighbourhood shops have closed due to insecurity or lack of goods. Staple goods prices have seen a drastic increase, with shortages of imported. Inflation rates of over 160 per cent have been reported in Khartoum for basic goods. Concerns have arisen about resupplying goods once local stocks are depleted, due to limited supplies and disrupted transport networks.

Access to cash and purchasing capabilities has also been affected, with limited cash availability in certain areas and the closure of many banks across the country, especially in areas affected by conflict. Even markets in less impacted areas are strained, as the influx of displaced people has put pressure on local resources in specific regions.

Despite these difficulties, affected people have consistently expressed their preference for cash assistance, particularly among the recently displaced people. Given the challenges in accessing the most impacted areas, the humanitarian response is actively exploring ways to improve the feasibility of utilizing cash and market-based approaches. Innovative delivery mechanisms and market-based responses are being explored so that those most in need can access cash assistance and meet their basic needs. As cash assistance can offer greater flexibility and empower people affected by the crisis, efforts will continue to be made to expand and scale up this form of assistance.

Several partners, including Mercy Corps, WFP, IRC, DRC, NRC and REACH are currently preparing additional cash feasibility assessments in specific parts of the country.

Financial Requirements and Cost Drivers

At the time of publication, US\$288.1 million has been reported against the \$ 1.7 billion in financial requirements for the initial 2023 HRP, issued in December 2022. The revised 2023 HRP includes an increase of 47 per cent in financial requirements, for a total of \$2.6 billion.

This increase in financial requirements results from significant programmatic target increases across Clus-

ters. In addition, the following drivers have affected unit and operational costs:

- a sharp uptick in inflation, leading to cost increases for food staples and other basic consumer goods by over 130 per cent on average, and by more than 160 per cent in Khartoum specifically²⁹;
- significant cost increases for fuel – by over 1,000 per cent in Khartoum³⁰ –, affecting general



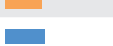
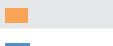
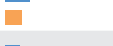
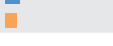
transport and specific programme costs, such as generator-based electricity for water pumps or health facilities;

- costs related to logistical scale-up, including setting additional access routes requiring staff support, rental of assets and premises, fuel, etc.;
- temporary/replacement costs related to the collapse of public services in several urban areas, for example water trucking;
- costs for strengthened security and communication arrangements.

Costing Methodology

The revised HRP estimates financial requirements based on cluster-defined unit costs and targets for each of their planned activities. Clusters and partners will conduct a review of registered projects after the release of the revised HRP, based on updated planning figures. This project review will provide updates to financial requirements for all organizations participating in the HRP.

Inter-Sector Planning Figures at State Level

STATE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PERCENTAGE CHANGE IN PEOPLE NEED	PERCENTAGE CHANGE IN PEOPLE TARGETED	IDPS	RETURNEES	REFUGEES
Khartoum	3,0M	2,5M		41%	65%	94K	-	187K
South Darfur	2,3M	1,6M		46%	29%	376K	189K	53K
North Darfur	2,7M	1,7M		78%	43%	488K	186K	30K
Aj Jazirah	2,0M	1,6M		89%	147%	684K	-	20K
Central Darfur	1,3M	735,4K		23%	-4%	240K	201K	12K
South Kordofan	1,1M	753,8K		16%	-7%	466K	97K	41K
White Nile	1,9M	1,5M		106%	106%	56K	2K	345K
Kassala	1,4M	1,1M		54%	29%	623K	-	100K
West Darfur	1,5M	1,0M		71%	26%	143K	70K	-
Gedaref	1,2M	967,7K		60%	41%	654K	-	80K
North Kordofan	1,0M	837,6K		43%	28%	78K	-	9K
East Darfur	827K	563,6K		36%	7%	405K	195K	95K
West Kordofan	748K	584,2K		22%	15%	191K	19K	70K
Blue Nile	732K	563,6K		31%	9%	360K	65K	14K
Sennar	860K	652,1K		71%	55%	131K	-	10K
Red Sea	764K	592,0K		74%	55%	309K	3K	23K
River Nile	636K	446,1K		129%	259%	85K	-	4K
Northern	381K	291,7K		148%	360%	132K	-	1K
Abyei PCA	201K	94,0K		114%	0%	95K	-	-

Part 3: Revised Cluster Plans

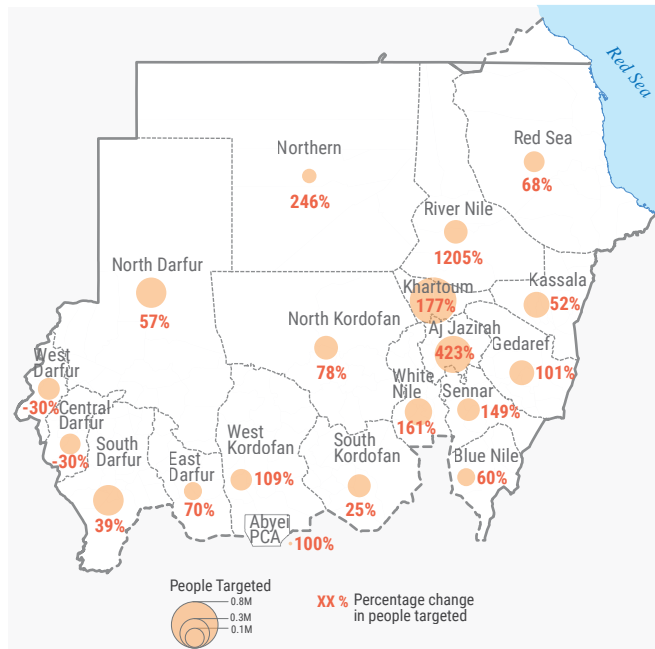
KHARTOUM

Two young men fill barrels with water in southern Khartoum on 22 April 2023, amid water shortages caused by ongoing fighting. Photo: AFP



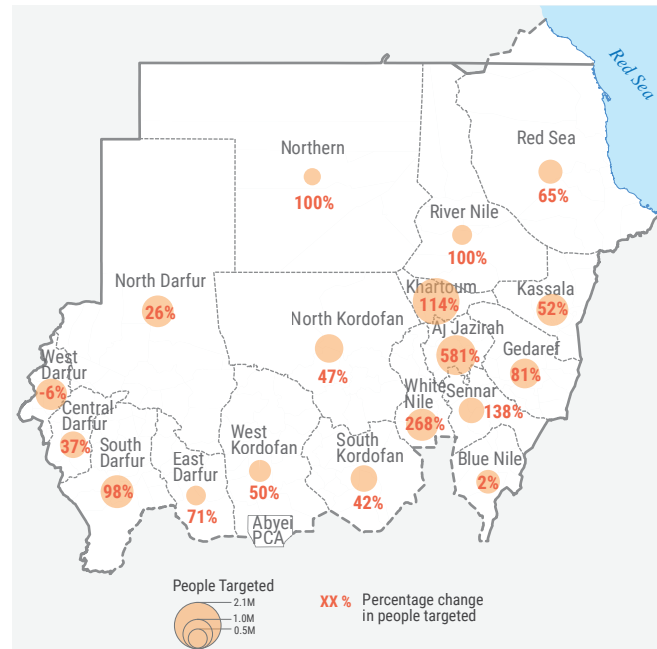
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.6M	4.3M	\$131.0M



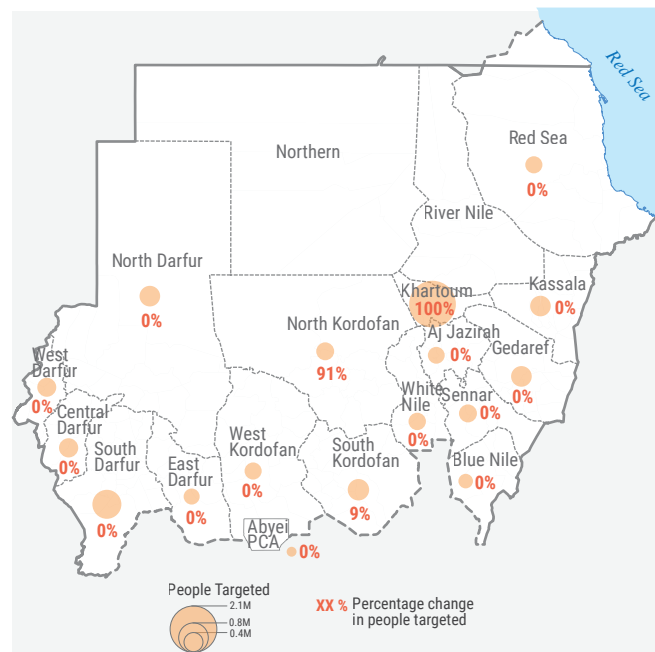
3.2 Food Security & Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
19.9M	15.0M	\$581.2M



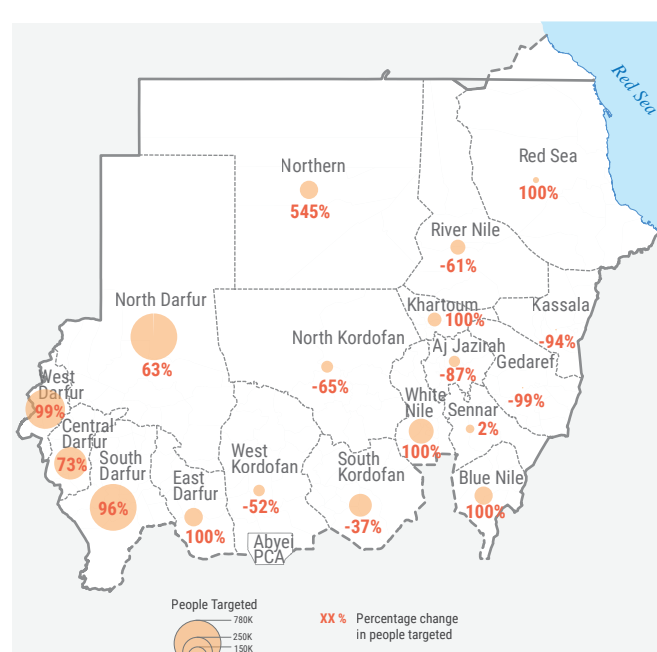
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
11.0M	7.6M	\$178.6M



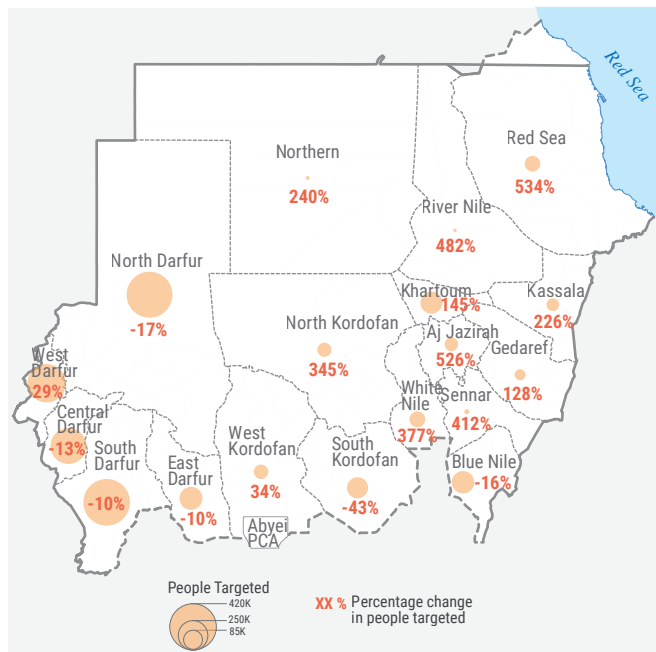
3.5.1 General Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.4M	3.6M	\$74.9M



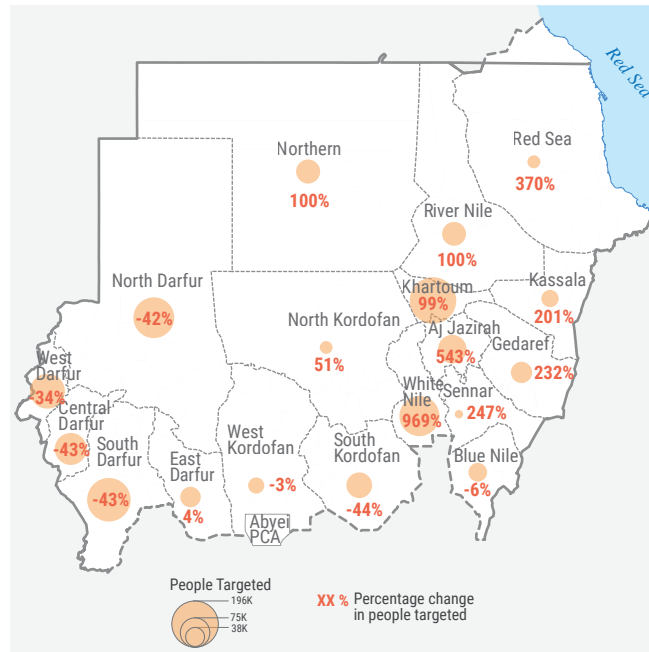
3.5.2 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.3M	2.0M	\$81.0M



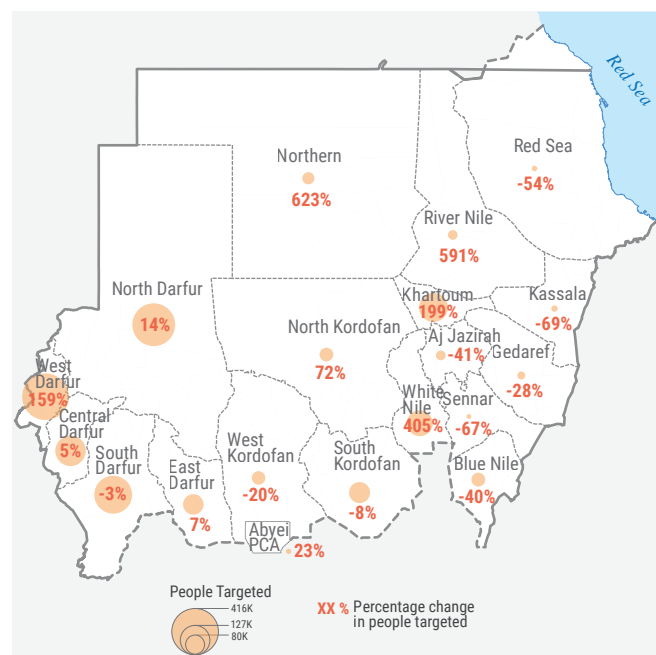
3.5.3 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.2M	1.3M	\$62.8M



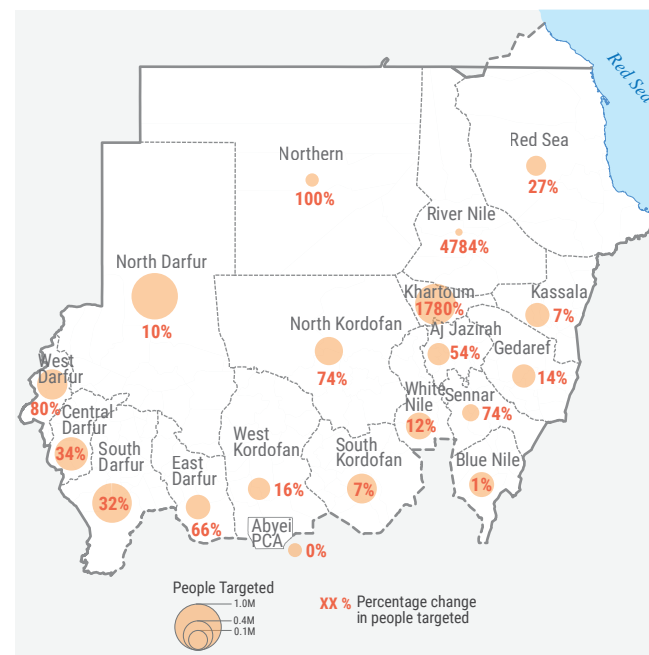
3.6 Shelter & Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.7M	1.9M	\$212.4M



3.7 Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
14.9M	6.1M	\$230.9M



3.1

Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
8.6M	4.3M	\$131.0M	of which \$41.2M to scale-up life-saving assistance

Main impact and needs

- Since the outbreak of the conflict, an estimated 285,000 school aged children have been displaced. This includes 208,000 school going children, 106,000 girls and an estimated 15 per cent of children with disabilities.
- Education plays a key role in the protection of children and psychosocial intervention in Sudan by providing a safe, stable environment, and helping to restore a sense of normality, dignity and hope.
- The conflict has negatively impacted the education of affected girls, boys and adolescents, including children with disabilities who face challenges in accessing inclusive quality education in a safe and protective learning environment. In addition, the conflict exposes vulnerable children to a range of life-threatening risks such as GBV including child marriage; female genital mutilation (FGM); human / sex trafficking and SEA recruitment by armed actors and child labour. Structured learning programmes protect children from exploitation, abuse, and involuntary recruitment into armed groups.
- In addition to protection risks pre-dating the crisis, the number of displaced, separated or unaccompanied children will continue to increase as families flee. This combined with school closures, will exacerbate and negatively affect school attendance for the new academic year that starts in September.
- In addition to pre-existing challenges related to insufficient learning resources and supplies, the crisis has left learners and teacher displaced and traumatized; damaged learning infrastructure and school spaces, and constrained access to schools. Investment in education is required to ensure safe

and child-friendly learning spaces to safeguard the well-being and safety of children and adolescents.

Response Priorities

- Supporting the most vulnerable and marginalized girls and boys at risk of exclusion from education is a priority for the displaced and vulnerable communities in White Nile, Blue Nile, River Nile, Aj Jazirah, Sennar, Kassala, Gedaref South Kordofan and Red Sea. The education response programme aims to prioritize immediate critical life-saving education needs. Security, access and children safety allowing, the vulnerable children in the hotspots' locations such as Khartoum, Darfur, North Kordofan and West Kordofan will be supported in coming months. During the school recess (June to September), the school building and other public facilities will be used as safe and protective child-friendly spaces to foster and prioritize children's well-being and safety. Once the schools re-open, this will ensure continued access to education services and retention of both the displaced and non-displaced vulnerable girls and boys, children with disabilities affected by the conflict, poor households, girls, hard to reach areas children and youth aged 5 -18 years.
- Establishing safe and child-friendly learning spaces, equipped with both learning and recreational supplies. Distribution of Education in Emergency supplies to both schools and safe learning spaces and support for the facilitators in the learning centres. Furthermore, providing psychosocial support through counselling and other interventions is essential to equip children with the skills they need to cope with trauma and menstrual hygiene management for adolescent girls.

Response capacity and adjustments

- For children receiving formal or non-formal education, access to life-saving information and survival skills, including awareness of hazards, better nutrition, protection from SEA and other forms of GBV, and child protection and well-being awareness.
- The response will adopt a two-pronged approach: first to support displaced children and second to support children where they live (original settlements) once security, access and children safety allows.
- Key challenges include communication constraints, insecurity related to movement constraints, and capacity of existing learning centres to absorb existing and new learners.
- Ongoing education programme/projects, offices, agencies staffing operational such as White Nile, Blue Nile, River Nile, Aj Jazirah, Gedaref, Kassala, Sennar, Red Sea and South Kordofan.
- Given significant humanitarian access challenges, the role of the local and national responders will be fundamental.
- Through the Education Cluster consultation with the partners, discussions are ongoing to relook at active grants for reprogramming and crisis modifiers mechanism in consultation with their respective donors, where applicable.

3.2

Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
19.9M	15.0M	\$581.2M
of which \$143.7M to scale-up life-saving assistance		

Main impact and needs

- Before the current crisis, 16.2 million people were food insecure across Sudan according to the Comprehensive Food Security and Vulnerability Assessment, which represented 34 per cent of the population. The ongoing clashes in several parts of the country are further exacerbating food security needs. The Food Security and Livelihoods Cluster plans to reach 15 million people including those affected by the conflict, the newly displaced, the most food insecure vulnerable population including IDPs, refugees, returnees and residents with life-saving food and emergency agricultural assistance.
- Food insecurity forecasts indicate that as rural areas enter the hunger gap period and if the conflict continues, the number of food insecure people in Sudan is expected to increase by up to 2.5 million, to 19.1 million people across the country in the next three to six months. The highest prevalence of food insecurity is expected in West Darfur, West Kordofan, Blue Nile, Red Sea and North Darfur. About 40 per cent of the population in phase 2 of the Integrated Food Security Phase Classification (IPC) could slide into phase 3.
- Disruptions in supply chains and markets has caused the price of food and other essential commodities to increase by 400 per cent compared to before the conflict. If the current conflict continues, the price of the local food basket is projected to increase by a further 25 per cent in the next three-six months. This increase in food prices will, in turn, result in over 18 million people being unable to afford the local food basket.
- Existing insecurity has eroded livelihoods, damaged farms, and triggered widespread unem-

ployment. This critical situation has constrained pastoralists, agro-pastoralists, and farmers to abandon their crops if they do not receive immediate emergency livelihood support. This situation has left grave consequences not only for their food security but also on food availability in Sudan and may lead to more conflict and displacement.

- Despite the current conflict, many rural areas have been largely safe from the ongoing fighting, the Food and Agriculture Organization (FAO) is stepping in to ensure that the ongoing agriculture season is supported with planting of the key staple crops; sorghum and millet from May to July 2023, to secure local available food and avert further deterioration of the food and nutrition situation.

Response priorities

- The Cluster will target affected people in conflict areas if access permits, and in non-active conflict areas where vulnerable residents are hosting displaced persons. Additional vulnerable people will be targeted when the situation allows, based on the operational capacity of partners.
- Partners will prioritize life-saving assistance to meet food needs of affected population by the crisis. Partners will provide food assistance through the most appropriate modality in-kind or through cash-based transfers where conditions allow.
- The Cluster will prioritize the provision of emergency agriculture life-saving assistance to ensure food production. Immediate scale up efforts are required considering the upcoming rainy season followed by the lean season. Timely emergency life-saving livelihood in the form of crop seeds,

tools, livestock support, will facilitate the vulnerable population to support with the lean season and help in prior planning of planting season during or soon after the rains. This will rapidly increase food production while safeguarding livelihoods sources.

- The Cluster plans to provide life-saving food and emergency livelihoods assistance to 15 million people affected by the crisis, including displaced persons.
- Critical food assistance will be resumed to existing relief caseloads in secure areas, focusing on providing general food assistance to food insecure displaced persons, returnees, and vulnerable residents.
- The Cluster plans to provide emergency livelihood support and agricultural life-saving assistance to 3 million households to ensure food production and agriculture season support and off-farm livelihoods support.

Response capacity and adjustments

- The Cluster is in a critical position, with limited and stretched resources to meet the additional critical food security needs. Additional funding is urgently needed for the humanitarian response. Displacement on a massive scale is putting additional pressure on strained resources, especially in rural areas, and on host communities.
- Partners will adjust operations based on security and access dynamics, reprogramming activities to crisis response interventions where needed and feasible.
- Partners will scale up emergency life-saving food and emergency livelihoods assistance through the most appropriate modality. Cash-based transfer interventions will be adopted where feasible.



3.3

Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
11.0M	7.6M	\$178.6M
of which \$37.0M to scale-up life-saving assistance		

Main impact and needs

- Since the beginning of the current conflict, health service provision has been heavily impacted across the country, but specifically in Khartoum. Several critical programs have been discontinued due to violence and attacks on health facilities, disruption of supply chain, and poor accessibility to still operating facilities. Disruptions affected the power grid, water piping systems, fuel availability, and mobility of health staff rendered around 70 per cent of the health facilities across Khartoum out of service. Hospital facilities are severely impacted with mobile clinics activated.
- Due to heavily centralized health system and reliance on the country's capital for medical supplies distribution, performing laboratory tests, funding, and other aspects of the health provision across the country, all states were negatively affected by the violence that erupted in Khartoum.
- The bulk of the strategic medical supplies stored in the medical supply fund fell under the control of one of the parties to conflict impacting the distribution capacity to health facilities across the country. Six-month stock of malaria medicine is no longer accessible impacting treatments to over 3 million cases of malaria reported annually.
- The national public health laboratory has been affected by the armed conflict and deemed non-operational resulting is a loss of the diagnostic capacity of all outbreak's prone diseases. The national vaccination programme has been disrupted amidst an ongoing measles outbreak reported in 15 states across the country before the beginning of the crisis. The main cold chain

storage facility in Khartoum housing the bulk of the nations' vaccines is no longer accessible.

- The disease surveillance system is currently inactive, risking further spread of diseases that were prevalent across the country even before the current crisis such as dengue, chikungunya, malaria, measles and diarrheal diseases. A new outbreak of measles has been reported in the Blue Nile state with limited supplies available and very little to no capacity to move the supplies to the needed locations.
- Prior to 15 April, sexual and reproductive health coverage was low due to limited supplies, infrastructure and capacity; emergency obstetric and new-born care (EMONC) coverage was around 40 per cent, and CMR services were less than 20 per cent. The situation was catastrophically impacted by the armed clashes, resulting in casualties including amongst pregnant women who are in need of pre and postnatal care in the midst of significant displacement from Khartoum, West Darfur and other affected states.

Response priorities

- Partner-supported health services were impacted indirectly by closure of facilities, lack of commodities cash and fuel, and attacks on health care, namely Northern, Gadaref, Kassala, Red Sea and Aj Jazirah states. Those states will be prioritized to support local communities and the newly displaced people due to their accessibility. In addition, and in cooperation and coordination with health partners and local initiatives, housing almost a quarter of the population of Sudan and 70 per cent of the country's health cadre, the city of

Khartoum will be one of the main targets for provision of health supplies during the upcoming few months, subject to accessibility by humanitarian actors. Cross border support from neighbouring countries to Darfur and Kordofan states is still being explored.

- The health response will focus on accessible areas prioritizing pre-identified facilities, including existing emergency obstetric and new-born care facilities, to support with a comprehensive package of services (including operational cost, fuel and WASH in health facilities). In addition, reactivating the disease surveillance system and reporting in both government and partner's supported facilities and supplying the static vaccination centres with the needed supplies will be a priority.
- The overall number of people in need for health assistance has increase by an estimate of 37 per cent reaching 10 million people, including over 700,000 newly displaced people, and 7.5 million people will be targeted with immediate life-saving activities.

Response capacity and adjustments

- Health partners and health authorities will continue to provide updates on the situation on the ground

and facilitate the work of partners. Provision of supplies has been already done to several states including Red Sea, Gedaref, Kassala and Aj Jazirah, in addition, medicines and medical supplies were pre-positioned to be transported to health facilities inside Khartoum.

- International NGOs in partnership with local organizations are continuing their presence in areas less impacted by conflict, including Greater Darfur and Kordofan, however, in need for urgent support with medicines and medical supplies. This includes deployment of community midwives, skilled birth attendants and health care providers, as well as deployment of temporary clinics and mobile clinics.
- Health partners have suffered considerable losses to their programmes and existing infrastructure in Khartoum, Greater Darfur and Kordofan areas due to attacks on their office, supported facilities and looting of assets. Many programmes have to be re-built ground up necessitating significant increase of the operational cost and accounting for the deterioration in economy and availability of the needed logistical infrastructure.

3.4 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
4.6M	2.5M	\$350.1M	of which \$159.1M to scale-up life-saving assistance

Main impact and needs

- Conflict-induced displacement of households has resulted in increased vulnerability to malnutrition, because of increased inflation, reduced access to food, lack of water and poor hygiene situation as well as increased risk of infections and communicable diseases such as measles.
- The deterioration of the nutrition situation has led to an estimated 30 per cent increase in the number of children with acute malnutrition in hotspot areas, a 15 per cent increase in IDP hosting states and a 10 per cent increase in other localities.
- Interruption of nutrition monitoring and reporting impacting on the understanding of the evolving nutrition situation in most parts of the country particularly in the hotspot areas
- The estimated target and funding requirement is for seven months from June to December 2023 and not an annual target and funding requirements.
- based prevention of malnutrition) will be scaled up, as well as micronutrient supplementation among children under age 5 and PLW to prevent further deterioration of nutrition situation. The Nutrition Cluster establish a solid monitoring of the nutrition supply availability, while ensuring the procurement and timely prepositioning and delivery of nutrition supplies to sites across the country.
- Procure and ensure timely prepositioning and delivery of nutrition supplies to sites across the country. Establish a solid monitoring of the nutrition supply availability.
- The monitoring frequency and supervision of nutrition services will be increased, and rapid assessments conducted when needed, to ensure timely reporting across the country.

Response capacity and adjustments

- **Response priorities**
- The Nutrition Cluster plans to scale up maternal and young child nutrition and scale up Infant and Young Child Feeding practices among under-five children, prioritizing new hotspot and IDPs areas. Partners will scale up early detection and treatment of severe and moderate acute malnutrition among under-five children, pregnant and lactating women in pre-existing responses. Scale up and initiate responses in new emerging hotspot areas including IDP hosting states, focusing on the youngest to prevent increased morbidity and mortality risks.
- Preventive nutrition interventions (emergency blanket supplementary feeding programmes, food-
- The interruption of life-saving health and nutrition services in hotspot areas has led to thousands missing life-saving nutrition interventions. These include severely malnourished under-five year old children with those of severe acute malnutrition with and without medical complications and moderate malnourished under-five children, pregnant and lactating women. Thousands could not continue treatment due to the closure of nutrition facilities, insecurity and interruption of supplies and absence of nutrition service providers.
- Supplies are urgently needed due to the increase in acute malnutrition cases, as well as the loss of nutrition supplies through looting and direct damage and disruption of nutrition supplies replenishment chain system from national, state and partners warehouses to service delivery sites.

Partners are facing increased operational costs due to transportation costs, inflation on commodities, hiring extra staff, warehousing including looted office equipment and assets. Partners have a reduced operational capacity due to loss of offices, and relocation and evacuation of staff in particularly in hotspot areas, which has hampered the provision of life-saving nutrition in areas hosting displaced people.

- Access remains a significant challenge among some of the partners, with only local NGOs reporting access to some of the most affected hotspot areas. As of 7 May 2023, over 87 per cent of the 375 nutrition sites supported by NGO partners were estimated to be operational. Most of the non-functional sites are in Khartoum, and west Darfur particularly in El Geneina. Partners funding is already exhausted given the increased operational costs, costs of relocating and evacuating staff.
- Response modalities will include the use of static sites in areas that are safe, integrated health, nutrition/WASH mobile teams in displacement sites, rapid response teams that can deliver services in a day or two. Cross-border responses will need to be initiated in areas where partners in Sudan cannot easily access affected people and to transport supplies based on access dynamics.
- Donor flexibility is needed in allowing reprogramming of existing funding, lifting restrictions and allowing the Cluster partners to use the best possible nutrition service delivery mechanisms and arrangements particularly in response areas where there are no NGOs.

3.5.1

General Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
5.4M	3.6M	\$74.9M	of which \$19.1M to scale-up life-saving assistance

Main impact and needs

- At least 700 civilians have been killed and over 5,500 have been injured because of the conflict between SAF and RSF, as of 13 May. Active fighting is taking place in densely populated areas violating International Humanitarian Law principles of discrimination and proportionality without due consideration to the safety of the civilian population.
- There have been widespread indiscriminate attacks targeting civilian infrastructure including markets and hospitals, as well as looting of homes, belongings, and humanitarian offices/assets in different parts of Sudan. Criminality is reportedly increasing. This portrays the breakdown of the rule of law and protection of civilian mechanisms.
- With the deterioration of the socio-economic situation and breakdown in the rule of law, the conflict may increasingly take on intercommunal dimensions, particularly in areas already considered as 'hotspot' locations. This would have disastrous implications for locations already affected by widespread violence, insecurity, displacement and other rights violations.
- Security vacuums left by the redeployment of security forces have contributed to insecurity, resulting in displacement, often of a pre-emptive nature. Instances of intercommunal violence have erupted following the redeployment of security forces, including attacks on civilians. Traumatic exposure to the sudden armed conflict has gravely affected civilians especially in urban areas, with

persons with specific needs likely disproportionately affected.

Response priorities

- The Protection Cluster response will focus on hotspot localities, at risk localities and those hosting displaced people. In hotspots, life-saving activities will be prioritized until the situation allows for a stable protection project implementation. Preventive protection activities will be strengthened in at risk localities, especially in community-based structures.
- In each of the localities, programmatic focus will include: (1) legal assistance for protection outcomes, (2) cash assistance for protection outcomes, (3) referrals to specialized services, (4) group-based and individual mental health and psycho-social for adults, (5) support to community-based structures, (6) protection monitoring, (7) advocacy interventions, (8) site management briefings for government and partners, (9) capacity development, (10) awareness raising and community outreach, (11) community support, (12) support to dedicated community facilities, (13) technical housing, land and property assistance to individuals.
- Areas severely affected by the current conflict will be prioritized, including Khartoum, Al Fasher, Nyala, Zalingi, Ed Daein, Sheikan (Al Obeid), Al Quoz, Kadugli, Ag Geneina and An Nuhud. The response will continue to focus interventions in areas where intercommunal conflicts have persisted prior to the current conflict³¹ as well as hosting areas for displaced people³².

Response capacity and adjustments

- Prior to the conflict, the Protection Cluster operated in all five states of the Darfur region, South and West Kordofan, Blue Nile and White Nile. Operational capacity will be scaled up in areas where displaced persons are hosted. Protection services will be expanded to the East region and White Nile State regions, where the population has fled to find safety.
- Access constraints can be expected, particularly in certain parts of the Darfur regions. To ensure

access and sustainability of interventions, partners are adjusting programmes through engagement with the local community, civil society organizations, and local NGOs. The Cluster is exploring partnering with non-traditional local implementers and is requesting flexibility to allow international NGOs to formally engage with local NGOs and civil society to transfer technical and project management expertise.

3.5.2 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
4.3M	2.0M	\$81M	of which \$26.9M to scale-up life-saving assistance

Main impact and needs

- The ongoing conflict is a major protection crisis: among the killed and injured, many are children. Indiscriminate attacks have been reported against civilian populated areas and infrastructure, including schools and hospitals. There is a high risk of children on the street being associated with organized criminal gangs engaging in looting and of being exposed to recruitment and use by parties to the conflict.
- Large scale family separation while on the move have been reported, with many unaccompanied and separated children. Children, especially adolescent girls, are at risk of sexual and gender-based violence amongst other protection threats. Unexploded ordnances (UXOs) pose a grave danger to children; many have been reported either killed or maimed due to mines in the on-going conflict.

Protection Area of Responsibility will prioritize life-saving child protection activities, which can be taken on by national and local actors.

- The following interventions will be prioritized:
- Specialized services through case management to prevent and respond to child separation from family, and promotion of family-based care in the child’s best interest.
- Analysis and reporting on Grave Violations on Child Rights, including the Monitoring and Reporting Mechanism.
- Prevention and response to child recruitment and use by armed actors and gender-based violence (GBV), with very limited access to prevention and response services.
- Explosive ordnance and mine risk education , due to the presence of UXOs in the streets and houses which can expose children to high risk of death and injuries.

Response priorities

- The Child Protection response plan and programmatic priorities are aligned with Child Protection Minimum Standards and based on the Child Protection Intervention Pyramid. Child Protection service delivery in Sudan will continue to be predominately undertaken by local humanitarian actors, in many cases supported by international organizations. In the revised 2023 HRP, the Child

Response capacity and adjustments

- Child Protection sub-national coordinators, together with State Council of Child Welfare (as co-lead) through social workers from Ministry of Social Welfare, are active and responding in their respective states to child protection needs that have emerged from the current crisis. Many INGOs

and local NGOs have reported the relocation or evacuation of their staff.

- Humanitarian access to active conflict areas, damage to the humanitarian infrastructure, inability of NGOs to pay staff salaries (due to the collapse of the financial system) pose impediments to the usual in-person modality service delivery in

Sudan. The Child Protection Area of Responsibility is exploring alternatives through remote modalities, including remote case management system, mobile child friendly spaces and online capacity building to first line responders.

3.5.3 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
4.2M	1.3M	\$62.8M	of which \$28.1M to scale-up life-saving assistance

Main impact and needs

- Vulnerable women, girls and at-risk groups in Sudan face heightened threats of GBV driven by the conflict and subsequent displacement, as well as loss of income, non-availability of cash, skyrocketing prices for basic commodities, and limited access to basic services and support.
- Displaced and conflict-affected women and girls face increased risk of GBV, including sexual violence during displacement and in temporary accommodations, exacerbated by the increased presence of armed actors. Domestic violence risks have increased with limitations on mobility, increased stressors and decreased access to basic needs, as well as vulnerability to sexual and other forms of exploitation.
- Women, adolescent girls and at-risk groups on the move and crossing borders are exposed to increased risks of GBV and exploitation. Unaccompanied adolescent girls and youth may be unable to cross the border due to a lack of documentation. New states hosting displaced people require urgent GBV response capacity. Additional needs are emerging in areas with pre-existing humanitarian crises and now hosting a significant number of displaced persons.
- The elderly, persons with disabilities, survivors of sexual violence as well as sexual exploitation and abuse, and at-risk boys and men, may face additional challenges in accessing life-saving GBV services.

- Of the required US\$63 million, only \$ 4 million has been funded as of mid-May 2023.

Response priorities

- The GBV response will focus on hotspot areas, at risk areas and new IDP hosting sites³³. Additional capacity building and new partnerships are required to set up multisectoral comprehensive services aligned with the GBV Minimum Standards. The response will focus on the most vulnerable 4 million women, the adolescent girls and vulnerable groups, including persons living with disabilities and survivors of SEA, among displaced people, returnee and host-community settings in the prioritized geographic locations of conflict-affected Sudan.
- Priority interventions include GBV case management, specialized psychosocial support and counselling, distribution of dignity kits, including menstrual supplies, and using women centres, including temporary or semi-permanent structures, as service delivery points, referrals and empowerment opportunities.
- The GBV Area of Responsibility will prioritize developing/updating referral pathways in coordination with local actors including women-led organizations and community networks by mainstreaming GBV risk mitigation measures into their activities. The GBV in emergencies response will focus on service provision to survivors of all forms of GBV.

Response capacity and adjustments

- Widespread gaps in access to life-saving essential services for GBV survivors have been severely exacerbated in conflict-affected states. There is a critical shortage of supplies across Sudan, including Rape Treatment Kits and Dignity Kits including menstrual hygiene, due to ongoing hostilities in Sudan’s main procurement hub, Khartoum.
- To overcome access challenges, especially in conflict-affected areas, assistance will be provided in different formats, including through an e-platforms (remote case management and Psychological Support Services), mobile and static service delivery points, mobile teams for hard-to-reach communities and state level hotlines when feasible.
- The GBV Area of Responsibility will focus on accelerated capacity building and refresher training (remotely as necessary) for GBV risk mitigation and response interventions in new IDP hosting states without an established humanitarian response infrastructure.
- UN and international organizations are adapting their implementing modalities. The GBV Area of Responsibility will provide technical and capacity building support to local organizations and networks –including women-led organizations – that play a key role in the implementation of GBV risk mitigation in collaboration with other clusters and response activities. Rapid response teams composed of national actors will be set up, to provide orientation and training to local GBV actors.

3.5.4 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
10.0M	7.5M	\$16.5M	of which \$8.7M to scale-up life-saving assistance

Mitigating the risk of Explosive Ordnance Contamination

- The widespread use of conventional weapons including field artillery, mortars, air-dropped weapons and anti-aircraft guns has left plenty of unexploded ordnance (UXO) in Khartoum and other urban areas.
- When activated, they can incapacitate, injure or kill one or more people and therefore constitute a direct threat to the safety of remaining and returning population. Furthermore, they limit access to roads, markets and water sources. The residents of Khartoum have not received explosive ordnance risk education in the past, unlike communities in other regions of the Sudan which have faced armed conflicts and where the Mine Action Area of Responsibility had previously invested in risk education.
- Numerous social media posts show people engaging in unsafe behaviour; handling of explosive ordnance by civilians or untrained personnel is likely to lead to a steep increase in accidents in coming weeks as people attempt to identify, move or destroy them. Suspected hazardous areas need to be reported and surveyed by technical specialist to confirm the presence of explosive ordnance.
- An additional US \$6.5 million is required to fund community liaison, technical assessments, clearance, risk education and victim assistance in Khartoum and surrounding areas in addition to the US\$10 million originally requested in the HRP so the revised total amounts to US\$16.5 million.
- Local and international partners coordinated by the Mine Action Area of Responsibility will attempt to protect 7.45 million people estimated at risk, 6 million more than originally planned (1.45 million).

3.6 Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.7M	1.9M	\$212.4M
of which \$125.6M to scale-up life-saving assistance		

Main impact and needs

- At the onset of the crisis, Shelter and Non-Food Item (NFI) needs were already acute, exacerbated by significant underfunding of the cluster. Under-served communities, forced to depend on their sparse resources, have amplified existing vulnerabilities and exposure to recurring hazards. The intensity of the new clashes and their indiscriminate nature is now causing widespread devastation to housing, household assets and public infrastructure, prompting many to leave their homes.
- Countless people, fleeing for their lives, urgently need Shelter and NFI assistance, as many, including children, women, elderly, and others with specific needs, find themselves crammed into overcrowded public buildings, or forced to sleep outdoors exposed to severe weather and threats. People in need of shelter and NFI assistance are estimated to rise from 3 million to 5.7 million, while the target will see a more modest increase from 1.5 million to 1.9 million due to challenges with access, fuel, market functionality and banking services.
- Immediate provision of shelter will be critical to ensure privacy and safety, mitigate GBV risks, and safeguard displaced populations from harsh environmental conditions to preserve their health amid the upcoming rainy season. Provision of essential household items will be crucial for restoring basic daily activities. Items such as bedding and cooking utensils, solar lamps for safety and security after dark, and solar chargers for maintaining connectivity, as well as mosquito nets to combat the upcoming malaria season, are all vitally important.

Response priorities

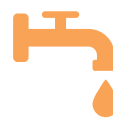
- The Shelter & NFI cluster will primarily target Eastern Sudan, while concurrently intensifying efforts to reach displaced populations in hotspot regions of Darfur, Kordofan and Khartoum. The focus will also be on transit locations within the country and along the borders with Egypt, Chad, South Sudan, Central African Republic and Ethiopia. In these remote areas, people face harsh conditions as they endure extended waiting periods due to border crossing complications, with scant or non-existent infrastructure and services, where host populations were already overstretched due to climate change and food scarcity.
- The primary objective is to support newly displaced people in open spaces, public buildings and camps, as well as those residing with friends or relatives, including populations in transit at border points or within the country. The focus extends to supporting vulnerable residents in hotspot areas, utilizing community-based structures, and those returning to areas where safety has been restored. Flood-impacted communities and those enduring prolonged displacement will receive targeted aid for shelter repair and replenishment of damaged or stolen items.
- Response activities include leveraging international procurement capacity of the Core Pipeline for provision of NFI kits, establishment of rapid-response communal shelters and distribution of tents for swift deployment in mass displacement scenarios. Contingent upon local market and banking functionality, cash assistance for rent, emergency shelter construction, shelter repair and NFI will be utilised to empower people and restore

control over their lives. Additionally, distribution of Emergency Shelter Kits will be included based on local market availability, as well as implementation of site development activities for site establishment and flood mitigation.

Response capacity and adjustments

- The primary need for shelter and NFI assistance arises once people are displaced, and people are predominantly seeking safety in the northern and eastern parts of the country, which are accessible. Capable Shelter and NFI actors are ready to provide these interventions country-wide, especially in East Sudan where lessons learned from the refugee response can be leveraged. Response activities include a multiplicity of options to ensure an agile and robust response amidst a volatile and constrained operating environment.
- Cluster partners are actively working on resolving customs clearance issues at Port Sudan while also investigating alternate import pathways, including humanitarian air bridges and land routes. The potential for stockpiling supplies in neighbouring countries or borrowing from well-equipped neighbouring operations is also being explored. Additionally, global stockpiles can be accessed for swift dispatch of essential shelter and NFI, while well-established global frame agreements can be leveraged for additional procurement.

3.7 Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
14.9M	6.1M	\$230.9M

of which \$101.9M to scale-up life-saving assistance

Main impact and needs

- WASH needs have increased significantly in urban centres, which were very thinly covered under the 2023 HRP initially. The bulk water treatment and supply systems that can reach a million people are not functional in Khartoum and other conflict-affected states. Existing displaced persons, including the most vulnerable residents, and an increased number of displaced people in new locations, including international borders, are a matter of significant concern.
 - The already limited water sources are under extreme pressure due to increased population concentration in new IDP concentration points, which carries inter-communal tensions and conflict risks; skyrocketing cost of fuel has resulted in a 300 to 400 per cent increase in the operation of fuel-reliant water supply systems as well water trucking. The rainy season will further heighten the risk of outbreaks in the coming months.
 - Water-borne diseases and epidemics are a threat due to the deteriorating WASH situation, including no waste disposal services, water safety, poor hygiene, disruption of the supply chain, and access concerns.
- Response priorities**
- Geographic areas of priority:**
 - Priority 1:* Khartoum, Aj Jazirah, South Darfur, West Darfur, Central Darfur, gathering points along the border including Port Sudan. Other strategic areas where new IDPs and relocated population is stranded, taken refuge to escape from armed conflict.
 - Priority 2:* North Darfur, Blue Nile and White Nile, Kordofan and East Darfur and the Eastern states, including those vulnerable to floods in addition to the current crisis.
 - Priority 3:* Central and Northern states in view of floods, population hosting IDPs/refugees, and those affected by sporadic clashes.
 - Population groups:**
 - Priority 1:* People stranded because of on-going conflict and families at the gathering points including women, children, elderly, people with disabilities, sick and caregivers.
 - Priority 2:* People affected by epidemics, natural disasters, and climate change implications (mainly water scarcity and floods).
 - Life-saving interventions will be scaled up in the immediate term, including operationalization of water treatment plants in Khartoum, water trucking in areas where supply is disrupted including health facilities and the establishment of distribution points, including in gathering and transit points. Essential WASH supplies and NFI emergency sanitation and handwashing facilities will be provided in hotspot locations. Hygiene promotion and household water treatment practices will be promoted as an immediate alternative, especially for those reliant on surface/river water.
 - Following the immediate response (stabilization and restoration), the WASH Cluster plans to rehabilitate, operate and maintain water supply schemes, replenish supplies and strengthen technical and management capacity for sustained service delivery.

Response capacity and adjustments

- Ongoing hostilities have severely hampered efforts to mobilize and respond. Humanitarian access and protection of civilians are critical pre-requisites for the scale up of the WASH response. Safe access will be negotiated for technicians and engineers to water treatment/supply sites (facilities) for repairs or rehabilitation.
- The looting and damage to the premises of technical institutions and civil society organizations has and will significantly impact the capacity to respond. Vehicles, drilling rigs, offices and equipment have been lost in Darfur states. Funding gaps, non-functional telecommunication and banking systems, inflation, fuel shortages, and displaced humanitarian staff have severely hindered operations. Maintaining the extensive water supply network will be challenging due to inability of the Government's Water Supply Units to generate revenue. Additional funding and solid negotiation expertise will support the implementation of the response.
- Donor flexibility will be critical to allow reprogramming of already committed resources and to lift restrictions on delivery mechanisms. In areas like Khartoum, the restoration and operation of treatment plants can only be carried out through government structures. In some areas, immediate life-saving intervention is feasible through the Water and Environment and Sanitation Department. WASH partners will also use cash programming, direct implementation through private sector service providers and use of community-based structure when possible.

3.8

Coordination and Common Services



REQUIREMENTS (US\$)

\$28.9Mof which **\$13.5M** to scale-up life-saving assistance**Main impact and needs**

- Aid workers have been killed, assaulted and beaten and humanitarian warehouses, vehicles and offices have been attacked and looted since the onset of the conflict, which has forced the temporary reduction of the humanitarian community footprint inside Sudan and suspension of critical and life-saving programmes in many locations across the country.
- There is an urgent need for new enabling factors to coordinate and facilitate humanitarian operations in the affected areas including effective coordination mechanisms, multisectoral needs assessments, registration data bases for IDPs, accurate and reliable Displacement Tracking Matrix data on affected people, and safety and security measures.
- Damage to infrastructure and the looting of local businesses will reduce the pool of services available relating to the procurement of transportation. Field teams report dramatic increases in the price of fuel and consumable goods, as well as severe disruptions to internet connectivity and telecommunications services.

Response priorities

- Multisectoral needs assessment at the state level across all 18 states of Sudan, providing a robust evidence-based analysis of the severity of needs country-wide for operational planning purposes. On access, ensuring safety for staff to operate in a precarious security environment. This will include rapid security risk management analysis in areas identified as high priorities for humanitarian operations, provide increased analytical and

operational capacity, enhance security awareness, coordination with the Senior Leadership Team , forward-planning.

- Crisis readiness and preparedness, and full operational support to scaled-up humanitarian operations in the proposed hubs across Sudan.
- Lead negotiations with the parties to the conflict on key commitments and asks, including obtaining clear commitments from all parties to the conflict for the protection of civilians and civilian infrastructure and the safe movement of relief items and humanitarian personnel.
- Establish hubs, move staff and supplies into hubs that are as close as possible to people in need inside Sudan and reach a consent for the cross-border delivery of supplies.
- Provide support to the Humanitarian Coordinator and HCT to enable effective leadership in strategic coordination, including the integration of key cross-cutting issues such as gender, environment, and accountability to affected people in humanitarian actions.
- Lead the inter-cluster coordination mechanisms at national and sub-national levels in accordance with IASC guidance and support clusters in the preparation of reviewed cluster response plans and their strategic monitoring indicators.
- Develop and publish on a regular basis communication and information products using a standardized and integrated approach.

Response capacity and adjustments

- Establish new hubs, where staff and supplies would be moved to be as close as possible to

people in need inside Sudan and reach a consent for the new cross-border delivery of supplies.

- Strengthen civil-military and access negotiation capacity in the country.
- The revised humanitarian response plan requires the UN Department of Safety and Security to appropriately strengthen security management capacity, as well as urgently scale up and reorient

its presence in Sudan to be able to support rapidly expanding humanitarian operations and enable the programme delivery of UN agencies, funds and programmes, as well as implementing partners.



3.9 Emergency telecommunications

REQUIREMENTS (US\$)

\$6.3M

**The activation of the Emergency Telecommunications Cluster (ETC) by the Inter-Agency Standing Committee (IASC) is pending. Prior to the hostilities ETC was operating under the Logistics Cluster.*

Main impact and needs

- Following the crisis events, there have been reports that power grid and mobile networks are disrupted, hampering ability for humanitarian personnel and the affected population to communicate without independent network.
- The ability to communicate in an emergency is paramount. Effective communication not only facilitates the response and ensures humanitarian assistance reaches those who need it most, but it also supports the safety and security of humanitarian themselves.
- While there are communications assets in country, looting of field humanitarian offices were reported, and it is expected that some of these assets are no longer available or damaged. In order to provide humanitarian assistance safely to people affected in Sudan, there is a clear need to rebuild and strengthen common information and telecommunication technology (ICT) infrastructure capacity on the ground to enable a swift, coordinated response to the current situation and ensure the sustainability of critical communications services afterwards.

Response priorities

- The ETC will enable other clusters and local actors in providing life-saving assistance by providing coordination and information management to

ensure effective response with local actors and responders and avoid duplication of efforts.

- ETC will provide shared ICT services in at least three common operational locations starting in Port Sudan, including data connectivity, independent security communications, and helpdesk support. This will include support to access to the networks for all humanitarians as well as user training on devices used where required. In addition, ETC plans to support efforts towards stronger accountability to affected population by enabling access to shared platforms to disseminate critical humanitarian information and possibly receive feedback from affected communities.
- The ETC will leverage its global and local partnerships networks to further assess and deliver critical ICT services.

Response capacity and adjustments

- To address shared ICT needs and its effective delivery, the activation of the Emergency Telecommunications Cluster (ETC) in Sudan is required. WFP, as global ETC lead agency and with its large presence in country, is best placed to coordinate and support the delivery of these services in Sudan. The agency is already working closely with global ETC partners including UNHCR for seamless experience at regional level. Following the request from some UN agencies and NGOs, WFP is engaging with all humanitarian actors on the ground to confirm the requirements and leverage existing capacity. All humanitarian actors (UN agencies and NGOs) on the ground will be fully dependent on ETC data connectivity services.

- ETC will expand the engagement with UN agencies, NGOs and communities-based organizations, to facilitate the delivery of ICT services in the most critical common operational areas in Sudan. Regular inter-agency coordination efforts will be initiated to promote effective coordination among different stakeholders, by leveraging the existing Sudan ICT working group and adding coordination meetings in Nairobi and Port Sudan to bring together relevant parties and enhance collaboration where most humanitarian are located. ETC will also produce situation reports (sitreps), maps and dashboards that provide up-to-date information on the humanitarian situation and support decision-making for all.
- ETC will engage with government counterparts to secure guidelines on importing and using ICT equipment in Sudan, as well as with private sector companies such as mobile network operators and internet service providers to leverage national infrastructure where available and stable and support recovery efforts where affected.



3.10 Logistics

REQUIREMENTS (US\$)

\$118.4M of which **\$89.5M** to scale-up life-saving assistance

Main impact and needs

- Corridors to bring humanitarian relief items into Sudan have been severely restricted to date. Further complications with reduced airspace and physical access constraints with the upcoming wet season in Sudan will further hamper the delivery of relief items. Currently, Port Sudan remains the most viable option for large shipments; all border crossing points are constantly being monitored as the situation develops.
- In-country transport onwards from the border region is impacted by the lack of access to fuel, and the commercial sector limited access to cash due to the scaling down of the banking system. Additionally, most customs offices have been closed, creating additional challenges for cargo movement. All these logistical constraints are framed in a context where the security situation remains highly volatile.
- The availability of storage for relief items in Sudan is currently limited to certain areas where the conflict has not spread. However, these storage facilities are limited and basic. Where this is identified as a bottleneck, such as in Port Sudan, critical cargo that can be moved quickly to prevent storage issues at the port should be prioritized.
- The outbreak of the armed conflict has caused significant damage to the aeronautical infrastructure of the country and the evacuation and/or humanitarian staff previously in Sudan. In addition to this, the closure of Sudan airspace has limited the permits to humanitarian and evacuation flights – subject to prior special permission obtained.

Beyond continuing to support scale-up of humanitarian operations.

Response priorities

- Supporting the humanitarian community to overcome gaps in the supply chain. As required, supporting organizations with operational services, coordination and information management activities to facilitate access to and support across Sudan.
- Initially, while still providing coordination and information management services focusing on logistics matters supporting the movement of humanitarian relief items through staging posts and into Sudan for temporary storage, following up with support in cargo consolidation and onward movement, largely by road (as requested by organizations). With expected initial restrictions in transit storage in-country and road transport capacity (until the commercial sector can scale back up), a prioritization system would be implemented to ensure, especially in the early stage, that critical cargo is identified and moved as a priority. The humanitarian response will expand as the commercial transport sector re-establishes its capacity.
- The UN Humanitarian Air Service (UNHAS) Sudan crisis operational response strategy addresses the humanitarian community's needs for international flights into Sudan and) flights between the hubs inside Sudan, considering existing operational limitations. Regarding flights inside Sudan, UNHAS will position different assets to reach deep field locations once the conditions are secured.

Response capacity and adjustments

- Common services and associated staff will be scaled up to provide support to the humanitarian community and addressing the multiple gaps that have arisen. These will include the provision of flights by UNHAS for passengers into and out of Port Sudan along with an increased passenger

service in-country. The Logistics Cluster will focus on providing free to user services from Jeddah through Port Sudan and on-ward transportation to locations while monitoring all border entry points and will work with the humanitarian community to address gaps.

Part 4:

Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	
1.1M	1.1M	\$492M	of which \$17.2M to scale-up life-saving assistance

Main impact and needs

- The fighting in Sudan has increased vulnerabilities of refugees and asylum seekers across Sudan. In Khartoum it has caused secondary movements of refugees and asylum seekers, including South Sudanese, Eritreans, Ethiopians, Syrians and other nationalities from Khartoum to White Nile, Kassala, Port Sudan, Aj Jazirah, Gedaref and other states. There are further concerns for premature returns to countries of origin, placing refugees at risk of forced and unsafe returns.
- Refugee camps in White Nile are already overcrowded and neglected, placing stress on available services and limited resources while exposing refugees to heightened protection risks. By mid-May White Nile has received additional 75,000 refugees. Land allocations for expansion of existing camps and establishment of new camps combined with resource mobilization are urgently required to accommodate new arrivals, ensure service provisions that meet basic needs and uphold dignified settlement conditions.
- Breakdown in national infrastructure and service systems exacerbates stressors on local resources and available services, contributing to growing needs in locations hosting refugees and registering new refugee arrivals fleeing conflict hotspot areas. The primary affected locations include White Nile, Kassala and Gedaref. Aj Jazira state is further experiencing extenuating pressure on local resources as refugees and IDP arrivals continue from Khartoum.
- Out-of-camp refugees in Khartoum are unable to pursue secondary movement due to lack of

resources or other vulnerability with few options of respite available.

- Restricted access to humanitarian warehouses and loss of humanitarian stocks due to criminality has depleted response capacities, specifically in conflict hotspot areas

Response priorities

- Life-saving activities and protection in areas of hostilities or localities that have received additional refugees through secondary displacement mostly from Khartoum.
- Refugees already residing in refugee camps in Sudan prior to the crisis continue to need assistance as they have even less access to public services or income opportunities after conflict broke out.
- Sectoral priorities for the refugee response include:
 - * Protection monitoring, border monitoring, emergency protection services and referrals;
 - * Provision of NFI kits, provision of emergency shelter (family tents, plastic sheets, upgrading of collective shelter and cash);
 - * WASH support, emergency latrines, showers and water trucking for new arrivals, hygiene items, hygiene promotion, desludging, solid waste management, infrastructure repair and maintenance;
 - * Provision of primary health care services including supply of medicines and medical supplies inclusion of refugees in vaccination programmes, medical referrals to state hospitals;

- * Regular nutrition situation monitoring. Provision of full food rations (in-kind or cash);
- * Provision of education in emergencies, temporary learning spaces, provision of teaching and learning materials, youth programming, advocacy for inclusion of early childhood education and care in relevant sectors, emergency WASH in school, psychosocial support, child friendly spaces and school feeding.

Response capacity and adjustments

- At the time of publication, US\$78 million has been reported against the \$475 million in financial requirements for the 2023 HRP, issued in December 2022. The revised 2023 HRP includes an increase of \$95.5 million in financial requirements, for a total of \$570.5 million.
- Refugee hosting areas in White Nile, Gedaref, Kassala, Blue Nile, West and South Kordofan are still accessible and humanitarian agencies are presently responding with available capacities. Ongoing protection and assistance must continue without interruption as refugees rely on this support with few other options available.
- Given a conducive operational context partners will adjust to use cash programming where feasible and increase partnerships with local actors.
- Due to the rapidly evolving situation in Sudan and ongoing movements of refugees within the country flexible funding is needed to adjust protection and life-saving assistance to where it is most needed. Existing support for refugee hosting locations must continue as refugees are largely dependent on humanitarian need, especially in the absence of public services.

Part 5:

Annexes

KHARTOUM

People flee from southern Khartoum on 21 April 2023. Photo: AFP



5.1

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 organizations participating to the plan, please visit:

<https://humanitarianaction.info/plan/1123>

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

www.unocha.org/cerf/ourdonors/howdonate

DONATING THROUGH THE SUDAN HUMANITARIAN FUND



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

www.unocha.org/whatwedo/humanitarianfinancing/countrybasedpooledfunds

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

chfsudan@un.org

IN-KIND RELIEF AID

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

logik@un.org



REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS

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

5.2

Acronyms

CMR	Clinical Management of Rape	NFI	Non-Food Items
ECT	Emergency Telecommunication Cluster	NGOs	Non-Governmental Organization
FAO	Food and Agriculture Organization	OCHA	Office for the Coordination of Humanitarian Affairs
FTS	Financial Tracking Services	RSF	Rapid Support Forces
GBV	Gender-Based Violence	SAF	Sudanese Air Forces
HCT	Humanitarian Country Team	SEA	Sexual Exploitation and Abuse
HRP	Humanitarian Response Plan	SO	Strategic Objectives
IASC	Inter-Agency Standing Committee	UNHAS	UN Humanitarian Air Service
ICT	Information and Telecommunication Technology	UNHCR	United Nations Refugee Agency
IDP/s	Internally Displaced Persons	UNICEF	United Nations Children's Fund
INGOs	International Non-Governmental Organizations	UXOs	Unexploded Ordnances
IPC	Integrated Food Security Phase Classification	WASH	Water, Sanitation and Hygiene
		WFP	World Food Program

5.3

End notes

- 1 [HNO](#) Sudan 2023, November 2022
- 2 Among these are also foreign nationals, both refugees and migrants with other legal status, whose needs may differ from those of Sudanese nationals.
- 3 Moderate Acute Malnutrition Sudan Doctors Union
- 4 [ACLED](#), 3 May 2023
- 5 UNICEF
- 6 IOM, [Displacement Tracking Matrix](#), 5 May 2023
- 7 IOM, [Displacement Tracking Matrix](#), November 2022
- 8 IOM [Displacement Tracking Matrix](#), 7 May 2023
- 9 [UNHCR](#) Sudan Data Portal, 31 March 2023
- 10 Including adolescents, the elderly, persons with disabilities, at-risk boys and men
- 11 [NetBlocks](#), 12 May 2023
- 12 Affected hospitals include: Al-Shaab, Ibn Sina, Bashaer, Al-Turki, Al-Zaytouna, Imperial, Al-Shorta, Bahri, and Dr. Salma Center for Kidney Diseases were evacuated. In contrast, others like Fadil, Al-Barahah, and Haj Al-Safi were rendered inoperable
- 13 [WHO](#), as of 15 May 2023
- 14 [UNFPA](#), 5 May 2023
- 15 [UNFPA](#), 5 May 2023
- 16 [UNICEF](#), 5 May 2023
- 17 [Sudanese Pharmacist Union](#), 5 May 2023
- 18 [UNICEF](#), 26 April 2023
- 19 [UNICEF](#), 12 May 2023
- 20 [WFP](#), 5 May 2023
- 21 [UNICEF](#), 11 May 2023
- 22 [UNICEF](#), 11 May 2023
- 23 [UNICEF](#), 12 September 2022
- 24 [UNICEF](#), 11 May 2023
- 25 IFRC, Emergency Appeal Sudan, 1 May 2023
- 26 UNHCR, Sudan Situation: Regional Refugee Response Plan - Preliminary Summary & Inter-Agency Requirements (May-October 2023)
- 27 ACLED, Fact Sheet, 28 April 2023
- 28 Jeddah Declaration of Commitment to Protect the Civilians of Sudan, 11 May 2023
- 29 Mercy Corps, Sudan Market Assessment, May 2023
- 30 Ibid.
- 31 Based on protection sector hotspot mapping (February 2023) – chronic, acute and at risk: Central Darfur – Azum, Um Dukhun, Gharb Jabal Marrah, Wasat Jabal Marrah, Shamal Jabal Marrah, East Darfur – Yassin, Al Firdous, North Darfur – Tawilla, Kutum, Dar As Salam, As Serief, Saraf Omra, Kebkabiya, Um Baru, Kerno, South Darfur - Sharg Aj Jabal, Beliel, Gereida, Mershing, Kas, West Darfur – Beida, Sirba, Kereneik, Jebel Moon, WKS – Abu Zabad, Lagawa, As Sunut. SKS – Abu Jubayhah, Abu Kershola, Kalogi, Blue Nile – Geisan, Ed Damazine
- 32 IDP hosting areas (not exhaustive, will be updated as the situation develops): Al Jazirah – Al Kamlin, Medani Ak Kubra, Northern State – Dongola + Merowe, Halfa (Ashkin and Arqin), Red Sea – Port Sudan, White Nile – Kosti, Al Jabalain, Gedaref – Basunda.
- 33 hotspot areas include the following states: Khartoum, North Darfur (El Fasher), South Darfur (Nyala), Central Darfur (Zalingi), East Darfur (Ed Daein), North Kordofan (Sheikan, El Obeid), South Kordofan (Al Quoz, Kadugli), West Darfur (El Geneina), West Kordofan (An Nuhud). At risk areas, that are chronic hotspots, exacerbated by historic intercommunal conflicts include the following states : West Kordofan (Abu Zabad, Lagawa, As Sunut), South Kordofan (Abu Jubayhah, Abu Kershola, Kalogi), Blue Nile (Geisan, Ed Damazine) will also be targeted. New IDP hosting sites including gathering locations for cross border movements will be prioritized, including Al Gezeira (Al Kamlin, Medani, Ak Kubra, Northern State (Dongola, Merowe, Halfa) Red Sea (Port Sudan), White Nile (Kosti), River Nile (Shendi).

**REVISED
HUMANITARIAN
RESPONSE PLAN**
SUDAN