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HUMANITARIAN **NEEDS** **AND RESPONSE PLAN** SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2024

ISSUED DECEMBER 2023



At a glance

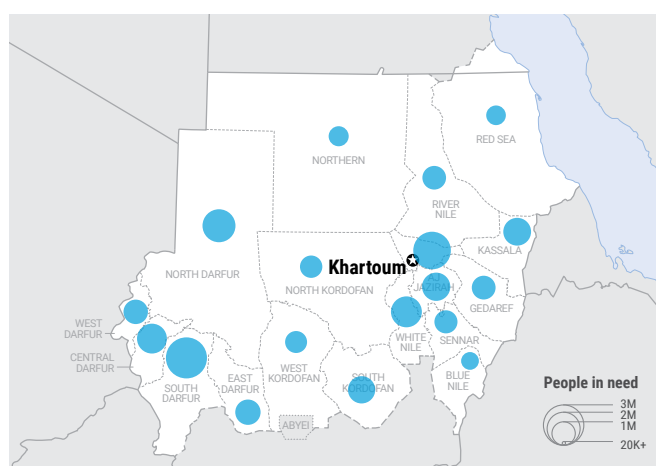
[For digital version of the HNRP click here](#)

People in need and people targeted by sex, age and disability

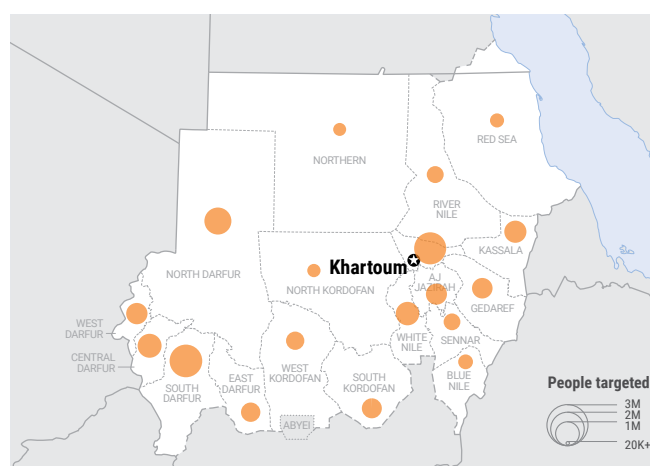
	WOMEN	CHILDREN	ADULT	OLDER PEOPLE	WITH DISABILITY	REQUIREMENTS
PEOPLE IN NEED	24.8M	26%	48%	47%	5%	15%
PEOPLE TARGETED	14.7M	26%	48%	47%	5%	15%
						\$2.7B

M: Million / B: Billion

People in need by state



People targeted by state



People in need and people targeted by cluster

CLUSTER	REQUIREMENTS	PEOPLE IN NEED	PEOPLE TARGETED	% OF PEOPLE TARGETED
Education	\$131.0M	9.1M	4.2M	46%
Shelter and Non-Food Items	\$212.4M	8.6M	2.1M	25%
Food Security and Livelihoods	\$581.2M	19.3M	11.4M	59%
Health	\$178.6M	14.7M	4.9M	33%
Nutrition	\$350.1M	4.7M	1.9M	42%
Child Protection	\$81.0M	6.2M	3.0M	48%
Gender-based violence	\$62.8M	6.7M	1.8M	27%
General Protection	\$64.1M	7.7M	3.6M	46%
Mine Action	\$15.3M	6.0M	3.8M	64%
Site Management	\$14.8M	3.2M	1.6M	50%
Water, Sanitation and Hygiene	\$230.9M	18.9M	8.9M	47%
Refugee Response	\$631.2M	963K	963K	100%
Coordination & Common Services	\$25.0M	-	-	-
Emergency Telecommunications	\$6.3M	-	-	-
Logistics	\$111.0M	-	-	-

Foreword by the HC

Sudan's civilians have suffered over eight months of violent conflict since fighting broke out between the Sudanese Armed Forces and the Rapid Support Forces in April 2023. Heavy fighting that started in Khartoum, quickly spread to Darfur and the Kordofans and has had an impact on every state in the country. The conflict has displaced millions of people to the extent that it's now the largest displacement and protection crisis in the world. There seems to be no reprieve in sight for the Sudanese. The level and extent of the violence and abuse brings back sad memories from twenty years ago in Darfur.

The hope that was previously brought forth in 2019 has dissipated as the humanitarian needs keep growing. Almost 25 million people require assistance in 2024. The severity levels are increasing.

The fighting has also caused extensive damage to critical infrastructure, including water and healthcare, the collapse of banking and financial services, frequent interruptions to electricity supply and telecommunication services and widespread looting. An estimated 70 per cent of health facilities in states affected by conflict are not working, and the remaining ones are overwhelmed by the influx of people seeking assistance.

Sudan is a place where dreams of a bright future for its children are dissipating. To date, 3 million children are displaced making Sudan the country with the highest number of displaced children globally. In addition, 19 million are not in school. The child protection crisis that is emerging as a result of the present conflict will impact not only today's generation, but most likely the next.

I am extremely concerned about our capacity to protect those who need it, particularly women and girls and our ability to provide civilians with the aid that they need in this increasingly fraught landscape.

There are some communities that we have not been able to reach since April and their conditions are deteriorating at a rapid speed. Lack of access due to insecurity and bureaucratic impediments are hindering humanitarian organizations from reaching those in need. Every distribution is composed of multiple steps that eat away time and resources. We have had to temper our response

plan for next year due to the operational constraints we are facing.

Despite these operational challenges, a lack of resources poses another impediment in those instances where we could do more. To reach those we are intending to assist, we need considerably more resources than materialized in 2023.

In addition to impediments and funding, attention is a daunting challenge. The world is dealing with a multitude of crises, many of which receive much more attention than the crisis in Sudan, but it is not because of the scale. In that regard, the Sudan crisis has few equals. We remain dedicated to ensuring that the suffering of Sudan's people, especially the women, children, elderly and persons with disabilities who are Sudan's most vulnerable and inescapably caught up in this war, is not ignored or forgotten. We will also continue to stress the global obligations we all share to end that suffering and foster peace and reconciliation.

In 2024, humanitarian organizations plan to provide humanitarian assistance and support to 14.7 million of the most vulnerable people at the cost of US\$2.7 billion. This plan, a collective effort of all humanitarian actors and stakeholders in the country, will address the specific needs of women, children, the disabled, and other vulnerable groups.

The 2024 HRP will, as in previous years, prioritize multi-cluster, life-saving assistance to the most vulnerable. We appreciate the generous support from donors and urge them to continue supporting humanitarian action in Sudan, it's needed now more than ever.



—**Clementine Nkweta-Salami**
Humanitarian Coordinator, Sudan

Table of contents

02	At a glance
03	Foreword by the HC
05	Part 1: Humanitarian Needs Overview
06	1.1 Crisis overview
09	1.2 Analysis of humanitarian needs and Risks
12	Part 2: Humanitarian Response Plan
13	2.1 Humanitarian response strategy
17	2.3 Planning assumptions, operational capacity and access, and response trends
19	2.4 Inclusive and quality programming
19	2.5 Cost of the response
20	2.6 Monitoring
21	2.7 Consolidated overview on the use of multipurpose cash
22	Part 3: Cluster Needs and Response Plans
23	3.1 Education
25	3.2 Emergency Shelter/Non-Food Items
27	3.3 Food Security and Livelihoods
29	3.4 Health
31	3.5 Logistics
33	3.6 Nutrition
35	3.7.1 General Protection
37	3.7.2 Child Protection
39	3.7.3 Gender-based Violence
41	3.7.4 Mine Actions
43	3.8 Site Management
45	3.9 Emergency Telecommunications
46	3.10 Water, Sanitation and Hygiene (WASH)
48	3.11 Coordination and Common Services
49	3.12 Refugee Response Plan
51	3.13 Abyei Response Plan
53	End notes

Part 1: Humanitarian Needs Overview

WAD MADANI/ AJ JAZIRAH STATE, SUDAN

School located at Aldibagha, Northern Madani hosting 152 families (940 people) and the majority are women and children.

Photo: OCHA/Ala Kheir



1.1 Crisis overview

After years of protracted crisis, Sudan plunged into a conflict of alarming scale in mid-April 2023 when fighting between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), a paramilitary group, broke out initially in the capital Khartoum, and quickly expanded to other areas across the country. The current bout of insecurity has resulted in human casualties, with more than [12,000 fatalities](#).¹ Khartoum has been the site of heavy fighting, while severe violent clashes and heavy bombardments have also been reported in the greater Darfur and Kordofan regions. The escalating hostilities have resulted in extensive damage to critical infrastructure and facilities, including water and healthcare, the collapse of banking and financial services, frequent interruptions to electricity supply and telecommunication services and widespread looting.

The conflict created massive displacement, with over [6.1 million people](#) forced to leave their homes in search of safety elsewhere.² Of this, 1.3 million crossed the border to neighbouring countries³, while 4.85 million were internally displaced (54 per cent women) – the majority of whom were originally from Khartoum areas and over half were children (under 18 years of age).⁴ In addition to the 3.8 million internally displaced persons (IDPs) resulting from past internal conflicts, Sudan currently faces the [largest internal displacement crisis in the world](#)⁵, and also the [most significant child displacement crisis](#), with 3 million children displaced inside and outside the country.⁶

[Non-stop, brutal, targeted attacks on civilians](#) are among the main features of this conflict.⁷

These indiscriminate attacks constitute violations of International Humanitarian Law (IHL), raising serious concerns over the increased harm inflicted on civilians. This conflict, marked by complex protection challenges, is exacerbated by limited access to humanitarian services and the breakdown of the rule of law and institutions to protect civilians.⁸ Reports of escalating

use of sexual and gender-based violence as a weapon of war, including gang rape,⁹ are widespread, while targeted attacks on – or harm against – civilians, based on ethnicity, theft and extortion continue unabated. Threat posed by explosive ordnances (EOs) is increasing in all regions affected by the hostilities. As displacement continues, people face heightened risks and exposure to EOs due to their increased movement.¹⁰

The hostilities have triggered a significant deterioration in the humanitarian situation across the country, including in the areas previously not affected by conflict. People who were unable to safely move away from active fighting or decided to remain in place are reported to be without food, water, adequate shelter, and other basic services. Those who moved and became internally displaced – many of whom lost their homes due to fighting – experience daily and significant challenges to obtain the basic necessities for survival. The surge of newly displaced people across Sudan has overwhelmed public services and resources in the areas of arrival, creating appalling living conditions, particularly in hundreds of gathering sites where new IDPs continue to arrive. Increasing demands for shelter among the displaced prompt the creation of new sites.

Millions of ordinary people and families – many of them are headed by women – face hindered access to food, water, shelter, cash, fuel, and other basic services, while livelihood opportunities have dwindled. [Sudan is one of the top four hunger hotspots of highest concern globally](#).¹¹ [Nearly one in three people in Sudan could soon become food insecure](#). Malnutrition rates among under five children are among the highest in the world and are an increasing concern in all states for children and pregnant or lactating women, raising the risks of compromised immune systems, vulnerability to disease, and associated mortality.¹² The already-fragile health system is in tatters, with looming disease outbreaks, including [cholera](#), dengue fever, measles and malaria.¹³ More than 70 per cent of health facilities in conflict areas are out of service, and two-thirds of the population lack access to health care.¹⁴

[The conflict leaves a generation of children in Sudan on the brink.](#) Some 14 million children are in urgent need of humanitarian assistance, with many living in fear of being killed, injured, recruited, or used by armed actors.¹⁵ Since April, there have been allegations of over 3,150 severe child rights violations, including the killing and maiming of children.¹⁶ A generation of children risk missing out on education. This is particularly concerning among displaced children as [9 in 10 displaced households reported unavailability of education services in their areas of displacement.](#)¹⁷

The unprecedented number of displaced school-aged children hosted in non-conflict areas puts enormous pressure on the already fragile education system. Moreover, the closure of schools and limited access to social services have increased the vulnerability of children to recruitment or association with armed groups.

Reports of gender-based violence and conflict-related sexual violence are widespread.^{18 19 20} Women have been attacked while fleeing and while sourcing food and water. Women and girls, particularly conflict-affected regions such as Darfur states, Kordofan states and Khartoum, fear being attacked, raped or kidnapped while traveling to the market or any location outside of their homes.²¹ The breakdown of families due to separation, and lack of kinship support, forced

women to spend long hours outside their homes, increasing their vulnerability to opportunistic attacks and assaults.²² Of alarming concern are the recent reports of [women and girls being abducted and held in inhuman, degrading slave-like conditions in areas controlled by the RSF in Darfur, where they are allegedly forcibly married and held for ransom.](#)²³ Men, on the other hand, face a greater risk of intentional killings, injury or detention.

Please refer to the [Sudan GBV key messages on the IASC scale-up](#) and visit the [Gender Mainstreaming online dashboard](#) for further information on gender analysis.

The peace talks between the two principal parties to the conflict resumed in late October. Nonetheless, the possible evolution of the crisis remains highly unpredictable, with crossline movement of staff and supplies experiencing increasing obstacles. Without a lasting political solution, civilians—particularly women, children, and girls—will continue to bear the brunt of the crisis.

Please refer to the sectoral pages under “[Part 3: Cluster Needs and Cluster Response Plans](#)” for specific overview of humanitarian needs in the respective clusters.

Monthly secondary data review via a DEEP project (implemented by Data Friendly Space) is also available at this [link](#).

Timeline of events

April 2019 - November 2023



APRIL 2019

**President Al Bashir
overthrown in a coup**



SEPTEMBER 2019

**Transitional Government under
Prime Minister Abdalla Hamdok**



MARCH 2020

**First COVID case,
country on lockdown**



JUNE 2020

**Establishment of
UNITAMS**



JULY 2020

**Peace agreement signed with
most armed groups**



SEPTEMBER 2020

**WHO classifies Sudan as
grade 2 acute health emergency**



OCTOBER 2020

**Signing of the
Juba Peace Agreement**



DECEMBER 2020

**UNAMID-UNITAMS
transition**



FEBRUARY 2021

**Sudan implements a managed
floating currency**



JUNE 2021

**End of the 18-month gradual
removal of subsidies**



OCTOBER 2021

Coup



JUNE 2022

11.7M people are food insecure



JULY - SEPTEMBER 2022

**349K people affected by
flooding during the rainy season**



DECEMBER 2022

**The Political Framework
Agreement (PFA) signed**



APRIL 2023

**Armed clashes erupted
between SAF and RSF**



MAY 2023

**Jeddah Declaration agreed
between SAF and RSF**



JUNE 2023

**20+ million reported
food insecure**



JUNE 2023

West Darfur Governor killed



SEPTEMBER 2023

**Cholera outbreak
declared in parts of Sudan**



NOVEMBER 2023

**Establishment of the
Humanitarian Forum**

For more information: <https://reliefweb.int/report/sudan/sudan-crisis-situational-analysis-31-october-2023>

1.2 Analysis of humanitarian needs and Risks

Overall people in need, severity and trends

The joint and inter-cluster analysis²⁴ that underpins the analysis of humanitarian needs in Sudan was conducted on a geographical basis at the locality level, covering 189 localities in 18 states in Sudan and the Abyei area.²⁵ The analysis highlights several key points:

- **The humanitarian needs in Sudan are widespread and severe.** In 2024, 24.8 million people – or every second person in Sudan – will need humanitarian assistance. While this overall figure remains equivalent to that estimated in 2023, the severity of needs has increased. A “catastrophic” severity of needs has now been observed in 17 localities (in comparison to 14 localities estimated in May 2023) – almost half of which are in the Darfur region.
- **Critical protection concerns primarily drive the intersectoral severity to the “catastrophic” level²⁶** due to widespread and systematic violations of Human Rights and International Humanitarian Law at an alarming magnitude. These include direct and continued attacks/harms on civilians as well as vital civilian infrastructures such as hospitals and schools. Such breaches pose direct threats to life, severely hinder people’s access to basic necessities essential for survival and compromise their freedom of movement. Women and girls increasingly face a persistent and growing risk of sexual and gender-based violence, including gang rape, abduction and enslavement allegedly committed by the parties to the conflict.
- **Displacement is a significant factor contributing to vulnerability.** The correlation between the concentration of people in need (PiN) and the number of IDPs suggests that displacement is a major driver of vulnerability. This is particularly evident in the Darfur states and the states neighbouring Khartoum (River Nile and White Nile)

hosting between 300,000 and 600,000 IDPs (as of November 2023). Largely concentrated within these states, are 22 localities, in which 100 per cent of the affected population is identified as PiN.

- **The coexistence of high PiN and high cluster severity is concentrated in certain areas.** Khartoum State, South Kordofan, North Kordofan, and all five Darfur states have the highest number of overlapping cluster severity.²⁷ These areas also have a high concentration of PiN, indicating that they are facing particularly acute humanitarian challenges.
- **WASH, education, and food security and livelihoods are the top three clusters with the largest number of areas with high PiN and high severity.** This suggests a critical need for assistance in these areas to address the most pressing humanitarian needs.
- **The high intensity of conflict hostilities is a major contributing factor to the severity of the humanitarian situation.** Conflict disrupts livelihoods, infrastructure, and access to essential services, leading to increased food insecurity, malnutrition, and disease outbreaks.

Detailed data (structured around the questions on “characteristics of needs” of the Joint and Intersectoral Analysis Framework (JIAF) 2.0) is available at the [JIAF dashboard](#).

Cluster methodologies and indicators used in the needs analysis are available [here](#)

Outlook and risks

Sudan ranks 8th in the world according to the [INFORM risk index](#) in 2024. Its “very high” risk classification is driven by high scores against multiple key indicators, including projected conflict risk, current highly violent conflict intensity, vulnerability, developmental deprivation, etc.

The possible evolution of the crisis remains highly unpredictable in 2024. [The analysis conducted by ACAPs](#) outlines different scenarios considering four different yet plausible futures for Sudan in 2024, their possible impacts and humanitarian consequences, including the potential change in people’s ability to meet their needs. Each scenario considers the

differences in three main variables: (i) conflict, (ii) governance, and (iii) socio-economic conditions.²⁸

If the current trajectory is not reversed, the humanitarian situation in Sudan is expected to remain dire in 2024. In addition to the challenges of ongoing conflict and an unprecedented scale of humanitarian needs and access impediments, there are a number of underlying risks that could further exacerbate the humanitarian situation in 2024, including climate change and deepening economic crisis.

Sudan is one of the countries most vulnerable to the impacts of climate change, which is expected to lead to more frequent and severe droughts, floods, and other extreme weather events. In 2023, [Sudan experienced severe flooding](#), caused by heavy rains that inundated large parts of the country. The floods caused widespread damage to infrastructure, homes, and crops, affecting 89,000 people.²⁹ The floods damaged or destroyed some 8,000 homes and inundated vast areas of farmland. [Climate change is expected to increase temperatures and change precipitation levels](#). Higher temperatures and evaporation rates, reduced soil moisture, and increasingly variable and reduced rainfall will exacerbate the risk of future water crises in Sudan.³⁰

A severe economic crisis following the eruption the conflict had a devastating impact on ordinary people

in Sudan. According to the International Monetary Fund (IMF), [Sudan's gross domestic product \(GDP\) will contract by more than 18 per cent in 2023 due to the conflict](#). The Sudanese pound has recently plummeted, losing 50 per cent of its value since April. The impact of the conflict could be long-lasting and reconstruction likely to take years. [If things continue in their current trajectory, high inflation, depreciation of the Sudanese pound, liquidation constraints and further weakening of formal financial sector are anticipated](#).³¹ The economic crisis is also likely to increase the operational costs for humanitarian operations because of the rising cost of fuel, food, and other essentials.

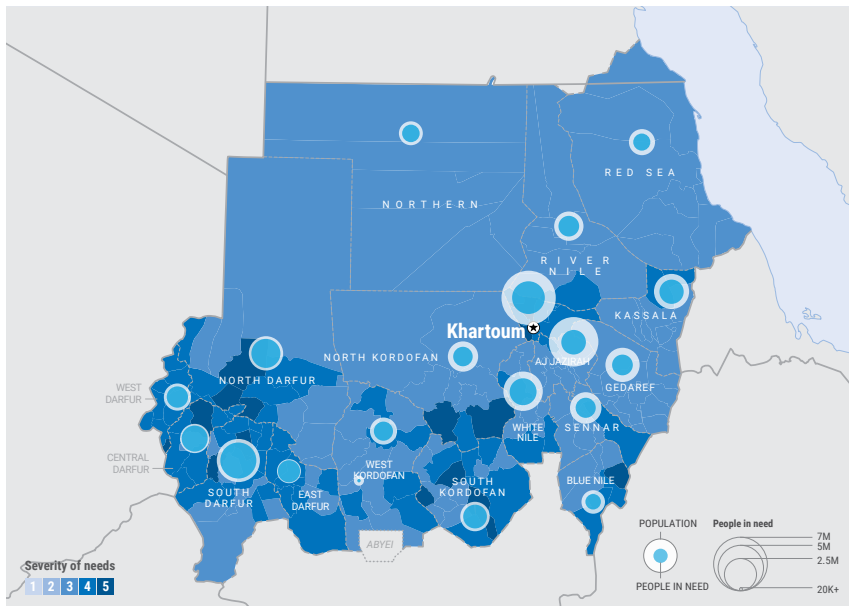
Available evidence suggests a correlation between conflict intensity and the levels of severity and prevalence of food insecurity. The highest levels of severity and prevalence of food insecurity are reported where the conflict is more intense, namely in the Greater Darfur and Greater Kordofan regions and Khartoum State.³² The large-scale displacement and extensive disruption to agricultural production are likely to significantly hamper the seasonal improvement in the food security outlook period between November 2023 and April 2024.³³

For more information on people in need [breakdown](#) and [trend](#)

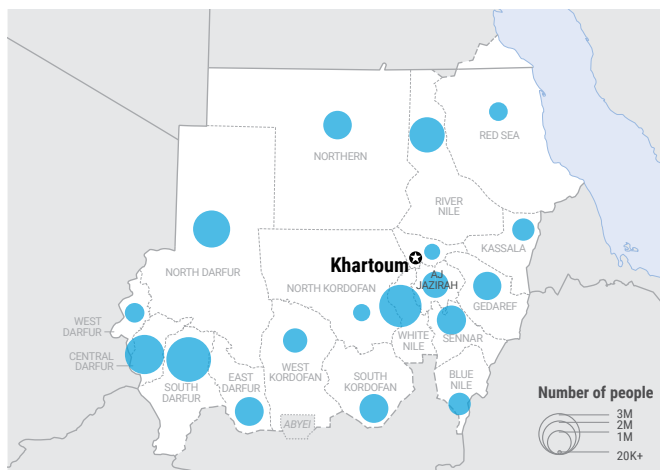
Seasonality of events and risks



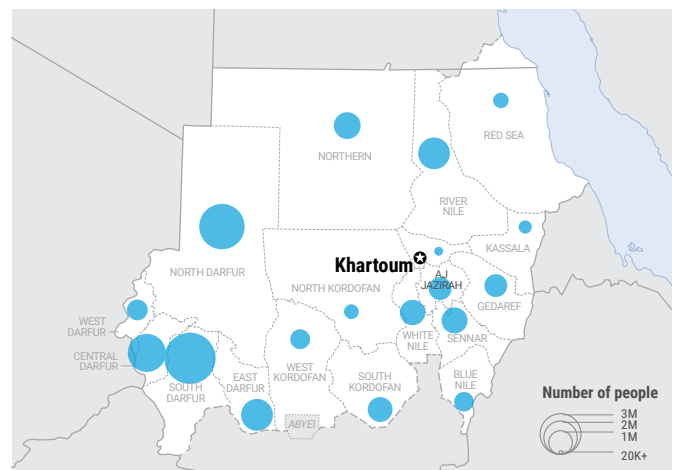
Intersectoral severity of needs and distribution of people in need
at admin1 level



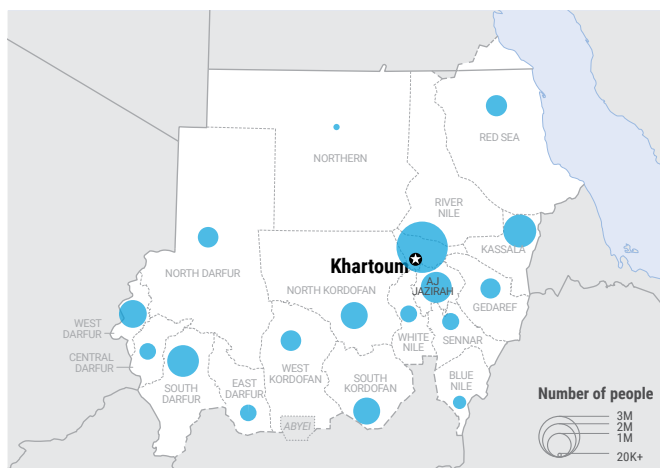
Distribution of host community in need
by admin 1



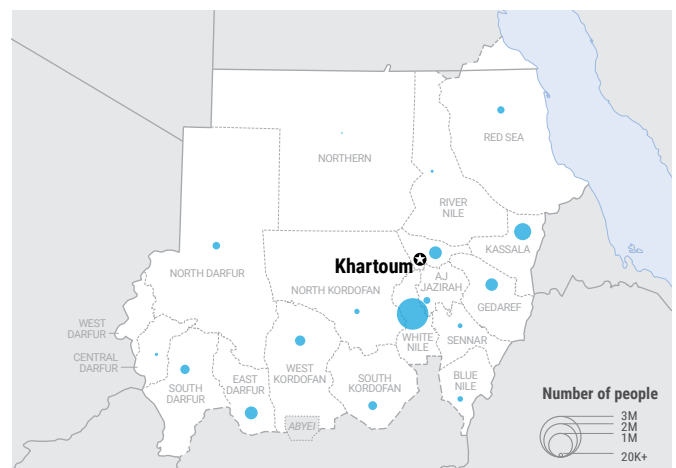
Distribution of internally displaced people in need
by admin 1



Distribution of non-displaced people in need
by admin 1



Distribution of refugee in need
by admin 1



Part 2: Humanitarian Response Plan

WAD MADANI/ AJ JAZIRAH STATE, SUDAN

Wad Almajzoub Poultry farms host about 1,800 new arrivals from Khartoum. The farm has been abandoned for more than a decade and displaced people sheltering there are suffering from the harsh conditions, including the presence of snakes, scorpions and insects, lack of water and latrines. Photo: OCHA/Ala Kheir



2.1 Humanitarian response strategy³⁴



US\$2.7B

Required to support 14.7M people

Sudan has faced multiple and significant challenges in 2023. In this context, the humanitarian community in Sudan took steps to set clear and realistic boundaries for the response, to maximize the effectiveness of its limited resources and to avoid overstressing existing capacity.

The 2024 humanitarian response requires US\$2.7 billion to accelerate and scale up lifesaving and protection assistance and avert further deterioration of the humanitarian situation for 14.7 million people. Where appropriate, the Humanitarian Country Team (HCT) decided to reinstate activities seeking to restore safe and unhindered access to critical basic services and livelihood opportunities - paused in 2023 (after April) - to prevent further erosion of coping capacity among the most vulnerable and lay the foundation for recovery in the hope of an improvement in the situation.

Scope and boundaries

Despite the significant scale of humanitarian needs across Sudan, targeting and the financial requirements to meet urgent needs have been tempered by a restrictive operating environment due to unstable, unpredictable and at times unsafe access. This significantly impacts the collective reach of the response. With the modest level of received funding in 2023, the humanitarian community reached 5 million people with some form of humanitarian assistance, accounting for 27 per cent of the 2023 target.

Though covering the entire country, the response prioritizes meeting the critical needs of the most vulnerable - particularly those displaced, hosting communities, conflict-affected people, and refugees - based on the following criteria:

- Prioritizing the areas where cluster severity was classified at level 3 and above, and areas where high severity across clusters overlap.
- Adopting the carefully balanced approaches of prioritization and feasibility, with consideration of the current realities of access (using the existing access database as a proxy) and operational capacity (using the existing response monitoring data as a proxy) to set out where the most urgent needs are, where they can be reached and how this can be done feasibly and effectively without overstressing existing capacities.
- The planned response activities are humanitarian. No resilience-building or development activities are included.

In light of the highly fluid operational context, the HCT will closely monitor the implementation of the response plan and adjust its course throughout 2024 as the environment evolves. In case of significant changes, including any improved access to the areas defined as “hard-to-reach” at the time of planning, this response plan will be revised to reflect additional actions and financial resources required to bolster the response in a timely manner and to sustain and expand access to people in need. At the time of writing, partners are reviewing operational coordination mechanisms across the regions to identify ways to increase response in difficult and/or hard-to-reach areas.

Areas of focus for the 2024 response

- **Addressing access impediments** through strengthening the principled engagement with all parties to the conflict and joint evidence-based access advocacy and negotiation, calling for upholding the Jeddah Declaration to ensure protection of civilians and local responders. The Joint Operating Principles (JOPs), endorsed by the HCT in July 2023, should be capitalized on. The current cross-border operations from Chad (through five crossing points into Sudan) should be scaled up. Where feasible, additional alternative delivery mechanisms will be explored.
- **Increased support to and engagement with the grassroots communities' networks in**

Sudan through innovative and conflict-sensitive approaches, including, but not limited to, flexible and area-based coordination arrangements (complementary to the IASC humanitarian coordination system), expanded capacity-strengthening efforts on technical aspects of programming (e.g. psychosocial support, including Social Emotional Learning (SEL), education in emergencies, monitoring and evaluation, etc), and facilitating direct access to funding opportunities.³⁵

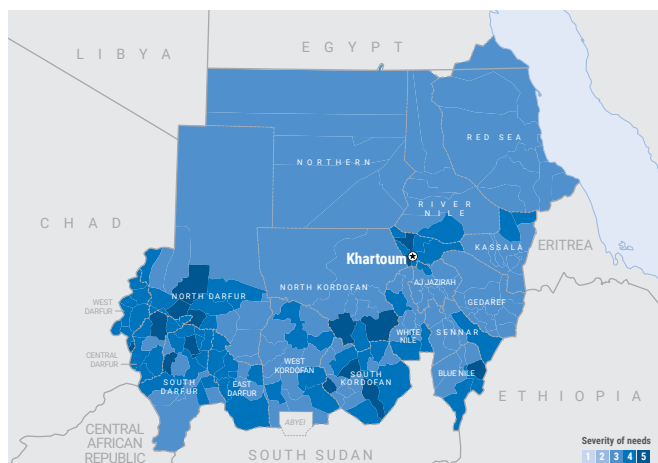
- **Prevent encampment:** Encampments are harmful to the physical and mental health of displaced people, dehumanizing and disempowering them, and can prolong displacement. Efforts will focus on having a clear operational strategy/approach to support IDPs in host communities, maintain solidarity and prevent encampment in the absence of a conducive environment for safe returns.
- **Increased focus on integrating protection in humanitarian efforts and centrality of protection:** This will be done by assessing the threats the different groups of affected people, particularly women and girls, are facing, how those threats affect women, men, boys and girls as well as other marginalised groups differently, and what they are doing to protect themselves. Agencies will embed protection principles in their programs to proactively anticipate and mitigate dangers. This is to ensure that their programmes would not create additional risks to affected people and identify opportunities to reduce the threat or reduce their exposure to it. Impartial information and analysis will be provided to those who can take political and diplomatic actions to improve the situation for affected people.
- **Joint Efforts to Mitigate GBV Risks:** Rapid assessments³⁶ reveal an exacerbation of GBV and protection risks partly due to insufficient mitigation measures across various clusters. All clusters and agencies reaffirm their commitment to reducing GBV risks by implementing action plans based on the [IASC guidelines for integrating GBV interventions](#)

[in humanitarian action](#). The approach involves avoiding actions that cause or increase GBV risks associated with humanitarian programming, ensuring safe access to services for vulnerable populations, and actively reducing GBV risks in the environment and service delivery. Agencies will also promote resilience by strengthening national and community-based systems to prevent and mitigate GBV, facilitating access to care and support for survivors and those at risk.

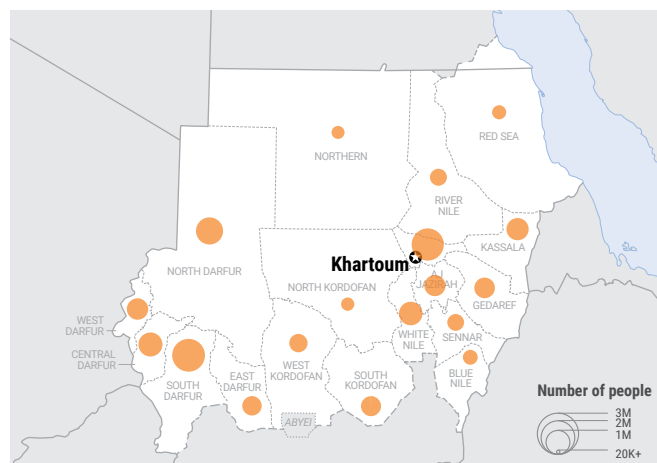
- **The scaling up of multipurpose cash assistance (MPCA) in 2024 is poised to be a transformative strategy** that significantly enhances the effectiveness and efficiency of the response. MPCA, being inherently multisectoral, provides a unique and flexible modality to address the diverse and immediate needs of conflict-affected households. The collaborative efforts of the Cash Working Group (CWG) and Cluster Coordinators demonstrate a commitment to maximizing the impact of MPCA through improved coordination, reduced duplication, and enhanced monitoring and reporting practices. This not only addresses immediate humanitarian needs but also lays the foundation for a more coordinated and effective response in the complex context of Sudan.

A number of supporting initiatives will be undertaken throughout 2024 to create a conducive context in support of these specific areas of focus. These include (i) decentralization of coordination and operational structure that is operationally oriented and inclusive of non-governmental organizations (NGOs) – both national and international; (ii) improved focus on primary data collection and needs assessments to adequately inform response prioritization and targeting as the situation evolves; (iii) robust risk management, including to mitigate the risk of aid diversion; and (iv) raising the profile of the humanitarian crisis in Sudan in support of resource mobilization.

Intersectoral severity of needs by locality by admin 2



Distribution of people targeted by admin 1

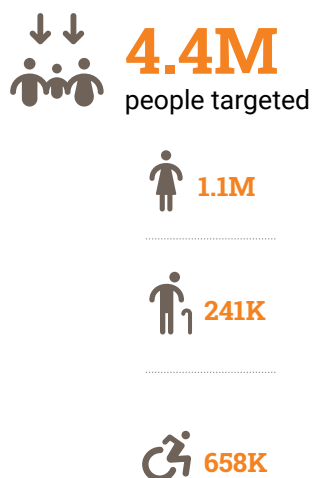


2.2 Strategic objectives³⁷

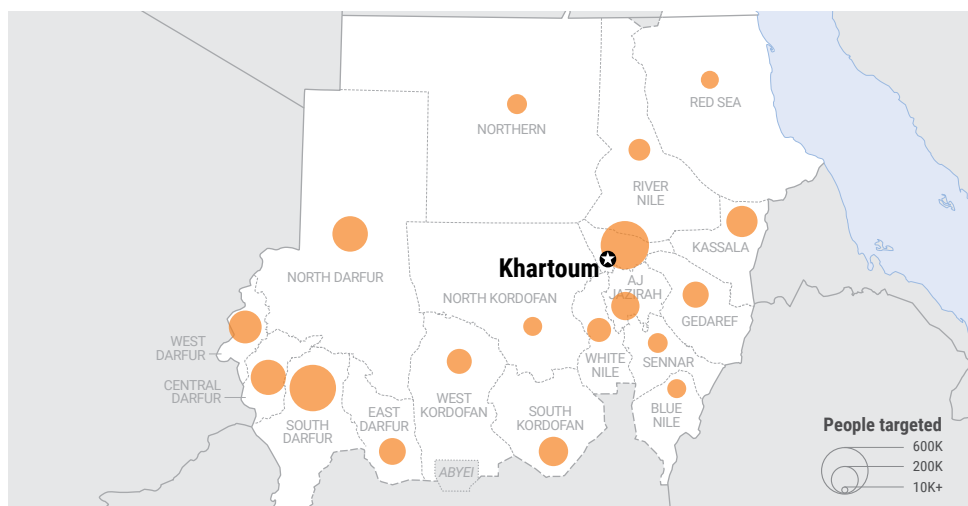
Strategic objective 1

Provide safe, timely, principled and gender-responsive life-saving humanitarian assistance to the most vulnerable groups to reduce mortality and morbidity in areas with high severity of need or at risk of a further deterioration of critical humanitarian needs.

Under this strategic objective, partners aim to tackle these life-threatening conditions for 4.4 million people through both cluster and multi-cluster life-saving interventions supported by enabling activities such as expanded/improved logistics, emergency communications and coordination support.



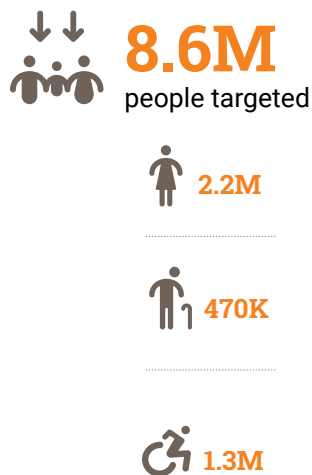
Number of people targeted by strategic objective 1



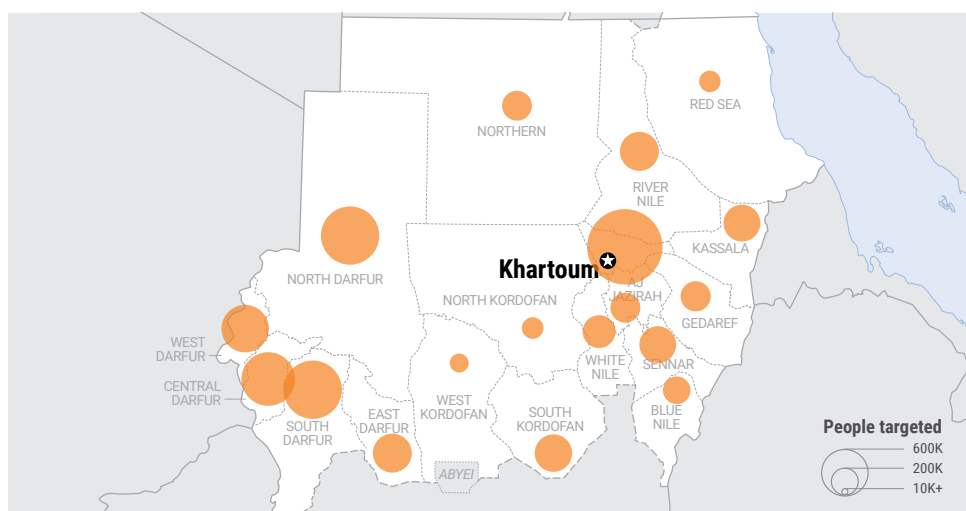
Strategic objective 2

Directly respond to the conflict-driven protection needs of crisis-affected people through principled and conflict-sensitive assistance and advocacy as well as prevent and mitigate emerging protection risks, with due regard to international norms and standards.

This objective aims to address protection needs of 8.6 million people affected and those who are at protection risks through a principled and conflict-sensitive approach. This is to ensure protection risks are prevented and reduced and a conducive environment for the respect, protection and fulfilment of rights is created.



Number of people targeted by strategic objective 1



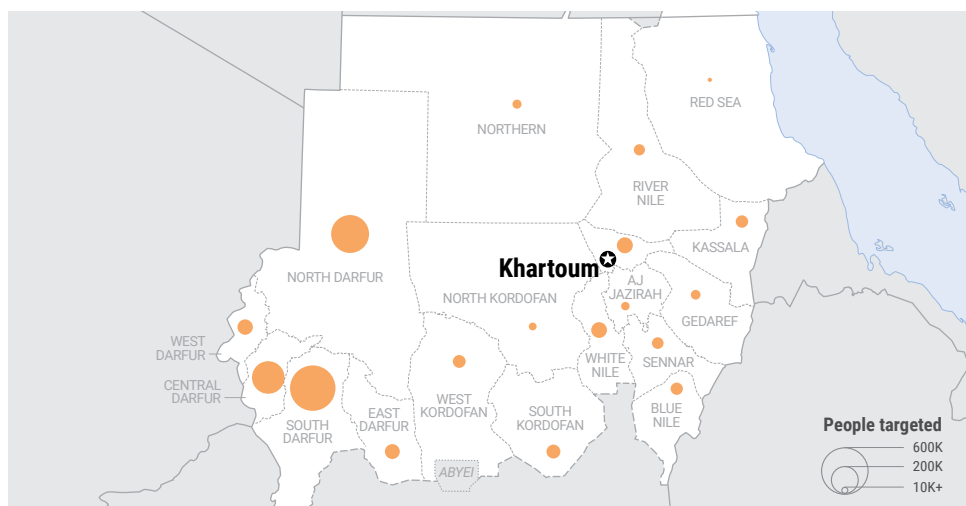
Strategic objective 3

Provide safe, equitable, dignified and unhindered access to critical basic services and livelihoods opportunities for the most vulnerable groups to prevent further erosion of their coping abilities.

This objective aims to safeguard the wellbeing of 1.9 million vulnerable people and prevent further decline in their coping mechanisms. Provision of access to livelihood opportunities will enable affected people to recover and rebuild their lives.



Number of people targeted by strategic objective 3



2.3 Planning assumptions, operational capacity and access, and response trends

Planning assumptions

Given the high volatility of the situation due to elements outside the control of the humanitarian community, the 2024 response planning has been developed based on an analysis of the actual situation as of the last quarter of 2023 as planning assumptions, rather than hypothetical projections of the situation. It was also grounded on a realistic consideration of access and operational capacity (capitalizing on the existing response monitoring), which may be impacted by funding (and a lack thereof) and the evolving context.

Without a political solution, the coming year will likely see continued hostilities, the effects of unilateral coercive measures, and rapid economic decline, with significant implications for civilians, forced displacement, and vulnerability. Pre-existing regional conflict dynamics are likely to play a role in shaping the crisis. Humanitarian access is expected to remain the main constraint to reaching the most vulnerable people. Displacement is anticipated to continue at scale. While some displaced people may return home, millions will remain unable to do so, and humanitarian actors will need to ensure that host communities receive the necessary assistance to accommodate these families. Over time, more families, with fewer options available, may be forced to resort to desperate coping mechanisms.

Operational capacity

After April 2023, partners have a reduced operational capacity due to several reasons, e.g. high insecurity, loss or looting of humanitarian offices, relocation and evacuation of staff as per the duty of care commitment, access constraints primarily linked to high security risks, and bureaucratic impediments, etc. This has

hampered the provision of assistance in several areas, particularly hot spot locations, while relief operations into and across Sudan are scaling up, albeit slower than needed.

Response trend

An average of 9 million people in Sudan received some form of humanitarian assistance during 2021 and 2022.³⁸ In 2023, the figure is projected to be almost halved as by the end of the year about 5 million people (27 per cent of the overall target) will have received life-saving assistance provided by over 160 humanitarian organizations.³⁹ Around 53 per cent of these organizations are national NGOs.⁴⁰ There is a [renewed call to support civil society in Sudan in all its diversity – from national NGOs to Emergency Response Rooms](#).

For more information about the operational presence please see the [3W Dashboard](#)

For more information about the response monitoring, please see the [Response Dashboard](#)

Access challenges

Since April, humanitarian access has become increasingly challenging and complex, making it difficult for humanitarian aid to reach some of the most vulnerable people. The Emergency Relief Coordinator has called Sudan [one of the world's most difficult places for humanitarian workers to operate](#).

[Humanitarian access constraints in Sudan are multi-faceted and stem from conflict dynamics, economic factors, and bureaucratic impediments.](#)⁴¹

Bureaucratic constraints affect both SAF-controlled areas and RSF-controlled areas. Travel permissions are difficult to obtain for cross-line and cross-border transport, leading to delays and preventing aid convoys from reaching those in need. The proliferation of checkpoints manned by armed groups and militias, increasing risk of EOs and poor infrastructure further complicates access.⁴²

While access for international humanitarian agencies is a significant issue, staff, volunteers, and activists working for Sudanese civil society organizations

(CSOs) and national NGOs continue to live and work in many of these hard-to-reach areas. They have been critical frontline responders over the past several months, despite direct attacks on CSOs.

In 2024, OCHA will strengthen and systematize humanitarian access reporting across Sudan in alignment with the global access monitoring and

reporting framework (AMRF). Partners will analyze, discuss and share their access challenges through the Access Severity Mapping, which will be consolidated into periodic reports produced by the Humanitarian Access Working Group (HAWG) and shared with the HCT to inform strategic decision-making and advocacy work.

Operational presence

In 2023



163

operational partners

7% UN

53% NNGOS

36% INNGOS

4% OTHERS



Access severity

at admin2 level



2.4 Inclusive and quality programming

The humanitarian community in Sudan is committed to addressing the vulnerabilities and diverse needs of all people, regardless of their gender, disability, or other specific characteristics. This holistic approach seeks to ensure that the priorities of affected people are at the forefront of decision-making. Key commitments in 2024 are:

- **Strengthening collective feedback mechanisms and complaint-handling capacities**, making it easier and real-time for people to report complaints and concerns about humanitarian assistance. Communities' feedback will be collated and analyzed to inform potential adjustment of the response and necessary course correction.
- **Improving information-sharing mechanisms**, ensuring that people have access to the information they need to make informed decisions about their lives.
- **Engaging with community-led organizations, female-headed households, and marginalized groups**, ensuring that their voices are heard and influencing the design and implementation of the programme as well as course correction.
- **Roll-out of community perception surveys** to identify areas where the response can be improved.
- **Strengthening and reinforcing ongoing efforts on the prevention of sexual exploitation and abuse (PSEA)**.
- **Monitoring the accountability to affected people (AAP) indicators** by the AAP Working Group to ensure that partners are held accountable to the communities they support.
- **Promoting gender equality and women's empowerment** through close collaboration with women-led organizations to ensure that specific needs of women are adequately addressed.
- **Promoting disability-inclusive response**, including improved data collection and training.

- **Integration of Gender and Age Marker** (in which disability inclusion is included), AAP and PSEA in the project sheet while lightening the project registration process.
- **Developing programs to mitigate social exclusion**, addressing obstacles different groups of vulnerable people, particularly people with disabilities, face in accessing humanitarian assistance.

2.5 Cost of the response

The 2024 Response Plan uses a **unit-based costing methodology in estimating the financial requirements to meet the needs of 14.7 million people**, followed by project registration by partners (in January 2024). This hybrid approach helps to provide more detail to the initial calculations and gives visibility of planned activities of participating organizations to potential donors.

The cost of humanitarian operations in Sudan is driven by a number of factors, including:

- **The scale of the Sudan crisis**, one of the largest in the world, with millions of people in need of assistance, which means that a substantial amount of resources are required to ensure the provision of basic necessities.
- **The complexity and volatility of the crisis**, with multiple causes and underlying factors, which complicates the provision of effective and efficient humanitarian assistance. The unpredictable security situation makes it difficult and dangerous for humanitarian workers to operate. Additional costs may be required to mitigate and prevent security risks.
- **The logistical challenges**, including poor infrastructure and limited access to many areas, complicates and increases the cost of transport and operations for humanitarian supplies and personnel to where they are needed.
- **The cost of basic goods and services in Sudan has increased significantly** due to inflation, the

devaluation of the Sudanese pound and limited availability of supplies in country affected by disruption of supply chains.

2.6 Monitoring

Response monitoring

The humanitarian community will strengthen accountability for assistance to vulnerable people in Sudan through improved monitoring efforts by the Inter-Cluster Coordination Group (ICCG) and Information Management Working Group (IMWG). Clusters will monitor their response based on indicators to track progress towards activities and objectives and consolidate age- and gender-disaggregated inputs from partners and report to OCHA through the monthly 4Ws report.

Monitoring challenges due to access constraints, particularly in areas experiencing extensive protection violations such as the Darfur states, call for creative monitor approach, such as remote monitoring.

This is to ensure timely adjustment or course correction of the response and that humanitarian assistance reaches those most in need.

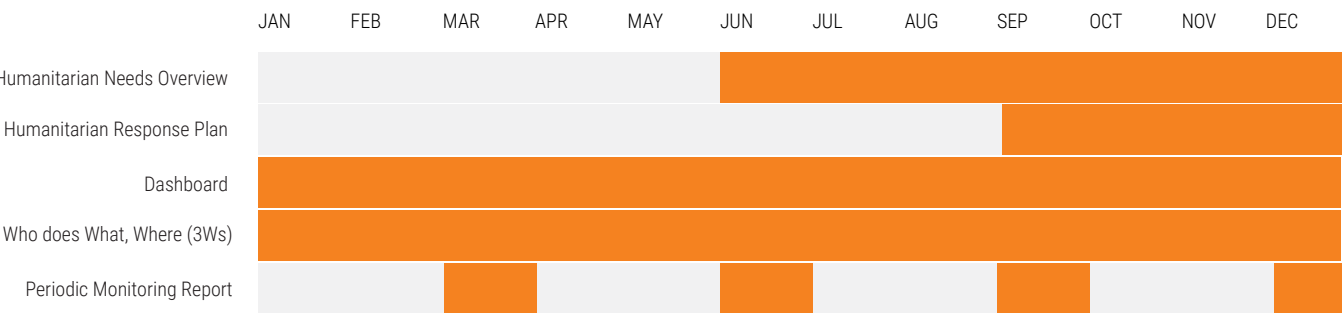
Situation and Needs Monitoring

Humanitarian needs will be monitored throughout the year to assess risks, context changes, and response implications. Nationwide, state, and locality assessments will be conducted using multiple data sources.⁴³ The Assessment and Analysis Working Group will create an analytical framework for situational monitoring in 2024, including a comprehensive secondary data review and an up to date [assessment registry](#). The output from the framework will include a situational monitoring report and secondary datasets from the DEEP [platform](#).

Humanitarian Programme Cycle Timeline

OCHA will publish an inter-cluster Humanitarian Dashboard monthly and a Periodic Monitoring Response (PMR) quarterly, capturing progress toward HRP objectives and the associated funding status as reported on the [Financial Tracking Services \(FTS\)](#). Primary data will be publicly available online on the [Humanitarian Action Platform](#) and it will be accessible for partners and decision-makers. The Sudan Humanitarian Fund (SHF) will monitor its projects in alignment with HRP activities and program indicators.

Monitoring Framework



For more information on the HRP [Logframe](#)

2.7 Consolidated overview on the use of multipurpose cash

The armed conflict has exacerbated pre-existing vulnerabilities across Sudan. Damage to mobile networks and other infrastructure, disruptions of banking and financial service providers (FSPs) have had cascading effects on liquidity, markets, and supply chains. The negative economic repercussion because of the conflict have fuelled a rise in inflation and depreciation of the Sudanese pound.

Since April, more than 60 Cash Working Group (CWG) partners have been able to gradually implement small-scale cash transfers, both cluster and multi-purpose cash assistance, reaching more than 100,000 people monthly. CWG partners collaborate to create the essential conditions that will allow for the expansion of cash transfers wherever possible.

As multi-purpose cash assistance (MPCA) provides flexibility to address the multi-dimensional needs of conflict-affected households and will be a strategic response modality in 2024 and beyond. MPCA is the only standalone assistance that is inherently multi-cluster by nature and as such, can address several immediate needs within one distribution. In addition, the efficiency of MPCA delivery increases as financial and mobile infrastructures are gradually restored.

Coordination and the role of the CWG

The CWG is the coordination body for MPCA, while cluster cash and voucher assistance (CVA) are coordinated by the respective clusters with technical and coordination support from the CWG as needed. The CWG established several technical working groups for the following priority areas: (i) Minimum Expenditure Basket (MEB); (ii) Market and Price Monitoring; (iii) Targeting; and (iv) financial service providers (FSPs), liquidity and cash feasibility.

The CWG tracks monthly trends on market functionality and prices, in collaboration with REACH/IMPACT, through the Joint Market Monitoring Initiative (JMMI), as well as WFP monthly market monitoring exercises. JMMI data is used to harmonize transfer values, which is reviewed on a quarterly basis to inform collective decisions around the trigger for adjustment when prices fluctuate significantly.

The CWG’s priorities for 2024 include developing a more comprehensive MEB, collaborating with clusters to support cluster CVA, and systematically engaging with the ICCG to ensure inter-cluster integration of CVA and MPCA into the broader response. In the medium to long-term, the CWG will engage with International Financial Institutions and other development partners to explore opportunities for collaboration around linking humanitarian cash with social protection programming, such as the Sudan Family Support Program.

Emergency MPCA transfer value and frequency

The MPCA transfer value will be based on the October 2023 Interim MEB, which utilizes the hybrid approach calculation methodology. As per the CWG recommendations, newly displaced and returning households in the highest severity categories will receive three rounds of MPCA, after which ongoing monitoring and evaluation will determine the need for further assistance, especially in areas with unmet needs and lacking cluster-specific interventions.

Table 1. MEB coverage by caseload

	MONTH 1	MONTH 2	MONTH 3
Target population in Severity 5	100% MEB	100% MEB	100% MEB
New IDPs and target population in Severity 4	100% MEB	100% MEB	100% MEB
Extremely vulnerable households	100% MEB	100% MEB	100% MEB

Part 3: Cluster Needs and Response Plans

PORT SUDAN, RED SEA STATE, SUDAN

A pupil in Sinkat school, one of UNICEF's school projects that encourage young girls to join schools.
Photo: OCHA/Ala Kheir

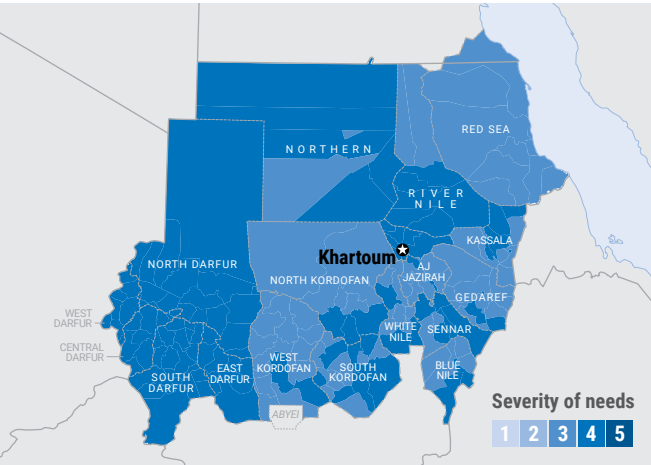


3.1 Education

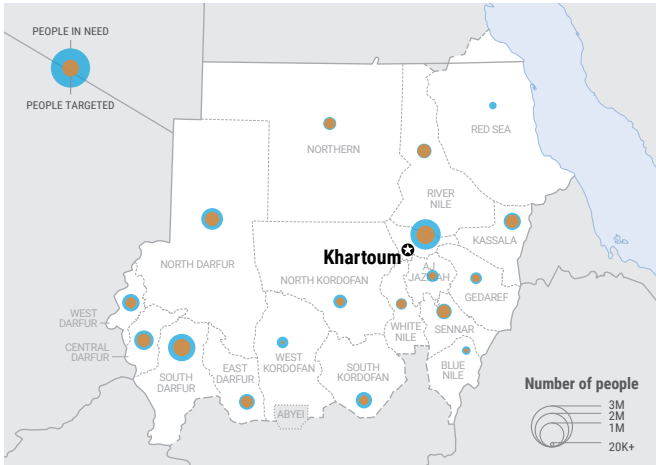


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
9.1M	4.2M	\$131M	25

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

The hostilities have caused severe disruptions to education, with unprecedented damage to infrastructure, loss of resources, and a crisis-point in the educational system. Vulnerable children are exposed to severe distress and protection risks while lack access to basic education, particularly in conflict zones, hard-to-reach areas, and among displaced and vulnerable communities. Gender-based barriers further limit girls' access to education, compounded by a lack of trained female teachers and gender-segregated latrines, among other concerns.

The crisis caused significant psychological distress among children, potentially impacting their long-term mental health and education progress if not urgently addressed.⁴⁴ Prior to April 2023, only 12.5 million children (out of 19.3 million school-aged children) attended school. After April, education was suspended

for 6.5 million children (51 per cent girls) and have no access to education services, with 10,400 schools (54 per cent of the total 19,302 schools) forcefully closed.⁴⁵ Attacks on schools and their use as emergency shelters⁴⁶ further compromise the safety of education spaces and put enormous pressure on the already fragile education system for the host communities.

An estimated two million school-aged children⁴⁷ are internally displaced, while half a million school-aged children have crossed international borders. Over 5.5 million children residing in less impacted areas are awaiting the official re-opening of schools.⁴⁸ Displacement has overwhelmed host communities, straining their fragile education systems and limited services.⁴⁹ Access barriers remain significant, with an additional 6.9 million children out-of-school including children with disabilities, many living in vulnerable communities. Inadequate access to clean water and sanitation in schools remains a significant

barrier to accessing education with many schools lacking functional facilities, running water, and soap supplies.⁵⁰ Nearly 55 per cent of schools lack access to safe water and 49 per cent lack access to improved sanitation, with only 10 per cent with access to hand-washing facilities.

Response strategy

The Education Cluster response will focus on three areas:

- Increasing access to education in safe and protective learning environment for crisis-affected vulnerable children (aged 6-18).
- Improving equitable quality education within a protective environment for crisis-affected vulnerable children (aged 6-18).
- Strengthening the capacity of the education system, partners, and communities to deliver a timely and coordinated education response.

The cluster aims to support 4.2 million school-aged children, including those with disabilities, through formal and non-formal educational pathways. The response focuses on improving access to and quality of education in safe environments. It targets children at risk of dropping out due to the crisis and ensuring retention for displaced and non-displaced children, particularly those from disadvantaged backgrounds and in hard-to-reach areas. This involves providing psychosocial support including Social Emotional Learning (SEL), teaching materials, teacher training, safe learning spaces, sanitation facilities, menstrual hygiene education, safe drinking water, school meals, and emergency preparedness. The response operates in two phases: supporting host communities and displaced children in safer states and safe pockets within conflict affected states and children in conflict areas once safety and access permit. Cross-cluster collaboration and "do no harm" principles are central to the approach.

Targeting & prioritization

The Education Cluster aims to assist 4.2 million vulnerable school-aged children affected by crisis-related violations and protection risks. The targeting approach considers the severity of the situation, accessibility, protection incidents, and partner presence. It aims for 100 per cent coverage in accessible areas, 60 per cent in partially accessible areas, and 30 per cent in hard-to-reach locations.

Promoting quality & inclusive programming

The cluster emphasizes the active involvement of children, teachers, and parents in service delivery through various networks and community feedback mechanisms to make the response responsive and effective. Training focuses on accountability and standards, aligning services with the response strategy. Information dissemination encourages reporting abuse, particularly through social media. Priorities include inclusivity, addressing gender and age-specific needs, accessibility for children with disabilities, and equitable resource allocation. The cluster considers the diverse needs of IDPs, host communities, and teachers, especially on the involvement of women in parent-teacher associations and as facilitators.

Cost of response

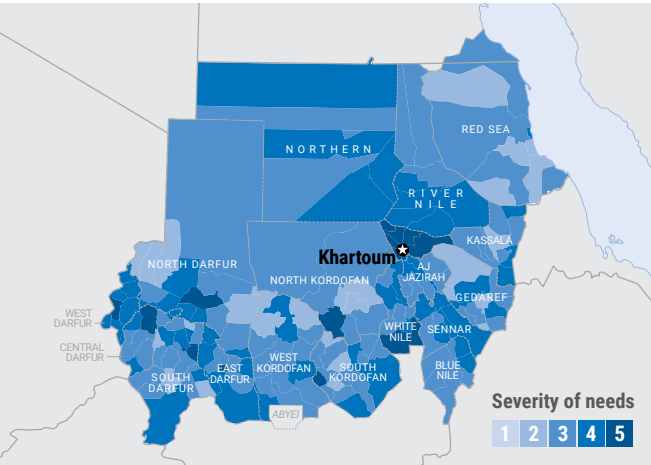
The Education Cluster response requires \$131 million to support vulnerable children's access to education. Additional resources will be sought to reach more vulnerable children currently in hard-to-reach areas, should security and access allow. Education services are directly affected by the skyrocketed costs of essential items due to supply chain disruptions, factory closures, looting of goods, and lack of cashflow, resulting in decreased purchasing power of the affected families.⁵¹

3.2 Emergency Shelter/ Non-Food Items

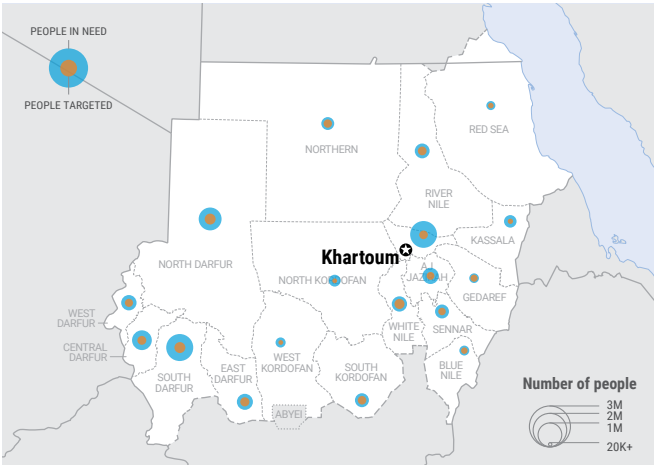


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
8.6M	2.1M	\$212.4M	24

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Amid ongoing hostilities and infrastructure devastation, millions have lost their homes and are now residing in overcrowded dwellings and structures ill-suited for prolonged human habitation. Conflict-affected people urgently require immediate shelter to protect themselves from environmental hazards, external threats, and violence. This is vital not only for their health and mental well-being but also offers stability, a prerequisite for improved livelihoods and education outcomes. Additionally, people require essential household items to facilitate their daily routines and ensure safety and well-being, including bedding, cookware, mosquito nets for malaria prevention, and solar-powered safety tools.

Response strategy

Dire non-food items (NFIs) needs will be addressed with in-kind interventions in volatile hotspots, and cash for NFIs in stable, market-resilient areas. A community-based, urban-centric shelter approach is prioritized, emphasizing cash assistance for its adaptability to diverse housing needs, supporting IDPs and host communities. This reduces the proliferation of inadequate sites and alleviates pressures on IDP-occupied schools. In gathering sites, rehabilitation efforts focus on essential needs. Supply chain limitations, high costs, and limited impact temper the provision of tents and shelter kits, while site-development aims to enhance accessibility in flood-prone areas. Active collaboration with development actors targets scalable and sustainable solutions exceeding the cluster's present capabilities.

Targeting & prioritization

A grounded response forecast was developed through an in-depth analysis of three-year ActivityInfo data segmented geographically by sub-cluster and population group, funding levels, access, and recent displacement insights. This prioritization ensures moderate NFI provision country-wide, and targeted shelter provision in safe and IDP-dense areas, emphasizing the urgent shelter necessities of the displaced over their non-displaced counterparts. This methodical strategy seeks to support 2.1 million individuals, representing 25 per cent of the cluster's PiN.

Promoting quality & inclusive programming

With support from the GBV area of responsibility (AoR), Shelter/NFI (S/NFI) Cluster partners received context-specific training to address GBV risks associated with sub-standard shelter, lighting, privacy, overcrowding, inadequacies in distribution management, and gatekeeper exploitation. These issues were identified through consultation with women and girls living in displacement locations. Subpar settlements hinder access to services, particularly affecting older people and those with disabilities, among others.

The cluster's solution emphasizes strengthening host communities to shelter IDPs through cash

programs, offering more adequate forms of shelter compared to emergency alternatives. Recognizing the inherent vulnerability of IDPs, it is crucial to intertwine shelter and protection efforts through an area-based approach that leverages diverse community networks for transparent vulnerability prioritization, legal agreements for improved tenure security, and continuous protection monitoring. In parallel, the cluster advocates for rental control and exercises Housing, Land and Property (HLP) due diligence to ensure conflict sensitivity. In collaboration with the AAP Working Group, the cluster enhances feedback mechanisms, employing advanced post-distribution monitoring (PDM) tools and emphasizes community engagement to align with beneficiaries' expectations, while ensuring safe delivery of aid through PSEA measures.

Cost of response

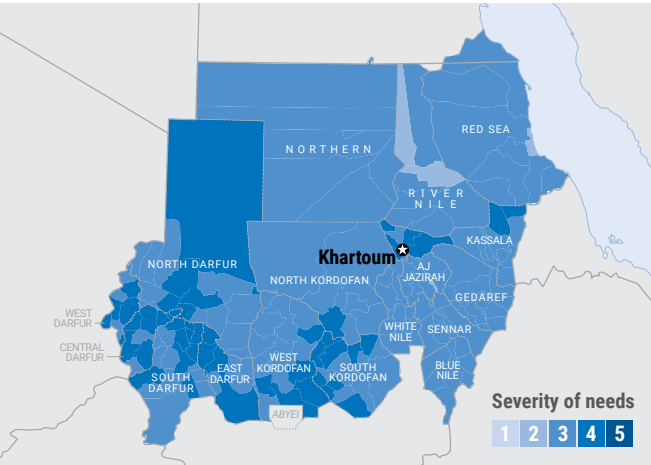
To assist 2.1 million people, the cluster requires \$212.4 million in funding. While the aim is modest, the cluster's resource-intensive nature makes it financially demanding. Logistical challenges, limited access, fuel shortages, and increased transportation costs drive up expenses. However, certain measures have been undertaken to ensure efficiency and cost-effectiveness through economies of scale, such as the Common Pipeline harnessing global framework agreements.

3.3 Food Security and Livelihoods

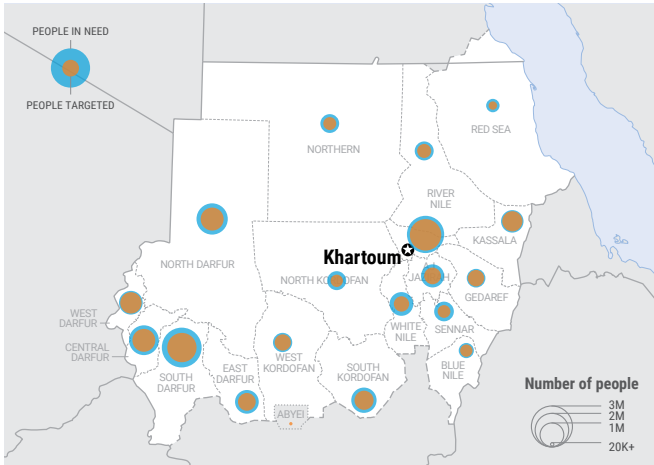


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
19.3M	11.4M	\$581.2M	33

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Forty-two per cent of Sudan’s population (20.3 million people) are now experiencing high levels of food insecurity of [IPC Phase 3+ \(crisis and above\)](#), driven by conflict and displacement across several states particularly in Khartoum, and the Darfur and the Kordofan regions. The conflict is also affecting the relatively stable eastern and northern states as communities are hosting high numbers of IDPs. The most severe impacts on household livelihoods and acute food insecurity continue to prevail in conflict hotspot urban areas experiencing heavy fighting, as well as in areas hosting high numbers of IDPs. In most rural areas, the impact of the conflict continues to be more indirect as insecurity along trade routes is reducing trade flows, input supplies and causing prices to rise above seasonal levels, thereby negatively affecting household access to staple foods and related commodities at a time when reliance on market purchases is typically high.

The situation is also compounded by climate shocks and hazards and economic down-turns/crises manifested due to subsidy withdrawals, devaluation, and inflation. The conflict has triggered a large-scale displacement of 5.1 million people across the country. While some improvement is expected with the arrival of the upcoming harvests by November 2023, the conflict, if continued unabated, the conflict is likely to exacerbate Sudan’s food insecurity in the immediate as well as mid-to long-terms.

Response strategy

The FSL Cluster will target a total of 11.4 million people. Around 3.3 million people will be targeted for life-saving food assistance, while around 8.7 million people will receive life-saving agriculture and livelihoods support. The Cluster also considered the overlap between these two interventions to address the critical food security needs of extremely vulnerable population. In addition, FSL partners will also provide

life-sustaining food, agriculture and livelihoods assistance around 865,000 to affected people which will also directly contribute under strategic objective three of this response plan.

Challenges such as conflict, erratic rainfall, and economic impacts have adversely affected this year's harvests, deepening the food crisis. The Cluster plans to address this by targeting 8.7 million people with emergency agricultural support. The assistance, including food aid and livelihood support, will be delivered through in-kind, cash, or voucher modalities for flexibility. Additionally, FSL partners aim to support 865,000 affected people by providing agricultural inputs, tools, livestock care, and diverse livelihood restoration schemes, emphasizing skill development and income opportunities, especially for young people and women.

Targeting & prioritization

The FSL Cluster will focus on lifesaving and life-sustenance, targeting the most severe food insecure population groups through unconditional in-kind food and cash transfers as well as essential life-sustaining agricultural livelihood support. These groups consist of 5.4 million IDPs, 4.4 million people in host communities and 1.6 million non-displaced people. The target includes 15 per cent of people with disabilities and 56 per cent children and older persons. Geographical targeting is based on the latest IPC analysis, with particular focus placed on the localities classified in IPC Phase 3+. Household-level targeting will be done to identify the most vulnerable people through different assessments and analysis of food security and socio-economic status. The vulnerability

and selection criteria used to target households in FSL interventions are determined through an integrated approach. The most vulnerable people, including the newly and protracted displaced population, refugees and host communities will be prioritized. Broad-range of agriculture and livelihood restoring and safeguarding support packages will be provided to the targeted most needy vulnerable people according to the seasonal calendar of interventions.

Promoting quality & inclusive programming

FSL partners will involve communities and local actors throughout program implementation, for example through the community feedback mechanisms (CFM).

In cooperation with the GBV sub-cluster, FSL conducts a series of training sessions for partners to prevent and mitigate GBV risks as well as to promote PSEA in FSL interventions. The main partner for food assistance, WFP, developed a checklist for safe food assistance distribution that was shared with partners. FSL will continue building capacity and develop referral pathways.

The FSL objectives are centered on the needs, rights, and voices of women, with over 50 percent of people receiving assistance being women or girls. Emphasis will be put on including and empowering women in FSL interventions, through for instance engaging female staff and volunteers during distributions and women-friendly emergency livelihood projects.

Cost of response

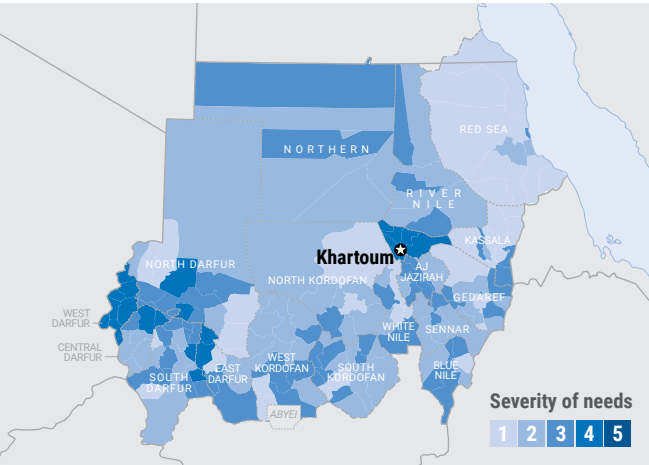
The FSL Cluster seeks USD\$581.2 million to assist 11.4 million people in 2024.

3.4 Health

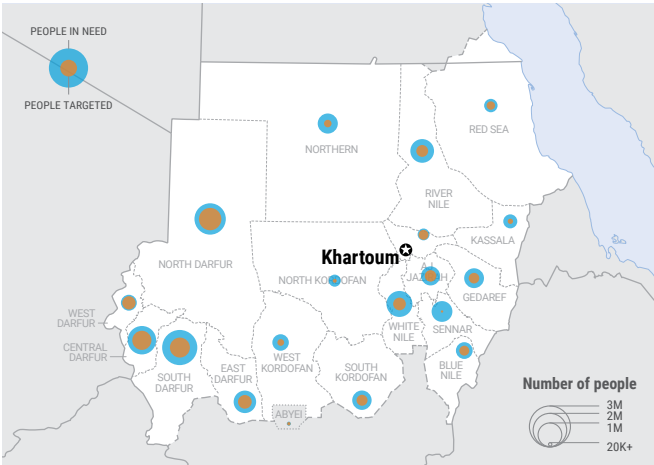


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
14.7M	4.9M	\$178.6M	45

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Over 14.7 million people are facing critical challenges in accessing essential life-saving primary health care as the health sector is collapsing due to the reduction of functioning health facilities along with an acute shortage of medical supplies, water and fuel, and the increase of attacks on health facilities.

Without increased access and availability to essential quality health services, with a focus on sexual and reproductive health prevention and control of communicable and non-communicable diseases, mental health and psychosocial support and child and maternal health services, the affected populations will suffer devastating increases in preventable morbidity and mortality.

Response strategy

The cluster seeks to reduce avoidable morbidity and mortality for conflict-affected people, with a strong emphasis on ensuring accountability to affected populations. Through an integrated and multi-cluster approach, the response is guided by the following objectives:

- Support essential public health functions (including emergency trauma response) with a focus on strong primary health care services.
- Strengthen emergency preparedness, response, and all-hazards emergency risk management.
- Address the needs of vulnerable groups who are disproportionately affected by health emergencies.

Targeting & prioritization

The cluster aims to assist 4.9 million people, representing 33 per cent of the total people in need.

Partners will focus on disease outbreak preparedness, detection and response, improving sexual and reproductive health services, sustaining child and maternal health services including immunization for children, managing severe acute malnutrition, treating chronic conditions, and providing mental health and psychosocial support. They will also enhance cross-cluster services and referrals for GBV case management due to the rising cases of sexual violence against women and girls. Additionally, a cross-border coordination unit has been set up in eastern Chad to support essential assistance in Central, West, and North Darfur.

Promoting quality & inclusive programming

The cluster is dedicated to improving its response by building the capacity of national NGO partners and promoting local and national accountability systems. It strongly emphasizes the Prevention of Sexual Exploitation and Abuse (PSEA), aligning with

Inter-Agency Standing Committee (IASC) policies and providing training to partners. Commitment to preventing SEA is a minimum requirement.

The cluster also focuses on offering gender-inclusive health services to enhance accessibility and uptake. It prioritizes interventions that consider the needs of diverse gender groups, including women and girls.

Cost of response

The cluster requires \$178.6 million to respond to humanitarian needs and enhance response preparedness for emerging public health emergencies. Coordination with other clusters, particularly water, sanitation and hygiene (WASH), nutrition, FSL and protection, is essential to maximize the impact of the response. Opportunities will be explored to strengthen collaboration with development partners that will enable a transition from emergency response to longer-term development.

3.5 Logistics



LOGISTICS REQUIREMENTS (US\$)	UNHAS REQUIREMENTS (US\$)	TOTAL REQUIREMENTS (US\$)	PARTNERS
6.7M	104.3M	\$111M	70

Summary of needs

The capacity to bring humanitarian relief items into Sudan has been severely reduced, with the closure of air space, following the eruption of fighting in April. The operation of the only viable entry point, Port Sudan, has been limited due to the requirement of obtaining special permits for humanitarian and evacuation flights. This has impacted the movement and rotations of staff in and out of Sudan.

Scaling up cross-border operations from neighbouring countries faces significant challenges due to limitations in lead corridors capacity, the absence of dedicated customs offices and official procedures, bureaucratic hurdles, and a volatile security environment.

Widespread insecurity and the conflict dynamics have negatively affected the functioning of existing supply chains, leading to broken supply routes, growing administrative impediments, infrastructure damage, lack of visibility on the road network conditions, scarcity of access to fuel and severe disruptions of the banking system and cash availability. In areas that were not directly affected by the conflict, storage capacity remains limited.

Response strategy

The Cluster seeks to support the humanitarian community to overcome common gaps of logistics capacity, by ensuring coordination, information management activities and providing access to common logistics services, based on identified needs, to facilitate relief operations. To expand the operational reach of humanitarian organizations and to

assist people in need in hard-to-reach areas, the cluster support inter-agency crossline supplies movements and explores the operational capacity for alternative cross-border points to facilitate humanitarian convoys, including possibility of cargo consolidation.

WFP will maintain the United Nations Humanitarian Air Service (UNHAS) to facilitate the transport of humanitarian workers, ensuring they can reach, and address project needs effectively. UNHAS Sudan has 136 registered user organizations and targets to transport 2,000 passengers and 6 metric tons (MT) of light humanitarian cargo monthly.

The Logistics Cluster collaborates with all humanitarian entities based on the principles of partnership. Key services include information management and coordination platforms, offering logistics services at no cost to user to fill identified common gaps, and supporting Civil-Military coordination for humanitarian convoys.

Targeting & prioritization

The cluster's activities are aligned with HRP priorities, partner locations, common logistics needs, gaps, and security constraints. UNHAS flights will ensure reliable access to hubs and remote field sites and maintain close communication with authorities in support of access negotiations. It will collaborate with the UN Department of Safety and Security (UNDSS), and work with key stakeholders to facilitate the safe resumption of domestic flights as soon as possible.

Promoting quality & inclusive programming

The cluster's response will be guided by partner requirements expressed through various platforms, including Cluster coordination meetings, the ICCG, HCT decisions, UNHAS Steering Committee, and User Group Committee. The Logistics Cluster will provide the services under the stewardship of WFP and according to its procedures. WFP provides community engagement materials outlining humanitarian response objectives and rights-based communications. This includes access to complaint and feedback mechanisms (CFMs). The cluster advocates for the integration of PSEA in the response in close

coordination with relevant actors and the PSEA lead at the country level.

Cost of response

The Logistics Cluster seeks \$111 million in financial requirements for 2024. The cluster will prioritize coordination and information management activities, alongside the provision of various common logistics services.

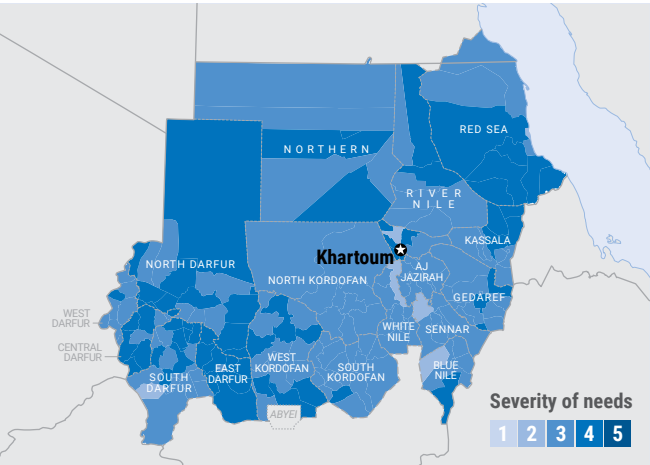
UNHAS operational costs will depend on aircraft deployment timing and insurance premiums to include war risk coverage. The gradual deployment plan has an all-inclusive budget of \$104.3 million, with 75 per cent estimated to cover aircraft insurance premiums.

3.6 Nutrition

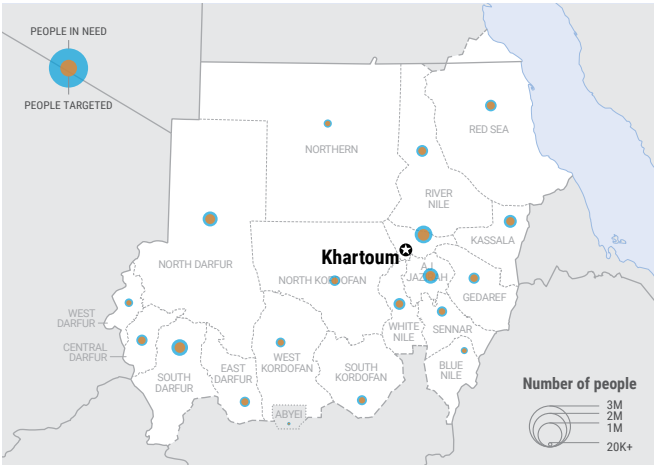


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
4.7M	1.9M	\$350.1M	28

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Sudan is among the top four countries in the world with the highest prevalence of global acute malnutrition (GAM), with an estimated 13.6 percent. The nutrition outlook is expected to deteriorate in 2024 due to ongoing conflict, food security decline, compromised health and WASH services, and prolonged displacement. The 2024 PiN is projected to rise by 10 and 30 per cent in non-IDP and frontline localities respectively, surpassing 4.7 million, the highest ever estimated in Sudan.

Around 76 per cent of acutely malnourished under-five children, pregnant and lactating women reside in 103 localities.⁵² Micronutrient malnutrition is prevalent, with 48 per cent of under-five children experiencing anaemia due to iron deficiency. Minimum dietary diversity among under-fives is low at 25 per cent, further exacerbated by massive displacement disrupting feeding and caregiving practices.

Primary needs in the nutrition cluster are multi-fold, namely (i) preventive nutrition interventions focusing on maternal and young child nutrition; (ii) detection and treatment of acute malnutrition; (iii) management of small and nutritionally at-risk infants (MAMI); (iv) micronutrient supplementation; (v) food and non-food nutrition interventions; (vi) evidence generation through assessments and analyses; (vii) rehabilitation of nutrition infrastructure; and (viii) capacity strengthening.

Response strategy

The Nutrition Cluster aims to scale up treatment and preventive nutrition interventions by expanding service sites, prioritizing areas with high burden and low coverage in both host communities and IDP camps (or camp-like settings) and areas with high intersectoral severity. The cluster will promote non-food prevention measures and strengthen cluster coordination. To

ensure efficiency, core supplies will be procured by lead agencies (UNICEF, WFP and WHO) for distribution.

The cluster targets 2 million malnourished children under-five years, PLW/Gs, including cases of SAM. Targeting is based on strict criteria, including individual nutrition assessments. An additional 6 million children under-five years and 1.7 million PLWs will receive nutrition services, but these figures are not included in the cluster's PiN. Response modalities include static sites, integrated mobile teams, and cross-border response in hard-to-reach areas and integrated nutrition screening and micro-nutrient supplementation campaign. Cash transfers are also under consideration for specific groups.

Targeting & prioritization

The nutrition response for 2024 will focus on six key areas:

- Prioritizing the youngest and most vulnerable children with the highest mortality risk.
- Providing life-saving preventive and protective nutrition package.⁵³
- Treating SAM cases with medical complications.
- Treating SAM cases without medical complications among children under-five years.
- Implementing non-food and food-based malnutrition prevention programs.
- Generating evidence for planning, advocating for resources and decision-making

The cluster categorized localities into priority levels based on criteria including high severity needs (for Health, WASH and FSL), acute malnutrition rates –

global acute malnutrition (GAM) of 15 per cent – and overall burden⁵⁴ to ensure effective targeting.

Promoting quality & inclusive programming

The cluster's response plan was developed in consultation with key national nutrition officials, while local actors will participate in planning, implementing, and monitoring nutrition projects. Budgets for monitoring and supervision will be included. National nutrition partners including authorities and technical working groups will guide the overall nutrition response.

Partners will be trained on five AAP elements and use complaint and feedback mechanisms. Complaints/feedback received will be analysed, and a hotline/call centre will be set up. Sub-national focal points will oversee AAP implementation. Each partner must maintain a complaint and feedback mechanism. Training on PSEA and victim-centred approaches as well as GBV referral pathways will be provided to all partners.

Cost of response

The Cluster requires \$350.1 million to fund planned activities.

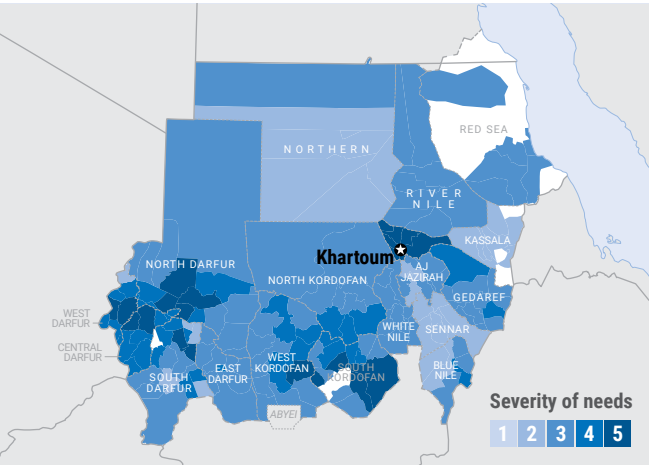
Over two-thirds of this budget goes towards treating acute malnutrition in children under-five and pregnant or lactating women. Insecurity, high operational costs and other considerations (access and operational capacity) limit the cluster from targeting more malnourished children in need of preventive and treatment interventions compared to previous years. Procuring core supplies through lead partners reduces individual procurement expenses.

3.7.1 General Protection

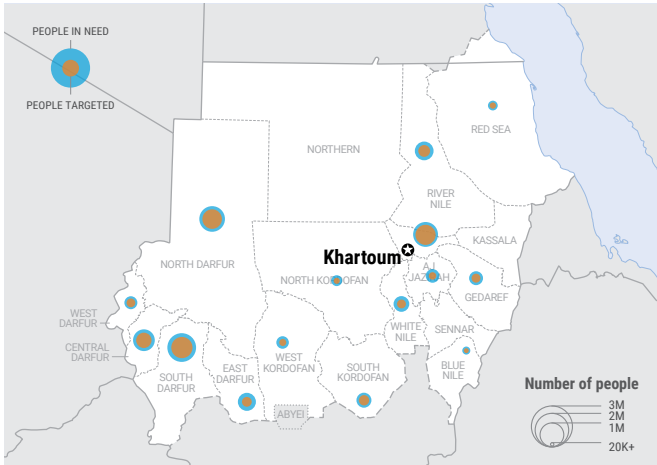


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
7.7M	3.6M	\$64.1M	32

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

The protection environment in Sudan has grown increasingly dire, marked by a stark disregard of civilians’ safety and civilian infrastructure. This deterioration is linked to urban warfare in Khartoum, the spreading conflict in Darfur with ethnic dimensions, complex fighting in South Kordofan, and ongoing strife in Blue Nile - all set against a backdrop of rising criminal activity across the country. Many civilians remain trapped in conflict zones with many internally displaced to safer areas requiring psychosocial support and individual assistance to respond to rising protection needs. Persons with specific needs require specialized support amid severe economic hardship and rising inflation.

Response strategy

The Cluster commits to addressing and mitigating protection risks and empowering affected people to

assert their rights and dignity. This will be achieved through individual protection assistance and case management. Based on a community-based approach and mechanism, the Cluster will foster relationships with affected communities to enable self-identification of protection needs and risks, supporting multipurpose community centres where community activities and projects will be implemented through inter-cluster engagement. The cluster will adopt an area-based approach through inter-cluster collaboration, utilizing static facilities, mobile outreach units, and community committees to ensure sufficient access and a tailored response to address protection needs.

Targeting & prioritization

The cluster will prioritize localities with the most acute protection needs, guided by cluster severity analysis and hotspot mapping. The cluster focuses on the most vulnerable segment of the population, based on vulnerabilities of specific groups. This includes

children and women at-risk, older persons without community support, and people with disabilities. To ensure programme sustainability, a community-based approach is prioritized and complemented by targeted individual protection services for the extremely vulnerable caseload. This strategy seeks to assist 3.6 million people.

Promoting quality & inclusive programming

The cluster commits to advocating for equal rights of all individuals, irrespective of their gender, age, disabilities, or marginalized status. The cluster emphasizes the importance of involving people in decisions and actions that directly affect them and their communities. Women, girls, and people with disabilities are provided with access to platforms to express their concerns, to shape the response and course correct. In partnership with the AAP Task Team, the cluster commits to strengthening feedback and complaints mechanisms, focusing on secure and accessible reporting of SEA. In collaboration with the

PSEA Task Force and in-country networks, the cluster will contribute to the survivor support programme, rigorous accountability, and thorough investigations. By embracing community-driven initiatives, it is vital to actively engage communities in formulating, implementing, and overseeing projects related to AAP and PSEA. This approach ensures that these initiatives effectively address both prevention and response aspects.

Cost of response

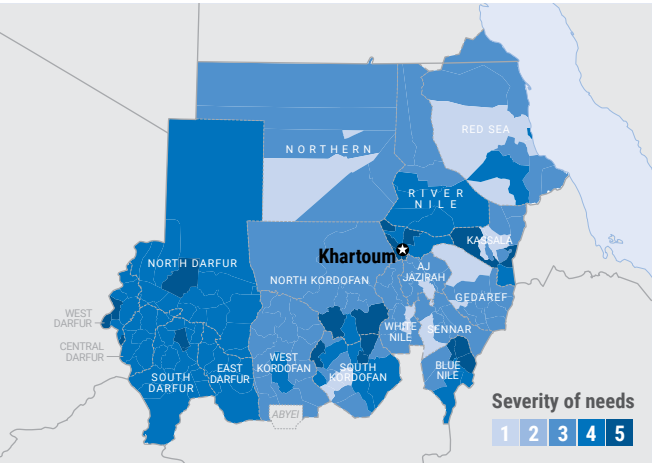
The Protection Cluster requires \$64 million to assist 3.6 million people, which reflects a reduction of 32 per cent compared to the revised 2023 HRP due to the robust prioritization exercise. Protection activities predominantly involve service provision, which inherently makes them human resource intensive. Additionally, a significant portion of humanitarian infrastructure was either destroyed or badly damaged in conflict-affected areas, making the transportation of supplies a more expensive endeavour.

3.7.2 Child Protection

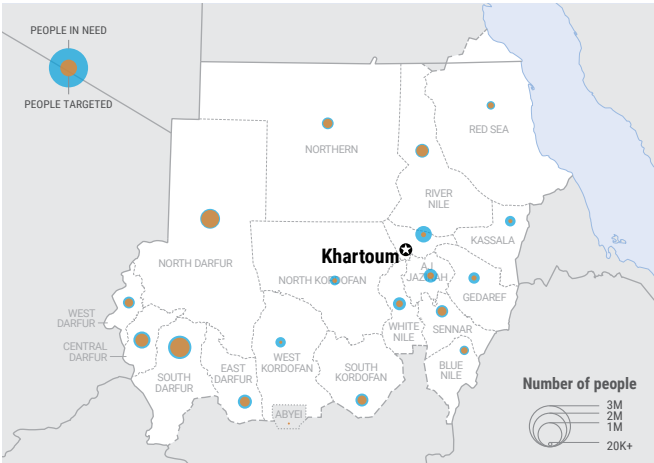


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.2M	3.0M	\$81M	40

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Escalating conflict, insecurity, pre-existing crises and deep-rooted child protection concerns have severely impacted children and their families, with potentially long-lasting harmful effects. Protracted displacement, loss of assets, physical and psychological trauma, fractured societal structures and chronic issues negatively impact children, families as well as child protection organizations and their ability to deliver assistance.

Joint assessments in multiple regions⁵⁵ highlight pressing child protection needs, family separation, GBV, child exploitation and abuse, including child recruitment, which are among the many risks identified. Boys and girls face long-term, damaging consequences from conflict-related risks, including emotional trauma, nightmares, and psychological distress due to loss and upheaval. Many children are separated or unaccompanied, due to various factors like parental deaths, disappearances, and abductions. The destruction of essential infrastructure, including

schools and health facilities, attacks on service points, such as child-friendly spaces and schools, and limited child protection resources further hinder children's access to critical services.

Over 3,150 child rights violations and at least 64 child protection concerns have been reported by credible sources since mid-April.⁵⁶ Sexual violence against women and girls is on the rise, with 165 reported cases.⁵⁷ Casualties among children have markedly increased during the past six months, with nearly 75 per cent of verified reports of violations involving killing and maiming of children, followed by child recruitment and sexual violence against children. Explosive ordnance (EO) presents an imminent threat to children, resulting in numerous reported fatalities and grave injuries.

Response strategy

The Child Protection Area of Responsibility targets 3.0 million people (59 percent girls) out of an estimated 6.2 million people in need of assistance (51 per cent

girls), with a funding requirement of \$81 million. The CP AoR will be guided by the following objectives:

- Acutely vulnerable children and their caregivers' needs are addressed through specialized child protection interventions, including multi-cluster case management services.
- Child protection risk factors are addressed, and protective factors that bolster the well-being of children, families, and communities are promoted through primary and secondary prevention approaches.
- Improved well-being and protective environment of girls and boys through the provision of psychosocial support, life skills, parenting skills, and advocacy, in addition to mobilization of communities and duty-bearers

The priorities for improving child protection services are threefold. First, enhancing community-based child protection through community structures and psychosocial first aid. Second, expanding and enhancing specialized services for the most vulnerable children who have experienced violence, exploitation, or abuse. Third, reinforcing preventive programs for vulnerable children at risk of significant harm. Cluster members will invest in these priorities in a protective and inclusive environment to achieve cluster goals. Strengthening the child protection workforce, generating evidence on child protection issues to inform programming and advocacy, and promoting the use of global standards are some of the key strategies to support these three priorities.

Capacity-building strategies delivered through face-to-face training in accessible areas and remote approaches to reach local partners in hard-to-reach locations while local government and civil society engagement in child protection coordination will enhance localization and access to funding.

Targeting & prioritization

Based on the 2023 response monitoring data and through careful consultation with sub-national coordinators, the CP AoR considered access constraints and partners' capacity when developing its targeting and prioritization. Priorities were given to localities with cluster severity three and above as well as hard-to-reach areas with severity five and overlapping inter-cluster severity levels four and five.

The CP AoR will require an additional \$20 million to target people with critical needs in hard-to-reach areas with high severity where IHL violations, including grave child rights violations, are reported, should access to such areas improve.

Promoting quality & inclusive programming

The CP AoR will engage organizations representing persons with disabilities to establish systematic and mutually reinforcing collaboration to reach other marginalized groups. It will also enhance child-friendly spaces and multi-purpose centres for children with disabilities to ensure accessibility through assessments and design solutions aligned with national standards.

A community-based approach will be maintained and adapted to emerging needs through various strategies, including coherent information management, sub-national coordination, localization strategy and inter-agency collaboration. The CP AoR will strengthen local partnerships with organizations, structures (e.g., youth/adolescent groups, women-led organisations, etc), government entities (including the State Council of Child Welfare and law enforcement actors), and social workers to expand the reach of child protection services. Collaboration with the GBV AoR will prioritize specialized services for child and adolescent survivors of GBV. Community-based child protection networks (CBCPNs) across states will be supported, including in hard-to-reach areas, to raise awareness, identify high-risk cases, and facilitate referrals to needed services, while information on referral pathways will be updated. Coordination will be enhanced to promote predictability, accountability, and collaboration among different actors (including PSEA and AAP Task Forces). The CP AoR will support partners in gathering evidence data with detailed disaggregation (by sex, age and disability) for informed decision-making.

Cost of response

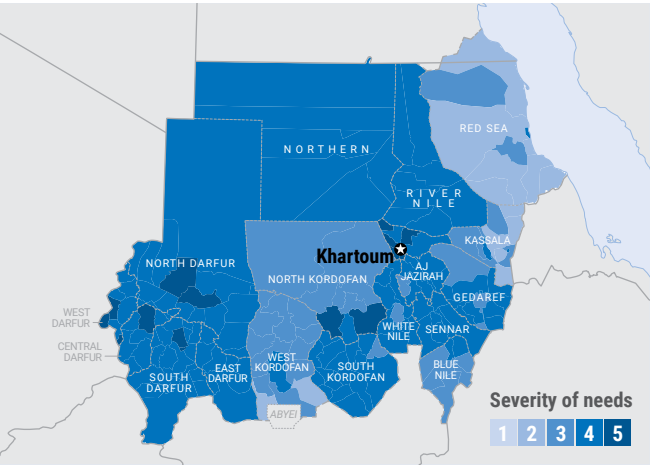
The CP AoR requires US\$81 million to reach the 3.0 million people targeted. The AoR will prioritize improving the quality of community-based child protection through support to community structures and the quality of child protection specialised services for children most at-risk and survivors of violence, exploitation and abuse.

3.7.3 Gender-based Violence

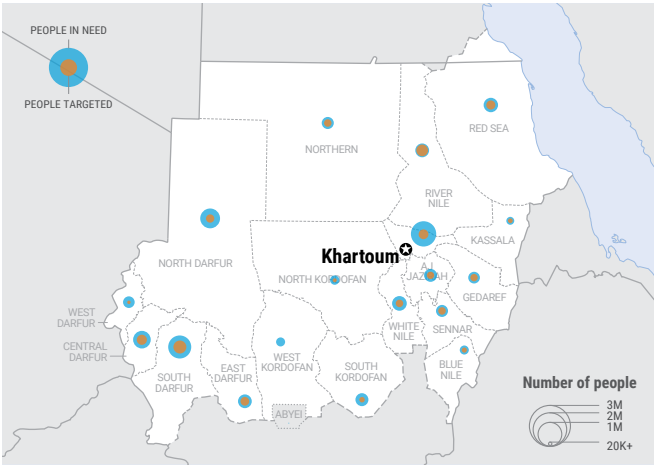


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.7M	1.8M	\$62.8M	41

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

All forms of GBV have increased since the outbreak of the conflict in April 2023. The GBV AoR and service providers have received surging reports of cases of GBV including sexual violence, particularly against IDPs in transit and during the looting of homes. The number of domestic violence cases is rising at alarming rates, along with risks of sexual violence and exploitation as women and girls are displaced, in transit, in temporary shelters, or at border crossings waiting for visas. Risks of sexual violence and exploitation also increase as economic hardship is rising due to increasing prices of basic goods including food, water, and fuel. Service providers report that GBV survivors face life-threatening consequences of both physical and mental health. Older women, adolescent girls and women and girls living with disabilities face additional concerns and challenges in this unstable environment. Vulnerable men and boys are also exposed the risks of GBV.

Key challenges facing GBV service providers are: (i) limited humanitarian access in conflict-affected states, (ii) shortage of supplies, and (iii) limited availability of specialized services. Access to services in many affected localities is severely curtailed by insecurity, destruction of goods and properties, and looting of medical supplies and facilities including health centres and hospitals. These challenges hinder the ability of GBV services to meet the significantly increasing needs.

Response strategy

- In 2024, the GBV AoR’s priority activities will contribute to achieving following objectives:
- Provide life-saving specialized quality GBV services, including clinical management of rape, case management, and psychosocial support, and reinforce referral pathways (with a focus on women and girls with disabilities and adolescent girls).

- Promote GBV risk mitigation into all aspects of the humanitarian response.

The response will target the most vulnerable women, adolescent girls and groups including those living with disabilities and survivors of SEA among the displaced, returnees and host-community settings in the prioritized locations.

Targeting & prioritization

The AoR will focus on service provision to survivors of all forms of GBV and GBV risk mitigation activities such as GBV case management, referrals, specialized psychosocial support and counselling, the distribution of dignity kits, including female hygiene items, as well as conducting GBV assessments and safety audits to identify the bottlenecks of access challenges. Women centres, including temporary or semi-permanent structures, will be used as service delivery points, providing a wide range of services, including psychosocial support, training, as well as income generation activities and economic empowerment.

To address access challenges, the GBV AoR will focus on updating referral pathways in collaboration with local actors, especially women-led organizations. Given the heightened sensitivity surrounding GBV, awareness

campaigns will be essential to build trust with communities and survivors. The AoR plans to create or support Community-based Protection Networks and local women's networks to enhance awareness efforts. The GBV AoR will prioritize assisting humanitarian actors to integrate GBV risk mitigation measures into operations.

Promoting quality & inclusive programming

The GBV AoR will enhance AAP through safety audits, group discussions on GBV, consultations, and sharing GBV standard operating procedures and referral mechanisms. Collaboration with the PSEA network will continue to support SEA survivors' access to GBV services. Interventions will be adjusted to meet the needs of people with disabilities, older people, and adolescent GBV survivors through an improved inter-agency referral and response mechanisms to improve access to multisectoral assistance.

Cost of response

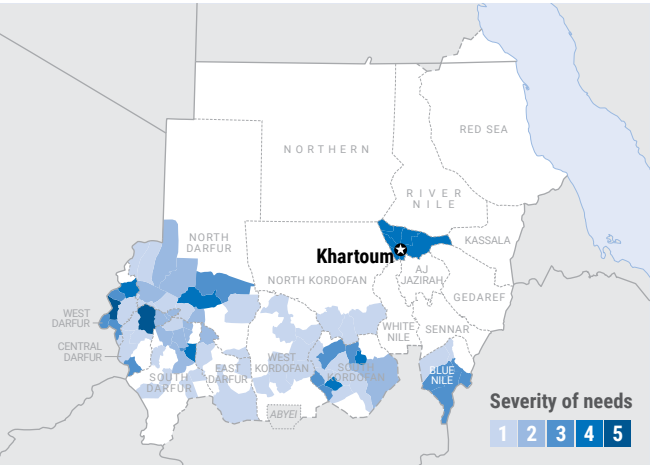
The GBV AoR requires US\$62.8 million to reach 1.8 million people targeted. The AoR will expand GBV services through various channels, both static and mobile, and advocate for more integrated services to improve the efficiency of the response.

3.7.4 Mine Actions

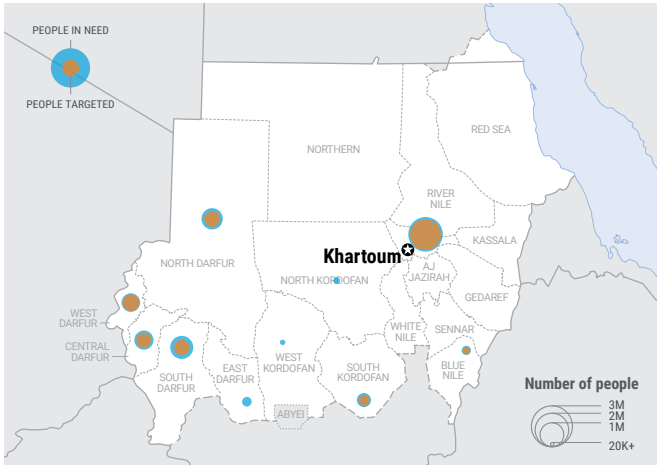


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.0M	3.8M	\$15.3M	7

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

Extensive use of explosive weapons has been reported since the outbreak of the ongoing conflict. As a result, the civilian population in Khartoum and other urban areas affected by the ongoing violence face an immediate risk of accidents caused by explosive ordnance (EO), which often damage critical infrastructure and subsequently deny safe access to it, further exacerbating vulnerabilities caused by the conflict. Majority of the IDPs displaced from the areas newly affected by the conflict have not been sensitised to the threat of EO. Hence, more than 6 million people across the country, including humanitarian actors, need to learn how to mitigate the threat of EO and to safely access areas contaminated with EO.

Response strategy

The MA AoR will focus on the following key areas:

- Expand the delivery of technical advice on explosive hazards to enable humanitarian actors' mobility in areas affected by conflict and safe access to target populations in need of humanitarian assistance.
- Deliver life-saving, age- and gender-tailored Explosive Ordnance Risk Education (EROE) to vulnerable populations including IDPs at risk of explosive hazards.
- Survey and clear areas affected by conflict to enable safe population movements, safe delivery of humanitarian aid, and in support of future recovery efforts.
- Provide a crucial platform through coordination to collect information and requests from humanitarian partners and support delivery of a principled, prioritized approach to humanitarian mine action operations.

The MA AoR response will enable more than 3.5 million people, including local residents, IDPs, and

returnees to gain access to services, residences, and infrastructures, while raising awareness of EO risks and promoting safe behaviour among 270,000 at-risk people.

Targeting & prioritization

Areas newly affected by EO during the ongoing conflict will be prioritized for mine action where heightened movement will be expected among IDPs and returnees across these contested areas. Survey and clearance efforts will particularly focus on roads, humanitarian facilities, and other critical infrastructure. Additionally, the awareness about the EOs of IDPs, returnees and resident population will be raised prioritizing areas newly affected by EO and areas severely affected during the historical conflicts.

Promoting quality & inclusive programming

The MA AoR ensures the equal participation, consultation, and inclusion of affected populations in the planning and implementation of programs, considering their needs, knowledge and requirements throughout the program cycle. MA ensures that

knowledge of risks related to EO among women, girls, boys, and men from diverse groups is incorporated in risk reduction efforts, clearance, and risk education. It supports multi-sectoral assistance to EO victims that is responsive to the specific needs of vulnerable groups and advocates for mainstreaming of gender and diversity considerations in national mine action policies, institutions, and programs. Additionally, MA follows the International Mine Action Standards (IMAS) and UN gender guidelines. PSEA is a significant component of the MA partners' standard operating procedures. MA also follows the International Mine Action Standards (IMAS) for environmental protection to avoid possible contamination from MA activities, and ensures interventions apply the "do no harm" principle.

Cost of response

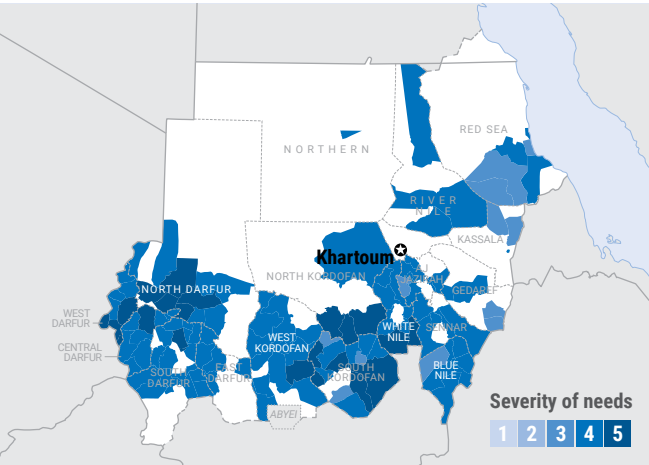
The total cost of MA response is US\$ 15.3 million, covering EORE, survey, and clearance of EO while enhancing the quality of delivery. The projected cost includes the office assets and MA equipment lost during the ongoing conflict.

3.8 Site Management

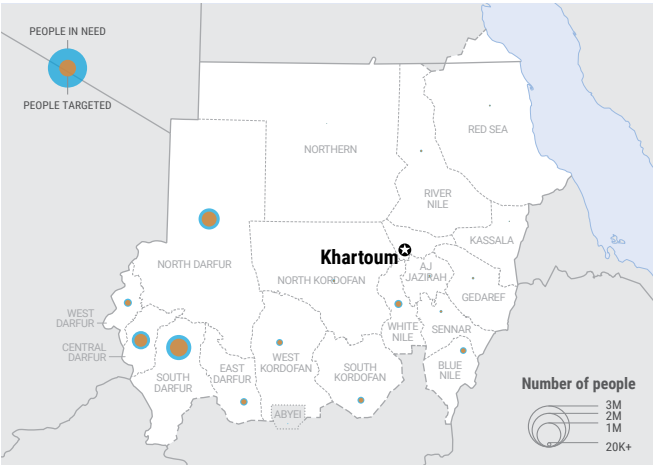


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
3.2M	1.6M	\$14.8M	20

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

An estimated 4.85 million people are internally displaced in Sudan⁵⁸ since the conflict broke out in mid-April 2023. Together with the 3.8 million IDPs created during previous internal conflict, Sudan now has the largest internal displacement crisis in the world.⁵⁹ The majority of IDPs live in host communities, while 25.7 per cent are in sites including schools, public buildings and informal settlements.

The lack of assistance in host communities forces many IDPs to seek refuges in sites, resulting in constant increase of IDPs in sites and the creation of new sites. As of October, mapping exercises reported 991 sites across six states, with a total of 32,388 households (183,000 people). Site visits and mapping exercises revealed that the majority of gathering sites are below minimum standard. Urgent needs identified include access to food, health services, NFIs and WASH facilities. As the conflict continues, new IDPs

arriving in sites have no access to assistance, while the response capacity remains limited.

Response strategy

Out of 3.2 million people in need, the cluster will prioritize meeting the critical needs of 1.6 million people. The cluster adopts a collective approach, utilizing tools such as site mapping and assessments to gather and provide targeted information to deliver services efficiently and ultimately improve the living conditions of IDPs in collective sites. The cluster emphasizes enhancing the capabilities of key stakeholders including local authorities, partners, and community representatives. It will support initiatives that engage communities in addressing their needs and seeking long-term solutions. Close collaboration with all clusters is a priority to ensure that services in sites adhere to minimum standards.

Targeting & prioritization

The prioritization and targeting process is based on sectoral severity analysis, focusing on areas with high vulnerability and specifically those classified as severity 4 and 5. As the ongoing hostilities hinder the return of IDPs to their homes and humanitarian access remains challenging, targeted interventions will be provided in localities categorized as severity 3 that host a substantial number of IDPs to ensure safe and dignified living conditions.

Promoting quality & inclusive programming

The cluster emphasizes a collective approach within sites and aims to improve access to essential services through joint coordination mechanisms. Assessment and monitoring tools, regular on-site visits, and interaction with the communities will ensure that voices of IDPs are heard, using an age and diversity approach to promote full inclusion in consultations and planning processes.

Prevention of sexual exploitation and abuse (PSEA) is a priority, involving staff training and community awareness campaigns. Regular community-based

awareness campaigns will be conducted to ensure that all IDPs living in sites are well-informed and actively contribute to preventing exploitation and abuse. Other priorities include stakeholder empowerment and addressing the diverse needs of individuals, including those with disabilities.

Based on ongoing site monitoring, women and girls represent 56 per cent of the IDPs living in collective sites and are particularly vulnerable due to safety concerns and limited access to services. Affected people with chronic illnesses and disabilities, older people, female- or child-headed families are disproportionately affected by displacement. The cluster will ensure that at least five per cent of people with disabilities will benefit from the interventions.

Cost of response

Priority efforts in 2024 will involve setting up coordination structures, building the capacity of various stakeholders, and improving the living conditions of IDPs in collective sites, with the financial requirement of \$14.8 million.



3.9 Emergency Telecommunications

TOTAL REQUIREMENTS (US\$)	PARTNERS
\$6.3M	1

Summary of needs

The conflict has resulted in extensive disruption and damage to the local telecommunications infrastructure. Six months on, services have not been fully restored. Reports show that power grid and mobile networks are still disrupted, hampering the ability for humanitarian personnel and affected people to communicate.

Effective communication services are essential during emergencies, ensuring the safety of humanitarian personnel and enabling the smooth flow of humanitarian assistance to reach those most in need. There is therefore a need for the Emergency Telecommunications Cluster (ETC) to continue providing and expanding independent shared communication services in identified common operational areas to support humanitarian efforts.

Response strategy

The ETC's aims to facilitate the provision of life-saving aid by offering coordination and information management for telecommunication services. Regular coordination and timely information sharing are essential for informed decision-making, avoiding redundancy, and enabling an effective response. This ensures collaboration with local actors and responders. The cluster will provide shared ICT services in partner premises and identified common operational locations. Services include shared data connectivity, independent security communications, helpdesk support, and user training on devices where required. The ETC will leverage its global and local partnership networks to further assess and deliver critical information and communication technology (ICT) services.

Targeting & prioritization

The ETC commits to engaging with UN agencies, NGOs, and community-based organizations to facilitate the delivery of ICT services in areas where humanitarian responders operate. Priority locations will be determined through forums like the ICCG and HCT. Ongoing inter-agency coordination efforts will promote effective collaboration among various stakeholders. The ETC will continue to provide situation reports, maps, and dashboards for current humanitarian information to support decision-making.

While maintaining and improving connectivity services in Sudan's eastern region, the ETC plans to expand services nationwide, focusing on Khartoum, Darfur, and Kordofan regions. Security telecommunications will remain a core service, with an emphasis on enhancing existing services and developing contingency plans to address potential relocations or new hubs.

Promoting quality & inclusive programming

The cluster will continue supporting stronger accountability to affected people by enabling access to shared platforms and other services to disseminate critical humanitarian information and possibly receive feedback from affected communities.

Cost of response

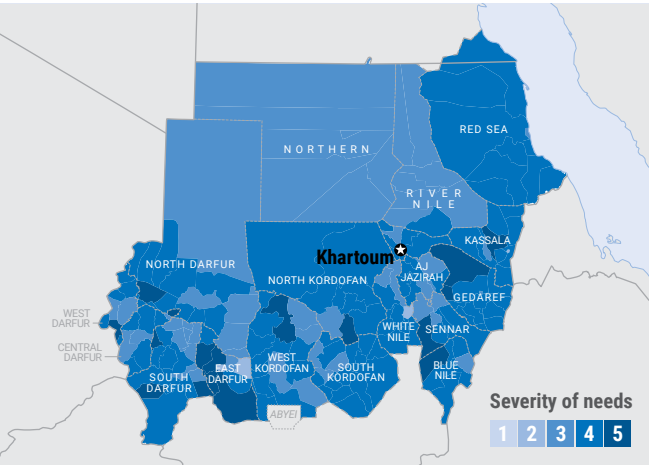
The ETC requires \$6.3 million to continue its provision and expansion of the shared ICT services across Sudan in support of humanitarian operations.

3.10 Water, Sanitation and Hygiene (WASH)

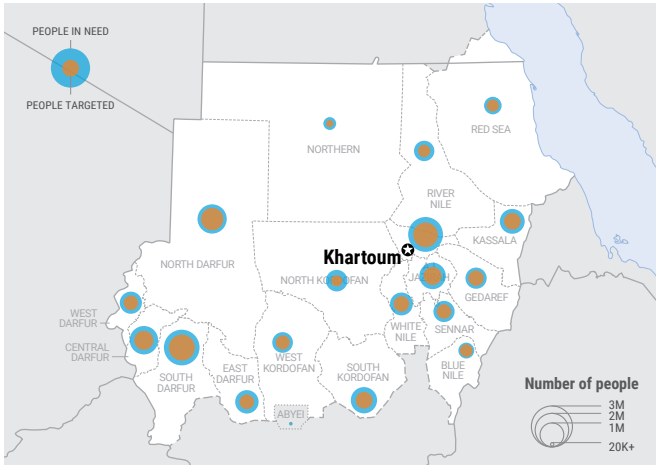


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
18.9M	8.9M	\$230.9M	60

Cluster severity of needs by locality
by admin 2



Distribution of people in need and people targeted
by admin 1



Summary of needs

WASH coverage in Sudan was insufficient even before the crisis. The latest bout of hostilities has led to the destruction of WASH infrastructure, disruptions in the WASH supply chain, and collapse of the revenue system to the extent that employees of water and sanitation facilities have not been paid since the crisis began. Without government subsidies, critical supply shortages, inflation, and decreasing community incomes, the population increasingly resorts to unsafe water and sanitation practices and adopts unhygienic behaviours.

The increasing concentration of newly displaced populations strains the already scarce WASH resources. Due to limited financial means and capacity, neither communities nor the government can sustain existing WASH services or establish new ones to address the growing needs. The ongoing outbreak of cholera has claimed 131 lives, with 4,114 confirmed

cases and a case fatality rate of 3.2, while at the same time the spread of Viral Haemorrhagic Fever (VHF) continues with more than 5,000 reported cases and 25 fatalities.⁶⁰ These are further evidence of the deteriorating WASH conditions in Sudan.

Response strategy

To maintain current WASH services, it is essential to support the operation, maintenance, rehabilitation, and improvement of WASH infrastructure. Additionally, support is required for water trucking, establishment of new facilities including sanitation, and provision of hygiene and WASH supplies. Supplies need to be replenished in partial and hard-to-reach areas. This includes water treatment chemicals for larger water stations, particularly in urban centres like Khartoum and state capitals in the Darfur and Kordofan regions.

Support is needed to sustain innovative approaches, such as solar power for water sources, especially

in areas where fuel availability is challenging. Integration within and with other clusters like Shelter and NFIs, Health, Nutrition, Protection, and Education is encouraged. Other priorities include emergency preparedness, prepositioning of supplies, environmental sanitation, and public health support, strengthening the core supply pipeline, enhancing technical and management capabilities for sustained service delivery, promoting collaboration, and ensuring coordination. Additionally, capacity-building efforts should target communities, local institutions, entrepreneurs, and cluster capacity, while focusing on the humanitarian, development, and peace nexus. The use of cash will be explored to deliver WASH assistance where appropriate.

Targeting & prioritization

WASH interventions seek to assist 8.9 million people, including IDPs living in east, central and northern states and in urban setups where the destruction of infrastructure severely compromises the previously high WASH coverage. The target includes 10-15 percent of the national estimate of people with disabilities. Sixty percent of the targeted population is children, and 10-15 percent is older people.

WASH partners prioritise addressing the critical needs of IDPs, host communities, and residents living in partially accessible and hard-to-reach areas with limited access to safe WASH services. These regions encounter difficulties such as reliance on surface water (severity 5), utilization of unsafe water sources (severity 4), rampant open defecation (severity 5), subpar sanitation (severity 4), and poor access to handwashing with soap and water (severity 4 and 5).

Furthermore, vulnerable groups will be prioritized in areas prone to cholera and acute watery diarrhoea (AWD) outbreaks and flooding, along with individuals facing multiple vulnerabilities, particularly malnutrition.

Promoting quality & inclusive programming

WASH partners are committed to upholding the minimum commitments, such as consulting or engaging with affected people (particularly women and girls) in programme assessment, design, implementation and monitoring. Feedback and complaint mechanisms will be strengthened, while post-distribution monitoring and empowerment of communities to manage local WASH facilities will be emphasized. In hard-to-reach and partially inaccessible areas, remote consultation will be promoted to the extent possible. The response will involve local authorities and promote the engagement of community-based organisations. PSEA training will be integrated and prioritize gender-segregated facilities and the safety of women and girls. Interventions will address the needs of older people and those with disabilities, and adopt a conflict-sensitive, peacebuilding, and climate-conscious approach.

Cost of response

An estimated \$230 million is required for the response, including for the maintenance of common core pipelines of supplies. The significant shift in operating costs can primarily be attributed to increased expenses for transportation, supply management, and fuel, and the operation of water stations and public water facilities, especially in urban areas.

3.11 Coordination and Common Services

REQUIREMENTS (US\$)



\$25M

Summary of needs

The recent outbreak of conflict in Sudan has profoundly impacted the humanitarian situation and created an overwhelming level of needs. This warrants a significant response scale-up covering the entire country. The Coordination and Common Services (CCS) cluster's primary goal is to ensure that humanitarian decision-making is well-coordinated, inclusive, and evidence-based. CCS actively promotes timely information exchange, conducts thorough analysis, and advocates for the needs of affected populations. The cluster also focuses on facilitating access, enhancing the safety of humanitarian workers, and disseminating crucial information. Crucial enabling factors are required to achieve these goals, such as maintaining well-functioning coordination mechanisms, conducting comprehensive multi-sectoral needs assessments, establishing registration databases for internally displaced persons (IDPs), sharing accurate and reliable data through the Displacement Tracking Matrix (DTM), and promoting heightened safety and security measures for humanitarian workers.

Response strategy

The CCS cluster facilitates humanitarian operations through:

- **Data to inform decision-making**, including disseminating accurate DTM data, conducting multi-sectoral needs assessments, registering and verifying IDPs and returnees.
- **Coordination to promote an efficient humanitarian response**, including leading inter-cluster coordination, supporting leadership in strategic coordination, and establishing hubs closer to people in need.
- **Advocacy for affected populations**, including coordinating humanitarian public information and advocacy efforts and negotiating with conflict parties for civilian protection.
- **Enhancing access and security**, including deploying security personnel, promoting crisis readiness

and preparedness, and strengthening civil-military coordination and access negotiation capacity.

Targeting & prioritization

Following the onset of the conflict, there is a need to establish new hubs closer to those in need and gain consent for cross-border supply delivery. Civil-military coordination and access negotiation capacity must be strengthened, and UNDSS security management capacity enhanced to support expanding humanitarian operations. Internal displacement is likely to continue, which necessitates additional assessments and operational contingencies.

Promoting quality & inclusive programming

The CCS cluster focuses on promoting high-quality and inclusive programs in the humanitarian response. It collaborates with diverse stakeholders, conducts thorough needs assessments, and provides capacity-building to enhance coordination and program effectiveness. Data-driven decision-making, adaptability, and a commitment to continuous improvement are fundamental. Feedback mechanisms, program adjustments, and robust monitoring ensure the response meets evolving needs. Regular reviews, lessons learned, and after-action reviews contribute to ongoing enhancement of humanitarian efforts.

Cost of response

CCS seeks 25 million-dollar investments to improve coordination services, register and verify IDPs and returnees, conduct comprehensive needs assessments, and ensure accurate DTM data on affected populations. It also includes the cost of scaling up security support in proposed hubs vital for effective humanitarian response and access to vulnerable populations, including conducting security risk assessments, route planning, and facilitating program delivery to affected areas. Access activities include evaluating acceptable levels of risk, securing humanitarian corridors, and establishing and maintaining a communication system with the parties of the conflict.



3.12 Refugee Response Plan

Distribution of people in need and people targeted
by admin 1



PEOPLE IN NEED	PEOPLE TARGETED
0.96M	0.96M
REQUIREMENTS (US\$)	PARTNERS
\$631.2M	39

Summary of needs

Refugees and asylum seekers in Sudan face acute protection and life-threatening humanitarian needs, exacerbated by conflict and its impacts on national service systems. The conflict has imposed a dramatic rise in protection risks, including physical harm and death, extortion, arbitrary arrest and detention, conflict-related sexual violence, forced recruitment including of children, family separation, and smuggling and trafficking. In tandem, rising food insecurity, overcrowding in safe areas, disease outbreaks, malnutrition and mortality rates are pervasive. Safe water and sanitation facilities, education, and shelter and non-food items (NFI) are also urgently needed. Sixty-five per cent of refugees are estimated to live in camp settings, often faced by security and encampment policy restrictions, and with a high reliance on aid for survival. Chronic underfunding has left the refugee response with critical gaps in service provision, even pre-crisis, risking the proliferation of life-threatening needs in a deteriorating humanitarian context.

Response strategy

The 2024 Refugee Response Strategy under the HRP is aligned with the [2024 Sudan Country Refugee](#)

[Response Plan \(CRP\)](#), a comprehensive multi-sectoral inter-agency plan to address the needs of 963,410 refugees across 89 localities. Designed in consultation with the Commission for Refugees and 39 partners, the strategy aims to deliver critical protection and life-saving services to refugees across all sectors. The response strategy will be delivered through a three-pronged approach to (i) strengthen the protection environment for refugees and asylum seekers; (ii) enable access to timely protection interventions and life-saving assistance; and (iii) provide equitable access to basic services while in parallel strengthen opportunities for resilience and self-reliance where possible.

Targeting & prioritization

The response will prioritize delivery of critical protection and multi-sectoral life-saving assistance to refugees living in camps, including all areas of protection, education, food security and livelihoods, health, nutrition, shelter and NFI, WASH, and energy and environment. Refugees living in urban and peri-urban areas will receive protection and prioritized life-saving assistance, while community-based approaches are strongly encouraged to comprehensively meet needs.

Promoting quality & inclusive programming

The development of the Refugee Response Strategy was highly consultative, and partners will engage refugees in program design and implementation. AAP will be assured through capacity building, strengthening of community complaints and feedback mechanisms, engagement in AAP coordination platforms, mobilization for community outreach to ensure engagement with women and youth, as well as participatory assessments and their integration of findings into programming.

Prevention, mitigation, and response to SEA will be strengthened as a fundamental component. The RCF will expand engagement with forcibly displaced persons, partners, and government counterparts, with emphasis on capacity building, and safe and accessible reporting mechanisms. Initiatives will be carried out through survivor-centred approaches and align with AAP and GBV strategies.

The refugee response adopts an Age, Gender, Disability and Diversity (AGD) approach, using participatory methodologies to promote the role of women, men,

girls, and boys of all ages and backgrounds as agents of change in their families and communities. Protection will be mainstreamed in the planning and delivery of assistance, using community-based approaches, establishing peer groups, and community committees to underpin meaningful participation in decision making processes for refugees and asylum seekers across age, gender and diversity groups.

Cost of response

CCS seeks 25 million-dollar investments to improve coordination services, register and verify IDPs and returnees, conduct comprehensive needs assessments, and ensure accurate DTM data on affected populations. It also includes the cost of scaling up security support in proposed hubs vital for effective humanitarian response and access to vulnerable populations, including conducting security risk assessments, route planning, and facilitating program delivery to affected areas. Access activities include evaluating acceptable levels of risk, securing humanitarian corridors, and establishing and maintaining a communication system with the parties of the conflict.



3.13 Abyei Response Plan



Summary of needs

The Abyei region remains a contested area between Sudan and South Sudan, with its political future and final status still unresolved. A proposed joint administration from a 2011 agreement still needs to be established, with separate administrations appointed by both Juba and Khartoum struggling to provide basic services. The region grapples with frequent violence from armed elements, climate change-induced disasters, and economic hardships driven by high inflation in Sudan and South Sudan. The international community serves as the primary provider of life-saving assistance and protection, although access challenges, limited resources, and unequal aid distribution persist. In 2024, given the conflict in Sudan and strained resources, coordinated humanitarian efforts between South Sudan and Sudan will remain challenging. Humanitarian assistance will be extended from both countries to cover Abyei's entire area, accommodating around 280,000 individuals in need of humanitarian assistance. Conflict, loss of livelihood, and displacement compounded by the influx of returnees from Sudan, will continue to increase vulnerability in 2024. Climate change exacerbates these issues, with floods and livestock diseases disrupting the local economy and increasing food insecurity.

Humanitarian efforts in Abyei aim to alleviate suffering, reduce dependency on aid, and cover health, nutrition,

WASH, agriculture, livestock, protection, and education. It considers conflict dynamics, returnees, refugees, climate, seasonal migration, and livestock's role in the local economy. Humanitarian and recovery agencies will focus on revitalizing economic activities and enhancing income-generating opportunities to improve livelihoods. This comprehensive response seeks to address the complex and interconnected challenges facing Abyei's population.

Response strategy

The CCS cluster facilitates humanitarian operations through:

- Provide timely, life-saving assistance to crisis-affected vulnerable people.
- Enhance access to essential services and livelihoods for vulnerable communities.
- Strengthen emergency preparedness across sectors, including advocacy, contingency planning, and addressing logistical challenges.
- Facilitate a comprehensive humanitarian response by engaging with state governments, administrative authorities, traditional leaders, and non-state actors to secure the safety of humanitarian teams and facilitate cargo flights into Abyei.

Response priorities

Response priorities will include life-saving humanitarian services to reduce morbidity and mortality by increasing access to quality health care, and nutrition interventions and strengthening health facilities. Nutrition response will aim to mitigate malnutrition risk in vulnerable populations through various programs, including treatment of acute malnutrition and infant and young child feeding support. WASH assistance will focus on improving access to safe drinking water and adequate hygiene and sanitation practices, particularly in areas affected by displacement and migration to prevent conflicts over shared resources and disease outbreaks.

How to contribute

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: <https://cerf.un.org/donate>

DONATING THROUGH THE SUDAN HUMANITARIAN FUND

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

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

About

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

PHOTO ON COVER

An IDP Woman who now lives at Abo Zaid Ahmed (school) which was converted to a shelter to hosts IDPS from Khartoum. Photo: OCHA/Ala Kheir

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined

The colour shades used in these maps do not represent boundaries recognized by the United Nations or OCHA..

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

www.unocha.org/sudan

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Humanitarian Action

ANALYSING NEEDS AND RESPONSE

[Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.](#)
humanitarianaction.info

rw response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.
<https://response.reliefweb.int/sudan>



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
fts.unocha.org/appeals/1118/summary

End notes

1. ACLED, "[Sudan: Unravelling the Conflict Dynamics in Darfur](#)", 1 December 2023
2. IOM [Displacement Tracking Matrix as of 2 November 2023](#).
3. Egypt, Libya, Chad, Central African Republic, South Sudan and Ethiopia.
4. Based on IOM's Displacement Tracking Matrix, the internal displacement was massive in the immediate aftermath of the conflict in April, with almost 40,000 people estimated to be on the move daily during the first few weeks. The trend has recently seen a decrease in September and October, with around 18,000 people displaced a day.
5. Sixty-five per cent of arrivals tracked in those countries were Sudanese nationals and 35 per cent were foreign nationals and returnees.
6. UNICEF, "[UNICEF Statement: Over 200 days of war leaves a generation of children in Sudan on the brink](#)", 6 November 2023.
7. ICRC, "[Sudan: Brutal, targeted attacks on civilians must stop](#)", 21 November 2023.
8. Protection Cluster/UNHCR, "[Sudan Protection Analysis Update: Unabated violations against civilians increase the impact of protection risks on the population](#)", July 2023
9. OHCHR, "[Sudan: Alarming reports of women and girls abducted and forced to marry, held for ransom](#)", 3 November 2023.
10. Protection cluster, UNHCR, "[Sudan Protection Analysis Update: Unabated violations against civilians increase the impact of protection risks on the population](#)", July 2023
11. FAO-WFP, "[Hunger Hotspots FAO-WFP early warnings on acute food insecurity report](#)", October 2023.
12. UNWomen, "[Initial Rapid Gender Assessment - Geographical coverage: White Nile, Blue Nile, Darfur, Red Sea, Khartoum States](#)", September 2023.
13. [The Sudanese Federal Ministry of Health in September and October declared a cholera outbreak in Gedaref, Khartoum, South Kordofan and Aj Jazirah states, with over 1,600 suspected cholera cases and 67 associated deaths reported as of 22 October](#).
14. According to World Health Organization (WHO).
15. UNICEF, "[Over 200 days of war leaves a generation of children in Sudan on the brink](#)", 6 November 2023.
16. According to reports received by the Child Protection AoR.
17. IOM, "[Monthly Displacement Overview](#)", October 2023.
18. UNFPA, "[Crisis Continues: GBV Sub-Sector Sudan Situation Brief Update](#)", 16 June 2023
19. [Statement by Ms. Hala Al Karib at the UN Security Council Open Debate on Women, Peace and Security, 25 October 2023](#).
20. UNWomen, "[Initial Rapid Gender Assessment - Geographical coverage: White Nile, Blue Nile, Darfur, Red Sea, Khartoum States](#)", September 2023.
21. CARE, "[Rapid Gender Analysis: Khartoum Aj Jazirah, East Darfur and South Darfur](#)", October 2023.
22. UNWomen, "[Initial Rapid Gender Assessment - Geographical coverage: White Nile, Blue Nile, Darfur, Red Sea, Khartoum States](#)", September 2023.
23. OHCHR, "[Sudan: Alarming reports of women and girls abducted and forced to marry, held for ransom](#)", 3 November 2023.
24. Sudan used the Joint and Intersectoral Analysis Framework (JIAF) 2.0 for this exercise. More information about the JIAF is available at this [link](#).
25. The Abyei Area is an area of 10,546 km² on the border between South Sudan and Sudan that has been accorded "special administrative status" by the 2004 Protocol on the Resolution of the Abyei Conflict in the Comprehensive Peace Agreement (PCA). The area remains under dispute at the time of writing.
26. Severity 5 (catastrophic) in Sudan JIAF 2.0 application is driven by protection concerns and are the localities with more than 100, 000 IDPs, hard-to-reach and experiencing recent violent attacks.
27. This is where one or more sectors attribute severity level 5 to.
28. ACAPs, "[Sudan scenarios: possible developments in people's ability to meet their needs over the next 12 months in Sudan](#)", October 2023.
29. OCHA Sudan, [Sudan flood 2023](#).
30. Stockholm International Peace Research Institute (SIPRI), "[Sudan: Climate, Peace and Security Fact Sheet](#)", May 2022.
31. NRC, "[Beneath the surface: Exploring the economic dynamics of Sudan's crisis for humanitarians](#)", November 2023.
32. FAO-WFP, "[Hunger Hotspots FAO-WFP early warnings on acute food insecurity November 2023 to April 2024 outlook](#)", 31 October 2023.
33. Ibid.
34. It is important to reiterate that the Sudan humanitarian response in 2024 will continue to be guided by the humanitarian principles of humanitarian imperative, neutrality and impartiality.
35. The revised HRP includes \$123.5 million of ask for the response by national NGOs, accounting for less than five per cent of the total ask of \$2.56 billion. As of mid-November, only \$14 million (equivalent to 1.6 per cent of the total amount received) has been allocated directly to national/local NGOs/CSOs. This includes the SHF allocations to national/local NGOs/CSOs.
36. Conducted by the GBV AoR in Sudan and its partners.
37. The number of people targeted by each of the SOs overlaps.
38. Based on the inter-cluster response monitoring data available at the [HumanitarianAction](#) platform.
39. According to [Sudan Humanitarian Operational Presence: Who does What, Where \(3W\)](#) as of 31 October 2023.
40. Ibid.
41. iMMAP, "[Sudan Crisis: Situational Analysis](#)", October 2023
42. Ibid.
43. These include Integrated Food Security Phase Classification (IPC), Comprehensive Food Security and Vulnerability Assessment (CFSVA), Crop and Food Supply Assessment Mission (CFSAM), Food Security Monitoring System (FSMS) reports, Monthly Market Monitoring bulletins, Famine Early Warning Systems Network (FEWS NET) outlook briefs and reports, Food Security Technical Secretariat (FSTS) reports, Food Price Monitoring and Analysis (FPMA) reports, International Organization for Migration Displacement Tracking Matrix (IOM DTM), inter-cluster and cluster rapid needs assessments, and vulnerability and risk monitoring tools.
44. Education Sector need assessment for IDPs children in White Nile State, June 2023; PACT July 2023 PACT and Partners in Development Service (PDS) Sudan Situational Assessment July 2023; Rapid Needs Assessment in Al Gezira State by Voluntas June 2023; Inter-Agency/Cluster Rapid Needs Assessment Report White Nile State July.
45. Sudan Education Sector keeping Children Safe & Learning : Education in Crisis 2023
46. Ten per cent of schools are being used as emergency shelters by IDPs.
47. Fifty-one per cent girls and 15 per cent children with disabilities.
48. UNICEF-Save the Children press-releases/19-million-children-sudan-out-school-conflict-rages October 2023
49. Inter-Agency Assessment Report-Al-Gezira State May 2023
50. [UNICEF national WASH in School Assessment, 2019](#)
51. Mercy Corps Sudan Rapid Market Access Survey May 2023.
52. These account for 54 per cent of all localities in Sudan. These localities are most affected, with severity scale classified at 3,4 and 5 for WASH, Health, and Food Security, and where acute malnutrition is above national average, and the GAM prevalence is higher than the emergency threshold of 15 per cent defined by WHO.
53. Refer to the preventive intervention package in sector Objective 1.
54. Defined as above national average cases of SAM with and without medical complications and moderately malnourished under-five and PLWs.
55. The joint and interagency assessments were carried out in different parts of the country, such as central Darfur, including Zalingei city; East Darfur (over 13 locations); North Darfur (in 7 areas of IDP camps); and Nyala town in South Darfur. Hot spot areas like Northern State (in Wadi Halfa locality and its surroundings); Khartoum South and East; and West Darfur including Geneina, Kulbus, Jebel Moon, and other localities.
56. Around 50 per cent of reported grave child rights violations were verified in 2023 (Jan to Sep) as per MRM verification standards.
57. 102 women and 63 girls aged 11 to 17 years old.
58. [IOM Displacement Tracking Matrix as of 2 November 2023](#).
59. Of over 6.1 million displaced, 4.85 million were internally displaced – majority of whom were originally from Khartoum areas - and 1.3 million crossing the border to neighbouring countries (Egypt, Libya, Chad, Central African Republic, South Sudan and Ethiopia). Sixty-five per cent of arrivals tracked in those countries were Sudanese nationals and 35 per cent were foreign nationals and returnees.
60. Ministry of Health and WHO, "[Sudan Outbreaks Dashboard](#)", accessed on 26 November 2023.

**HUMANITARIAN NEEDS
AND RESPONSE PLAN**
SUDAN