

2017

# HUMANITARIAN RESPONSE PLAN

JANUARY - DECEMBER 2017

JAN 2017

SUDAN

Photo: UN agencies



TOTAL POPULATION

39.6M

PEOPLE IN NEED

4.8M

PEOPLE TARGETED

4.06M

REQUIREMENTS (US\$)

804M\*

# HUMANITARIAN PARTNERS

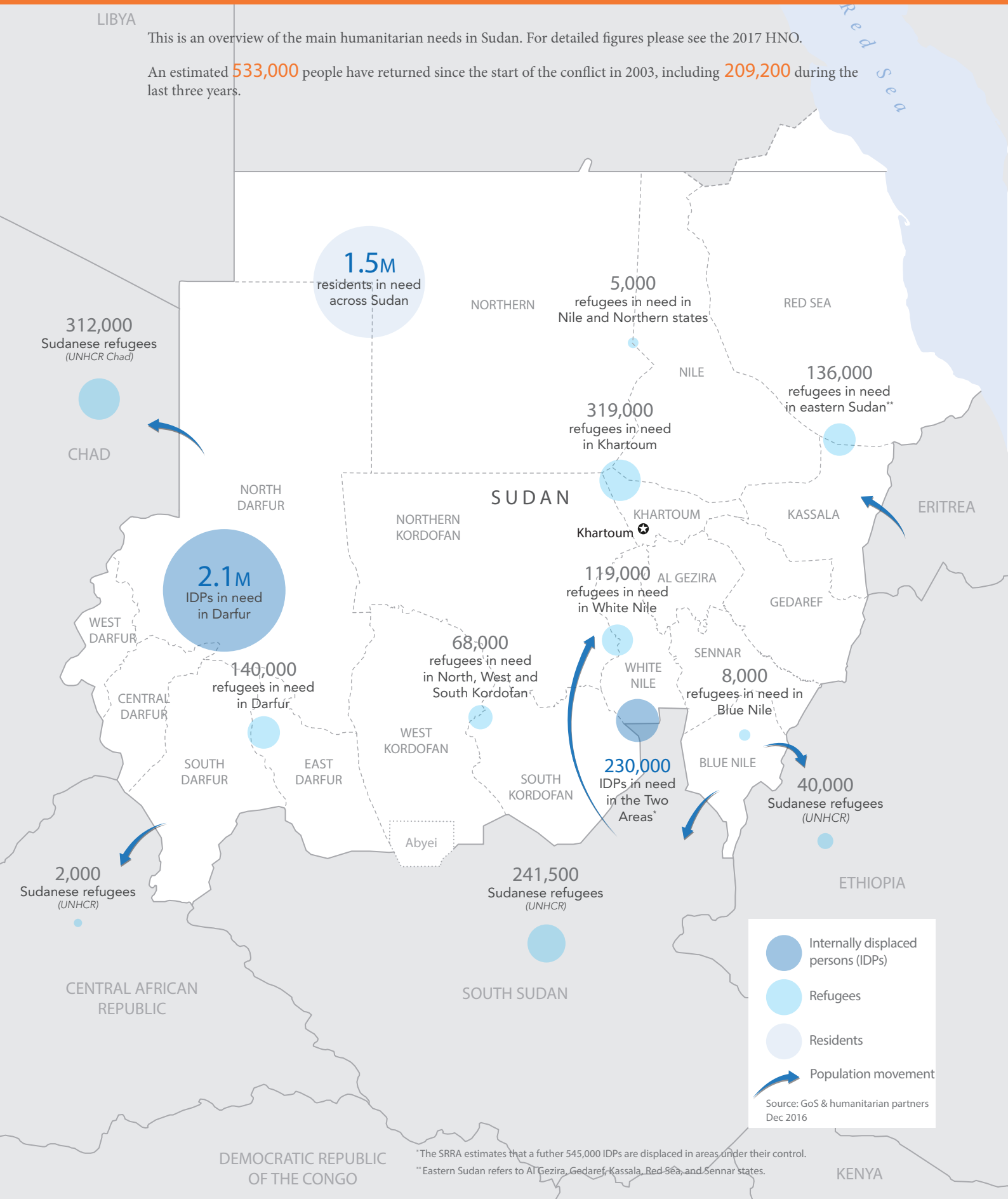
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\*\$804 million does not include the additional requirements for South Sudanese new refugee arrivals.

LIBYA

This is an overview of the main humanitarian needs in Sudan. For detailed figures please see the 2017 HNO.

An estimated 533,000 people have returned since the start of the conflict in 2003, including 209,200 during the last three years.



Source: GoS & humanitarian partners Dec 2016

\*The SRRA estimates that a further 545,000 IDPs are displaced in areas under their control.  
\*\* Eastern Sudan refers to Al Gezira, Gedaref, Kassala, Red Sea, and Sennar states.





## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

In 2017, an estimated 4.8 million people are in need of humanitarian assistance in Sudan. This represents a reduction of one million compared to 2016, attributed largely to a reduction in the number of people in need of food and livelihoods assistance compared to 2015, when the El Niño event impacted agricultural performance.

The 2017 HRP targets 4.06 million people. This decrease in people targeted compared to the 2016 HRP is a result of strict prioritisation based on vulnerability rather than status. The response will prioritise activities in the areas of most severe needs – both within and across sectors - as identified in the HNO. It will take into account the level of presence of partners in targeted areas, as well as the level of access in these areas. The response also prioritises the multi-sectoral

outcomes underpinning the Multi-Year Humanitarian Strategy 2017-2019: providing timely assistance to those affected by new shocks (Outcome 1); meeting the basic needs of those affected by protracted displacement (Outcome 2); and improving nutrition and resilience for vulnerable populations (Outcome 3). The prioritisation also reflects the overall reduction of the number of people in need. At the same time, the number of refugees in need of assistance has increased due to new arrivals from South Sudan, and has grown further since the publication of the HNO.

The 2017 HRP appeal is US\$804 million\*, 17 per cent less than the 2016 appeal, reflecting the reduced targeted population and the common approach to prioritisation across sectors.

\*\$804 million does not include the additional requirements for South Sudanese new refugee arrivals.

	TOTAL		BY STATUS				BREAKDOWN OF PEOPLE TARGETED		BY SEX & AGE		REQUIREMENTS	
	People in need	People targeted	IDPs	Refugees	Returnees	Vulnerable Residents	% female	% children, adult, elderly*	Total for refugees	Total (US\$)		
Education	1.7M	0.62M	0.3M	0.2M	0.02M	0.1M	50%	99   1   0%	4.5M	39.8M		
ES/NFI <sup>1</sup>	1.5M	1.15M	0.45M	0.5M	0.2M	-	60%	60   33   7%	2M	20.2M		
FSL <sup>2</sup>	3.6M	3.9M	1.62M	0.64M	0.16M	1.47M	51%	40   55   5%	7.9M	209.2M		
Health	4.3M	4.06M	2.2M	0.65M	0.21M	1M	51%	53   42   5%	4.4M	64.2M		
LET <sup>3</sup>	-	-	-	-	-	-	-	-	-	21.1M		
Nutrition	2.2M	1.5M	-	-	-	-	55%	65   32   3%	1.5M	74.6M		
Protection	3.2M	2.2M	0.65M	0.9M	0.12M	0.53M	55%	60   33   7%	1.4M	41.6M		
RRR <sup>4</sup>	2.7M	0.2M	0.05M	-	0.1M	0.05M	55%	69   26   5%	-	19.1M		
WASH <sup>5</sup>	3.5M	3.85M	2.2M	0.65M	0.21M	0.83M	51%	60   33   7%	10.7M	67M		
Common Services	-	-	-	-	-	-	-	-	-	14.3M		
RMSR <sup>6</sup>	0.8M	0.9M	-	0.9M	-	-	56%	68   29   3%	232.9M	232.9M		

1. Emergency Shelter/Non-Food Items
2. Food Security & Livelihoods
3. Logistics & Emergency Telecommunications
4. Recovery, Return & Reintegration
5. Water, Sanitation & Hygiene
6. Refugee Multi-Sectoral Response

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



## RESPONSE

## STRATEGY

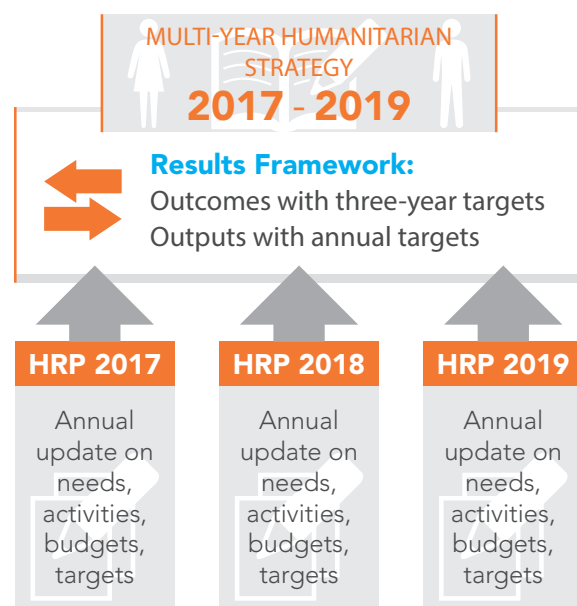
The Sudan Humanitarian Country Team (HCT) is rolling out a Multi-Year Humanitarian Strategy 2017 – 2019 (MYHS), which provides the overall framework for humanitarian activities in Sudan for the next three years, and is in line with the Government quarter century strategy and the Government third five-year plan, has guided the planning process that underpins this document. In order to retain the flexibility to respond to new emergencies and needs, and to adapt the response to changes in the operational environment and capacity, the three year strategy will be complemented with annual operational plans. This Humanitarian Response Plan for 2017 presents operational details and funding requests for the first year of humanitarian activities carried out under the MYHS. In order to address the needs identified in the 2017 Humanitarian Needs Overview (HNO), this HRP is built on the common response analysis, planning assumptions and response planning, and prioritization by humanitarian partners in Sudan. The scope of the plan is in line with the severity of needs identified in the HNO, in which 4.8 million people have been identified as in need of assistance, of whom 4.06 million will be targeted. Sector outputs feed directly into the three year results

The 2017 Humanitarian Response Plan (HRP) provides the operational details for the first year of the implementation of the Multi-Year Humanitarian Strategy (MYHS). It presents the 2017 activities and financial requirements for coordinated humanitarian assistance for each of the three outcomes, as well as the sector-specific operational plans. Guided by the overall strategy, in 2017, humanitarian partners will work to improve monitoring systems, coordination mechanisms and information management and sharing, in order to gradually progress towards the agreed outcomes. Capacity building of local actors will also contribute to sustainability of progress towards the outcomes. The MYHS is built on a strong commitment to continuous review, adaptation and collective learning in the shift from annual to multi-year planning.

Underpinning the 2017 HRP is the commitment to expand the scope and scale of integrated and multi-sectoral strategies which were initiated in 2016 to better serve people in need: Protracted Displacement, Nutrition, and Refugees. Further enhanced by the MYHS is also the commitment of humanitarian partners to link humanitarian and development programming as relevant and feasible. Special focus will be placed on using innovative approaches, in particular cash transfer programmes.

The planning assumptions that have driven the move to a multi-year approach to humanitarian planning and programming as published in the strategy remain valid. In 2017, humanitarian partners anticipate to support 3.6 million people with food and livelihood assistance; 1.5 million

vulnerable boys, girls, and pregnant and lactating women with a comprehensive package of preventive and curative assistance; and an estimated 180,000 South Sudanese refugees. It is anticipated that localised conflict may displace 40,000 to 50,000 people, in addition to an expected 180,000 people who may be affected by floods. Areas that are becoming accessible due to the revised Government Directives on humanitarian action will also increase the number of people to be targeted for humanitarian assistance.



## Centrality of Protection

At the core of this HRP is the HCT commitment to protect the lives and fundamental well-being of civilians affected by conflict or natural disasters. Outcomes 1 and 2 are underpinned by the protection of civilians from violence and abuse, particularly by parties to the conflict, and the prevention of further exposure to violence and abuse by promoting full respect for the rights of individuals. People's needs extend beyond material assistance and require the provision of specific counseling and humanitarian protection activities. Social workers and child protection workers will for example be deployed to ensure that community-based protection mechanisms are in place in affected communities. The humanitarian community works in cooperation with the Government of Sudan (GoS) and other partners to ensure that people in need are assisted and supported in line with the fundamental principles of humanity, impartiality, neutrality and independence. The HCT also commits to fully take into consideration the specific needs of women and men; boys and girls; as well as vulnerable groups such as the older people, disabled people and the chronically ill. The Protection Sector's approach is to support the mainstreaming of protection throughout programmatic interventions.

## Gender-sensitive approach

In order to meet the differing needs of girls, boys, women and men, humanitarian interventions should be designed and implemented in a way that recognises that their needs are often different. Without gender-sensitive programming, vulnerabilities can be exacerbated and interventions have the potential to do more harm than good. Recognising this, the HCT has endorsed the Gender Strategy which aims to ensure the "participation of women and girls as change agents and leaders in humanitarian response with the aim of contributing to inclusive society and sustainable peace in Sudan." HRP partners have used the IASC Gender Marker which is a tool to help humanitarians track how well gender considerations have been taken into account, to develop and review projects submitted for the HRP.

## Prioritisation of the response

The prioritisation of activities and funding asks are determined by the HCT's commitment to ensure life-saving needs are met in a timely manner through a needs-based response and in line with humanitarian principles. These interventions are outlined in Outcome 1 of the MYHS and in line with the needs identified in the HNO. As part of the joint planning process, Inter-Agency Standing Committee (IASC) sectors have developed sector strategies to ensure coherence and complementarity of the different strategies and to identify response priorities at sector level. Based on these, sector partners have reviewed and vetted the project submissions that form the basis of the financial ask of this plan. These are

highlighted in the respective sector plans and are reflected in the project catalogue on the Financial Tracking Service (FTS). The decrease in overall financial requirements compared to 2016 is based on this rigorous vetting process, as well as the reduction in the overall number of people in need and people targeted for assistance.

In drafting the MYHS and this HRP, the humanitarian community in Sudan has worked in close consultation with development partners. Clear links to the UN Development Assistance Framework (UNDAF) and government development frameworks have been identified and documented in the strategy document. Further, sector plans have been developed in close collaboration with the National Mechanism and national counterparts, ensuring alignment with national policies and priorities.

## MILESTONES FOR 2017

### Coordination review

A key component of the MYHS is linking humanitarian and development programming to ensure sequencing and layering of interventions, timing and programming in the same areas, as appropriate. To this end, in the second quarter of 2017, the IASC Task Team on the Humanitarian Development Nexus in Protracted Crises, the UN Development Group (UNDG) Working Group on Transition and the Global Inter-Cluster Coordination conducted a mission to Sudan to review coordination mechanisms. This review will make recommendations to facilitate humanitarian coordination and monitoring of the progress made against the outputs and outcomes, and will further explore suitable mechanisms to enhance coordination between humanitarian and development programming to ensure that humanitarian and development partners targeting similar areas provide the required combination of short, medium and long-term activities.

### Investments in humanitarian monitoring systems

Humanitarian partners must also improve information management, information sharing and monitoring and evaluation systems. In this regard, the MYHS is based on a strong HCT commitment to strengthen monitoring of the coordinated response. Over the course of 2017, humanitarian partners will establish robust baselines and targets, improve monitoring and reporting arrangements, and explore innovative online platforms for data collection and dissemination. This will include systems for enhanced situation monitoring, in the first instance focusing on new displacement, disease outbreaks, food insecurity and malnutrition, and newly accessible areas. The influx of South Sudanese refugees and the food security situation will be monitored. Systematic situation monitoring will also include access and humanitarian needs in newly accessible areas. The results and analysis of response and situation monitoring

in 2017 will feed into the baselines of the results framework and provide the basis for the 2018 HRP, and at the same time allow gaps to be systematically addressed as necessary.

### Improving coordination between humanitarian sectors and development actors

In producing this HRP, IASC Sectors have strengthened inter-sectoral coordination under the three outcomes. This includes joint planning between sectors, for example Education and WASH, to maximise the synergies between the programming of both sectors. The planning and priority setting for each of the three outcomes is based on periodic inter-sectoral discussions throughout the planning process to streamline sectoral response analysis, planning and budgeting. The UNDAF Results Group was consulted in the preparation of the results framework. This has ensured greater coherence and alignment with development programming, which will be strengthened over the course of 2017, and limited the overlaps between the HRP and the UNDAF. The 2018 – 2021 UNDAF will inform the design of development partners' annual work plans. The HCT and the UNCT will ensure Inter-Sector Coordination Group (ISCG) partners are consulted in planning around the UNDAF outcomes in order to identify synergies and areas for enhanced collaboration.

### Adaptation of the Humanitarian Needs Overview

Annual HNOs will serve as the basis for collective planning and decision making under the three year strategy. In order to make the joint analysis robust and to allow for forward planning beyond annual planning cycles, in 2017, humanitarian partners will work with development partners to complement humanitarian needs analysis with vulnerability analyses and further contextual data generated by development partners for the 2018 HNO. Cooperation during this stage, and establishing a commonly agreed analysis of the situation is a prerequisite for joined-up planning processes.

## RESPONSE STRATEGY – OUTCOMES

**Outcome 1: Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock**

**Output 1.1 Strengthened emergency response preparedness of humanitarian actors.**

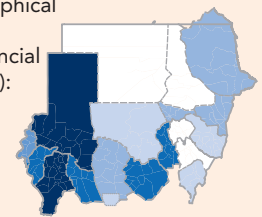
**Output 1.2 Affected people receive timely lifesaving assistance.**

**Output 1.3 Coping mechanisms are strengthened through integrated community-based early recovery programming.**

Estimated Financial Requirements:

**\$440.1M**

Geographical focus (by financial request):



The first priority of humanitarian actors in Sudan during new emergencies is to prevent excess morbidity and mortality by providing protection and lifesaving relief. To do this, it is important to invest in preparedness and ensure a timely response.

Under this outcome, humanitarian stakeholders will ensure that people affected by new emergencies receive timely lifesaving assistance and services in the aftermath of a shock. This will include, for example, responding to disease outbreaks and new displacement, including South Sudanese refugees and those internally displaced due to local-level conflict and flooding. Early recovery interventions will also be initiated and integrated into programming.

The majority of newly displaced people are in urgent need of shelter and non-food items, water and sanitation facilities, food and medicine. For refugees, where sites have been established, the response will be delivered through site-based assistance. This will include site development, protection of vulnerable groups and provision of basic assistance. Assistance for refugees living outside of designated camps will be delivered through community-based assistance, with a focus on strengthening local infrastructure and services to improve refugee and host community access to life-saving assistance and services.

The period of time until displaced people can make an informed decision on whether to return varies widely. For IDPs, emergency relief will generally be provided for at least 24 months and for refugees, five years. These timeframes have also been applied to the design and vetting of projects under this outcome.

The response will be guided by the [HCT Minimum Operating Standards \(MOS\)](#) and the [Emergency Response Framework \(ERF\)](#). The MOS outlines the guiding principles and minimum operating standards for the delivery of humanitarian assistance in Sudan. These standards are firmly rooted in international frameworks for humanitarian action, and are intended to reinforce the transparency, consistency and predictability of aid in Sudan; to enhance accountability to donors and affected people, and to demonstrate a common commitment to principled, needs-driven humanitarian action. The first 10 days of a sudden on-set crisis are of critical importance to ensure that the MOS are taken into consideration and guide the discussion at the state-level ISCG or HCT. In particular, these refer to: (i) Integrated, inter-agency approaches; (ii) Needs-based humanitarian action; (iii) Centrality of protection; (iv) Involvement of appropriate staff; and (v) Partnerships among operational partners.



The response will also be guided by the [Emergency Response Framework \(ERF\)](#). Adopted by the Sudan HCT in 2015, the ERF constitutes the core of the international aid community's commitment to provide a coordinated response to new internal displacement in Sudan, and directs predictable and timely multi-sector assistance. The ERF identifies context-relevant emergency response targets which the HCT commits to achieve during the first weeks of a new disaster. It also identifies roles and responsibilities to implement pre-agreed communal approaches to life-saving activities, thereby ensuring transparent, principled and coherent humanitarian action.

Triggered by a sudden-onset emergency, the ERF covers a period of three months from the onset of a new crisis. It comprises three inter-linked stages:

**Stage 1: ten days (community level basic response and quick needs assessment)**

**Stage 2: one month (initial response and detailed sectors specific assessment)**

**Stage 3: three months (improving the quality of the response, increasing response standards, and identifying the transition/exit strategy from the emergency mode)**

Linked to the ERF and MOS, is the Emergency Response Preparedness (ERP) approach which was rolled out by an Inter-Agency Mission to Sudan in 2016. The ERP approach will strengthen the ERF by ensuring that key preparedness measures are in place thus facilitating the rapid response outlined above. An emphasis on preparedness will also position partners to meet the assistance needs of new refugee and IDP arrivals in 2017 and 2018. To improve preparedness, under this HRP, the following activities, which the mission recommended, will be implemented: (i) Establish a joint risk monitoring mechanism with regular updates to the HCT; (ii) Define and initiate the required minimum preparedness actions (MPAs) within sectors and at inter-sectoral level; and (iii) Define and initiate the required advance preparedness actions (APAs), within sectors and at inter-sectoral level.

The 4Ws is a tool to capture Who is doing What, Where and When which is updated across sectors, and will be complemented by a capacity mapping exercise to understand the level of staff and stocks available at state level, including core pipelines. The exercise will encompass an analysis of potential response bottlenecks, such as national and local access impediments, management of relief supplies, or security constraints. Capacity mapping across sectors will be a strong complement to risk analysis and monitoring once in place. This mapping will also form a basis for preparedness at the regional and global level to deploy support, including surge staff, in case of a crisis. Proactive engagement with local NGOs is essential and based on the capacity mapping exercise, sectors should prioritise training/technical support to local partners that will help address key preparedness gaps.

**Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance**

**Output 2.1 People have access to essential assistance based on vulnerability targeting.**

**Output 2.2 People in need have equal sustainable access to quality basic services.**

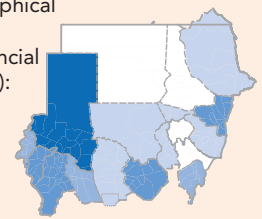
**Output 2.3 People in need have access to income and livelihood opportunities.**

**Output 2.4 Refugees have access to protection services.**

Estimated Financial Requirements:

**\$298.9**

Geographical focus (by financial request):



Displacement situations have become protracted, both for Sudanese citizens displaced internally, and for refugees from neighbouring countries. For IDPs, after 24 months, their situation is no longer an emergency while for refugees after 5 years, their situation is considered protracted. In order to better serve these populations, and, in line with the MYHS, it is essential to continue to protect their lives and well-being, ensure they access essential services, while simultaneously investing in more sustainable approaches that will gradually enhance the self-reliance and resilience of those that are targeted, lay the foundations for durable solutions, and ultimately reduce the number of people in need of humanitarian assistance.

Long-term conflict in Darfur, South Kordofan, and Blue Nile has resulted in widespread displacement. Although returns have taken place, in 2017, some 2.1 million IDPs in Darfur are in need of humanitarian assistance with 1.6 million IDPs living in camps. In areas controlled by Non-State Armed Groups, several hundreds of thousands more people could also be in need of humanitarian assistance. Since the onset of the Darfur crisis in 2003, approximately 532,000 people voluntarily returned to their places of origin across Sudan. However, due to unresolved land issues, ongoing insecurity and weak rule of law, large-scale sustainable returns are yet to take place. This is further complicated by lack of access to basic services, natural assets and sustainable livelihoods in areas of return. Most IDPs, returnees and refugees are therefore unable to meet their basic needs independently and have very limited livelihood opportunities. At the same time, displacement has overstretched host community and aid partners' resources and capacity to meet the needs of vulnerable displaced people. In this context, building the self-reliance of protracted displaced people is an immense challenge.

Building on the activities under the Darfur Protracted Displacement Strategy (DPDS) - a 2016-2018 HCT strategy - under this outcome, the HCT will ensure that the needs of the most vulnerable people are met in a way that facilitates and/or strengthens their self-reliance and resilience, and lays the foundation for achieving durable solutions for them. The aid community will continue to provide needs-based assistance, and continue putting livelihoods, reinforcing community assets and services, partnerships and social cohesion at the centre of programming. Using a needs-based approach, to date, vulnerability assessments have identified 333,000 IDPs as relatively better off households, and an additional 300,000 IDPs have been transitioned to livelihood activities (or seasonal unconditional support).

Improving access to basic services such as health, WASH and education will also be prioritised. In coordination with development partners under the UNDAF, investments will be made for example to enhance availability of appropriate technology options to support a substantial increase in WASH services and scaling up of WASH coverage and to establish, rehabilitate and/or upgrade health facilities and capacities.

The vulnerable IDP households who remain in need of relief assistance will however continue to receive the humanitarian support they need. Of equal importance will be the focus on ensuring categories such as unaccompanied children, single-headed households, older people and people with disabilities are targeted and receive appropriate support. Women will also be specifically targeted for suitable support. Focus on protection will be mainstreamed, ensuring communities have the capacity to protect their members and that social services are accessible in protracted displacement areas.

Capacity building for partners and government counterparts will be also be prioritised in order to strengthen national response mechanisms and ensure the sustainability of the response, including greater integration of refugee and IDPs assistance within national social service systems.

Efforts under this outcome are also aligned with national policies, including plans and strategies at the federal, state and locality levels: the GoS 5-year WASH plan; the Sudan Federal Ministry of Health (FMoH) Nutrition Strategy 2014-2018; the Ministry of Health National Health Sector Strategic Plan; the 2013 – 2019 Darfur Development Strategy and the UNDAF 2018 – 2021 (and the current UNDAF). They are also aligned with development aid initiatives planned by inter-governmental (e.g. Intergovernmental Authority on Development/IGAD) and international organisations (e.g. World Bank).

Finally, to facilitate durable solutions and needs-based assistance, in 2017 more work will be done to support better programming. This will include:

1. Further roll-out of vulnerability-based targeting;
2. IDP profiling focused on understanding preferences of displaced populations, including in relation to selection of a future place of residence, as well as analysis of the opportunities and obstacles that impact these decisions; and

3. Scaling up of multi-sectoral, multi-year, integrated, and area-based programmes.

For refugee response, the continuation of basic service provision for existing caseloads of refugees and other persons of concern will be ensured in line with identified needs. Long-term solutions will also be promoted, with an emphasis on enhanced protection through self-reliance initiatives and host community support. Targeted livelihood interventions will facilitate the transition from relief to self-reliance programmes, including vocational training, cash-based interventions, micro-financing and livelihood asset protection, as well as partnerships with the private sector and development actors. These interventions will also be used to mitigate the protection risks associated with onward movement. Access to energy will be prioritised, with an emphasis on single women-headed households and women-at-risk, in order to bolster women's protection.

To facilitate the development of a commonly agreed evidence-base to inform durable solutions for IDPs, the Government of Sudan, UN, World Bank and NGO partners will undertake a joint area-based profiling exercise in Abu Shouk IDP camp and the surrounding peri-urban/urban neighborhoods of El Fasher (North Darfur) and in Um Dukhun area (Central Darfur). As part of the process, partners will collect and standardise information, tools and methodologies which will facilitate better-informed joint and integrated programming for durable solutions for IDPs in Sudan. The Abu Shouk profiling exercise will be funded by the joint UN-World Bank Humanitarian-Development-Peace Trust Fund and will make a significant contribution to better quantitative data in the country. The results will be compiled into a draft strategy paper that will include specific long-term programming recommendations for UN agencies, the World Bank, the Government and other development partners.

**Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience**

**Output 3.1 Malnourished children, pregnant and lactating women, and other vulnerable groups have access to nutrition-sensitive and nutrition-specific services.**

**Output 3.2 Stakeholders and affected communities (national and state level) have improved capacity to prevent malnutrition in a multi-sectoral manner.**

**Output 3.3 Affected communities are empowered through community-based livelihood interventions and other prevention and resilience measures.**

Estimated Financial Requirements:

**\$65M**

Geographical focus (by financial request):



Acute malnutrition is a life-threatening condition which may result in increased mortality and morbidity among the most vulnerable groups - children under five years of age and pregnant and lactating women. Left untreated, acute malnutrition can have debilitating consequences on children such as impaired physical growth and cognitive development. It is therefore essential to address the immediate and underlying causes of malnutrition at the individual and household level and thereby reduce mortality, morbidity and disability among acutely malnourished children and alleviate the short-term consequences of maternal and child undernutrition.

Sudan has one of the highest prevalence of wasting in the Middle East and North Africa (MENA) region with a 16 per cent Global Acute Malnutrition (GAM) rate among children under five years old. Over one in three children under five are too short for their age (stunted) and more than one in six are too thin for their height (wasted). According to the Ministry of Health, some 2.2 million children suffer from wasting annually (GAM) out of which over 573,000 suffer from Severe Acute Malnutrition (SAM). 11 out of the 18 states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per WHO standards. Some states have much higher rates, such as North Darfur where GAM prevalence is at 27.9 per cent. (Source: MICS 2014).

The nutrition situation is largely influenced by underlying structural causes such as food insecurity at the household level, inadequate access to quality water, sanitation and health care, as well as a lack of a protective and enabling environment. As such, it is essential to promote a multi-sectoral approach through integrated methodologies and improved coordination with other sectors.

The IASC Nutrition Sector will lead these efforts through a combination of multi-sectoral modality options as follows: (i) Defining a common outcome: To reduce malnutrition levels and improve mortality and morbidity rates. This requires partners from various sectors collaborating to share needs assessments, on strategy development, implementation and monitoring; (ii) Geographical convergence: Populations with multiple needs are identified through cross-sectoral needs and joint vulnerability prioritisation. IASC Sectors organise themselves together to support a population by providing services to the same location; (iii) Enhancing contribution from other sectors: Each IASC Sector is asked to show how it can contribute to the delivery of nutrition services; and (iv) Consolidation of Services (Essential Package approach): A comprehensive set of initiatives and activities from several IASC Sectors is combined into one plan.

Given chronic humanitarian needs, under this outcome, the strategy is designed to also contribute to the long-term efforts of the government and partners to tackle malnutrition in Sudan including the Investment Case for Nutrition, which also addresses reduced economic productivity. Humanitarian partners will engage with development partners to address the underlying socio-economic and developmental causes of malnutrition. Investments will be made in strengthening

capacities to prevent malnutrition and emphasis will be put on malnourished children, pregnant and lactating women. At the same time, humanitarian partners will strategically engage with development partners and advocate for a scale-up of development assistance to reduce the vulnerabilities that drive humanitarian needs.

While high levels of malnutrition represent visible humanitarian consequences, undernutrition is the result of multiple underlying structural causes, including: food insecurity and poor health, water and sanitation. The HCT's multi-sector approach to addressing the emergency needs of malnourished children is designed to also contribute to the long-term efforts of the government and partners to tackle malnutrition in Sudan. Humanitarian partners will also provide support to strengthen livelihoods by, for example, providing conditional cash transfers, microfinance, livelihood assistance and asset support to families with malnourished children to increase their resilience.

Under this outcome, the capacity of individuals, communities and Government institutions to mitigate, respond to and recover from disasters will be strengthened. Individuals, communities, local and national institutions will be supported to provide for themselves and reduce their dependence on life-saving assistance, and safety nets will be strengthened. Targeted communities will thereby be transferred out of humanitarian aid and into national safety nets. Key humanitarian response activities under this objective will include: training on life skills as part of increasing self-sufficiency of individuals and families; diversification of livelihoods options and food production systems. Humanitarian partners will also work to identify ways to reduce the risks of shocks and stresses. This will include strengthening capacities for risk and crisis management to mitigate the impact of emergencies; improving information management, early warning, risk analysis and surveillance systems of multi-hazard risks, and increasing awareness on disaster risk reduction.

#### **Multi-sectoral example on addressing malnutrition**

In 2016, the Health, Nutrition, Water, Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL) Sectors implemented a multi-sectoral project to tackle malnutrition associated with the impact of El Niño in the seven localities of the three states comprising eastern Sudan (Kassala, Gedaref, and Red Sea). A consortium of INGOs, NNGOs and UN agencies together with government and line ministries identified and prioritised the health, hygiene sanitation, food and livelihoods needs of people vulnerable to malnutrition. In the first 6 months of the project, 15 SAM centres were opened in Red Sea State and over 700 children received treatment for SAM. Some 2,185 mothers and children received outpatient consultations at health facilities. Four boreholes were drilled to provide access to potable water and five more are currently being drilled. Hygiene promotion among the catchment population of twelve health facilities was also undertaken and 400 households were provided with livestock, 200 households were supported with veterinary services and received seeds and tools. Similar activities were carried out in Kassala and Gedaref states.

OPERATIONAL

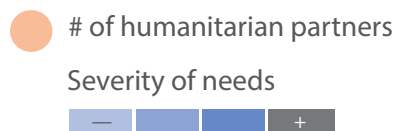
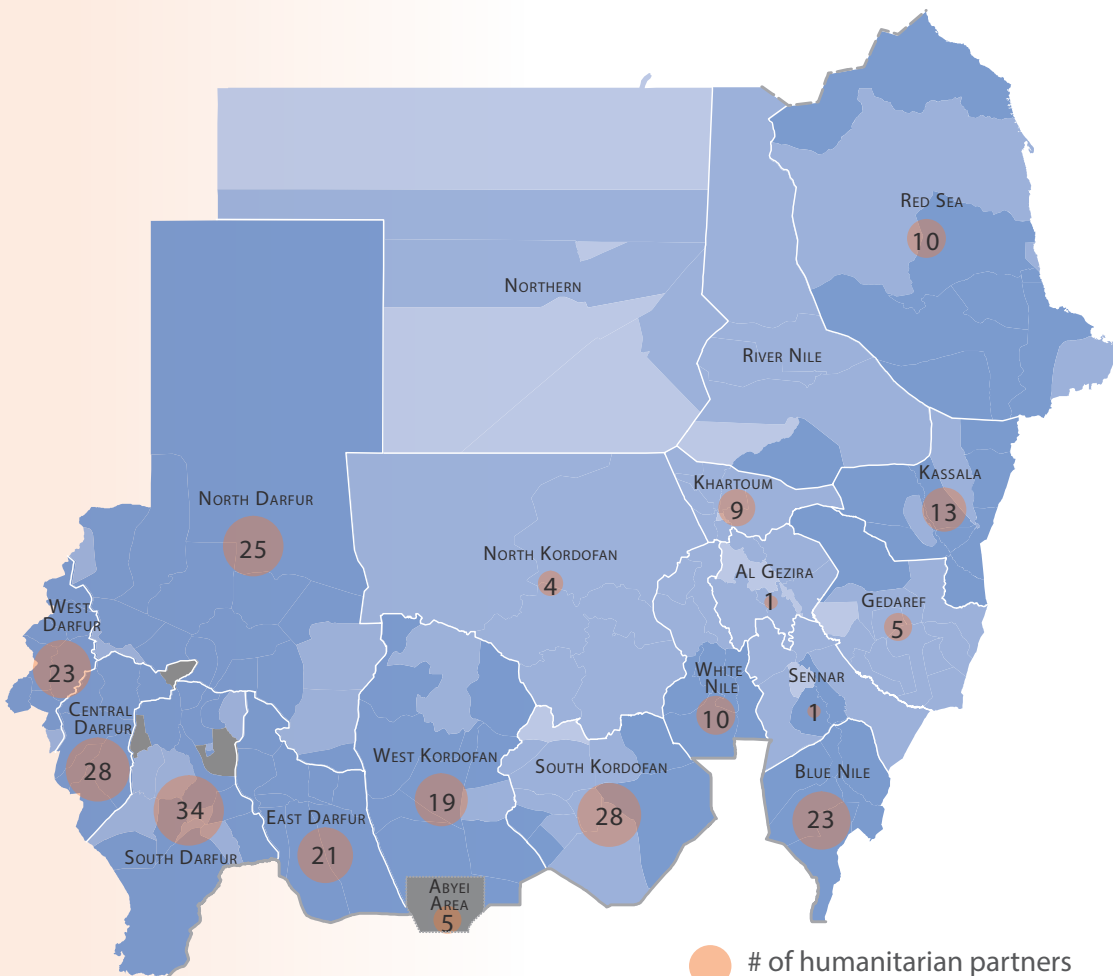
# CAPACITY

Today there are 186 international and national humanitarian organisations operating in Sudan (based on 3Ws database), of whom 77 are partners of this HRP. About 86 per cent are operational in the Darfur region (165 organisations). Among these 165 organisations in Darfur, there are 17 UN agencies and other international organisations, 40 international Non-Governmental Organisations (INGOs) and 108 national Non-Governmental Organisations (NNGOs). The number of aid personnel working for UN agencies and INGOs in Darfur has been decreasing; there were 17,700 in 2009 and there are

4,200 in 2017 (97 per cent of the 4,200 are national staff). Additionally, in recent years, a number of INGOs have closed or handed over their operations to national actors in parts of Darfur, especially West Darfur, either due to a lack of funding or a restricted operating environment. The operational capacity of humanitarian partners is closely linked to sustained and unfettered access, the ability to maintain necessary staff where the needs are largest, as well as funding from donors. The map below highlights the presence of 2017 HRP partners and severity of needs by state and locality.

# OF HUMANITARIAN PARTNERS IN HRP

77





## HUMANITARIAN ACCESS

In December 2016, HAC released new guidelines on directives and procedures for humanitarian action in Sudan with the aim of facilitating the movement of humanitarian personnel and goods, improving the timeframe for the signing of technical agreements and expediting customs clearance. The new system came into effect on 26 February 2017, but is yet to be fully implemented in all states.

Despite the delay in implementing the new guidelines, often due to insufficient knowledge of the new directives by relevant authorities at state level, improved access has been observed. Humanitarian partners are working in a spirit of partnership with government counterparts to address shortfalls. Improvements relate to the processing of requests for travel permits and notifications and the facilitation of access to some previously inaccessible areas in the Jebel Marra area and South Kordofan and Blue Nile states. However, areas controlled by armed groups are excluded from the new

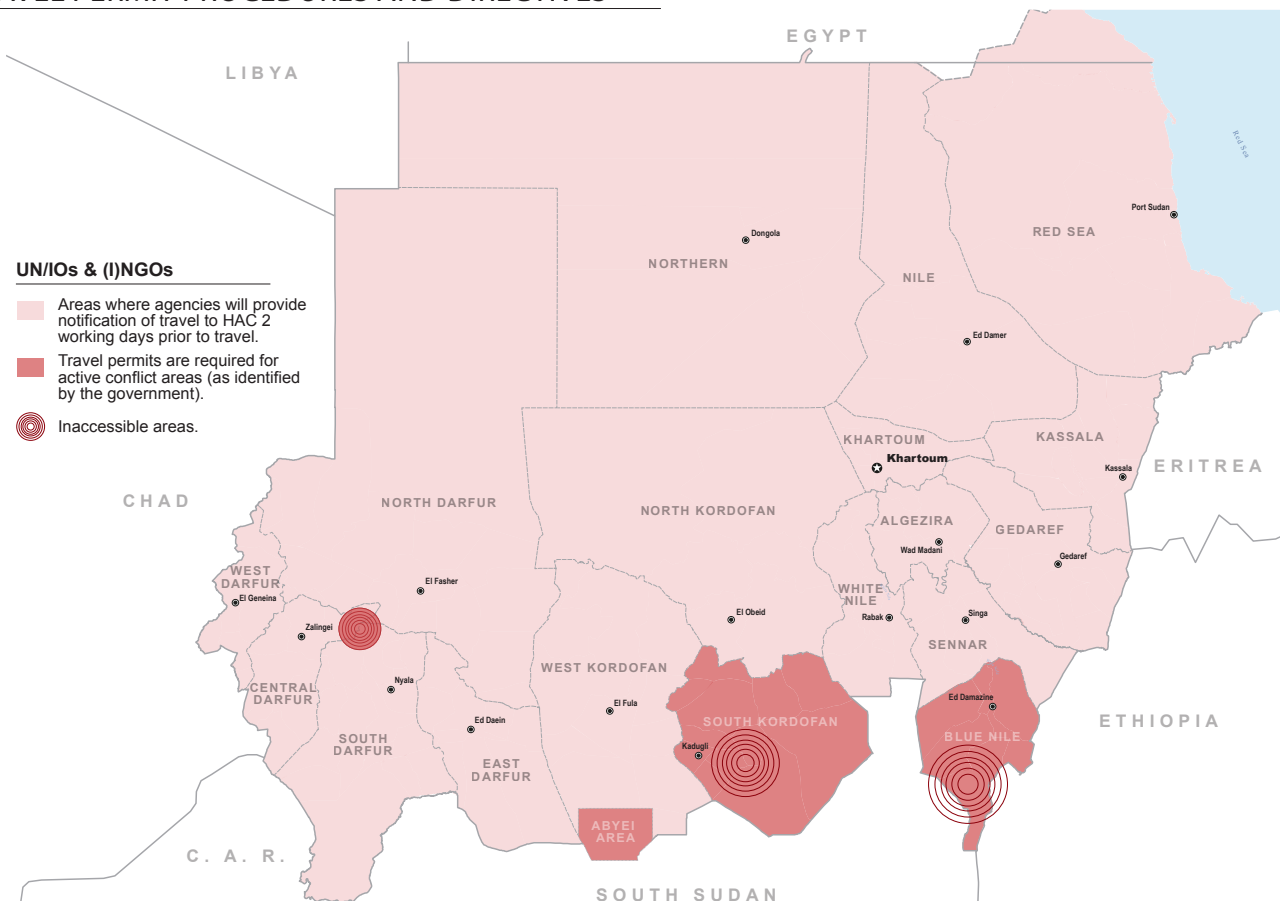
directives and remain inaccessible.

Overall, the presence and scope of activities of international actors, specifically INGOs, are shrinking across Sudan due to a reduction in funding and the departure of some organisations. This limits the capacity of humanitarian programming in general and has implications on the well-being of people in need in affected areas.

Implementation modalities have significantly evolved over the years with a marked increase in implementation through local organisations and structures and in some cases using more indirect partnership and management approaches.

Respect for International Humanitarian Law and sustained commitment by all humanitarian actors and stakeholders to provide and facilitate principled humanitarian assistance remains paramount. In particular, strict adherence to the key humanitarian principles of humanity, neutrality, impartiality

### TRAVEL PERMIT PROCEDURES AND DIRECTIVES



RESPONSE

# MONITORING

The 2017 – 2019 Multi-Year Humanitarian Strategy departs from the usual monitoring framework used for annual Humanitarian Response Plans and is based on a Results-Based Monitoring approach. This effort aims to strengthen the rigour of planning, monitoring, and accountability of programming; and to facilitate joint collaboration by humanitarian partners across sectors, as well as with development partners. This approach follows the same structure as the UNDAF Results Framework and will thus facilitate creating logical linkages to this parallel framework. Further, by planning and monitoring the collective humanitarian activities around the three outcomes, the HCT will be better able to measure the results, and to work in a more integrated, inter-sectoral manner to successfully deliver against the strategy. The Monitoring Framework covers the years 2017 – 2019, and will be adapted and reviewed on an annual basis. The results will provide a stronger evidence base for joint analysis of the needs, the response and remaining gaps and ultimately lead to better informed decision-making for the collective humanitarian response.

Each year, the HCT will publish one Periodic Monitoring Report. Based on reporting and analysis by humanitarian partners, these reviews will answer the following questions:

1. What progress has been made against the targets spelled out in the results framework?
2. Is the response appropriate (i.e., in line with funding levels, potential changes in the identified needs and operational context)

3. Are the planning assumptions still valid, or do they need to be revised?
4. Does the above analysis demand a revision of operational approaches, priorities or targets?

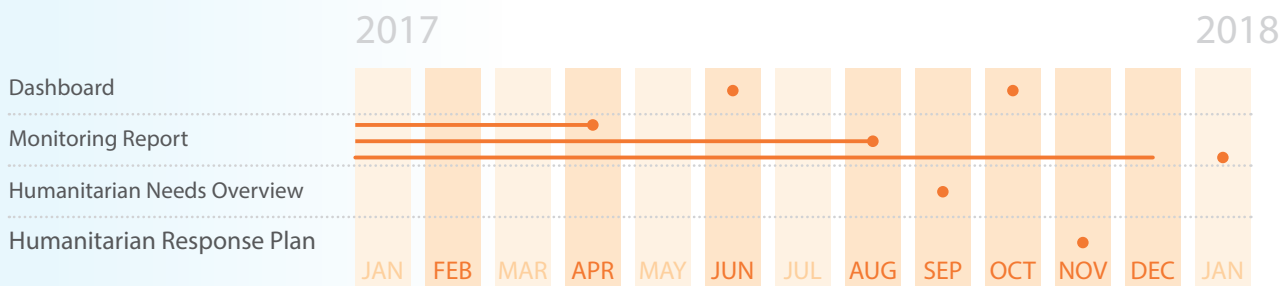
In addition to the Periodic Monitoring Report, OCHA will periodically produce quarterly humanitarian dashboards that provide a snapshot of the response at sector level and funding information.

Periodic Monitoring Reports will measure the achievements of the humanitarian community at outcome and output level. The IASC Sectors in Sudan will engage with all humanitarian partners working in Sudan, including government counterparts of the National Mechanism, to compile and consolidate response monitoring data, and will measure progress made at sector level against the set targets, feeding into the inter-sectoral, outcome-based results framework.

The HCT will review monitoring information provided by the ISCG to validate and review strategic and operational approaches as necessary.

OCHA will be supporting and working with the sectors throughout 2017 to strengthen the response indicators, targets and monitoring information. Regularly updated 4W overviews will provide operational snapshots of the humanitarian response. The Information Management Working Group will be developing 4W overviews of development programming across the country, allowing for improved operational coordination and the identification of synergies and overlaps in geographical areas or thematic

## HUMANITARIAN PROGRAMME CYCLE TIMELINE



NOTES



# PART II: OPERATIONAL RESPONSE PLANS

## SECTOR RESPONSE PLANS

-  Education
-  Emergency Shelter/Non-Food Items
-  Food Security & Livelihoods
-  Health
-  Logistics & Emergency Telecommunications
-  Nutrition
-  Protection
-  Recovery, Returns & Reintegration
-  Water, Sanitation & Hygiene

## REFUGEE RESPONSE

-  Refugee Multi-Sectoral Response

## ABYEI

-  Abyei Response Plan



## PEOPLE IN NEED


**1.7M**

## PEOPLE TARGETED


**0.62M**

## REQUIREMENTS (US\$)


**39.8M**

## # OF PARTNERS


**18**

## EDUCATION

**Sector Strategy**

The Education Sector response will focus on improving access to primary and secondary education which ensures that vulnerable girls, boys and adolescents can gain access and retention to quality formal and non-formal education in age appropriate learning environments. The priority in 2017 will be newly and protracted displaced girls and boys in Blue Nile, Darfur and South and West Kordofan states. Other regions in eastern, central and northern Sudan will be included contingent upon unanticipated emergencies.

The Education Sector humanitarian response strategy in 2017 is part of the Multi-Year Humanitarian Strategy (MYHS) 2017- 2019 and is planned through an integrated approach. The first approach, linking to MYHS Outcome 1, will be adopted to address critical educational needs raising from rapid onset emergencies including preparedness activities; this will be through engaging in responsive activities to save lives and provide extended protection during and in the aftermath of a shock. Age-appropriate protective temporary learning spaces will be established in locations with new displacement.

The second approach, contributing to Outcome 2 of the MYHS, will achieve long-term stability and resilience for people affected by protracted displacement, in areas of return, and in fragile regions with vulnerable residents. The focus is on improving access to and quality of education and building the capacity of institutions as well as strengthening community structures to mitigate the impact of emergencies. Sector partners will construct semi-permanent and rehabilitate permanent classrooms in the existing IDP camps and host communities. Provision of safe drinking water and gender-sensitive sanitation facilities according to sector-specific standards is essential to keep boys and particularly girls in schools. Sector partners will provide a one-time delivery of supplies in the beginning of each academic year to prioritised schools. The provision of school meals through nationally-owned school feeding programmes will keep learners in schools. The sector will address other factors hindering girls' and boys' access to education like community financial capability to afford costs related to education, insecure routes and distance to learning facilities as well as social norms or family-based traditions that hinder equal access of girls and women to education. Institutions are enhanced to take increased responsibility in financial, management and governance roles of education response to achieve long-term stability to fulfil the

educational needs of vulnerable populations living in protracted situations, in areas of return or in fragile areas.

Linking to the third MYHS outcome, the sector response strategy aims to enhance child-survival opportunities by linking early childhood development initiatives with programmes for mothers. Teacher trainings, capacity building of Parent-Teacher Associations (PTAs) and the government line ministry, in addition to community mobilisation and participation in school based activities, which contribute to the in-kind added value by adult community members, will ensure quality, ownership and sustainability of the education intervention.

**Multi-Year Humanitarian Strategy and link with development planning**

The Education Sector response strategy will be guided by the principles of developing a shared understanding of sustainability, vulnerability, and resilience. Education partners from humanitarian and development sectors will be encouraged to establish information systems with pooled and combined data, analysis and information; improved joint humanitarian and development planning and programming processes; effective leadership for collective outcomes; and financing modalities to support collective outcomes.

The Ministry of Education Strategic Plan 2017-2021<sup>1</sup> will provide a unique opportunity for the integration of activities related to emergency and development under one platform that addresses education access, quality and system strengthening.

As per UNDAF Outcomes 1, 2 and 3, the sector will support equitable access to quality education at all stages of the formal and non-formal education cycle. Specific technical support will be provided in early childhood development and school readiness; quality primary education through strengthening of curricula development; teacher training; and quality assurance. The education system will be strengthened to ensure retention in school and among out-of-school learners, including youth, especially young women. The sector will work closely with the Ministry of Education and educational institutions to improve the quality of life skills training for girls and boys and young people, including the displaced, to strengthen social integration and protection. An accelerated learning programme will be introduced for children who have missed out on basic education opportunities. The sector will engage with key institutions



<sup>1</sup>Sudan's Education Sector Strategic Plan is under development by the Government and the education sector partners working in the development part.

responsible for the development and implementation of national and subnational policies, plans, budgets and strategies for the social sector to advocate for evidence-based policy development, increased allocation of social budget as well as the development of social protection mechanisms for the most vulnerable population. The strategy provides an opportunity to bridge short-term assistance with long-term development and vice versa through implementing resistive/durable safety mechanisms through school risk reduction and early recovery strategies.

### Inter-sectoral initiatives and collaboration

The Education Sector response promotes multi-sectoral programming, especially with the WASH, Protection, RRR, Health and Nutrition Sectors. The sector strategy provides a concrete platform for partners' strategic and programmatic alignment around the shared objective of delivering social protection, education, and improved nutritional status of children, while contributing to poverty reduction and promoting community resilience, social inclusion and stability. Placing girls and boys into safe, protective and healthy learning environments is both life-saving and provides protection against child labour and recruitment.

For example, Early Childhood Development interventions will be coordinated with the Nutrition Sector in areas with high malnutrition and food insecurity indicators. Provision of nutrition-sensitive programmes such as referral of malnourished children to nutrition centres and the provision of school meals through nationally owned school feeding programmes will address the seasonal food insecurity and keep learners in schools. The Education and WASH Sectors will work together to identify needs and strengthen water and sanitation infrastructure within learning facilities. Education partners will coordinate with the Health Sector to undertake immunisation campaigns in schools. The collaboration with Child Protection Sub-sector will be engaged around the protection of girls and boys in education facilities, referral for psychosocial counselling, family tracing and reunification of separated and unaccompanied children, mitigation of child recruitment and strengthening coordination with child protection networks in conflict areas.

### Cross-cutting issues

The 2017 Education Sector strategy aims to ensure gender equity/equality and to address the distinct needs of girls, boys, men and women. Access to safe, quality and age-appropriate learning

opportunities in a protective environment will improve the protection of women and children, including psychosocial care and support. The sector aims at strengthening the coordination between PTAs and Child Protection Networks: vulnerable girls and boys in the affected areas will be supported by referral to Child Protection Networks and/or counselling.

As Sudan is vulnerable to shocks such as floods, drought, and conflict over natural resources, the environment will be considered in education response. Safeguarding environmental resources, environmental awareness and mitigation efforts in education programming are crucial. School and community sensitisation sessions on environmental and sanitation awareness will be organised and environmentally sustainable construction of schools and education facilities in EiE programming will be considered and prioritised. In addition, tree planting and establishment of garden spaces will be carried out in schools.

The Education Sector has the potential to mitigate conflict by improving relations and interactions and encouraging attitudinal changes to reduce the risk of conflict. The sector will develop school risk reduction and early recovery strategies to support the early detection of social grievances and violence in and around schools and contribute to mitigating conflict.

Key strategic priorities for the Education Sector in 2017 will be improving access and retention through formal and non-formal education channels, with special emphasis on gender equity, inclusive education, teacher support, awareness and advocacy, capacity development of education authorities in quality assurance, and emergency preparedness in planning and response.

The Education Sector response strategy is developed within the framework of Inter-Agency Network on Education in Emergencies (INEE)'s Minimum Standards of Education.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.2M	0.9M	0.08M	0.5M	50%	100   0   0%
PEOPLE TARGETED	0.2M	0.3M	0.02M	0.1M	50%	99   1   0%
FINANCIAL REQUIREMENTS	4.5M	35.3M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
# of targeted girls and boys (by age) supported to access protective learning spaces.	Based on needs.	N/A	50,000	1.2
# of girls and boys (by age) provided with appropriate seating desks, benches and chairs.	Based on needs.	N/A	50,000	1.2
# of children (by age and sex) provided with school meals.	Based on needs.	N/A	20,000	1.2

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
# of targeted girls and boys (by age) supported to access protective learning spaces.	Darfur, South and West Kordofan, Blue Nile	105,019	180,000	2.1
# of children (by age and sex) with access to gender sensitive WASH facilities (in line with Inter-Agency Network for Education in Emergency (INEE) and Sphere minimum standards) in schools/learning spaces.	Darfur, South and West Kordofan, Blue Nile	49,829	175,000	2.1
# of targeted children (by age and sex) receiving improved quality learning through provision of teaching, learning and recreational materials.	Darfur, South and West Kordofan, Blue Nile	182,080	400,000	2.1
# of girls and boys benefitting from teachers trained on Education in Emergency (EiE).	Darfur, South and West Kordofan, Blue Nile	103,520	160,000	2.2
# of children (by age and sex) provided with school meals.	Darfur and South Kordofan	393,428	340,000	2.1

**MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.**

Indicator	Location	Baseline	Target	Link to Output
# of education actors (PTA, headmasters, and government officials by sex) trained on education and school management in emergencies.	All states.	2,364	4,000	3.2
# of schools with gardens/farms, support children with farming knowledge for sustaining livelihood.	All states.	N/A	200	3.2
# of school Parent Teacher Associations linked with mother support groups at community level.	All states.	N/A	200	3.2

## PEOPLE IN NEED


**1.5M**

## PEOPLE TARGETED


**1.15M**

## REQUIREMENTS (US\$)


**22.2M**

## # OF PARTNERS


**22**

## EMERGENCY SHELTER/NON-FOOD ITEMS

**Sector Strategy**

The overarching objective of the Emergency Shelter and Non-Food Items (ES/NFI) Sector is to save lives, provide protection from the elements and restore a sense of dignity to persons of concern (PoCs) by ensuring the timely provision of ES/NFIs. PoCs include families displaced due to conflict, disaster (e.g. floods) and returnee/reintegrated households.

Since ES/NFI items are not intended for long-term use, vulnerable protracted IDPs including persons with specific needs will be provided with needs-based renewal ES/NFIs. Based on the HNO and previous displacement trends, an estimated 1.5 million people will need ES/NFI assistance across Sudan in 2017. The sector, which includes some 35 partners, targets 650,000 people in need, including 300,000 newly displaced due to conflict/disaster; 150,000 of the most vulnerable protracted IDPs and 200,000 returnees/reintegrated PoCs.

Emerging life-saving needs are expected to continue in the next three years, requiring the sector to respond to newly displaced populations with the timely provision of ES/NFIs. As such, under Outcome 1 of the MYHS, the sector will respond to the needs of newly displaced people in line with the ERF for Sudan. As an initial intervention for people fleeing their area of origin due to conflict or natural disaster, communal shelters will be provided at the site of displacement to protect older people and pregnant and lactating women and children from the elements while they await registration and verification. Once verified/registered, PoCs will be provided with ES/NFIs based on assessed needs. As such, the sector will ensure that newly displaced persons in need have timely access to basic emergency shelter and domestic items to mitigate health threats and to sustain/improve living conditions.

Under Outcome 2 of the MYHS, the ES/NFI needs of the most vulnerable protracted IDPs and returnees will be met through the provision of renewal NFIs and emergency shelter material or transitional shelters depending on land tenure. Additionally, self-reliance and early recovery will be promoted by engagement and training of IDPs/returnees in income-generating livelihood activities (e.g. production of shelter/NFI components such as stabilized soil bricks, woven grass mats, sleeping mats and training in building and construction techniques) and soft skills.

**Multi-Year Humanitarian Strategy and link with development planning**

In addition to addressing emergency needs of newly displaced persons, the sector will support early recovery activities to build community resilience by incorporating awareness programmes on Disaster Risk Reduction, linking response to Outcome 2 of the MYHS and UNDAF outcome 2. In 2017, the sector has set up a technical working group to design easily implementable guidelines/activities, to provide guidance on key issues related to displacement and disaster such as fires, floods and flash floods through infographics on response in the event of a disaster. Also responding to Outcome 2 of the MYHS, partners will promote activities that support durable solutions and resilience and support the move from dependency to self-reliance such as income-generating and livelihood activities (e.g. training protracted IDPs and returnees on basic building skills, production of domestic items, construction of fuel efficient stoves, etc.). Improving the productive capacity of affected communities and supporting them to move toward income generation will improve their self-sufficiency and enable them to move out of a condition of extreme poverty over the next three years. The sector will follow the global "Guidance Note on Inter-Cluster Early Recovery". The sector is committed to supporting the Darfur Development Strategy with the provision of durable shelters and training for the construction and maintenance of these. By 2018 and 2019, the sector plans to see a decrease in the number of protracted IDPs relying on renewal ES/NFI assistance, with more families having the capacity to support themselves through the training activities provided.

**Inter-sectoral initiatives and collaboration**

The ES/NFI Sector will continue to work with other sectors (e.g. WASH, Health) in the distribution of NFIs to avoid overlap in commonly targeted areas. The sector will collaborate with the Protection Sector in the identification of the most vulnerable protracted IDPs who continue to require ES/NFI assistance. Contributing to UNDAF Outcome 1, the sector will work with the FSL Sector to address the needs of protracted IDPs and with the RRR Sector in targeting returnees to increase the provision of livelihoods activities. The provision of appropriate shelters will provide a safe place for lactating mothers to feed their babies and improving their nutritional status, while the provision of relevant NFIs such as jerry cans will




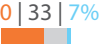


allow for the safe storage of clean potable water, and a kitchen set will ensure that mothers are able to cook the dry rations provided by the FSL sector. The sector will continue to engage and work closely with RCF on interventions in locations with mixed populations, ensuring that the quantity and quality of ES/NFIs provided to an IDP or refugee household in a mixed population is the same, to avoid resentment between groups and adhere to the Do No Harm principle.

**Cross-cutting issues**

Humanitarian Protection will be mainstreamed across all ES/NFI activities in close collaboration with the Protection Sector to ensure that sector activities are implemented with consideration of beneficiary protection needs. The Protection Sector will also be consulted on integrating initiatives to address Gender-Based Violence in ES/NFI interventions. Accountability to Affected Populations is emphasized through the gender and humanitarian protection lens, to ensure that the needs of women, girls, boys, men and persons with specific needs are considered. The sector will ensure that specific needs are addressed by involving beneficiaries in assessments, distribution of NFIs and shelter items. Open channels of communication for feedback, complaints and information sharing will be established so that assistance is delivered according to the principles of neutrality and 'do no harm' and ensuring the safety of all beneficiaries. ES/NFI partners must ensure that distribution sites are safe and accessible for all groups and that distribution times are appropriate, and must be aware of the code of conduct and oriented on the prevention of abuse/exploitation of beneficiaries. Host community assistance must be considered in needs assessments to avoid tensions between IDPs and host communities. Differences in the amount/content of NFI packages on the basis of need, must be clearly communicated to, and understood by the beneficiary community. Environmental concerns will be addressed by ensuring

that beneficiaries are aware of the impact of ES/NFI activities on the environment and effective mitigation measures, such as recycling/reusing old NFIs and the reduction/safe disposal of packaging material.

**BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE**

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.34M	0.93M	0.21M	-	60% 	60   33   7% 
PEOPLE TARGETED	0.5M	0.45M	0.2M	-	60% 	60   33   7% 
FINANCIAL REQUIREMENTS	2M		20.2M		*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
# of Common Pipeline ES/NFI kits stored in UNHCR ES/NFI project warehouses and partner warehouses in place and ready for use (as a result of timely procurement process).	Darfur states, South and West Kordofan, Blue Nile	20,000	130,000	1.1
# of households newly displaced due to conflict or natural disaster receive emergency shelter and non-food items for protection from the elements to mitigate health threats (household heads disaggregated by sex).	As above	n/a	60,000	1.2
# number of communal shelters erected at camps or sites of gathering of newly displaced people for protection from the elements.	As above	n/a	30	1.2

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
# of returnee / integrated IDP households receive emergency shelter and non-food items for protection from the elements to mitigate health threats (household heads disaggregated by sex).	Darfur states	n/a	40,000	2.1
# of most vulnerable pre-existing IDP households (PSNs) receive renewal NFIs for protection from the elements to mitigate health threats (household heads disaggregated by sex).	As above	20,000	30,000	2.1
# of long-term IDP and returnee/integrated IDP households provided with suitable environmentally friendly transitional shelters (household heads disaggregated by sex).	As above	800	10,000	2.1
# of long-term IDPs and returnees/integrated IDPs trained on construction techniques (including brick making) and engaged in construction of transitional shelters (disaggregated by sex).	As above	n/a	25,000	2.3

## PEOPLE IN NEED


**3.6M**

## PEOPLE TARGETED


**3.9M**

## REQUIREMENTS (US\$)


**209.2M**

## # OF PARTNERS


**33**

## FOOD SECURITY &amp; LIVELIHOODS

**Sector Strategy**

Food and livelihood insecurity is the result of multi-dimensional challenges affecting the availability, accessibility and the environmental sustainability of the country's food system. Such a complex environment requires a multi-faceted immediate, medium and long-term approach. In this context, the Food Security and Livelihoods (FSL) Sector response will contribute to the achievement of all three outcomes outlined in the MYHS.

In line with Outcome 1, saving the lives of people in the immediate aftermath of a natural or man-made disaster remains at the core of the FSL Sector partners' humanitarian interventions. The FSL Sector Response Plan will support partners in addressing immediate humanitarian needs by providing food and livelihoods inputs, while also building the capacity of targeted populations affected by crises to cope with future shocks and stresses through disaster mitigation measures. Close coordination with government counterparts and local partners will contribute to building the capacity of national partners and improving preparedness for new emergencies.

Within Outcome 2, the sector aims to address the basic needs and build the self-reliance of protracted food and livelihoods insecure people with a focus on displaced populations, returnees and host communities. Reducing vulnerability to climate change-induced disaster risks, is the focus of the sector strategy. Particular focus will be placed on strengthening the livelihoods of people affected by protracted crises and prolonged displacement, improving small-holder agricultural production and productivity, enhancing veterinary and livestock inputs support services, strengthening efficiency of food value chain systems (food production, storage, processing and waste), provision of on-and off-farm livelihoods diversification, inputs and trainings, and overall involving affected communities in building, restoring and maintaining common assets.

As food security is a core component of nutrition security, under Outcome 3 of the MYHS, the sector strategy aims to strengthen the food and livelihoods security of affected communities in line with the Sudan National Food Security and Nutrition Policy. The FSL Sector strategy contributes to reducing malnutrition and building the resilience of disaster/crisis-affected and most vulnerable resident communities. Achieving a sustainable reduction of malnutrition rates and enhancing resilience in Sudan requires an integrated and multi-sector approach. FSL partners will support the Government of Sudan

by strengthening the capacities of the country for risk and crisis management for agriculture, food and nutrition and improving information management, early warning, risk analysis and surveillance systems of multi-hazard risks for agriculture, food and nutrition.

**Multi-Year Humanitarian Strategy and link with development planning**

FSL partners recognize that Sudan faces different types of emergencies that require both immediate response and long-term approaches to address root causes of food and livelihoods insecurity through joint efforts by humanitarian and development actors. The adoption of a MYHS supports the tailoring of programmes that will integrate response, recovery and resilience-building, aiming to improve lifesaving and livelihoods-restoring interventions in conjunction with providing development pathways in protracted crises.

In order to integrate emergency lifesaving interventions such as food assistance and emergency agriculture and livestock support services, for affected people in a relatively stable context, livelihoods-restoring interventions in the form of 'food for assets' will be provided. Additionally, agricultural and livestock production restoring and protecting interventions coupled with income-generating schemes will be implemented. The sector will focus also on restoration of livelihoods and resilience-building interventions such as safety nets and social protection-related transfers. In addition, assets/infrastructure for agriculture and livestock-based livelihoods will be reconstructed/rehabilitated.

People who require immediate rapid response in a form of General Food Distribution and emergency agriculture and livestock inputs will also be given support services. Moreover, in areas with a high risk of disaster and where vulnerabilities are high, sector interventions will consider agriculture-based Disaster Risk Reduction and the sector will improve early warning systems with an emphasis on natural resource management. This will be carried out through working with communities and ensuring re-afforestation. Hence, beneficiaries targeted under lifesaving schemes in the first year would possibility transit to the livelihoods-restoring category in the second year and eventually transit further to proper recovery and development in the third year, depending on contextual circumstances.

This approach will build on the principles outlined in the UN Darfur Protracted Displacement Strategy for 2016–2019 and on the new 2018-

22 UNDAF, closely linked to the MYHS, and has identified five focus areas for the UN to support the government in achieving the Sustainable Development Goals (SDGs). The eight outcomes provide a common framework for work under the SDGs.

### Inter-sectoral initiatives and collaboration

In 2017, FSL and other sector partners will continue targeting affected populations through evidence-based, cost-effective nutrition-sensitive interventions that incorporate resilience-building programmes.

The FSL Sector will collaborate with other sectors at different levels and on different scales. For example, the sector will collaborate with the Recovery, Returns and Reintegration (RRR) Sector in supporting spontaneous and organized returnees with agriculture-based livelihoods backgrounds, including the provision of agriculture and livestock support services. In 2017, inter-sectoral activities will be implemented in Um Dukhun (Central Darfur), building on lessons learnt in a similar initiative in Um Baru locality (North Darfur) in 2016.

A third area of inter-sectoral collaboration is working with the Nutrition Sector in a pilot project for the implementation of multi-sectoral projects addressing malnutrition. Further close collaboration will be initiated and strengthened with the WASH Sector in the areas of improved water access, most importantly in livestock watering.

The sector plans to establish collaboration with the Education Sector to support integrated approaches to enhancing food security and nutrition through schools (school gardens, awareness raising etc.). Collaboration with the Education Sector will introduce and promote the use of school gardens to provide livelihoods assistance to vulnerable communities through engaging children and teachers.

### Cross-cutting issues

The sector will prioritize the safety and dignity of affected people while delivering services. The sector aims to foster Accountability to Affected Populations by involving target communities and their representatives at all stages of project design, implementation, monitoring, and evaluation. Partners will be committed to ensuring accountability to the people they assist. Target beneficiaries will be consulted during assessments and will be actively involved in formulating projects. The targeting process will be transparent and

based on vulnerabilities. Partners will have continuous relationships and feedback mechanisms to address the concerns of the target population. Channels of communication for feedback, complaints and information sharing will be established so that assistance is delivered in adherence to the principles of 'do no harm'. Emphasis will be put on promoting protection, gender and environment mainstreaming in sector partners' projects to ensure that the needs of women, girls, boys, men and persons with special needs are considered. Mainstreaming the latter will be tracked through increased on-the-ground monitoring of partners projects. In the process, the view of beneficiaries on the assistance received (in terms of quality, quantity, location, and timeliness) will be assessed and consequently communicated to partners in order to enhance support. Moreover, the sector will prioritise capacity development of local institutions and national partners.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.34M	1.62M	0.16M	1.47M	51%	40   55   5%
PEOPLE TARGETED	0.64M	1.62M	0.16M	1.47M	51%	40   55   5%
FINANCIAL REQUIREMENTS	7.9M			201.3M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
# of preparedness plans developed.	Abyei, Blue Nile, Darfur states, Kordofan states	0	2	1.1
# of capacity development programmes held.	As above	0	10	1.1
# of people receiving emergency agriculture and livestock/veterinary inputs [life-saving].	As above	0	700,000	1.2
# of beneficiaries supported with General Food Distribution (GFD).	Blue Nile, Darfur states, Red Sea, South and West Kordofan	290,212	290,212	1.2
# of people reached with FFA	As above	482,760	482,760	1.2
# people receiving emergency agriculture-based livelihoods trainings and start-up/kits [life-saving].	As above	0	200,000	1.3

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
# of assets built restored or maintained by households and communities.	Darfur states, central, eastern and transitional areas	0	500	2.3
# people receiving agriculture and livestock inputs/services and livelihoods trainings and start-up kits [livelihoods restoring & improving].	As above	0	1,000,000	2.3
# of beneficiaries supported with General Food Distribution (GFD).	Blue Nile, Darfur states, Red Sea, South and West Kordofan	1,691,957	1,691,957	2.3

**MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.**

Indicator	Location	Baseline	Target	Link to Output
# of women trained on, produced and utilising fuel efficient stoves (FES) and Safe Access to Firewood and Alternative Energy (SAFE).	Eastern Sudan	0	100,000	3.2
# of people received trainings and support for agriculture, livestock, natural resource management-based livelihoods and start-up kits [resilience-bulding].	As above	0	500,000	3.2

## PEOPLE IN NEED


**4.3M**

## PEOPLE TARGETED


**4.06M**

## REQUIREMENTS (US\$)


**64.2M**

## # OF PARTNERS


**24**

## HEALTH

**Sector Strategy**

Extending coverage of a minimum basic package of primary health care services (BPPHS) to facilities in all Sudan is a need that will be addressed by the Health Sector in coming years. Continuing population displacement from neighboring countries and access constraints will likely increase the need for strong preparedness and timely response to communicable disease outbreaks including measles, acute watery diarrhoea, hepatitis E and scabies. Maternal and infant mortality will continue to be a priority problem particularly among vulnerable populations.

Under Outcome 1, the Health Sector will strengthen preparedness and early detection and response to outbreaks by supporting the review, update and development of health policies, strategies, SOPs and guidelines for emergency risk reduction and preparedness. It will build national, state and local capacities in rapid response, disease surveillance and Early Warning Alert and Response Systems, provide essential supplies and equipment to health facilities to strengthen outbreak emergency preparedness and early detection capacities. The sector will also increase community awareness on outbreak prevention and control.

By focusing on increasing the coverage of BPPHS and ensuring support access and utilisation of maternal, newborn and child health services, the Health Sector will contribute to outcomes 2 and 3 by rehabilitating essential infrastructure and functional capacity of prioritized health facilities, providing essential drugs, medical supplies, equipment, diagnostic tools and build the capacity of health workforce (government and NGOs) at all levels. In addition, it will facilitate referrals to secondary health care and provide mobile health services to affected population in areas without existing health facilities and carry out joint supportive supervision and monitoring visits. Particular attention will be given to the facilitation of referrals to secondary health care, safe motherhood interventions and increasing the number of skilled birth attendants. For Child Health, the sector will focus on accelerated Child Survival Initiative interventions including immunization, Integrated Management of Childhood Illness (IMCI), and school health services and will support capacity building initiatives in IMCI, emergency neonatal and obstetric care and reproductive health. The sector will enhance early screening, detection and referral to nutrition services of malnourished children.



The sector will target the most vulnerable populations at high risk of morbidity and mortality including women of reproductive age, pregnant and lactating women (PLW), under-five children and older people in IDP camps, gathering areas and host communities as well as underserved host communities living in insecure areas. Within the targeted population, 164,000 are PLW and 820,000 are children under five in need of access to health care, including immunization. Ensuring health care for children under five is essential in addressing some of the most important underlying factors of acute malnutrition.

**Multi-Year Humanitarian Strategy and link with development planning**

The Health Sector strategy is in line with and will be supporting the Federal Ministry of Health (FMoH) National Health Sector Strategic Plan. It is also aligned with UNDAF focus area 4 and SDG 3. The transition to a developmental health response of the FMoH comprises among other aspects the strengthening of the building blocks of the health system. The Health Sector will be linking and contributing to the health information system, ensuring the development and strengthening of the surveillance system as part of an integrated health information system. The sector will contribute to the improvement of equitable coverage and accessibility of primary health care and assuring and improving efficiency on the secondary level, two key strategic objectives of the FMoH strategic plan to strengthen service delivery. The Health Sector strategy contributes to these key objectives by ensuring that the FMoH essential package of services coverage is expanded and will support capacity development of health staff.

Capacity building in the Health Sector strategy is part of an integrated response aimed both at improving a timely and quality response to communicable disease outbreaks as well as improving the quality of services provided within the BPPHS and to PLW, newborns and children, in addition to training health providers, providing equipment, medicines and supplies as well as supportive supervision.

The sector strategy will be implemented at national, state and local levels. Year 1 will focus in two areas, ensuring timely response and strengthening the delivery and quality of services in existing facilities. The BPPHS and Maternal and Child Health interventions will be implemented in priority locations identified or not yet covered. Activities will aim at strengthening the referrals system as well as providing mobile health services to affected populations in areas

without existing health facilities, training of health personnel in line with BPPM standard guidelines and consolidation of joint supportive supervision. Expansion of BPHHS and capacity building activities will continue in years 2 and 3. To ensure a timely response, year 1 will focus on updating and developing health policies, strategies, SOPs and guidelines for emergency risk reduction and preparedness, capacity building in preparedness and response as well as provision of equipment and supplies. In years 2 and 3, supplies and capacity building on updated SOPs and guidelines will continue to be implemented.

### Inter-sectoral initiatives and collaboration

An area-based approach will be taken and the response will be based on needs identified by the authorities and communities which are translated into a multi-sectoral plan. The Health Sector will work with OCHA and other stakeholders and engage mechanisms such as the Sudan Humanitarian Fund to encourage this approach. The Essential Package of Services is a collaborative approach between the Health and Nutrition sectors to address maternal and child health. The sector will identify malnourished children and PLW and refer them to nutrition services. An integrated response to gender-based violence (GBV) will be coordinated with the Protection Sector, as GBV encompasses protection, psychosocial and medical elements. Collaboration and coordination between the Health and Protection sectors will be encouraged for an integrated response. The Health Sector will focus on medical aspects at the facility level in coordination with the Protection Sector. In collaboration with the WASH Sector, the Health Sector will ensure a WASH component in the assessment and rehabilitation of health facilities. In addition, joint information, education and communication interventions related to hygiene behavior will be coordinated between the two sectors.

### Cross-cutting issues

The Health Sector will address reproductive and maternal health needs and interventions. Activities to strengthen the referral system will include the referral of pregnancy-related complications. Health data is disaggregated by age and sex to be able to analyse gender differences and design interventions accordingly. The Health Sector will work with the Protection, WASH and Nutrition Sectors on

gender issues related to the sectors such as clinical management in GBV and ensuring sanitation facilities meet the specific needs of women. Environmental concerns will be addressed with health providers including proper disposal of biological waste and environmental health control in health facilities.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.34M	2.3M	0.21M	1.4M	51%	53   42   5%
PEOPLE TARGETED	0.65M	2.2M	0.21M	1M	51%	53   42   5%
FINANCIAL REQUIREMENTS	4.4M	59.8M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
% completeness and timeliness of weekly surveillance reporting from sentinel sites.	Abyei, Blue Nile, Darfur states, Kordofan states	85%	95%	1.1
# of rapid response teams trained (by sex).	As above	73	100	1.1
# of states using HeRAMS.	As above	5	8	1.1
# of outpatient consultations (by age and sex).*	As above	3,352,000	3,400,000	1.2
% of emergency events reported, investigated and response initiated within 72 hours after reporting.	As above	89%	95%	1.2

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
% of health facilities providing minimum basic package of primary health care services.	Abyei, Blue Nile, Darfur states, Kordofan states	42%	80%	2.1
% health facilities providing Integrated Management of Childhood Illness (IMCI) services.	As above	69%	82%	2.1
# of health workers trained (by sex).	As above	3,470	4,400	2.1
% of births assisted by skilled birth attendants.	As above	78%	85%	2.2
Coverage of measles vaccine in children below one year of age (by sex).	As above	86%	94%	2.2

\* The Health Information System does not provide breakdown by targeted population category (i.e. new/protracted IDP). Number of outpatient consultations reflect all categories, hence the target of 3.4 million covers both outcomes 1 and 2.

## PEOPLE IN NEED



N/A

## PEOPLE TARGETED



N/A

## REQUIREMENTS (US\$)



21.1M

## # OF PARTNERS



1

## LOGISTICS & EMERGENCY TELECOMMUNICATIONS

**Sector Strategy**

Diverse political, security, environmental and socio-economic factors contribute to a constrained humanitarian operating environment in Sudan, generating the need for well-facilitated and coordinated logistics solutions, encompassing common logistics services, logistics information management, geographical information systems and mapping, supply corridors, and cross-border procedures.

The Humanitarian Aid Commission (HAC) in its role leading and coordinating humanitarian assistance in Sudan contributes significantly to the humanitarian logistics effort. HAC support includes the provision of humanitarian land transport and warehouse space. The Logistics and Emergency Telecommunications (LET) Sector works with HAC to ensure that humanitarian partners can respond to emergency needs in a timely and efficient manner. The LET Sector facilitates the immediate transportation of relief supplies to people in need under Outcomes 1, 2 and 3 of the Multi-Year Humanitarian Strategy.

Sector activities are demand-driven and customized to meet the expressed requirements of the humanitarian community. The LET Sector provides services to organisations, based on a 'full cost-recovery' model. When organisations need operational assistance such as provision of transport, or availability of warehouse space, WFP may enter into a Service Level Agreement with the organisation, after which services are provided at cost including a small percentage charge for overheads. It is anticipated that organisations will actively seek funding to undertake their own logistics planning and implementation, seeking LET support if and when challenges arise.

Within the scope of the LET Sector, UNHAS will provide air services to the humanitarian community in Sudan. This enables the transportation of humanitarian workers to field locations and also constitutes an efficient and safe transport option for the humanitarian workers into areas where security is a challenge. UNHAS provides evacuation and relocation services, improving the operational security environment for staff and assets.

The UN and partners' existing security telecommunications infrastructure in Sudan is part of LET's activities, and is covered by an existing inter-agency cost-sharing model. It lies outside of the emergency telecommunications (ETC) remit. However, ETC services will provide data and telecommunication services

where there are identified issues with existing telecommunications infrastructure.

**Multi-Year Humanitarian Strategy and link with development planning**

In order to facilitate the shift to a long-term approach to addressing humanitarian needs, the LET Sector will continue to provide capacity support to HAC. Enhancing and developing the capacity of HAC in the context of communications, workshop and fleet management, and HAC's Technical Cooperation Department will be prioritized. This will be done through on the job and classroom trainings to selected HAC staff as well as through review of HAC logistics procedures.

**Inter-sectoral initiatives and collaboration**

The LET Sector strives to strengthen inter-agency coordination to enhance the predictability, timeliness and efficiency of the logistics response. It identifies and addresses logistics gaps, bottlenecks and duplication of humanitarian operations to ensure an appropriate response within targeted localities.

The LET Sector provides support to other sectors by making its technical workshops available to repair and maintain vehicles and other equipment on a cost-recovery basis. In addition, the LET Sector supports other sectors by the provision of fuel for other sector operations on a cost-recovery basis.

**Cross-cutting issues**

All logistics services facilitated by the LET Sector are subject to the WFP Greenhouse Gas (GHG) Emissions Reduction Strategy and to internal GHG monitoring systems, aligned to UN-wide policies and efforts. The sector is working to ensure the warehouses it runs are powered by solar power, to reduce the environmental impact. In addition, the LET Sector is piloting Hydrogen Fuel Enhancement technology to make its fuel use more efficient.



MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.

MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.

MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.

Indicator	Location	Baseline	Target	Link to Output
# of humanitarian community passengers provided with vital access to field and deep field locations through the provision of air transport.	Darfur, Blue Nile, North and South Kordofan, Khartoum, Kassala, Red Sea	N/A	40,200	All
# of HAC staff with increased logistics capacity through training.	As above.	N/A	20	All
% of access requests facilitated to field and deep field locations to the humanitarian community through the provision of air transport.	As above.	N/A	100	All
# of MT transportation facilitated (light cargo such as medical supplies, high energy foods and information and communications technology equipment).	As above.	N/A	180 MT	All
% of requests for medical and/or security evacuation air transport services to all agencies with access to the services provided.	As above.	N/A	100	All

## PEOPLE IN NEED


**2.2M**

## PEOPLE TARGETED


**1.5M**

## REQUIREMENTS (US\$)


**74.6M**

## # OF PARTNERS


**25**

## NUTRITION

**Sector Strategy**

The Nutrition Sector response strategy will be centred around ensuring a timely and comprehensive response to address the nutritional needs of children and pregnant and lactating women (PLW). An estimated 2.2 million children are acutely malnourished in Sudan, of whom 573,000 suffer from Severe Acute Malnutrition.

The sector needs analysis has prioritized 77 localities as those most in need of nutrition services. The sector target of 1.5 million vulnerable boys and girls (0-59 months of age) and PLW is set by taking into account the Ministry of Health (MoH) and partner capacities, accessibility and resource availability. The sector aims to achieve a minimum coverage of 50% in rural areas, and 70% in urban and camp settings. These coverage levels are in line with international nutrition in emergency minimum standards (Sphere) and Sudan Emergency Response Framework minimum commitments.

The 2017 sector strategy contributes to the outcomes of the overarching Multi-Year Humanitarian Strategy. The sector will respond to the needs of the targeted population through a comprehensive package of both preventive and curative services. Key nutrition activities under Outcome 1 and Outcome 2 will include active case finding, screening, referral of malnourished children and PLW, treatment of acute malnutrition, prevention of moderate acute malnutrition among children 6-23 months, emergency blanket supplementary feeding for children under five and PLW in vulnerable communities, provision of Infant and Young Child Feeding (IYCF) promotion messages, as well as provision of micronutrient supplements to children 6-59 months and PLW in all targeted areas. In addition, nutrition assessments and surveillance will be carried out to ensure the availability of timely quality nutrition information for programme monitoring and decision-making.

Activities under Outcome 3 promote multi-sectoral action to tackle malnutrition. Interventions under this outcome consist of direct (nutrition-specific) and indirect (nutrition-sensitive) activities. Sector partners will support the provision of nutrition-specific services through existing structures including the health system (joint delivery with maternal and child health services) and the education system to reach young women and improve nutritional status prior to pregnancy. Other structures the sector will deliver activities through include community structures.



Capacity building of decision-makers across key line ministries especially at the state level for planning, implementation and monitoring of nutrition interventions is an essential element of Outcome 3.

**Multi-Year Humanitarian Strategy and link with development planning**

The malnutrition situation in Sudan has not improved during the last decade but in 2016 the Government of Sudan and international partners launched the Sudan case for investment to tackle malnutrition, reflecting the government's commitment to address malnutrition.

Additionally, in 2015, Sudan joined the global Scaling Up Nutrition (SUN) movement. The Sudan Investment case for tackling malnutrition is a multi-year strategy document which constitutes the key multi-sectoral actions required to tackle malnutrition and the resources required to achieve the goal.

The Nutrition Sector response plan is directly linked and contributes to the achievement of the long-term development plan. Similar assessment and prioritization methods are applied in both plans to identify the most affected locations and identify populations which have immediate lifesaving and long-term nutrition problems. The sector will respond to acute needs of conflict-affected communities, protracted IDPs and non-conflict affected populations with multiple nutrition-related activities. The sector strategy to promote multi-sector modalities to tackle malnutrition is in line with the Sudan Federal Ministry of Health Nutrition Strategy 2014-2018. Nutrition-specific activities in the sector plan to a great extent comprise the main interventions included in the National Nutrition Strategy. The sector strategy to provide nutrition services through the health system by integrating with maternal and child health and outreach services contributes to government efforts to incorporate acute malnutrition treatment in the primary health care essential package.

**Inter-sectoral initiatives and collaboration**

The nutrition situation is largely influenced by aggravating factors such as food insecurity at the household level, inadequate access to quality water and sanitation, in addition to inadequate healthcare. The sector will continue to play the lead role in promoting a multi-sectoral approach to tackle malnutrition in emergencies, through improved coordination with other sectors. Multiple multi-sectoral initiatives will be used wherever possible, including:

- Defining a common outcome: To reduce malnutrition levels and improve mortality and morbidity rates. This requires different sector partners to share needs assessments, strategy development, implementation and monitoring.
- Geographical convergence: Populations with multiple needs are identified through cross-sectoral needs analysis.
- Enhancing contribution from other sectors: Each IASC Sector is asked to show how it can contribute to the delivery of nutrition services.
- Consolidation of Services (Essential Package approach): A comprehensive set of initiatives and activities from several IASC Sectors is combined into one plan.

that will affect their lives. Partners will consult with beneficiary communities before and during the implementation of projects. Nutrition services coverage surveys will assess the main barriers for utilization of services through focus group discussions and other methods to ensure beneficiary views are fully considered in all cycles of programming.

The sector will maximize the use of multi-sectoral interventions for delivery of nutrition-specific and nutrition-sensitive services. Nutrition-specific activities can include the promotion of breastfeeding, Vitamin A supplementation, maternal balanced energy protein supplementation, maternal multiple micronutrient supplementation and peri-conceptual folic acid supplementation or fortification. The Nutrition Sector will also ensure that other sectors implement nutrition-sensitive activities to address the deeper, underlying and basic systemic causes of malnutrition. Conditional cash transfers and livelihood assistance to families with malnourished children, family planning and reproductive health services, deworming of children, prevention and early treatment of diarrheal diseases, hygiene promotion, treatment and safe storage of drinking water and many other activities will be promoted to this end.

**Cross-cutting issues**

The sector strategy will integrate cross-cutting issues and vulnerable groups as a core approach at all planning stages, ensuring all partners have proposed mitigation measures to address negative environmental impacts. Special consideration will be given to gender-sensitive programming that addresses gender-specific vulnerabilities faced by men, women, girls and boys. Rapid and standard assessments will collect and analyze data and report on findings by disaggregating by gender and whenever possible by age groups. The nutrition monitoring and reporting system also disaggregate data by age and gender. The response strategy will be accountable towards the affected population by offering opportunities for full participation of beneficiaries in the decisions

**BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE\***

	BY STATUS	BY SEX & AGE
	Total (IDPs, refugees, returnees, vulnerable residents)	% female   % children, adult, elderly*
PEOPLE IN NEED	2.2M	55%   65   32   3%
PEOPLE TARGETED	1.5M	55%   65   32   3%
FINANCIAL REQUIREMENTS	Refugees: 1.5M   IDPs, returnees, vulnerable residents: 73M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)

\* A breakdown of people in need/people targeted for assistance (by IDP, refugee, returnee, vulnerable resident) by the Nutrition Sector is difficult to estimate accurately as it depends on which people are diagnosed with malnutrition and admitted for treatment during the year; as such total figures are given.

**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
# of technical staff trained in Nutrition in Emergency (NiE) package available to scale up response to rapid onset emergency.	Emergency-affected localities	N/A	90	1.1
% of emergency-affected boys and girls 6-59 month and PLW admitted to special emergency Blanket Supplementary Feeding Programme (eBSFP).	Emergency-affected localities	N/A	70%	1.2
% of pregnant and lactating women in emergency situation have access to E-IYCF counselling (E-IYCF corner) services.	Emergency-affected localities	N/A	70%	1.2
% of targeted acute undernourished girls, boys 6-59 month and PLW admitted to acute malnutrition treatment programs.	Emergency-affected localities	N/A	70%	1.2

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
# of at risk malnourished girls, boys (6-23 months) and PLW admitted to acute malnutrition prevention program.	Priority localities	80,291	80,291	2.1
# of mothers/caretakers of girls and boys 6-59 months who received IYCF counseling services.	Priority localities	409,363	457,800	2.2
# of targeted acute undernourished girls, boys 6-59 month and PLW admitted to acute malnutrition treatment programs	Priority localities	375,959	361,900	2.2
# of boys and girls 6-59 months and PLW with provided with micronutrient supplementation (Vitamin A / Iron and folic acid)	Priority localities	387,949	70%	2.2

**MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.**

Indicator	Location	Baseline	Target	Link to Output
# of targeted acute undernourished girls, boys 6-59 month and PLW admitted to acute malnutrition treatment programs.	Priority localities	161,125	155,100	3.1
# of at risk malnourished girls, boys (6-23 months) and PLW admitted to MAM prevention program.	Priority localities	34,411	34,411	3.1
# of boys and girls 6-59 months and PLW provided with micronutrient supplementation (Vitamin A / Iron and folic acid).	Priority localities	166,264	90,000	3.1
# of mothers /caretakers of girls and boys 6-59 months who received IYCF counseling services.	Priority localities	169,771	181,620	3.1
# of localities with multi-sectoral interventions to tackle malnutrition.	Priority localities	22	40	3.2
# of line ministries staff trained on nutrition sensitive multi-sectoral programming.	Priority localities	0	40	3.2

## PEOPLE IN NEED


**3.2M**

## PEOPLE TARGETED


**2.2M**

## REQUIREMENTS (US\$)


**41.6M**

## # OF PARTNERS


**30**

## PROTECTION

**Sector Strategy**

Under Outcome 1, the Protection Sector and its subsectors (child protection, gender-based violence (GBV) and mine action) will ensure that vulnerable people newly displaced or affected by disaster receive timely protection assistance to prevent serious risks to their safety and dignity.

Social and child protection workers will be deployed to ensure community-based protection mechanisms are in place among affected communities. Community-based and institutional protection structures (e.g. women's centres and community-based child protection networks) will be supported to enhance their capacity to perform essential protection functions and to coordinate community protection engagement. These structures will ensure that vulnerable people—including women, older people, people with disabilities and other people at risk—are identified and provided with emergency protection services. Such services include psychosocial counselling; case management and referral; family tracing, interim care and reunification for separated and unaccompanied children; support for victims of sexual violence; and marking of land and roads contaminated by landmines and Explosive Remnants of War (ERW).

The sector will reinforce its preparedness by consolidating tools and standard operating procedures (SOPs) for rapid protection assessments and response. Guidance will be disseminated among protection service providers. Tents and recreational materials for child-friendly spaces and personal hygiene kits will be pre-positioned and emphasis will be placed preparing communities as first respondents to new emergencies.

Monitoring and reporting mechanisms will be established to monitor and respond to any violations against children. In 2017, community contingency approaches will be documented to identify good practices that can be replicated in 2018 and 2019.

Within Outcome 2, the sector will ensure that communities have the capacity to protect their members and that social services are accessible in protracted displacement. The capacity of community-based structures will be reinforced to perform essential protection functions such as the identification and referral of vulnerable people; maintaining safe spaces for self-help support; awareness-raising on protection risks and rights; advocacy; and conflict resolution. Capacity support will also be provided to community structures on accountability, community

participation, governance and age/gender/vulnerability mainstreaming.

Partners will strengthen the capacity of protection service providers and improve coverage through the development and rolling-out of policies and operating procedures including training in data management and protection skills. Social/legal protection institutions that are supported by the Protection Sector include Family and Child Protection Units, Councils for Child Welfare, Violence against Women Units, the National Mine Action Centre, and the Ministry of Social Welfare. Other ministries, such as the Ministry of Health, will also be targeted for cross-sectoral work to ensure the protection of GBV survivors in health services.

Land clearance from landmines and ERW will contribute to strengthen physical security and access to livelihoods.

Priority will be given to an integrated approach to protection services across all sub-sectors which is essential to ensure access to protection services and a comprehensive referral system are in place.

**Multi-Year Humanitarian Strategy and link with development planning**

The sector will reinforce the sustainability of targeted community structures and services using a multi-year approach. Support provided for community-based structures in year one will focus on ensuring that community structures are in place and can perform essential protection functions. This requires assessing human and capital assets of the community and equipping relevant community segments with basic protection skills and material support. From year one, coordination with development institutions will be done to ensure access of community structures to other training or funding support.

In years two and three, the role of social workers will change towards monitoring and coaching community structures and focusing on more advanced protection functions—such as advocacy with authorities or conflict resolution. Social workers will continue to coach communities to improve the quality and accountability of protection services; strengthen links with government services; and networking. Community protection plans (including preparedness) will be regularly updated and monitored aiming to strengthen community resilience and sustainable capacity to protect vulnerable people. The sector will also ensure preparedness to respond to emergencies by training social workers.



The Protection Sector will reinforce coordination with development work planned under various UNDAF focus areas. This will include ensuring the inclusion of communities in areas of displacement and return in social protection mechanisms; liaising with development partners in supporting community-based protection structures; and land clearance (mine action). The sector will also ensure that vulnerable people in displaced or return communities have access to poverty reduction schemes and will liaise with development partners by supporting access to para-legal aid and awareness of rights. The sector will engage with development partners focusing on improved information exchange on activities and plans and in identifying priority areas for joint work. It will also strengthen policy level advocacy for the rights of displaced people and returnees and ensure their inclusion in legal and policy frameworks. .

### Inter-sectoral initiatives and collaboration

The sector will provide technical support to other humanitarian sectors in mainstreaming gender in the development of Sudan sector-specific activities. References used for this mainstreaming will include the gender minimum actions—developed in 2015 and piloted by NGO partners—the Minimum Standards for Child Protection in Humanitarian Action, and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Action Plans signed by the Government and non-state armed groups will further serve as a framework to enhance protection for children. In addition, a mine action information-sharing mechanism will be used to integrate mine action in humanitarian activities.

The sector will also work with other sectors to develop guidance on the identification of vulnerable people, to ensure their effective access to humanitarian assistance and their referral to relevant protection partners.

In 2017, the Protection Sector will give priority to the Education, ES/NFI, FSL, Health, Nutrition, and WASH Sectors in the provision of cross-sectoral support. In response to the nutrition crisis, the sector—mainly the child protection sub-sector—will work with the Ministry of Social Affairs and Nutrition Sector partners to strengthen their capacity to identify children at risk of or affected by malnutrition and to refer them to relevant nutrition or livelihood services.

### Cross-cutting issues

The sector will strengthen its response to ensure protection mainstreaming by focusing on effective participation of targeted communities—across gender, age and vulnerability—throughout the project cycle. Guidance on participation will be revised based on lessons learned from partners and field research on community mobilisation. This will contribute to improved accountability to affected people—which will also be promoted in the sector response—regarding information-sharing and complaint and feedback mechanisms.

The Protection Sector will continue to mainstream gender in response especially in assessments, analysis and participation. Gender and age will be considered during the development of programmes and gender and age disaggregated data will be collected and analysed to ensure that response is designed with an understanding of the needs of men, women, boys and girls.

The sector will review its protection assessment tools with regards to the environment, especially the use and management of natural resources by communities and their impact on communal relations. Protection Sector partners will encourage the use of fuel-efficient stoves, which will contribute to improved livelihood of vulnerable households while reducing environmental impact.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.8M	1.6M	0.21M	0.61M	55%	60   33   7%
PEOPLE TARGETED	0.9M	0.65M	0.12M	0.53M	55%	60   33   7%
FINANCIAL REQUIREMENTS	1.4M			40.2M		

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

### MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.

Indicator	Location	Baseline	Target	Link to Output
# of humanitarian protection workers trained on rapid protection assessment and emergency protection response (by gender, GoS/NGO/UN, State).	Abyei, Blue Nile, Darfur states, Kordofan states	GP: 222 CP: 1,901 GBV: 274	GP: 2,999 CP: 2,000 GBV: 600	1.1
# of mine action Rapid Response Teams on standby to be immediately mobilized.	As above	MA: 0	MA: 4	1.1
# of unaccompanied and separated children, as well as other children in need of protection (such as children survivors) who are identified, documented and provided with interim care or reunited.	As above	CP: 3,928	CP: 5,600	1.2
# of girls, boys, women and men receiving individual and collective psychosocial support, referral, and protection information (such as MRE) (in situations of new displacement or disasters).	As above	GP: 4631 CP: 104,490 (boys & girls) GBV: 16,088 MA: 10,355	GP: 54,000 CP: 123,000 (boys & girls) GBV: 34,000 MA: 15,000	1.2
# of community-based protection structures trained on rapid response and case management in emergency situations.	As above	GP: 23 CP: 68 (39 CBCPN + 29 CFS) GBV: 6	GP: 136 CP: 100 (57 CBCPN + 43 CFS) GBV: 100	1.3

### MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.

Indicator	Location	Baseline	Target	Link to Output
# of girls, boys, women and men receiving individual or collective psychosocial support and services (protracted displacement or return).	As above	GP: 18,528 CP: 104,490 (boys & girls) GBV: 23,132 MA: 35	GP: 141,000 CP: 360,000 (boys & girls) GBV: 51,000 MA: 50	2.1
# of functional community-based protection networks/structures identified/created and/or supported (such as child protection committees, child friendly spaces, women centres/safe spaces, mine action committees). (new and existing)	As above	GP: 72 CP: 788 (CFS + CBCPN) GBV: 27	GP: 94 CP: 1,000 (CFS + CBCPN) GBV: 100	2.2
Number of individuals (by gender) among national/state protection institutions and humanitarian organisations supported through protection-related capacity building.	As above	GP: 488 CP: 6152 GBV: 411 MA: 129	GP: 925 CP: 6250 GBV: 900 MA: 70	
# of square metres of mine/ERW contaminated land released.	As above	MA: 205,000	MA: 500,000	

### MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.

Indicator	Location	Baseline	Target	Link to Output
% of UASM placed in care with women who can breastfeed them.	Gedaref, Kassala, Khartoum, Red Sea	CP: 0	CP: 90%	3.1
# of square metres of mine/ERW contaminated land released for access to basic services and to land for productive use.	As above	MA: 6,167,000	MA: 2,600,000	3.3
% of suspected cases of separation, violence and abuse, neglect identified by nutrition programmes and referred to child protection organisations.	As above	CP: 0	CP: 100%	3.1

## PEOPLE IN NEED


**2.7M**

## PEOPLE TARGETED


**0.2M**

## REQUIREMENTS (US\$)


**19.1M**

## # OF PARTNERS


**26\***

## RECOVERY, RETURNS &amp; REINTEGRATION

**Sector Strategy**

To lay the foundation for durable solutions and to respond to the immediate needs as well as the underlying vulnerabilities of the estimated 2.7 million people in need, RRR partners will coordinate their response through an area-based and multi-sectoral response strategy. This strategy will contribute to outcomes 2 and 3 of the Multi-Year Humanitarian response strategy by addressing immediate needs of IDPs and returning refugees, in addition to vulnerable residents/host communities living in vicinity of areas of return and reintegration and to the five UNDAF outcomes by addressing their underlying vulnerabilities.

This multi-sectoral strategy includes a comprehensive IDP profiling exercise to provide evidence-based information for strategic joint planning to ensure a needs-based approach. The profiling includes a consolidated thematic analysis of durable solutions criteria and analysis on IDPs' perceptions and preferences in relation to the three durable solutions options of 1) return to place of origin, 2) local integration and 3) settlement elsewhere in the country. It also includes an analysis of the capacity of the surrounding environment to accommodate and support these solutions.

The strategy consists of five outputs<sup>3</sup>. These outputs are mainly based on the eight criteria<sup>4</sup> and benchmarks for durable solutions set out in the Inter-Agency Standing Committee's Framework on Durable Solutions for IDPs and on lessons learned from the National IDP policy. The outputs bring together efforts to strengthen economic self-reliance and address food security while improving basic infrastructure and the Government's capacity to assume governance functions such as local administration and provision of justice services, which will increase the likelihood of durable solutions for returnees or those integrating in urban/peri-urban areas. Sector members will ensure that response programmes are designed and implemented through a collaborative and people-centered approach.

For prioritization purposes, the sector used a multi-dimensional vulnerability analysis which includes criteria on conducive environments for durable solutions, number of people returned and estimates of expected returnees, access and

availability of basic services, and livelihoods opportunities and access to markets. Based on the above, the RRR Sector has prioritized 12 localities:

- 4 areas of return in Um Dukhun (CD), Um Baru (ND), Sirba (WD), and Nyala North (SD) localities for multi-sectoral response
- 1 area of urban displacement being Abu Shouk IDP camp in Fasher locality (North Darfur) for a local integration pilot.
- 7 areas of recently reported return in Yassin (East Darfur), Shattai (South Darfur), Golo (Central Darfur), Bel Seref (South Darfur), Abu Jabaiha (South Kordofan), El Dali (Sennar) and El Jabalian (White Nile) for verification of conditions of return, and if confirmed for registration and IA technical assessments.

The strategy will be implemented in close coordination with all IASC technical sectors and other key aid actors, combining the expertise and efforts of UN, national and international NGOs, CBOs and government entities. The IASC Sectors provide technical quality assurance for each output whilst the RRR Sector serves as the coordination platform that ensures a comprehensive and effective approach to durable solutions. Monitoring and reporting is the responsibility of the RRR Sector with the support of relevant coordinators and partners.

**Multi-Year Humanitarian Strategy and link with development planning**

The RRR sector aims to link humanitarian and development programming to ensure that whilst the immediate needs are met, capacity of communities and local actors is built and their resilience is strengthened/built to withstand future crises and achieve durable solutions. Joint analysis on needs, vulnerabilities and capacities in year 1 to better inform future durable solutions programming. Further, to ensure durable solutions are sustainable, multiyear and multidimensional efforts will be required. As initial building blocks, the RRR strategy aims to increase and strengthen capacity and presence of critical national and international actors in areas of return during year 1 while during following years, resilience and capacity of local actors, including communities and civil society needs to be strengthened in such a manner that they can be self-reliant and sustainable.

\* Of these 26 partners, 14 are appealing for funds under the RRR Sector and the additional 12 HRP partners working to support RRR activities are appealing under other sectors.

<sup>3</sup>1) Conducive environment including protection, peace building and RoL, 2) Housing, property, and land, 3) Basic services including health, water, education and nutrition, 4) Food security, livelihood and employment opportunities and 5) Coordination and capacity building.

<sup>4</sup>Long-term safety, security and freedom of movement; Adequate standard of living, including at a minimum access to adequate food, water, housing, health care and basic education; Access to employment and livelihood opportunities; Access to mechanisms to restore housing, land and property or provide compensation; Access to and replacement of personal and other documentation; Voluntary reunification with family members separated during displacement; Participation in public affairs, at all levels, on an equal basis with the resident population; &

The RRR strategy contributes to all five (5) UNDAF outcomes to ensure that the root causes of displacement are addressed and that the conditions are conducive for durable solutions. Focus will be placed on UNDAF RG/outcome 5, which promotes peaceful coexistence and social cohesion in areas of return and reintegration through effective conflict management mechanisms and support for peace infrastructure. Links to other UNDAF RG/outcomes will be made to ensure sustainability of return and reintegration interventions in the areas of access to justice and rule of law, sustainable natural resources management and access to basic services. In addition, interventions under the strategy are also in line with the Darfur Development strategy (DDS) and other relevant national IDP policies and strategies to ensure a holistic approach to durable solutions. Close synergies will also be created with key stakeholders such as the line ministries, UNAMID, the World Bank and the private sector.

**Cross-cutting issues**

The following four core underlying programming principles inform all activities under the strategy.

- Sustainability and resilience:** interventions should reflect the interconnections between the social, economic and environmental dimensions and identify ways to strengthen resilience and reduce the risks of shocks and stresses. Interventions must apply social and environmental standards that prevent adverse social impacts and environmental degradation, reduce risks and build resilience. Prior to any response, the community environmental action plan tool, developed by UNEP, will be applied to ensure interventions are based on community priorities and protect the vulnerable natural resources.
- Leave no one behind:** adopt a strong people-centered focus and address the needs of disadvantaged and excluded population groups so that focus is on those most in need.
- Gender equality and women’s empowerment:** A gender-sensitive approach will be promoted across the response to address the root causes of inequalities and discrimination and ensure that activities are accountable to people and respond to gender inequalities and the specific needs of women, girls, boys, and vulnerable people.

- Participation, Accountability and Transparency:** issues include conflict resolution and social cohesion, gender, environment and protection mainstreaming

**BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE**

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	-	2.3M	0.21M	0.2M	55%	65   30   5%
PEOPLE TARGETED	-	0.05M	0.1M	0.05M	60%	69   26   5%
FINANCIAL REQUIREMENTS	-	19.1M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

**MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.**

Indicator	Location	Baseline	Target	Link to Output
# of targeted communities benefitting from reconciliation efforts undertaken to promote a conducive environment for return and reintegration.	IDP/refugee returnees in prioritised return areas in Darfur and IDPs living in camps in El Fasher (North Darfur)	1	5	2.2
# of functional community-based protection networks/ structures identified/created and/or supported.	As above.	1	5	2.2
# of police stations and posts constructed, equipped and functional.	As above.	2	4	2.2
# of vulnerable returnee households benefitting from construction of transitional shelters.	As above.	50	500	2.2
# of basic services facilities and/or communal assets rehabilitated/constructed and functional.	As above.	4	20	2.2
% of targeted households with improved access to basic services, facilities and/or communal assets.	As above.	10	30	2.2
% of services/facilities and/or communal assets which are properly managed at community or local authority level.	As above.	0	10	2.2
% of households whose livelihood assets have increased since project inception (e.g. livestock, agriculture production).	As above.	0	30	2.2
% of targeted communities with rehabilitated or developed community assets linked with markets and value chains.	As above.	0	4	2.3
# of men and women employed in temporary labour intensive schemes.	As above.	0	10	2.3
% of returnees with access to positive coping strategies.	As above.	10	30	2.3
% of IDPs and returnees with access to any formal or informal financial services.	As above.	0	10	2.3

**MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.**

Indicator	Location	Baseline	Target	Link to Output
# of community reconciliation efforts undertaken to promote a conducive environment.	IDP/refugee returnees in prioritised return areas in Darfur and IDPs living in camps in El Fasher (North Darfur)	0	10	3.3
# of vulnerable host/nomadic communities self-reliant through access to sustainable livelihoods.	Vulnerable host communities in prioritised return areas in Darfur, Kordofan and White Nile states	0	10	3.3



## PEOPLE IN NEED


**3.5M**

## PEOPLE TARGETED


**3.85M**

## REQUIREMENTS (US\$)


**67M**

## # OF PARTNERS


**21**

## WATER, SANITATION &amp; HYGIENE

**Sector Strategy**

Within Outcome 1, the WASH Sector will provide services as per the agreed standards for immediate, early and short term response, to address context-specific WASH needs of Sudan. The response will be carried out through several channels such as contingency plans, pre-positioned supplies, joint assessment / implementation / monitoring, and will consider cross-cutting issues. At the onset of emergencies, WASH partners will ensure adequate service and management of facilities in collaboration with national, state and local authorities, and affected people.

By addressing the low coverage of WASH services, under Outcomes 2 and 3, the sector will provide resilience support to long-term affected people and will tackle the WASH-related causes of malnutrition by implementing durable approaches and promoting adequate hygiene behavior. Emphasis will be placed on water rationing, water tariff systems and cost reduction strategies. To avoid disease outbreaks, innovative approaches will target open defecation and will promote handwashing and vector control. For continued access to sufficient quantity and quality of water, special emphasis will be placed on water resource management, water safety and sanitary risk control. The overall response will target the most vulnerable people. Throughout the response cycle, national, state and local authorities as well as community members and their leaders will be fully integrated.

For all interventions in 2017, the sector will deliver a comprehensive package which encompasses improved access to safe drinking water, sanitation and hygiene services. For Outcome 1, the response will target 40-50,000 displaced and 180,000 flood-affected persons. For Outcomes 2 and 3, the response will target 3.2 million affected people of whom 600,000 are malnourished children. The WASH response will target areas which have a vulnerability index of 4 and 5 and within those areas attention will be paid to at-risk groups such as children, women, female-headed households, older and disabled persons. A specific emphasis will be placed on addressing needs of IDP in camps where service is below the emergency standards.

**Multi-Year Humanitarian Strategy and link with development planning**

The WASH Sector's 2017 strategy and activities align with several national development plans such as the Sustainable Development Goals (mainly

SDG 6), UNDAF areas of focus 2, 3 and 4, the Government of Sudan 5-year WASH framework plan, and the WASH Sector Improvement Agenda elaborated by WASH partners. WASH partners will continue to address long-term WASH priorities including quality assurance and functionality of WASH facilities, generation of evidence, development of water supply business plans and cash-based market interventions, integrated water resources management as well as sanitary and disaster risk mitigation.

The WASH Sector will continue to implement durable technologies for improved service, as well as low cost / maintenance and eco-resilient infrastructures such as solar-powered and flood and drought resistant infrastructures. National authorities and communities will continue to be key actors in the operation and maintenance of WASH facilities and sanitary risk management (safe water handling, end of open defecation, handwashing, water source protection).

In 2017, the sector will continue to develop the capacity of WASH partners and affected people to ensure they ultimately manage WASH infrastructures and integrated services. Concrete examples include capacity building of national authorities and communities for operation and maintenance of WASH facilities to carry out sanitary risk mitigation activities and environmental awareness. Partners will also promote the development of private sector initiatives.

In line with the Multi-Year Humanitarian Strategy, the WASH Sector will develop its program and implement its activities at national, state and local levels. In year 1, WASH will develop a 3-year strategy and annual plans and it will address the issue of water quality, enhance community-based operation and maintenance and improve the situation in substandard camps. In year 2, the sector will harmonize its training curricula and community mobilization approaches. In year 3, the sector expects that sustainable mechanisms will allow the government to better manage WASH services.

**Inter-sectoral initiatives and collaboration**

In 2017, the WASH Sector will continue to ensure that the response among sectors is geographically coordinated. To address and prevent malnutrition and communicable diseases such as acute watery diarrhoea, the WASH Sector will work with the Health Sector to ensure that vulnerable people have sufficient clean drinking water and

encourage latrine use and hand-washing. In collaboration with the Education Sector, the WASH Sector will provide children with favorable learning environments by ensuring that schools are served with nearby water points, clean latrines, that hygiene is part of the curriculum and work with Parent Teacher Associations on awareness-raising. In cooperation with the Health and Education Sectors, water and sanitation facilities will be extended to health clinics, feeding centres, schools, child-friendly and community spaces as well as reception / registration centres.

To ensure conditions for return are met in designated locations, WASH resources will be mapped and infrastructure will be rehabilitated in collaboration with the RRR Sector. Capacity building of affected people and local authorities in water point operation, maintenance and management will also be carried out in targeted communities.





In collaboration with RCF, the WASH Sector will support needs assessments and service provision to vulnerable refugees including ensuring access to sufficient clean water and distribution of hygiene, dignity and water kits.

### Cross-cutting issues

WASH Sector programming will ensure that vulnerable people are included in decision-making and implementation bodies. WASH facilities will be properly located and adapted for convenient use and protection of vulnerable groups such as women, children and older persons. Water activities will include a management component that will prevent conflict over sources. To ensure that children and their families have access to basic WASH services, WASH partners will extend water connections and latrines to child-friendly spaces, registration centres and community spaces.

To reduce its environmental footprint and better manage scarce water resources, the WASH Sector will move away from using fossil fuel and encourage solar water pumping, it will also protect water source protection, monitor water levels, minimize wastewater and adopt preventive methods for vector control to reduce the use of chemicals.

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS				BY SEX & AGE	
	Refugees	IDPs	Returnees	Vulnerable Residents	% female	% children, adult, elderly*
PEOPLE IN NEED	0.34M	2.2M	0.21M	0.83M	51% 	60   33   7% 
PEOPLE TARGETED	0.65M	2.2M	0.21M	0.83M	51% 	60   33   7% 
FINANCIAL REQUIREMENTS	10.7M		56.2M		*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.

Indicator	Location	Baseline	Target	Link to Output
# of affected populations with access to drinking water (7.5 lcd).	Darfur, Blue Nile, South and West Kordofan, Kassala	230,000	184,000	1.2
# of affected populations with access to sanitation facilities (1 latrine per 50 persons).	As above	230,000	184,000	1.2
# of people who have increased hygiene awareness.	As above	230,000	184,000	1.2

MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.

Indicator	Location	Baseline	Target	Link to Output
# of people who have access to sufficient and sustained improved drinking water (10 lcd).	Darfur, Blue Nile, South and West Kordofan, Kassala	1,970,000	1,576,000	2.2
# of people who have access to adequate sanitation (1 latrine for 20 persons).	As above	1,970,000	1,576,000	2.2
% of people which have increased hygiene awareness.	As above	1,970,000	1,576,000	2.2
% of pupils with access to improved WASH facilities (by sex).	As above	1,970,000	1,576,000	2.2

MYHS Outcome 3: Vulnerable residents in targeted areas have improved nutrition status and increased resilience.

Indicator	Location	Baseline	Target	Link to Output
# of people who have access to sufficient and sustained improved drinking water (10 lcd).	Eastern Sudan	1,000,000	800,000	3.1
# of people who have access to adequate sanitation (1 latrine for 20 persons).	Eastern Sudan	1,000,000	800,000	3.1
# of people who have increased hygiene awareness.	Eastern Sudan	1,000,000	800,000	3.1

## PEOPLE IN NEED


**0.8M**

## PEOPLE TARGETED


**0.9M**

## REQUIREMENTS (US\$)


**263.1M\***

## # OF PARTNERS


**20**

*\*\$263.1 million does not include the additional requirements for South Sudanese new refugee arrivals.*

## REFUGEE MULTI-SECTORAL RESPONSE

**Sector Strategy**

The refugee response strategy aims to ensure that the protection and humanitarian assistance needs of refugees and other persons of concern in Sudan are met, while promoting durable solutions through increased self-reliance, as well as resettlement and voluntary repatriation opportunities where possible.

Under Outcome 1, lifesaving assistance for new arrivals is prioritized to respond to urgent humanitarian and protection needs of new caseloads in a timely way, with an emphasis on enhancing reception and registration services. Where designated refugee sites have been established, the response will be delivered through site-based assistance. This includes site development, protection of vulnerable groups, provision of basic assistance in ES/NFIs, WASH, primary health and referral to higher level care (including comprehensive emergency obstetric care), general food distribution, nutrition and education, livelihood activities and support to host communities. Outside of refugee sites, the response will be delivered through community-based assistance, with a focus on strengthening local infrastructure and services to improve refugee and host community access to lifesaving assistance. The response also aims to stabilize the existing programme by achieving minimum emergency standards across sectors. An emphasis on preparedness will enable partners to meet the needs of new arrivals in 2017 and into 2018.

Under Outcome 2, the basic needs of refugees and other persons of concern from the existing caseload will continue to be met. While the response will ensure the continuation of basic service provision to refugees in Sudan, long-term solutions will also be promoted, with an emphasis on enhancing protection through self-reliance initiatives and host community support. Targeted livelihood interventions at graduated phases will facilitate the scaling up of self-reliance programmes, including vocational training, cash-based interventions, micro-financing and livelihood asset protection, as well as partnerships with the private sector and development actors. These interventions will also be used to mitigate the protection risks associated with onward movement. Access to energy is another priority, with an emphasis on single women-headed households and women-at-risk, in order to bolster women's protection.

**Multi-Year Humanitarian Strategy and link with development planning**

As the South Sudanese refugee emergency enters its fourth year, there is a need to move beyond the emergency phase and focus on long-term solutions that strengthen the resilience of refugees and allow them to become more self-reliant, in the face of a potentially protracted crisis. This is the approach outlined under the South Sudan Regional Refugee Response Plan 2017, and to which humanitarian response planning for all refugees, asylum seekers and other persons of concern in Sudan is aligned. A move to a multi-year strategy supports enhanced preparedness of the refugee response, with a view to plan for the needs of anticipated new influxes in 2018 and 2019, and a focus on addressing the longer-term, multi-year needs of new and existing caseloads in Sudan.

Furthermore, the response also aligns with the 2015-2017 Joint Strategy to Address Human Trafficking, Kidnappings and Smuggling of Persons in Sudan: Strengthening Alternatives to Onward Movements, targeting vulnerable persons of concern in eastern Sudan and Khartoum. Drivers of onward movement of refugees and asylum seekers living in protracted situations fall within a broader development context in Sudan. There is a need for more durable solutions that support the development of opportunities for refugees to gain greater self-reliance and enhanced protection, and these solutions require multi-year considerations and long-term planning. Greater engagement of development actors within the refugee response in Sudan will also benefit host communities, especially as it relates to improved access to basic services and livelihood opportunities for both refugees and host community members.

Capacity building for partners and government counterparts will also be prioritized in order to strengthen national response mechanisms and ensure the sustainability of the response, including greater integration of refugee assistance within national social service systems.

In Year 1, the focus of the refugee response will be to meet the lifesaving assistance needs of newly arrived refugees in Sudan, with an emphasis on addressing basic service gaps for existing caseloads and facilitating access to livelihood supports to improve self-reliance, where possible. Both newly arrived refugees and existing caseloads are

prioritized under Outcome 1 for a period of five years. Therefore, in Years 2 and 3, the response will look to further strengthening of livelihoods supports to refugees living in Eastern Sudan while seeking to consolidate refugee sites there, and concluding the voluntary repatriation of Chadian refugees.

**Inter-sectoral initiatives and collaboration**

Meeting refugees’ emergency relief needs, enhancing their self-reliance and supporting durable solutions requires a multi-sector approach. To achieve this, the refugee response is coordinated through the inter-sectoral Refugee Consultation Forum (RCF), co-led by UNHCR and the Government Commission for Refugees (COR) and covering all interventions for refugees, asylum seekers and returnees delivered by humanitarian actors across Protection, ES/NFI, Health, Nutrition, WASH, FSL and Education. At reception centres, the delivery of protection, health, nutrition and WASH services, as well as NFI and food assistance, to vulnerable newly arrived refugees requires inter-sectoral collaboration and coordination. A focus on community-based assistance for out-of-camp refugees also requires coordination and collaboration across sectors in order to strengthen basic service infrastructure to delivery comprehensive humanitarian assistance to both refugees and resident host community populations. The RCF leverages existing technical expertise within sector coordination mechanisms in place for internal displacement situations in Sudan to ensure a more streamlined, holistic and well-coordinated approach by all humanitarian actors involved in the refugee response.

**Cross-cutting issues**

The overall focus of the refugee response strategy is to ensure the effective protection of refugees, asylum seekers and other persons of concern, with a particular emphasis on vulnerable groups, including children, youth, women-at-risk, and survivors and victims of trafficking and gender-based violence. Protection activities are mainstreamed throughout the response from the provision of timely

registration and vulnerability assessments upon arrival, to addressing the links between lack of livelihood opportunities and protection risks within protracted displacement situations. One approach includes the enhanced focus on access to livelihoods for refugees, with a particular emphasis on women-headed households, as a way of reducing their need to engage in risky income generating activities and mitigating their exposure to protection risks. Furthermore, greater investment in livelihoods also aims address the protection risks that refugee youth face related to their vulnerability to onward movement, human trafficking and smuggling. Using community based cash assistance (CBI) and other innovative approaches (i.e. health insurance for refugees) will be used to enhance access to services.

The response is also gender and age-sensitive through its focus on addressing the protection and humanitarian assistance needs of unaccompanied and separated children, women-headed households, and persons with disabilities and special needs.

Access to energy remains a cross-cutting issue affecting the protection, health, education and ability of refugees to engage in other productive tasks, and introduces risks of environmental degradation with the over reliance on local forest resources for cooking fuel. Many refugees lack access to clean and sustainable energy for cooking and lighting and refugee households reportedly exchange food for fuel. The integration of Safe Access to Fuel and Energy (SAFE) strategies across the multi-year strategy and annual response plans will be required to ensure that energy issues do not undermine the capacity of the humanitarian response.

**BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE**

	PEOPLE IN NEED			PEOPLE TARGETED			Financial requirements
	Refugees	% female	% children, adult, elderly*	Refugees	% female	% children, adult, elderly*	
*Children (<18 years old), adult (18-59 years), elderly (>59 years)							
EDUCATION	0.2M	50%	99   1   0%	0.2M	50%	99   1   0%	\$4.5M
ES/NFI <sup>1</sup>	0.34M	60%	60   33   7%	0.5M	60%	60   33   7%	\$2M
FSL <sup>2</sup>	0.34M	51%	40   55   5%	0.64M	51%	40   55   5%	\$7.9M
HEALTH	0.34M	51%	53   42   5%	0.65M	51%	53   42   5%	\$4.4M
NUTRITION	-	55%	100   0   0%	0.3M	51%	100   0   0%	\$1.5M
PROTECTION	0.8M	55%	60   33   7%	0.9M	55%	60   33   7%	\$1.4M
WASH <sup>3</sup>	0.34M	51%	60   33   7%	0.65M	51%	60   33   7%	\$10.7M
RMSR <sup>4</sup>	0.8M	56%	68   29   3%	0.9M	56%	68   29   3%	\$232.9M
<b>TOTAL</b>	<b>0.8M</b>	<b>56%</b>	<b>68   29   3%</b>	<b>0.9M</b>	<b>56%</b>	<b>68   29   3%</b>	<b>\$263.1M</b>

1. Emergency Shelter/Non-Food Items  
 2. Food Security & Livelihoods  
 3. Water, Sanitation & Hygiene  
 4. Refugee Multi-Sectoral Response

Note: \$263.1 million does not include the additional requirements for South Sudanese new refugee arrivals.



**MYHS Outcome 1: Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.**

Indicator	Location	Baseline	Target	Link to Output
# of anticipated refugees targeted through prepositioning of ES/NFIs and food supplies.	South Darfur, South Kordofan, West Kordofan, North Darfur, White Nile	20,000	180,000	1.1
# of new arrivals refugees receiving monthly food assistance.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, and Blue Nile	70,000	180,000	1.2
# of refugees registered through UNHCR biometric registration.	Central Darfur, Gedaref, Kassala, South Darfur, Khartoum, South Kordofan, West Kordofan, West Darfur, White Nile	94314	302,800	1.2
# of unaccompanied and separated children identified and assisted.	North Darfur, Central Darfur, Gedaref, Kassala, Khartoum, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, and Blue Nile	NA	15,400	1.2
# of refugees reached through successful protection interventions at detention centres and border entry points.	Gedaref, Kassala, South Darfur, West Darfur	810	1,230	1.2
# of new admissions to TFC and SFP.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, and Blue Nile	5000	18,000	1.2
# of children and PLW received micronutrients.	As above	NA	8,000	1.2
# of advocacy interventions made on SGBV prevention and response.	As above	NA	300	1.2
# of newly arrived refugees households assisted with ES/NFI kits.	As above	20,000	40,000	1.2
# of litres per person per day (l/p/d) for refugee caseloads.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, Khartoum and Blue Nile.	6	15	1.2
# of refugees (disaggregated by gender) per gender-sensitive latrines available.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, and Blue Nile	50	15	1.2
# of refugee households reached per hygiene promoter.	As above	200	100	1.2
# of people with access to health care.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, Khartoum and Blue Nile.	138,135	156,108	1.2
# of refugees boys and girls enrolled in safe and quality learning spaces at sites or surrounding communities.	South Darfur, South Kordofan, West Kordofan, White Nile, North Darfur	5,000	35,000	1.2
# of HHs receiving sufficient fuel to meet their domestic fuel needs.	As above	5,000	30,000	1.2
# of host community members who benefit/have access to refugee interventions.	As above	30,000	100,000	1.2

MYHS Outcome 2: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.

Indicator	Location	Baseline	Target	Link to Output
# of existing caseloads receiving monthly food assistance.	South Darfur, South Kordofan, West Kordofan, White Nile, North Darfur	140,626	144,108	2.1
# of refugee households receive ES/NFI renewal packages.	As above	100,000	250,000	2.1
# of health units upgraded to semi-permanent/permanent health units/structures.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, Khartoum and Blue Nile	5	10	2.1
# of people who have access to improved water (at least 20 litres per capita).	South Darfur, South Kordofan, West Kordofan, White Nile	241,022	477,168	2.1
# of households per latrine.	As above	50	20	2.2
# of emergency/temporary classrooms/schools upgraded to permanent schools.	Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile	10	30	2.1
# of refugees households supported through livelihoods interventions.	North Darfur, Central Darfur, Gedaref, Kassala, South Darfur, South Kordofan, West Kordofan, West Darfur, White Nile, Khartoum	4,805	6,000	2.2
# of refugees assisted to voluntarily return/repatriate.	Central Darfur, Gedaref, Kassala, South Darfur, West Darfur, Khartoum	NA	1,000	2.2
# of refugees (disaggregated by age and sex) submitted for resettlement.	Kassala, Gedaref, Khartoum	457	600	2.2



## PEOPLE IN NEED

**160k**

## PEOPLE TARGETED

**110k**

## REQUIREMENTS (US\$)

**14.4m<sup>4</sup>**

## # OF PARTNERS

**10**

## ABYEI RESPONSE PLAN

## Summary of Needs

The presence of armed elements, continued inter-communal conflict, and the absence of public institutions and government services in the disputed Abyei Area continue to drive humanitarian needs.

## Targeting of the Response

The main objective of humanitarian programming in Abyei is to decrease dependency on humanitarian assistance among displaced people, returnees, seasonal migrants and host communities through transitional and recovery activities.

The humanitarian response includes protection, health, nutrition, FSL, WASH, education and shelter activities, ensuring a strong community-based approach.

## Abyei Response Strategy

Humanitarian partners in Abyei will work to increase the resilience of affected agro-pastoralist and nomadic communities through tailored approaches based on their specific needs and vulnerabilities. Partners will aim to implement the following twelve activities.

<sup>4</sup> The final status of Abyei region has not yet been determined. Humanitarian partners operate in the area from both Sudan and South Sudan. Costs for operations in Abyei region are included under the relevant partners' projects in the 2017 HRP for South Sudan and the 2017 HRP for Sudan.

Note: US\$7 million is being requested for Sudan 2017 HRP operations in Abyei Area, as noted on page 4. The total financial request for operations in Abyei Area is \$14.4 million; this includes South Sudan and Sudan 2017 HRP operations in Abyei Area.

## ABYEI RESPONSE STRATEGY

**1** Reduce the risk of malnutrition in children under age 5 and pregnant and lactating women through treatment of severe and moderate acute malnutrition.

**2** Provide access to safe drinking water and adequate hygiene and sanitation with particular focus in areas of displacement and return.

**3** Reduce dependency on food assistance by supporting livelihoods and food security activities, developing community assets, improving agricultural, animal husbandry and fishery practices, and community-based natural resource management.

**4** Establish veterinary services and revitalize the community-based animal health workers network for pastoralist nomadic populations by adopting a "follow on approach" throughout migration. Increase access to appropriate animal drugs and vaccines at village level for sedentary populations.

**5** Maintain life-saving services and increase their sustainability by adopting participatory approaches and building community-based management capacity.

**6** Ensure response to critical social service needs, including health and education, by adopting intervention modalities successfully tested for nomadic and pastoralist communities.

**7** Provide education supplies and training, including support to returning students and teachers, establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrollment and retention of girls in school.

**8** Strengthen protection by working with all stakeholders, including local authorities and UNISFA, to reduce protection risks and implement comprehensive protection responses with a focus on people with specific vulnerabilities. Provide child protection services. Reduce risk of death and injury from landmines / UXO through mine risk education. Engage with all actors to advocate for a better protective environment for civilians.

**9** Maintain readiness to respond to emergencies quickly by securing support from Sudan and South Sudan, according to available supply routes, for a minimum amount of pre-positioned stock in Abyei, including emergency shelter and non-food items (ES/NFI) kits.

**10** Improve access by monitoring impediments, advocating with authorities at national and local levels, and improving civil-military coordination.

**11** Monitor, track and profile displacement and return in Abyei and provide a basic package of assistance to those in their final destinations.

**12** Develop the capacity of communities, including of the "interim" civil service, by adopting a "primary administrative level" approach.

## BREAKDOWN OF PEOPLE IN NEED

	Status
	NUMBER OF PERSONS
NGOK DINKA RETURNEES /COMMUNITIES	72,000
NGOK DINKA DISPLACED WITHIN ABYEI	20,000
PEOPLE FROM UNITY AND WARRAP STATES IN ABYEI	8,000
MISSERIYA IN NORTH OF ABYEI	25,000
MISSERIYA NOMADS / SEASONAL MIGRANTS	35,000



## PARTICIPATING ORGANISATIONS &amp; FUNDING REQUIREMENTS (US\$)

ORGANISATIONS	2017 FINANCIAL REQUIREMENTS	ORGANISATIONS	2017 FINANCIAL REQUIREMENTS	ORGANISATIONS	2017 FINANCIAL REQUIREMENTS
WFP	269,803,565	GAH	2,708,999	NIDAA	544,145
UNHCR	165,025,555	DRC	2,647,260	CW	481,472
UNICEF	96,544,326	SIBRO	2,644,659	SAO	470,600
IOM	35,672,081	World Relief	2,582,628	Zarga	458,000
WHO	31,088,044	ACT/UMCOR	2,552,770	RDN	409,660
FAO	22,920,441	KPHF	2,542,354	SAG	405,000
UNFPA	18,429,783	PA (formerly ITDG)	2,319,880	TDO	350,221
WVS	11,827,263	Almassar	2,053,788	CDF	350,000
SC	11,622,430	CIS	1,865,526	RHF	300,000
OCHA	10,655,525	EMERGENCY	1,801,676	SOLO	290,250
UNMAS	9,286,185	RODHA	1,700,336	PODR	289,610
ARC	8,301,362	DWHH	1,546,348	MOPD	261,000
ASSIST	7,644,184	WCC	1,441,305	TACO	249,365
MC Scotland	6,960,990	IAS	1,247,400	KSCS	236,944
IMC	6,431,380	BPWO	1,090,000	CDO	229,121
OXFAM America	5,266,000	AOSCD	1,064,500	SHOD	216,407
TGH	4,319,195	PBA	983,000	TCF	200,000
IRW	4,291,160	PAN CARE	934,576	COOPI	186,916
ADRA	4,021,853	JMCO	898,295	AORD	150,000
UNDP	3,874,410	JASMAR	849,192	NPO	120,640
UPO	3,587,000	AMVO	825,958	CAFOD	107,000
Plan	3,416,142	SCF	806,000	AAR Japan	100,000
ACT/NCA	3,394,775	NADA	773,295	AODCA	75,700
CRS	3,166,710	SORC Sudan	766,300		
FPDO	3,137,675	TOD	761,553		
ADD Organisation	3,043,927	Labena	755,000		
GOAL	2,860,157	VSF (Germany)	729,459		



Photo: UN agencies



# WHAT IF?

## ...WE FAIL TO RESPOND

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### **MYHS OUTCOME 1: POPULATIONS AFFECTED BY NATURAL OR MAN-MADE DISASTER RECEIVE TIMELY ASSISTANCE DURING AND IN THE AFTERMATH OF A SHOCK.**

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Without adequate support, life-saving assistance and protection for people newly displaced by or impacted by conflict and natural disasters will be jeopardized. Adequate food for new IDPs and refugees will not be provided. Vulnerable children will not have access to school feeding or protective learning spaces. Emergency feeding for malnourished children and pregnant and lactating women will be threatened, heightening the risk of disease. Thousands of people will lack access to emergency health services, increasing maternal and childhood mortality and morbidity. Access to clean drinking water and latrines will be impacted, increasing the risk of disease and malnutrition. Thousands of new refugees and newly displaced persons will go without essential emergency shelter. Preparedness measures will also be affected, impacting the ability of humanitarians to ensure a timely and efficient response to new emergencies.

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### **MYHS OUTCOME 2: DISPLACED POPULATIONS, REFUGEES, RETURNEES AND HOST COMMUNITIES MEET THEIR BASIC NEEDS AND/OR ACCESS ESSENTIAL BASIC SERVICES WHILE INCREASING THEIR SELF-RELIANCE.**

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Without sustained support, protracted displaced populations, refugees, returnees and host communities are at risk of increased vulnerability and will not have the opportunity to increase their self-reliance or achieve durable solutions – continuing their dependency on outside assistance. Without adequate assistance, thousands of people in these groups will lack access to minimum basic healthcare services, including vaccinations. Acutely malnourished children will not be treated, and others at risk will go without the prevention activities necessary to prevent an increase in malnutrition rates and poor birth outcomes. Children will not receive the education and communities will not receive the livelihoods support needed to build their self-reliance. Vulnerable protracted displaced persons and refugees will go without transitional shelters and protection services.

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### **MYHS OUTCOME 3: VULNERABLE RESIDENTS IN TARGETED AREAS HAVE IMPROVED NUTRITION STATUS AND INCREASED RESILIENCE.**

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With high levels of acute malnutrition – including in areas not affected by conflict – a failure to respond and to invest in malnutrition prevention will threaten the lives of thousands of people, particularly the most vulnerable groups including children under five years of age and pregnant and lactating women. Left untreated, acute malnutrition can have debilitating consequences on children such as impaired physical growth and cognitive development. In addition, a lack of funding will impede efforts to build the broader resilience of vulnerable populations. This includes training for education and livelihoods activities that support resilience. Such assistance is necessary to progressively reduce the needs and vulnerabilities among the affected population.

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN (HRP)



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

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

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



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

[www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds](http://www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds)

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

[donateocha@un.org](mailto:donateocha@un.org)

## IN-KIND RELIEF AID

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

[logik@un.org](mailto:logik@un.org)



## REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS



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

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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